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Vaccine Hesitancy Among Rural Hospitals:

The Arrival of a Challenging "New Normal"

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Vaccine Hesitancy Signals Arrival of Challenging "New Normal" for Rural Hospitals

Earlier this year, the Chartis Center for Rural Health published "Crises Collide: The COVID-19 Pandemic and the Rural Health Safety Net," which charted the convergence of the pandemic and the decade-long rural hospital closure crisis. As the immediacy of the fall COVID surge across rural America subsides, we continue to explore how the pandemic is reshaping the rural health safety net.

America's rural communities suffer from greater health disparities than their urban counterparts. Residents in these communities are older, less healthy, and more likely to lack health insurance. They also face declining access to care as the nation's rural health crisis has shuttered 136 rural hospitals and left another 453 vulnerable to closure.[1] These disparities and a weakened rural health safety net place rural Americans at an increased risk for acute symptoms and illness due to COVID.

With the acceleration of accessibility to COVID vaccines in recent weeks, vaccination rates within rural communities has emerged as a new point of emphasis.[2] Our examination of COVID vaccination rates among rural hospital healthcare professionals reveals that despite being an early cohort to have access to COVID vaccines, hesitancy and resistance to vaccination is prevalent. These results are particularly worrisome as they suggest COVID could linger within rural communities for the foreseeable future, stretching hospital resources and further amplifying the risk that many of the most vulnerable populations face regarding population health disparities, racial inequality, and declining access to care.

> Vaccine hesitancy means COVID will linger in rural communities for the foreseeable future.

In partnership with the National Rural Health Association, the Chartis Center for Rural Health surveyed rural hospital leaders on the topic of COVID vaccination among rural hospital healthcare personnel between March 12, 2021 and April 15, 2021.[3]

What we've learned through our analysis of the survey data is that:

- COVID vaccine hesitancy and declination are prominent among rural healthcare personnel
- COVID vaccination rates among rural healthcare personnel are lower than influenza vaccination rates
- Vaccine hesitancy and declination is heavily rooted in matters of "personal choice" and "mistrust"
- Rural hospitals continue to actively promote vaccination via education and outreach

The results of this survey will dampen the expectation among policymakers and rural advocates that rural hospitals and frontline staff would be a sufficient, singular conduit to elevate vaccination rates within their communities. These results reinforce our belief that maintaining dual models of care will become the "new normal" for rural hospitals. That is, they will need to continue to diagnose and treat COVID patients while simultaneously providing care to non-COVID patients, navigate COVID-related exposure and/or sickness among staff, and address pandemic-related staff burnout.

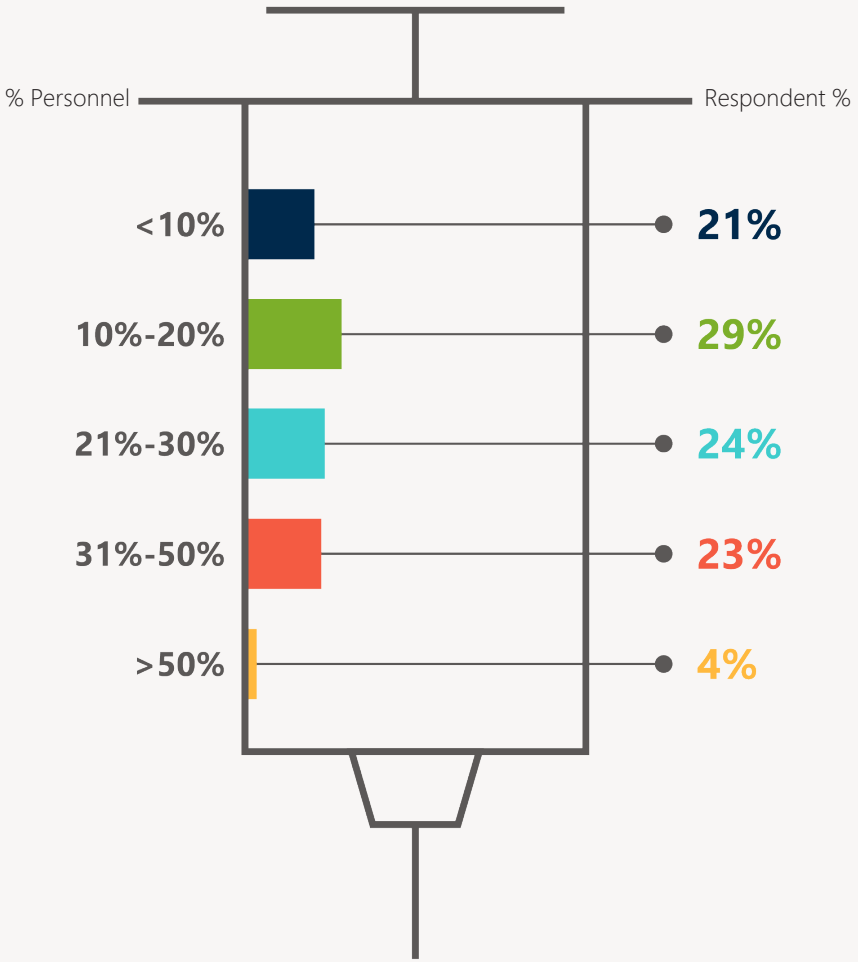
Identifying a Benchmark for Vaccination Rates

Across rural America, COVID vaccinations have gained modest traction. Recent data from the Kaiser Family Foundation, for example, indicates that 21 percent of rural Americans will "definitely not" get a COVID vaccine.[4] Our best measure to date for comparison among rural hospital healthcare personnel for vaccination is influenza. A five-year look-back on influenza vaccination at all rural hospitals revealed that in 2016, the national rural median was 90 percent. The metric then progressed incrementally to 94 percent in 2019 and remained the same for 2020.[5] When asked to compare COVID vaccination rates to those seen previously with influenza, however, an overwhelming majority of our survey respondents — 82 percent — indicated that COVID vaccine levels are less than flu vaccine rates. This suggests that the confidence healthcare personnel associate with the flu vaccine is lacking in the context of COVID or that other factors not typically associated with the flu vaccine are impacting their decision to decline a vaccine.

Opting Out of Vaccination

A key objective of our survey was to bring clarity to how high (or low) COVID vaccination rates are among healthcare personnel at rural hospitals. Utilizing data ranges (e.g., 10 – 20 percent, 21 – 30 percent, etc.), we asked survey respondents what percentage of their healthcare personnel had declined a vaccine. The single largest response range was 10 – 20 percent, but a closer look reveals that nearly half of respondents placed that percentage between 21 percent and 50 percent of healthcare personnel (Figure 1).

Figure 1: Percentage of rural healthcare personnel that have declined a COVID vaccine



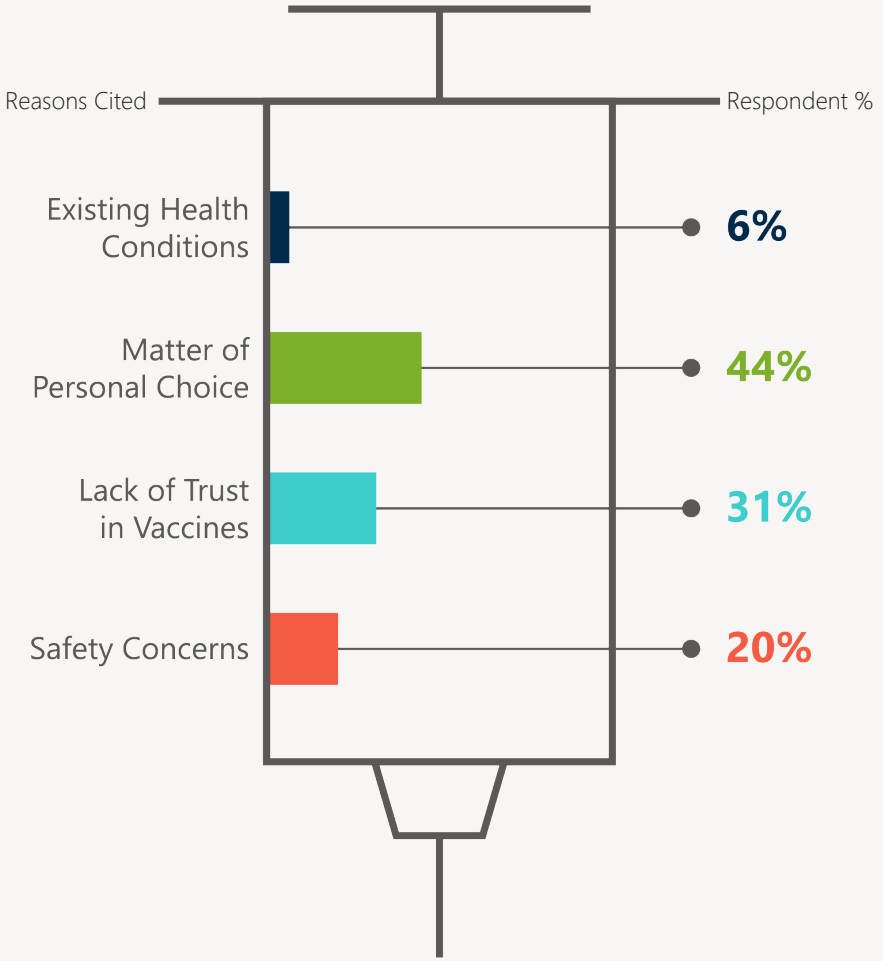
What's Driving Opt-Outs?

Having healthcare personnel opt out of vaccination is not new. In tracking influenza vaccination rates, for example, the data has always revealed small percentages typically attributed to pre-existing medical conditions or a general hesitancy toward vaccination. The data from this survey stating that COVID vaccination rates are widely seen as trailing influenza rates suggests that some of the political and social discourse orbiting the pandemic may be influencing the decision to decline a COVID vaccine.

When asked to consider why healthcare personnel are declining a COVID vaccine, a majority of respondents — 44 percent — cited "Matter of Personal Choice." This was followed closely by "Lack of Trust in Vaccines," which was chosen by 31 percent of respondents. The notion of personal choice and the inability to mandate that an individual be vaccinated was a thread that ran through several responses in relation to free-form questions from the survey. "Safety Concerns" was the third most cited reason, while fewer than 10 percent attributed the decision to "Pre-existing Health Conditions" (Figure 2).

44% opted out of vaccination as a "Matter of Personal Choice."

Figure 2: Reasons rural healthcare personnel are opting out of COVID vaccines.



Where Hesitancy Meets Traction

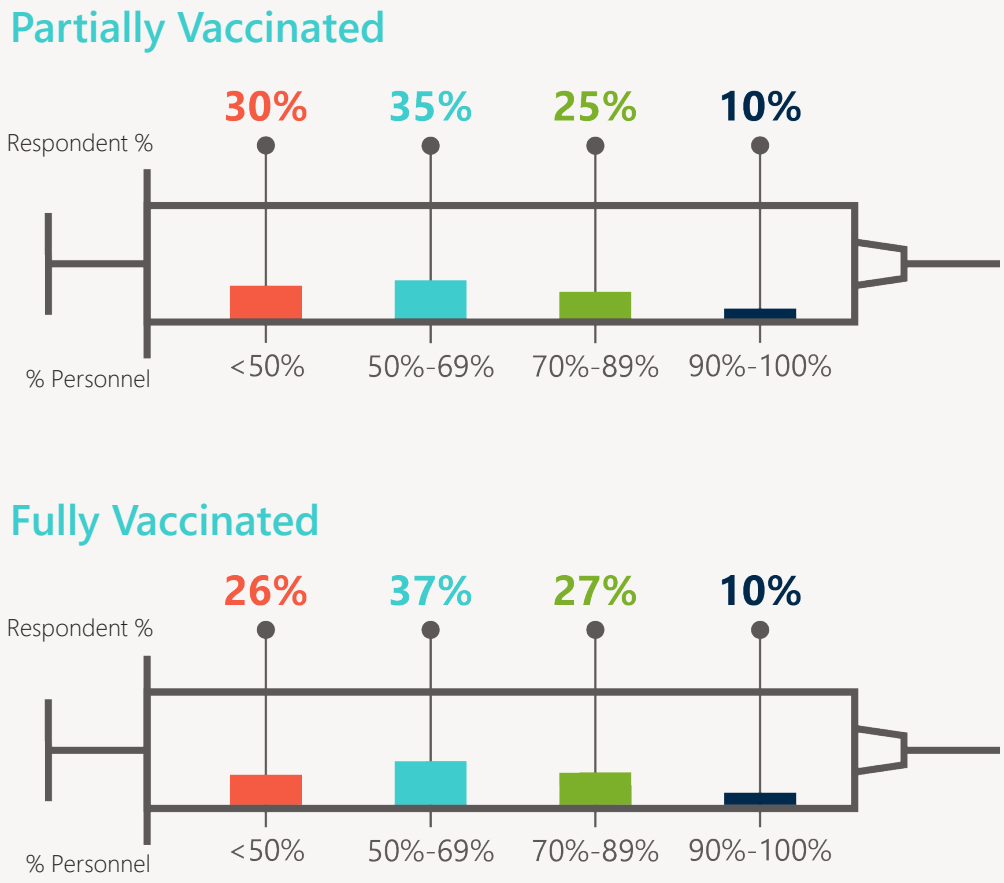
When we examine the data to better understand who is partially or fully vaccinated, we see traction but also the long shadow of hesitancy. For example, a majority of respondents indicated that the percentage of healthcare personnel partially vaccinated is between 50 percent and 89 percent, yet nearly one-third note that the percentage of partially vaccinated is less than 50 percent.

We see a similar trend in the data as it relates to those fully vaccinated. Nearly 40 percent of respondents said that the percentage of healthcare personnel fully vaccinated was between 50 percent and 69 percent, while approximately one-quarter of respondents indicated the percentage is less than 50 percent (Figure 3).

As we have historically seen with influenza vaccination, COVID vaccination status is not impacting the ability for healthcare personnel to interact with patients. Nearly all survey respondents — 99 percent — indicated that unvaccinated personnel are able to interact with patients at their facility.

99% of respondents indicated that unvaccinated personnel are able to interact with patients.

Figure 3: Percentage of rural healthcare personnel that are partially or fully vaccinated against COVID.



Are Attitudes Changing Over Time?

An overwhelming majority of respondents — 76 percent — believe that local attitudes regarding COVID vaccines are improving over time. In fact, 43 percent of respondents who answered our request to elaborate via a free-form response on drivers behind changing attitudes cited the impact of knowing others who have had a positive vaccination experience (e.g., no adverse side effects).

76% of respondents believe that local attitudes regarding COVID vaccines are improving over time.

Despite the lack of a mandate, rural providers are actively working to overcome vaccine hesitancy. When asked to provide additional information around specific strategies or actions aimed at encouraging vaccination among healthcare personnel, 68 percent of respondents to this question cited active internal education efforts, such as physician champions, forums, and myth de-bunking.

The transformation of local attitudes combined with ongoing education and outreach may help to move the vaccination needle forward over time. But what's clear from this survey data is the reality that for the foreseeable future, rural healthcare will need to operate in an environment in which a sizable percentage of personnel and the wider community will continue to be susceptible to the adverse effects of COVID.

Looking Ahead

Earlier this year, we noted that many rural hospitals "may find the post-pandemic landscape more challenging" than the pre-pandemic environment. The vaccine hesitancy among healthcare personnel revealed in the results of our survey indicate that a course correction is required if the vaccination rate within rural communities is to increase.

Many survey respondents noted that despite the challenges, local attitudes toward vaccination are improving, and several cited strategies and efforts grounded in continued education. But education requires time — and time is something that may not necessarily be on the side of rural hospitals based on our vulnerability analysis. More than 450 rural hospitals are vulnerable to closure, and there is approximately one intensive care unit bed for every 10,000 people in rural America. These are communities in which health disparities are sizeable and a variety of socio-economic factors further compound the breadth of the crisis and highlight the challenge facing rural hospitals.

There is approximately one intensive care unit bed for every 10,000 people in rural America.

The announcement by the Biden Administration on May 4, 2021, to increase vaccination rates prioritizes the needs of rural communities, and directly addresses the importance of reducing the impact of COVID on rural communities. The coupling of a rural-specific, government-directed vaccination strategy with dedicated local education and outreach efforts on the part of providers may reduce the length of time COVID lingers across rural America and thus alleviate some of the risk and vulnerability felt each day by rural Americans.

SOURCES

1. Hospital closure tracking: Cecil G. Sheps Center for Health Services Research, May 10, 2021
2. The New York Times, COVID-19 Vaccine Tracker, May 10, 2021
3. Healthcare personnel include "all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials."
4. Kaiser Family Foundation, "Vaccine Monitor, More Than Half of Rural Residents Have Gotten a COVID Vaccine or Intend to Do So as Soon as Possible," April 9, 2021.
5. Hospital Compare, 2016-2020.

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