



COVID-19 vaccines: Rural Colorado primary care practices are primed and ready to help

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Colorado’s primary care practices are experiencing similar trends as their peers nationwide: vaccine hesitancy is real; distribution has been challenging; and [they seek greater involvement in immunization planning efforts](#). According to the [Larry A. Green Center survey](#) that closed December 15, 2020, in some cases, those trends differ in magnitude between rural and non-rural primary care practices across the state.

Vaccine hesitancy

Rural primary care clinicians reported that 36% of their patients were mostly receptive to getting the COVID-19 vaccine compared to 38% of patients cared for by non-rural clinicians. More rural Colorado practices reported that patients are concerned that the vaccine will give them COVID-19 (32% versus 20% in non-rural practices).

“I feel ready to answer all patient concerns, but this will only change the minds of the mildly vaccine hesitant, not the minds of the ... anti-public health/CDC/Fauci types.”

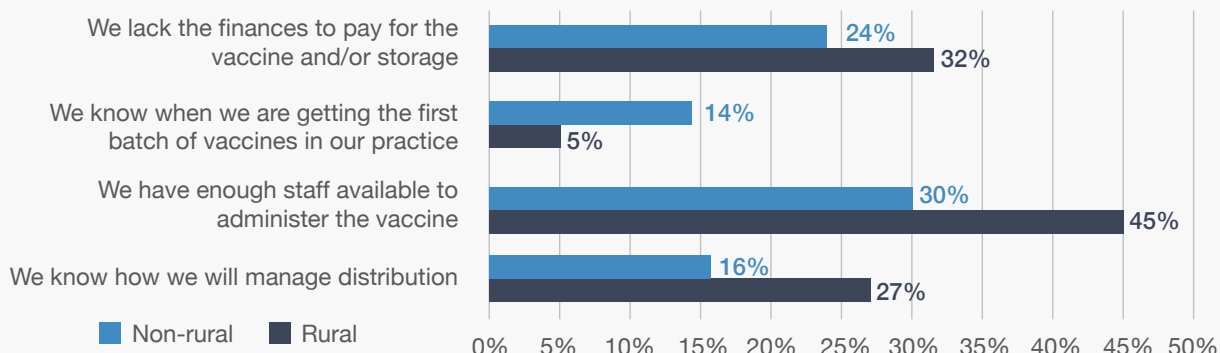
– Family physician in a small, independently-owned practice

Addressing vaccine hesitancy may be hampered by perception of public health officials. Rural practices were nearly 50% more likely than non-rural practices to report their patients don’t trust information from the Centers for Disease Control and Prevention (46% compared to 32%).

Logistical challenges

Rural primary care practices face significant logistical barriers to vaccination, especially acquiring, storing, and financing COVID-19 vaccines. Thirty-two percent of rural CO practices lack the finances to purchase or store the vaccine compared to 24% of non-rural Colorado practices. Fewer rural practices know when they will be receiving their first doses (5% compared to 14% in non-rural practices).

Colorado practices and the COVID-19 vaccine



Conversely, rural practices in Colorado are ahead of their non-rural peers when it comes to knowing how they will manage distribution: about 1 in 4 (27%) responded affirmatively while only 16% of non-rural practices report this. Finally, rural practices in Colorado have a significant staffing asset with 45% of practices reporting having enough staff to carry out vaccine distribution, compared to 30% of non-rural practices.

“There is little information coordinating vaccinations. We are the largest primary care office [in our area] and have not been engaged as a major resource should be.”

– Family physician in a large, independently-owned practice

Policy recommendations

Colorado’s rural primary care practices continue to face challenges with vaccine hesitancy among their patients and logistical barriers in obtaining vaccines for distribution. Despite these setbacks, rural primary care practices offer several assets and remain a largely untapped resource as part of the state’s immunization campaign. Recommendations include:

- 1 To combat the spread of misinformation about the vaccine and help tackle vaccine hesitancy, rural public health departments could leverage trusted relationships between clinicians and their patients. A [recent national survey](#) found that 86% of patients say they trust their own doctor or health care provider to provide reliable information about COVID-19 vaccines.
 - There must be ample flow of information between public health departments and primary care teams. Public health departments could create clear, easy-to-understand messaging about the COVID-19 vaccine as well as local disease data that providers can utilize to have honest and accurate conversations with their patients.
 - This collaboration requires time and commitment and both entities – primary care practices and public health departments – should be adequately compensated.
 - In the longer-term, investments in Colorado’s public health infrastructure and changes to physician compensation to support active outreach and currently non-billable conversations with patients may help strengthen future vaccine campaigns.
- 2 Vaccine distribution needs to account for storage requirements, one- versus two-dose regimens, and longer travel distances many rural residents face. Both [the two-dose Pfizer and the Moderna vaccines require freezer storage](#), while the [single-dose vaccine from Janssen \(a division of Johnson & Johnson\) approved by the Food and Drug Administration for emergency use authorization](#) on February 27, 2021, can remain shelf stable in a refrigerator for up to three months. All three currently available vaccines have demonstrated significant protection against severe disease. Given the relative ease of storage and one-dose requirement, the state should consider the utility of the Janssen vaccine for rural and harder-to-reach populations in its vaccine roll-out plans.

About this survey

Fielded by the Larry A. Green Center, in partnership with the Primary Care Collaborative, this survey is the only ongoing survey of practicing primary care clinicians since the onset of the COVID-19 pandemic. Fielded more than 25 times, the Green Center Survey has collected over 26,000 clinician surveys from across all US states and territories. For this December 15, 2020, survey, the Colorado rural sample (n=22) differs from the non-rural sample (n=50) with more practices owned by the respondents and fewer owned by hospitals or health systems. The rural sample also included more small practices (those with 1-3 clinicians) and more family medicine and fewer pediatricians than the non-rural sample. Thus, while the patterns described in this brief provide insight, caution is advised in assuming the findings for this sample apply to all primary care practices in Colorado.

Suggested citation

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