



**Vaccine Equity Bright Spot Briefing:
Breaking Down Access Barriers**

Wednesday, April 21, 2021 | 10-11 AM PT/1-2 PM ET

The Vaccine Equity Cooperative

A collaboration to build vaccine confidence and support the rebuilding of community trust to address long-term health inequities and prepare for future crises.

- **Democratizing information, research and data:** Interactive vaccine info hub for community-based workforces/caregivers launching early May
- **Convening, collaborating and improvement:** Convene key national and local players; co-launching a Philanthropic Action Network with the Rockefeller Foundation
- **Advocating and capacity building locally:** Enable better uptake and building foundation for future crises.



**Vaccine equity info hub
launching early May**

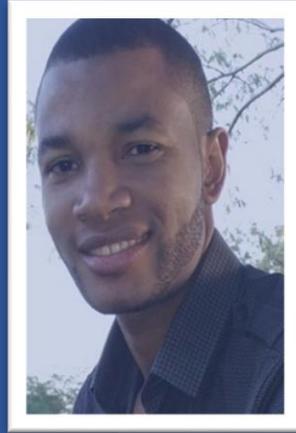
Learn more and join us:
<https://healthleadsusa.org/equitable-vaccine-distribution-project/>

Panelists



Camey Christenson

Chief Business Development Officer
211 San Diego



Odilest Guerrier

Health Promoter
Immokalee / Partners In Health



Jhyveline Muselaire

Health Promoter
Immokalee / Partners In Health



Caroline Murtagh

Project Manager, Immokalee
Partners In Health



Lauren Smith, MD, MPH

Chief Health Equity and Strategy Officer
CDC Foundation



Julie Pedretti, MBA, MS FACHE, APR

COVID-19 Community Relations Director
Healthcare Network



Denise Octavia Smith, MBA, BS, CHW, PN, SFC

Executive Director
National Association of Community Health Workers

Saving Lives: Getting COVID Vaccines to Those Who Really Need them

April 2021



Lauren Smith, MD, MPH
Chief Health Equity and Strategy Officer
CDC Foundation

Current vaccination data, as of April 20

Total Vaccine Doses

Delivered 272,030,795

Administered 213,388,238

Learn more about the distribution of vaccines.

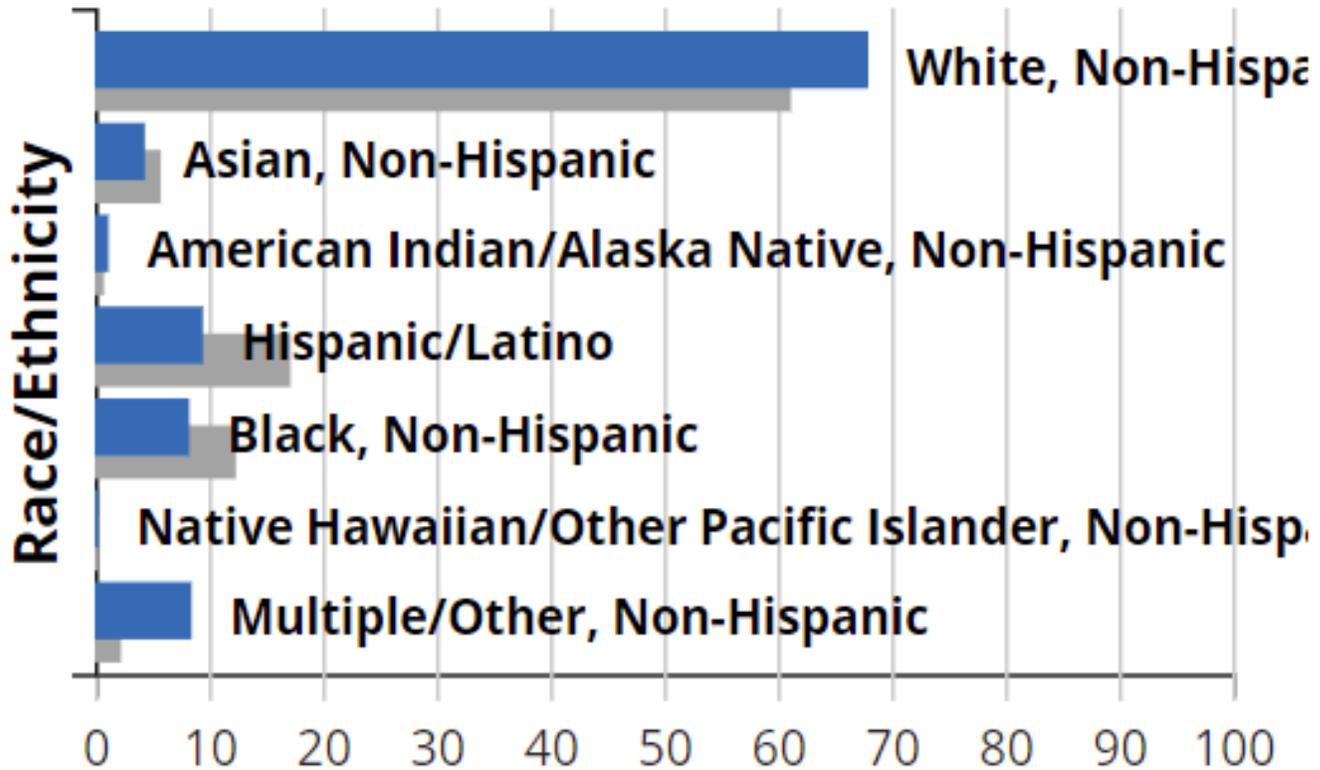
People Vaccinated	At Least One Dose	Fully Vaccinated
Total	133,266,995	86,223,506
% of Total Population	40.1%	26%
Population ≥ 18 Years of Age	131,891,158	85,905,969
% of Population ≥ 18 Years of Age	51.1%	33.3%
Population ≥ 65 Years of Age	43,935,122	35,630,188
% of Population ≥ 65 Years of Age	80.3%	65.1%



About these data

CDC | Data as of: April 20, 2021 6:00am ET. Posted: Tuesday, April 20, 2021 7:05 PM ET

Race/Ethnicity of Fully Vaccinated People



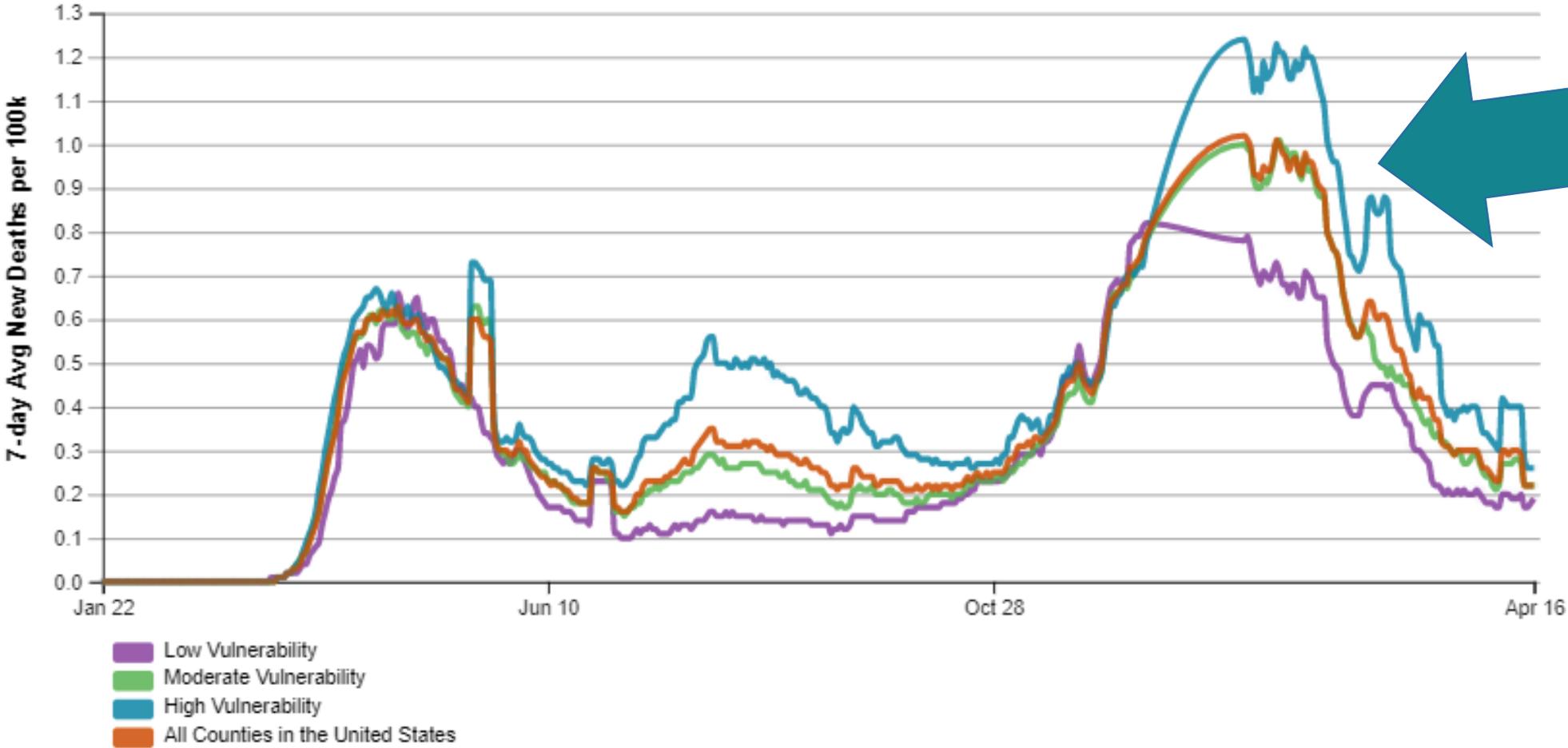
- Data from > **86.2 M** people who are fully vaccinated
- Race/ethnicity was available for **only 58%** or **49.9 M** people

- Percent among Persons who are Fully Vaccinated
- Percentage of the US Population in this Demographic Category

<https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic>, accessed April 20, 2021

Pattern and Intensity of COVID Impact is Predictable

COVID-19 7-Day Death Rate per 100,000 Population in United States, by County Social Vulnerability Index Value



<https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic>, accessed April 20, 2021

Social Vulnerability Index

Socioeconomic Status

- Less than poverty line
- Income
- Unemployment
- Less than high school education

Household Composition

- Single parent
- 64 yrs and older
- 17 yrs and younger
- 5 yrs and older w/ disability

Housing/ Transportation

- Multifamily unit
- Mobile home
- Crowding
- Group quarters
- No car

Race, Ethnicity, Language

- Minority
- Limited English proficiency

How Inequity Gets Built Into America's Vaccination System

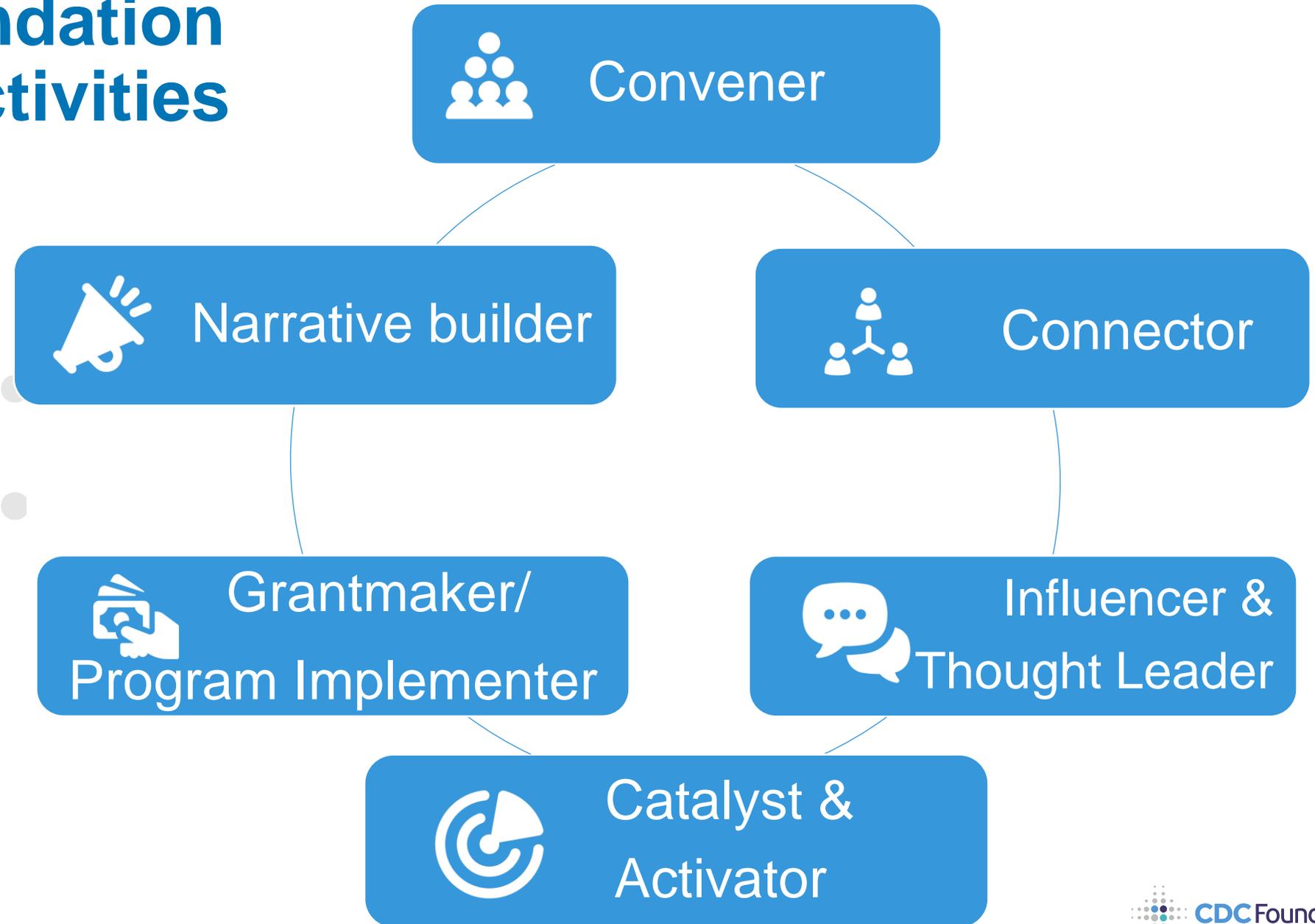
People eligible for the coronavirus vaccine tell us they are running up against barriers that are designed into the very systems meant to serve those most at risk of dying of the disease. We plan to continue tracking these roadblocks.

by **Maryam Jameel** and **Caroline Chen**

March 1, 5 a.m. EST

In many regions of the U.S., it's much more difficult to schedule a vaccine appointment if you do not have access to the internet. In some areas, drive-through vaccinations are the only option, excluding those who do not have cars or someone who can give them a ride. In other places, people who do not speak English are having trouble getting information from government hotlines and websites. One state is even flat-out refusing to allow undocumented workers with high-risk jobs to get prioritized for vaccination.

CDC Foundation roles & activities



CDC Foundation Equity Principles

1. Commit to authentic **community inclusion** and engagement
2. Center understanding and **reckoning with historic and current systemic racism**
3. Promote of the **building blocks of health** – “vital community conditions”
4. Catalyze **cross-sector collaboration** for impact
5. Focus on **changing inequitable systems** and underlying structures
6. Harness **learning for maximum impact**



CDC Foundation seeks to build the capacity of CBOs to promote healthy & resilient communities

- CBOs have **deep and trusted connections** with community members and focus on conditions outside of public health and health care that are critical to overall wellbeing
- CBOs, especially those lead by and focused on people of color need **resources, infrastructure investments and information** to sustain engagement and partner effectively



How does CDC Foundation do this?

- **Building capacity and resiliency** through infrastructure grants to support training, operations, leadership, community advocacy
- **Supporting development of sustained, inclusive partnerships** between local/state public health and historically marginalized populations
- **Support direct-service CBOs to partner with advocacy, policy & organizing groups focused on systems change** to help constituents identify and participate in crafting solutions
- **Galvanize support for CBOs** and persuasively convey the role they play in community wellbeing

Supporting Community-Based Organizations

Recent RFP specifically focused on CBOs

- Support for **100 CBOs** across the country
- **\$50,000 -100,000**
- Due date: **May 3, 2021**
- Grant period: **June 1, 2021 – April 14, 2022**

<https://www.cdcfoundation.org/request-for-proposals>



CDC Foundation
Together our impact is greater

WHO WE
ARE

WHAT WE
DO

LATEST
NEWS

HOW YOU CAN
HELP

DONATE

The following requests are currently open:

Supporting Community-based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

The CDC Foundation will fund up to 100 community-based organizations to support effective interventions to increase influenza and COVID-19 vaccine confidence and coverage among adults in racial and/or ethnic populations experiencing disparities in the United States.

Release Date: Monday, April 12, 2021

Response Due Date: **Monday, May 3, 2021, 12:00 p.m. EDT**

Contact: Nikka Sorrells, RFPQuestions@cdcfoundation.org

[View CBO Vaccination Coverage RFP](#)

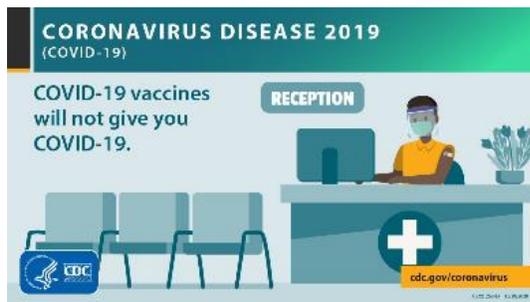
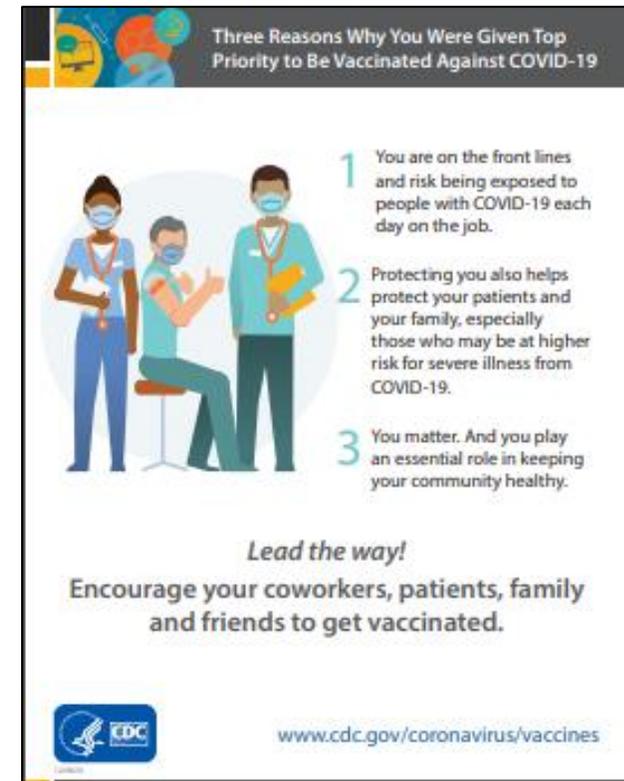
[View Funding Restrictions](#)

[Download Budget Narrative Template](#)

The CDC Foundation held an informational call on April 19. View the [slides from the presentation](#) and the [questions and answers document](#), accessible to all interested applicants.

Tools and resources

- Posters
- Plain language fact sheets
- Drop-in articles/blogs
- “I got my COVID-19 vaccine!” button design
- Social media content and graphics
- Videos





Vaccines

- Key Things to Know +
- Benefits of Getting Vaccinated +
- Information for Different Groups -
 - Essential Workers +
 - Healthcare Personnel
 - Long-term Care Facility Residents
 - Older Adults**
 - People at High Risk for Severe Illness
 - People with Allergies
 - People with Disabilities
 - Pregnancy or Breastfeeding
 - School Staff & Childcare Workers
 - Underlying Medical Conditions

What Older Adults Need to Know about COVID-19 Vaccines

Updated Mar. 13, 2021 Languages Print

The risk of severe illness from COVID-19 increases with age. This is why CDC recommends that adults 65 years and older are one of the first groups to receive COVID-19 vaccines. Getting a COVID-19 vaccine is an important step to help prevent getting sick from COVID-19. That said, it might take time before enough vaccines are made for everyone who wants to be vaccinated.

Tips for how to get a COVID-19 vaccine

- Contact your state or local health department for more information.
- Ask a family member or friend to help with scheduling an appointment.
- Ask your doctor, pharmacist, or community health center if they plan to provide vaccines and ask them to let you know when vaccines are available.



How Do I Get a Vaccine?

Search vaccine providers near you

- OR -

Check your state or territory's health department



Community, Work & School

Vaccination

Health Equity

Health Equity Considerations & Racial & Ethnic Minority Groups

What We Can Do

Health Equity Strategy

COVID-19 Racial and Ethnic Health Disparities

Community Mitigation Framework

Health Equity Considerations and Racial and Ethnic Minority Groups

Updated Feb. 12, 2021 Languages Print



Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. The term "racial and ethnic minority groups" includes people of color with a wide variety of backgrounds and experiences. But some experiences are common to many people within these groups, and social determinants of health have historically prevented them from having fair opportunities for economic, physical, and emotional health.^[1]

On This Page

Factors that contribute to increased risk

What We Can Do

ID-19

¡ACTÚE AHORA!



Descargo de responsabilidad: Este sitio web se actualiza con frecuencia. Parte de su contenido puede estar disponible en inglés o traducido todo el contenido.

Consideraciones para comunidades de fe

Actualizado el 19 de feb. del 2021 Idiomas Imprimir

La cantidad de casos de COVID-19 es extremadamente alta. Evite asistir a congregaciones

Los casos, hospitalizaciones y muertes por COVID-19 son extremadamente altos en todos los Estados Unidos. Debido a las probabilidades de contagiarse y propagar el COVID-19, los CDC recomiendan que no se reúna con personas que no convive en este momento. Asistir a eventos y congregaciones aumenta su riesgo de contraer y propagar COVID-19. Quétese en casa para protegerse y proteger a los demás del COVID-19.

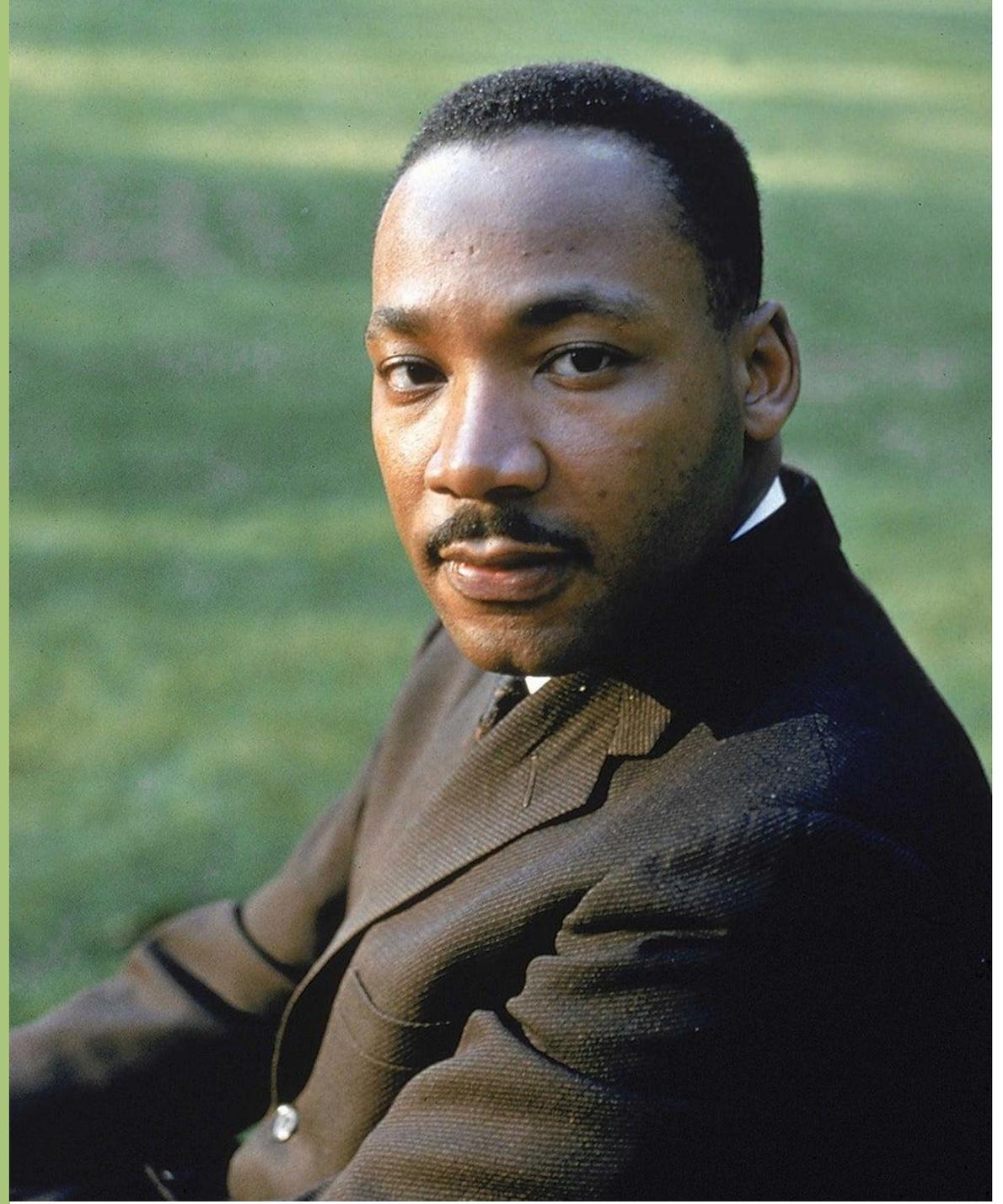
Los CDC ofrecen las siguientes consideraciones generales para ayudar a las comunidades de fe a discernir y preservar la seguridad de su personal y las congregaciones. Millones de estadounidenses adhieren a su parte esencial de la vida. Para muchas tradiciones de fe, el hecho de reunirse para la práctica de culto es esencial de lo que significa ser parte de una comunidad religiosa. Pero las congregaciones representan un riesgo de propagación del COVID-19 durante esta emergencia de salud pública, como ya lo saben los estadounidenses. Estas sugerencias para que las consideren las comunidades de fe y las acepten, rechacen o modifiquen, de tradiciones religiosas, en el curso de la preparación para retomar las congregaciones presenciales mientras se trabaja para prevenir la propagación del COVID-19.

In a real sense, all life is inter-related.

All men are caught in an inescapable network of mutuality, tied in a single garment of destiny.

Whatever affects one directly, affects all indirectly.

- Martin Luther King, Jr.
Letter from the Birmingham Jail





CDC Foundation
Together our impact is greater

www.cdcfoundation.org



Advancing Health Equity through Vaccination Systems in Immokalee, Florida

Healthcare Network
Partners In Health
April 21, 2021





Copyright Sperling's BestPlaces

Living Conditions and COVID-19 in Immokalee

Inequity stems from a history of **exploitation** in the **agricultural industry**, which was built on **slavery**.

Disproportionately impacted by COVID-19.

Crowded living conditions enhance transmission.

Many individuals face **eviction** & **food insecurity** after missing work when sick.

Limited access to healthcare → **poor health outcomes**.

Residents face significant **barriers** to **vaccination**.

Online registration systems

Vaccine events hosted during work days

Lack of **transportation** to vaccine events

Lack of socially and linguistically accessible information

Vaccine inaccessibility should not be interpreted
as vaccine hesitancy

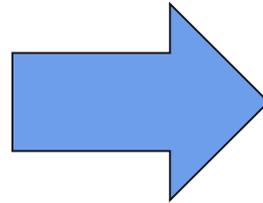
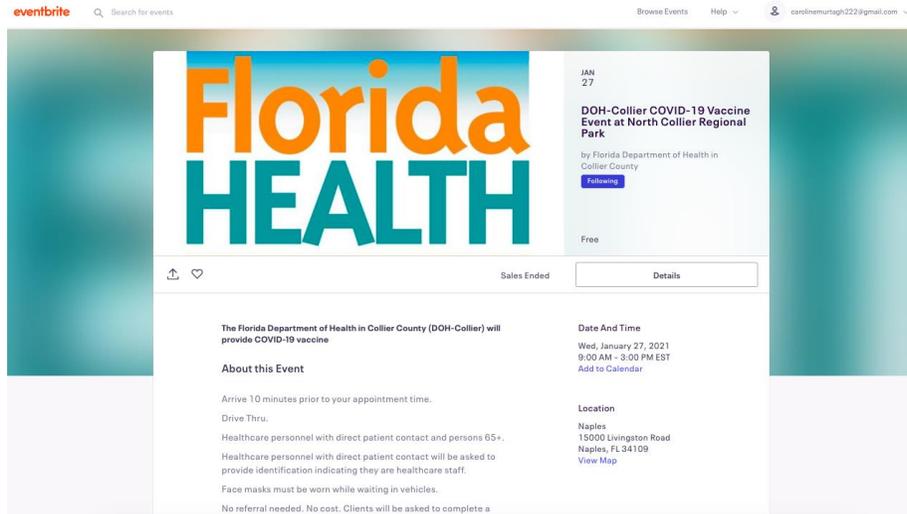


Many Immokalee residents are migrant farm workers.



6 – 20 people living in a single trailer makes social distancing impossible.

Vaccination in Immokalee: Early Misfires



Collier County DOH required individuals to **register** for **appointments** on Eventbrite for the 1st Immokalee vaccination event.

- Website in **English only**.
- Requires **technology + internet** access.
- Registration opens at **9 AM** during the work week.

Advertisement
Home » News » Local » Pop-up vaccine site meant for Immokalee residents gets flooded with outsiders

Pop-up vaccine site meant for Immokalee residents gets flooded with outsiders

by **Christy Soto** — 2:01 PM EST, Wed January 06, 2021



HEALTH

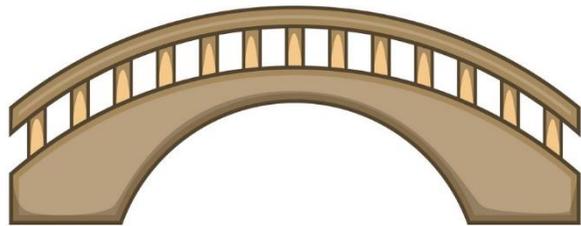
COVID-19 vaccination appointments in Immokalee filled with Naples residents

Liz Freeman Naples Daily News

Published 4:35 p.m. ET Jan. 5, 2021 | Updated 5:37 p.m. ET Jan. 5, 2021

Getting to the Last Mile by Augmenting Agency

- In Immokalee, last mile = “vulnerability,” not *only* distance
- Health Promoters serve as *bridges* between the healthcare system and the community
 - Recruited from the community and understand the social and structural context, which is important for building trust
- Serve as navigators to link individuals to social & clinical resources
- Facilitate conscientization: raise awareness of underlying structural causes of health inequities by engaging in conversations with each other and community



Building Equitable Vaccination Distribution Systems: Appointment-Based Approach



Health Promoters and partners identify **eligible Immokalee residents** interested in being vaccinated through visits to **households, churches, radio, etc.**



Health Promoters help **call patients directly** and schedule them for appointments with reminders. **Visit households** of patients with no phone number or no answer.



Health Promoters **accompany** patients throughout the vaccination events to build trust by providing **socially, linguistically, and culturally** accessible information.



Building Equitable Vaccination Distribution Systems: Walk-Up Approach

Health Promoters **promote** walk-up vaccination events to the community in advance.



Community partners host events in **easy-to-reach** locations at **convenient** times. No appointments or documentation necessary.



Health Promoters **accompany** community members through the vaccination process.



Building Equitable Vaccination Distribution Systems: Walk-Up and Appointment Hybrid Approach

HCN/CIW call Growers to schedule mass appointments for farm workers and packing house workers.



Growers transport workers by bus to the vaccination event.

HCN, CIW, and PIH help with additional paperwork and registration before vaccinations are administered.



Vaccination & Social Support: Going the “Extra Mile” to reach vulnerable individuals



Health Promoters help physically transport patients to vaccination sites.



While canvassing to register people for vaccination and during vaccination events, Health Promoters identify people with resource needs and connect to clinical care and social support.



Next Steps: Convert mobile testing unit to mobile vaccination unit to bring services to the community.

Leveraging 211 & Community Information Exchange for Vaccine Information & Access

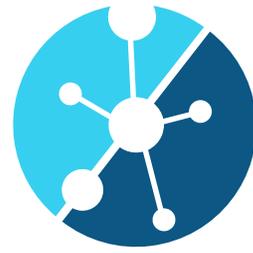


Camey Christenson, MSW

Chief Business Development Officer

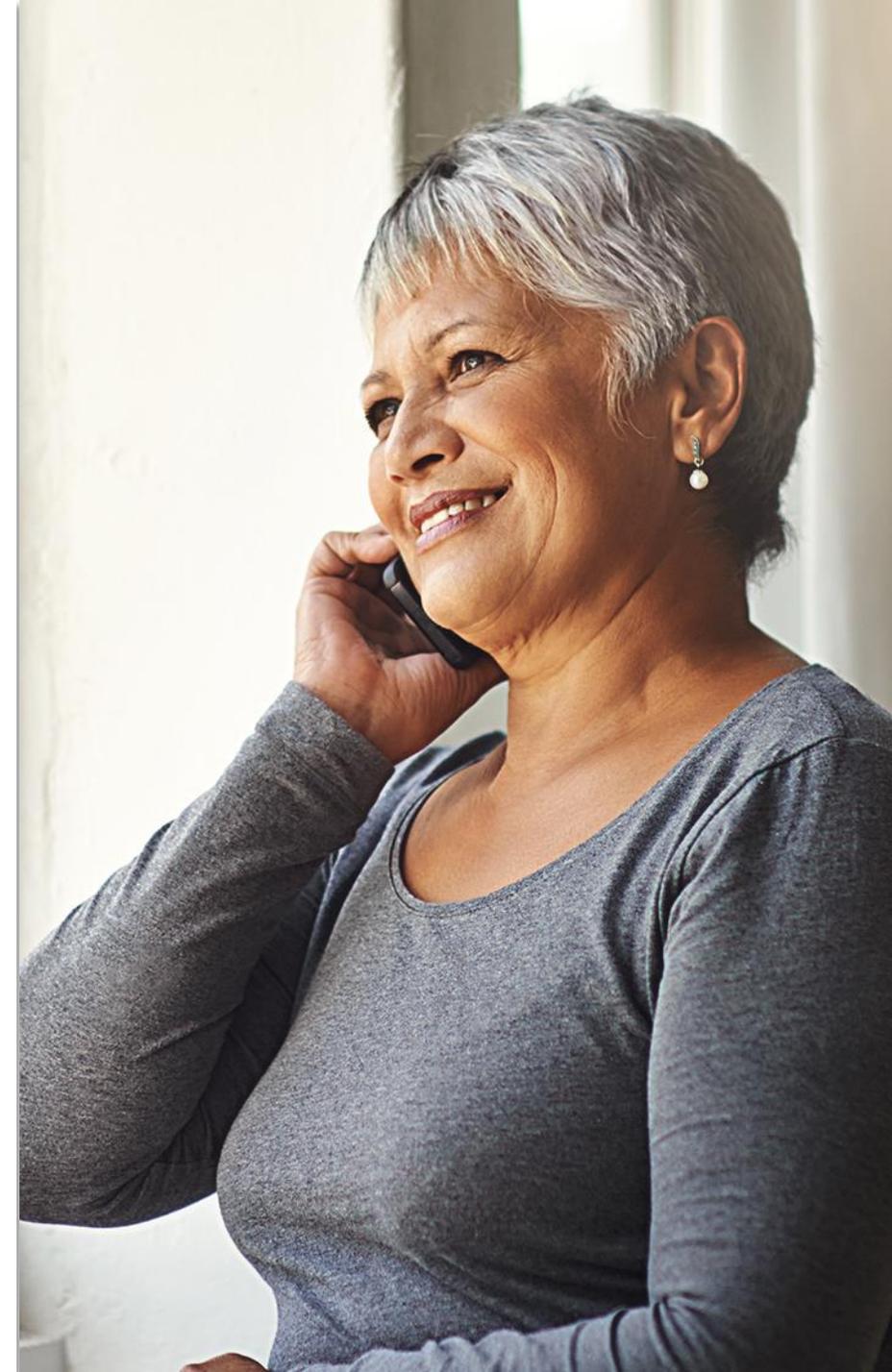
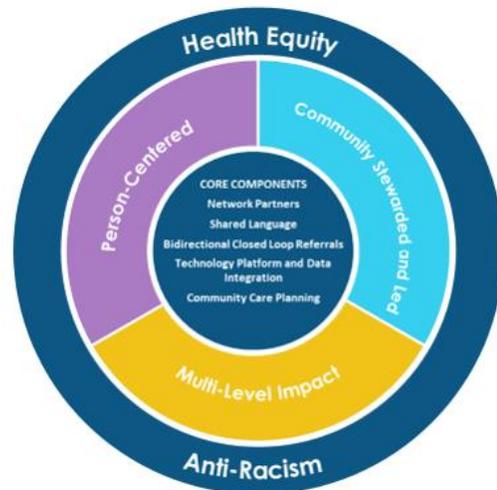


**Community
Information
Exchange®**



Community Information Exchange®

- Free, 24/7 service, 3-digit dialing code
- Access to community, health, social and disaster services
- Tailored programs take the client beyond just a referral—movement towards Navigation
- An ecosystem of partners that fosters collaboration across multi-disciplinary networks
- Connections to 104+ organizations through direct system access or data integration between systems
- Helps communities move from reactive system to proactive, person-centered system of care





COVID-19 Response

In partnership with the County of San Diego HHSA, 211 San Diego is providing support with:

- Navigation of COVID-19 related information: symptoms, how it spreads, Public Health Orders
- Navigation and connection to community, health and social services (CIE)
- Testing site and appointment support, outreach, results
- Vaccination appointment support for those without access to the internet or someone to help them.
 - Phases and Eligibility
 - Awareness of vaccination availability and sites
 - Navigation and advocacy with vaccination completion (2 doses)
 - Vaccine Triage Team (CIE)
 - Trend Reporting

● Vaccination ● Scheduling

Scheduling barriers included:

Supply

- Availability for first and second dose appointments
- 2nd Dose Online Form

Location

- Sites in communities with most need

Appointment access, verification, rescheduling

- Requirements of email and phone number
- Social Security #s

Accessibility

- Homebound Individuals
- Those without computers or Internet
- Language barriers
- Ability to check appointment availability
- Transportation assistance
- Set-aside appointments



Statewide Information



211 CA Statewide Dashboard | Call Volume and Trends

Select Call Date
5/1 to 3/31

Select Region
All

Select County
All

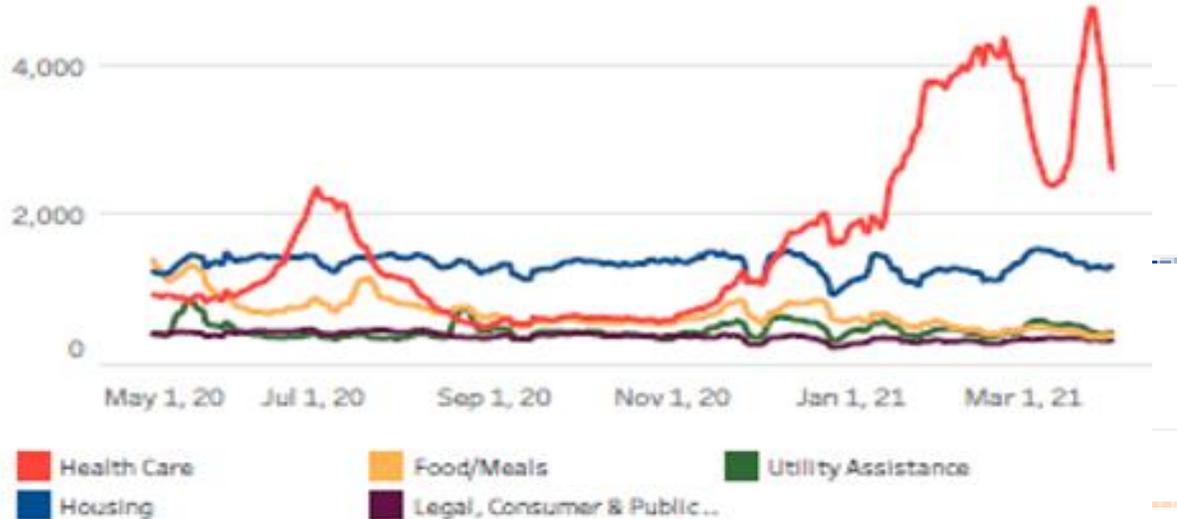
50,613
Calls Per Week

2,422,217
Total Calls

-68.1%
Since Last Week

AIRS Needs Volume for Top 5 Needs

Select a line to show more detail or choose from filters above for trends beyond the top 5



Health Care

- In March, 40% of all client's needs were for health care, representing the top most common need surpassing housing for the fourth month in a row. While the demand for health screening/diagnostics (e.g. COVID-19 testing) represented the top health care need between November and January, Specialized Treatment and Prevention, which includes vaccinations, continues to increase accounting for 80% of health care needs in March.
- Compared to the overall population of callers, those in need of health care assistance are older (75% are over 50 with health care needs, compared to 62% of overall clients), more likely to be Hispanic/Latino (56% with Health Care needs, compared to 48% overall population), and less likely to be African American (9% with Health Care needs, compared to 14% overall population).

Total Number of Calls Answered by Region

Select a region or county to interact with other charts

Los Angeles County	625,162
San Diego - Imperial	611,803
Inland Empire	257,279
San Francisco Bay Area	194,617
Southern San Joaquin Valley	177,500
Superior California	150,641
Northern San Joaquin Valley	145,536
Orange County	133,673
Central Coast	89,162
North Coast	36,844

211 SD Vaccine Surge



COUNTY T3: TESTING, TRACING, AND TREATMENT
Client Outreach and Assistance with COVID-19 Testing and Vaccines

June 12, 2020 - April 18, 2021

410,788

seeking assistance with COVID-19 related needs



COUNTY T3: TESTING, TRACING, AND TREATMENT
Client Outreach and Assistance with COVID-19 Testing and Vaccines

November 9, 2020 - April 18, 2021

61,298

need help finding a testing location

35,405

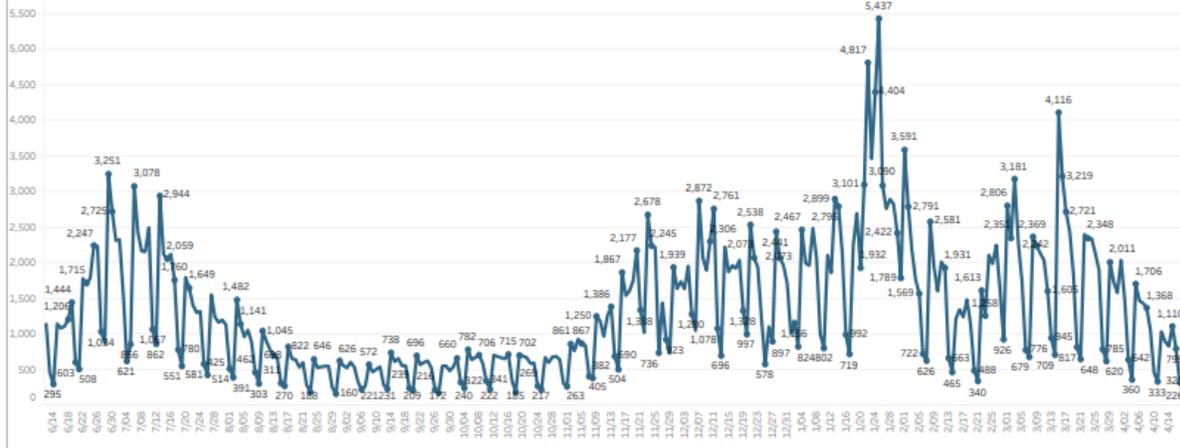
need help with test results

118,458

calling for COVID-19 vaccine information

COVID-19 ASSISTANCE TRENDS

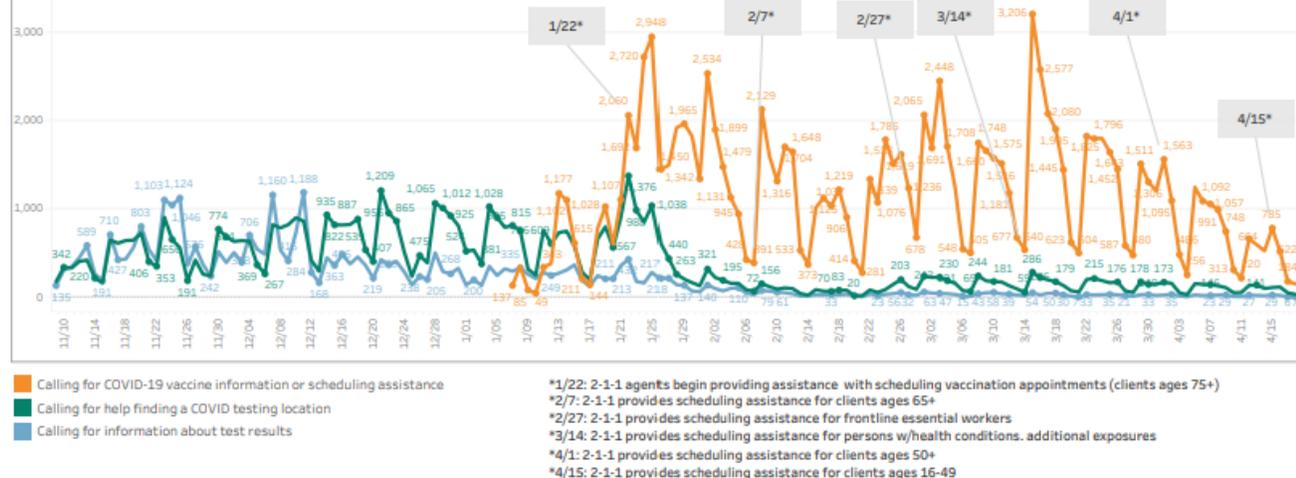
Total Callers Seeking Assistance with COVID-19 Testing, Vaccines and Health-Related Needs
This graph represents all callers selecting the COVID-19 automated assistance menu (IVR)



COVID-19 ASSISTANCE TRENDS

Callers Seeking Assistance with COVID-19 Related Needs by Reason for Calling: New Test, Test Results and Vaccines

This graph represents the reason for calling indicated by callers in the COVID-19 automated assistance menu (IVR)



211SD Vaccine Call Trends



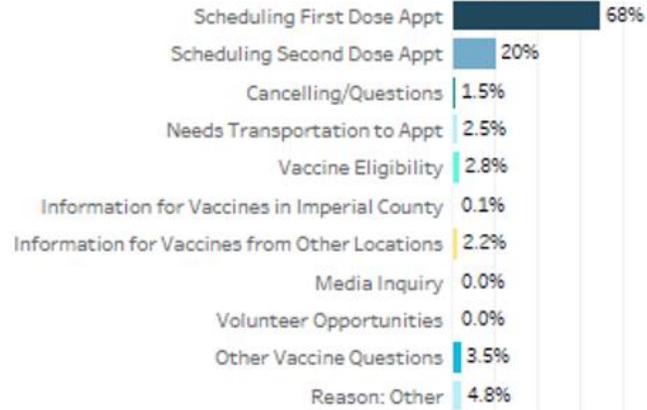
COUNTY T3: TESTING, TRACING, AND TREATMENT
COVID-19 Vaccine Related Assistance and Support

January 22 - April 18, 2021

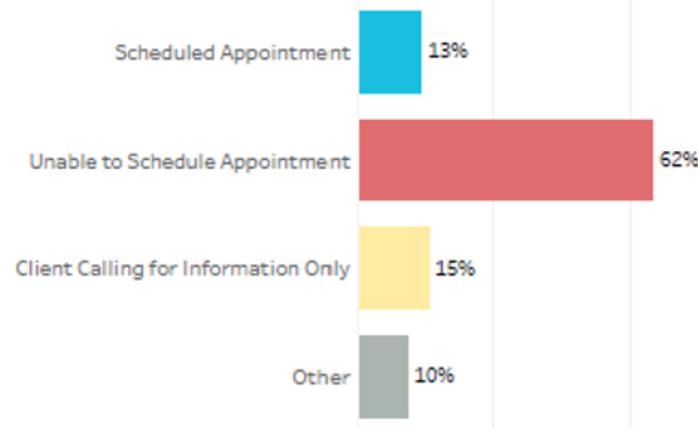
COVID-19 VACCINE APPOINTMENT ASSISTANCE TRENDS

Reason for Calling

Multiple selections possible per caller; percentages may total more than 100%

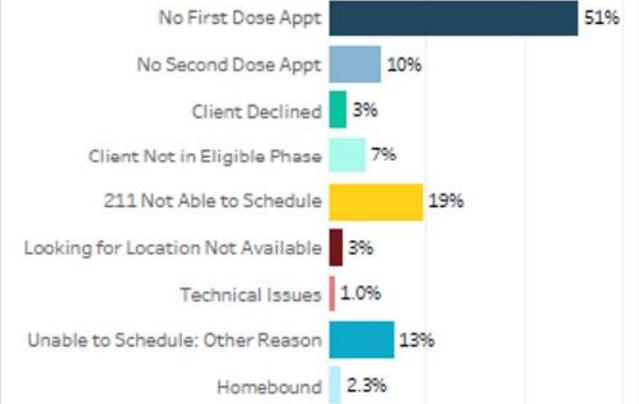


Call Outcome



Unable to Schedule Reason

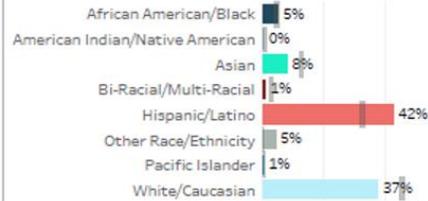
Multiple selections possible per caller; percentages may total more than 100%



Clients Assisted by Race/Ethnicity

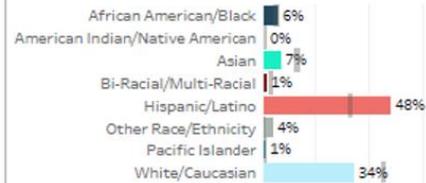
Gray lines are included in the graphs below to indicate County of San Diego general population estimates for race/ethnicity. These estimates can be used to determine if a population is over or under-represented compared to County averages. Race/ethnicity data for vaccine assistance clients was not collected until 2/26/2021, while vaccine assistance support began on 1/22/2021.

Total Clients



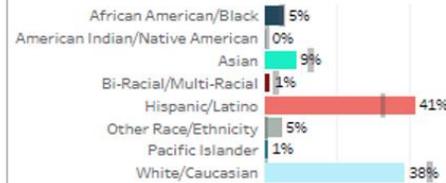
Scheduled Appointments

Subset of Total Clients



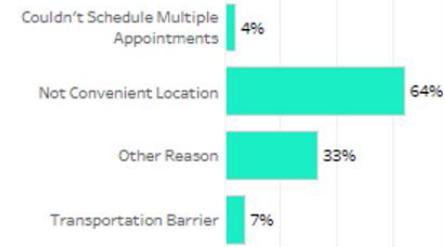
Unable to Schedule Appointment

Subset of Total Clients



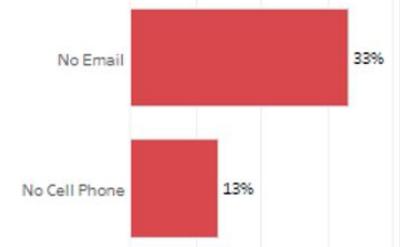
Client Declined Reason

Multiple selections possible per caller; percentages may total more than 100%



Required Information to Make Appointments

Multiple selections possible per caller; percentages may total more than 100%



= County of San Diego Race/Ethnicity Data (SANDAG Estimated 2019): White: 45.1%; Hispanic: 32.6%; Asian: 12.8%; Black: 5%; 2 or More: 3.2%; American Indian: 0.7%; Pacific Islander: 0.4%; Other: 0.2%.

211SD Vaccine Call Trends – Triage Team/Set Asides

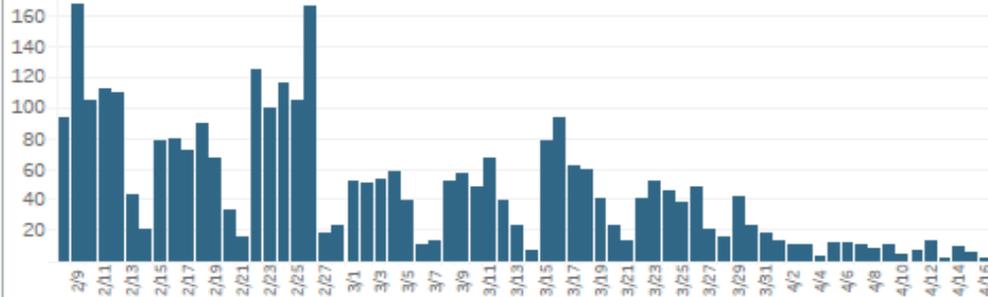


COUNTY T3: TESTING, TRACING, AND TREATMENT
COVID-19 Vaccine Related Assistance and Support

January 22 - April 18, 2021

COVID-19 VACCINE APPOINTMENT ASSISTANCE TRENDS: VACCINE TRIAGE TEAM AND SET-ASIDE APPOINTMENTS

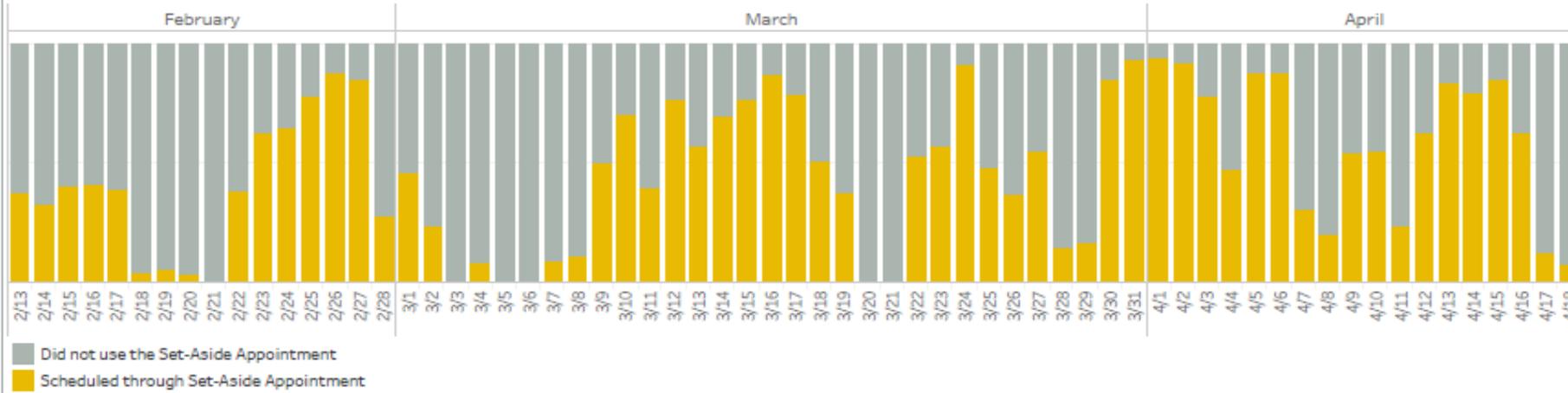
Clients in need of Vaccine Triage Team Support (Total: 3,166)



Vaccine Triage Team Support: Type Needed (Data shown for past week)

	4/12	4/13	4/14	4/15	4/16	4/17	4/18	YTD Total
Homebound Senior Follow-Up	19	20	14	9	7	2	2	1,809
Needs Transportation to Appointment	13	2	7	5	2	5	0	1,574
Second Dose Follow Up	24	14	15	9	9	8	6	1,852
No Required Info			2	1				866

Utilization of Set-Aside Appointments (Total: 4,044)



Notes: Automated assistance (IVR) for clients calling for COVID-19 vaccine information began on 1/7/2021. Beginning on 1/22, eligible clients were given the option to route to 2-1-1 agents for assistance with scheduling vaccination appointments. Client demographic and vaccine scheduling assistance detail data is only available for clients who connected with a 2-1-1 agent starting on 1/22. Additional questions are continuously being added and modified; therefore, certain data is only available on or after the dates they were added.

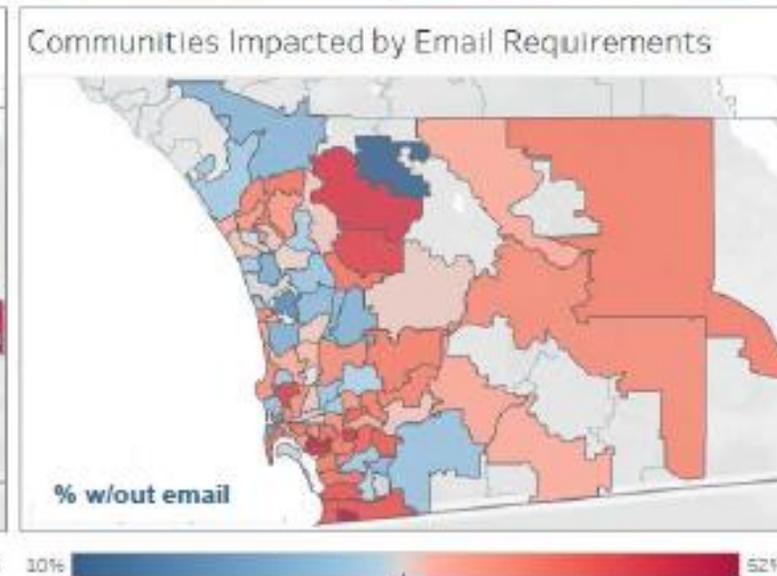
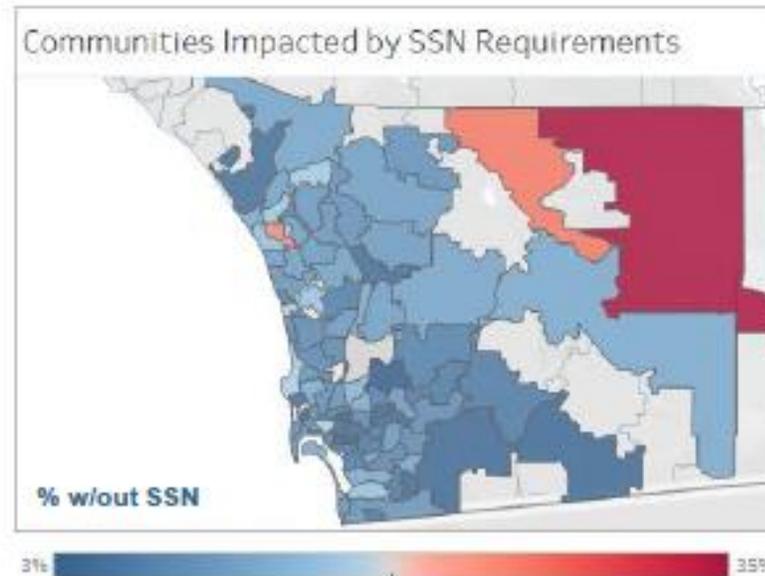
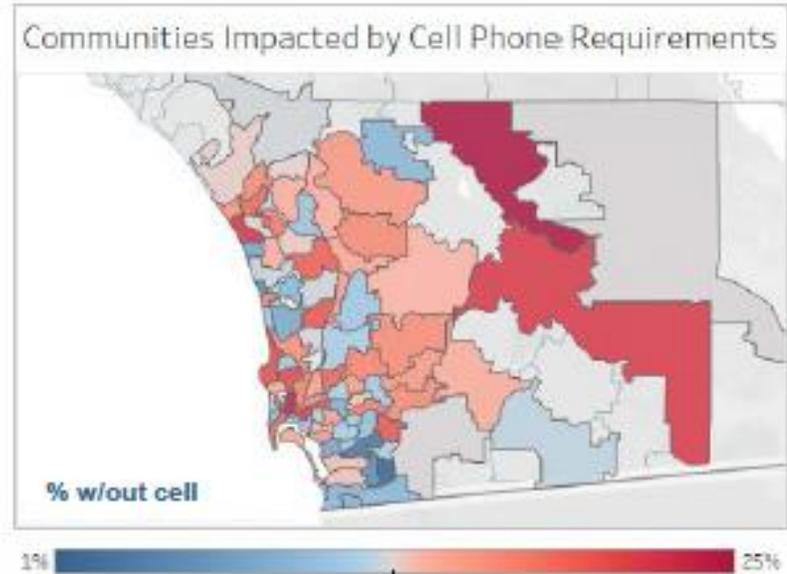
Vaccine Appointment Barriers

Application requirements can place unintended barriers for individuals trying to schedule a vaccine appointment. Among eligible callers, 61% were not able to schedule an appointment, with up to a third lacking a requirement needed to schedule an appointment at some sites.

Among those that weren't able to schedule an appointment:

- About 1 in 3 did not have an email
- About 1 in 7 did not have a cell phone
- About 1 in 11 did not have an **Social Security Number**

Communities most impacted by these requirements are more concentrated in parts of East County, South Bay and near the Border, as well as North County near Carlsbad, Oceanside and Escondido.



Note: Data from 1/22 to 4/18. Maps exclude zip code areas with less than 30 individual responses.

Progress

Latest Vaccination Progress Updates from San Diego County

- More than 821,000 County residents, or 30.6% of San Diegans 16 and older, are fully immunized.

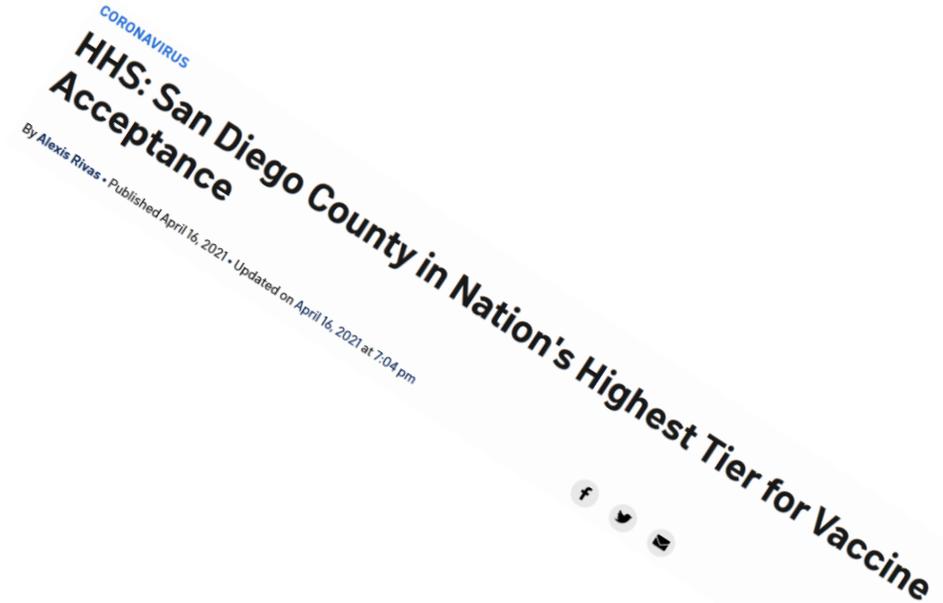
- More than 1.29 million County residents have received at least one shot of the two-dose vaccine. That's 48.1% of those eligible.

- The goal is to fully vaccinate 75% of San Diego County residents 16 and older, or 2,017,011 people. To date, 64.1% of the goal population has received at least one vaccine and 40.7% are fully vaccinated.

Cumulative | 1/22/2021 to 4/18/2021:

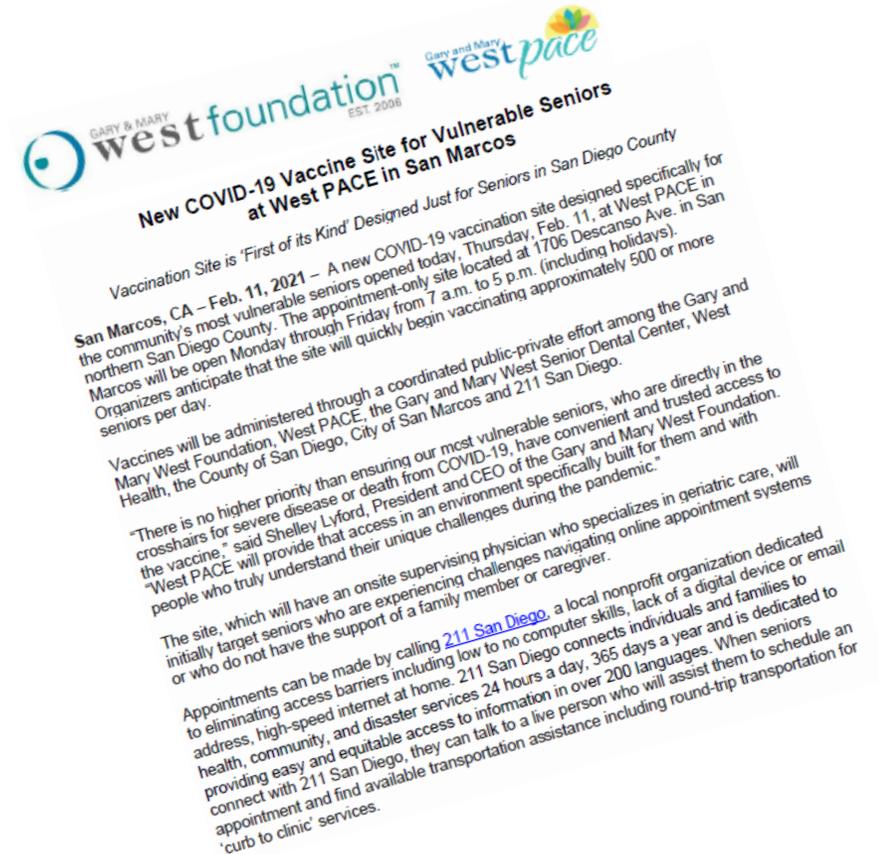
**1/22 marks 211's launch date of vaccination appointment support*

- 83,945 were answered with a 1 minute and 4 second average wait time
 - English: 69,660 answered, 1 minute and 7 second average wait time
 - Spanish: 14,288 answered, 51 second average wait time
- 9,072 appointments were made, which was about 13% of the vaccine calls
- 1,809 clients indicated they were a homebound San Diegan and were placed on the interest list



Recommendations

- Data: Collect, Monitor and Share Data (loudly)
- Leverage Existing Infrastructure, Providers, and Partnerships (Trusted Networks)
- Set Aside Appointments for target populations
- No Appointment Sites
- Population-friendly sites (senior,
- Electronic Workaround (emails/cell #s)
- Confidential / Anonymous Answers
- Streamline Appointment-Setting softwares
- Transportation (signage)
- Transparency
- Be Nimble



THANK YOU

Camey Christenson

CChristenson@211SanDiego.org

858-654-1999



Learn more about our panelists!



[Julie Pedretti, MBA, MS FACHE, APR](#)
COVID-19 Community Relations Director
[Healthcare Network](#)

[Odilest Guerrier & Jhyveline Muselaire](#)
Health Promoters
Immokalee



[Caroline Murtagh](#)
Project Manager, Immokalee
[Partners In Health](#)

Learn more about our panelists!



[Camey Christenson](#)

Chief Business Development Officer

[211 San Diego](#)



[Lauren Smith, MD, MPH](#)

Chief Health Equity and Strategy Officer

[CDC Foundation](#)



[Denise Octavia Smith, MBA, BS, CHW, PN, SFC](#)

Executive Director

[National Association of Community Health Workers](#)