Role of Public Health in Equitable Vaccine Distribution

Metro Local Public Health (CCH)

Tuesday, March 16, 2021

Metro Local Public Health Overview

- **Follow Minnesota Department of Health guidance**
- **Serve as the vaccination “safety net”**

- Local public health’s focus is on vaccinating
  - Phase 1a
  - Phase 1b
    - Tier 1 65+ populations
    - Tier 1 E-12 and child care personnel (who work in MN)
    - Tier 2, food processing facilities
    - Tier 2, populations at high risk for severe disease (who have access barriers)
    - Tier 3, essential workers

- All vaccinators are asked to prioritize Phase 1b Tier 2, food processing facilities, before moving to Phase 1b Tier 3.

- LPH can move to Tier 3 without explicit permission from MDH when successfully through Phase 1b Tier 2 or as needed to fill vaccine clinics.

Primary Vaccination Clinics

- Government Facilities: City Hall, Government Centers
- Event Centers: Exposition Center, Earle Browne Heritage Center
- Community: Churches, Community Centers
- Targeted Community PODS: Low income housing, shelters, group homes, schools, senior residents, public housing

Strategies to increase capacity/contracts

- Homeland Health
- Contracts with Community Paramedics/EMS
- Medical Reserve Corps
- Bluestone Physician Services
- Genoa Pharmacy
- School Nurses
- Minnesota Visiting Nurse Association
- Hennepin Healthcare

Vaccine Equity Strategies

- Teams of staff focused on communication, access and registration
- Work with trusted partners in the community and existing relationship in the community
- Translation and interpretation provided throughout process
- Mobile vaccine clinics – bring vaccine to the community

Work with Health Plans or Health Systems

- Most are working with the health and medical coalition on planning
- Some working with local hospital or health system to do joint clinics
- Some contracting with hospital/health system for vaccine delivery

Key Gaps / Opportunities

- No performance metric that would allow us to show progress on reaching persons who need vaccine most
- 3 and 7 day metric for vaccine usage are contrary to vaccinating the hard to reach
- Guidance is prioritizing speed and efficiency of vaccination efforts.
- Not everyone wants to/can come to a large POD. Persistent barriers continue (similar to those we saw with testing). These include access to transit, technological literacy, internet connectivity, and concern about providing personal information (sexual orientation, for example) to the State's Vaccine Connector.
- How to reach people that are not connected to internet
- PrepMod can be manipulated by more digitally savvy persons. The state recently announced an upgrade to PrepMod that will finally make each URL "unique" to the appointment holder; before that time it was quite common to see URL sharing among populations who are not eligible for vaccine.
- Easy work is done…closing gaps in vaccine coverage in any priority population is going to take a lot of work.
- How we are using vaccine interest info from MN Vaccine connector
- Better coordination between CCH sections, MDH and the State Emergency Operation Center (SEOC)

Role of Healthcare in Equitable Vaccine Distribution

Center for Community Health (CCH)

Tuesday, March 16, 2021

Background from health plan perspective

- For most health plans, our primary role is to support the care for our members:
  - Paying claims
  - Care coordination
  - Access to claims data
- Communications outreach to members
  - General messaging
  - Partnerships with community organizations, member call centers, and care coordinators

Secondary Roles

- Partnerships
  - Community/provider partners
  - Care system partnerships
- Other Initiatives
  - Targeted grants
  - Mobile vaccination efforts

Gaps and Opportunities

- Gaps
  - Information/data
- Opportunities
  - Communication
  - Coordination

Follow-up?

- Minnesota Council of Health Plans Equity Committee
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- CCH Contacts

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Background from healthcare perspective

- For most healthcare organizations, primary focus has been our employees and our patients:
  - Initially frontline employees providing direct patient care.
  - Next moved to patients by age
- Primary outreach was electronic (email, MyChart) and scheduling through call centers

Providing Access to COVID-19 Vaccine

- Our patient populations are sometimes less diverse than the general population.
- Lower acceptance rates among some BIPOC groups. Most systems are working to address vaccine hesitancy through the following:
  - Videos and written information by trusted community members
  - Speakers bureau
  - Working with community partners

Community COVID-19 Vaccination Response

- Some systems also providing access to vaccines for non-patient populations through a variety of community-based approaches including:
  - Mass vaccine clinics in community locations
  - Smaller vaccine clinics with community based organizations.
- Highlight: M Health Fairview COVID-19 Vaccine Equity

M Health Fairview: COVID-19 Vaccine Equity

- Model for community vaccination clinics came from MINI model.
- “To reduce the healthcare barriers for communities of color and indigenous communities, vaccinations must be accessible, free, available within a trusted space, and given with appropriate language and cultural considerations.”
- https://mhealthfairview.org/covid19/covid19-vaccine/vaccine-equity

Key Gaps / Opportunities

- Coordination of community vaccine event, i.e. physical location and outreach
- Real-time data on level of vaccination within a given geography and existing partnership.
  - As saturation levels rise, coordination will become increasingly important
- Collaboration to increase effectiveness and efficiency in achieving vaccine equity
- Leveraging different partnerships for outreach