

Operationalizing Equity in COVID-19 Vaccine Distribution

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Metro Denver Partnership for Health



Contents

- 3** Framework Summary
- 3** Principles for Equitable Vaccine Distribution
- 4** Partnering with Community
- 5** Transparency
- 5** Ensuring Vaccine Distribution Methods Meet the Needs of Priority Populations
- 6** Using Data to Make Decisions
- 7** Roles and Responsibilities Summary
- 7** Funding and Resources
- 8** Additional Needs for Priority Populations
- 9** Resources
- 9** References

Metro Denver Partnership for Health



About MDPH

The Metro Denver Partnership for Health (MDPH) is a partnership of key stakeholders committed to improving health in metro Denver through regional collaboration and action.

MDPH is led by the six local public health agencies (LPHAs) serving the seven-county Denver metro area, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. MDPH is a partnership between public health, health systems, Regional Accountable Entities (RAEs), human services, and regional health alliances. MDPH works alongside regional leaders in behavioral health, environment, philanthropy, local government, education, and other areas to achieve its goals of promoting health and well-being across the region. MDPH's work impacts nearly 3 million Coloradans — 60% of the state's population — who live in this region.



Framework Summary

The following plan is the Metro Denver Partnership for Health (MDPH)'s proposal for operationalizing equity in its regional COVID-19 vaccine distribution collaboration efforts. There are many strategies that health care partners, local public health agencies (LPHAs), and community-based organizations (CBOs) can integrate into vaccine distribution efforts to promote equity. The suggested roles for health care and health systems — including Federally Qualified Health Centers (FQHCs) and Regional Accountable Entities (RAEs) — LPHAs, and CBOs capitalize on each partner's respective strengths. The plan also considers partners' differing capacities, and vaccine supply and allocation plans. MDPH's framework outlines suggestions for centering equity within a spectrum of approaches to vaccine distribution.

Principles for Equitable Vaccine Distribution

Across the Denver metro area, the state, and the nation, segments of the population have been disproportionately impacted by COVID-19 and the economic impacts of the pandemic response. Coloradans who are Black, Indigenous, Latinx, and other communities of color, those with lower incomes, and individuals who lack documentation are at higher risk of severe illness from COVID-19. The circumstances of their lives — crowded housing, work environment, underlying health conditions, and limited access to care — put them at higher risk of severe illness. Historic, systemic racism and discrimination have also generated mistrust in the medical system and vaccines, and traditional vaccine distribution methods may limit accessibility. As a result, thousands of the region's most underserved residents may be going without the vaccine.

MDPH's public health and health care partners have committed to proactive planning for equity in vaccine distribution policies and plans. This commitment includes the following principles:

- **Partnering with community** as shared decision-makers to improve trust, address disproportionate COVID-19 impacts, prevent future health disparities, and lay the foundation for future partnerships.¹ This includes tailoring communications to reach historically underserved populations with updated, accurate information that is delivered by trusted leadership and voices within these communities.
- **Being transparent** with the public about historic and existing inequities, activities underway to address them, and progress made on vaccination efforts.
- Ensuring **vaccination sites meet the diverse needs** of multiple populations and collaborating with local providers and community leaders to ensure processes at these sites are culturally appropriate and are responsive to community needs and preferences.
- **Using data to make decisions:** COVID-19 case, hospitalization, and mortality data combined with community data including age, race/ethnicity, socioeconomic status, and health status at the census tract level will help identify priority communities for proactive vaccination outreach efforts. Current vaccination data can identify needed changes in strategy to fill gaps. It is important to expand vaccination sites and vaccine availability in under-vaccinated neighborhoods and populations, working in collaboration with local providers and community leaders.
- **Prioritizing funding** to support vaccine equity, including support for community partners and leaders.

Partnering with Community

At its core, this work must include robust and authentic community involvement. In order to promote trust, community members should be included as equal partners in vaccine planning and distribution efforts. Collaborating using shared leadership models with ambassadors and cultural brokers (see below) is one strategy. These professionals help bridge public health and the community by informing interventions; connecting groups, neighborhoods, or organizations who can help fill in gaps; and helping immunization planners understand historic barriers and challenges to vaccination.

Shared Leadership Models

Shared leadership comes out of the environmental justice movement and is a framework for having partners—including community members—share responsibility for change. The community should be involved in every level of the vaccine dissemination process, including in identifying partnerships, problem solving, decision making, representativeness, and collaboration. See Figure 1 for an overview of community engagement tactics.

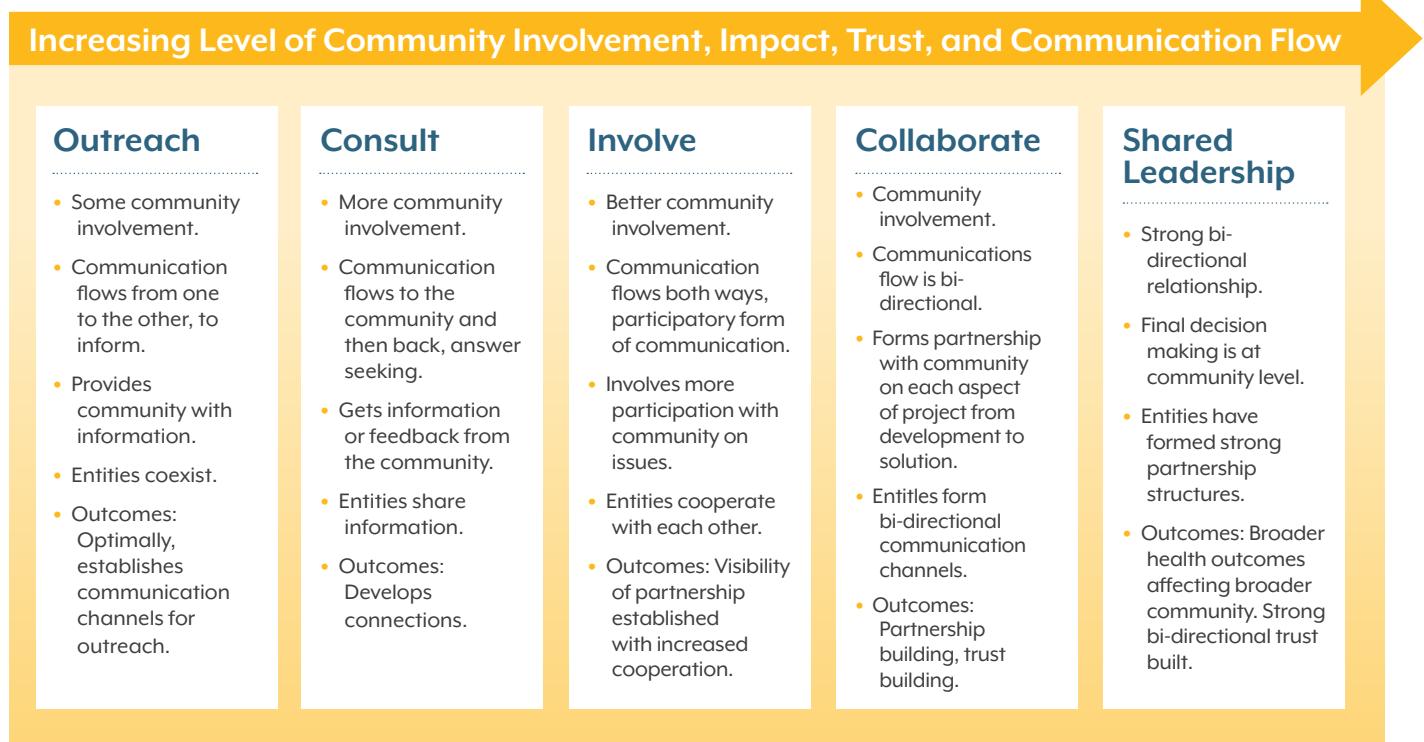
Community Partnerships

MDPH has started a community ambassador program to promote the importance of flu and COVID-19 vaccination with priority populations. LPHAs are partnering with up to 24 CBOs who are trusted leaders and who understand the issues facing their communities (see Resources on Page 9 section for additional information). In addition to promotion and communication, these partners may host clinics and help recruit and schedule community members for vaccination. Affiliating with a CBO for establishing vaccine sites can help with hesitancy and improve vaccine trust with various communities.

Members of MDPH's Health Equity Workgroup are also available to identify the partners and locations to implement this work.

We recommend using [MDPH's Guidelines for Expanding Immunization Delivery During COVID-19](#) for information on leveraging partnerships and developing and strengthening relationships with these community partners.

Figure 1: Community Engagement Continuum



Tailoring Communications

Effective communication with community members is crucial and a major facilitator of successful distribution of the COVID-19 vaccine. When partnering with cultural brokers and community ambassadors to target priority populations, [MDPH's Guidelines for Expanding Immunization Delivery During COVID-19](#) includes key communication strategies that can help address barriers such as vaccine hesitancy. Additional recommendations include:

- Working with cultural brokers who understand the nuances of various communities to ensure culturally appropriate messages are being utilized and how messaging can be tailored.
- Soliciting community member/CBO feedback on what should be addressed or included in any communications plans and materials before publicizing.
- Engaging targeted media outlets that have connections to the audience, including neighborhood newspapers, social media platforms, and audio and video news outlets.

Transparency

MDPH endorses being transparent with the public about historic and existing inequities, activities underway to address them, and progress made on vaccination efforts throughout the entire vaccination dissemination process.² This may include efforts such as:

- Data display and public-facing dashboards (and using these to make decisions- see “Using Data to Make Decisions” section).
- Public updates hosted on accessible and diverse platforms.
- Publication of vaccine dissemination plans and decision-making processes that includes how priority in line was determined and who constitutes a specific occupation.
- Updates on vaccine allocation from the Colorado Department of Public Health and Environment to various health care partners, neighborhood sites and priority populations.

Ensuring Vaccine Distribution Methods Meet the Needs of Priority Populations

Equity strategies should be routinely integrated into health care partners' efforts to vaccinate their patients in ambulatory settings as well as LPHA vaccine clinics. There are also multiple opportunities to operationalize equity principles into large-scale vaccination events that aim to immunize many of our community members at once.

In-House Vaccine Clinics

- Establish additional criteria (beyond state requirements) for selecting patients from a waiting list such as ZIP code of residence (prioritizing communities with high COVID-19 morbidity and mortality), place of residence (such as a multigenerational household), mobility limitations, and/or occupation. These criteria can also be used to identify patients who do not yet meet the state requirements so they can be ready and registered when vaccine is available for their onsite clinics. LPAs can assist with identifying criteria.
- Ensure the sign-up and registration process is user-friendly. Use care coordinators and navigators, or contract with CBOs, to help support patients with this registration process, especially for those who may not have access to the internet or who could use additional computer support.
- Consider how to assess progress and how to define success upfront. Then monitor who gains access to the vaccine by reviewing vaccination data post-clinic to assess reach and impact. Evaluate whether equity goals were reached, and if not, how to change the approach.

Large-Scale Events

These suggestions may be most beneficial in the short-term during times of vaccine scarcity or when partners receive extra allocations of doses and would like to disseminate them quickly. The strategies listed in this section can also be integrated into outreach clinic interventions listed below.

- Ensure sites are accessible, including for individuals with limited mobility and those relying on public transportation.

- Make culturally responsive resources accessible onsite (can be identified in collaboration with LPHAs and CBOs if needed) and have staff available to address participants' concerns about the vaccine.
- Consider nontraditional hours.

MDPH also recommends an efficiency approach when conducting immunization sites. For example, vaccinate all eligible individuals when going into hard-to-schedule locations or facilities serving hard-to-reach populations. This is especially important in congregate settings including shelters, prisons, and jails. When mobile or outreach teams are deployed for homeless shelters populations for example, we recommend vaccinating the staff at the same time. This also applies to homebound individuals and their caregivers. This efficiency approach ensures that potential outbreaks among high-risk staff, unpaid/informal caregivers, and community members are mitigated in a unified way.

Using Data to Make Decisions

In addition to in-house clinics and large-scale events, small-scale approaches in specific neighborhoods reaches the community where they are at compared to mass vaccination sites that may draw in mostly high-literacy and active healthcare-seeking populations. Supporting and promoting these targeted, nontraditional strategies, rather than implementing only traditional large-scale events, puts equity at the center of the work.

Community/Outreach Clinics

The following steps outline how to operationalize vaccine equity strategies in community sites when enough vaccine is available or when partners receive equity allocation doses. Overall, MDPH partners suggest looking at equity-focused data weekly so that health care partners/LPHAs can collaborate to fill gaps and identify opportunities.

1. Identify areas for COVID-19 vaccine clinics in under-vaccinated neighborhoods and populations. Health care/LPHA partners should prioritize and reassess vaccine sites weekly by using disease burden as part of the prioritization for selecting community vaccination sites in the

metro area. During this collaborative decision-making process of assessing gaps, partners should assess roles, who can take on what responsibility, and how to implement needed strategies.

- a. Maps and other data sources that outline areas of need, such as COVID-19 vaccination, cases, and hospitalization rates, should be used to help make these decisions. While reviewing the data, consider both who is at high risk of exposure as well as who is in a high-risk population. Example data sources include:
 - i. Denver Public Health is tracking vaccination rates [by census tract](#).
 - ii. Tri-County Health Department has [outlined important outcomes to consider](#).
 - iii. [CHI's Vaccine Distribution Equity Map](#) can serve as a useful tool to ensure the COVID-19 vaccine is reaching populations who are at high risk of complications from COVID-19.
- b. Partners should consider whether to engage with locations and organizations that requested, but did not receive, a CDPHE equity vaccine allocation. These lists can be requested from CDPHE.
- c. RAEs also have information on higher-risk, eligible patients enrolled in Medicaid, as well as care navigation/coordination mechanisms in place that can assist with outreach and/or registration for vaccination.
- d. Identify areas that lack pharmacies providing vaccine. People in these neighborhoods may not have this relatively-available access point to the vaccine, and solving this problem is an important step in creating vaccine equity.
- e. In the short term when vaccine supply is low, this prioritization of “hotspots” for outreach clinics will occur at the regional level with MDPH partners.
- f. If possible, neighborhood clinics should be long-term vaccination sites (rather than only one time “pop-ups”). Establishing fixed sites in key neighborhoods may be more effective for community partners, as it increases certainty about when and if a site is operating.

2. LPHA, representing the jurisdiction of the vaccine site, will connect with CBOs to assess interest and capacity to support scheduling, outreach, recruitment, and wrap-around services to be offered at the vaccine site. Initial community engagement will be through existing MDPH community ambassadors and other historical connections.
 - a. Being flexible about roles of CBOs in this decision-making process is important. Community partners should be equal partners throughout planning and execution.
3. Health care partners, including pharmacies, can provide support through mobile or outreach clinic logistics.
 - a. Ensure that health care partners are chosen based on community data and consider the following questions:
 - i. Do they have a safe/appropriate space to hold the clinic?
 - ii. Are there equity/access concerns (geographic, transportation, occupation, etc.)?
 - iii. Do they have enough supply available and staff needed to manage the clinic, as to not exceed clinic capacity?
 - iv. Is the location sustainable (can it be used for multiple clinics at different times)?
 - b. Monitor who gains access to the vaccine by prioritizing outreach and scheduling through CBOs and LPAs, rather than open scheduling. This may mean supporting CBOs by providing them both staffing and other financial support.
 - c. Make sure to reserve vaccine slots for community partners who serve as ambassadors or recruiters for the vaccine site/clinic.
4. MDPH will review vaccination data post-clinic to assess reach and impact.

Roles and Responsibilities Summary

MDPH proposes the following roles and responsibilities for outreach clinics based on partners' strengths and assets. Some partners may fill multiple roles. For example, FQHCs are also well-positioned to play an outreach and trust-building role (FQHCs understand the community's needs, have existing strategies in place for working with priority populations, and are in already in key underserved locations across the Denver-metro area) and LPAs can provide logistical support. An additional key partner, COVID Check Colorado may be able to support all efforts listed below.

Primary Roles:

- Health care partners: Logistics (vaccine supply, staffing, personal protective equipment, and disposal).
- LPAs: Building trust, scheduling events, liaising, convening/coordination, training, and supporting communications.
- Community partners/CBOs: Trust, outreach, scheduling support, registration, navigation, and communications.
- RAEs: Outreach, scheduling, and navigation from care coordinators.

Locus of control:

- Regional/MDPH level: Review of maps/data, decisions on where to distribute vaccine, and suggestions for advocacy/policy/distribution changes.
- Local level: Hosting and running clinics.

Funding and Resources

In order to operationalize equity, partners should think about funding and resources in new and innovative ways.

- Community members: The COVID-19 vaccine is available to all residents, regardless of documentation status or insurance coverage. There is an opportunity to engage individuals who may be disconnected from ongoing care by leveraging resources so vaccination sites can offer wrap-around services (SNAP enrollment, access to care navigators).

- Community-based organizations: Support CBOs to host and schedule clinics and to sign up patients by providing them with both staffing and financial support. This may include grassroots approaches (e.g. door-to-door canvassing), and support for hiring navigators.
- Providers:
 - Engage safety-net clinics in this work and ensure their costs are covered. Resources need to be adequate to support this critical infrastructure for underserved and under-resourced communities.
 - Develop budgets that include fixed and variable costs. Review budgets and determine the percentage dedicated to priority populations.
 - Reallocate doses to FQHCs and LPHAs who can help engage with the community.
 - Engage human services in these efforts and partner to identify key populations.
- Public Health: Use federal dollars to invest in these areas. Public health agencies may be able to host outreach sites as well, which will also require staffing and stock resources.
- Additional resources needed include funding for communication efforts, including assistance with transportation needs and frequent rapid assessment of community attitudes, concerns, and evolving strategies among community leaders.

Additional Needs for Priority Populations

In addition to the framework outlined here, specific populations have unique barriers and concerns about vaccination. Acknowledging the differences in various communities can ensure that interventions address priority populations' needs. This document will be updated as additional barriers, needs, and strategies are identified.



Registration and Scheduling

It is important to consider the spectrum of times during which to engage with the community. This includes ensuring that the registration and scheduling process is accessible and inclusive for all community members. This includes ensuring that the registration and scheduling process is accessible and inclusive for all community members, including not requiring identification and also considering processes for documenting name/gender markers. These considerations are especially important for the LGBTQ+ and New American communities.

Administration

Mobility and accessibility concerns are especially important for older populations, those with various medical conditions, and persons with disabilities. Consider innovative strategies for administrating shots from their car or by going to homebound individuals and ensure patients are not standing and waiting in long lines in the heat or cold.

As new dosage requirements for the COVID-19 vaccine become available (e.g. Johnson & Johnson vaccine), also consider what populations may benefit from a one-dose versus two-dose shot. Populations that are more transient or difficult to follow-up with may benefit from getting the vaccine that does not require a follow-up visit for the booster.

Resources

MDPH recommends the following reports for additional guidance on operationalizing equity.

- [Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond](#), including the included “Action Checklist for Ensuring Equity In and Through COVID-19 Vaccination” by the Working Group on Equity in COVID-19 Vaccination.
- [Supporting an Equitable Distribution of COVID-19 Vaccines: Key Themes, Strategies, and Challenges Across State and Territorial COVID-19 Vaccination Plans](#) by the National Governors Association, Duke-Margolis Center for Health Policy, and COVID Collaborative.

For more information on MDPH's community ambassador program, please see [here](#).

References

- ^{1,2}Schoch-Spana, M., Brunson, E., Hosangadi, D., Long, R., Ravi, S., Taylor, M., Trotochaud, M., & Veenema, T. G. on behalf of the Working Group on Equity in COVID-19 Vaccination. (2021). *Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond*. Baltimore, MD: Johns Hopkins Center for Health Security.



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