



Driving Racial Equity Outcomes in COVID-19 Vaccine Administration

RACIAL EQUITY GUIDEBOOK | APRIL 3, 2021

BLACK
COALITION
AGAINST COVID

Foreword



Reed Tuckson, MD

Co-founder of Black Coalition
Against COVID-19

The Black Coalition Against COVID-19 is a Washington D.C.-based community initiative which seeks to provide trustworthy, science-based, information curated on behalf of and for the Black community about COVID-19 and the vaccine development process in an effort to help save Black lives at the national and local levels.

Throughout this pandemic, we have witnessed the pain and suffering experienced by the Black community battling this virus. Despite this disproportionate suffering, the Black community is still less likely to have access to the vaccine. According to Kaiser Family Foundation, the vaccination rate among White people is 1.7 times as high as the rate for Black people.¹ Thus, it is vital that equity is at the forefront of the vaccine administration process to ensure the Black community is part of the collective healing of this pandemic.

This guidebook serves as an aid for various stakeholders—government officials, community-based organizations, faith-based organizations, retail pharmacies, health institutions—to leverage in developing their vaccine administration plans to enable access within the Black community.

This guidebook aims to build upon the great work from the various stakeholders highlighted above and reflect the latest learnings in the administration process.

Equitable vaccine administration is achievable, but it will require hard work. We are not only battling a virus, but also the prevailing racial inequities that exist in our world today. We must lean on the experts—the community leaders—to lead the charge in the equitable administration to ensure we truly reflect the needs of the community.

Our goal should not be to create COVID-19 specific solutions, but solutions that will advance public health for the Black community for years to come. As we know, this pandemic will end one day, but the health inequities faced by the Black community will remain.

Thus, we must navigate this complex system together to build and refine this evolving mosaic to ultimately get shots in Black arms as quickly and efficiently as possible. The time to act is now!

Reed Tuckson, MD

1. As of April 3, 2021, based on data from 40 states, "Latest Data on COVID-19 Vaccinations Race/Ethnicity," Kaiser Family Foundation

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Intent of this guidebook

This guidebook serves to aid government officials, community-based organizations, faith-based organizations, retail pharmacies, health institutions in driving racial equity outcomes in vaccine administration process.

We collaborated with community leaders from across the country to develop a prioritized solution set to improve vaccine administration to Black communities, accompanied by sample success metrics, a list of key challenges/watch-outs, and best practices for implementation. Concluding this guidebook, we share a series of successful models from all over the country that helped inform our solution set.

When structuring the guidebook, our community leaders emphasized the importance of ensuring vaccine access to Black communities, as a key unlock to improving vaccine confidence. Therefore, we have made a conscious decision to de-scope vaccine demand from the guidebook.

As always, the guidebook should be leveraged in conjunction with government issued materials to drive equitable vaccine administration.





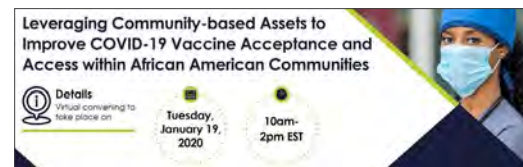
COVID-19 Disclaimer

The situation surrounding COVID-19 is dynamic and rapidly evolving, on a daily basis. Although we have taken great care prior to producing this report, it represents our view at a particular point in time. This report is not intended to constitute medical or safety advice, nor be a substitute for the same, or be seen as a formal endorsement or recommendation of a particular response. As such, you are advised to make your own assessment as to the appropriate course of action to take, using this report as guidance. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision



Virtual workshops

Hosted two virtual workshops with over 150+ stakeholders representing community-based organizations (CBOs) and faith-based organizations (FBOs), government, NGOs, private industry, and other groups



Key inputs that informed this guidebook

Published reports

Leveraged existing published reports¹ from federal and state governmental sources, as well as academia



Interviews

Conducted interviews with leaders representing community-based organizations/ faith-based organizations, healthcare providers, and academia driving equity on the ground



1. See additional detail on resources in appendix



Core principles for equitable vaccine administration

Prioritize equitable administration to vaccines, testing, and diagnostics in addition to combating vaccine hesitancy

Equity must be prioritized and does not necessitate compromising speed

Involve and compensate community leaders¹ in implementation, and leverage long-standing local relationships

Define measurable goals for equity; track / publish frequently to promote data-driven decision-making and transparency

Develop durable solutions that last beyond the pandemic to continue the advancement of equitable public health

1. Community leaders can include, but not limited to: leaders of non-profits, minority-owned businesses, minority medical practitioners, community- and faith-based organizations

Acknowledgments



Advisors

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Real Chemistry
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Purpose of this guidebook

I

Serve as a **repository of best practices** related to equitable COVID-19 vaccine administration, specifically in service of Black Americans

II

Provide **tangible examples of key success stories** addressing root causes of inequity

III

Act as a reference for **community- and faith-based organizations (CBOs/FBOs), vaccine administrators, governments,** and other relevant groups

Caveats and limitations


Should be used in conjunction with, **existing materials** from other trusted sources¹

Given the rapidly-evolving nature of this issue, key solutions, best practices and their prioritization reflect **on-the-ground experience vs. empirical studies**

Key **figures related to impact** should be interpreted as **point in time** vs. current



Inequitable vaccine administration primarily attributable to five root causes



1	2	3	4	5	
Root Cause	REGISTRATION, SCHEDULING AND OUTREACH	SITE AVAILABILITY	PATIENT EXPERIENCE	DATA-DRIVEN DECISION MAKING	VACCINE DEMAND
Description	Patients are unable to register for or schedule vaccination appointments; sites are not conducting community outreach to schedule appointments	Vaccination site footprint is suboptimal, not utilizing community partners, has limited transport options, and/or limited hours of operation	Sub-optimal end-to-end patient experience increases likelihood of patients not returning for second dose (i.e., leakage) and/or reinforces negative perceptions of healthcare system	Sites are not tracking or sharing key metrics to inform key operational decisions, including Vx allocation	Vaccine demand is lower due to lack of awareness via trusted messengers, misinformation, and/or justified mistrust

Outside of current focus

Overview of prioritized solutions



1

2

3

4

Root Cause

REGISTRATION, SCHEDULING AND OUTREACH

SITE AVAILABILITY

PATIENT EXPERIENCE

DATA-DRIVEN DECISION MAKING

Prioritized solutions

- Extend to bidirectional, omnichannel registration and scheduling
- Designate appointments for community partners to register their networks
- Conduct door-to-door registration and/or scheduling

- Leverage mobile infrastructure and/or nontraditional venues (e.g., churches, parking lots) to administer Vx

- Set up community-based 'patient navigation' across patient journey

- Enhance collection and sharing of key racial equity data

Other potential solutions to consider (non-exhaustive)

- Reserve % of appointments as walk-ins or for certain ZIP codes, communities, etc.

- Provide easy, free transport to existing sites via rideshare / transit
- Conduct home visits to bring the vaccine to those who are home bound
- Extend site open hours to weekends and late nights

- Ensure paid time off for Vx admin and recovery
- Model and/or educate on Vx admin best practices
- Develop mechanism to collect and respond to live patient feedback

- Advocate for equitable Vx allocation for CBOs/FBOs

1. Prioritization not empirical; predominantly based on expert interviews. Prioritization roughly based on racial equity impact and feasibility.

How to navigate racial equity guidebook



Root Cause	Problem Statement	Priority Solution	Page #
REGISTRATION, SCHEDULING AND OUTREACH	Patients in my area lack internet access and/or have less familiarity with the internet	Extend to bidirectional, omnichannel registration and scheduling	10
	Patients in my area do not have access to PCP ¹ and/or had negative experiences with PCP ¹ in the past	Designate appointments for community partners to register their networks	11
	Patients in my area are homebound	Conduct door-to-door registration and/or scheduling	12
SITE AVAILABILITY	My site is not administering vaccines proportionate to the total share of the Black population in my area	Leverage mobile infrastructure and/or nontraditional venues (e.g., churches, parking lots) to administer Vx	13
PATIENT EXPERIENCE	Patients who come to my site have expressed feeling 'lost' and/or unwelcomed	Set up community-based 'patient navigation' across patient journey	14
DATA-DRIVEN DECISION MAKING	My site does not know if we are vaccinating enough Black people	Enhance collection and sharing of key racial equity data	15

1. Primary care physician

Solution overview

Extend to bidirectional omnichannel registration and scheduling

Problem Patients in my area lack internet access and/or have less familiarity with the internet

Solution description

Drive a more equitable and inclusive registration process by ensuring registration can occur across multiple channels, including phone, text, in-person and online; supplement inbound channels with targeted outreach (e.g., proactive calling, texting)

Sample metrics for success

- % of total population registered by ZIP code, by race
- Productivity by channel (phone/in-person) (e.g., registrations/registrant/day)
- Channel effectiveness (e.g., % total registrations by channel)
- Qualitative community member feedback

Potential challenges / watch-outs

- Maintain continuous dialogue with community counterparts who can inform registration blind spots (e.g., shelters, food banks); delineate process to capture and manage those without proof of ID
- Information management and security; ensure consolidated registration lists are centrally organized and maintained, in compliance with all security requirements
- Prioritize registrants for scheduling based on key equity / vulnerability criteria

Best practices for implementation

PROCESS	<p>Ensure registration and appointment data is consolidated, organized, in compliance with necessary data security requirements, and cloud-hosted, if possible</p> <p>Train / equip registrants / schedulers with scripts, FAQ guides co-created with CBOs/FBOs, to ensure accurate, consistent info</p>
ELIGIBILITY AND INTAKE	<p>Enable all community members to register, even if not yet eligible to receive Vx</p> <p>Maximize qualifying forms of ID as proof of eligibility (e.g., government issued photo ID, mail, SSN, etc.); allow patients to prove ZIP code using piece of mail</p> <p>Request and collect only minimally sufficient information at time of registration (e.g., name, DoB, race, preferred contact, language/accommodation needs)</p> <p>If eligible for Vx at time of registration, enable scheduling of both doses at same time</p>
OUTREACH	<p>In-person: Place registration tables in high- density/traffic priority communities (e.g., downtown street corners, large apt. blocks); staff with trusted messengers</p> <p>Online: Simplify interface as much as possible and offer in multiple languages; provide phone number for live assistance</p> <p>Phone: Leverage scripts and FAQs, offer services in mix of languages</p> <p>Assess consolidated registration list for racial equity indicators (e.g., % registered by race vs. regional demographics) to inform future targeted registration outreach</p> <p>Notify across all contacts methods once eligible; provide next steps, location, etc.</p>

Solution overview

Designate appointments for community partners to register their networks

Problem Patients in my area do not have access to PCP¹ and/or had negative experiences with PCP¹ in the past

Solution description

Partner with and equip key community groups to register and schedule their respective networks of high-priority patient groups

Sample metrics for success

- Vaccination funnel (e.g., # engaged, # registered, # scheduled, # vaccinated)
- % of total population registered, scheduled and vaccinated by ZIP code, by race

Potential challenges / watch-outs

- May require additional overhead and infrastructure/financial support to develop additional community outreach channel

Best practices for implementation

PROCESS AND TOOLS	Co-create with community partners key talking points, FAQ guides to ensure accurate and consistent information dissemination
	Establish minimum requirements (e.g., X# members in network of priority group) for CBOs to considered partners in registration and scheduling
	Where possible, leverage digital tools (e.g., spreadsheet) to register and schedule patients; i.e., collect information, track progress metrics
	Offer CBOs/FBOs to provide feedback on Vx administration process to ensure process adheres to the needs of their network
IMPLEMENTATION	Leverage a mix of qualitative and quantitative sources, including local CBO/FBO knowledge, govt. data (e.g., vulnerability index), to identify high priority groups
	Enlist community organizations with exposure to high-priority patient groups (e.g., CBOs, churches, Black-owned businesses) to register their networks
	Provide codes to community partners to allocate and track registrations / appointments
	Leverage existing large forums / channels (e.g., religious ceremonies, quarterly meetings, newsletters) to efficiently engage high-priority patient groups
	Once engaged, send follow-up to patients with key info on next steps, etc.

1. Primary care physician

Solution overview

Conduct door-to-door registration and/or scheduling

Problem Patients in my area are homebound

Solution description

Deploy a community-based team of COVID-19 Vx ambassadors tasked with registering and scheduling Vx appointments for those in high-priority and/or predominately Black areas

Sample metrics for success

- Productivity (e.g., registrations per team, per day)
- Vaccination funnel (e.g., # engaged, # registered, # scheduled, # vaccinated)
- % of total population registered, scheduled and vaccinated by ZIP code, by race

Potential challenges / watch-outs

- Labor intensive / requires significant people power to execute at scale; track ambassador productivity to inform future resourcing needs
- Ambassador health and safety; provide necessary PPE, ensure social distancing guidelines adhered to, and provide emergency contacts
- Community member reluctance to answer doors; ensure canvassers are identifiable and wearing PPE, leave behind physical reminders with key info (e.g., flyers)

Best practices for implementation

PROCESS AND TOOLS	Train and equip ambassadors with scripts, FAQ guides to ensure accurate, consistent information dissemination
	Advertise in media (e.g., radio, newspapers, tv, online) about door-to-door registrations
	Equip ambassadors with checklist (e.g., charge phone, bring PPE, doors to knock)
	Where possible, leverage digital tools (e.g., tablet) to collect patient information
	Create forum for ambassadors to share challenges and best practices
	Provide central contact to respond to ambassador issues in real-time
LOCATIONS	Leverage mix of qualitative and quantitative sources, including local CBO/FBO knowledge, govt. data (e.g., vulnerability index), to identify key areas to target
	Prioritize most vulnerable communities first (e.g., furthest from Vx sites)
	Seek high-density areas in priority communities (e.g., high-rise residential blocks)
IMPLEMENTATION	Provide physical (i.e., flyers) and digital (i.e., scannable QR codes, website) assets with key information (e.g., Vx site location, eligibility, contact channels)
	Leave physical reminders with key follow-up info for those not home / not available; if home, send follow-up post-interaction with any key info on next steps
	Go door-to-door in pairs, with at least one member from trusted CBO/FBO
	Leverage CBOs involved in voting registration canvassing to support

Solution overview

Leverage mobile infrastructure and/or nontraditional venues to administer Vx

Problem My site is not administering vaccines proportionate to the total share of the Black population in my area

Solution description

Leverage existing, trusted, non-traditional sites (e.g., churches, community centers, parking lots), and/or mobile Vx administration infrastructure (i.e., vans) to expand the Vx administration footprint, and improve Vx availability in priority communities

Sample metrics for success

- % vaccines administered by ZIP code and race
- Site throughput (Vx administered per day)
- Qualitative patient feedback (e.g., site location, comfort)

Potential challenges / watch-outs

- Attracting large groups of patients from non-target (e.g., affluent, out-of-state) groups; prioritize local patients, increase awareness/outreach to target groups
- Adverse reactions; nontraditional Vx admin sites will inherently have fewer medical resources to handle adverse reactions, so emergency protocols are imperative
- Local regulations; some states limit who can administer a Vx under which conditions (e.g., nonphysician providers not allowed to provide Vx in nontraditional settings)

Best practices for implementation

PROCESS AND PARTNERS

- Build partnerships between CBOs/FBOs and Vx administrators; the former to foster trust and cultural understanding, the latter to provide medical and logistical expertise
- Engage local political leaders to assist with coordination (e.g., volunteers, security)
- Secure Vx allocation and funding as early as possible to inform site selection
- Seek local partnerships with media and others (e.g., TV, radio, Black-owned businesses) to share and promote site locations

LOCATIONS

- Identify high-priority areas using a mix of qualitative and quantitative sources, including local CBO/FBO knowledge, govt. data (e.g., CDC SVI, Vx site locator)
- Leverage community partner relationships/networks to identify and contact potential site partners (e.g., businesses, schools, community centers) in high-priority areas
- Seek high-traffic/visibility spaces near public transit, and/or with adequate parking; ensure community partner and Vx admin cobranding is well displayed

OPERATIONS

- Extend hours of operation for irregular schedules (e.g., shift workers)
- Where possible, enable eligible patients to receive Vx without an appointment
- Leverage CBO/FBO members as on-site greeters / navigators
- Include 15 observation period to help schedule 2nd appointment and monitor any potential side effects
- Solicit feedback from patients to improve operations (e.g., location convenience, comfort on-site, wait time, etc.)

Solution overview

Set up community-based patient navigation across patient journey

Problem Patients who come to my site have expressed feeling 'lost' and/or unwelcomed

Solution description

Enlist support from community members (e.g., from CBOs/FBOs) to guide, inform, encourage and support patients throughout the end-to-end journey from Vx registration to follow-up doses and recovery

Sample metrics for success

- Average patient wait time
- Patient feedback (e.g., 5-point satisfaction scale)
- # of patient complaints
- Patient leakage (e.g., % returning for 2nd dose)

Potential challenges / watch-outs

- Soliciting constructive feedback from those with negative experiences / who do not return for 2nd dose; ensure feedback mechanism is simple and easy; conduct targeted outreach and follow-up as needed
- Volunteer turnover; ensure CBO/FBO members and volunteers are appropriately compensated, as to retain and reward their knowledge and expertise

Best practices for implementation

PROCESS AND TOOLS

- Foster partnerships between Vx administrators and trusted community members (e.g., from CBOs/FBOs) who will serve as patient navigators
- Train/equip navigators with scripts, FAQ guides to ensure accurate, consistent info; ensure FAQs include general and locally-specific content, is regularly updated
- Provide forum for community members to share community-specific information, issues and best practices to less-familiar staff/administrators
- Ensure navigators are appropriately compensated to ensure knowledge retention; consider offering Vx to volunteers after requisite hours (e.g., after 4 days worked)
- Delegate and assign specific roles (e.g., greeter, floater) for CBOs
- Establish on-demand navigation resources across multiple channels (e.g., phone, in-person, webchat), in multiple languages and offered beyond business hours

DURING AND POST APPOINTMENT

- Ensure community partnerships and cobranding are well displayed to both attract target communities, dissuade non-target communities from 'poaching' doses
- Where possible, ensure trusted community member is present on-site at each phase of Vx process (i.e., check-in, waiting area, Vx admin and patient discharge)
- Offer language and translation services, where possible
- Leverage any waiting time to share info and discuss patient questions
- Schedule 2nd dose during first visit (as required); provide physical confirmation with key info (i.e., time, location) and reminders across all channels (e.g., phone, email)
- Create mechanism to collect, incorporate patient feedback during and post-appointment

Solution overview

Enhance collection and sharing of key racial equity data

Problem My site does not know if we are vaccinating enough Black people

Solution description

Improve Vx allocation and site location decision-making and overall transparency by collecting key racial equity data, sharing results across public platforms

Sample metrics for success

- Reporting cadence (e.g., # days between reports)
- Reporting accuracy (e.g., # errors / retractions per report)
- # of Vx allocated vs. Vx administration capacity (i.e., # Vx / day)
- Qualitative data user satisfaction and feedback

Potential challenges / watch-outs

- Do not let perfect be the enemy of the good; do not let lack of data completeness be the barrier to publishing data publicly
- Careful when analyzing lower vaccination rates in Black communities and assuming hesitancy as a driving factor; important to evaluate impact of access-related barriers

Best practices for implementation

PROCESS AND TOOLS

Ensure Vx-related data is consolidated, organized, in compliance with necessary data security requirements, and cloud-hosted, if possible

Where possible, leverage simple digital tools (e.g., spreadsheets, templates) to record and report, as to minimize workload and opportunity for user errors

Leverage GIS-enabled mapping tool to monitor uptake and site location of highest COVID-19 burden areas to inform decision-making

Create mechanism for data users to give feedback and update processes accordingly

COLLECTION

Utilize census data and COVID-19 burden data (e.g., cases/deaths) by race to map and assess where sites should be located

Analyze census data and throughput data to identify sites that deserve more allocation

Strive for minimally-sufficient data collection, (e.g., Name, DoB, sex, race, ethnicity, ZIP); avoid collecting and/or sharing unnecessary data

Increase number of choices for race/ethnicity and roll-up sub-categories for reporting, as to minimize number within "Other/Unknown" category

Complement quantitative data with targeted qualitative data (e.g., patient quotes)

SHARING

Publish data publicly to promote transparency and accountability of performance towards racial equity outcomes

Identify key state-level Vx allocation policymakers with whom data should be shared; provide updates at regular (e.g., weekly) cadence, solicit feedback

Update key metrics at tight, regular cadence (e.g., daily, weekly) or in real-time via online dashboards, where possible

Express changes in data (e.g., week-to-week) as well as absolute values; where relevant, express results relative to benchmarks (e.g., vs. state-level results)

Atrium Health



Key context

- Launched 'Community *gn*munity For All' effort to administer COVID-19 Vx in underserved & disproportionately impacted communities

Root cause	Solutions leveraged	Descriptions of efforts
REGISTRATION, SCHEDULING & OUTREACH	<ul style="list-style-type: none"> • Designate appointments for community partners to register their networks • Reserve % of appts. as walk-ins 	<ul style="list-style-type: none"> • Partnered with local churches in Charlotte region to conduct targeted outreach; standing up similar partnership with National Urban League (NUL) • Removed appointment requirement at roving mass Vx events in service of a barrier-free model • Conducted mass email, text & phone outreach
SITE AVAILABILITY	<ul style="list-style-type: none"> • Leverage mobile infrastructure and/or nontraditional venues 	<ul style="list-style-type: none"> • Launched mass vaccination sites at major sports venues (Charlotte Motor Speedway, BoA Stadium) • Established roving Vx model (pop-ups, vans) at various community sites including churches, YMCA, & others; drive-through & walk-up available • Leverage GIS1 platform to inform site locations
PATIENT EXPERIENCE	<ul style="list-style-type: none"> • Set up community-based 'patient navigation' across patient journey 	<ul style="list-style-type: none"> • Providing interpreters at mobile mass Vx events • Training young professionals as COVID-19 ambassadors via partnership with NUL
DATA-DRIVEN DECISION-MAKING	<ul style="list-style-type: none"> • Enhance collection and sharing of key racial equity data 	<ul style="list-style-type: none"> • Built GIS1-enabled COVID-19 Vx Demographics electronic dashboard, updated every six hours, stratified by race/ethnicity, age, & Vx location • Developed priority scorecard methodology based on CDC's Social Vulnerability Index • Tracking 50+ race/ethnicity categories to maximize patient reporting

Description

- Integrated, non-profit health system w/ 70K teammates
- 15M patient interactions/year at 42 hospitals, 1.5K care locations
- Provide \$2B+ annually in free & uncompensated care

HQ

- Charlotte, NC

Areas served

- NC, SC, GA

Contact

Dr. Kinneil Coltman
www.atriumhealth.org

IMPACT HIGHLIGHTS TO DATE

- Vaccinated 130k+ community members in Charlotte region
- Vaccinated 15K+ community members at over 50 events at 28+ roving sites in underserved communities
- 75% of community members vaccinated at roving sites are people of color (54% Black)
- Reduced % of 'unknown race/ethnicity' from 12% to 2% by increasing number of selectable options to 50+

Choose Healthy Life Black Clergy Action Plan



Key context

- Established and supports an infrastructure in the Black church with 50 full-time trained health navigators
- Utilizes United Way agencies as implementation partners to drive results at the local level
- Partners with local health departments, CBOs and FQHCs

Root cause	Solutions leveraged	Descriptions of efforts
REGISTRATION, SCHEDULING & OUTREACH	<ul style="list-style-type: none"> • Designate appointments for community partners to register their networks 	<ul style="list-style-type: none"> • Leverage local church networks as a trusted resource to increase access and build awareness for community members focused on a multitude of COVID-19 related issues (e.g., awareness, testing, vaccination) • Churches have established community solution action plans (CSAP)
SITE AVAILABILITY	<ul style="list-style-type: none"> • Leverage mobile infrastructure and/or nontraditional venues 	<ul style="list-style-type: none"> • Developed process & infrastructure to administer COVID-19 testing and vaccination in church network; establishing sustainable model to address other health disparities in other cities • Partnered with United Way to establish durable community networks for current & future healthcare crises & disparities
PATIENT EXPERIENCE	<ul style="list-style-type: none"> • Set up community-based 'patient navigation' across patient journey • Model and/or educate on Vx admin best practices 	<ul style="list-style-type: none"> • Partnered with United Way to establish Health Navigator Supervisor for each city and Black Church Public Health Navigators in each church to address COVID-19 and health disparities • Administering COVID testing and vaccination
DATA-DRIVEN DECISION-MAKING	<ul style="list-style-type: none"> • Advocate for equitable Vx allocation for CBOs/ FBOs 	<ul style="list-style-type: none"> • Created heat maps that indicate where healthcare deserts exist within local communities • Local clergy successfully advocating at state and city levels for vaccine administration & allocation within church communities

Description

- Based on successful model used to address HIV/AIDS in the Black community
- Centered around Black church network, partnership w/CBOs
- Durable standard can be applied to other health issues

Areas served

- Five pilot cities (Atlanta, Detroit, Newark, NY, DC)
- Plans for national expansion

Contact

Debra Fraser-Howze
www.choosehealthylife.org

IMPACT HIGHLIGHTS TO DATE

- Enlisted a national council chaired by Rev. Al Sharpton and Rev. Calvin Butts of 50 Black church leaders to participate in COVID-19 initiative
- Held vaccination events in NYC and Newark where Choose Healthy Life ministers were publicly administered the vaccine
- Launched vaccine outreach in 50 Black churches and five pilot cities
- Nationally-recognized medical advisors – Drs. Tom Frieden, Louis Sullivan, Donna Christensen and Reed Tuckson
- Efforts featured across national media including in NYT, CNN, MSNBC and WSJ
- Funding from Quest Diagnostics

The Rodham Institute



Key context

- Created the 'Don't Miss Your Shot' event to administer Johnson & Johnson vaccines for residents in Ward 8

Description

- Collaboration of various D.C. based groups

HQ

- Washington, D.C.

Areas served

- Vx administration in Ward 8 in Washington D.C.

Contact

Cora Masters Barry and Dr. GiGi El-Bayoumi
<https://smhs.gwu.edu/rodhaminstitute/>

Root cause	Solutions leveraged	Descriptions of efforts
REGISTRATION, SCHEDULING & OUTREACH	<ul style="list-style-type: none"> • Designate appointments for community partners to register their networks • Conduct door-to-door registration and/or scheduling • Reserve % of appointments as walk-ins or for certain ZIP codes, communities, etc. 	<ul style="list-style-type: none"> • Partnered with community leaders and faith leaders from Ward 8 to register and schedule appts door to door • Conducted educational sessions to prepare community leaders to serve as ambassadors; including addressing hesitancy and common misinformation • Offered walk-in appointments • Restricted event to be exclusively for Ward 8 residents
SITE AVAILABILITY	<ul style="list-style-type: none"> • Leverage mobile infrastructure and/or nontraditional venues • Provide easy, free transport to existing sites via rideshare / transit • Extend site open hours to weekends and late nights 	<ul style="list-style-type: none"> • Invited to use Southeast Tennis and Learning Center as a vaccine site based on trusted relationship • Offered Uber promotional codes to provide free transportation and/or sent cars directly if individuals lacked internet access • Created a vaccine administration event on a Saturday to offer extended hours
PATIENT EXPERIENCE	<ul style="list-style-type: none"> • Set up community-based 'patient navigation' across patient journey • Model and/or educate on Vx admin best practices 	<ul style="list-style-type: none"> • Leveraged volunteers to serve as patient navigators and called residents to remind them of their appts the day of • Provided child supervision, care packages, and DJ at the Vx site • Partnered with D.C. Department of Health to receive doses • Partnered with George Washington University and Howard University to receive doses and to serve as vaccine administrators

IMPACT HIGHLIGHTS TO DATE

- Registered over 178 Ward 8 residents for walk-in appointments
- Administered over 852 Johnson & Johnson vaccines via 'Don't Miss Your Shot' event

Morehouse School of Medicine



Key context

- Received \$40M grant from the Office of Minority Health & US Dept. of Health & Human Services to support COVID-19 resiliency efforts

Description

- Medical School affiliated with Morehouse College (HBCU)

HQ

- Atlanta, GA

Areas served

- Vx administration in GA, with online tools / resources made available nationally

Contact

Dr. Valerie Montgomery Rice

www.msm.edu

Root cause	Solutions leveraged	Descriptions of efforts
SITE AVAILABILITY	<ul style="list-style-type: none"> Leverage mobile infrastructure and/or nontraditional venues Provide easy, free transport to existing sites via rideshare / transit Extend site open hours to weekends and late nights 	<ul style="list-style-type: none"> Partnered with Uber to drive patients to Vx sites; linked MSM's Vx site locator tool with Uber app Developed Vx administration assembly line model leveraging campus parking lot; partnered with Chick-fil-A to optimize drive-through model Using van(s) to bring Vx to those in need Established 'Vaccination Saturdays' initiative to offer extended site hours
PATIENT EXPERIENCE	<ul style="list-style-type: none"> Model and/or educate on Vx admin best practices 	<ul style="list-style-type: none"> Training students at GA's six med schools to plan & execute Vx administration in underserved/rural areas Scheduling 2nd dose at time of first Vx

IMPACT HIGHLIGHTS TO DATE

- Selected as Vx administration site in GA; more than 1,500 vaccines administered to-date via Vaccination Saturdays initiative in January 2021

Oak Street Health



Key context

- Existing expertise in Vx delivery (i.e., flu, pneumococcal)
- Systematic clinical approach to ensure consistent care, leveraging standard processes & technology

Root cause	Solutions leveraged	Descriptions of efforts
REGISTRATION, SCHEDULING AND OUTREACH	<ul style="list-style-type: none"> • Extend to bidirectional omnichannel registration & scheduling • Designate appointments for community partners to register their networks 	<ul style="list-style-type: none"> • 50+ community outreach staff (e.g., Oak street and CBOs) made available to call and canvass • Conducted SMS & outbound phone campaigns, social media & digital outreach campaigns • Provide option to schedule appointments by phone, SMS/ chat, or web • Partnered with local CBOs to schedule appointments for their constituents
SITE AVAILABILITY	<ul style="list-style-type: none"> • Leverage mobile infrastructure and/or nontraditional venues 	<ul style="list-style-type: none"> • Converted 80+, ~1,000 sq ft community centers to Vx clinics in key cities, including Philadelphia, Chicago, Detroit, Flint, Cleveland, Cincinnati/Dayton, Indianapolis, NYC, Providence, Charlotte, Greensboro, Memphis, Jackson (MS), Dallas-Fort Worth
PATIENT EXPERIENCE	<ul style="list-style-type: none"> • Set up community-based 'patient navigation' across patient journey 	<ul style="list-style-type: none"> • Proactive outreach and engagement teams to ensure second dose administered • Provide care in 7+ languages

Description

- Primary care network for Medicare-eligible patients
- 80 locations across 11 states
- Care for 100K+ older-adults (median age = 69) in diverse communities (~67% PoC)

HQ

- Chicago, IL

Areas served

- IL, IN, LA, MI, NY, NC, OH, PA, RI, SC, TN, TX

Contact

Dr. Ali Khan

www.oakstreethealth.com

IMPACT HIGHLIGHTS TO DATE

- Administered 105,000 vaccines since January 2021; 80K of vaccines administered were in Illinois
- ~14K of vaccines administered not affiliated with Oak Street, and predominantly within Black / Latinx neighborhoods
- Achieved average Vx throughput time of ~3:30s, while maintaining strong patient experience

Urban League of Rochester



Urban League of
Rochester, N.Y., Inc.

Key context

- Leveraged network of partners (e.g., radio, healthcare providers) to maximize impact of limited volunteer resources

Description

- Rochester, NY affiliate of National Urban League
- Mission is to foster economic empowerment, educational opportunities, & guarantee of civil rights for the underserved in America

HQ

- Rochester, NY

Areas served

- Rochester, NY

Contact

Dr. Seanelle Hawkins
www.ulr.org

Root cause	Solutions leveraged	Descriptions of efforts
REGISTRATION, SCHEDULING AND OUTREACH	<ul style="list-style-type: none"> • Designate appointments for community partners to register their networks 	<ul style="list-style-type: none"> • Partnered with local health clinics to assist with the appointment scheduling process • Leveraged local Urban League networks & forums to ensure equitable racial representation in Vx appointments (e.g., sign-ups every Monday) • Partnered with #1 radio station in Rochester to educate listeners on the COVID-19 vaccine, build awareness regarding availability
DATA-DRIVEN DECISION-MAKING	<ul style="list-style-type: none"> • Enhance collection and sharing of key racial equity data 	<ul style="list-style-type: none"> • Tracking race/ethnicity data in partnership with local health clinics




IMPACT HIGHLIGHTS TO DATE

- On first day of partnership, 200 of 209 vaccines administered to people of color based on ULR's targeted outreach
- Mobilized impact in ~1 day leveraging existing networks and key partnerships



Key materials for reference

Resources listed below can be found [here](#)

		Target Audience	High-level summary / recommendations
	"Increasing COVID-19 Vaccine Uptake among members of racial and ethnic minority communities: A guide for developing, implementing, and monitoring community-driven strategies"	Immunization awardees granted COVID-19 Vaccination Supplemental Funding for high-risk and underserved populations	Focuses on how to develop a community-driven approach to address Vx hesitancy by providing guidance on how to: Collect data, build community partner network, develop an implementation plan, fund community partners, conduct continuous program eval.
	"Civil Rights COVID-19 Vaccine Checklist"	Vaccine allocators and administrators	Provides best practices equitable Vx administration: inclusive planning, language access, physical accessibility, effective communication access
	"Civil Rights Data Collection"	Vaccine allocators and administrators	Best practices on how to collect data, example dashboards, existing data sources
	"Equity in Vaccination: A plan to work with communities of color toward COVID-19 recovery and beyond"	State / local government officials	Best practices for equitable Vx administration across five equity principles: iteration, involvement, information, investment, integration