Scaling Equitable Vaccine Distribution to Help High Risk Communities

Lessons from Lighthouse, ACTIVATE, and Healthy Davis Together

Thursday, May 20, 9:00am-10:30am PT









Today's Agenda

- Welcome and Introductions
 - COVID-19 Vaccine context
 - Lighthouse, ACTIVATE, and Healthy Davis Together
- Equitable Vaccination Programs
 - Eskaton
 - Livingston Community Health
 - Healthy Davis Together
- Lessons Learned
 - Lessons for scaling equitable vaccine distribution
- Q&A with Panelists
- Closing

Poll

We invite you to participate in our interactive poll by doing one of the following:

- 1. Clicking on the link in the chat
- 2. Opening your browser and going to **menti.com** and typing in the voting code **3047 0885**
- 3. Scanning QR Code on your phone



Housekeeping Details

- All participant lines are muted. Please submit your questions through the Q&A box at the bottom right of your screen.
 Panelists will answer questions during the Q&A session.
- Clicking "thumbs up" on a question will help bring it to the top of the Q&A window.
- The chat window raised hand feature has been disabled.
- After the webinar, slides will be available at citrisuc.org/research/health

Poll

Thank you for participating!

Responses

Today's Panelists:



David Lindeman

Director of CITRIS
Health and Director
of Lighthouse for
Older Adults



Sheri Peifer

Chief Strategy
Officer at
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Darlene Cullivan

Senior Manager of Outreach and Impact at Eskaton



Helidee Millan-Govea

Community
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Veronica Chavez

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Dr. Sheri Belafsky

Medical Director of Healthy Davis Together

David Lindeman



David Lindeman

Director of CITRIS Health and Director of Lighthouse for Older Adults

CITRIS Health: Mission & Goals

CITRIS and the Banatao Institute — creating technology solutions for society's most pressing challenges.

At CITRIS Health we believe investing in telehealth and digital health technology and purposeful, community-led delivery empowers individuals to improve their access to health care and better manage their health and well-being. We focus on developing sustainable and scalable pathways to greater **health equity**.

Health Intervention Programs Launched by CITRIS



Lighthouse aims to provide older adults living in affordable housing with internet, telehealth, and digital health technology to support access to information, health services, and social connection.

- Install internet, provide user friendly technology to residents, and establish a multi-lingual digital literacy peer training and support program.
- Design a replicable, sustainable program that can scale across CA and the United States.



Activate aims to support rural, low-income agricultural workers in California's Central Valley by providing access to internet and telehealth services through community health centers.

Piloting a nationally-scalable model for rural telehealth solutions at Merced County's Livingston Community Health Center.

Healthy Davis Together



- A joint project between the City of Davis and UC Davis with a goal to prevent the spread of COVID-19 and facilitate a coordinated and gradual return to regular city activities and reintegration of UC Davis students back into the Davis community
- Healthy Davis Together brings together
 epidemiology and health promotion in the
 city, on campus, and in the surrounding area.



COVID-19 inequities

- Black and Hispanic/Latino populations are disproportionately affected by COVID-19 (CDC) as evidenced by:
 - Increased COVID-19 disease severity upon admission at hospital
 - Higher rates of underlying conditions caused by health disparities (obesity, high blood pressure, diabetes)

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity				
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.6x	0.7x	1.1x	2.0x
Hospitalization ²	3.5x	1.0x	2.8x	3.0x
Death ³	2.4x	1.0x	1.9x	2.3x

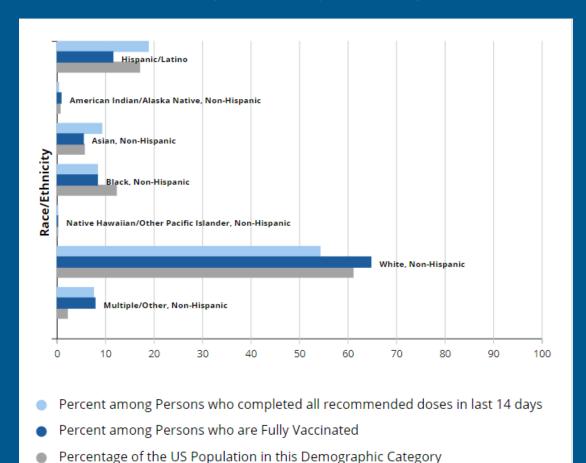
Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

Risk for severe illness with COVID-19 increases with age, with older adults at highest risk

The need for equitable vaccine distribution

- White/Non-Hispanic people make up 65% of the fully vaccinated population in the U.S., compared to 12% Hispanic/Latino. (CDC)
- According to the CDC's social vulnerability index, the most socially vulnerable counties have lower vaccination rates.
- Differences in vaccine uptake (kff.org)
 - Vaccine hesitancy is dropping across all racial demographics
 - Percent of White people who have received at least one COVID-19 vaccine dose (40%) was roughly 1.5 times higher than the rate for Black people (27%) and 1.4 times higher than the rate for Hispanic people (29%)

Race/Ethnicity of People Fully Vaccinated



Role of Community Health Centers

- Federally funded community health centers have administered more than 10 million
 COVID-19 vaccines (as of 5/19)
 - More than 60% went to racial and ethnic minorities
- The Health Center COVID-19 Vaccine Program started on Feb. 9 with 25 health centers, and now includes 1,470 centers and health center look-alikes
- This is a sign that equity-based approaches are effective and necessary to reaching high-risk populations and ending COVID-19

Sheri Peifer and Darlene Cullivan





Sheri Peifer

Chief Strategy Officer at Eskaton



Darlene Cullivan

Senior Manager of Outreach and Impact at Eskaton



Vision

Transforming the aging experience



√ 50+ years in NorCal

- √ 15,000 served annually
- √ 34 Communities and services
- ✓ 2,500 Team members

Mission

To enhance the quality of life of older adults through innovative health, housing and social services.





Eskaton Mobile Vaccination Project

- Vaccination project was a special initiative to ensure that elders living alone were not overlooked
- Many older adults in Sacramento, CA region were unable to leave their homes due to a variety of challenges, further complicated by COVID-19
 - Met the age and health requirements for vaccination, but feasible access to the vaccine didn't exist
- Progress:
 - Since late March 2021, 200+ individuals have been vaccinated
 - Provided J&J vaccine, then Moderna after J&J doses were used

"I'm stuck at home and have been in a wheelchair for 25 years... It's been impossible for me to get out to get the shot. I am so thankful for Eskaton and what you are doing. Most places you have to go to and you actually come here to help me get the shot. I'd been praying to get it and you guys have been so helpful. You are my angels."

 Kitty Torda, recipient of a vaccine via the mobile clinic



Eskaton Drive-Thru Vaccination Project

- Administered 2,000 doses provided in two drivethrough clinic events
- Drive-thru events requires triple the number of staff/volunteers to manage volume (1,000 doses over 2 events)
- Pfizer vaccine used for drive-thru events



Community partnerships essential to successful program

- Strategic partnerships with community organizations were critical, especially for working with older adults, people with different cognitive needs, and other communities without access to care during COVID-19.
- Partnered with organizations who had touchpoints with individuals AND could provide expert operational support
- Trusted partner organizations helped build recognition amongst target population,
 helping decrease vaccine hesitancy
- Relied on partners to help identify appropriate communities and individuals, and to help distribute communications about the program

Community partnerships essential to successful program

Meals on Wheels:

- Identified individuals within the program who received a flyer about program with their meal
- Eskaton then responsible for scheduling and confirming each appointment, and
 coordinating with other partners to deploy vaccine to individuals in their own home

Pucci's Pharmacy:

- Local business serving Sacramento for over 90 years helped build trust
- Procured the vaccine and was responsible for safeguarding vials throughout distribution process
- AlphaOne Medical Response Team was responsible for deploying the vaccine and making home visits – serving approximately 10 people per day

Lessons learned

Coordinating the distribution of the vaccine requires creativity

- Each vaccine vial contains 5 or 6 doses, so deliver routes needed to maximize distribution to ensure no vaccines wasted
- Local pharmacy had to evaluate logistics of protecting the vaccine during the distribution process, maintaining the proper temperature throughout long days

Remote gathering of patient information needs to be addressed on front end

 Mobile medical teams were responsible for gathering and securely logging the patient information for the pharmacy. Used the electronic portal, Dragonfly, to keep information safe and secure

Delivering one-on-one services is time intensive

- Isolation and lack of social access made getting patient consent at outset a challenge
- Many patients afraid and hesitant, highlighting need for greater education
- After the vaccine, post-care took longer than anticipated

Next Steps

- Taking steps to become a licensed vaccine provider
- Understanding technology needs and interest in engaging online
- Increasing availability of translated outreach materials
- Building new relationships with community-based organizations essential to reaching older adult populations. These relationships are essential to reaching communities without access

Helidee Millan-Govea and Veronica Chavez



Helidee Millan-Govea

Community Outreach
Manager at Livingston
Community Health



Veronica Chavez

Community Outreach
Manager at Livingston
Community Health

Livingston Community Health



- Livingston Community Health is a non-profit community-owned health center providing comprehensive primary and preventive health care services to all patients regardless of their ability to pay
- Addressing access to care during the COVID-19 pandemic through vaccination efforts, expanded telehealth consultations, and culturally appropriate resources.
- Care team including nurses, medical assistants, referral specialists, care coordinators and providers all working to ensure patients get the care they need
- 7 Central Valley CA locations: Wolves Wellness, Hilmar, Delhi, Bentley, Turlock, Hughson, Livingston Health Campus

Livingston Community Health Mobile Vaccination Project

- Project launched to create a mobile care team to provide vaccine outreach, administration, testing, follow-up care, and general COVID-19 public health guidance.
- Launched in Central Valley community, which
 has high numbers of immigrants, racial and
 ethnic minorities, and agricultural workers, as
 well as high rates of COVID-19 and insufficient
 access to vaccines and testing.
- Our goal is to reach community members that are left outside of the traditional systems of health care.



Livingston Community Health Mobile Vaccination Project

- Our focus is to help migrant populations and agricultural workers.
 - We started by reaching out to one migrant camp and others followed. We continued outreach to existing contacts and employers.
- First mobile event in April at a dairy processing plant event and logistics went well, but low turnout due to J&J recall.
- On track to continue working with family migrant camps to bring vaccines to tenants.

Vaccination Progress:

- Since April, 120 people vaccinated across 3 sites
- Pfizer is the preferred vaccine at the moment.

Mobile vaccination site staffing

Staffing required for 100 people:

- Two for registration and to answer questions
 - Once patient arrives on site, someone registers and takes their insurance and ID, the other helps with form completion
- Two front office people register the patient into our system
- Two medial assistants and one LVN (Licensed Vocational Nurse) help administer vaccines
- On-site first aid station available in case of any allergic reactions or side effects
- If there will be more than 100 people attending your event,
 staffing levels should be doubled



Mobile vaccination location set-up

- Have everything that you would use in a regular office setting, including registration forms just in case the system goes down, as a back-up.
- Materials: Two cell phones, mini-fridge, electric generator in case something goes down, IT department to help with set-up, cones, canopies, physical sidewalls for HIPPA, cots, wedge pillows, etc.
- Takes 30 minutes to load and 15 minutes to unload.
 - All materials have been placed in labeled totes, per station for ease in carrying, loading and unloading.





Education is critical for decreasing barriers to vaccination

- Population does not have extensive information on vaccines, which limits likelihood of getting the vaccine.
- Addressing patient education:
 - Communicate that there will be a Nurse/LVN onsite and what to expect during vaccine process to help patients feel at ease. Pre-registering people is a must.
 - Many patients say that they don't want the vaccine – that's okay, we don't tell people to get the vaccine, but we give them the option by providing education.



Education is critical for decreasing barriers to vaccination

Language barriers:

 Language can serve as a barrier to traditional outreach – all LCH employees are bilingual, and outreach materials are created in Spanish and English.



Get the COVID-19 vaccine today! It's safe and effective.







Frequently asked questions by patients receiving the vaccine

- Providing accurate answers to patient questions is essential to building trust and reducing hesitation.
- What type of vaccine will be provided?
 - Recipients want to know they are getting a safe vaccine
- How many doses do I need and when will be they be?
 - This information has been publicized, so many healthcare providers take for granted
 that this information is still new for many patients we give this information right away
- How safe is the vaccine? Resources, research, and CDC website.
- Have you already had the vaccine?
 - Patients look to our providers and staff to hear about our experience, how we reacted, and how we felt after we have been vaccinated. They want to know our experiences and feedback.

Lessons learned through mobile vaccination program

- Education is critical when communicating about the vaccine (addressing FAQs)
- Flexible timing of location and availability needed to reach all potential patients
 - When reaching out to employers they say that most employees have been vaccinated, but often there are 20-50 employees in a plant of 150 who are often missed due to the rotating shifts. Many plants only allow 30-minute breaks, so employees don't have time to get vaccine. Information posted in breakrooms is often missed as well.
- Meeting patient preference on type of vaccine is essential to reducing hesitation
 - LCH has expanded vaccine options to meet patient preferences (majority prefer Pfizer)
- Services must be culturally appropriate and meet all language needs
 - All LCH employees are bilingual (Spanish, English, Portuguese, & Punjabi)

Ongoing partnerships- Next steps:

- As of May 14th, Pfizer has been approved for those 12 and older.
- Our families want to protect their children and have shown interest in vaccinating them.
 - Due to this, focus is to continue working with family migrant camps targeting those now eligible (12 and older).
 - Most recently, we have partnered with the Delhi School District, in collaboration with Valley Onward, a nonprofit organization located here in Merced County.





Dr. Sheri Belafsky





Sheri Belafsky, MD, MS FACOEM

Director, Medical Surveillance Program
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Department of Public Health Sciences
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Medical Director of Healthy Davis Together

OUR PLAN OF ACTION

Healthy Davis Together is a joint effort of UC Davis, the City of Davis, and Yolo County to prevent the spread of COVID-19 by providing:



Yolo County in the Context of Vaccinations

YOLO COUNTY

- Population: ~220,000, agricultural
- 88% of population lives within 4 cities: Davis, West Sacramento, Winters, & Woodland

VACCINE RESEARCH AND SENTIMENTS (Feb 2021)

- 81% agreed vaccines are safe (52% strongly)
- 81% agreed vaccines are effective (48% strongly)
- 61% of unvaccinated respondents reported very likely to get vaccinated
- 15% of respondents reported not likely to get vaccinated
 - Vaccine is too new and not adequately tested
 - Do not believe they need vaccines
 - Concern about side-effects

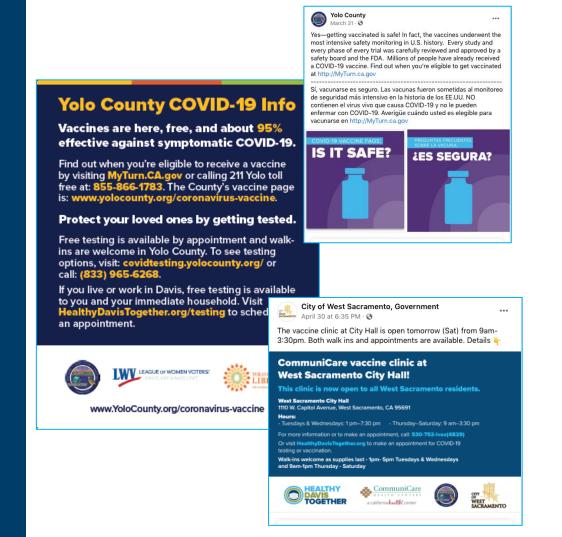


Healthy Davis Together: Vaccines

PROVIDING SUPPORT TO ENSURE VACCINE EQUITY

- Partnerships with Yolo County, private healthcare entities, and communitybased organizations
- Traditional and innovative outreach methods

Healthy Davis Together is committed to providing vaccines and educational materials to all residents of Yolo County



Healthy Davis Together: Underserved Populations (1/5)

PARTNERING WITH TRUSTED HEALTHCARE ENTITIES

- Jointly opened vaccine clinics with **CommuniCare** in West Sacramento and Woodland
 - Uninsured/Medi-Cal patient population
 - May 2021: Expanded to serve the public
- Supporting Yolo County Health and Human Services initiatives
 - Mobile vaccination for farmworkers, long-term care facilities, homeless shelters



Healthy Davis Together: Underserved Populations (2/5)

SETTING UP A DEDICATED CALL CENTER

- The call center addressed the internet connectivity challenges faced by many CommuniCare patients
- Notified patients of eligibility and appointment scheduling via phone calls and SMS
- Language barriers were addressed through the hiring of bilingual staff and offering of interpretation services





Healthy Davis Together: Underserved Populations (3/5)

PROVIDING TRANSPORTATION

- HDT strategically placed clinics in neighborhoods with high concentrations of underserved residents
- To serve those with transportation barriers, HDT also provided free rides to and from clinics through Uber Health
 - Limited additional exposures by vulnerable patients on public transportation and reduced cancellations



Healthy Davis Together: Underserved Populations (4/5)

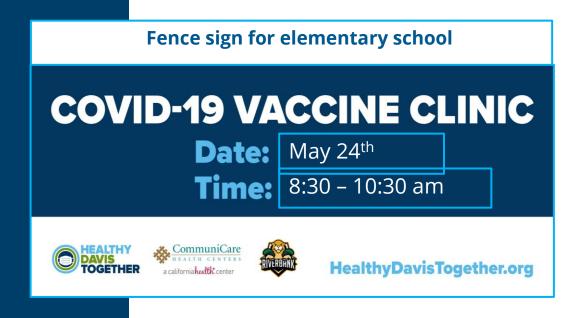
EXERCISING FLEXIBLE CLINIC OPERATIONS TO MEET PATIENT PREFERENCES

- Clinic hours adjusted with focus on convenience for essential workers (evenings, Saturdays)
- Low traffic clinic time is optimized to focus on outreach
- Walk-in hours added

Healthy Davis Together: Underserved Populations (5/5)

PILOTING INNOVATIVE, HANDS-ON OUTREACH METHODS

- Door-to-door vaccinations have proven effective in reaching homeless and transient populations
- Community/family-oriented events planned for neighborhood parks
- School vaccine pop-ups for students and families
- Food distribution sites
 - Clinicians on-site to answer questions



Healthy Davis Together: Vaccines so far

FIXED SITE CLINICS AND MOBILE OPERATIONS (as of 5/17)

- 8220 doses administered
- 49% HDT vaccinated identify as Latinx
- Yolo County: 61% of eligible Yolo County residents (ages 12+) have at least their first dose



Healthy Davis Together Partners













Lessons learned

- 1. Community partnerships are key for building vaccine acceptance and reaching priority populations
- 2. Patient education is essential for positive vaccine perception and increased vaccination
- 3. Equitable vaccination programs must be culturally appropriate and meet all language needs of the population being served
- 4. Successful programs require careful planning and creative, onthe-spot thinking



Please share any questions for our panelists in the Q&A chat.

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