Collaboratives in Action: Responding to COVID-19

Equitable Distribution of COVID-19 Vaccines
September 21, 3:00-4:00 pm EST
Today’s agenda

• Welcome and logistics overview
• Overview of the IHI led COVID-19 Vaccine Rapid Learning Initiative
• Panel discussion
• Question and answer
• Closing announcements
A Few Reminders

You will enter the call on mute

If you have a question, or would like to speak, please use the Q&A

Please chat in your name, organization, and location now

We are live tweeting today- join us!
@RegHealthImp, @TheIHI, #StrongerTogether
Marie W. Schall
Senior Director
Institute for Healthcare Improvement
COVID-19 Vaccine Rapid Learning Initiative

Six-month initiative to achieve local population immunity within a defined time-frame through community collaboration, embedding equity into the process, and harnessing data and learning.
Acknowledgement

The Institute for Healthcare Improvement gratefully acknowledges Pfizer, Inc., and BD (Becton, Dickinson and Company) for their generous funding support of IHI’s COVID-19 Vaccine Rapid Learning Initiative and their leadership and expertise in the drive for vaccine deployment.
Activities

• Step 1 – Develop an initial theory about what it will take to achieve population immunity (research and initial interviews)

• Step 2 – Test that theory by working with a small group of active health systems and communities to (1) gather additional promising strategies and (2) serve as a catalyst to further test and refine the theory

• Step 3 – Dissemination through publications, blogs, and case stories – and Webinars!
Overall Approach (Theory)

DRAFT AIM:
Vaccinate over xx% of the local population over the next xx days rapidly, effectively, and equitably

Objective 1
Establish Coordinated Local Delivery System

Objective 2
Foster Public Trust and Pursue Equity

Objective 3
Demonstrate, Learn, Scale
Participants

- The Health Collaborative and Cincinnati Children’s Hospital and Medical Center (CCHMC)
- Parkland Hospital and Parkland Center for Clinical Innovation (Dallas, TX)
- Health Improvement Partnership of Santa Cruz County (CA)
- Kansas Healthcare Collaborative
- Better Health Partnership (Cleveland, OH)
Rethinking Herd Immunity: Managing the Covid-19 Pandemic in a Dynamic Biological and Behavioral Environment

How better access, algorithms, and use of real-time local immunity data could lead to more effective local population protection, using data from Dallas County, Texas.

By Pierre Barker, MD, MB, ChB, David Hartley, PhD, MPH, Andrew F. Beck, MD, MPH, George "Holt" Oliver, MD, PhD, Bhargavi Sampath, MPH, Thomas Roderick, PhD & Steve Miff, PhD

September 10, 2021

Catalyst | Innovations in Care Delivery
COLLABORATIVES IN ACTION: RESPONDING TO COVID-19

Equitable Distribution of COVID-19 Vaccines

TUESDAY, SEPTEMBER 21 | 3-4 PM EST

KIRSTIN CRACIUIN, MPP, MSW
Community Impact Lead
Better Health Partnership

ELISA ORONA, MS
Executive Director
Health Improvement Partnership of Santa Cruz County

STEVE MIFF, PHD
President and CEO
Parkland Center for Clinical Innovation

MARIE W. SCHALL
Senior Director
Institute for Healthcare Improvement

CAROLINE LEMBRIGHT
COVID-19 Community Outreach Coordinator
The Health Collaborative
Progress toward goal of 80% of those eligible (ages 12+)

Goal of starting vaccines for 80% of the eligible population in the 15 county area
#GetOutTheVax

Across the 15-county region, 63% of those 12+ have received at least one dose.

Vaccine rate – by age category

% of population with vaccines **started** and **completed** in Hamilton County by age

<table>
<thead>
<tr>
<th>Age (%) of total population</th>
<th>% with vaccines started and completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-59 (13%)</td>
<td>71% / 66%</td>
</tr>
<tr>
<td>40-49 (11%)</td>
<td>66% / 61%</td>
</tr>
<tr>
<td>30-39 (14%)</td>
<td>60% / 55%</td>
</tr>
<tr>
<td>20-29 (14%)</td>
<td>54% / 47%</td>
</tr>
<tr>
<td>0-19 (26%)</td>
<td>18% / 16%</td>
</tr>
</tbody>
</table>
Vaccine rate – by age category

% of population with vaccines started and completed in Hamilton County by age

Age (% of total population) | Started | Completed |
--- | --- | --- |
80+ (4%) | 81% | 77% |
75-79 (3%) | 85% | 81% |
70-74 (4%) | 90% | 87% |
65-69 (5%) | 85% | 82% |
60-64 (7%) | 78% | 74% |
Region 6 – progress toward 80% by age cohort

Percentage of population with vaccine started by age in Southwestern Ohio

Data collected manually over time from: https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards, most recent collection: 2021-09-14
Population data from Census population estimates, 60% of 10-14 year olds are added to the 15-19 year olds to create 12-19 category. ODH reports vaccinations for 0-19 year olds
Vaccinated Status by Group

Select Category
Select County

Vaccine Equity Metric
Santa Cruz

Community Conditions
Less Healthy
More Healthy

Vaccination progress by quartile

Fully vaccinated by quartile over time

Note: If the selected county does not contain any zip codes in a certain quartile, that quartile will not show up on the chart. In the Statewide display of the Vaccine Equity Metric, where zip code of residence was not reported, the zip code where vaccination occurred is used. In the county display, only zip codes of residence reported are used. Data is not shown where there are fewer than 11 records in a group.
How To Sign Up:

1. Go to MyTurn.ca.gov
2. You may get an appointment right away, if not, keep trying - you will get an appointment!

WHERE can you get VACCINE?
1. Your doctor's office
2. A Pharmacy
3. A large vaccine site

Week of April 19th

Usted puede obtener una cita de inmediato, pero si no puede, siga intentando y obtendrá una cita.

Week of May 3rd
THE HEAR TECHNIQUE

Developed by the Center for Excellence in Primary Care, the HEAR Technique is a tool to help vaccine outreach workers respectfully engage with individuals who are expressing skepticism or strong emotions.

<table>
<thead>
<tr>
<th>STEP</th>
<th>DEFINITION</th>
<th>EXAMPLES</th>
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<tbody>
<tr>
<td>H</td>
<td>HEAR</td>
<td>Ask open-ended questions to invite the person to share their thoughts and feelings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Listen carefully and reflect back the content or feeling of what they share.</td>
</tr>
<tr>
<td>E</td>
<td>EXPRESS GRATITUDE</td>
<td>Thank the person for sharing their thoughts or concerns. When someone shares their concerns or their skepticism with us, we should consider it a gift.</td>
</tr>
<tr>
<td>A</td>
<td>ASK ABOUT PROS &amp; CONS</td>
<td>Ask about the person’s pros and cons for getting the vaccine (most people have something on both side of the balance scale, even if they only express the cons). Begin with the cons.</td>
</tr>
<tr>
<td>R</td>
<td>RESPOND</td>
<td>Summarize what you’ve heard. Ask if it is okay to share key information or discuss next steps.</td>
</tr>
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COVID-19 Vulnerability Index:
Areas of population density at greatest risk for COVID-19

Rising Risk:
Hot spotting (heatmap red-orange areas) show confirmed positive COVID-19 cases over the last 14 days

Testing Access:
Current known public and private testing sites
PERSONAL RISK FOR COVID-19 VACCINATION: THE METHODOLOGY

Geomapping and Hotspotting

Proximity Index

ADI*

Demographics

CDC** & ACIP***

and State & County Group Priority Criteria

*ADI: HRSA/Univ of Wisconsin ranking system of disadvantaged neighborhoods (socioeconomic status, income, education, employment, housing, etc.)
VACCINE REGISTRATION AND FUTURE MOBILE UNIT DEPLOYMENTS

Total Block Group Population 18+: 1,235
Percentage of Population Not Registered/Vaccinated: 88.9%
Count of Non-Vaccinated/Non-Registered: 1,099

Cross Streets/Major Intersections:
- Webb Chapel Ext. and Hargrove Dr.
- Webb Chapel Ext. and Timberline Dr.

Points of Interest:
- Uplift Triumph Preparatory School
- El Sol Del Lago Apartments (320 Units)
- Villas del Zocalo Apartments (Phases 1 – 206 Units)
- Spanish Village/Village at Bachman Lake Apartments (437 Units)

Notes
[1] Created 03.29.2021
Federally Qualified Health Centers COVID Response
FQHCs and Churches Target Hot Spots for Vaccine Dissemination; supported by Ohio Dept of Health

<table>
<thead>
<tr>
<th>ZIP Location</th>
<th>Estimated % Vaccinated</th>
<th>CDC SVI Score</th>
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</thead>
<tbody>
<tr>
<td>Affinity Missionary</td>
<td>11%</td>
<td>0.73</td>
</tr>
<tr>
<td>Anshe Chesed Fairmount</td>
<td>31%</td>
<td>0.47</td>
</tr>
<tr>
<td>Antioch Baptist Church</td>
<td>19%</td>
<td>0.76</td>
</tr>
<tr>
<td>Central Bible Baptist Church</td>
<td>16%</td>
<td>0.54</td>
</tr>
<tr>
<td>Church of the Savior</td>
<td>21%</td>
<td>0.46</td>
</tr>
<tr>
<td>Elizabeth Baptist Church</td>
<td>5%</td>
<td>0.90</td>
</tr>
<tr>
<td>Forest Hill Church</td>
<td>21%</td>
<td>0.46</td>
</tr>
<tr>
<td>God's Tabernacle of Faith</td>
<td>11%</td>
<td>0.73</td>
</tr>
<tr>
<td>Good Shepherd</td>
<td>10%</td>
<td>0.76</td>
</tr>
<tr>
<td>Historic Greater Friendship</td>
<td>9%</td>
<td>0.83</td>
</tr>
<tr>
<td>Imani UCC</td>
<td>11%</td>
<td>0.63</td>
</tr>
<tr>
<td>Islamic Center of Cleveland</td>
<td>19%</td>
<td>0.47</td>
</tr>
<tr>
<td>La Sagrada Familia</td>
<td>9%</td>
<td>0.85</td>
</tr>
<tr>
<td>Lee Memorial AME</td>
<td>9%</td>
<td>0.83</td>
</tr>
<tr>
<td>Lee Road Baptist Church</td>
<td>11%</td>
<td>0.73</td>
</tr>
<tr>
<td>Mt. Zion Oakwood Village</td>
<td>15%</td>
<td>0.64</td>
</tr>
<tr>
<td>Olivet Institutional</td>
<td>19%</td>
<td>0.76</td>
</tr>
<tr>
<td>Shiloh Baptist Church</td>
<td>6%</td>
<td>0.86</td>
</tr>
<tr>
<td>St James AME</td>
<td>9%</td>
<td>0.85</td>
</tr>
<tr>
<td>St Paul AME Church</td>
<td>12%</td>
<td>0.68</td>
</tr>
<tr>
<td>St. Andrews Eastern Orthodox</td>
<td>10%</td>
<td>0.59</td>
</tr>
<tr>
<td>Warrensville Community</td>
<td>10%</td>
<td>0.59</td>
</tr>
</tbody>
</table>

Estimated % of ZIP Vaccinated & CDC SVI Score
More than **2 out of every 5** vaccinations at FQHCs in Cuyahoga County are going to one of the 3 population groups on the left (compared to roughly **1 out of every 5** vaccinations from other county providers).
Closing Announcements
About Civitas
Networks for Health

We're dedicated to transforming the healthcare system to improve affordability, quality, and health equity for people locally and nationally.
Our Coming Together

The COVID-19 crisis has shown us more than ever before just how critical local healthcare is in America. Nearly every community in the U.S. developed its own approach to the pandemic, from public health messaging, to mask policies, testing sites, field clinics, and vaccine distribution. Incredible learnings emerged along with new healthcare leaders and new ways of building community health.

Regional Health Improvement Collaboratives (RHICs)

A RHIC provides a neutral, trusted mechanism through which the community can plan, facilitate, and coordinate the many different activities required for successful transformation of its healthcare system. A RHIC does not deliver healthcare services directly or pay for such services.

Health Information Exchanges (HIEs)

HIEs provide technology for the secure digital exchange of data by medical, behavioral, and social service providers to improve the health of the communities they serve. HIEs can be statewide, regional and community; government-run, for-profit and nonprofit; large and small; and hybrids that involve collaborations among diverse organizations.
Our Reach & Purpose

The largest network of its kind in the country, Civitas represents local health innovators moving data to improve outcomes that together cover more than 95% of the U.S. population.

Our Guiding Principles

✔ We strive for win-win solutions recognizing that change is required by all.
✔ We believe the best solutions come from data informed, multi-stakeholder input.
✔ The status quo of our healthcare system is not acceptable in terms of its quality, safety or cost.
✔ We commit to advancing health equity for all.
Join us for our third session where we will hear from NASDOH on SDOH focused policies and activities. Additionally, SHIEC’s SDOH affinity group leads will share findings from their recent SDOH data survey.

Registration is open!