MODELS FOR HEALTH EQUITY IN COVID-19 VACCINE DISTRIBUTION

WEBINAR
June 30, 2021
SUBMIT A QUESTION

- Click on Q&A icon
- Type question, hit enter
- Moderator will review and relay question
ENABLE CLOSED CAPTIONING

- Click on "CC" icon to turn on
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TODAY’S AGENDA

3:00: Introduction, housekeeping  
   Michele Calvo, NYAM

3:05: Introduction to Stop the Spread’s Partnership Model  
   Molly Chidester, Stop the Spread

3:10: COVID-19 Vaccine Distribution Models  
   David Gross, Community Healthcare Network

3:25: Establishing Trust and Advancing Health Equity with Vaccine+  
   Emma Smith, Stop the Spread

3:35: Playbook for Community-Based Vaccinations  
   Molly Chidester, Stop the Spread

3:45: Q&A, discussion
VISION
Everyone has the opportunity to live a healthy life
MISSION
Drive progress towards improved health through attaining health equity
The COVID-19 Vaccine Equity Action Collaborative aims to bridge community voices with NYC metro region health systems and government to rapidly disseminate information and collectively problem solve policy solutions to advance vaccine equity.

**ABOUT THE ACTION COLLABORATIVE**

- **Steering Committee**: delivers guidance, data, materials, and examples of models for vaccine outreach and education.
- **Community- and Faith-Based Organizations**: propose new ideas, offer feedback, and provide input.
Models for Health Equity in COVID-19 Distribution

JUNE 30, 2021
Our mission is to fill the gaps in our nation's response to COVID-19.

We increase the supply of novel solutions for critical needs by catalyzing and supporting private sector innovation.

We seek to equitably deploy these novel solutions in the underserved communities hit hardest by the pandemic.
Since March 2020, Stop the Spread has helped combat the pandemic using a 2-pronged approach

1. Capacity building

We help unblock and accelerate innovators who are increasing the supply of COVID-19 solutions, focusing on evolving critical needs in testing, vaccine administration, PPE, and health services.

Impact to date

650+ Partners

300+ Value-add connections made

2. Equitable deployment

Working through trusted community and healthcare organizations, we match solutions from the STS network with communities at a hyperlocal level, ensuring COVID-19 resources are equitably distributed in a culturally competent way.

Impact to date

380+ Solutions

30+ Community partners

Stop the Spread key enablers

We joined forces with ImpactAssets to provide infrastructure and expand reach in philanthropic and impact investing communities.

We continue to grow our board of advisors, which includes 18 subject matter experts, key industry leaders, and strategic partners.

We have published 16 position papers to drive thought leadership across critical needs.

Focus of these materials

Partners = The STS network of organizations, corporations, individuals, or community partners that are working directly in or supporting the COVID space

Solutions = Members of our partner network that deliver tangible goods and services that can be deployed in a hyperlocal program
Partners coming together and stretching outside of their traditional boundaries in response to COVID-19 has been critical to our work
Stop the Spread brings partners together to create a flywheel of Access, Awareness, & Trust to drive vaccine equity

**AWARENESS**
Partner with the community and private sector to raise awareness

**ACCESS**
Create access that is purpose-built for the community you seek to serve

**TRUST**
Build on a foundation of trust with the community to build vaccine confidence

**POWERED BY** anchor healthcare organizations + Community-and-faith-based organizations + Private & philanthropic sector partners
This is a critical moment in history...

to **connect** underserved populations,

to **rebuild** long-lost trust,

**reimagine** the role that trusted community leaders play in public health,

to **advance** health equity for all,

and to create the infrastructure to prevent the next COVID-19.
COVID-19 Vaccine Distribution Models
Spotlight: Partnership Model for COVID-19 Vaccine Equity

- Licensed agency
- Responsible for vaccine
- Trusted community provider

- Best practice identification
- Cross-sector partnerships
- A-Z implementation support

- Staffing to scale (administrative and clinical)
- Community engagement

- Technical assistance
- Vaccine Command Center
- Vaccine supply

- Funding
- Technical assistance

- Streamlined Emergency CON review/approvals
About Community Healthcare Network

Select clinical services

- Primary care (Adult & Pediatrics)
- Health Homes/ Care Coordination
- Women’s Health and Family Planning
- Dental Care
- Infectious Disease
- Behavioral Health
- Podiatry
- Optometry

14 FQHCs
+700 staff
4 boroughs
55k patients
Initial vaccine challenges . . .

Staff Capacity
- Administrative
- Clinical
- Implementation

Location and Space
- CHN sites are relatively small
- Limited open areas for observation

Vaccine Supply
- Intermittent deliveries
- Minimal notification

Eligible Population
- CHN patient population is primarily young with co-morbidities

Led to innovative solutions . . .

✓ Creative staffing models leveraging CBO and volunteer workforce
✓ New partnerships with med/nursing schools and the community
✓ Co-location of sites in CBOs and FBOs
✓ Even deeper understanding of the community and strengthened relationships
✓ Pop-up models to address supply and demand
✓ Flexible scheduling solutions
✓ Extended reach to local neighborhoods to serve underserved community members
✓ Ability to more quickly vaccinate CBO and FBO clients and members
Model 1: CBOs vaccinated in CHN sites

*Increased access for CBOs but resulted in low volume relative to effort*

**OVERVIEW**

- CHN-run vaccine clinics located at CHN sites
- CBOs invited to schedule staff/constituents
- CBOs provide onsite administrative support
- CBOs outreach to and schedule their staff/constituents

**RESULTS**

- Limited number of events
- Largest event was ~120 vaccines across 4 CBOs

**CHALLENGES**

- CHN physical space layout
- CHN clinical bandwidth
- Volume relative to bandwidth
Model 2: CBO-based vaccine events

Flexible model that allows for last-mile vaccine dissemination to CBOs

OVERVIEW

CBOs conduct on-site vaccination events

CHN provides model and oversight

CBO staff (leased to CHN) provide clinical/admin support

SELECT PARTNERS

RESULTS

- 13 events; 6 CBOs
- ~30 – 60 vaccines per event
- Included ACT/PROS/Health Home patients; supportive housing/shelter residents; street medicine

CHALLENGES

- CBO interest and bandwidth: requires clinical staff; interest in taking on administrative challenges (e.g., data entry, scheduling)
- Limited to CHN’s current network and partners
Model 3: Community-based pop-ups

Effective model but limited resources create challenges with volume of events

OVERVIEW

CHN identifies community-based partner with suitable site space
Partner schedules and recruits patients or staff
Event is staffed by CHN and Weill Cornell Medicine

SELECT PARTNERS

RESULTS

- 19 pop-up sites (38 events)
- ~100 – 150 first doses per event
- > 5600 doses administered
- New partnerships

CHALLENGES

- Staffing
- Cadence of 1 per week
- Patient recruitment
- Funding
Model 4: Temporary, community-based vaccine sites

Made possible through partnerships, allows for a high-volume of vaccinations

OVERVIEW

4 church-based vaccine sites (NYC City Hall Initiative)

Churches support recruitment and provide administrative staff

Med school and nursing school volunteers staff sites with CHN

SELECT PARTNERS

RESULTS

- 4 sites operating 4 days per week
- >20,200 doses administered

CHALLENGES

- Staffing – always seeking partners
- Patient volume – “tipping point”
- Partners to engage unvaccinated communities
Sites in anchor community or faith-based organizations provide neighborhoods vaccine access in a trusted space.

CHN’s Community-Based Vaccination Sites

- East NY
- South Jamaica
- Harlem
- Washington Heights

From top-left, clockwise: Harlem, South Jamaica, Washington Heights, East NY

Source: https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page

Insight: Of 600 community members surveyed at our sites, nearly 25% said that one of the reasons they chose the CHN site was because “I felt safe.”
We have worked with community partners to ensure that the vaccines we distribute reach NYC’s hardest-hit communities.

Note: Last updated 6/14. Categories are mutually exclusive, i.e. “Black” = “Black (non-Hispanic)”. Source: NYC VAX.
Model 5: Bringing vaccines to where people are

Our newest model aims to increase vaccine volume through a community experience

Bring vaccines to events where people already gather (e.g., schools, green markets, church events, community events, sports games)

Spread the word through community and personal networks (e.g., word of mouth, refer-a-friend, text banking campaigns)

Create a positive community experience
- Health screenings
- HIV testing/PrEP
- Food access
- Nutrition
- Meditation and mental health
Establishing trust and advancing health equity with Vaccine+
**Vaccine+**: STS aims to address community member needs and connect them directly to services during the vaccine monitoring period.

**Targeted outreach** to the community through trusted CBOs and FBOs.

**Co-design journey**

- Survey community members to **understand needs** ranging from health care to non-medical and social needs.
- Bring together partners to implement a model that directly responds to community needs.

**Co-design 1-2 interventions per site to address community needs during or after the 15 – 30 minute monitoring period:**
- Healthcare screenings
- PCP and insurance enrollment
- Patient education
- Food, PPE and other basic needs

**This addition to any vaccination experience optimizes vaccine appointments to connect individuals to the healthcare delivery system, address basic needs and build trust.**
**Vaccine+: New York City Spotlight**

### Needs Assessment

1. **Stress & anxiety**: 23% without PCP
2. **COVID-related needs**: 31% uninsured
3. **Healthy eating**

### Integrated Program

- Nutrition sessions
- Insurance enrollment
- Connection to primary care
- Food access
- Food services (SNAP, WIC)

### Impact to Date

- 32 individuals screened for diabetes and cholesterol
- 6 individuals identified as prediabetic
- 3 individuals identified as diabetic
- 2 individuals connected to free nutrition services

Last-mile healthcare interventions are critical to health equity.
Vaccine+: Pride celebration, a community experience

EVENT IMPACT

- **46** Individuals vaccinated
- **21** Individuals tested for HIV
- **18** Individuals connected to PrEP
- **>100** Meals served to participants / families

Vaccine+ presents a valuable opportunity to build trust with community members.
Vaccine+: Los Angeles Spotlight

NEEDS ASSESSMENT

1. Benefits Navigation
2. Food Assistance
3. Physical Health
4. Utilities

IMPACT TO DATE

1,555 program participants (and counting!)
874 meals provided through our partnership with bento
287 individuals to be connected with benefits counselors

Top Priority Need

- Benefits Navigation: 35.4%
- Food Assistance: 17.8%
- Physical Health: 13.5%
- Utilities: 11.4%
- Transportation: 9.9%
- Income Support: 7.9%
- Education: 4.0%
- Employment: 4.0%
- Housing & Shelter: 4.0%

11 outreach workers
9 vaccination sites
14 service categories
**Vaccine+**: Sunday Supper, a community experience

**Sunday Supper Model with the C19 Coalition**

- Local neighborhood meal after vaccination
- Sites staffed by community members, including church members
- Clinician on-site to answer questions about vaccine safety
- Create a community experience
- Neighborhood languages spoken and translation services onsite
- Emphasize that immigration and insurance status do not matter
Open-source playbook for community-based vaccinations
Today Stop the Spread is launching an open source Playbook for Community-Based Vaccinations

In January 2021, Stop the Spread began directly supporting community-based vaccination efforts in underserved communities in partnership with community health clinics.

We discovered that communities throughout the country are tackling the challenge of vaccinating their citizens in siloes.

In response, STS is publishing an open-source community vaccination playbook for national distribution.

We are documenting and sharing promising practices from across the country to help communities better navigate ongoing and future vaccination initiatives and achieve vaccine equity.
COMING SOON!
Next Playbook drop will include best practices for outreach to drive Access, Awareness, & Trust

**Flexible scheduling**  
**On-the-ground outreach**  
**Digital outreach**  
**Vaccination experience**  
**Vaccine+ program**

**ACCESS:** Create access that is purpose-built for the community you seek to serve

**AWARENESS:** Partner with the community and private sector to raise awareness

**TRUST:** Build on a foundation of trust with the community to build vaccine confidence
Together we can advance vaccine equity

Invite us to bring vaccines to a scheduled event

Partner with us on outreach to build vaccine confidence

Download and apply the playbook to your own efforts

Interested in partnering?
Email Emma Smith at emma.smith@stopthespread.org
QUESTIONS, GENERAL DISCUSSION

Look for the Q&A icon at the bottom of your screen
THANK YOU!

Please tell us about your experience in our evaluation survey:
https://www.questionpro.com/t/AR86uZnVbq