



# Shifting Centers of Power in Vaccine Rollout: Community Leadership in all Aspects of Implementation

USPHAU | Learning Team | 3 Feb 2021

# Participants in Attendance

- CDC Foundation
- City and County of San Francisco
- CORE Response
- Curamericas Global
- Gobierno De Mexico
- GoInvo
- Harris County, TX
- Health Leads
- Kaiser Permanente
- Kepro
- Legal Aid of North Carolina
- Miami Dade County
- Mount Calvary Center
- Moxley Public Health
- New Haven City (CT)
- NORC

- North Carolina Department of Health
- North Carolina CTC
- Plan Canada
- Preserve Rural Orange
- San Francisco Health Department
- Save the Children
- Sierra Health
- Southeastern Healthcare of North Carolina
- Stanford University
- The Health Collaborative of Greater Columbus (HCGC)
- University of California San Francisco
- University of Chicago Illinois
- University of Texas
- Wellesley College
- And many more!

# Agenda

- 1 Welcome & Introduction
- 2 Framing Information
- 3 Case Studies
  1. Chicago VCP + Cook County
  2. West Virginia
  3. Montgomery, AL
  4. Urban Indian Health Institute
- 4 Q&A with Case Presenters, Discussion
- 5 Feedback Poll

# Moderator & Case Study Presenters



## **Moderator**

Dr. Regan Marsh  
Senior Technical Lead, USPHAU  
Partners In Health



Kim Tieman  
Program Director  
Claude Worthington Benedum  
Foundation



Cicily Gray  
Project Manager  
Partners In Health



Dr. Deb Koester  
Executive Director,  
West Virginia Local Health, Inc.  
Joint Interagency Task Force on  
COVID-19

# Case Study Presenters, continued



Dr. Pranali Koradia  
Project Manager  
Partners In Health



Dr. Evan Lyon  
Senior Technical Advisor  
Partners In Health



Abigail Echo-Hawk  
Chief Research Officer  
Seattle Indian Health Board  
Director, Urban  
Indian Health Institute

# Objectives



- ❖ To discuss the centrality of local engagement to effective rollout
- ❖ To highlight early success stories in engaging communities and shifting loci of power
- ❖ To share specific strategies to engage diverse and representative communities in the vaccine response
- ❖ To provide a space for sharing of resources and ideas, and for honest discussion among the public health response community

# US Vaccine Rollout by the Numbers

Doses administered per 100,000 population, 2/2/2021, 6am ET

Total Doses Distributed	Total Doses Administered	Number of People Receiving 1 or More Doses	Number of People Receiving 2 Doses
52,657,675	32,780,860	26,440,836	6,064,792

CDC | Data as of: Feb 02 2021 6:00am ET | Posted: Feb 2 2021 1:58PM ET

## Territories

GU AS RP FM MP PR MH VI

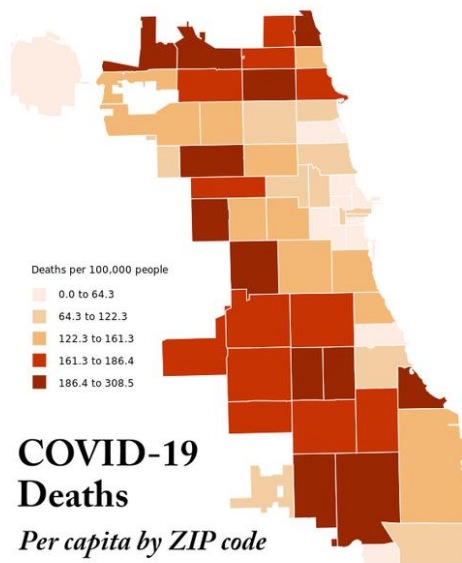
## Federal Entities

BoP DoD IHS VHA

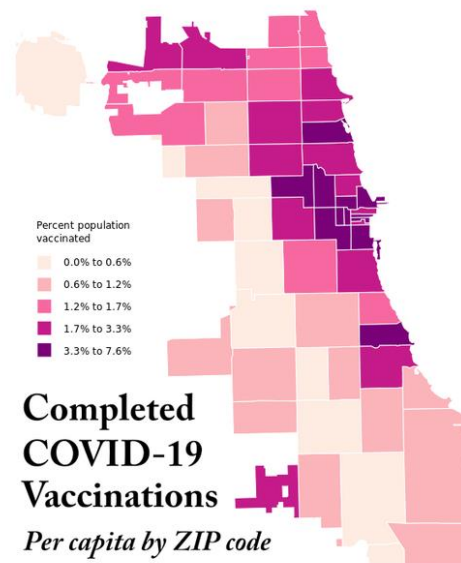
Total Doses Administered per 100,000

○ No Data ● 0 ● 1 - 3,000 ● 3,001 - 6,000 ● 6,001 - 9,000 ● 9,001 - 11,000 ● 11,001+

# US Vaccine Rollout: Challenges in Distribution and Information



<https://twitter.com/ChiVaxBot>



Beyond inequities in distribution, inequities in COVID-19 vaccine confidence and available information threaten to undermine an already challenging rollout.

- Half of all Black adults express limited confidence that distribution efforts take into account the needs of Black people.
- Among American Indians and Alaska Natives, concern about potential side effects is high among both those willing (75%) and unwilling (89%) to get vaccinated. Nearly 40% of those surveyed reported difficulty traveling to a clinic for vaccination appointments.
- Majority of the public who have not yet been vaccinated say they do not have enough information about when (60%) and where (55%) they may be able to receive the vaccine.
  - This is especially pronounced among Black and Hispanic adults (~60% compared to 50% of Whites), as well as those who are low-income adults (61% express confusion) and over age 65 (60%).

Survey Data: <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-january-2021/> & <https://www.uihi.org/projects/strengthening-vaccine-efforts-in-indian-country/>



# Community Centers of Power : The Evidence

Centering the community in developing, conducting, and evaluating health interventions has shown statistically significant impact across many disease areas and health initiatives, both within the US and internationally

## Vaccines

- [Multicomponent locally designed interventions](#) are most effective at reducing inequalities in vaccination coverage among children and adolescents, particularly in **urban, ethnically-diverse, low-income populations**.
- [In Rwanda](#), **public-private partnerships** and **strong community involvement** achieved over 93% coverage of HPV vaccine.
- [A multi-country review](#) of community-based public health interventions (mass deworming, vitamin A supplementation, child immunization programs) showed that **strategies targeting community leadership and ownership of distribution** (of drugs, vaccines, and services), significantly impacted treatment coverage.

## Other Health Areas

- Studies among [African Americans and Latinos in Detroit](#) and [among Native Americans in New Mexico](#) showed improvements in knowledge, behavior, and health outcomes for adults with diabetes who received **community-based, culturally-appropriate diabetes lifestyle interventions**.
- [Community-based group education](#) combined with **culturally-sensitive educational materials** has shown improved awareness of breast cancer screening.



# Vaccine Corps Partnership

Engagement, Dialog, Mobilization, and Trusted Messengers  
to Advance Vaccine Equity in Chicagoland

# Setting the Table, Breaking Bread



# More than 50 *partners* at the table and growing

A Safe Haven	Equal Hope	Respiratory Health Association
Acclivus, Inc	Erie Family Health Center	Root Inc
Alivio Medical Center	Esperanza Health Centers	Rush University
Ann & Robert H. Lurie Children's Hospital of Chicago	EverThrive Illinois	Sinai Health System
Antillas -Mount Sinai Health System	Health and Medicine Policy Research Group	Sinai Urban Health Institute
ASI Home Care and NE Healthcare	Healthy Communities Foundation	St. Anthony's Hospital
Boca Media Group	Illinois Department of Public Health	State University Annuitants Association, UIC
Chicago Community Trust (CCT)	Illinois Medical District	Teamwork Englewood
Chicago Cook Workforce Partnership	Illinois Public Health Institute	UI Health - Institute for Healthcare Delivery Design
Chicago Department of Public Health (CDPH)	Illinois Unidos	UI Health - Mile Square Health Center
Chicago Public Schools	Latino Policy Forum	UI Health - Population Health Sciences
Circle of Service Foundation	Illinois Department of Public Health	UI Health - School of Public Health
Community Health	Loyola University Chicago	University of Chicago Medicine - Urban Health Institute
Consortium to Lower Obesity in Chicago Children (CLOCC)	Michael Reese Health Trust	Walder Foundation
Cook County Department of Public Health (CCDPH)	Mobile Care Chicago	West Side United
Cook County Health - Ruth M. Rothstein CORE Center	NAHN ILLINOIS and ASI Home Care Agency	
Edward Hines Jr. Veterans Administration Hospital	Northwestern Medicine	
	Oak Street Health	
	Polk Bros Foundation	

# Vaccine Corps Partnership Goals



1. Define, identify, and mobilize trusted messengers within communities prioritized by rates of COVID-19 spread.
2. Authentically engage community members in constructing a communications and education campaign, tailored to meet the concerns and align with the values of specific communities.
3. Design a long-term model for community-led development of a sustainable public health workforce that employs bi-directional communication between the public sector and communities.
4. Coordinate logistics and access across institutions and align with messaging efforts.
5. Create mechanism to share out learnings and insights, bringing visibility and transparency to what we find and learn.

# Working Groups

1

## Community Mobilization

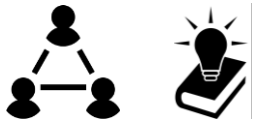
- Partner with CBOs as they work through all phases of vaccine education and program development; identify and report out innovations happening at the community level
- Support the training and capacity-building of trusted messengers
- Host ongoing CBO engagement touchpoints outside of the regular VCP meetings to hear questions, concerns and resource gaps



2

## Content Collaboration

- Collate and organize all existing messaging materials
- Develop new materials and toolkits responsive to the needs and concerns identified through the community engagement listening sessions



3

## Policy & Advocacy

- Position the VCP to be a leading voice in advancing policies for the public health workforce
- Participate in identifying and responding to vaccine equity concerns at a local and hyper-local level



# Listening and Dialog

*“I've learned that people will forget what **you** said,  
people will forget what **you did**,  
but people will never forget how **you made them feel**.”*

1. The goal of every engagement is to be invited back.
2. Respect matters most!



*-- Maya Angelou*

The VCP is supporting vaccine equity through open-ended, non-judgmental, and (ideally) ongoing conversations with community peers, community leaders, and public health experts (when invited).

Our goal is to help everyone feel informed and confident to make their own best decision about the new COVID-19 vaccines – hopefully **yes** as we feel the vaccine is safe and very important for both individual and community health but also **not yet, not now, and not ever**.

# Community Conversations Toolkits

1. COVID and vaccine information, as resource to facilitators.

2. A guide for facilitation and the VCP approach.

Adult / community learning approach, tone setting, structure to facilitate all voice joining – step up, step back.

3. Slides to set tone and agenda + provide a maximum 10 minutes of presentation.

Listening and answering questions is more important than presenting information.

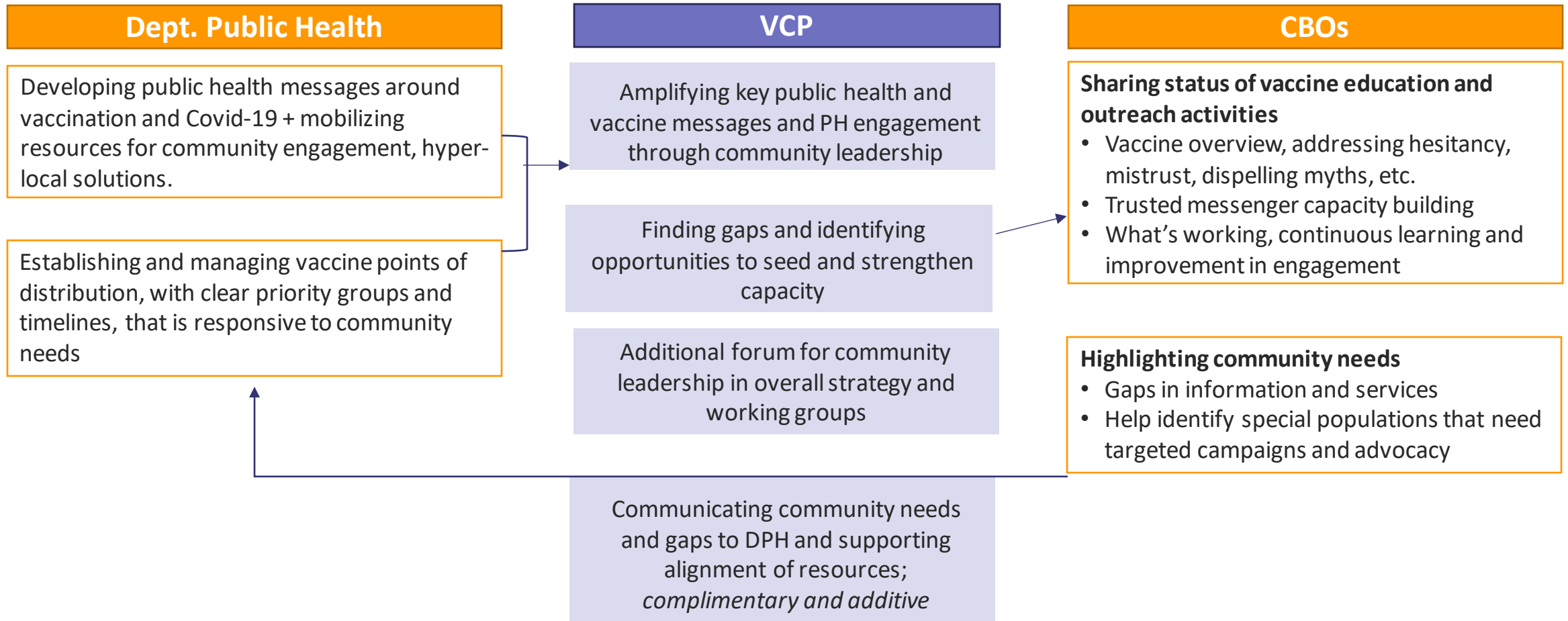
Continuous improvement of messages on vaccine and distribution.

4. Format and forum for follow up.

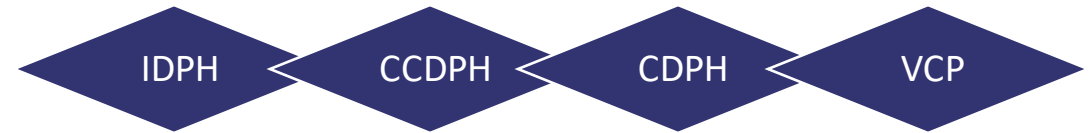
We want to return to a community when asked + sometimes not answering every question is best for the full group, need to table and return to unanswered questions.



# Where We're Headed



# Identifying and Leveraging Synergies across levels of government in support of community-driven vaccination rollout

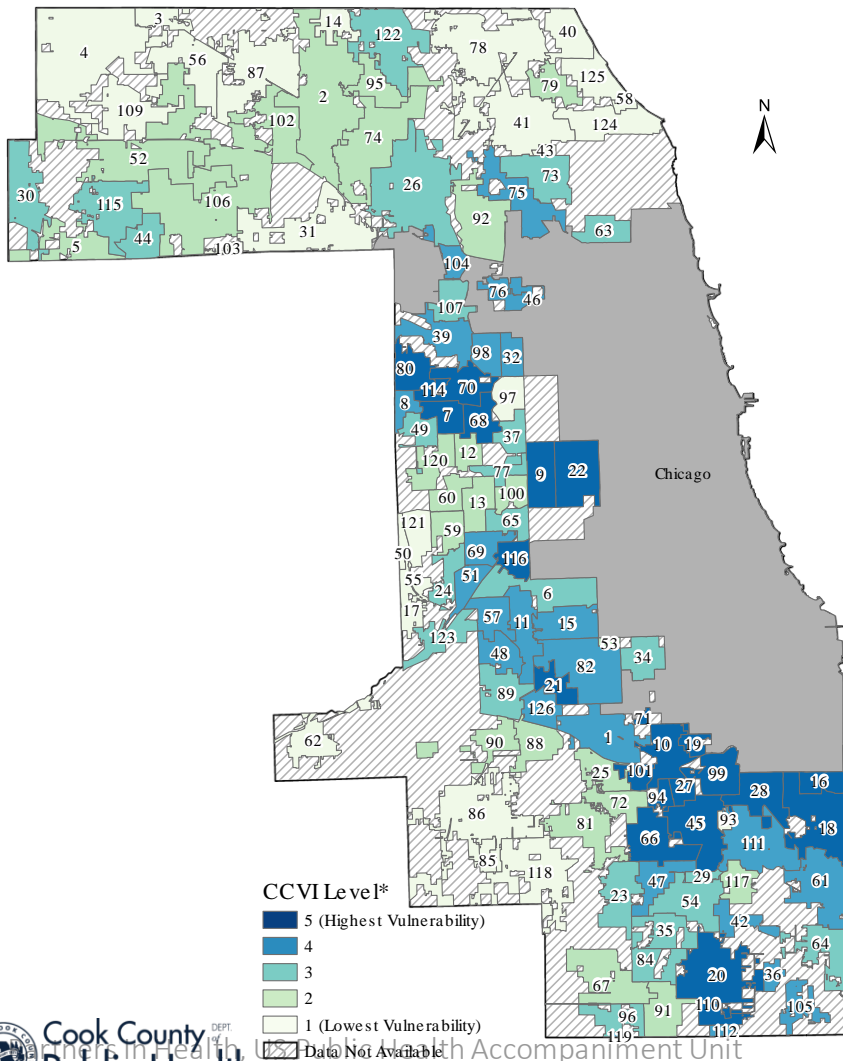


- **Knowledge, Attitudes, Perceptions**

- Speaker's Bureau, Listening Tours
- Collaborative Community Engagement

- **Implementation Barriers**

- Equitable Allocation Strategies
- Increasing access in communities





## Joint Interagency Task Force on COVID-19 Vaccines

### West Virginia's Systematic COVID-19 Response

February 3, 2021

Deb Koester, PhD, DNP, MSN, RN – Assistant Professor, Joan C. Edwards School of  
Medicine and Executive Director of WV Local Health Inc.  
[debkoester.wvlhi@gmail.com](mailto:debkoester.wvlhi@gmail.com)

Kim Tieman, MSW - Health and Human Services Program Director  
[ktieman@benedum.org](mailto:ktieman@benedum.org)

# West Virginia Health Funders

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- At onset of COVID-19 - Met weekly to learn of the ever-changing needs that arose to coordinate giving response across West Virginia
- First addressed basic needs
- Identified the systems that could protect public health and identified the needs they had to respond to COVID-19
- Supported state-wide infrastructure for COVID testing, delivery of accurate information, delivery of regular health care, telehealth implementation, and then COVID-19 immunization.
- Co-funded with WV DHHR the Partnership for African American Churches to address the unique COVID-19 challenges of serving communities of color

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# Perspectives on Vaccine Rollout

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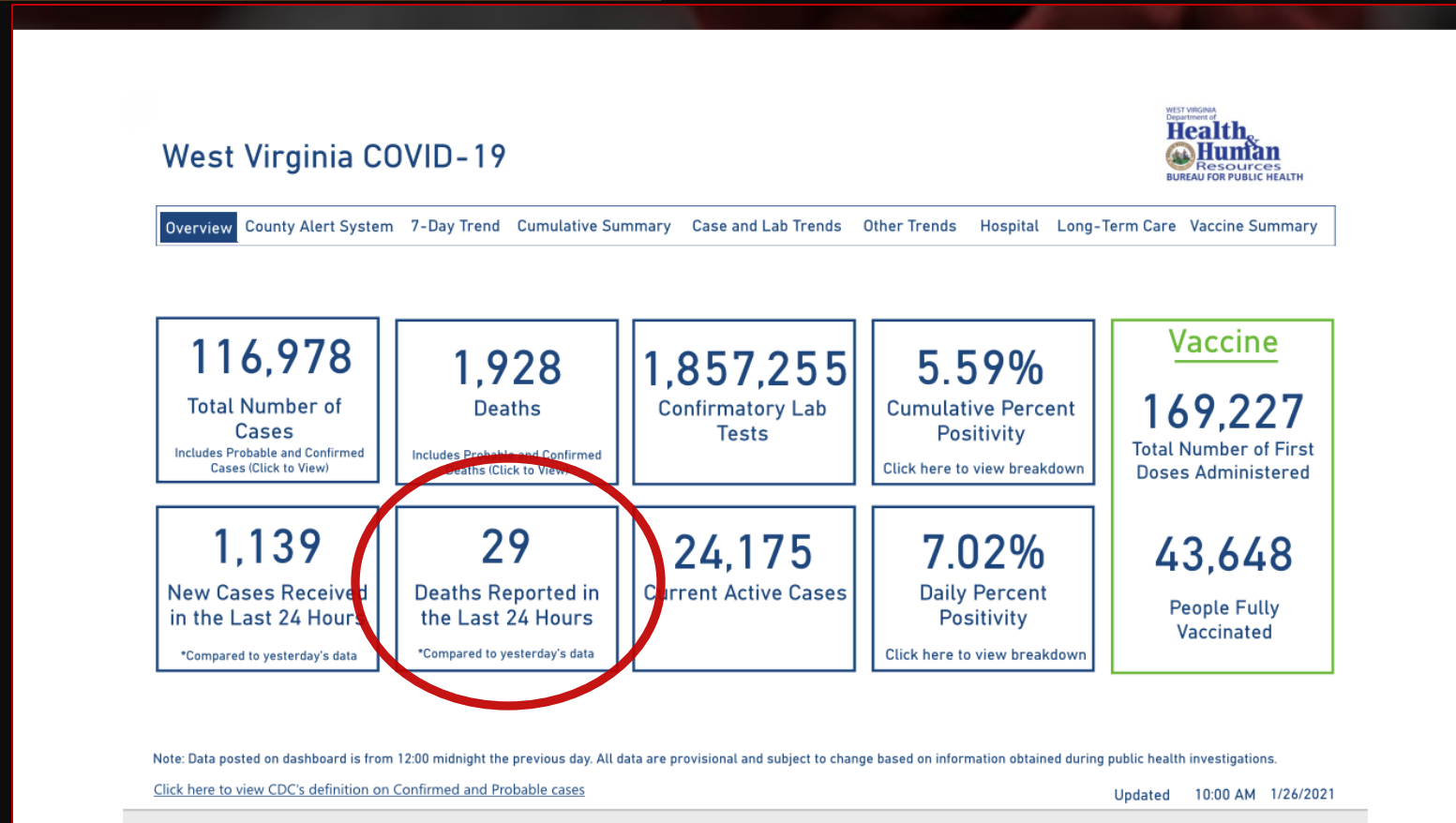
- Building a State Systems-Level Infrastructure for Vaccine Rollout
- Vaccine Pre-Registration
- Local Community Vaccine Event Registration
- Community Vaccine Events – A ‘Whole of Community Approach’

# Building a State Systems-Level Infrastructure for COVID-19 Vaccine Rollout



- West Virginia Joint Interagency Taskforce on COVID-19 Vaccine
- Briefings 8:30 AM and 3 PM daily
- Ops Meetings 10 AM and 2 PM

*Have you done everything you can do to save a life today?*



# Building a State Systems-Level Infrastructure for Vaccine Rollout

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- Joint Interagency Taskforce on COVID-19 Vaccine
- Local Leadership Planning Teams (n=55)
- State/Local Liaisons





# Community Vaccine Event Planning (n=55)


- Regional to Local Approach
- Weekly county event registration (65 events this week)
- Weekly statewide calls with local leadership planning teams
- 1:1 JIATF TA and support provided
- Scalable infrastructure


**COVID 19 Community Vaccine Clinic**  
These community partners are working together to host COVID 19 Community Vaccine Clinics. All slots are filled for the clinic scheduled for Thursday, January 28, 2021.

 Community Care of West Virginia

 WVU Medicine

 GBC

 BRAXTON COUNTY HEALTH DEPARTMENT

 BRAXTON COUNTY MEMORIAL HOSPITAL



Braxton County Community  
Vaccine Event  
January 13, 2021

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Raleigh County  
January 28, 2021

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# Vaccine Pre-Registration

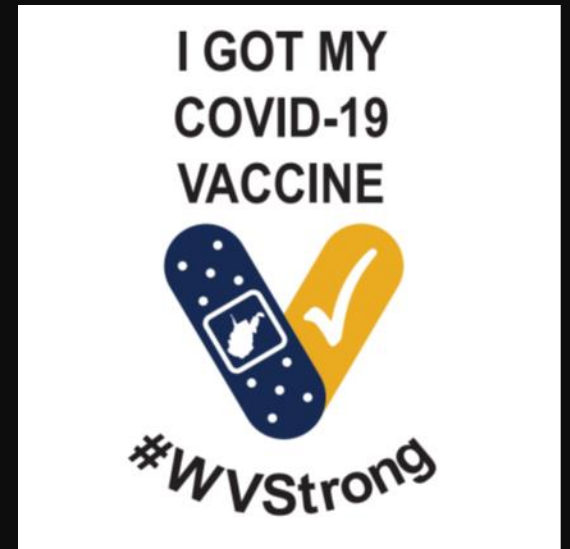
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- EverBridge
- Launched January 25, 2021
- 47,000 first 24 hours / 20 calls per second

# Community Vaccine Events, Hotwash, and Lessons Learned

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- Events conducted in the 55 counties
- Hotwash submitted after each event
- Data aggregated for promising/best practices and lessons learned



# Additional Key Strategies in Vaccine Rollout

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- WV Long Term Care/Local Pharmacy Partnership
- K-12/Local Pharmacy Partnership
- Higher Education/Local Health Department Partnership



# West Virginia Voluntary Organizations Active in Disaster (WV VOAD)

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- Collaborates with local, regional, & national partners to coordinate disaster relief, response, & recovery efforts in times of disaster.
- Decades of experience with disaster preparedness with natural disaster translatable to public health disaster.
- Mobilization of faith community, state and national VOAD agencies, and a partner with FEMA.
- WV VOAD has a seat at the WV DHHR Health Command, the Joint Interagency Task Force with the Office of Emergency Management and the National Guard, and local planning teams.
- Services provided: Management of volunteers, PPE including face masks, hand sanitizer, gloves, cleaning products, face shields, answering the State COVID call line.

## COVID-19 VACCINE PRIORITIES

Protect The  
Most  
Vulnerable

Reduce  
Deaths

Reduce  
Hospitalizations

Maintain  
Critical Services  
& Acute Care

#CommunityImmunityWV

# Thank You



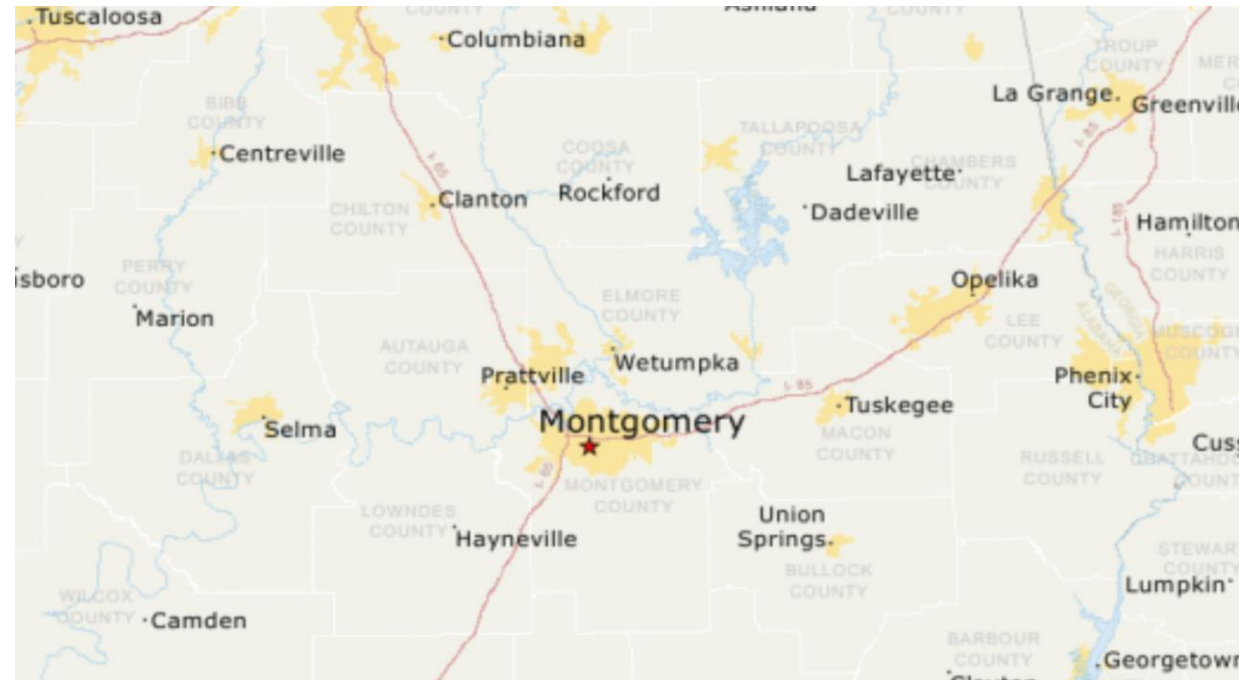
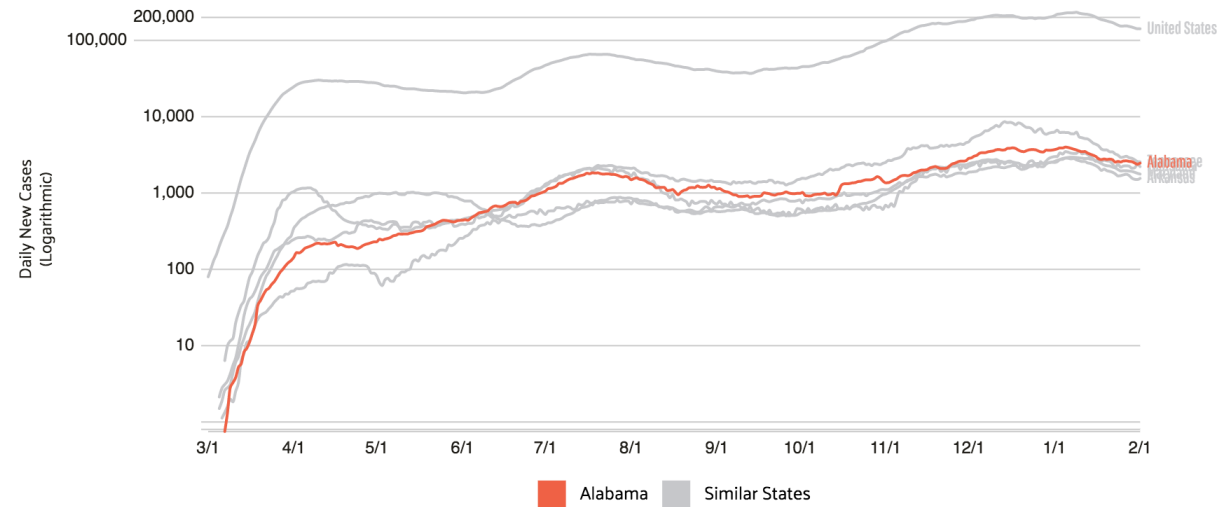


USPHAU | February 3, 2021

# Montgomery, Alabama COVID-19 Vaccine & Community Engagement

# Montgomery, Alabama

- History of racism and medical mistrust
- Structural barriers
- 60% African American
- 20% of residents live below poverty line
- Case positivity rate has hovered at 20% for months
- Education sector has taken a huge hit from pandemic



# The context of our vaccine work in Montgomery

- **Address vaccine hesitancy in Black and Brown communities**
  - ❖ Address knowledge, attitudes and beliefs
- **Combat misinformation, myths, and medical mistrust**
  - ❖ Tuskegee is <40 miles; J. Marion Sims (1845 – 1849); broad history of medical mistreatment in general
- **Current COVID-19 messaging is largely broad and repurposed**
  - ❖ Research has indicated generalized messages have not been effective across all cultures.
- **Gain perspective of opinion leaders**
  - ❖ Voice of the community communicated by the community

# Comms Campaign and Community-Centered Communications



## Phase 1

### Community Mapping

*Unearthing insights, establishing a coalition of trusted messengers*

- Listening tour & immersive community research
- Survey of 1,000 respondents
- Social media mapping & influencer analysis



## Phase 2

### Creative Development

*Informed by insights; focus on transparency, not persuasion*

- Audience segmentation
- Creative strategy
- Campaign concepts
- Message testing
- Community engagement



## Phase 3

### Execution

*Grassroots, not just top down*

- Mass marketing
- Local channels i.e. FM radio, local radio shows
- Town halls, neighborhood magazines
- Social media
- Local influencers
- Measurement and refinement

# Shifting Power: Community Mapping & Engagement

## ➤ Candid COVID Conversations

### ❖ Able to hear directly from the community

- ✓ Transparency and authenticity allowed participants to feel comfortable during interviews

### ❖ Dispel preconceived notions about the community's attitude towards desired behavior.

- ✓ Ask don't assume. Approach with no assumptions.

### ❖ Able to develop impactful relationships with community leaders

- ✓ We were invited in
- ✓ Leaders have been willing to participate in COVID efforts

# A focus on four critical phases of vaccine distribution can promote equity at each step

## Prioritization and Site Placement



- Prioritization based on risk and COVID burden
- Mapping social vulnerability to determine vaccination site placement
- Advocating on behalf of the community

## Reduce Barriers To Access



- Proactive calls to eligible individuals
- Transportation to vaccination sites
- Accommodate walk-ups, not just drive-through

## Embed Wraparound Services



- Food distribution
- Health insurance enrollment
- Connection to community resources
- Legal support
- Role for Community Health Workers, Care Resource Coordinators, Patient Navigators

## Redistribution Strategy



- Partner with community organizations /health centers
- Pre-collect contact information for high-risk community members
- Prioritize equity over convenience

# Appendix

## Insights from Interviews: Perceptions of Community Leaders

- “A lot of people don’t want to be experimented on, especially if they’re Black. They don’t want to feel like they’re being tested like a guinea pig.”
- “God gave us instructions on how to live in our daily life, and in much the same way, mRNA vaccines give us instructions to fight the virus.”
- “There’s so much fear and mistrust...it’s concerning.” (Hispanic community)
- “For some reason he (medical expert) put me at ease. Now I’ve talked to even more people and I’m feeling confident about it, so when it’s my time, I’m ready.”
- “I’m doing it for my dad.”



**Urban Indian  
Health Institute**  
A Division of the Seattle Indian Health Board

# VACCINE ALLOCATION AND UPTAKE IN INDIAN COUNTRY

**Abigail Echo-Hawk (Pawnee)**

Director, Urban Indian Health Institute

Chief Research Officer, Seattle Indian Health Board

[www.uihi.org](http://www.uihi.org)





“

• To reach equity, we have to  
walk through truth.

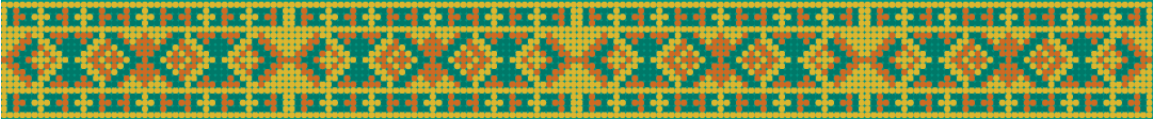
Donald Warren, M.D. (Oglala)



Pall bearers with the coffin of Jesse Taken Alive, a Lakota member of the Standing Rock Tribe, who died from Covid-19, at Kesling Funeral Home in Mobridge, S.D., last month.

## ***Tribal Elders Are Dying***

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## Results from a national COVID-19 vaccination survey with Native people found:

74%

of all participants believe getting  
vaccinated is their responsibility  
to their community.

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39%

of all participants reported  
difficulty traveling to their clinic  
for an appointment.

*Urban Indian Health Institute (2021). Results from a National  
COVID-19 Vaccination Survey: Strengthening Vaccine Efforts  
in Indian Country. Seattle, WA: Urban Indian Health Institute.*



## Information about the Pfizer-BioNTech COVID-19 Vaccine

On December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine to protect people 16 years or older from COVID-19 infection. The EUA justifies the emergency use of vaccines during the current pandemic.

This factsheet contains information about the Pfizer vaccine that is intended to help you make the most informed decision possible about getting the vaccine to better protect yourself, your loved ones, and tribal communities, both urban and rural.

### Who is the Pfizer-BioNTech COVID-19 vaccine for?

The Pfizer-BioNTech COVID-19 vaccine has been authorized for those 16 years or older. However, you should talk with your provider to discuss the risks and benefits before getting the vaccine if you:

- have any allergies.
- have a bleeding disorder or are on a blood thinner.
- are immunocompromised or are taking medication that affects your immune system.
- have a fever.
- are pregnant or plan to become pregnant.
- are breastfeeding.
- have received another COVID-19 vaccine (FDA, 2020a).

You should not get the vaccine if you have had a severe allergic reaction after a previous dose of the vaccine or if you have had a severe allergic reaction to any of the vaccine ingredients (FDA, 2020a). A list of ingredients can be found on the official BioNTech fact sheet (FDA, 2020a).

Prepared by Urban Indian Health Institute

## Information about the Moderna COVID-19 Vaccine

On December 19, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Moderna COVID-19 vaccine to protect people 18 years or older from COVID-19 infection.

This factsheet contains information about the Moderna vaccine that is intended to help you make the most informed decision possible about getting the vaccine to better protect yourself, your loved ones, and tribal communities, both urban and rural.

### Who is the Moderna COVID-19 vaccine for?

The Moderna COVID-19 vaccine has been authorized for those 18 years or older. However, you should talk with your provider to discuss the risks and benefits before getting the vaccine if you:

- have any allergies.
- have a bleeding disorder or are on a blood thinner.
- are immunocompromised or are taking medication that affects your immune system.
- have a fever.
- are pregnant or plan to become pregnant.
- are breastfeeding.
- have received another COVID-19 vaccine (FDA, 2020a).

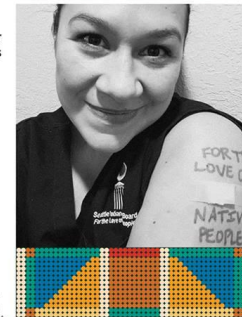
You should not get the vaccine if you have had a severe allergic reaction after a previous dose of the vaccine or if you have had a severe allergic reaction to any of the vaccine ingredients (FDA, 2020a). A list of ingredients can be found on the official Moderna fact sheet (FDA, 2020a).

Prepared by Urban Indian Health Institute, a division of Seattle Indian Health Board Published Dec 29, 2020

### Is the Moderna COVID-19 vaccine safe?

Over 30,000 people participated in testing the vaccine, and roughly 15,000 people received at least one dose. The clinical trial included a diverse population of participants including a small number of Natives (0.8%), people over the age of 65 (24.8%), and people with at least one high-risk condition (22.2%) such as chronic lung disease, cardiac disease, obesity, and diabetes. Research studies are ongoing, and the Centers for Disease Control is closely monitoring any negative side effects that occur (FDA, 2020b).

Dr. Socia Love-Thurman (Delaware, Yuchi, Cherokee)



New resources available at [uihi.org/covid](https://uihi.org/covid)



## #vacciNATION Poster Series



[www.uihi.org/covid-vaccines](http://www.uihi.org/covid-vaccines)

# How a Native American COVID-19 vaccine rollout is a model for community-centered approaches

Feb. 1, 2021 at 6:00 am | Updated Feb. 1, 2021 at 7:04 pm





**Urban Indian  
Health Institute**  
A Division of the Seattle Indian Health Board

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# Moderated Q&A





# Closing Announcements

**Thank you to our presenters, attendees, moderator, and Learning Team!**

## Reminders

- Today is part 1 of USPHAU Learning Team Vaccine Webinar Series
- Registration Link for our email list + full Resource Library will be emailed: <https://learning.pih.org/contact>
- Learning Collaborative email address: [learningcollab@pih.org](mailto:learningcollab@pih.org)

For more information on Partners In Health's US Public Health Accompaniment Unit, and to access small set of resources: <https://www.pih.org/us-public-health-accompaniment-unit>

Session 1:  
Centering Community  
Engagement/Shifting  
Centers of Power  
**Wed. February 3**

**Speakers:** WV Public Health, Chicago VCP, Urban Indian Health Institute, Montgomery  
**Key themes:** Community leadership + engagement in communications, distribution, workforce

Session 2: Logistics,  
Allocation, and  
Distribution  
**Wed. February 24**

**Key themes:** Tools and strategies for flexible + adaptive planning, allocation, distribution, and tracking

Session 3: Vx in the  
Cascade of COVID  
Response  
**Wed. March 17**

**Key themes:** Vx as part of bundle, role of other aspects of response, challenges in other pillars through rollout

# US Public Health Accompaniment Unit



For more information please contact [LearningCollab@pih.org](mailto:LearningCollab@pih.org)

