Achieving Equity in Vaccine Rollout: Integrating Social Support Programs to Build Healthier Communities

USPHAU | Learning Team | 17 Mar 2021

Agenda

1. Welcome & Introductions
2. Opening Remarks & CRC in Vx Overview
3. Brief Presentations
   - Immokalee, Florida - HealthCare Network
   - City of Montgomery, Alabama
   - North Carolina-DHHS and Curamericas
4. Q&A with Case Presenters, Discussion
5. Feedback Poll

Keynote Speakers

Joia Mukherjee, MD, MPH
Chief Medical Officer, PIH

Shada Rouhani, MD, MPH
Technical Advisor on Care Resource Coordination
Director of Emergency and Critical Care, PIH

Participants in Attendance

- Arizona State University
- Be Still Investments P/L
- Boston University
- CCNC
- CDC Foundation
- City of St. Louis Dept of Health
- CORE
- COPE
- CTI
- Curamericas
- Harris County Public Health
- Harvard University
- Health Care Access
- Maryland Dept of Health
- Health Claim Arbitration
- HealthCare Access Maryland
- Healthcare Collaborative of Greater Columbus
- Jhpiego
- Louisiana DPH
- Lutheran Services of the National Capital Area
- Maine Catholic Charities
- Maine DHHS Contact Tracing and Social Services
- Miami University
- NC DHHS
- Nebraska State
- Newark Department of Health
- NORC
- Partners In Health
- Peach Durham
- Pima County Health Department
- Preserve Rural Orange
- Public Health Institute/Tracing Health
- Restart
- Sacramento Covered
- Save the Children
- Service Year Alliance
- Sierra Health
- Sinai Health
- UC Berkeley
- Wellesley College
- Willis Towers Watson

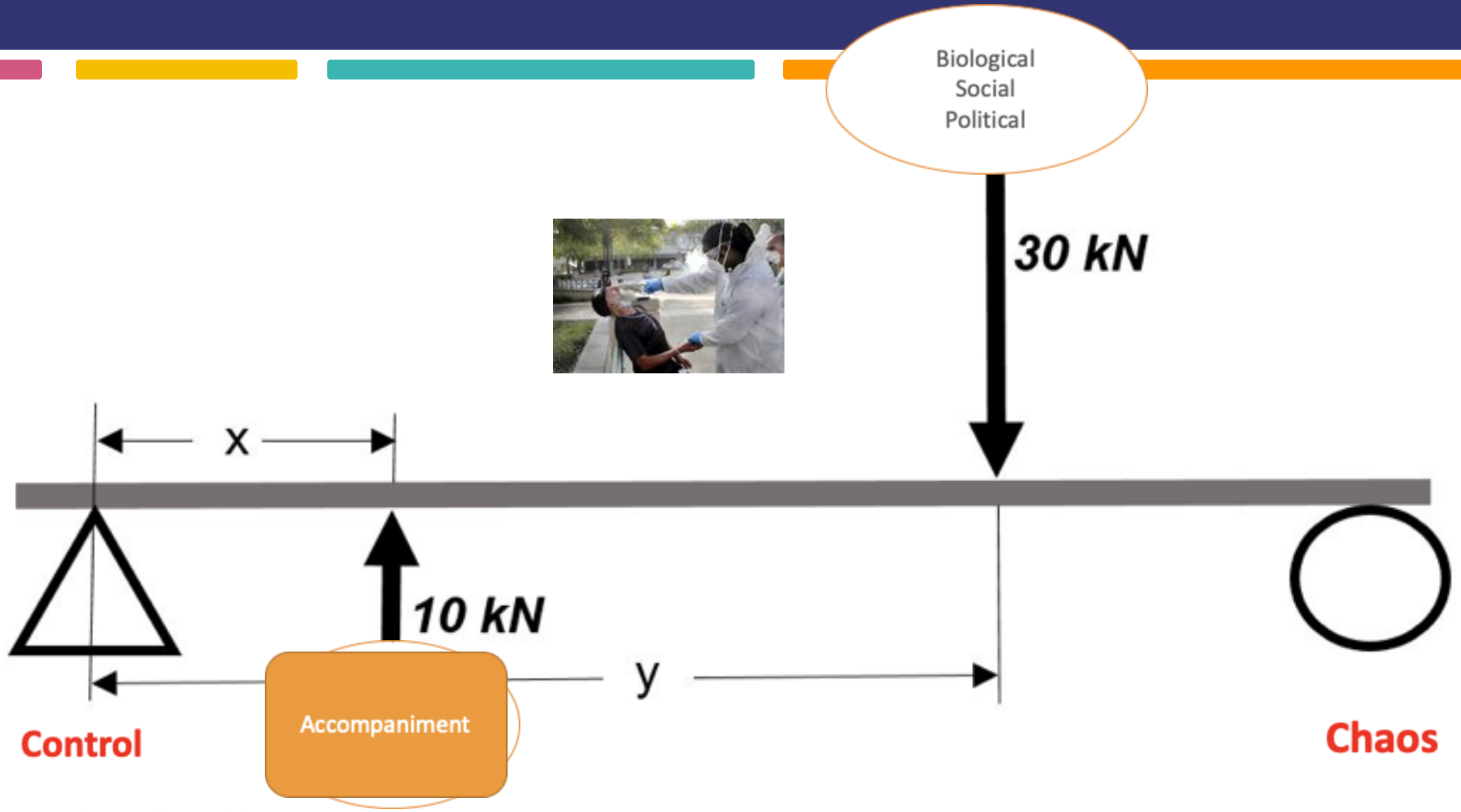
Partners In Health & Accompaniment

PIH views health system strengthening as a mix of **5 fundamental ingredients: staff, stuff, space, systems, and social support.** Removing any one item would result in a weaker health system overall. Providing basic necessities and resources is essential to ensure effective care.

For > three decades PIH has championed integrated social support mechanisms as part of effective health system strengthening.

PIH staff reaching the most vulnerable communities in Carabayllo, Peru with transportation, food support, mental heatlh services, and shelter

Forces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Accompaniment
Control
Chaos

Massachusetts Community Tracing Collaborative

Community Tracing Collaborative

Partners In Health

According to the **Massachusetts statewide contact tracing program, 15-20% of cases were referred for social assistance**. Individuals and families, particularly those with limited resources, find it difficult to isolate and quarantine for the following reasons:

- Risk of job loss and financial hardship
- Crowded living arrangements
- Limited food or cleaning supplies
- Lack of childcare or elder care
- Lack of a primary care provider or support for mental illness

COVID-19: Social support needs continue to grow

22 million adults reported that their household sometimes or often **didn't have enough to eat** in the last seven days (Center on Budget and Policy Priorities, Household Pulse Survey, Feb 17—March 1)

An estimated **13.5 million adults** living in rental housing were **not caught up on rent** (Center on Budget and Policy Priorities, Household Pulse Survey, Feb 17-March 1)

In 2019, **29 million people** **were uninsured**, even before the pandemic (Kaiser Family Foundation, Cox and McDermott)

"Volunteers distribute food to people who waited in line in their cars overnight, at a food distribution point in Metairie, La., Thursday, Nov. 19, 2020." (AP Photo/Gerald Herbert)

Fragmented & complex systems

Image source: The Texas Tribune/ProPublica

Complex social support and healthcare systems make accessing benefits and resources **difficult**.

Historically marginalized populations, including racial and ethnic minorities, non-English speakers, and undocumented individuals are **disproportionately affected** by the structural barriers to accessing resources.

- In 2017, **49% of women, infants and children** who were **eligible** for WIC **did not receive benefits** (USDA)
- **8.9 million Americans** are **eligible** to purchase subsidized healthcare coverage **remain uninsured** (Kaiser Family Foundation)
- **71% of uninsured individuals did not attempt to find coverage in 2020**, citing perceived high cost and fear of adverse impacts on immigration status. (Kaiser Family Foundation)

Resource Coordination and Vaccination

OVERVIEW

The challenges in accessing social supports are mirrored in challenges accessing the vaccine

Populations experiencing greater access challenges include:

- Low-income
- Non-English speaking or reduced literacy
- The elderly
- Medically frail or disabled (physical, mental, cognitive, and sensory)
- Isolated (due to geography, documentation status)
- Historically marginalized minorities

Potential barriers to accessing the COVID-19 vaccine

Structural

- Limited access to health care provider
- Few trusted systems for social support
- Inability to navigate a complex health care system

Information

- Inaccessible information on vaccine safety, efficacy, distribution points, cost, and scheduling options

Logistical

- Scheduling challenges/lack of internet access
- Few convenient times or locations
- Limited transportation

Source: CDC Office of Public Health Preparedness and Response, "Public Health Workbook," https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf

Resource coordination (CRC): A critical service and workforce

- CRC: I**dentifying the needs of and providing the social, material, and other supports** that allow a COVID-19 case or contact to safely isolate or quarantine.
- CRCs build **trust** with their clients, help **navigate** complex systems, and act as **advocates**.
- CRC roles can be fulfilled by community heatlh workers, social workers, case managers, community nurses, and others trained in needs assessments and resource provision.

So far, CRC programs have largely been utilized to support isolation and quarantine. CRC programs, staff, and principles **can also be applied to the COVID-19 vaccine rollout.**

Care resource coordination and vaccination

Equitable access to vaccination

Early vaccination progress has been **deeply inequitable** largely due to **structural barriers to access** faced by vulnerable populations.

CRC programs can proactively reach out to the most vulnerable and overcome barriers to vaccine access.

Vaccination to improve equity

Those at highest risk of infection have also borne the **heaviest burden of the economic crisis** associated with the pandemic

Vaccination is an unprecedented opportunity to connect vulnerable communities with the healthcare system and wraparound social services to meet long term needs.

Leveraging CRC to advance equitable access to vaccination

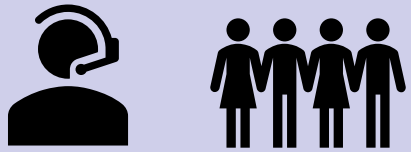
Accompany community members through the registration, scheduling, and appointment process

1

Outreach

2

Scheduling



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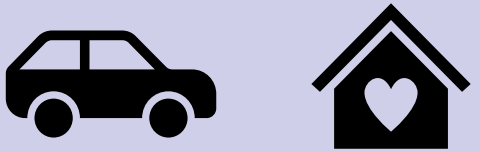
Transportation and Pop-up vaccine sites



Leveraging vaccine rollout to address social support needs

- Vaccine rollout seeks to reach >75% of people
- For some, **vaccination** will be a **rare touchpoint with the healthcare system**
- Opportunity to coordinate access to social supports and healthcare.

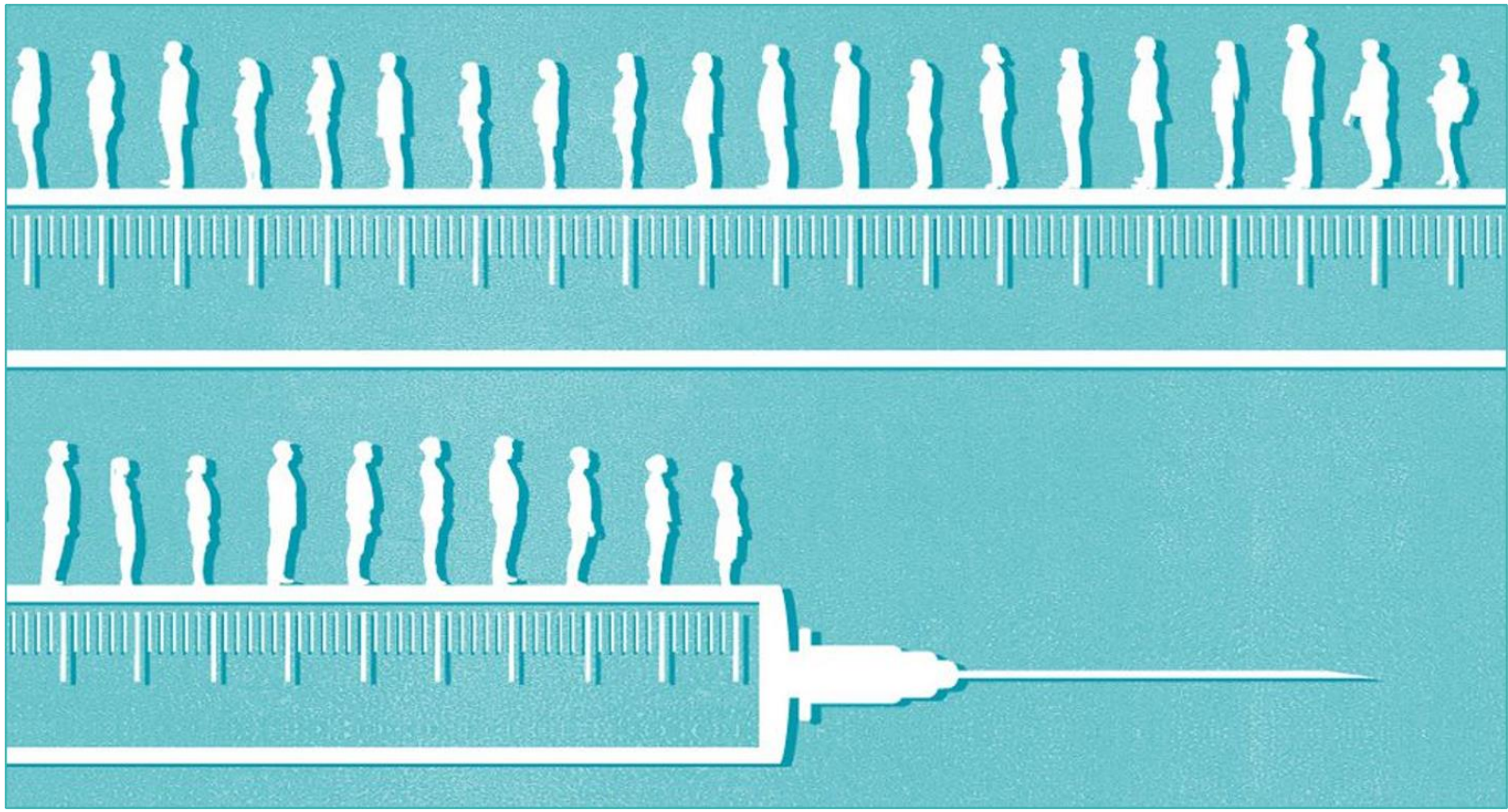


Image source: Ryan Huddle, Boston Globe

Leveraging vaccine rollout to address social support needs

Integrate social needs screenings and referrals at the point of vaccination

1. **Conduct SDOH screening** during registration, while queueing for vaccination, or during the observation period after the dose
2. **Refer to resources** through resource coordinators
3. **Distribute information** about locally available resources in multiple languages
4. **Directly deliver services such as food** in partnership with local organizations and food pantries

Any resources should be clearly available to all, independent of decision to be vaccinated

Leveraging vaccine rollout to support health care connections

Integrate screenings and referrals for heatlh care services at the point of vaccination

1. **Health care access screening:** After clearly explaining that vaccination is free regardless of insurance status, screen for health insurance status and access to primary health care services.
2. **Health care referral:** Connect individuals to CRC programs or other resource navigation systems to facilitate health insurance enrollment and links to primary care

Note: HealthCare.gov, the federal health insurance marketplace, and many state marketplaces, are currently reopened for enrollment.

Panelists

Phillip Ensler
Senior Policy Advisor to
Mayor Steven L. Reed
City of Montgomery

Andrew Herrera, MPH, MBA
Executive Director
Curamericas

Midania Hinojosa
Community Health Worker/Promotora
Healthcare Network COVID-19 Response Team

Panelists

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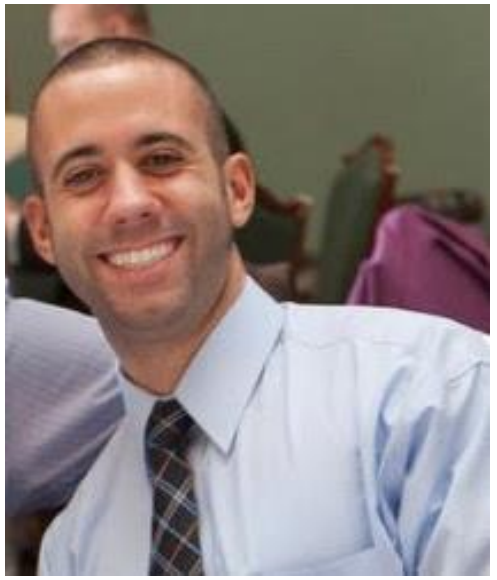
COVID-19 Community Relations Director
Healthcare Network



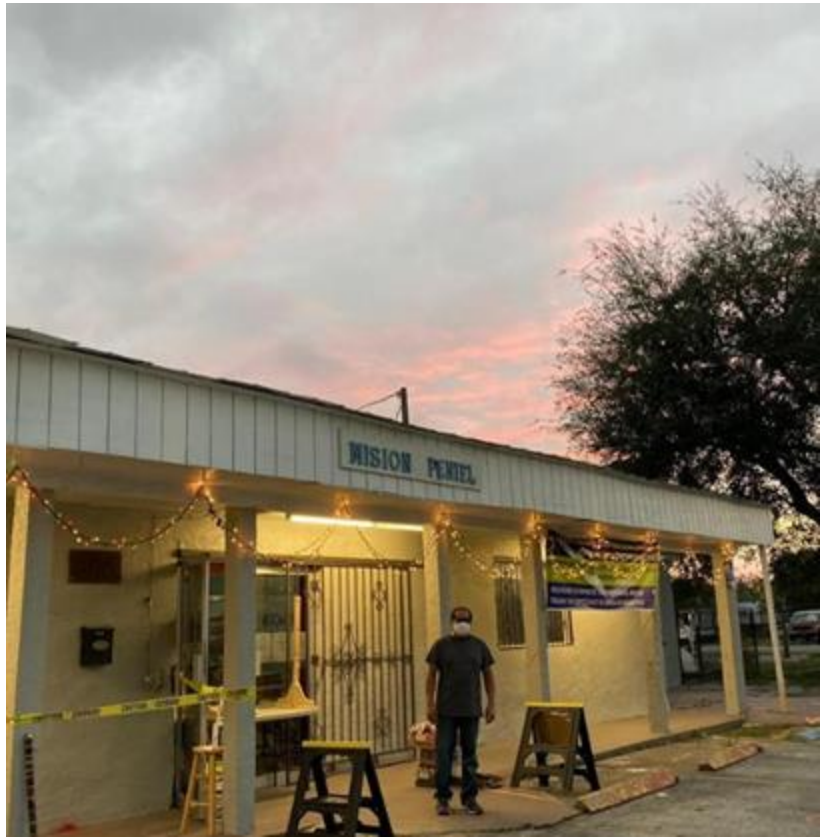
John Resendes MA, LPA, HAS-PA, LCAS-A
Analytics and Innovations Manager
NC DHHS

Vaccination in Immokalee: Advancing Health Equity through Social Support Systems

Healthcare Network of Southwest Florida
Partners In Health
March 17, 2021

Immokalee, FL

Health Promoters as COVID-19 Resource Navigators



To alleviate the disproportionate burden COVID-19 has had on the Immokalee community, Health Promoters:

- Canvas households to **identify needs** & connect individuals to local organizations: food, housing, childcare, etc.
- Refer individuals with pre-existing conditions to the **HCN (an FQHC).**
- Connect COVID-19 patients to **cash transfers** through Mision Peniel to support isolation.
- Work with local food distribution centers to coordinate **food drop-offs** throughout infectious period.

Vaccination in Immokalee: Early Misfires

Collier County DOH required **65+** individuals to **register** for **appointments** on Eventbrite for the 1st Immokalee vaccination event.

- Website in **English only.**
- Requires **technology + internet** access.
- Registration opens at **9 AM** during the work week.

Home › News › Local › Pop-up vaccine site meant for Immokalee residents gets flooded with outsiders

Pop-up vaccine site meant for Immokalee residents gets flooded with outsiders

by Christy Soto — 2:01 PM EST, Wed January 06, 2021

HEALTH

COVID-19 vaccination appointments in Immokalee filled with Naples residents

Liz Freeman Naples Daily News

Published 4:35 p.m. ET Jan. 5, 2021 | Updated 5:37 p.m. ET Jan. 5, 2021

Building Equitable Vaccination Distribution Systems

Health Promoters and partners identify **eligible Immokalee residents** interested in being vaccinated through visits to **households, churches, radio,** etc.

Health Promoters help **call 65+ patients directly** and schedule them for appointments with reminders. **Visit households** of patients with no phone number or no answer.

Health Promoters **accompany** patients throughout the vaccination events to build trust by providing **socially, linguistically,** and **culturally** accessible information.

Vaccination & Social Support: Going the “Extra Mile” to reach vulnerable individuals

Health Promoters help physically transport patients to vaccination sites.

While canvassing to register people for vaccination and during vaccination events, Health Promoters identify people with resource needs and connect to clinical care and social support.

March 2021

City of Montgomery
COVID-19 & Vaccine Response

Montgomery, Alabama: Seat of the Civil Rights Movement

Montgomery Context

- Mayor Steven Reed is the first Black Mayor of Montgomery
- ~ 60% Black, 18% living below the federal poverty line
- COVID-19 rates recently at 15-20%
- Centralized state health system

COVID-19 Response

- Mobilized funding towards Community Health Worker Program to provide COVID-19 education, link with relief payments and community resources
- Launched Crisis Center for the Unhoused
- Established Mayoral COVID-19 Task Force
- Strengthening COVID response structures

Our vaccine response: Considering equity at every step in the journey

Building confidence, prioritizing transparency

- Town halls: Grassroots/faith-based leaders; educators, first responders
- English/Spanish talking points & FAQ
- Multi-channel communications campaign

Expanding vaccination sites to vulnerable areas

- Working with Alabama Department of Public Health and Emergency Management Agency to bring vaccines to high-risk neighborhoods

Reducing transportation as a vaccination barrier

Montgomery Rides Program:

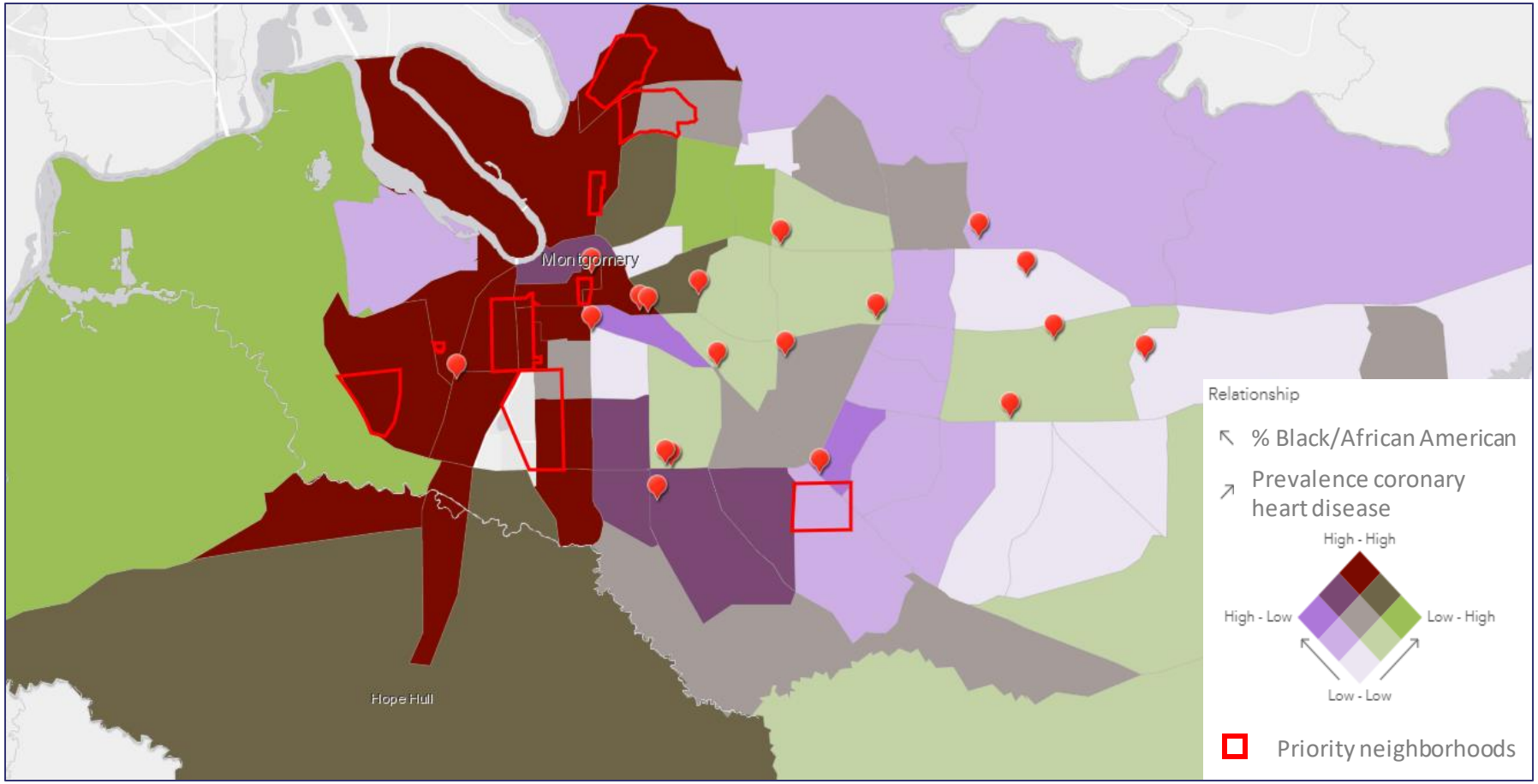
- Raised philanthropic funds to fund free rides to mass vaccination clinics
- Partnering with Uber + 211 to dispatch free rides across tri-County area

Meeting social needs at vaccination sites

- Launched food pantry at mass vaccination sites
- Exploring role of Patient Navigators and Community Health Workers at vaccination sites

Exploring how best to support individuals to schedule vaccine appointments

Mapping social vulnerability to expand vaccination sites



- **Burgundy** indicates majority Black communities with high prevalence of coronary heart disease.
- Overlaid red shapes indicate priority low-income areas

North Carolina

DHHS & Curamericas

How Support For Quarantine and Isolation Works

Individual need is identified in a variety of ways:

- Individual tests positive for COVID-19 and receives instructions from the testing center
- Individual is contacted by a Contact Tracer about possible COVID-19 exposure/next steps
- Individual has recommendation to isolate as a high-risk individual
- Individual is a first-responder or frontline healthcare worker
- Individual reaches out to their Local Health Department (LHD) about COVID-19 needs
- Individual is referred to Q&I supports by their doctor or nurse
- Individual sees information online and believes they might qualify for services
- Individual is waiting on test results to come in

CHW will perform a needs assessment, determine eligibility for support services, make a support plan, and connect individuals to organizations that can provide support

CHW primarily utilizes NCCARE360 for all coordination and referral efforts; CHW points individual to access point spreadsheet on NCDHHS website

Community Health Worker (CHW)

LHDs, PCPs, and Contact Tracers

Support Services

Innovative new program to assist individuals in targeted counties who need access to primary medical care and supports such as food or a relief payment to successfully quarantine or isolate due to COVID-19:

1. **Nutrition assistance**, including home-delivered meals and food boxes
2. A one-time **COVID-19 relief payment**
3. Private **transportation** provided to/from testing sites, medical visits, and sites to acquire food
4. **Medication delivery**
5. **COVID-related over-the-counter supplies**, such face masks, hand sanitizers, thermometers, etc.
6. Access to **primary medical care** to manage COVID recovery

Non-Congregate Shelter

Collaborative effort between the State, counties and local partners to secure **non-congregate shelter** for individuals with no other safe place to quarantine, isolate, or social distance due to COVID-19.

Two options for reimbursement:

1. Local partners desiring state-centric coverage through NCEM (required MOA)
2. Local partners seeking direct reimbursement from FEMA

Healthcare

Innovative program to assist individuals in targeted counties who need access to general services and primary medical care to successfully quarantine or isolate due to COVID-19.

1. Connect individuals to needed resources and services in their community/region
2. Support COVID-19 testing and contact tracing
3. Connect individuals to primary care and related support services through face-to-face and/or telehealth encounters as appropriate

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Moderated Q&A

Closing Announcements

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

Announcements

- Explore PIH's Vaccine Toolkit: https://www.pih.org/learning-collaborative/pihs-strategy-achieving-equity-covid-19-vaccination
    - **New Resources:**
      CORE – PIH Community-based COVID-19 Vaccination Manual + PIH CRC Operational Expansion
- Registration Link for our email list will be sent to all attendees: https://learning.pih.org/contact
- Stay tuned for announcements about future convenings and workshops.

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

US Public Health Accompaniment Unit

For more information please contact LearningCollab@pih.org

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