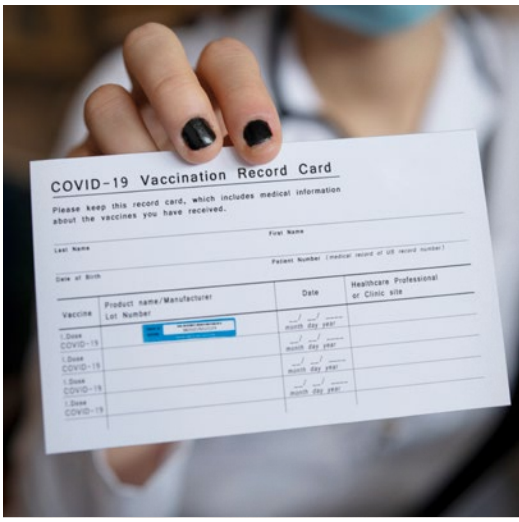
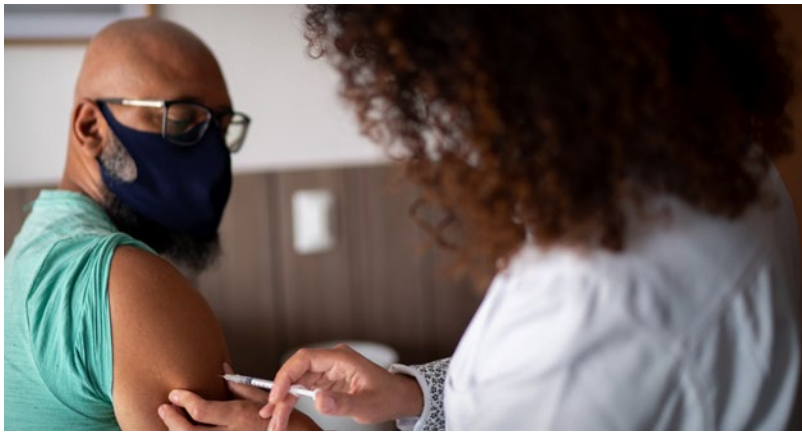
Columbia Pacific CCO





COVID19 Vaccine Equity Toolkit

Strategic approaches to support equitable vaccine distribution

Columbia Pacific CCO™
Part of the CareOregon Family

colpachealth.org

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Overview

The COVID-19 pandemic has shone a light on the deeply ingrained disparities, inequities and systemic and institutionalized racism within our health care system. We know that Black, Indigenous and People of Color (BIPOC) have been disproportionately impacted by the pandemic in a myriad of ways, from higher infection and mortality rates to economic impacts. As such, we have an opportunity — and responsibility — to center those most impacted in our COVID-19 vaccine response.

On January 28, 2021 the Oregon Vaccine Advisory Committee (VAC) released its vaccine sequencing recommendations in an effort to "center equity in all vaccine sequencing discussions and help OHA reach its strategic goal to eliminate health inequities by 2030" ***(VAC, 2021)***. The VAC recommended that vaccine distribution efforts "include working with trusted community partners including community-based organizations, faith leaders and trusted entities where people feel comfortable" ***(VAC, 2021)***.

This Toolkit was put together to provide resources that support equitable vaccine distribution and decision-making, with the hope of furthering the VAC recommendations. The Toolkit includes strategies to consider, a list of adversely impacted subpopulations, and information on additional supports that Columbia Pacific CCO can provide.

The Oregon COVID-19 Vaccine Advisory Committee (VAC) recommendation statement can be found *here*.

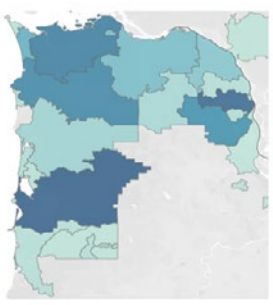
Strategies to support equitable vaccine distribution

STRATEGY #1: Use data to understand where subpopulations that are adversely impacted by COVID-19 are located, to help inform where vaccine events might be held and strategic partnerships with CBOs would be a value add.

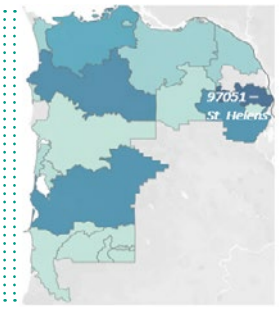
Key things to consider

- Columbia Pacific CCO has a COVID Vaccine Data Dashboard that can be used in various ways, including:
    1. Generating targeted lists of Columbia Pacific members for outreach and vaccine appointment scheduling based on various indicators (e.g., OHA eligible groups, BIPOC populations, English language learners, those with potential transportation barriers, etc.).
    2. Data to support ongoing vaccine distribution tracking and process improvement review, to identify opportunities for addressing vaccination gaps among subpopulations.
    3. Data exploration to identify targeted opportunities for outreach and/or vaccine events or approaches. See the visual for examples.

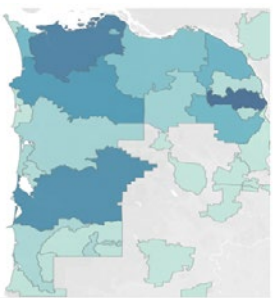
For more information on data-related opportunities, contact Keshia Bigler at *biglerk@careoregon.org*.



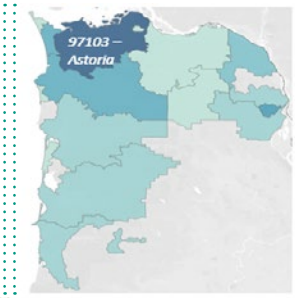
Geographic distribution of members 75+ years.



Geographic distribution of members 75+ years who might have a transportation barrier (based on previous NEMT use).



Geographic distribution of members 16-64 years with chronic conditions.



Geographic distribution of members 16-64 years with chronic conditions who may gave a language barrier.

STRATEGY #2: Use the Columbia Pacific CCO Equity Lens Tool to guide decision-making and ensure vaccination efforts are equity-informed.

Columbia Pacific CCO Equity Lens

S – Stop, name the decision, policy or project at hand, make time to reflect.

T – Think, ask questions, seek different perspectives, embrace complexity.

O – Observe thoughts, feelings, assumptions and dominant culture tendencies (e.g., urgency, either/or thinking, perfectionism, worship of the written word, etc.).

P – Proceed, communicate with consistency and transparency.

Before making any decisions, advancing work, or resolving issues, did we STOP and consider the following?

1. What inequities and disparities exist among which groups?
Which inequities does the work aim to eliminate?

2. How does the work engage other sectors for solutions?
What institutional and structural barriers exist?

3. Who is most impacted by the work?
How were those communities meaningfully engaged from the beginning?

Deepening analysis and accountability

Use the questions below to guide further examination for moving decisions, work or resolutions toward justice, equity, diversity and inclusion (JEDI).

4. How does the work:
a. Contribute to racial justice?
b. Identify and redress past injustices and inequities?
c. Differ from the current status or status quo?
d. Support individuals in reaching their full potential?
e. Support equitable distribution of resources and power?

5. Which sources of inequity does the work address?
For example: Race/racism, ethnicity, language, economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

6. How will the impact on equity be weighed and monitored? How will accountability be kept, as it is meaningful to impacted communities?

Adapted from *Public Health Advisory Board (PHAB) Health equity review policy and procedure*, September 2020; Mindfulness Northwest, *The STOP Practice handout*, content by Elisha Goldstein, Ph.D.; *White Supremacy Culture*, Tema Okun (2001)

STRATEGY #3: Explore targeted partnerships with community-based organizations (CBOs) and/or community leaders to host/sponsor vaccination events for targeted subpopulations.

What could this look like?

- Holding a vaccine event at local Catholic church to support Hispanic/Latinx populations.
- Working with local farms on Sauvie Island to support Hispanic/Latinx populations.

Key things to consider

- Identifying sites and community leaders for hosting vaccine events (e.g., workplace, Consejo Hispano)
- Organizing transportation for event
- Coordinate interpretation services for event
- Develop process for scheduling people for event
- Communications and materials specific to targeted population

Vaccine hesitancy and confidence

We know there are several factors that contribute to vaccine hesitancy and low uptake, such as concerns around safety, perceived individual threat of the COVID-19 virus, religious and/or moral concerns, fear or anxiety, distrust and skepticism, and hassle factors like vaccine clinic locations, wait times, paperwork, and the impact of social determinants of health.

We also recognize some of these concerns are driven by a history of institutional and systemic racism within the health care system against BIPOC communities. BIPOC subpopulations have been used as subjects of unethical experiments (e.g., the *Tuskegee syphilis experiment*, *involuntary sterilization of American Indian women*, *Puerto Rican women given experimental birth control pills without being told they were part of a clinical trial)* and continue to receive unequitable treatment today. The realities of this are evidenced by the disproportionate impact COVID-19 has had on non-dominant, marginalized and BIPOC communities.

Community-based organizations, culturally and linguistically specific organizations or groups, and churches are key partners in vaccination efforts as they have established trusted relationships with various communities. Including representatives from these organizations and key community leaders in vaccine planning groups and conversations is essential if we are to ensure equitable vaccine distribution. Robust community engagement is key to improving vaccine confidence and uptake across all communities and subpopulations.

Resources to support CBOs, culturally and linguistically specific organizations, and other community leaders

- Training video: COVID-19 vaccine confidence training: *vimeo.com/518754976/d0dcadaab8*
  - A 40-minute video with information on vaccine safety and how to address vaccine hesitancy.
- Multnomah County COVID vaccine informational handouts: Available *here*.
  - Available in a variety of languages.
- OHA COVID-19 Vaccine social media cards: Available *here*.
  - We know many communities use different social apps to share and obtain information, like Facebook or WhatsApp.
- Kaiser Family Foundation article, “Growing Gaps in COVID-19 Vaccinations among Hispanic People,” published February 22, 2021: Available *here*.
  - Highlights important considerations when planning vaccine events for the Hispanic and Latinx community.

STRATEGY #4: Develop and implement a robust transportation assistance plan for vaccine events.

Key things to consider

- Partner with local transportation brokerage to develop workflows to provide transportation assistance for CCO and non-CCO members
- Explore potential partnership with CC Rider in alignment with vaccine events
- Explore partnership with school districts to use buses to support socially distanced transportation in alignment with vaccine events
- Proactively incorporate transportation into the scheduling process

COVID-19 vaccine transportation information

The Oregon Health Authority, local public health agencies, and health systems are working quickly to build COVID-19 vaccination events in order to vaccinate as many Oregonians as possible. Many individuals who are eligible to be vaccinated in Phase 1a or 1b do not have transportation to get to these events. They may need to rely on non-emergent medical transportation (NEMT) or other transportation options to access vaccination event sites.

Medicaid NEMT

For those members enrolled in Oregon Health Plan (OHP), either with a coordinated care organization (CCO) or as a fee-for-service (often known as “open card”) member, the transportation options include:

Medicaid insurance plan	Brokerage name	Brokerage phone
Columbia Pacific CCO	NW Rides	503-861-0567 888-793-0439 TTY: 711
OHP fee-for-service	NW MedLink	833-585-4221

Non-medical or non-Medicaid specific transportation options

For individuals not enrolled in OHP who still need transportation assistance, there are other options. These include:

Organization name	Phone	Information and eligibility	Cost
Columbia County Rider	503-815-8283	Dial-a-ride: All are eligible	Adult one-way ride: $4 Passengers with disability one-way ride: $2 Seniors (60+) one-way ride: $2
Tillamook County Transportation District	503-815-8283	Dial-a-ride: All are eligible	Adult one-way ride: $4 Passengers with disability one-way ride: $2 Seniors (60+) one-way ride: $2
Sunset Empire Transportation District	503-815-8283	RideAssist dial-a-ride: All are eligible	Adult one-way ride: $4 Passengers with disability one-way ride: $2 Seniors (60+) one-way ride: $2
	503-861-7433 (Option #2)	RideAssist ADA paratransit: For those with disabilities or with conditional/temporary disabilities that impact ability to use fixed bus route service. Application: *Click here*	Twice the fixed route fare

Additional Information on dial-a-ride services can be found at *nworegontransit.org/dial-a-ride-tctd*

STRATEGY #5: Ensure interpretation services are available at vaccine events and all materials are translated into key languages.

Language access tips for COVID-19 vaccine events

One in five people in the United States speak a language other than English at home, and 41% of these individuals, or 25.1 million people, are considered limited English proficient (LEP). As we grapple with how to accommodate the needs of LEP patients, as well as patients who are deaf or hard of hearing, it's important to consider prioritizing patient language access in COVID-19 vaccination planning. It is so important, and helps us do this work equitability.

Numerous federal laws require meaningful language access for federally funded health care providers (Civil Rights Act, ACA 1157, etc.). Not doing so is discriminatory and illegal.

- **Spreading the word:**
  - Provide high-quality, accurate and timely translations of vaccine site-related information into commonly used languages in the community, based on community demographics. Share this information with culturally specific organizations and allow for input.

- Plan for the increased need for accessible and multilingual messaging and communications through available ethnic media outlets, wireless emergency communications, and use of virtual town halls for coordinated communications. Consider connecting with people/messengers who live, work and worship in the same community, if possible.
- Include information on how to obtain translated documents on all communications. Including something easy to find in common languages that states where to find information in that language.
- Consider that a more targeted outreach — including door knocking, visits to frontline workers at their place of employment, streamlined registration sites, etc. — are needed to overcome misinformation and educate communities. Consider partnering with community-based organizations that can assist once they are equipped with information and scheduling tools from health care organizations.

- **During vaccination events:**
  - Provide qualified interpreters at vaccination sites or by telephone for commonly used languages. All vaccine staff should know how to get an interpreter when needed. Consider booking interpreters to be present at events to support. CCOs can pay for this service.
    - Use of a family member, friend or minor is strongly discouraged due to potential issues regarding competency, confidentiality or conflict of interest. As a provider, you are liable for misinformation or adverse events that occur due to language.
  - If you have staff who are providing in-language services, please ensure they have been tested for competency. Federal law requires qualified staff.
  - Ensure signage is translated. Include signage that notes the availability of free interpretation.

For questions or more information related to interpretation services, contact Maranda Varsik at *varsikm@careoregon.org*.

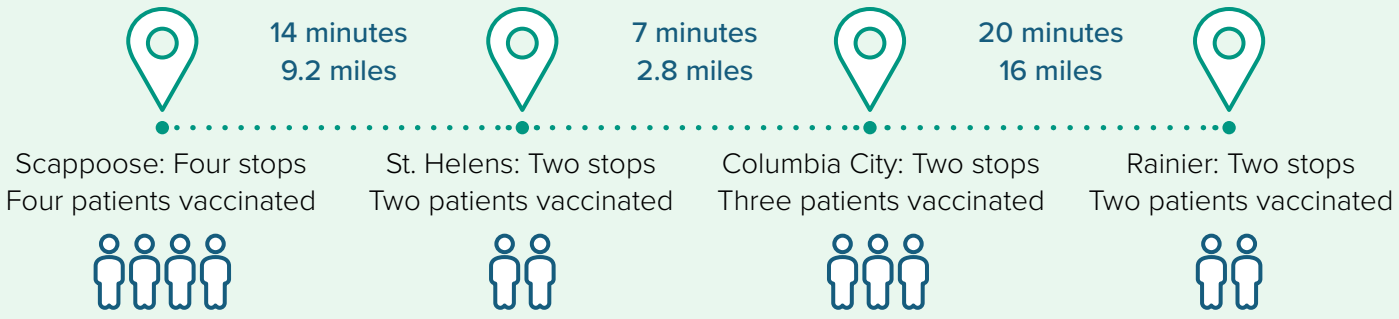
STRATEGY #6: Organize and implement a mobile vaccine event to support targeted subpopulations who may experience challenges or barriers in traveling to an event.

What could this look like?

- The OHA EMS office has issued an *emergency scope of practice change* that allows all levels of emergency medical services (EMS) providers to administer vaccinations, to increase the number of vaccine providers.
- Partnering with an existing community paramedicine or mobile integrated health (MIH) program in your region to support mobile COVID-19 vaccine distribution, to serve targeted populations and reduce barriers.

Example of a real-world mobile vaccine effort:

One community paramedic delivered 11 vaccines over six hours using on vaccine vial and documenting administrations using paper forms in the field.



Key considerations

- The community paramedic (or vaccine provider) and the person reaching out to patients to schedule vaccine appointments have an established communication process.
- Ensure that the person calling patients and scheduling for home-delivered vaccines sets clear expectations up front (e.g., the level of PPE that will be used, scheduling appointment window vs. specific time, who to contact with questions, overview of process and what to expect).
- When scheduling, appointments should be windows of time and not specific times (e.g., 1-3 p.m. appointment window rather than 2:45 p.m. appointment time). This allows for any extenuating variables that could impact the delivery timeline.
- Strategically plan the travel route around geographic clusters of scheduled patients (in groups of 11, if possible). If there are larger clusters of patients in one city or municipality, you could feasibly vaccinate more patients (estimate a maximum of 20-22 vaccines distributed in one six-hour window).
- Have a plan to document vaccine administration:
  - Use paper forms to document in the field and document in ALERT afterwards to streamline processes.
  - If the goal is to document in ALERT in the field, in real time, there should be two-person teams to support and maintain the timeline.
- Plan for each stop taking around 30 minutes, including a 15-minute post-vaccine observation period.
  - Some patients may require 30 minutes observation pending pre-screening and risk level.
  - Pre-screening ahead of time as you are able may help to identify higher-risk patients and allow for proactive planning and route development.
- One vaccine vial has 11 doses in it. Once the vial is opened all vaccines must be delivered within six hours (the vaccine expires after six hours after being opened).

Mobile vaccination – Helpful resources:

- *OHA COVID-19 Vaccine Screening and Consent form*
- *OHA COVID-19 Vaccine Administration form*
- *Vaccine Record card*
- All materials are available in multiple languages, which you can find *here*

For more information or if you have questions about mobile vaccination opportunities, contact Keshia Bigler at *biglerk@careoregon.org*.

CPCCO Community Engagement Team support

The CPCCO team can support existing vaccine planning groups to provide additional insight into opportunities to lead with equity and/or connect county planning groups with targeted community-based organizations, work sites, community leaders and other organizations that serve specific subpopulations and have established strong, trusting relationships.

Contact Nancy Knopf, Director, Community Health Partnerships, at *knopfn@careoregon.org*.

References

Brady K, Avner JR, Khine H. Perception and attitude of providers toward pain and anxiety associated with pediatric vaccine injection. Clin Pediatr (Phila). 2011 Feb;50(2):140-3. doi: 10.1177/0009922810384721. Epub 2010 Nov 22. PMID: 21098527.

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