



# Strategies to Drive Equitable Vaccine Distribution

September 30, 2021



*Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all*

# Agenda

- 3:00pm ET **Welcome & Housekeeping**
- 3:05pm ET **Building a New Normal Through Vaccine Equity Overview**
- 3:15pm ET **Strategies for States to Drive Equitable Vaccine Distribution**
- 3:40pm ET **The Community Perspective**
- 3:50pm ET **Q&A with Panelist**

# Building a New Normal through Vaccine Equity

COVID-19's devastating impact on communities of color underscores the importance of creating change that **strengthens the health and economic well-being** of vulnerable populations.

- The **Building a New Normal through Vaccine Equity Initiative** aims to achieve two overarching goals:
  - The Sprint: Foster equitable COVID-19 vaccine distribution efforts, with a focus on communities of color
  - The Marathon: Build a foundation and inform policy to address long-standing and structural inequities in our health system
- Identify and advocate for achieving equity-driven policy change
  - Our work will identify promising policy practices **AND** working with an advocacy base to realize them
- Partnering with Manatt Health and Health Equity Solutions, funded by the Rockefeller Foundation

# Project Components

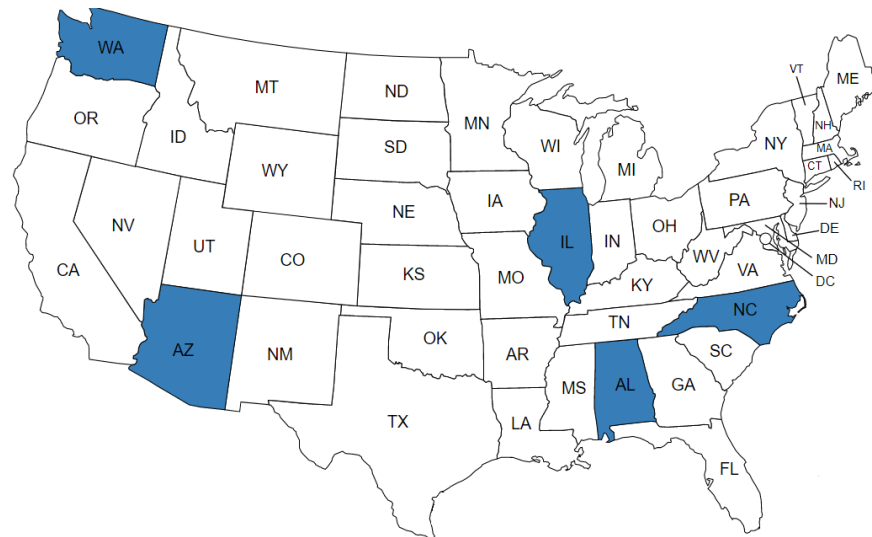
1. Convening National Leaders
2. Bolstering Community-Based Efforts
3. Elevating Local Voices to State Policy Makers
4. Connecting & Supporting State and Local Advocates

# Elevating Local Voices to State Policy Makers

**Purpose: Connect with community leaders, organizers, and local influencers to change policy and increase vaccine equity**

Focus groups concentrating in our five key states:

- Alabama
- Arizona
- Illinois
- North Carolina
- Washington



Goals – it's all about the community!

1. Identify and contextualize how policymakers can support community-engaged efforts to increase equitable vaccine distribution;
2. Identify and contextualize how policymakers can sustain infrastructures built to address long-standing health equity concerns;
3. Confirm what supports community leaders require to establish and promote advocacy efforts.

# Priority Areas of Focus (September – December)

- **Vaccine Mandates**
  - Public health vs. the community perspective
- **Medicaid and Vaccines**
  - Rates of vaccinations for individuals with Medicaid
- **Kids and Vaccines**
  - Low uptake in children and young adults
  - Equity for 0-12 population
- **Boosters and Equity**
  - Learning from initial distribution efforts
- **Testing Supplies and Availability**
  - Ensuring access and affordability

# **Strategies for States to Drive Equitable Vaccine Distribution and Administration**

**Manatt Health**, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 160 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving health care policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care.

*For more information, visit*  
[www.manatt.com/ManattHealth.aspx](http://www.manatt.com/ManattHealth.aspx)

**Health Equity Solutions (HES)** is a non-profit organization located in Connecticut. HES's mission is to promote policies, programs, and practices that result in equitable access to health care, increased quality in the delivery of health care, and improved health outcomes for Connecticut residents. The mission is motivated by the vision that every Connecticut resident will obtain optimal health regardless of race, ethnicity, or socioeconomic status. The work is fueled by the belief that increasing health equity requires leadership, advocacy, and collaboration to advance systems-level policy change to transform the lives of those most affected by health disparities in Connecticut. This translates to work focused on policy change driven by the needs of the uninsured, persons of color, and economically disadvantaged individuals in the state. HES does its work with a three-pronged focus to educate, agitate, and advocate.



# Overview and Purpose of Issue Brief

The issue brief released at the beginning of August focused on strategies states can leverage to drive equitable distribution of the COVID-19 vaccine at the community level.

The following project components informed our understanding of state opportunities:



Literature  
Review



State Interviews  
with AL, AZ, CT, NJ,  
NM



Insights from  
Community and  
Grassroots  
Organizations



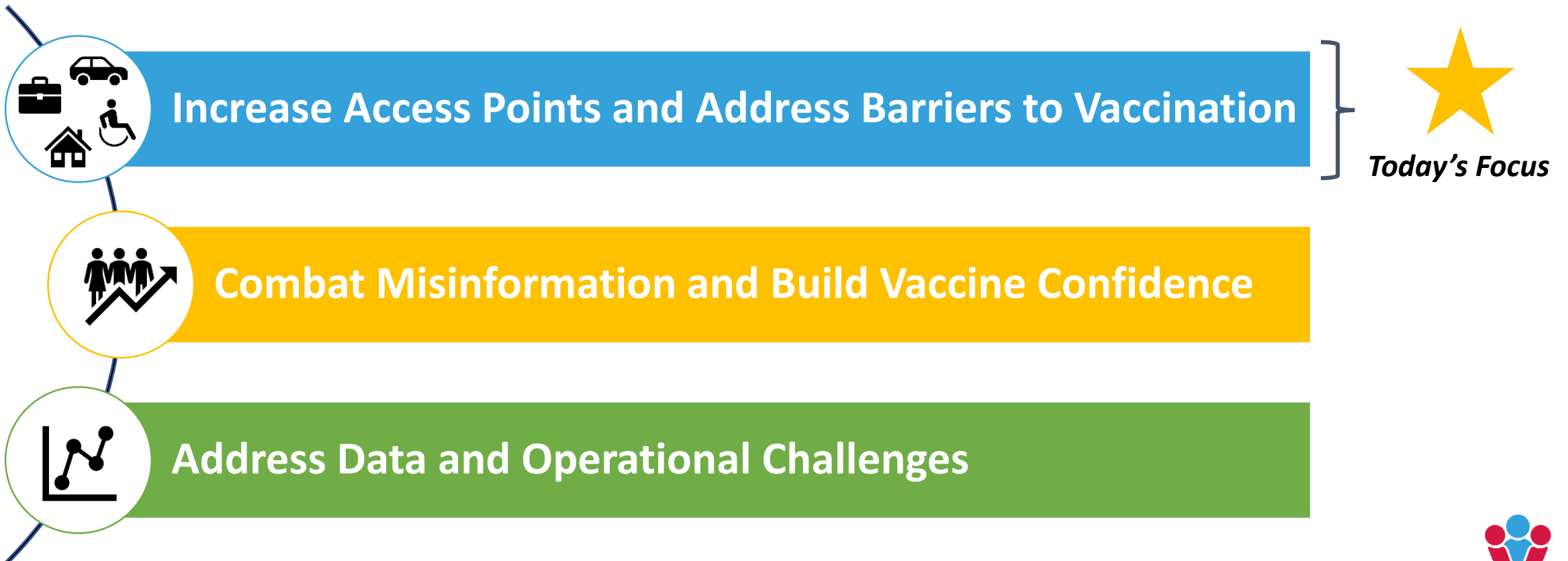
Virtual Roundtable  
with State Officials



Work culminated in an Expert Perspective, Issue Brief, and  
Webinar with State Officials to Share Findings

# Strategies for States to Promote Equitable COVID-19 Vaccine Uptake

Informed by interviews and the literature review, we identified a range of strategies states can use to improve equitable distribution of the COVID-19 vaccine. Successful implementation of these strategies depends on meaningful funding for and collaboration with grassroots and community-based organizations.



# Stand Up Vaccination Sites in Trusted and Convenient Locations

## Key Strategies for States

- Launch vaccination clinics in collaboration with CBOs at employment sites, schools, places of worship, libraries, festivals, community events, etc.
- Focus vaccination sites where people work, live, and engage to reach individuals who may not otherwise actively seek out the vaccine
- Select sites and hours of operation based on input from community members
- Staff sites with trusted entities with strong community connections, such as local municipalities and CBOs

## Example Leverage Points for CBOs / Advocates

- Collaborate with state and local Departments of Health on vaccination efforts
- Apply for Centers for Disease Control (CDC) and other federal, state, and local grant funding opportunities to support community engagement



**New Jersey** launched an agricultural vaccine program in March 2021 that paired farms with federally qualified health centers (FQHCs) to help vaccinate farm workers at their sites of employment



# Fund Mobile or Pop-up Clinics in the Community

## Key Strategies for States

- Establish mobile or pop-up clinics in neighborhoods and communities disproportionately impacted by COVID-19, including those with:
  - Community members at high risk for adverse COVID-19 health outcomes;
  - Low vaccination rates, including racial/ethnic disparities in vaccine rates
  - High social vulnerability based on the CDC's Social Vulnerability Index
  - Transportation or other barriers to vaccination (e.g., rural communities)
- Ensure pop-up clinics are visible, widely publicized, staffed by community members, and include ample opportunities for the public to engage with staff in their primary language

## Example Leverage Points for CBOs / Advocates

- Apply to work with state and local health departments on COVID-19 mobile vaccine initiatives funded through the American Rescue Plan Act (ARPA)



**Connecticut** deployed a mobile vaccination unit in partnership with FEMA and the federal government. In April and May, the mobile unit set up pop-up clinics in 17 communities disproportionately impacted by COVID



**Alabama** activated the state's National Guard to set up mobile vaccination sites in rural and other underserved areas in the state

# Work with Local Clinics, Independent Pharmacies, and Family MDs/Pediatricians

## Key Strategies for States

- Leverage health care professionals' expertise and leadership to help build trust within communities and expand access to vaccines for people in the “wait-and-see” camp
- Use pediatrician offices as an access point, recognizing pediatricians are a key source of trusted information about the vaccines, not only for young children and adolescents, but also for older siblings, parents, and guardians
- Collaborate with FQHCs and community health centers on vaccine efforts, since FQHCs and community health centers are often the primary source of care for BIPOC

*According to early polling data, almost 80 percent of adults planned to consult with a medical professional when deciding whether to get a COVID-19 vaccine*

## Example Leverage Points for CBOs / Advocates

- Work with your state's Department of Education and Department of Health to connect community members with trusted medical professionals in medical offices and school-based clinics
- Leverage available National Institutes for Health funding opportunities



# Partner and Fund Community-based Providers to Offer Home-based Vaccinations

## Key Strategies for States

- Partner with and fund local pharmacies, emergency medical services providers, and local health providers (e.g., community health workers) to offer home-based vaccinations
- Use home-based vaccination to support access, not only for individuals who are homebound for physical or mental health reasons, but also for those who face access barriers such as lack of transportation, lack of childcare, or other constraints.
- Collaborate with CBOs and faith-based groups to build trust in the community and identify people best served by a home-based vaccination

## Example Leverage Points for CBOs / Advocates

- Collaborate with state Medicaid program to link beneficiaries to home-based vaccines and connect with the community health worker workforce
- Apply to work with state and local health departments on COVID-19 home-based vaccine initiatives funded through ARPA



**New Mexico** mobilized National Guard-staffed “Equity Teams” to deliver the vaccine to homebound individuals or offer off-peak vaccination opportunities



**Louisiana’s** local health department in New Orleans collaborated with community health centers to deploy nurses to provide door-to-door vaccination opportunities

# Encourage or Incentivize Employers to Give PTO to Employees to Get Vaccinated

In early September, President Biden announced that the Occupational Safety and Health Administration (OSHA) will be developing a rule that requires employers with more than 100 workers to provide paid time off (PTO) for workers to get vaccinated and recover from any side effects from the vaccine. OSHA has not yet released the emergency temporary standard (ETS) with the timeline and specifics for the requirement.

## Key Strategies for States

- Support implementation of the federal requirements by establishing vaccination sites at places of employment
- Work with community-based organizations to raise awareness of the new federal requirements

*Data from April 2021 show that nearly two-thirds (64%) of unvaccinated Hispanic adults and over half of Black adults (55%) are concerned that they might miss work due to side effects from the COVID-19 vaccine.*

## Example Leverage Points for CBOs / Advocates

- Work with state and local Health Departments and Departments of Labor to raise awareness of the new federal requirements and support vaccine clinics at places of employment

# The Community Perspective



# DISCUSSION

# Stay Connected!

## Visit us at:

- <https://familiesusa.org/building-a-new-normal-through-vaccine-equity/>

## Email us at:

- Vaccine Equity Team
  - [VaccineEquity@familiesusa.org](mailto:VaccineEquity@familiesusa.org)

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## BUILDING A NEW NORMAL THROUGH VACCINE EQUITY

COVID-19's devastating impact on Black, Indigenous, and people of color was born out of existing structural inequities in our health system and underscores the importance and urgency of creating change.

As our nation recovers from the pandemic, Families USA has launched a strategic initiative to advocate for and achieve policy

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