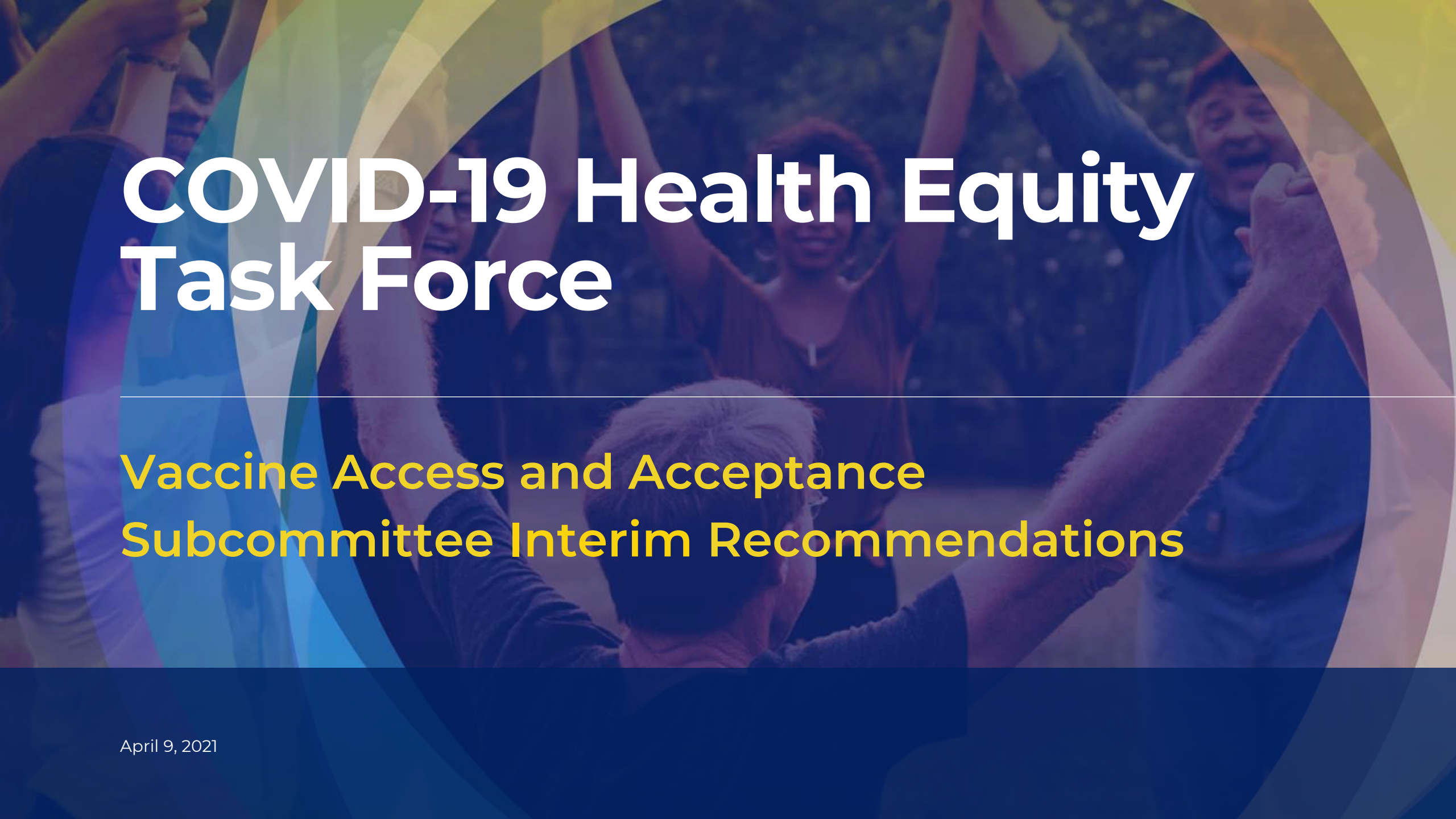

COVID-19 Health Equity Task Force

Vaccine Access and Acceptance Subcommittee Interim Recommendations

April 9, 2021

Assignment to the Subcommittees

- Subcommittees were tasked with identifying interim recommendations regarding equitable vaccine access and acceptance
- Each Subcommittee met at least three times
- Subcommittees were asked to consider
  - What is impacting equitable vaccine allocation, access and acceptance?
  - What are solutions to these issues?

Themes from Subcommittees' Interim Recommendations

1

Mandate Data Collection, Harmonization, and Integrity

2

Increase Vaccine and Healthcare Confidence

3

Engage Marginalized Communities

4

Improve Vaccine Accessibility

Interim Recommendations by Theme

Mandate Data Collection, Harmonization, and Integrity

- Mandate comprehensive, standardized demographic data
- Develop national equity dashboard
- Leverage existing data to guide strategies
- Incentivize health departments to update data systems
- Incentivize collection and sharing of equity data
- Collaborate with agencies and stakeholders to collect and disaggregate data on underserved communities

Increase Vaccine and Healthcare Confidence

- Increase vaccine education, outreach, and communications
- Improve visibility of the pandemic and its impact on minorities
- Partner with local organizations to promote vaccine awareness and uptake
- Deploy trusted Corps to communities in need
- Provide vaccines at local trusted organizations and healthcare locations

Interim Recommendations by Theme (cont.)

Engage Marginalized Communities

- Engage stakeholders regularly
- Collaborate with community-based organizations
- Provide best practices on engaging communities and removing barriers
- Provide funding to support community-based organizations and community health workers
- Leverage and mobilize regional partners
- Ensure access to broadband and telehealth for underserved communities
- Allot vaccinations for hard-to-reach communities

Improve Vaccine Accessibility

- Provide guidance on outreach
- Guide eligibility, access, and allocation
- Partner with local leaders and organizations to expand vaccination sites
- Encourage in state-specific vaccine registries
- Ensure inadequate data does not prevent actions
- Prioritize vaccine distribution and COVID testing and treatment for underserved populations
- Simplify registration
- Ensure paid time off for vaccination and side effects
- Remove billing barriers
- Utilize credible data to prioritize allocation and distribution
- Localize vaccination venues

Communications and Collaborations Subcommittee

- CHAIR: Mayra Alvarez
- MEMBERS: Andy Imparato, Octavio Martinez, Vincent Toranzo
- STAFF: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

PROBLEM STATEMENT 1	**Federal, state and local communication strategies about the vaccine are not reaching marginalized communities effectively.**
PROBLEM STATEMENT 2	**Structural barriers, including inadequate access to information, transportation, the internet, language-appropriate materials, health care, and in-home services and supports, hinder marginalized communities' access to vaccines.**
PROBLEM STATEMENT 3	**Public health infrastructure often lacks the knowledge and relationships necessary to engage with marginalized communities in a culturally and linguistically responsive manner and build trust in the deployment of vaccines.**

PROBLEM STATEMENT 1 Federal, state and local communication strategies about the vaccine are not reaching marginalized communities effectively.

INTERIM RECOMMENDATIONS

1. The Federal Government should lead a multi-pronged vaccine education, outreach, and communications campaign.

2. The Federal Government should provide clear guidance to states and localities on vaccine outreach protocols and identification of high risk population, and critical locations for deployment, including community health centers, public libraries, schools, and child care centers.

3. The Federal Government should operate a coordinated clearinghouse on vaccine eligibility, access, and allocation across the country.

4. The Federal Government should host regular, monthly calls with various stakeholder groups on vaccine access and allocation.

5. The White House should identify opportunities to draw public attention to the pandemic emergency, such as: Inclusion of COVID-related information in the President's weekly address; a weekly fireside chat between the President and various pandemic response leaders (both within the government and with state and community leaders); and a Cabinet-wide meeting on the public health emergency and opportunities to respond.

PROBLEM STATEMENT 2

Structural barriers, including inadequate access to information, transportation, the internet, language-appropriate materials, health care, and in-home services and supports, hinder marginalized communities' access to vaccines.

INTERIM RECOMMENDATIONS

1. Federal departments should strengthen collaboration with community-based organizations by providing robust funding for community-based organizations to reach marginalized communities and address access barriers to the vaccine, while requiring grantees to help amplify a federal government coordinated communications campaign.

2. In the short term, federal departments should provide clear standards on best practices for reaching marginalized communities, including ways to eliminate structural barriers, and do so in partnership with trusted national partners with state and local reach.

3. The federal government, through interdepartmental collaboration and in partnership with private industry, should host a series of televised, local town halls, utilizing agency initiatives that are known and trusted.

4. Federally-supported vaccination sites should be expanded in partnership with local leaders and grassroots organizations in order to be most effective, leveraging parallel vaccination programs and centering the leadership of community partners.

5. Federal civil rights enforcement agencies should provide clear guidance and oversight to ensure that vaccine deployment is fully accessible to people with disabilities and people who need access in languages other than English.

PROBLEM STATEMENT 3

Public health infrastructure often lacks the knowledge and relationships necessary to engage with marginalized communities in a culturally and linguistically responsive manner and build trust in the deployment of vaccines.

INTERIM RECOMMENDATIONS

1. Departments should engage in a coordinated effort to fund community health workers (CHW) across health, housing, agriculture, nutrition, child care and other programs, to support short-term COVID-19 deployment and response.
2. Over the long term, the federal government should commit to identifying a sustainable career pathway, classification structure, and scope of work that provides CHWs the support they need to be necessary partners in the work of achieving healthy communities.
3. In the short term, federal government should provide guidance on working with community leaders, including community health workers, promotoras, independent living centers, and other disability service providers, to support state and local health departments in their efforts to better reach marginalized communities, including providing examples of successful programs or initiatives.
4. In the short term, the federal government should leverage and mobilize its networks of regional partners.
5. The federal government should coordinate with relevant associations (ASTHO, NACCHO, NGA) to distribute information and leverage its coordinated communications campaign while also strengthening knowledge of who are trusted providers and expanding the number of community members available to distribute vaccines to marginalized communities.
6. The federal government should require and invest in state-specific vaccine distribution registry sites in every state to assist municipal governments, hospitals and clinical providers, community health centers, regional centers, and other eligible administrators in achieving the logistics of equitable vaccine allocation.

Discussion

Data, Analytics, and Research Subcommittee

- CHAIR: Joneigh Khaldun
- MEMBERS: James Hildreth, Andy Imparato, Victor Joseph, Homer Venters
- STAFF: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

OASH Office of the Assistant Secretary for Health

OMH U.S. Department of Health and Human Services Office of Minority Health

PROBLEM STATEMENT 1	**There is a lack of robust and consistent demographic data on COVID-19 cases, morbidity, deaths, and vaccinations that hinders the ability to develop and implement strategies to protect marginalized populations.**
PROBLEM STATEMENT 2	**There is a lack of interoperability, integrity, and compliance across data systems.**

PROBLEM STATEMENT 1

There is a lack of robust and consistent demographic data on COVID-19 cases, morbidity, deaths, and vaccinations that hinders the ability to develop and implement strategies to protect marginalized populations.

INTERIM RECOMMENDATIONS

1. The federal government should mandate that states, tribes and tribal epidemiology centers, territories, and local health departments collect and report on a comprehensive set of standardized equity-focused demographic data elements pertaining to COVID-19 testing, hospitalizations, deaths, congregate setting (including homeless shelters, jails and prisons), type of employment, and vaccinations to support strategies to protect minoritized, marginalized, and underserved populations.

2. The federal government should develop a COVID-19 equity dashboard that tracks key disaggregated metrics across States, Tribes, Territories and Local governments that include data on testing, treatment, and vaccinations. The federal government should share best and promising practice guidance on how these data can be shared appropriately between states, tribes, territories, local governments and healthcare providers to ensure proper understanding of the virus spread and its impact on different communities.

3. State, tribal and local health departments should leverage existing sources of quantitative and qualitative data, including Emergency Medical Services, Medicaid, state and local community health assessments, hospital community health needs assessments, in guiding outreach and vaccination strategies as well as understanding the impact of COVID-19 on marginalized populations. Incomplete data should not prevent health authorities from prioritizing groups who have increased risks associated with their underlying health conditions or other risk factors.

PROBLEM STATEMENT 2 There is a lack of interoperability, integrity, and compliance across data systems.

INTERIM RECOMMENDATIONS

1. The federal government should provide funding/incentives for hospitals, community health centers, and state, tribal, and local health departments to update data systems, in alignment with the CDC Data Modernization Initiative, in order to assure interoperability and automatic electronic lab reporting of a robust set of standardized demographic data elements.

Discussion

Healthcare Access and Quality Subcommittee

- CHAIR: Tim Putnam
- MEMBERS: James Hildreth, Vincent Toranzo, Mary Turner, Homer Venters, Bobby Watts
- STAFF: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

OASH Office of the Assistant Secretary for Health

OMH U.S. Department of Health and Human Services Office of Minority Health

PROBLEM STATEMENT 1	Many marginalized groups lack access to vaccines due to location, transportation, internet access, distribution reprioritization, language and other barriers. Politicization in some states has hindered the prioritization identified by the best scientific recommendations and has further marginalized these groups.
PROBLEM STATEMENT 2	Adults and children who generally lacked access to healthcare prior to the pandemic have been disenfranchised for testing, treatment and vaccination.
PROBLEM STATEMENT 3	The vaccination process is not being led or delivered by people vulnerable populations trust.
PROBLEM STATEMENT 4	States and localities are not assuring appropriate allocation of vaccine and medical resources to the groups most in need. It has been clear that affluent people (with transportation, flexible schedules, internet access) have gained access to vaccinations and testing prior to more vulnerable and needy populations.

PROBLEM STATEMENT 1

Many marginalized groups lack access to vaccines due to location, transportation, internet access, distribution reprioritization, language and other barriers. Politicization in some states has hindered the prioritization identified by the best scientific recommendations and has further marginalized these groups.

INTERIM RECOMMENDATIONS

1. Federal, state, territorial and tribal government should partner with local health care institutions, community organizations, and other trusted sources to promote vaccine awareness and uptake within local communities, with particular attention to institutions and organizations that serve communities who have borne the brunt of COVID-19 exposure, illness, and death.

2. Federal, state, territorial and tribal government should prioritize vaccine distribution, testing, and treatment to adults and children in medically-underserved populations and those who face mobility, geographic or other barriers to receive the vaccine.

3. Federal, state, territorial and tribal government should simplify registration procedures.

4. The federal government should ensure access to broadband and telehealth services in medically-underserved communities, including rural and tribal communities.

PROBLEM STATEMENT 2

Adults and children who generally lacked access to healthcare prior to the pandemic have been disenfranchised for testing, treatment and vaccination.

INTERIM RECOMMENDATIONS

1. The federal government should engage with employers to provide paid time off for employees to receive the vaccine or accompany loved ones/dependents and allow up to two days paid time off for individuals experiencing significant side effects.

2. Completely remove all insurance/billing barriers for people receiving and administering the vaccine.

PROBLEM STATEMENT 3 The vaccination process is not being led or delivered by people vulnerable populations trust.

INTERIM RECOMMENDATIONS

1. The federal government should deploy the Reserve Corps and Public Health Service Corps to communities who lack necessary staff upon their request.

2. Continue to expand the number of healthcare professionals who can be trained to provide vaccinations safely and effectively.

3. Support communities with mobile services upon their request.

4. Assign community health workers the role of screening for social determinants of health while people are waiting to get vaccines at the community health centers, safety net providers, and other health care organizations administering vaccines.

5. As vaccine supply increases and age groups expand for adults and children, provide vaccines to all physician offices and health care agencies that are capable and willing to safely vaccinate with priority given to providers who serve minoritized and marginalized populations.

PROBLEM STATEMENT 4	**States and localities are not assuring appropriate allocation of vaccine and medical resources to the groups most in need. It has been clear that affluent people (with transportation, flexible schedules, internet access) have gained access to vaccinations and testing prior to more vulnerable and needy populations.**

INTERIM RECOMMENDATIONS

1. The federal government should strongly recommend states not prohibit priority groups identified by the ACIP from receiving vaccines. Federal guidelines from ACIP regarding vaccine administration is based on scientific data and knowledge. We recognize that the ACIP priority groups are not a comprehensive list and that states and territories have the rights to adjust priority groups based on the local situation.

2. Utilize credible data (i.e., zip code data) to prioritize vaccine allocation and distribution to support localities that have historically low life expectancy, greater COVID-19 mortality and high rates of economic hardship.

3. States should have set-aside allotments of vaccines for providers to vaccinate hard-to-reach populations, like the incarcerated, migrant workers, etc.

4. The federal government should provide additional vaccines or other incentive to states that collect data and hit or exceed equity targets based on collection and reporting of equity data (e.g. race/ethnicity/housing status/language, etc.).

Discussion

Structural Drivers and Xenophobia Subcommittee

- CHAIR**:** Haeyoung Yoon
- MEMBERS: Mayra Alvarez, Victor Joseph, Octavio Martinez, Mary Turner, Bobby Watts
- STAFF: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

PROBLEM STATEMENT 1	**The COVID-19 pandemic has laid bare our nation's long-standing structural inequities, revealing that individuals and communities hit hardest by COVID-19 also experience structural barriers to accessing vaccinations.**
PROBLEM STATEMENT 2	**Xenophobia, racism, and anti-Asian violence are nothing new, but a wave of incidents of hate against Asians, Asian Americans, and Pacific Islanders (AAPI) has risen in the midst of the COVID-19 pandemic.**

PROBLEM STATEMENT 1

The COVID-19 pandemic has laid bare our nation's long-standing structural inequities, revealing that individuals and communities hit hardest by COVID-19 also experience structural barriers to accessing vaccinations.

INTERIM RECOMMENDATIONS

Vaccine Registration and Appointment

1. Diversify federal, state, city, tribal and territorially supported vaccine registration and appointments. Support states, cities, territories, as well as federally-supported vaccination sites, to require and offer other mechanisms, in addition to on-line appointments, for the public to sign up for vaccinations.

Vaccine Locations

1. Localize venues to bring vaccines closer to communities, particularly underserved communities. In partnership with the local and state governments, create as many venues as needed in communities and settings that people trust for quick and efficient vaccination.

Vaccine Access

1. Identify targeted equity populations. States and cities should be required to provide a menu of options for appropriate documentation for individuals to prove identity and eligibility.
2. Coordinate deployments of Corps support with communities, state and local governments.
3. Invest in paid sick leave to encourage uptake of vaccines.
4. Prohibit vaccination being made a condition of employment when workers are unable to obtain the vaccine; and require that any vaccination passport system must be developed with equity at the center.
5. The federal government must ensure that structural barriers that effectively prevent or hinder individuals from getting vaccinated are removed.
6. Address climate conditions by considering alternate allocation strategies in geographically isolated communities.

PROBLEM STATEMENT 2

Xenophobia, racism, and anti-Asian violence are nothing new, but a wave of incidents of hate against Asians, Asian Americans, and Pacific Islanders (AAPI) has risen in the midst of the COVID-19 pandemic.

INTERIM RECOMMENDATIONS

1. Work with relevant federal agencies and local and state governments to ensure there are community-centered solutions to target and reach AAPI communities to access vaccines.

2. Create effective vaccines distribution infrastructure. Ensure more equitable and targeted approach to vaccine allocation and distribution support, especially to the Pacific Islander communities that have less local vaccination distribution infrastructure.

3. The federal government should collaborate with other relevant federal agencies and stakeholders to collect and disaggregate data on Asian, Asian American, Native Hawaiian, and Pacific Islander in terms of COVID-19 cases, deaths, socio-economic and health impact of the pandemic, and vaccination rate.

Discussion