



Community COVID-19 Vaccination Equity Strategies

The COVID-19 pandemic is exposing persistent health inequities for communities of color and Indigenous communities and is exacerbating Minnesota's racial disparities. Communities of color and Indigenous communities have increased exposure to COVID-19 and experience substantially higher rates of health inequities and chronic conditions making them more susceptible to die from COVID-19 (MN Gov).

To reduce the impact on communities of color and Indigenous communities, vaccinations must be accessible, free and provided within a trusted space with appropriate language and cultural considerations. M Health Fairview is proposing participation in four vaccination “tracks” to offer COVID-19 vaccinations in community spaces serving these populations.

M Health Fairview has led a multi-cultural mobile vaccination program for the past 14 years which excels at reaching communities of color and communities facing barriers to immunization. This collaborative, the Minnesota Immunization Networking Initiative (MINI), is uniquely positioned to respond to inequities in vaccination for BIPOC communities and other vulnerable groups. In 2020, the MINI program provided free influenza vaccinations to over 6,700 individuals; 89% of those served identified as a person of color, and 47.4% were uninsured. Our trusted network of community partners is eager to engage in this work with us and have the deep ties to community essential for effective outreach. We also describe our internal strategies, focused on interventions to ensure equity within our own system serving both staff and established patients.

On the next page is a table outlining these approaches:

	COMMUNITY TRACK 1 Public Health Partnerships	COMMUNITY TRACK 2 M Health Fairview Community Advancement Minnesota Immunization Networking Initiative (MINI)	COMMUNITY TRACK 3 M Health Fairview Community Clinics	COMMUNITY TRACK 4 Internal Community Strategies M Health Fairview Staff
Concept	<ul style="list-style-type: none"> Support Local Public Health to conduct mobile vaccination clinics. Local Public Health Community Partner organized event. MHFV provides clinical staffing and training to ready more vaccinators. Public Health partner provides space, site support, and outreach to community members. We are currently in partnership with Ramsey County, providing staffing and training. Could expand this to other local public health departments to broaden their reach into the community. 	<ul style="list-style-type: none"> MHFV organized event with MINI network of community partner organizations. Vaccine clinics are held in trusted community spaces. Vaccines are free, registration process low barrier, culturally appropriate outreach and registration assistance provided. MHFV/Community Advancement provides clinical staffing, vaccine and associated supplies, PPE, IT, registration and documentation. Materials are provided in client's preferred language, with interpreters on site. Community partner provides space, site support and outreach to community members 	<ul style="list-style-type: none"> MHFV primary care clinics serving diverse populations host vaccination events during additional coverage hours (weekends, evenings) Partner with communities where the clinics are located and established MINI partners to do focused outreach (model similar to testing outreach) to ensure access Reserve appointments for focus populations 	<ul style="list-style-type: none"> Focused outreach with departments that demonstrate hesitancy as defined by not yet formally declined or vaccinated Sessions set up to provide information, learn about concerns that can inform ongoing patient & community work
Specific examples and focused populations served (not all-inclusive)	<ul style="list-style-type: none"> Ramsey County Partnership (Phase 1a and sheltered communities) 	Work with established MINI Partners to host clinics in community: <ul style="list-style-type: none"> St. Mary's Health Clinics (Hispanic/Latinx American) Stairstep Foundation (African American) Portico Healthnet (Vietnamese American) Karen Organization of Minnesota (Karen American) Hmong Healthcare Professionals Coalition (Hmong American) Liberian Nurses Association of Minnesota (Liberian American) Many more sites serving BIPOC communities and communities experiencing health disparities 	<ul style="list-style-type: none"> Roselawn Clinic (Hmong, Karen) Bethesda (Hmong, Karen) Rice Street Clinic (Hmong, Karen) Broadway (Black, African American) Phalen (Hmong, Karen) Smiley's (gender diverse, East African) 	<ul style="list-style-type: none"> Two Virtual Q&A sessions weekly with culturally congruent providers (BIPOC, LGBTQI)
Vaccine Source/Management	Local public health dept/direct from MDH	M Health Fairview	M Health Fairview	M Health Fairview (ongoing Supply reserved for HCWs)
Locations	Community based settings: <ul style="list-style-type: none"> Schools Public high rises Community Centers Greater metro 	Trusted metro community sites with high community need index (CNI) <ul style="list-style-type: none"> Places of worship (mosque, temple, etc.) Community Centers Shelters, Addiction centers Refer to Appendix 1: CNI heat map 	Clinics located in: <ul style="list-style-type: none"> East Side of St. Paul North Side of St. Paul Seward neighborhood, Minneapolis North Minneapolis 	<ul style="list-style-type: none"> Midway Mobile to sites
Scale	100-800 shots per event	50-400 shots per event	50-100 doses/day	20-30/week or as scheduled
Populations/Groups Served	Broad populations/priority groups in need of vaccination, areas of high need	<ul style="list-style-type: none"> BIPOC communities Non-English speaking clients Chronic addiction facilities Residential facilities for those with disabilities High Community Need Index neighborhoods 	<ul style="list-style-type: none"> Established patients with limited English proficiency Technology barriers 75+ disabilities 	<ul style="list-style-type: none"> BIPOC LGBTQI
Goal Participation	MDH/Local Public Health targeted goal	<ul style="list-style-type: none"> 3-5 events per week, cycle rotation to serve sites several times for first and second dose capture Refer to Appendix 2 	Weekly and reassess as prioritization rules are expanded and needs change	<ul style="list-style-type: none"> Weekly, alternative hours as need dictates Goal to get to 100% compliance with documented decision
Resources Needed	<ul style="list-style-type: none"> MHFV provides clinical staffing, clinical lead, participates in outreach, leverages community partnerships to support community voice and outreach. MDH/Public Health provides vaccine, supplies, logistics, IT, documentation. Cost of above to be paid by MDH/state/county public health. 	<ul style="list-style-type: none"> Vaccine and vaccine management supplies Funding to pay community partners supporting outreach and logistics Request approval to NOT bill clients for service. This reduces barriers experienced by communities we are trying to reach and fosters trust built over 14 years of partnership in community. Clinical staffing PPE IT (for documenting and scheduling) Volunteer/site support Crowd control Interpreters Cost of above to be supported by MDH/state 	<ul style="list-style-type: none"> Community partners to help ID patients IT support for partners to register patients Scheduling and interpreter support limited if working with community partners Payment for community partners time Volunteer/site support Clinical staffing (depending on volumes) Reduce excessive requirements to access funds for uninsured like SSN's, Driver's Licenses, and self-pay by request waivers 	<ul style="list-style-type: none"> Network of provider/nursing champions to educate and staff Q&A sessions EOHS No new IT needs

Appendix 1

MINI CLINIC LOCATIONS & CNI SCORE 2019/2020 VACCINATION SEASON

Summary: Community Need Index Score

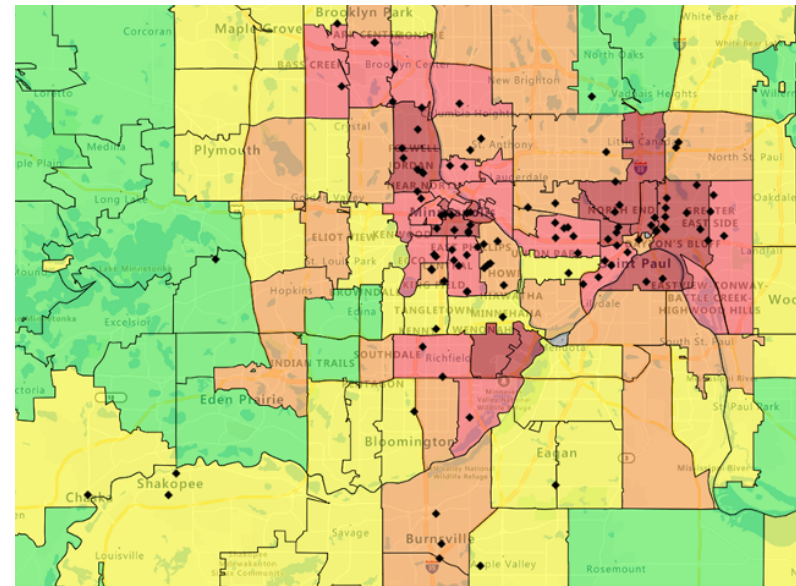
A Community Need Index score is a tool used to identify the severity of health disparities by zip code. Research has shown that zip codes with high Community Need Index scores show a strong correlation to high hospital use for both preventable and non-preventable admissions¹. Community Need Index scores are based upon five prominent socio-economic barriers to healthcare access and range by zip code from a score of one (lowest need) to five (highest need).

Socio-economic barriers considered in the Community Need Index score are:

- Income barriers (percent of elderly, children, and single mothers in poverty)
- Cultural/language barriers (percent of Caucasian and non-Caucasian and percent of adults over the age of 25 with limited English proficiency)
- Educational barriers (percent without high school diploma)
- Insurance barriers (percent uninsured and percent unemployed)
- Housing barriers (percent renting houses)

While Community Need Index scores do not provide information on specific health needs in the community, they do provide context and information about specific zip codes in which greater health disparities may be expected and where implementation strategies could be targeted.

¹ CNI Scores by zip code are available online and the underlying data is available for purchase.



Source: 2018 Truven Health Analytics

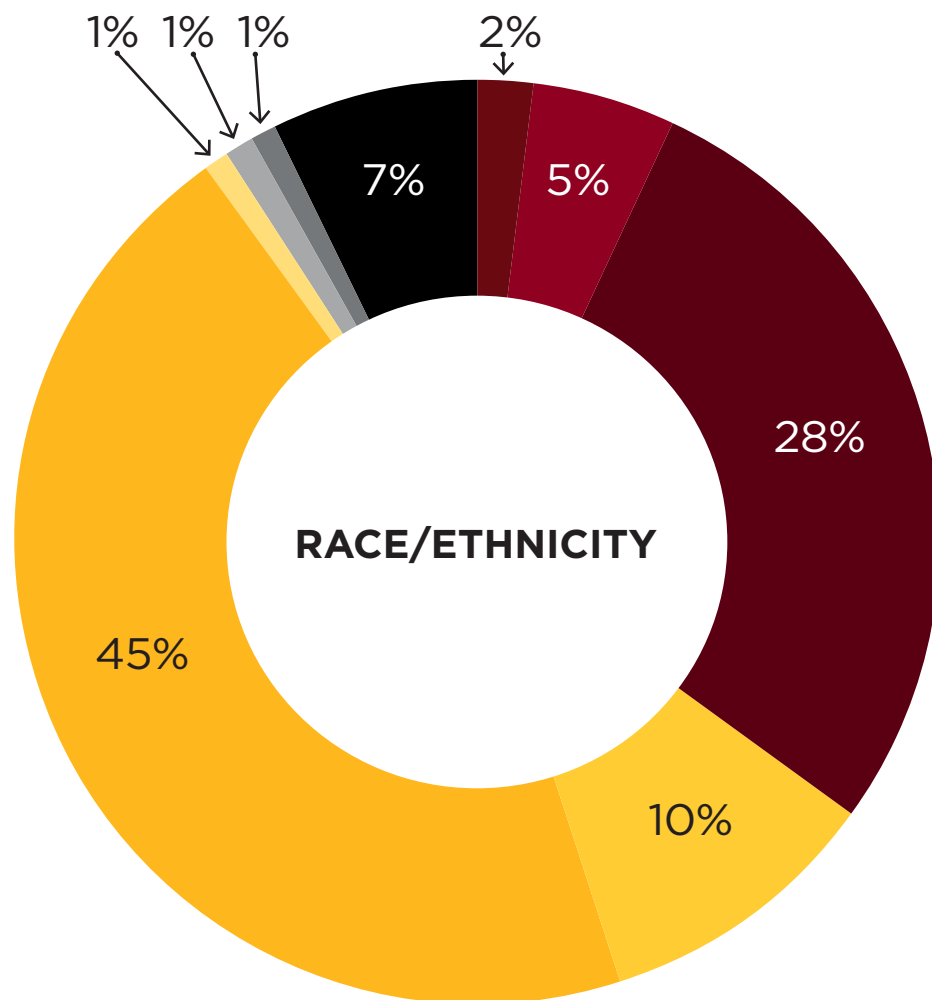
COMMUNITY NEED INDEX SCORING	
Highest Quintile	4.2 - 5.0
2nd Highest Quintile	3.4 - 4.1
Mid Quintile	2.6 - 3.3
2nd Lowest Quintile	1.8 - 2.5
Lowest Quintile	1.0 - 1.7
No Score	

CITIES WHERE MINI CLINICS WERE HOSTED IN 2020

- Bloomington
- Brooklyn Center
- Brooklyn Park
- Burnsville
- Chaska
- Crystal
- Eagan
- Elgin
- Fridley
- Maple Grove
- Maplewood
- Melrose
- Minneapolis
- Oakdale
- Plymouth
- Richfield
- Roseville
- Shakopee
- Shoreview
- St. Paul
- Woodbury
- Zimmerman

Appendix 2

RACE/ETHNICITY OF MINI CLIENTS
SERVED 2020/2021 SEASON



RACE/ETHNICITY - MINI 2020/2021		
2%	African	
5%	Black/African American	
28%	Asian/Pacific Islander	
10%	Caucasian/White	
45%	Hispanic/Latinx	
1%	Multi-racial	
1%	Native American/Alaskan Native	
1%	Other	
7%	Chose not to respond	