Multicultural Action Team (M.A.T.)

Strategic COVID-19 Vaccine Coalition Convening

Multicultural Health Institute

www.the-MHI.org

Submitted To:
Members of the Multicultural Action Team (M.A.T.)
Manatee Community Foundation
Sarasota Community Foundation
Gulf Coast Community Foundation
Barancik Family Foundation
Cowles Trust Foundation
Attendees & Coalition Partners

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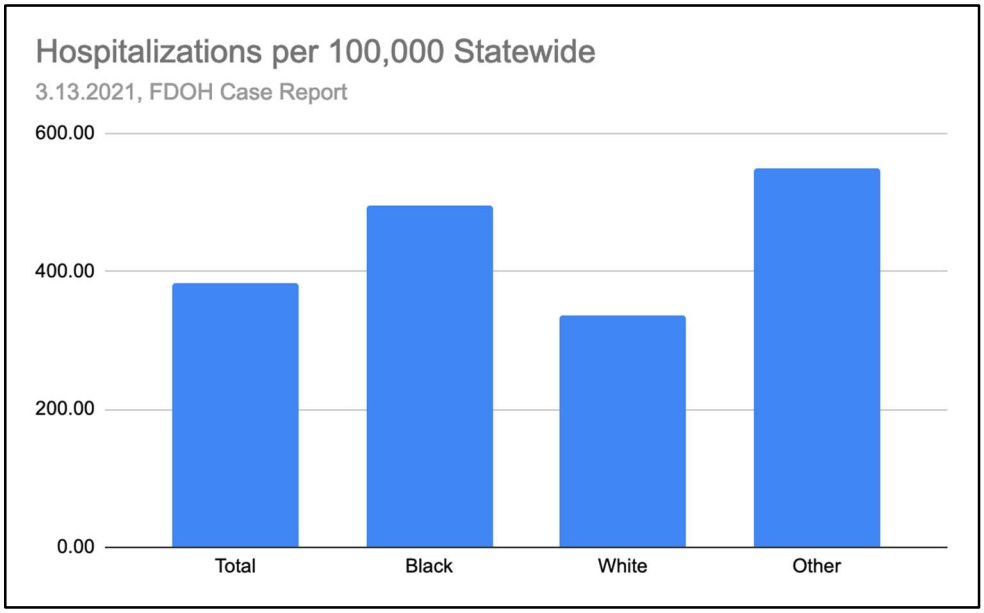
COVID-19 Vaccine Convening Report
Sarasota & Manatee Counties, Florida
March 2021

Multicultural Health Institute

Executive Summary

At the time of this summary report, globally there have been more than 118 million cases of COVID-19 with 29 million in the U.S. and 520,000 deaths. There have been nearly 2 million cases in Florida, and black people are overrepresented in deaths and hospitalizations even when controlling for the size of the population.



FDOH County Report, 3/13/21

Population data obtained from the US Census Bureau. ACS DEMOGRAPHIC AND HOUSING ESTIMATES. 2019 ACS 1-year Estimates Data Profiles

The Strategic COVID-19 Vaccine Community Coalition Convening (SCVCC) was called to convene by MHI with the goal of identifying etiologies and solutions for disparities in COVID-19 prevalence and inequities in vaccine distribution. Our goal is to craft a model for more equitable health delivery including distribution and administration of COVID-19 vaccinations. The Convening placed the Multicultural Health Institute in the intersection between federal, state and local vaccine distribution channels to establish open communications, build relationships, provide a safe and supportive space to facilitate greater equity in the systemic process of informing and providing vaccines to Black and Brown people in the most vulnerable communities affected by COVID-19 in Sarasota, Manatee and Charlotte counties.

The SCVCC was composed of representatives from academic, health, health policy, business, faith-based, philanthropic and other spheres of influence. It met three times through the month of February to examine historic and existing best practices that could be applied to develop equitable distribution and administration models for COVID-19 vaccines. It was hoped that information shared would stimulate innovative solutions along with recommendations for equitable strategies to optimize resources to implement its plan.

Recommendations in this report include immediate need for clear, written and transparent communications; devising vaccine distribution operational structure and training with an emphasis on equity, diversity and inclusion; and establishing a defined reporting structure among other enhancements.

It is the expectation of the SCVCC that its recommendations will be communicated to the appropriate entities responsible for and engaged in vaccine distribution in Sarasota and Manatee Counties along with information on successful models for the distribution and administration of vaccines in Black and Brown communities moving forward.

The SCVCC has been successful in putting forth recommendations for a vaccine distribution and administration model and process that has clear guidelines, training and events that assure support, protection and agency in vaccine procurement and administration for the most vulnerable in our communities.

Specific recommendations for COVID-19 vaccine re-distribution and administration include:

Recommendations for Equity-Driven Interventions through Philanthropic Organizations:

1.) Requires an evidence implicit bias training as well as an overall cultural competence.
2.) Provide a clear intention of shared decision-making and inclusivity in various approaches.
3.) Create a Planning and Implementation Team that is culturally representative and diverse.

Recommendations for Leveling the Playing Field through prioritized triaged vaccination events:

1) **Shared decision-making** on design, recruitment and implementation at sites and partners- prioritizing those ZIP codes hardest hit, and those most adversely affected by SDOH. measures.
2) **Prioritizing** High-Risk populations - use data to identify those suffering most from health disparities, transportation, work schedule barriers.
3) **Simplifying** registration - not all can be technology-dependent, need multilingual options, should not require nonessential documentation (eg., citizenship), should offer no-preregistration walkup options.
4) **Increase advanced notification planning time** to CBOs to permit sufficient time to build lists, alert, educate and recruit people. Most POD events we have had 2-3 days to generate lists of several hundred names, reassuring them and adjusting as other opportunities arose for them.
5) **"Hybrid" models** that permit walkup and in-car vaccination for those severely mobility impaired ensured greater participation and access. Provide prescheduled slots and anticipate the need for onsite drop-in spots Not everyone has cars, and not everyone can easily get in and out of a car or in and out of a building.
6) Hybrid-drive up/walk-in seems to be the best model for vulnerable populations, particularly as it warms up. **Coordination needed** with SCAT or MCAT bus or Uber, or actually walk up, and ways to screen and help complete forms for medically complex younger cases.
7) **Environmental awareness** such as shade structures, hydration stations and seating in areas waiting to register or be vaccinated.
8) **Onsite refreshment** and equipment such as water, wheelchairs and snacks available (many diabetics and people on polypharmacy got faint waiting).
9) Having **diverse culturally and linguistically representative** people on registration, vaccination and observation teams, and staffing helped improve satisfaction and show rate at "PODs".

10) Excellent **opportunity to develop cadre of community health workers** while assisting with recruitment and education at events to also build skills, gain potential economic empowerment in return for needed community service.
11) Excellent **opportunity to engage, educate, develop leadership** amongst intergenerational youth as volunteers to assist at events.
12) Building lists of over 2,000 people over the last few weeks; less than 20 expressed outright refusal and few noted "hesitancy". Rather there was overwhelming relief and desire to protect themselves and their loved ones by whatever means possible. **Reinforce navigation** assistance.
13) Having **culturally representative clinicians** onsite helped to bridge cultural challenges, allay concerns, and assess for any post injection issues and use 15-30min. observation period to educate on health issues.
14) **Engage novel sites** for recruitment, registration and implementation.
15) Community groups should be empowered and **resources provided** to faith-based and community organizations for bridging the technology divide to include provision of training and devices such as iPads, laptops, WIFI and MIFI to improve capacity to register various subgroups of patients as well as maintain ongoing "readiness lists" for subsequent vaccination POD events. MHI has done this as a pilot and sees great opportunity in scaling up for ongoing health literacy and ongoing educational efforts.
16) There is a huge need to rapidly prioritize vaccination and **care coordination for those with chronic illnesses under age 65.**
17) Many have no provider and need assistance to obtain a **letter of documentation** of their condition to take when they can get registered under an expanded category; how do we facilitate this to assist?
18) Partner with **smaller pharmacies**, dentists and podiatrists who can help identify and recruit high-need /medically complex patients of all ages from their client lists for prioritizing to offer vaccination.
19) Suggest **continued SCVCC partnership** for education to overcome vaccine hesitancy amongst caregivers/support staff.
20) Consider partnerships with EMS, Blood Bank, Hospice and other systems to reach **home-bound people.**
21) Needed **partnerships with agencies** serving Homeless for effective strategies to vaccinate that population and connect to services; suggested organizations include Streets of Paradise, Resurrection House, Salvation Army, Turning Points, etc.

Problem Statement: disproportionately low numbers of vaccine recipients of color

No. of vaccine recipients since Feb 6th (Sarasota County)

Demographic summary	First dose	Series complete	Total people vaccinated
Race	35,508	14,850	50,358
White	24,888	8,554	33,442
Black	335	178	513
American Indian/Alaskan	64	25	89
Other	5,149	3,251	8,400
Unknown	5,072	2,842	7,914

Other race includes Asian, native Hawaiian/Pacific Islander, or other.

Feb 6th FDOH Vaccine Data

Race	64,719	49,394	114,113
White	52,427	36,567	88,994
Black	588	551	1,139
American Indian/Alaskan	167	262	429
Other	3,009	6,292	9,301
Unknown	8,528	5,722	14,250

Other race includes Asian, native Hawaiian/Pacific Islander, or other.

Mar 9th FDOH Vaccine Data

Between Feb. 6th and Mar. 9th, Sarasota County vaccinated **only 626 black people**.

No. of vaccine recipients since Feb 6th (Manatee County)

Demographic summary	First dose	Series complete	Total people vaccinated
Race	21,211	11,631	32,842
White	15,358	8,194	23,552
Black	351	252	603
American Indian/Alaskan	49	20	69
Other	2,615	1,808	4,423
Unknown	2,838	1,357	4,195

Other race includes Asian, native Hawaiian/Pacific Islander, or other.

Feb 6th FDOH Vaccine Data

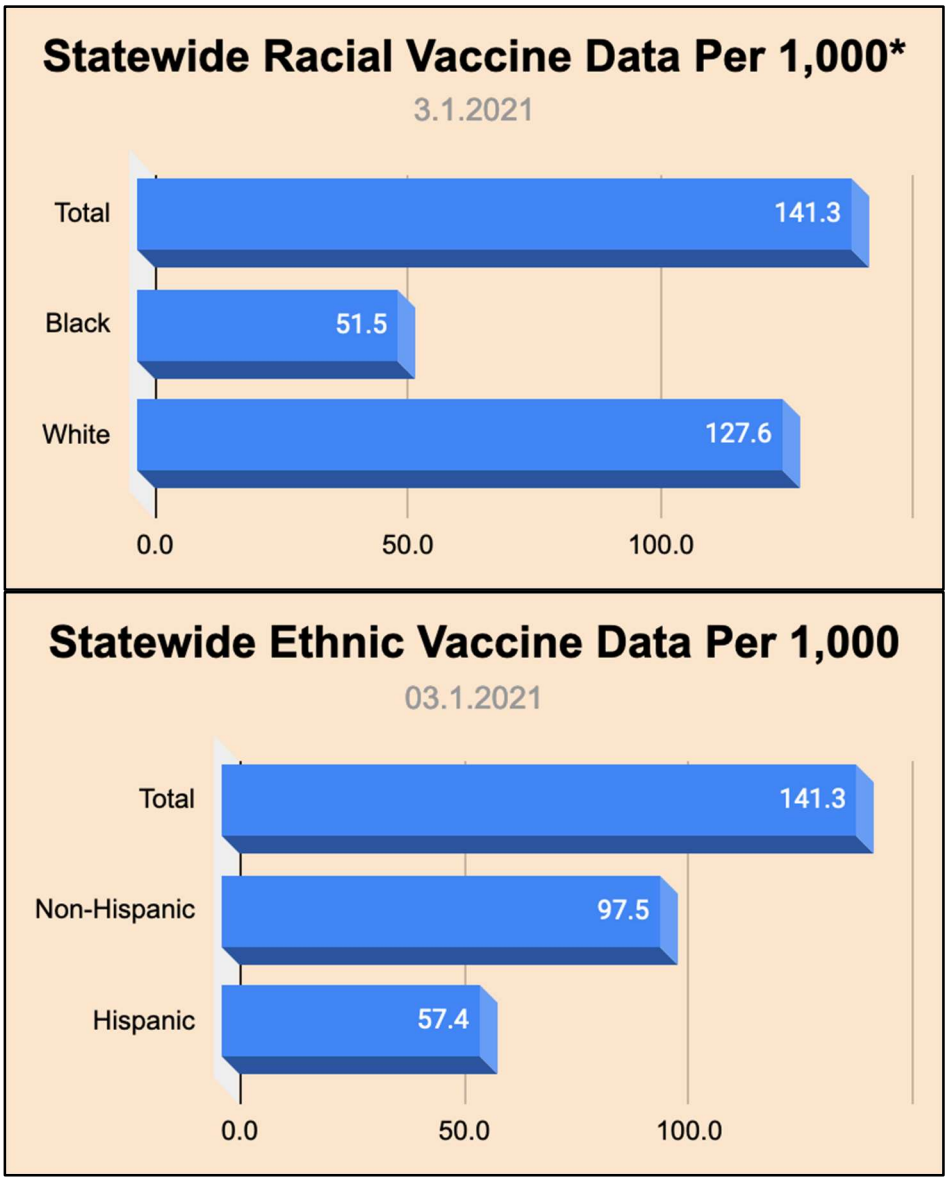
Race	43,792	31,943	75,735
White	33,152	24,055	57,207
Black	827	644	1,471
American Indian/Alaskan	213	122	335
Other	2,473	3,903	6,376
Unknown	7,127	3,219	10,346

Other race includes Asian, native Hawaiian/Pacific Islander, or other.

Mar 9th FDOH Vaccine Data

Between Feb. 6th and Mar. 9th, Manatee County vaccinated **only 868 black people**.

Statewide Vaccine Disparity per Capita



*The "other" racial category has been removed from this per capita data visualization due to a data anomaly. Rates are presented for comparison. They are unadjusted for age and do not take into account differences in age structure among the different races and ethnicities. The full number of people vaccinated by race can be seen in the Vaccination Report.

Vaccination Report: 3.1.2021

US Census Bureau. ACS DEMOGRAPHIC AND HOUSING ESTIMATES. 2019 ACS 1-year Estimates Data Profiles

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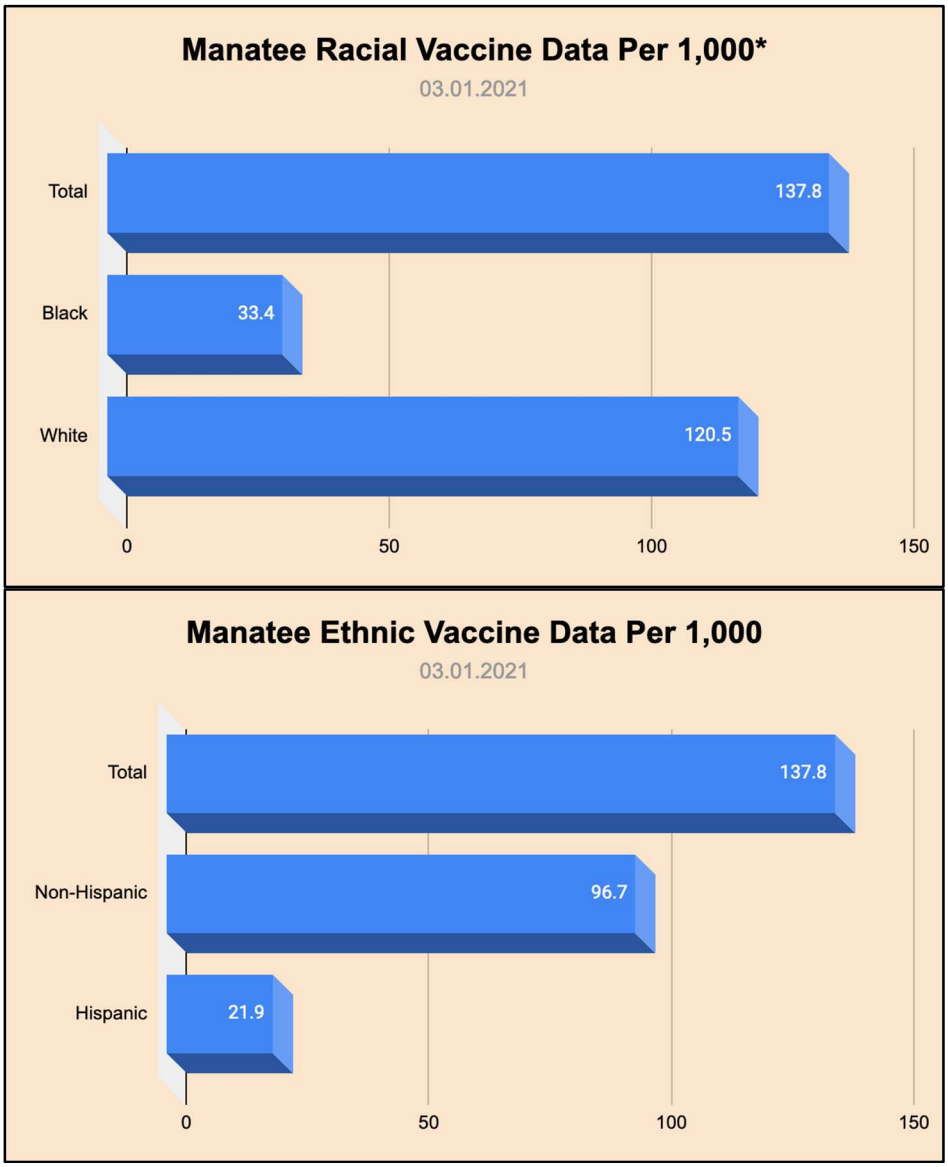
Manatee County Vaccination Disparity per Capita



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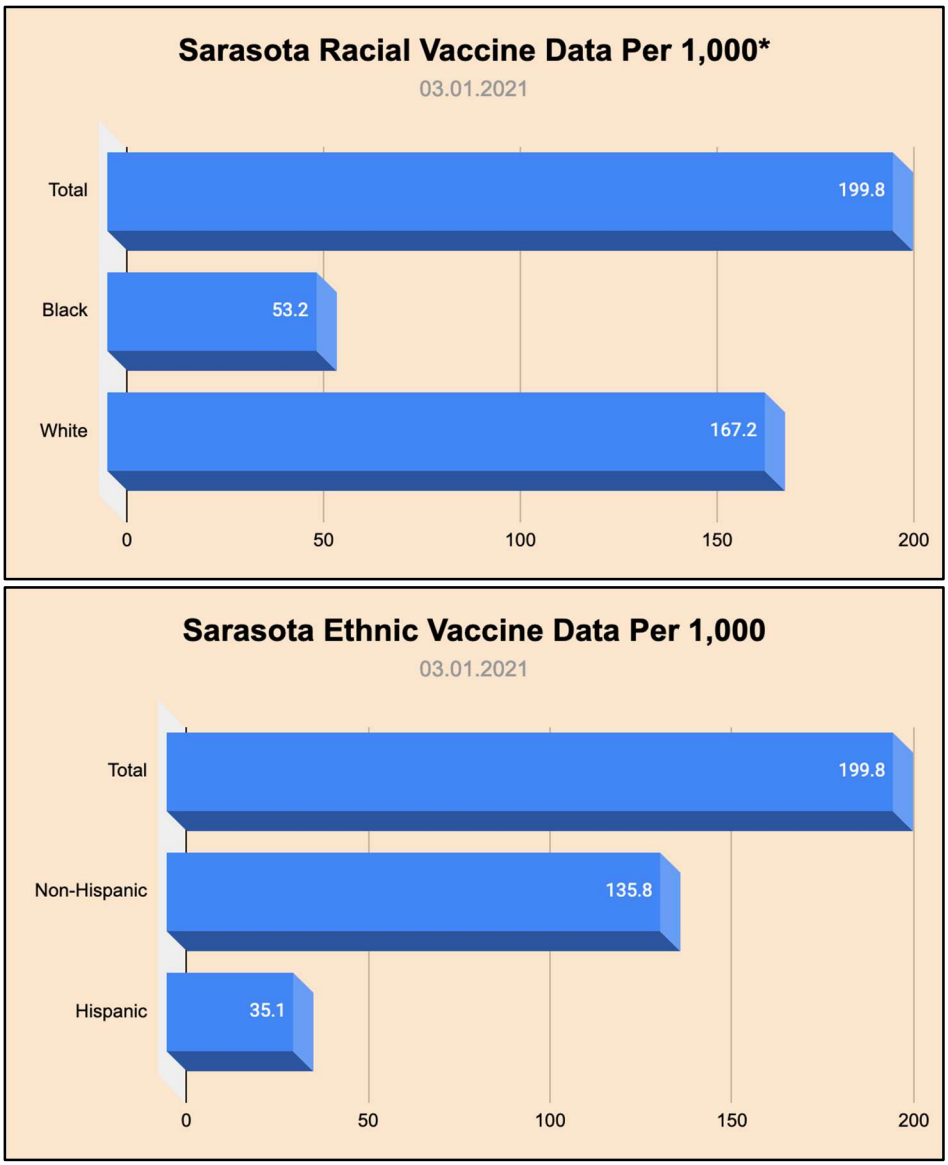
Multicultural Health Institute

Sarasota County Vaccination Disparity per Capita



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Vaccine Strategic Convening Participants

The participants below made up the SCVCC and attended at least one development session. Asterisks denote key community subcommittee members present at Feb. 11 meeting.
(All sessions were conducted virtually via zoom.)

Convening #1: 2/5/21 Breakout Sessions
Data and Access Issues
Facilitators: Janice Booher and Dr. Yusif Addae*
Scribes: Kyla Baal and Solimar Vidal
Participants: Susie Bowie, Stacey Campo*, Lynette Herbert, Steven Rosenkamp, Kerry Sheridan

Data and Triage Issues
Facilitators: Prof. Kristopher Fennie and Odessa Ammons
Scribes: Olympia Fulcher and Ryan May*
Participants: Runa Badal, Kevin Chapman, Dr. Jamison Day*, Dr. Manuel Gordillo*, Charles Henry, Bill Little, Joseph Mack*, Dr. Lisa Merritt*, Dr. Wilhelmine Wiese-Rometsch

Creative Partnerships (Faith-Based)
Facilitators: DeWanda Smith-Soeder*
Scribes: Cyriac Versini and Joey Carreta
Participants: Janet Saver, Tom Pfaff, JoOni Jones-Anbar*, Joan Leonard, Kirsten Russell, Jason Williams

Creative Partnerships (Advocacy)
Facilitators: Trevor Harvey*, Dr. Washington Hill*
Scribes: Perry Spike
Participants: Dr. Katrina Davis, Laverne Greene, Edwin Hernandez, Luz Corcuera*, Janet Taylor

*Community Strategy Partners subcommittee 2/11/2021

High-level Descriptions of Strategic COVID-19 Vaccine Convening Sessions

This diverse group of thought leaders representing a range of perspectives including academic, health, health policy, business, faith-based, philanthropic and other communities was invited to discuss existing strengths, challenges, national best practice examples, opinions and possible solutions for disparities in COVID-19 vaccination efforts.

A thoughtful, solutions oriented discussion was held to develop a data-driven action plan prioritizing accessibility to available and future supplies of vaccines as well as dialogue on overcoming social determinants of health (SDOH) contributing to COVID-19 disparities.

This effort was just the start to begin discussions, share information and resources, and subsequently develop a goal-oriented action plan.

Initial Strategic COVID-19 Convening

The initial 2/5/2021 meeting agenda included the following discussion topics and break-out sessions:

A. Introduction

- Review current status of pandemic including COVID-19/regional disparities data by zip code/census tract key areas – RAC team: Janice Booher & Olympia Fulcher

- Review current status of vaccine systems of allocation, successes and challenges locally and nationally - SMH: Dr. M. Gordillo

- Describe examples of regional, national, international successes/concepts - NCF: Prof. K. Fennie

B. 4 Main Discussion breakout groups analyzed and formulated innovative concepts in areas of:

- Data/Triage Issues
- Data/Access Issues
- Advocacy and innovative partnerships and novel networks of care
- Advocacy and scientifically supported faith based efforts

Theme 1: Data and Access issues

Identify innovative strategies to bridge distribution and increase access by marginalized populations at highest risk.

1. What is your vision of an effective and equitable vaccine distribution plan?
2. How does our current situation differ from that vision?
3. What are you/your organization capable and willing to commit to doing to help improve the situation?

Facilitators: Jan Booher (RAC) & Dr. Yusif Addae (GCMS)
Scribe: Kyla Baal

Theme 2: Data and Triage issues

Using available population health data, devising systems to stratify highest-need individuals for vaccine and ongoing care coordination addressing social determinants of health. Through screening and linkage to appropriate services during community-based vaccination efforts.

1. What is your vision of effective and equitable triage for vaccine distribution plan?
2. How does our current situation differ from that vision?
3. What are you/your organization capable and willing to commit to doing to help improve the situation?

Facilitators: Prof. Kris Fennie (NCF) & Odessa Ammons (MHI)
Scribes: Olympia Fulcher & Ryan May

Theme 3: Advocacy for creative partnerships and novel networks of care including faith-based approaches.

Conceptualize possible creative partnerships, staffing, resource ideas using existing or creation of novel networks of care and care delivery including science advised faith based initiatives

1. What is your vision of creative and effective partnerships for vaccine distribution
2. How does our current situation differ from that vision?

3. What are you/your organization capable and willing to commit to doing to help improve the situation?

Facilitator: DeWanda Smith Soeder
Scribes: Cyriac Versini & Joey Carreta

Theme 4: Advocacy for creative partnerships and novel networks of care.
Conceptualize possible creative partnerships, staffing, resource ideas using existing or creation of novel networks of care and care delivery.

1. What is your vision of creative and effective partnerships for vaccine distribution?
2. How does our current situation differ from that vision?
3. What are you/your organization capable and willing to commit to doing to help improve the situation?

Facilitators: Trevor Harvey (NAACP) & Dr. Washington Hill (SMH)
Scribes: Perry Spike

Subsequent Meeting Outcomes - Discussion Summaries

Below is a summary of main topics and outcomes from the discussion groups held February 5, 2021 as well as an interim BIPOC community leadership strategy session held on February 11, 2021.

A. Data/Triage Issues (data to optimize triage)
Discussion Summary: The examination and analyzation of data plays a key role in identifying the most efficient and equitable sites for vaccine distribution. By using the data to identify the areas that have the highest medical risk as well as the most challenging and prominent social determinants of health, we can determine the most vulnerable populations and their corresponding geographic locations to deduce the most efficient and unbiased sites for vaccine clinics.

- Clarify and present data in a way that others who need it can understand and use it better.
- Use data to inform vaccine distribution prioritization.
- Use data for choice of geographic sites based on highest areas of risk and most significantly challenging social determinants of health.
- Ensure decision makers have access to real-time data for optimal decision making.
- Advocate for targeted pop-up vaccine programs aimed at most vulnerable populations
- Create a state of readiness with pre-registered participants and identified vaccine locations.
- Emphasize to various health organizations the importance of quality race & ethnicity data collection for testing and vaccination to help prioritize those in greatest need.
- Query data from various sources for continual identification of highest need areas of intervention.

B. Data /Access Issues (data to optimize access)
Discussion Summary: Informing populations on vaccines through avenues outside of web-based applications and coordinating transportation to events is an important challenge to be overcome with vaccine distribution. A successful way to tackle this issue is to work with already established local community-based organizations, such as faith-based institutions, schools, libraries, etc., and employ their already existing methods of communication and transportation (e.g., carpool systems already established to travel to poll sites for elections, church vans, SCAT vehicles etc.).

- Address and engage community in shared decision-making for equitable vaccine distribution in order to successfully vaccinate the most vulnerable to complications and death.
- Use various strategies that have worked in the past to motivate people to get the vaccines; similar to "Get Out the Vote", share-the-ride events, use of neighborhood health navigators.
- Partner with large distributors of the vaccine; share disparity data, coordinate locations (bring the vaccine to the people with "like faces for like places").
- Connect with community-based organizations to pre-register people, get information out to vulnerable communities, and establish accessible nearby locations for vaccinations and/or provide transportation methods for events out of the locale.
- Enlist faith-based institutions and community centers as key sites for hosting vaccinations, disseminating information, building trust and lessening vaccine hesitancy.
- Utilize schools and libraries to spread messages and connect with families.
- Reform the registration process for increased accessibility; pre-register people, expand obtainable SDOH information, identify Covid contacts within vulnerable communities.
- Highlight Black and Brown advocates who have taken the vaccine to communicate and show up at vaccine locations, present at events and share information.
- Generate faith-based, multicultural and multilingual targeted PSAs.

C. Advocacy and Innovative Partnerships and Novel Networks of Care (organizational capacity and resources)

Discussion Summary: Community-based organizations that are already doing work to address local social needs (e.g., faith-based organizations, nonprofits, educational institutions, etc.) are great resources to enlist assistance in administering vaccines. They can provide resources in the form of vaccine site locations, storing of the vaccine, administering readiness lists for the vaccine, etc.

- Get commitments from organizations who have tools, willingness to share funding, facilities and connections to volunteer their services to help the effort.
- Support those faith-based institutions that are willing to offer their locations to administer vaccines, pre-register people; some need support to coordinate events and maintain information for data-informed decision-making.
- Utilize the infrastructure of Blood Centers as a key resource to store vaccines and deliver vaccines to locations.
- Coordinate with organizations who made commitments; these include philanthropic, behavioral and mental health, schools, faith-based, community-based, local government.

D. Advocacy and scientifically supported faith-based (Trust/Education)

Discussion Summary: It's important to recognize and address that some marginalized communities require extra efforts and modifications in and to the way education and information on the vaccine is presented to them due to historical distrust and lack of culturally-sensitive education and information efforts to serve these communities. It is important to take into account the need for information presented in different languages, information advertised in spaces that are present in their community (e.g., Spanish language radio may be better than a vaccine informational campaign and using neighborhood pharmacies and stores in addition to chain stores such as Publix because these expensive chains are not frequently located in their communities.)

- Provide Black and Brown people with more culturally representative information to overcome vaccine hesitancy.
- Develop information in several different forms and in different languages, that is simple to understand along with a plan to disseminate information.
- Enlist more Black and Brown people to act as COVID-19 contacts, speak to vaccine experience and build trust in communities.
- Employ a variety of forms of communication; presentations, PSAs, media contacts, word of mouth.

E. Pilot Site - Demonstrate Value of Data to Optimize Triage
Discussion Summary: It's important to prepare locations of vaccine sites ahead of time so that the vaccination events can be thoroughly advertised and the community can be fully informed. It's crucial to have an efficient and errorless list of individuals scheduled to be vaccinated.

- Focus now on a pilot that will be prepared when the vaccine comes and make it successful. Then it can be duplicated quickly and efficiently put into action when we receive doses of vaccines.
- Learn when vaccines are going to arrive and where.
- Have people waitlisted, educated and ready to attend, possibly at a moment's notice.
- Have the location prepared and make it happen.
- Use PHI [personal/protected health information] in clinician offices/health systems/health ministries to prioritize people in greatest medical and SDOH need.

F. Vaccine Sites - Demonstrate Value of Data to Optimize Access at Faith-Based Locations
Discussion Summary: Faith-based organizations serve as the optimal sites for vaccine distribution because they are easily accessible by even marginalized populations and serve as efficient communicators and information distributors to large portions of the community at once.

- These institutions should be primary locations for vaccinations, communicate information to congregations and the community.
- Ministers (communicate to congregations, help register people for the vaccines).
- Identify churches located in communities of need.
- Identify and bring on line other accessible community locations and times for vaccine distribution

G. Advocacy and innovative partnerships and novel networks of care (Organizational Capacity and Resources)
Discussion Summary: Strategic organization partnerships are important in distributing information about the vaccine and vaccination events. This face-to-face/ human-on-human interaction is especially important in informing and educating vulnerable populations, because they do not have the same easy access to information as others who have primary access to digital media and information.

- Utilize to source list vaccine participants, disseminate information to communities, coordinate and attend vaccine events.
- Make phone calls and house calls to most vulnerable (elderly, shut-ins) to advise and get them to register for vaccinations.
- Ask each organization to assign a Covid point person who has taken the vaccine and will be the person to answer questions, pass out the literature, create posters, etc.

- Dispel the notion of some Black and Brown people who think they will have a different reaction to the vaccine because they do not see people who look like them getting the vaccine on TV.
- Recruit volunteers of "like faces" to get out and talk to Black and Brown people about this.
- Form a specialized community team who will volunteer to amplify MHI Safekeepers working on this effort to educate and recruit more individuals.
- Follow the principle of "like faces in vulnerable places".

H. Advocacy and scientifically supported faith-based (Trust/Education)
Discussion Summary: It's important to present the information (both educational and statistical) in a way that is easily understood by all populations regardless of educational privilege, as well as accessible and understood by all cultures by thus providing the information in a multitude of different languages. It's also important to employ different influential community leaders of all different types of communities to be leaders in advocating for and informing on the vaccine.

- Remember: it is important to dispel myths and rumors and reduce vaccine hesitancy.
- Make information available in appropriate languages. (Spanish, Creole, Ukrainian, etc)
- Make data and other information "plain" so people understand it. (Core bullet points, social-media, PSAs and presentations that can be distributed to churches and community-based organizations.)
- Identify Black and Brown people who will serve as ambassadors and representatives to make presentations, bear witness to having taken the vaccine (and survived), show up at vaccine locations to reassure and recruit people
- Promote letter writing campaigns to Governor's office, County Commissioners, State Reps, State and local level to advocate for consistent collection of Race & Ethnicity Data on vaccinations given, more equitable distribution of vaccine quantities and designations.

The SCVCC came together for a third meeting after an interim opportunity to implement some of the recommendations during several hastily, but successfully, put together and impactful community "pop-up" vaccination events. We have since co-hosted a total of seven (7) "Pop-Up" vaccine clinics over the last 3 weeks with the Sarasota and Manatee Departments of Health, Florida Emergency Management Systems, the National Guard and a variety of faith-based and community organizations. With outstanding on-the-ground recruitment efforts by our partners and the Safekeepers, we shepherded and helped facilitate the administration of 300-450 COVID-19 vaccinations to elderly and vulnerable community members at each event. We also distributed over 4,000 masks and 1,000 hand sanitizers, along with COVID and general health information across the events. Based on available data of raw numbers of Black people vaccinated in Sarasota and Manatee Counties from the beginning of February to March 9 (N=1,494) across the two counties, extrapolated to the >2000 total MAT recruited for POD vaccination events, an estimated 1400 (observed total average of events, 70% of attendees were BIPOC) AA people whose names we provided through intensive culturally sensitive recruitment efforts; we believe that these interventions approximately doubled the number of BIPOC individuals vaccinated in our region. These interventions were also perceived as less intimidating and more physically and culturally accessible. We have achieved as high as 97% show rates vs larger DOH/large-scale events needing to overbook an additional 20% scheduled to compensate for no-show rates. Perhaps because of personal touch, familiar environments and greater cultural sensitivity as well as good follow-up and a back-up list, we apparently had fewer wasted doses in the smaller scale community-based pop-up models.

Based on anecdotal feedback during events and community meetings, we feel a significant portion of increase in vaccinations amongst people of color was achieved through this powerful collective effort.

Summary of Data Impacts:

As of 3/1/21, statewide vaccination rates are 141/1000 for whites, 51.5/1000 blacks; in Sarasota 199.8/1000 whites, 53.2/1000 blacks; in Manatee 137.8/1000 whites, 33.4/1000 blacks.

By 2/6/2021 in Sarasota there were a total of 50,358 people vaccinated; 513 were black. In Manatee 32,842 vaccinated and 603 were black.

Between Feb 6th and March 9th, Sarasota County vaccinated another total of 63,755 with 55,552 Whites and 626 Black people.

Between Feb 6 and March 9th, Manatee vaccinated another total 42,893 with 33,655 White and 868 black people.

This led to a reported total of 1494 Blacks vaccinated across both counties between Feb 6th and March 9th, during the period of SCVCC activities.

The 3rd Vaccine Convening meeting on February 28th was focused on interim data updates, further success of best practices and commitments to next steps.

We were inspired by progress in places such as:

> As of 2/21/21, Israel had administered at least one dose of the vaccination (Pfizer) to more than 45% of its 9 million population.
>
> The Sovereign 2 vaccine (specifically and independently developed in Cuba) has progressed through two phases of trials and is set to enter a third phase, being tested on 150,000 people in Cuba and Iran
>
> As of 2/15/21, West Virginia where 30% of its population has no access to internet had become the only state in the nation to achieve an overall vaccine administration rate over 100 percent for both first and second round vaccine doses combined. They have administered almost 450,000 doses of COVID-19 vaccine. More than 9% of its population has gotten both doses.

SCVCC February 24, 2021 - Summary Updates and Discussion:

DATA

Florida Administrative Code Regulations, Section 64DER20-43 - COVID-19 Vaccine Reporting Requirements (Fla. Admin. Code Ann. R. 64DER20-43):

> *All health care practitioners licensed under Chapters 458, 459 or 464, F.S., and all other enrolled COVID-19 vaccine providers, must report the following vaccination data elements in Florida SHOTS within 24 hours of administration to an individual of any dose of a COVID-19 vaccine that has Emergency Use Authorization from the Food and Drug Administration.*

https://casetext.com/regulation/florida-administrative-code/department-64-department-of-health/division-64d-division-of-disease-control/chapter-64der20-emergency-rule-for-year-2020/section-64der20-43-covid-19-vaccine-reporting-requirements

- This **policy** may help encourage better gathering of race data in relation to virus testing and vaccination. Allows us to examine de-identified data to help triage highest need populations. Consider data collection to **prioritize most vulnerable** registrants and get them to specialized high needs lists.
- In order to parse **data**, data science programming and statistics are required; therefore MHI scholars can assist in this. Vital statistics have been already collected through the standard census; so, employ that data to address and amend specific, situational health concerns.
- Suggested we employ use of **ethical review boards** to ensure people's data is protected. Should consider creation of new roles: physician manager, county human services, health promo and healthy start. Create a lead health equity champion for organizing and working with SDOH, CHAT. Also need to create opportunities for vaccine data and get people vaccinated and then pass on that information to leaders.
- **Mask Wearing**: Continue to stress to those with shots to continue wearing masks, etc. Met with mayor and commissioners in February; statements from SCVCC were provided but disappointing decision not to continue mask mandates.
- COVID-related testing and financial impacts can employ CARES Act funding. Creating access and addressing SDOH for outcomes. System not perfect but collaboration= village, connections with NAACP, and DPH to improve access to those who need it; is doing well. MHI data-sharing codesign project will help define and communicate community-driven data priorities.
- **Registration Process:** Need to have everyone on a **universal system** as soon as possible. Have people registered and ready to go for vaccination. Gather additional data. Important to ask questions about SDOH info such as access to car, pre-existing conditions. In registering, people's names need to be cross referenced w/county list to purge duplicates. Different agencies are using different registration forms; the Manatee and Sarasota working vaccine registration form (data) needs to be completely filled out. Can help people get on the Everbridge registration system, but Everbridge is not working for underserved communities; substitute phonebanks and CHW models.
- **Challenges**: Need to overcome the digital divide (inaccessibility to technology by impoverished communities, therefore much more difficult to register for vaccinations or to be informed of events and remove other barriers.)
- Continue **outreach and education** work in partnership with MAT and Dr. Merritt's team. HTC can reach out to specific neighborhoods to do door-to-door registrations; we just need to know whom to target and can offer young volunteers (provide a list of students)--coordinate with Joey and Barb. HTC will share info & send toolkit (English/Spanish) that can be adapted to any language; can also help with funding and technology--grant to address vaccine hesitancy in the public but seeking a consultant to help with issues in under-served areas. Expand MHI model of community consultants (like faces in like

spaces) that can bridge the health workers. Compensate (not full-time) folks on the ground, as previously done with HIV, DM, BP, etc.

ACCESS

"COVID-19 Vaccination Clinic Implementation Toolkit" - This guide is being shared to support other primary care teams; posted on the website for the OHSU Center for Primary Care Research & Innovation:

> *This is a toolkit for decision-makers and implementers of vaccine clinics. Institutions, including counties, need to make decisions about how to organize COVID-19 vaccines in their communities. Our goal was to create a "vaccination clinic in a box" that could be replicated in, and tailored to, many types of settings.*
>
> https://bridgetoinnovation.org/our-initiatives/covid-response/

- Share strong examples such as this implementation guide based on experience starting a COVID-19 vaccine clinic from scratch at a rural health center in Scappoose, Oregon, in partnership with county public health officials. Reach out to Miami for update on their vaccination efforts.
- **Avoid having to recreate the wheel,** be open to feedback. Sharon Joy Kleitsch (St Pete) wants to share gains achieved with their action. Important to design vaccine systems to address vulnerable populations first to actually help everyone; we're concerned about access to vaccines for Black and Brown people, and low income people. Remove barriers to those specific groups, and we also make it easier for everyone else to get vaccines as well.
- **Pop-up Sites List**: let Olympia's Data Team know- contact info: olympia.fulcher16@ncf.edu, write "data" or "data request" in the subject line. If someone knows how to access, UnidosNow will continue to work w/ other SCVCC partners on the vaccine pop up to facilitate Latinx recruitment
- **Vaccine Sites**: Work with the Health Department to get vaccines to Pop-ups. Encourage Sarasota County Schools, Libraries and Solmart Media for vaccine sites and their advertising of vaccine events. Goodwill building Zoom meetings to expand knowledge -- need to see, hear, talk about impact of pandemic, loss of intergenerational connections, communities losing wisdom of elders
- **Vaccine Supply:** Look at allocation from state to each county, Manatee and Sarasota are at the bottom; Governor needs to hear from us on this and adjustments need to be made. Request set aside of a certain percentage to be offered to certain communities.

Multicultural Health Institute

Appendix (supporting documentation)

Pop-Up Event Sites

Oneco United Methodist Church, Light of the World (x2), 13th Ave. Dream Center, Centerstone, Palmetto Youth Center, Bethlehem Baptist Church

Articles

"NMA Forms COVID-19 Task Force Take the Politics Out of Vaccine Development", Sep 21, 2020
https://www.nmanet.org/news/527978/NMA-Forms-COVID-19-Task-Force-Take-the-Politics-Out-of-Vaccine-Development.htm

"NMA COVID-19 Task Force on Vaccines and Therapeutics", Dec 21, 2021
https://www.nmanet.org/news/544970/NMA-COVID-19-Task-Force-on-Vaccines-and-Therapeutics.htm

"California is reserving 40% of COVID-19 vaccine for the neediest. Who will get it?", Mar 4, 2021
https://www.latimes.com/california/story/2021-03-04/california-shifts-covid-vaccine-rollout-for-neediest-groups

"JAMA podcast on racism in medicine faces backlash", Mar 5, 2021
https://www.mdedge.com/hematology-oncology/article/236777/diversity-medicine/jama-podcast-racism-medicine-faces-backlash/page/0/1

"West Virginia's Vaccination Rate Ranks Among Highest In World", Feb 22, 2021
https://www.npr.org/sections/coronavirus-live-updates/2021/02/22/968829227/west-virginias-vaccination-rate-ranks-among-highest-in-world

"Vaccine Distribution-Equity Left Behind?" JAMA.2021 Mar 2;325(9):829-830. doi: 10.1001/jama.2021.1205 - https://pubmed.ncbi.nlm.nih.gov/33512381/

"Sarasota County Advocates Want Better COVID Vaccine Equity", Feb 14, 2021
https://www.heraldtribune.com/story/news/local/sarasota/2021/02/14/sarasota-county-advocates-want-better-covid-19-vaccine-equity/6745731002/

Interviews - Presentations and other media

-- WSLR - African American Takeover Day, Feb 20
-- WUSF radio - "Sarasota Advocates Push To Get COVID-19 Vaccines To People of Color", Feb 25
-- Bethlehem Bible Church Women's Conference - "Entering A New Beginning of Clarity, Healing and Faith", Jan 30
-- New College of Florida Black History Month series - "Health Disparities and Creative Interventions: A Conversation with Dr. Lisa Merritt", Feb 9
-- Ringling Museum's artist in residence, Jan/Feb
-- Tampa Bay Times "Self Portrait of an American", Jan 16

Pop-up Video
https://drive.google.com/drive/folders/1hGVO2ng1lo3fnLE0PDQ98Wua47ZVQg0b?usp=sharing

Vaccine Convening Slides 2/24/21 --
https://docs.google.com/presentation/d/1sBenLRRd5SX8I1qoWbEOXdT4u6PqF2SPVqytP7kyuzI/edit?usp=sharing

MHI Vaccine Convening Slides 2/5/21:
https://drive.google.com/file/d/1WU9e6qV1VcZ15du-o8jKY-tTA_uYpey4/view?usp=sharing