As of 3/17/2021

COVID-19 Vaccination Equity Strategy, Blue Ridge Health District

Objectives

1. Provide equitable and timely access to COVID-19 vaccine and culturally appropriate education with communities at the highest risk of COVID hospitalization and death
2. Ensure open, transparent communications and information sharing including demographic data on vaccination, testing and cases

Guiding Principles

Our guiding principles are the principles published by the National Academies of Science, Engineering and Medicine in the report *Framework for Equitable Allocation of COVID-19 Vaccine*.

Commitment to Equitable Vaccination

Equity is cross-cutting and is fundamental to all decisions on who, where and how to vaccinate. To improve vaccine access for Black and Latinx community members, we are committed to the following:

Communication

- Work at the direction of community leaders and organizers and provide resources to support their work.
- Gather, review and share data at the municipal level so that this policy is flexible and responsive to community.
- Use every avenue available (paper, all IT systems approved by the state, etc.) to register people for vaccination events understanding that every community is unique and that we need to minimize barriers.
- Invest in culturally relevant PSAs, FAQs, documentaries, town halls, etc.

Allocation

- Allocate as much available vaccine as is requested by community leaders for community-based events focused on communities of color.[1]
- Direct all providers receiving vaccine to use all available data (pre-registration, medical records, census data, etc.) to prioritize clients based on who is most at risk of hospitalization and death from COVID-19.
- In addition to above, focus allocation on the following populations (not exclusive/overlapping):
  - Newcomers/refugees
  - People with chronic health conditions
  - People requiring special accommodations
  - LGBTQ+
  - Older adults
  - People experiencing homelessness
  - Incarcerated people

Distribution

- Prioritize vaccination events in neighborhoods and apartment buildings with compounding factors including, at a minimum, low life expectancy, poverty and race and making vaccine available to anyone who lives in that neighborhood.[2]
- Sustain and continue to expand the number and diversity of distribution sites across the district:
  - **Fixed sites**: JC Penny and Big Lots, fire stations, schools
  - **Employer-focused sites**: Farmworker sites, schools

[1] Some constraints re: staffing capacity

[2] These sites will be selected using census data on race and income; the Opportunity Atlas; the Shelter in Place Index; and the BRHD life expectancy analysis

As of 3/17/2021

- **Community-based sites**: Community centers, churches
- **Place-based sites**: Senior living communities, neighborhoods
- **Pharmacies**: Corporate and independent
- **Private providers**: Sentara MJH, UVA Health, Blue Ridge Medical Center, UVA International Family Medicine Clinic, UVA Infectious Disease Clinic, Etc.

Community Leadership

"To promote equity in vaccine allocation, [local health departments] will need to work with community-based partners to identify members of priority populations and ensure there are no out-of-pocket costs to the public. Effective, authentic, and meaningful engagement with community-based organizations is crucial in order to build effective vaccine delivery systems that are convenient for priority populations."– *Framework for Equitable Allocation of COVID-19 Vaccine*

Objectives

1. Provide education, information and resources about the vaccine to communities of color and other communities that have been disproportionately impacted by COVID
2. Direct the registration and advise on the operations of community vaccination sites
3. Provide feedback to BRHD on community concerns/questions related to COVID

Membership

The BRHD will engage community leaders from the localities in the health district in planning vaccine sites in their localities.

Local Impact

Current evidence shows that COVID-19 disproportionately affects Black, Hispanic or Latinx, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander communities. Much of the increased risk of COVID-19 in these communities and others is tied to social risk and structural inequality, e.g., disproportionate representation in high-risk jobs in essential industries. Advanced age, specific comorbid conditions, and other factors also put individuals and communities at higher risk for severe COVID-19 morbidity and mortality.[3] COVID-19 impacts on community members residing within Blue Ridge Health District are shown in Table 1.

Race/Ethnicity	Population %	COVID 19 Cases %	Hospitalizations %	Deaths %
Black	12.95	12.1	31.3	20
Hispanic	4.83	11.9	11.6	1.6
2 or more	2.6	1.6	1.6	0.0
Asian Pacific Islander	2.9	2.7	1.0	.80
Native American	.47	.1	0.0	0.0
White	77.7	54.4	50	75.20
Unknown		14	2.4	0.0
Other		3.2	2.2	0.0

Table 1 COVID-19 Impact in the Blue Ridge Health District

- Black people are the only demographic group that is overrepresented in hospitalizations and deaths, for hospitalizations – 2.5x the case rate.
- Latinx people are the only demographic that is overrepresented in cases, in this case 2.5x the population rate.
- White people are underrepresented in cases & hospitalizations.

[3] National Academies of Engineering, Science and Medicine.

As of 3/17/2021

- Females are slightly overrepresented in hospitalizations.
- Males are slightly overrepresented in deaths.
- 50% of cases are people aged 10-39 years.
- 65% of hospitalizations are people over 50 years.
- 80% of deaths are people over 70 years.

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