



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Interdepartmental Health Equity Collaborative (IHEC) Monthly Meeting

Vaccine Confidence & Trust

February 26, 2021



PREDECISIONAL AND DELIBERATIVE
CONTROLLED UNCLASSIFIED INFORMATION (CUI)

IHEC February 2021 Meeting

PLEASE MUTE YOUR PHONE LINE AS SOON AS YOU ENTER THE ROOM!

- Roll call will be strictly by chat feature for this meeting
- Please put your name and organization in the CHAT
- Email us with your name and organization at twilliams@gramercyresearch.com if you are attending by phone
- If you have any questions during the presentations, please put them in the CHAT and address the speaker you would like to answer your question



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Welcome & Roll Call



Please put your name and organization in the CHAT

(We will not hold a verbal roll call.)

If you are attending by **phone only**, please send an **email** with your name and organization to:

twilliams@gramercyresearch.com



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Meeting Agenda

- **Welcome:** Carol Payne (HUD) and Roslyn Moore, OMH
 - **Introduction of Speakers:** Georgia Simpson, RMHA, ORHO Region 1
 - **Featured Panel Discussion**
 - **CDC COVID-19 Response**, Tiffany Brunson, PhD, JD, Co-deputy, Stakeholder Engagement & Disproportionately Affected, Adult Populations, Vaccine Task Force Communications, CDC COVID-19 Response
 - **National Center for Health in Public Housing**, Bob Burns, Director
 - **Health Resource Service Administration (HRSA)**, CAPT Darin Daly, Senior Public Health Analyst, Office of Northern Health Services/Midwest Division, Bureau of Primary Health Care, DHHS
 - **Axess Pointe**, Marihelyn Horrigan, Nurse Care Manager and Jennifer Hayes, Chief Financial Officer and Interim Director of HR
 - **Mile Square Health Center, University of Illinois Health**, Henry Taylor, MPA, President and CEO
 - **Q&A**
 - **Workgroup Updates**
 - **Wrap up and adjourn**
-



Welcome

Carol Payne (IHEC Co-Chair), Baltimore Field Office Director, HUD

Roslyn Moore (Acting Director), OMH, HHS



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Introduction of Speakers

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Panel Discussion and Audience Engagement

Jason Amirhadji, Moderator, Office of Public and Indian Housing, HUD



Tiffany Brunson, PhD, JD, Co-deputy, Stakeholder Engagement & Disproportionately Affected Adult Populations, Vaccine Task Force Communications, CDC COVID-19 Response



Bob Burns, MPA, Director, National Center for Health in Public Housing



Captain Darin Daly, MS, MT (ASCP), Senior Public Health Analyst, Office of Northern Health Services/Midwest Division, Bureau of Primary Health Care, HRSA, DHHS



Not pictured: **Marihelyn Horrigan**, Nurse Care Manager, Axess Pointe

Jennifer Hayes, Chief Financial Officer and Interim Director of HR, Axess Pointe



Not pictured: **Henry Taylor**, MPA, President and CEO, Mile Square Health Center, University of Illinois Health

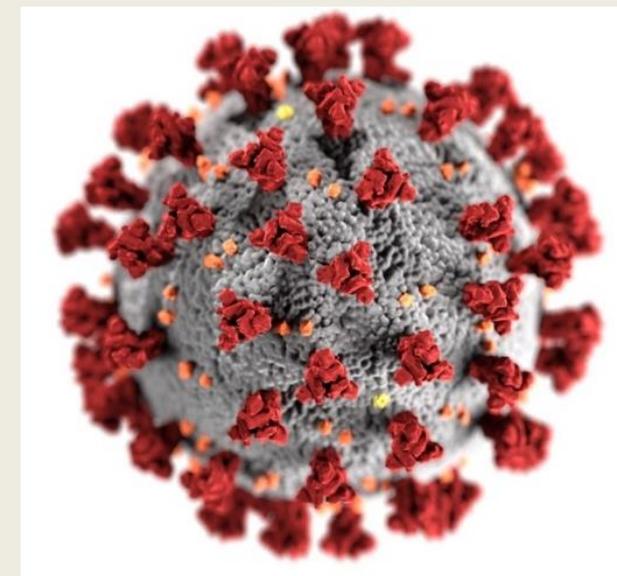


CDC COVID-19 Vaccine Communication: COVID-19 Vaccination Saves Lives

Feb 26, 2021

Tiffany Brunson, PhD, JD

Co-deputy, Stakeholder Engagement &
Disproportionately Affected Adult Populations
Vaccine Task Force Communications
CDC COVID-19 Response



Vaccinate with **Confidence**

cdc.gov/coronavirus



Communities of Color have been Disproportionately Affected

COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

| Rate ratios compared to White, Non-Hispanic persons | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
|---|--|-----------------------------|---|----------------------------|
| Cases ¹ | 1.9x | 0.7x | 1.1x | 1.3x |
| Hospitalization ² | 3.7x | 1.1x | 2.9x | 3.2x |
| Death ³ | 2.4x | 1.0x | 1.9x | 2.3x |

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.



www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

Figure 4

Which Groups Are Most Likely To Be COVID-19 Vaccine Hesitant?

Percent within each group who say, if a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, they would probably not get it or definitely not get it.



Source: KFF COVID-19 Vaccine Monitor and Health Tracking Poll, Nov. 20-22, 2020. See <https://www.kff.org/covid-19/> for questions wording.

KFF COVID-19
Vaccine Monitor

It is our job to let communities know that it is *okay and valid* to have questions, especially *for those who have been hurt by societal systems.*

Why Do We Need to Reinforce Confidence in COVID-19 Vaccines?

- **71%** of the general public said they would receive a COVID-19 vaccine

(Data from December 2020 KFF poll)

Factors weighing on acceptance:

- What are the side effects?
- How well does it work?
- How safe is it?
- How much does it cost?



COVID-19 vaccine more acceptable if:

- Healthcare team said it was safe
- No costs to the individual
- Would facilitate getting back to school and work
- They could get it easily

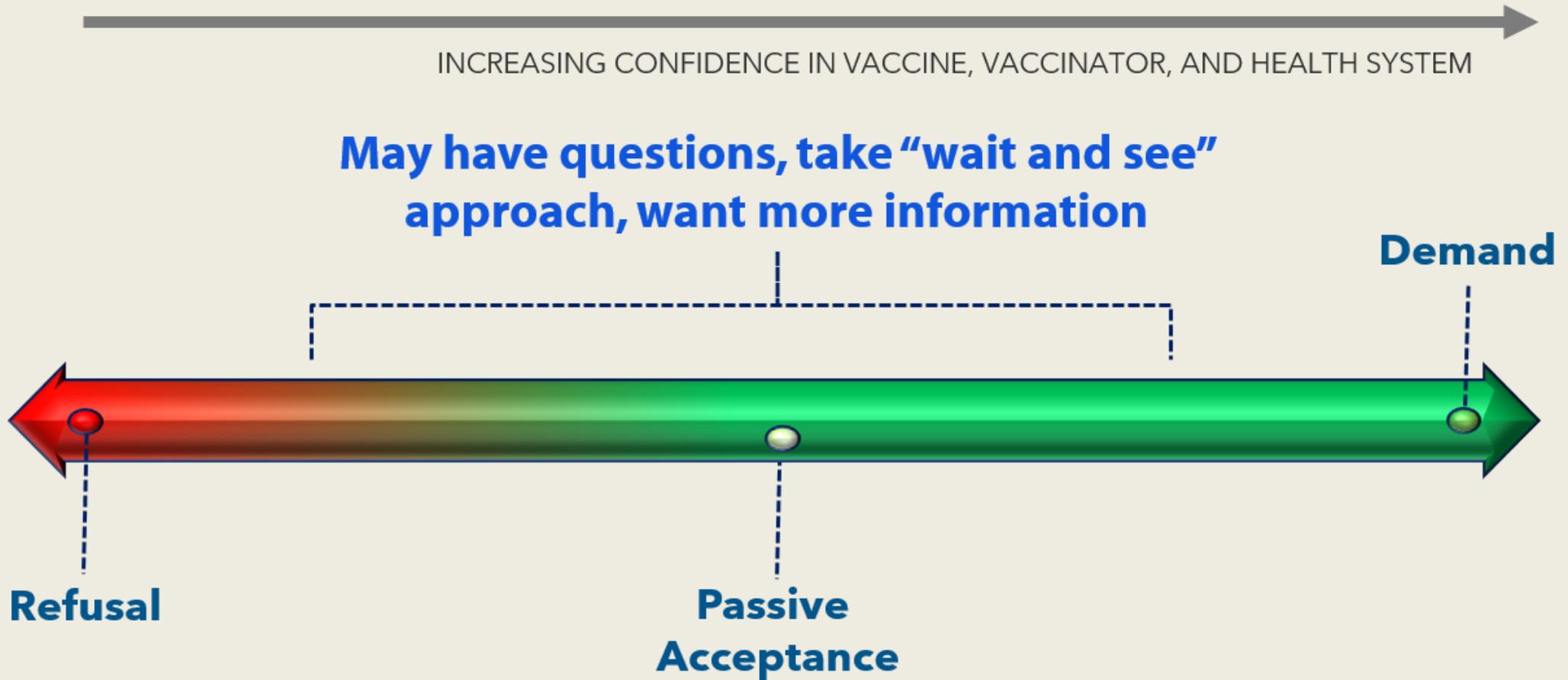


Tyson, A, Johnson, C, & Funk, C. (2020, September 17). *U.S. Public Now Divided Over Whether to Get COVID-19 Vaccine*. Pew Research Center. <https://www.pewresearch.org/science/2020/09/17/u-s-public-now-divided-over-whether-to-get-covid-19-vaccine/>

Jackson, C., & Newall, M. (2020, September 29). *Despite COVID-19 spike, few individual behaviors are changing*. Ipsos. <https://www.ipsos.com/en-us/news-polls/axios-ipsos-coronavirus-index>

L

Vaccine demand falls on a continuum



Defining Vaccine Confidence

- Vaccine confidence is the **trust** that patients, parents, or providers have in:
 - recommended vaccines;
 - providers who administer vaccines; and
 - processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.





Vaccinate with Confidence

CDC's Strategy to Reinforce Confidence in COVID-19 Vaccines

Build Trust

Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

- ✓ Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.
- ✓ Provide regular updates on benefits, safety, side effects and effectiveness; clearly communicate what is not known.
- ✓ Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.

Empower Healthcare Personnel

Objective: Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.

- ✓ Engage national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.
- ✓ Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
- ✓ Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.

- ✓ Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
- ✓ Work with health departments and national partners to engage communities around vaccine confidence and service delivery strategies, including adaptation of vaccination sites to meet community needs.
- ✓ Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.

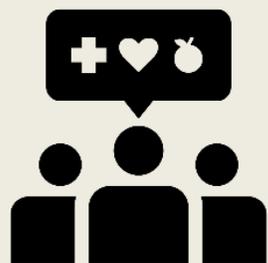
*Personnel = All staff working in healthcare settings, including physicians, PAs/NPs, nurses, allied health professionals, pharmacists, support staff, and community health workers

Trusted Partnerships Matter:

The COVID-19 Facilitating Acceptance with Community-Based Trusted Messengers (FACT) Alliance:

Strengthening intersectoral partnerships to support COVID-19 vaccine confidence in communities

Focusing on the following messengers:



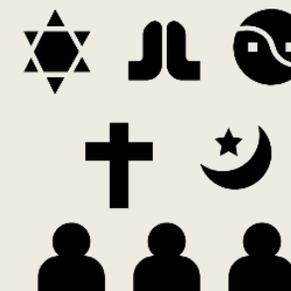
**Community
Health
Workers**



Pharmacists



Nurses



Faith Leaders



Aligned with the guiding principles to [CDC COVID-19 Response Health Equity Strategy](#)

Key messages about COVID-19 vaccination

1. You can help **stop** the pandemic by getting a COVID-19 vaccine.
2. COVID-19 vaccines are safe *and* effective.
3. COVID-19 vaccine will be **free** for you.
4. After COVID-19 vaccination, you **might** have some side effects. These are normal signs that your body is building protection.
5. You will still need to wear a mask and socially distance after getting each shot of the vaccine *for now*.





COVID-19 Vaccine: Helps protect you from getting COVID-19

Get a COVID-19 vaccine, wear a mask, stay at least 6 feet apart, avoid crowds, and wash your hands to protect against COVID-19.



QUESTIONS & ANSWERS

FOR HEALTHCARE WORKERS

Getting Ready for Your COVID-19 Vaccine

Does it work?

Is it safe?

Are there side effects?

Do I need the vaccine if I've had COVID-19?

When can I stop wearing a mask and be around others again?

WHAT YOU NEED TO KNOW >

How Do I Get a Vaccine?

CDC makes recommendations for [who should get the vaccine first](#), then each state makes its own plan.

Choose your state or territory below to find your health department:

Select State / Territory ▾



COVID-19 Vaccine Communication Toolkits

- Key messages
- Frequently asked questions
- Slide deck
- Plain language fact sheet in several languages
- “I got my COVID-19 vaccine!” stickers
- Customizable newsletter content
- Customizable letters
- Posters
- Social media images and sample messages



Vaccination Communication Toolkit

For Medical Centers, Clinics, Pharmacies, and Clinicians

Build confidence about COVID-19 vaccination among your healthcare teams and other staff.



Recipient Education Toolkit

For Healthcare Professionals and Pharmacists

Educate vaccine recipients about the importance of COVID-19 vaccination.



Long-Term Care Facility (LTCF) Vaccination Toolkit

For LTCF Administrators and Leadership

Prepare staff, residents, and their families for COVID-19 vaccination in LTCFs.



Essential Worker Vaccination Toolkit

For Employers of Essential Workers

Help plan for and encourage COVID-19 vaccination in the workplace.



Community-Based Organization (CBO) Vaccination Toolkit

For Staff of Organizations Serving Communities

Educate communities about the benefits of COVID-19 vaccination, and address common questions and concerns.



<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits.html>

COVID-19 Vaccine Communication Toolkit Materials

Key Messages about COVID-19 Vaccines



COVID-19 Vaccine Information

COVID-19 and Vaccine Basics



Key facts about COVID-19 vaccination



Getting vaccinated can help prevent getting sick with COVID-19



People who have already gotten sick with COVID-19 may still benefit from getting vaccinated



COVID-19 vaccines cannot give you COVID-19



COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests*

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html>

*<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

Slides

Frequently Asked Questions about the COVID-19 Vaccine



1 Why should I get vaccinated for COVID-19?

COVID-19 can cause serious illness or even death. There is no way to know how COVID-19 will affect you. And if you get sick, you could spread the disease to friends, family, and others around you. All COVID-19 vaccines currently available in the United States have been shown to be highly effective at preventing COVID-19 disease. Even if you still get infected after you get vaccinated, the vaccine may prevent serious illness.

2 Can the vaccine give me COVID-19?

No, the vaccine does not cause COVID-19. None of the approved COVID-19 vaccines contain the virus that causes COVID-19. It does take a few weeks after vaccination for your body to build up antibodies to protect you from the virus. That means it's possible you could be infected with the virus that causes COVID-19 just before or just after getting the vaccine and still get sick.

3 Will the shot hurt or make me sick?

Some people might get sore muscles, feel tired, or have mild fever after getting the vaccine. These reactions mean the vaccine is working to help teach your body how to fight COVID-19 if you are exposed. For most people, these side effects will last no longer than a few days. If you have any concerns, call your doctor or nurse.

4 Why do I need two COVID-19 shots?

Some COVID-19 vaccines need two shots. The first shot gets your body ready. If you are told you need two shots, make sure that you get your second shot at the time you are told, to make sure you have full protection.

You can help stop the pandemic by getting a COVID-19 vaccine.

To stop this pandemic, we need to use all our prevention tools. Vaccines are one of the most effective tools to protect your health and prevent disease. Vaccines work with your body's natural defenses so your body will be ready to fight the virus if you are exposed (also called "immunity").

In the coming months, doctors' offices, retail pharmacies, hospitals, and clinics will offer COVID-19 vaccine. Your doctor's office or local pharmacy may have contacted you with information about their vaccine plans. If not, you can contact your state or local health department (<https://www.cdc.gov/publichealthgateway/healthdirectories/index.html>) to find out when and where vaccines will be available in your community.



COVID-19 vaccines are safe and effective

The U.S. vaccine safety system makes sure that safe as possible. Learn how the federal government ensure the safety of COVID-19 vaccines (<https://www.cdc.gov/coronavirus/2019-ncov/>)

CDC has developed a new tool, v-safe (<https://www.cdc.gov/coronavirus/safety/vsafe.html>), to help us quickly find any safety issues with COVID-19 smartphone-based, after-vaccination health checker for people who receive. Download the v-safe app after you are vaccinated!

Studies show that COVID-19 vaccines are very effective at keeping you from getting sick. Experts also think that getting a COVID-19 vaccine may help keep you from getting sick even if you do get COVID-19. These vaccines cannot give you the disease.

Key messages and FAQs

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html>

COVID-19 Vaccine Communication Toolkit Materials

Customizable COVID-19 Vaccine Content for Community-Based Organizations

Updated Feb. 12, 2021 Languages Print

Community-Based Organizations and Leaders can use the following materials to encourage COVID-19 vaccination. You can add your own logos and customize the text to make it appropriate for your organization.

Introductory letter

This letter can be sent to branches, chapters, or affiliates to encourage review and use of the toolkit materials.

Dear Community-Based Organization Leader:

Soon the communities you serve will have access to vaccines to help protect them against COVID-19. All COVID-19 vaccines currently available in the United States have been shown to be highly effective at preventing COVID-19. Vaccination is one of our many important tools to help stop the pandemic.

Some community members may be hesitant to get the vaccine. Before they agree to be vaccinated, they will want answers to their questions about the process for developing these vaccines and information about safety and effectiveness. Your organization can help inform communities about the vaccines and help people feel confident when they decide to get vaccinated.

This COVID-19 Vaccine Communication Toolkit for Community-Based Organizations was created by the Centers for Disease Control and Prevention (CDC) to help you provide clear, consistent, and credible information about COVID-19 vaccines to your communities. We encourage you to review and customize these materials.

- **Letter to members:** Customize this letter about COVID-19 vaccination to send to your members.
- **Newsletter content:** This short newsletter-style blurb can be widely distributed to share information on COVID-19 vaccines.
- **Key messages:** Use these key messages about COVID-19 vaccine to educate your communities.
- **Frequently Asked Questions (FAQs):** Use these to help answer questions about COVID-19 vaccine in your communities.
- **Slide deck:** These basic slides about COVID-19 vaccines are for virtual town halls or other informational meetings within your communities. You can use all or part of the set or also include

On this Page

[Introductory letter](#)

[Letter to members](#)

[Newsletter content](#)



Fotonovela



Vacunarte contra el COVID-19 añade una capa más de protección.

THE COVID-19 VACCINE HELPS PROTECT YOU & YOUR FAMILY.

A safe and effective vaccine to protect against COVID-19 is now available.

www.cdc.gov



Social Media

Customizable Content

COVID-19 Vaccine Communication Toolkit Materials

COVID-19 Vaccines

Vaccines (shots) are one of the tools we have to fight the COVID-19 pandemic.



To stop this pandemic, we need to use all of our prevention tools. Vaccines are one of the most effective tools to protect your health and prevent disease. Vaccines work with your body's natural defenses so **your body will be ready to fight the virus**, if you are exposed (also called immunity). Other steps, like wearing a mask that covers your nose and mouth and staying at least 6 feet away from other people you don't live with, also help stop the spread of COVID-19.

Studies show that COVID-19 **vaccines are very effective** at keeping you from getting COVID-19. Experts also think that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19. These vaccines cannot give you the disease itself.



The vaccines are safe. The U.S. vaccine safety system makes sure that all vaccines are as safe as possible. All the COVID-19 vaccines that are being used have gone through the same safety tests and meet the same standards as any other vaccines produced through the years. A system in place across the entire country that allows CDC to watch for safety issues and make sure the vaccines stay safe.



Different types of COVID-19 vaccines will be available. Most of these vaccines are given in two shots, one at a time and spaced apart. The first shot gets your body ready. The second shot is given at least three weeks later to make sure you have full protection. If you are told you need two shots, make sure that you get both of them. The vaccines may work in slightly different ways, but all types of the vaccines will help protect you.

Vacunas contra el COVID-19

Las vacunas son una de las herramientas que tenemos para luchar contra la pandemia del COVID-19.

COVID-19 疫苗

疫苗（注射）是我们抗击 COVID-19 疫情的手段之一。



为了遏制疫情蔓延，我们需要使用所有可用的预防手段。疫苗是保护健康和预防疾病的最有效手段之一。疫苗将与您的身体自然防御系统一起工作，因此，如果您暴露在病毒下，您的身体将准备好对抗病毒（也称为免疫）。其他措施，如戴口罩遮住口鼻，与其他不住在一起的人保持至少 6 英尺的距离，也有助于阻断 COVID-19 的传播。

研究表明，COVID-19 疫苗在防止您感染 COVID-19 方面非常有效。专家还认为，即使您感染了 COVID-19，接种 COVID-19 疫苗也可以帮助您避免患上严重疾病。这些疫苗本身不能给您带来疾病。

Alternative Languages: [Arabic](#) | [Spanish](#) | [Korean](#) | [Russian](#) | [Simplified Chinese](#) | [Tagalog](#) | [Traditional Chinese](#) | [Vietnamese](#)

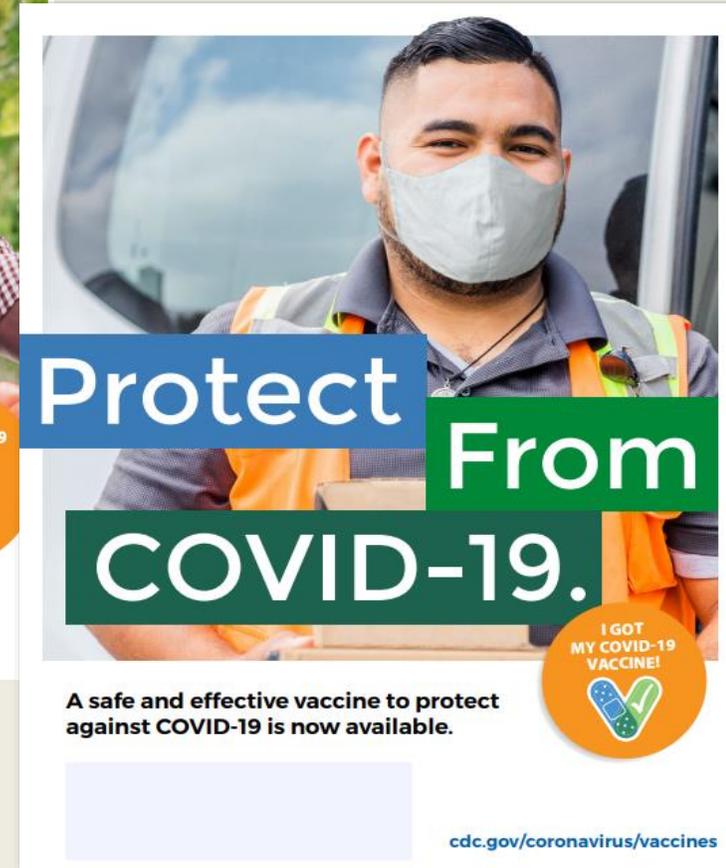
COVID-19 Vaccine Communication Toolkit Materials



Stickers

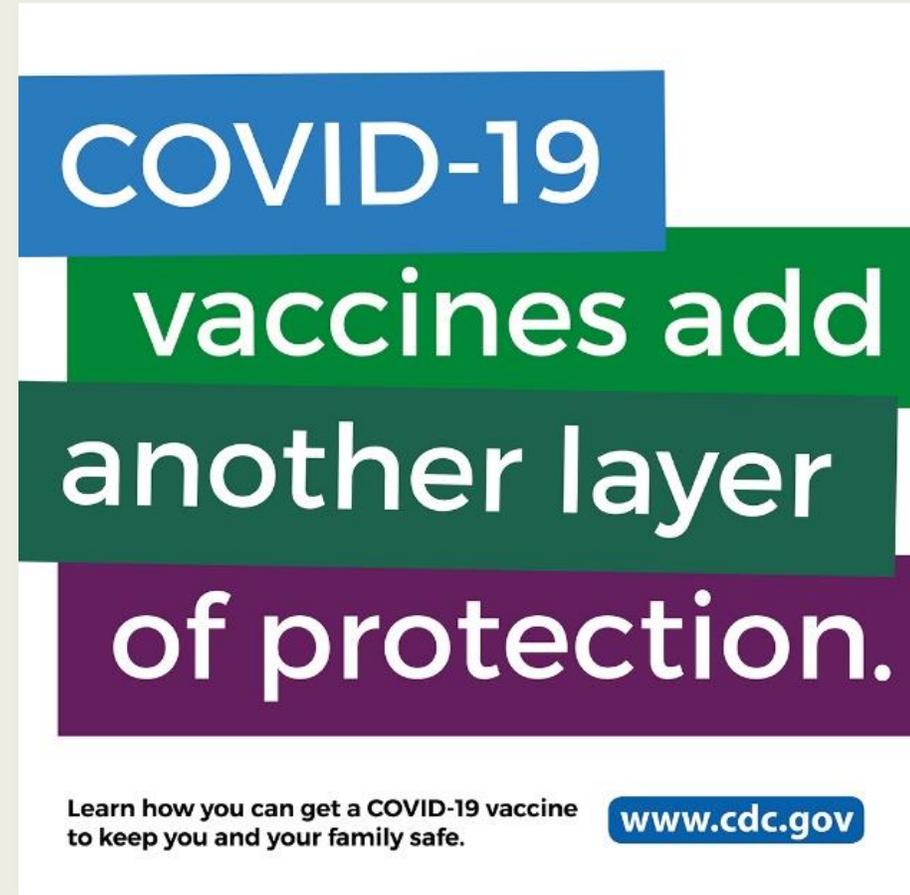


Posters



Upcoming Materials

- Additional languages for materials
- Vaccine infographics
- Additional photos and posters
- Success story videos
- Matte articles
- How to guides



Audience-tailored toolkits from HHS

- Coming in February, will include existing CDC tools along with new, audience-tailored materials
 - Nurses (English/Spanish)
 - Pharmacists (English/Spanish)
 - Indian country
 - Faith-Based BAA communities
 - Essential workers, agricultural (including indigenous groups) (English/Spanish)
 - Community health workers (promotoras) (English/Spanish)
 - Puerto Rico healthcare leaders (English/Spanish)
 - Faith-Based Latino/Hispanic communities (English/Spanish)
 - 65+/Medicare recipients (English/Spanish)
 - Rural communities
 - B/AA: Historically Black Colleges and Universities
 - B/AA: Community/civic organizations



Call to action

- The COVID-19 vaccine is an **important prevention tool** for stopping the COVID-19 pandemic.
- **You** are on the front lines of keeping our communities healthy.
- **You** can help the communities disproportionately affected by COVID-19 feel confident and safe in their decision to get vaccinated.
- We have resources to help you do that!



Photo Sources: <https://www.today.com/health/covid-19-vaccine-health-care-workers-share-photos-t204282>, <https://www.dailynews.com/2020/12/14/first-wave-of-coronavirus-vaccines-arriving-across-southern-california/photos> sent by people who received vaccine including Naomi Tepper and Dana Meaney-Delman

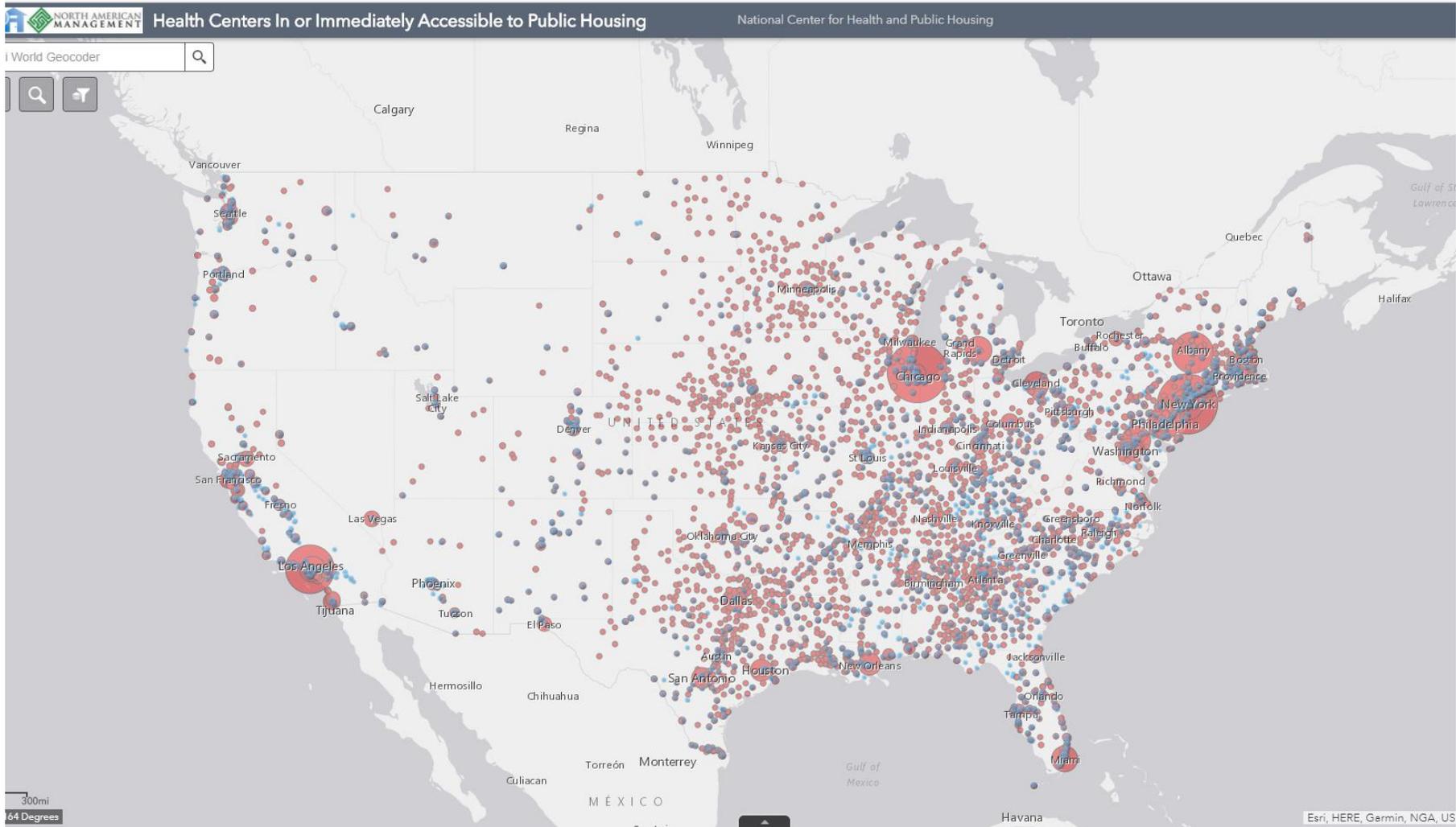
Thank you!



National Center for Health in Public Housing

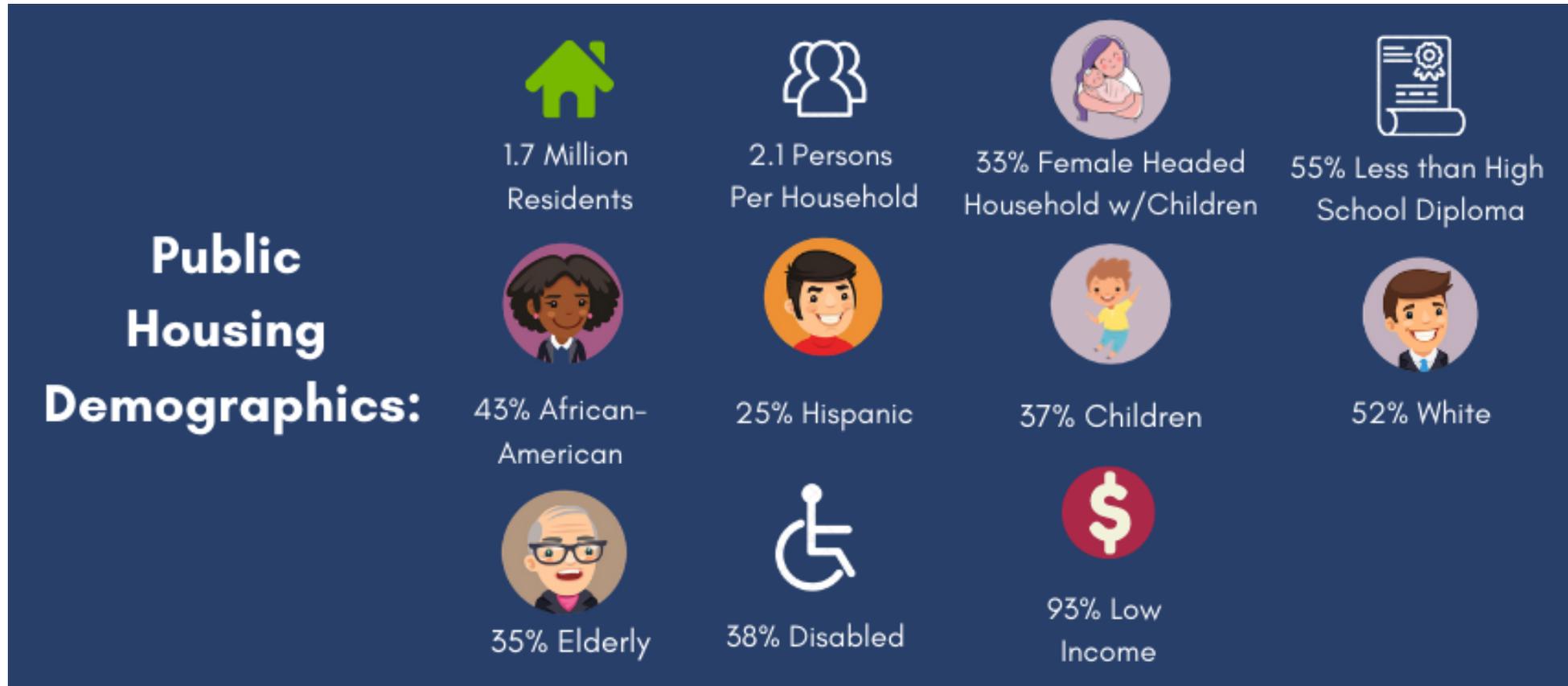


The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



108 Public Housing Primary Care (PHPC) = 856,191 patients

In 2020, there were roughly 1.7 million residents of public housing. Approximately 93% were living below poverty, 33% were headed by a single female, 37% of the households had children, and 38% had a member that was disabled. (Source: HUD)



Source: HUD Resident Characteristics 2020

A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

| | HUD-Assisted | Low-income renters | All Adults |
|------------------|--------------|--------------------|------------|
| Fair/Poor Health | 35.8% | 24% | 13.8% |
| Overweight/Obese | 71% | 60% | 64% |
| Disability | 61% | 42.8% | 35.4% |
| Diabetes | 17.6% | 8.8% | 9.5% |
| COPD | 13.6% | 8.4% | 6.3% |
| Asthma | 16.3% | 13.5% | 8.7% |

Source: Helms VE, 2017

Health Center COVID-19 Vaccine Program

- Starting February 15, 2021, FQHCs began directly receiving vaccine supply!
- Program launched by HRSA and CDC
- Initial phase will include 25 Community Health Centers, expanding to 250 centers in the coming weeks. As supply expands so will the program.
- Program will begin incrementally at select HRSA-funded health centers that specialize in caring for particularly hard-to-reach and disproportionately affected populations.
- Initial health centers chosen for this program include those that serve a large volume of one or more of the following disproportionately affected populations:
 - Individuals experiencing homelessness
 - **Public housing residents**
 - Migrant/seasonal agricultural workers
 - Patients with limited English proficiency
- **Vaccine supply will be in addition to jurisdictional supply!**
- More information: www.hrsa.gov/coronavirus/health-center-program

PUBLIC HOUSING PRIMARY CARE (PHPC) COVID-19 BY THE NUMBERS

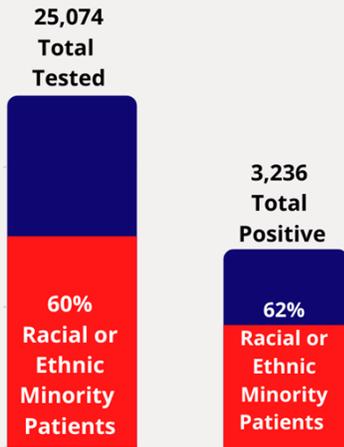
FEBRUARY 12, 2021

NUMBERS AS OF FEBRUARY 5, 2021

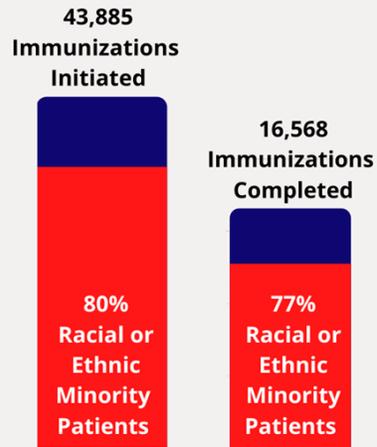
NUMBER OF PHPC HEALTH CENTER RESPONDENTS= 73(68% OF ALL PHPC HEALTH CENTERS)

IN 2019, THERE WERE 108 PHPC HEALTH CENTERS SERVING 856,191 PATIENTS LIVING IN OR IMMEDIATELY ACCESSIBLE TO PUBLIC HOUSING.

PHPC PATIENTS TESTED



PHPC PATIENTS VACCINATED

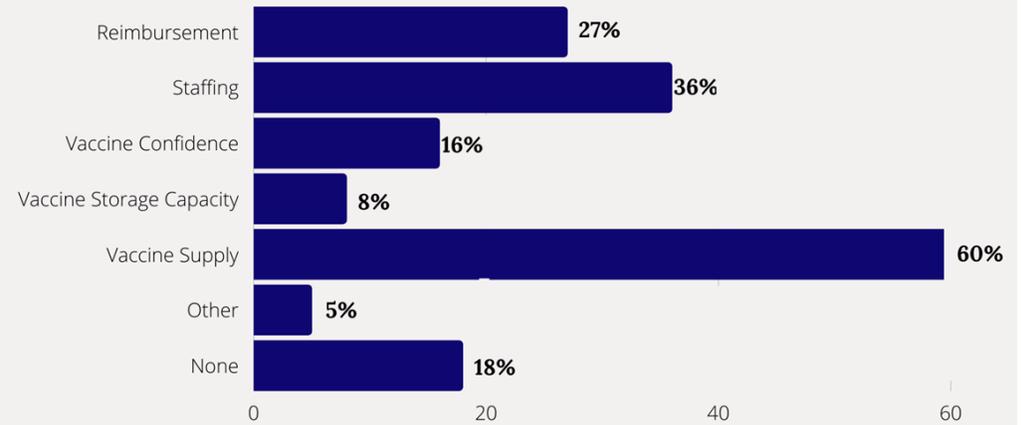


PHPC STAFF VACCINATED:

STAFF IMMUNIZATIONS INITIATED
3,598

STAFF IMMUNIZATIONS COMPLETED
6,143

PHPC CHALLENGES IN OBTAINING COVID VACCINE:



OPERATIONS AND STAFF:



HEALTH CENTER WEEKLY VISITS (VS. PRE COVID-19 WEEKLY VISITS)



PERCENT OF WEEKLY VISITS DONE VIRTUALLY



PHPC HEALTH CENTER SITES CLOSED



54 STAFF MEMBERS WITH POSITIVE COVID-19

4% OF STAFF UNABLE TO WORK DUE TO COVID-19

TRENDS IN TURNAROUND TIME FOR COVID-19 TEST RESULTS



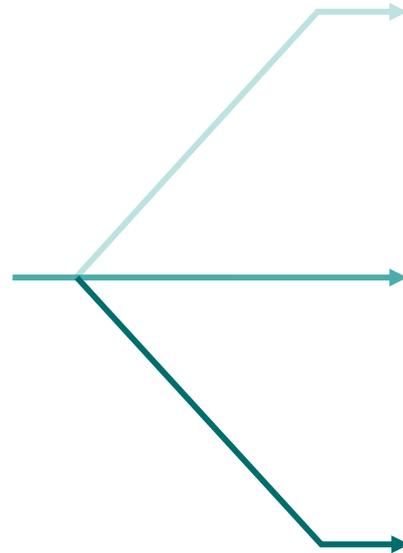
| | |
|----------------------------|--------------------|
| 12.33% LESS THAN 1 HOUR | 17.81% 24 HOURS |
| 1.37% 12 HOURS OR LESS | 57.53% 2-3 DAYS |
| 8.22% 4-5 DAYS | |

Disclaimer: This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,824,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [hrsa.gov](https://www.hrsa.gov).

Flu LEAD

GOAL

Increase site-wide flu vaccine coverage during the 2020-2021 influenza season.



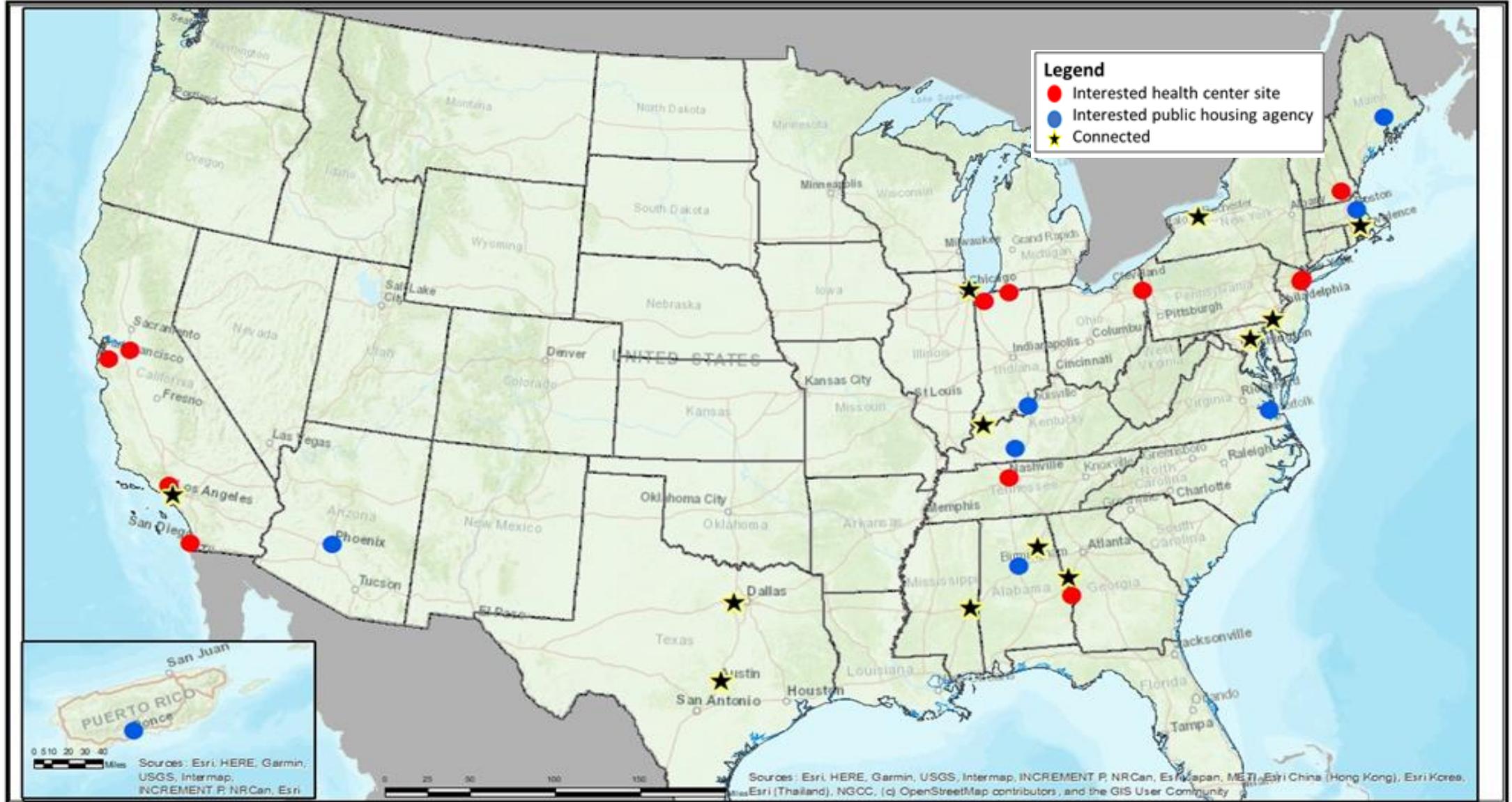
OBJECTIVES

Increase influenza vaccination coverage among HUD-assisted residents beginning in Fall 2020.

Enhance health and health resiliency of residents of HUD-assisted communities.

Foster partnerships between HUD-assisted communities and local HRSA-funded health centers.

Flu LEAD Pilot Sites



Lessons/Outcomes from Flu LEAD/COVID

- 30% of vaccinated residents became patients of the Health Center

- Partner w/ PHA, DOH, +
- Get out from “behind the stethoscope”
 - Meet people where they are
 - Delivery
 - Curbside Services
 - Door to door vaccines
 - Virtually - Telemedicine
- Prioritize the Underserved with emphasis on elderly & disabled
- Trust v. Vaccine Hesitancy
- Mobile Units for Vaccination, Testing and transporting staff and patients



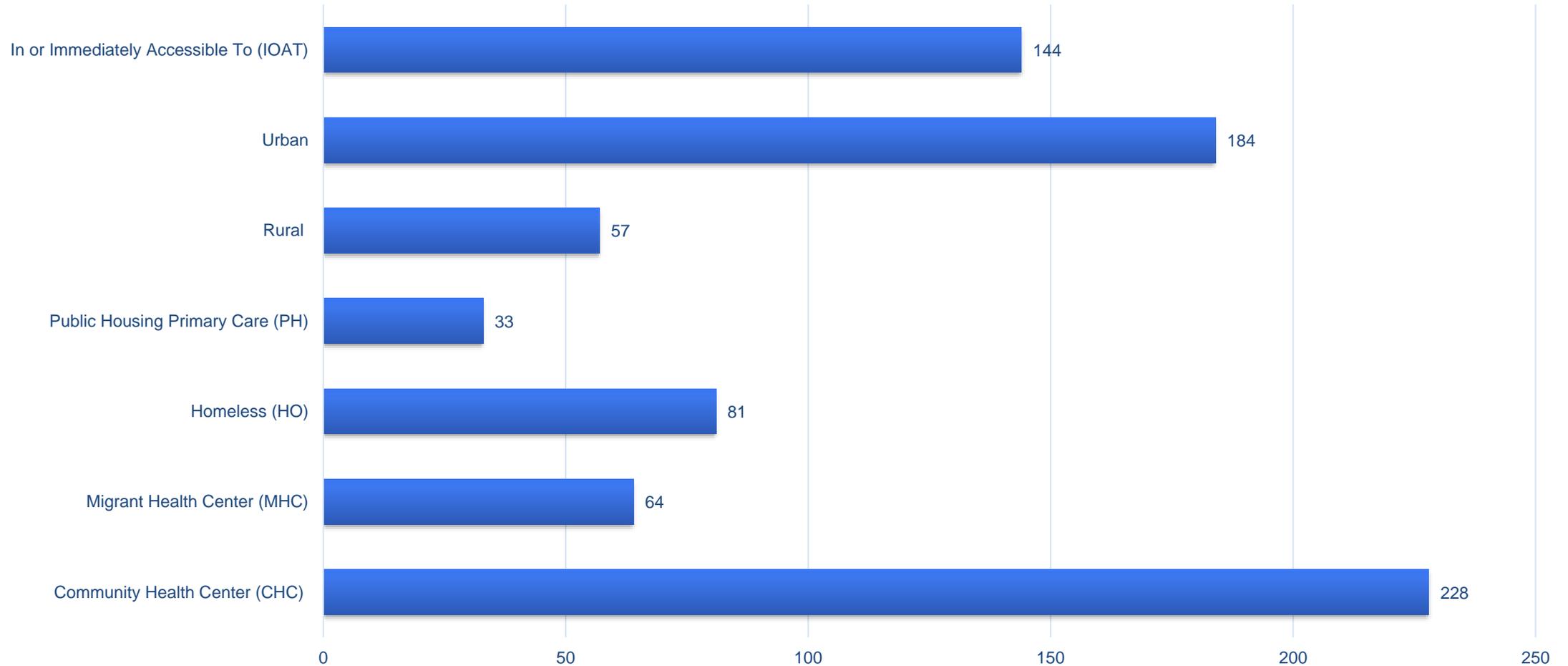
- Communication and Flexibility are Key
 - Internal, with local PHA staff and residents
 - Multiple methods of contact and promotion (flyers, web, text messages, day of presence, virtual town halls, radio)
- Residents have competing priorities
 - Jobs, Childcare, etc.
- Visibility: be in front or main area
- Secure supplies of vaccine, tests, PPE
- Student Nurses (need exposure to community health, and injection practice)
- Community Health Workers - Shared: Liaison, advocates, support services, communications between FQHCs, PHAs and residents/patients

Health Center COVID-19 Vaccine Program

- Starting February 15, 2021, FQHCs began directly receiving vaccine supply!
- Program launched by HRSA and CDC
- Initial phase will include 25 Community Health Centers, expanding to 250 centers in the coming weeks. As supply expands so will the program.
- Program will begin incrementally at select HRSA-funded health centers that specialize in caring for particularly hard-to-reach and disproportionately affected populations.
- Initial health centers chosen for this program include those that serve a large volume of one or more of the following disproportionately affected populations:
 - Individuals experiencing homelessness
 - **Public housing residents**
 - Migrant/seasonal agricultural workers
 - Patients with limited English proficiency
- **Vaccine supply will be in addition to jurisdictional supply!**
- More information: www.hrsa.gov/coronavirus/health-center-program

Health Center COVID-19 Vaccination Program

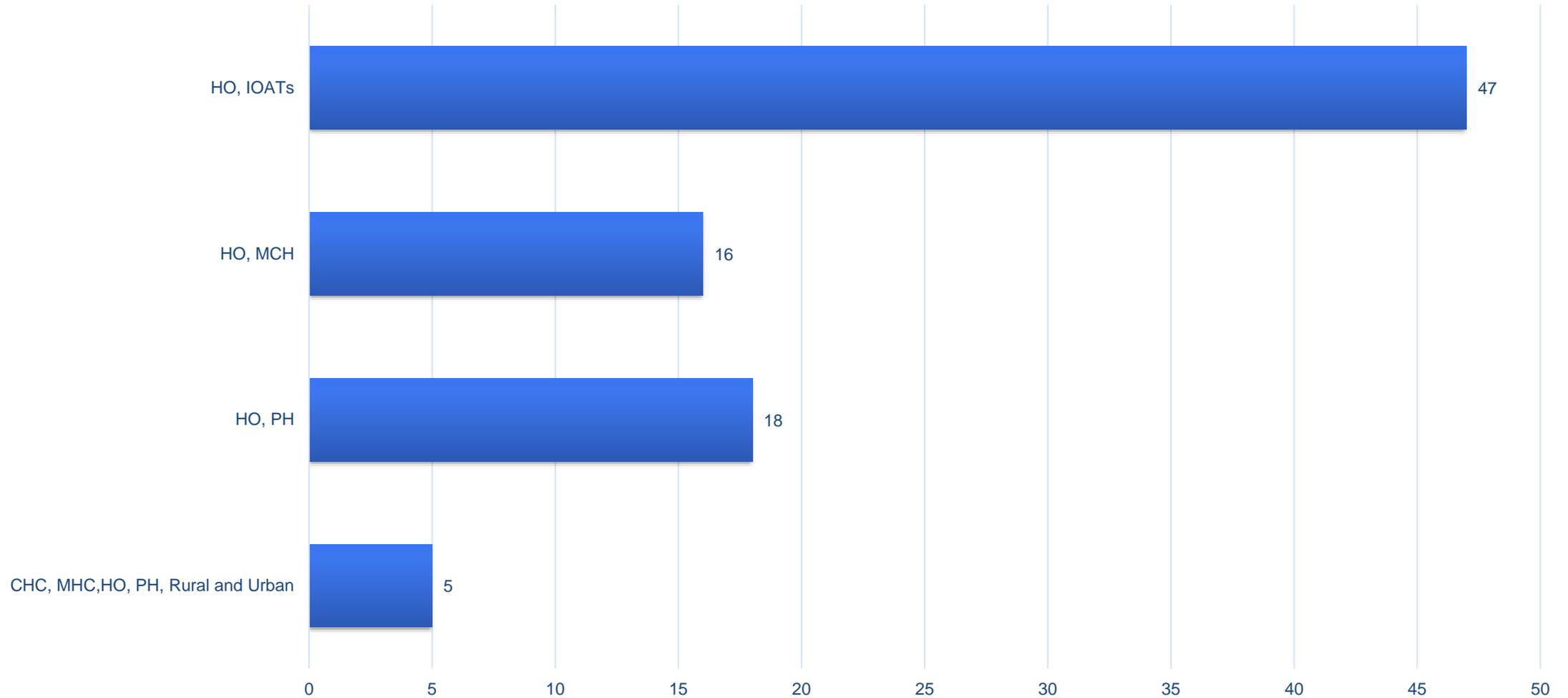
Total Vaccination Sites by Funding Category



Source: UDS 2019

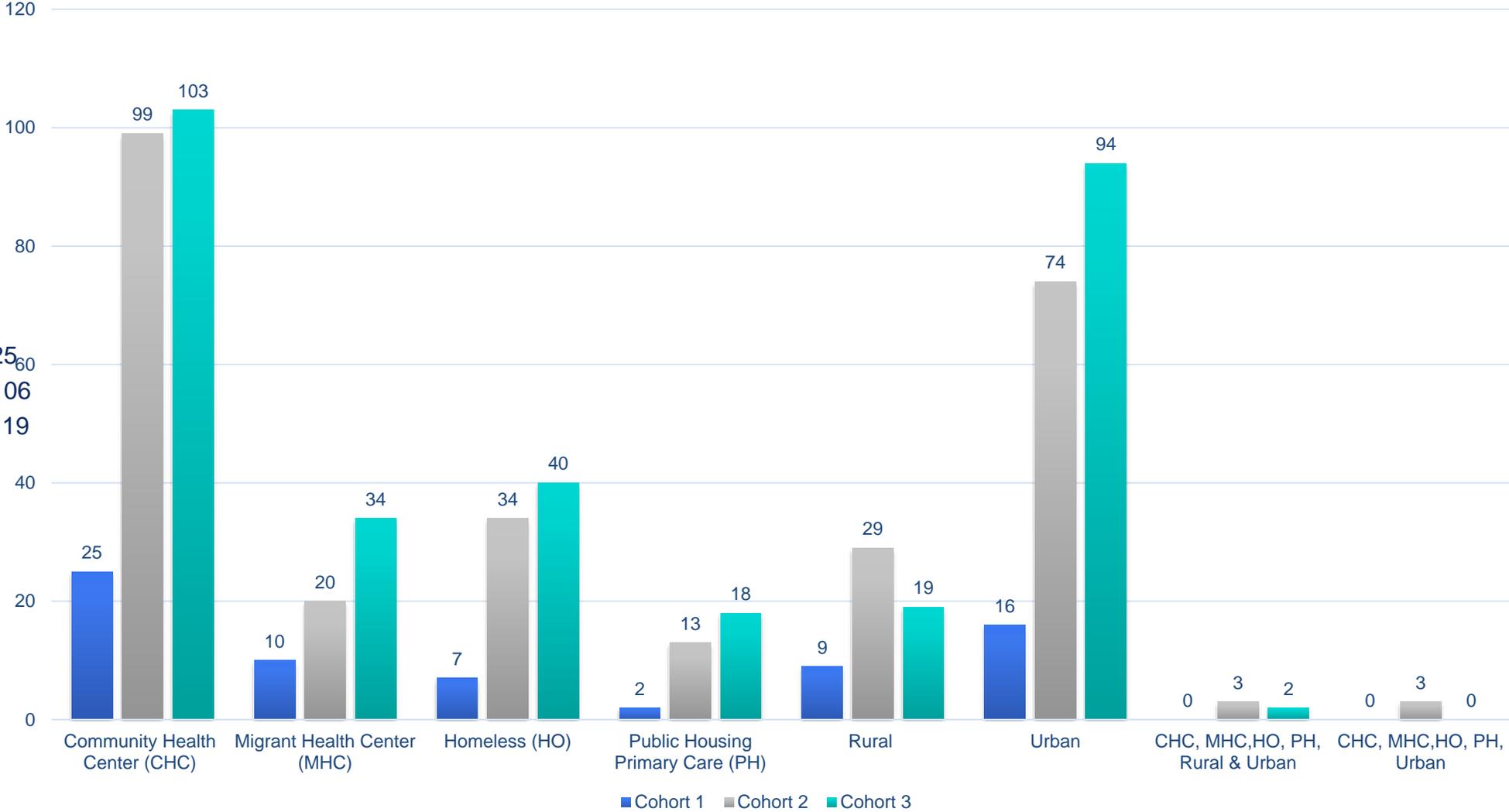
Health Center COVID-19 Vaccination Program

Total Vaccination Sites with Overlapping Funding Categories



Source: UDS 2019

Total Vaccination Sites by Funding Category and Cohort

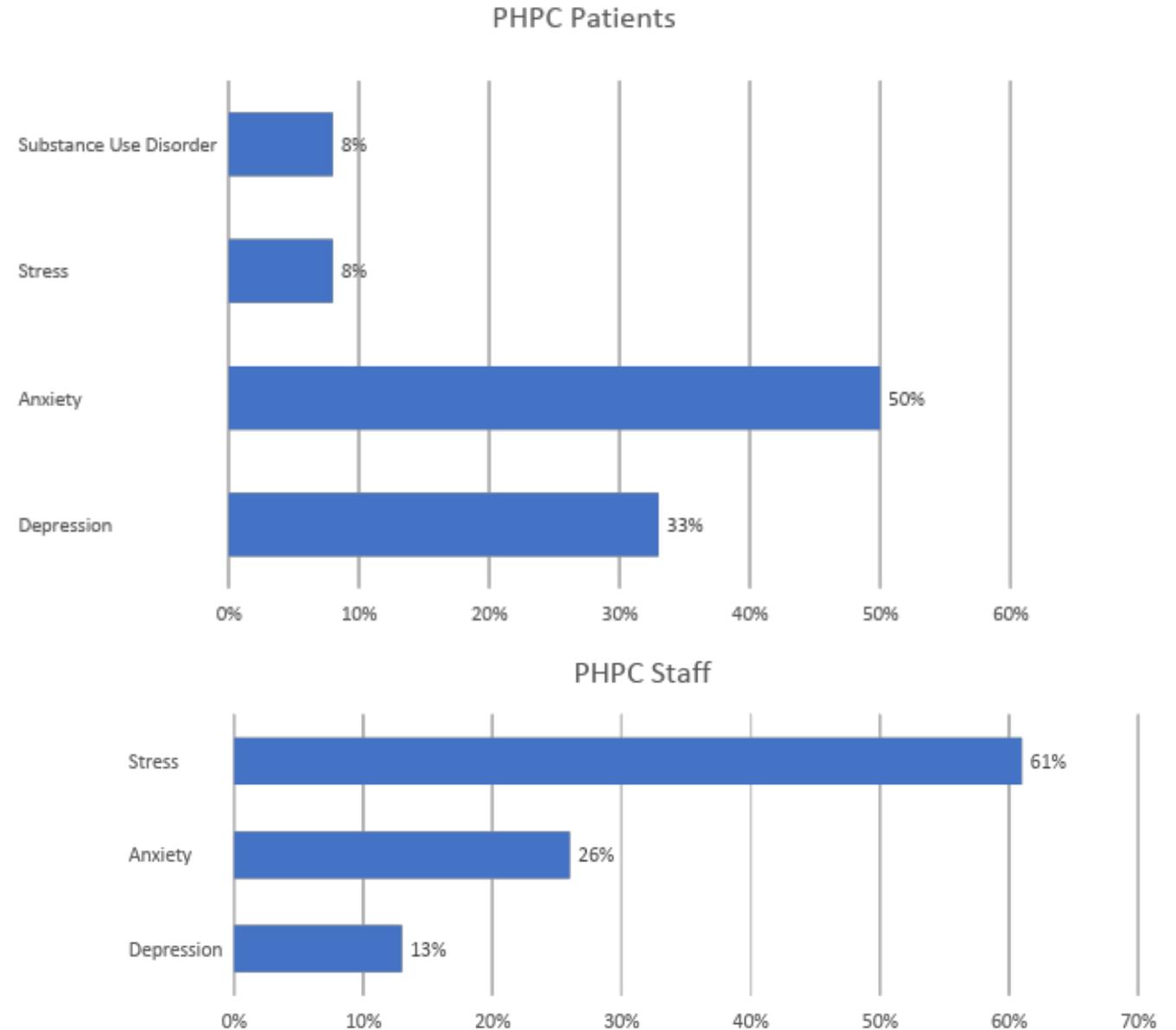


- Cohort 1 Total CHCs: 25
- Cohort 2 Total CHCs: 106
- Cohort 3 Total CHCs: 119

Source: UDS 2019

Impact of Covid-19 on Behavioral Health of PHPC Staff and Patients

“Have you seen an increase in.....”



Feedback from Health Centers on Behavioral Health



Challenges

- Language barriers
- Mistrust
- Transportation
- Stigma
- Fully integrating services
- Telehealth
- Patient participation
- COVID-19
- Linking patients to other resources
- Staff burnout

Strategies

- Telehealth/telebehavioral health
- Supportive therapy, motivational interviewing, trauma informed practices
- Strong relationship between IBH and medical
- Warm handoffs
- Care management
- Promote self care among staff
- Private rooms for telebehavioral services at the health center

T/TA Needs

- Promote services available to the community
- Address stigma
- Patient engagement strategies
- Improve integration
- Innovation
- Linking patients to community resources
- Workflow solutions
- Mental health of public housing residents

PUBLIC HOUSING PRIMARY CARE (PHPC) COVID-19 BY THE NUMBERS

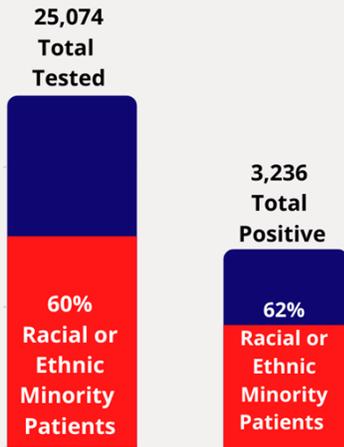
FEBRUARY 12, 2021

NUMBERS AS OF FEBRUARY 5, 2021

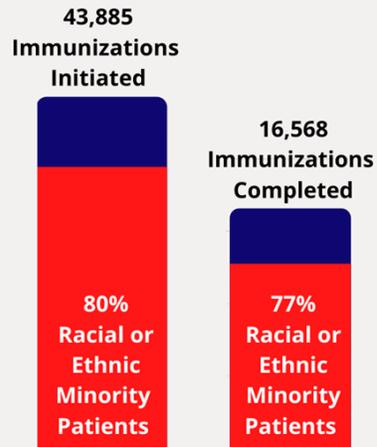
NUMBER OF PHPC HEALTH CENTER RESPONDENTS= 73(68% OF ALL PHPC HEALTH CENTERS)

IN 2019, THERE WERE 108 PHPC HEALTH CENTERS SERVING 856,191 PATIENTS LIVING IN OR IMMEDIATELY ACCESSIBLE TO PUBLIC HOUSING.

PHPC PATIENTS TESTED



PHPC PATIENTS VACCINATED



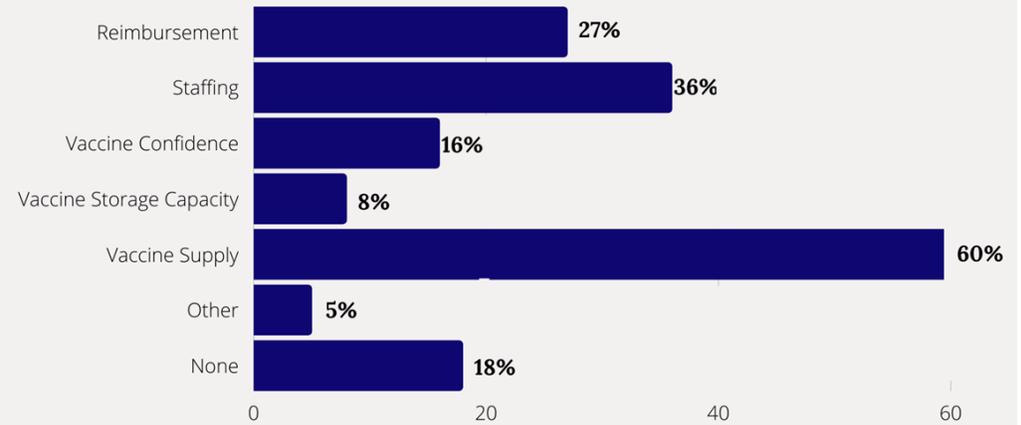
PHPC STAFF VACCINATED:

STAFF IMMUNIZATIONS INITIATED
3,598

STAFF IMMUNIZATIONS COMPLETED
6,143



PHPC CHALLENGES IN OBTAINING COVID VACCINE:



OPERATIONS AND STAFF:



HEALTH CENTER WEEKLY VISITS (VS. PRE COVID-19 WEEKLY VISITS)



PERCENT OF WEEKLY VISITS DONE VIRTUALLY



PHPC HEALTH CENTER SITES CLOSED



54 STAFF MEMBERS WITH POSITIVE COVID-19

4% OF STAFF UNABLE TO WORK DUE TO COVID-19

TRENDS IN TURNAROUND TIME FOR COVID-19 TEST RESULTS

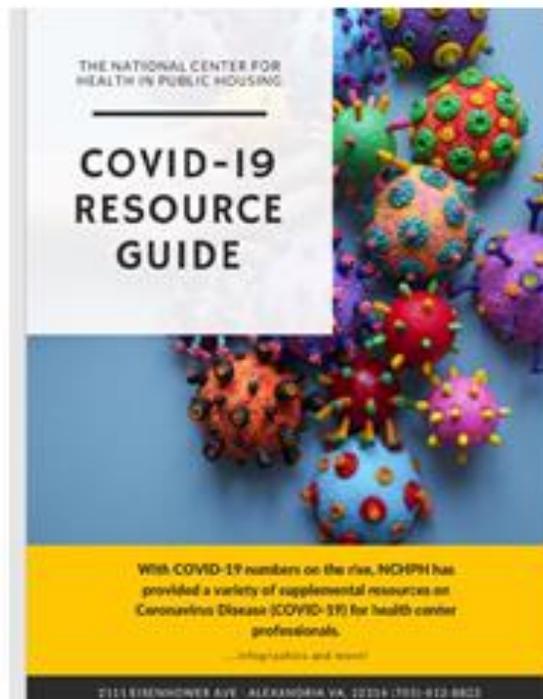


| | |
|----------------------------|--------------------|
| 12.33% LESS THAN 1 HOUR | 17.81% 24 HOURS |
| 1.37% 12 HOURS OR LESS | 57.53% 2-3 DAYS |
| 8.22% 4-5 DAYS | |

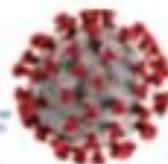
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- PUBLIC HOUSING PRIMARY CARE (PHPC) BY THE NUMBERS
- NCHPH COVID- 19 DASHBOARD
- COVID- 19 TRAINING AND TECHNICAL ASSISTANCE WEBINARS AND LEARNING COLLABORATIVES
- INFOGRAPHICS

LEARN MORE AT: [NCHPH.ORG/DASHBOARD](https://www.nchph.org/dashboard)



THE NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING
**PUBLIC HOUSING PRIMARY CARE (PHPC)
 COVID-19 DASHBOARD**



NCHPH

AN OVERVIEW OF COVID-19 AND CORONAVIRUS, TRANSMISSION AND INCUBATION AND SYMPTOMS, TEST TYPES, AND DIAGNOSIS AND TREATMENT FOR PUBLIC HOUSING AND PHPC. PUBLIC HOUSING AND PHPC PROVIDE ACCESS TO COVID-19 TESTING AND TREATMENT FOR PUBLIC HOUSING AND PHPC. PUBLIC HOUSING AND PHPC PROVIDE ACCESS TO COVID-19 TESTING AND TREATMENT FOR PUBLIC HOUSING AND PHPC. PUBLIC HOUSING AND PHPC PROVIDE ACCESS TO COVID-19 TESTING AND TREATMENT FOR PUBLIC HOUSING AND PHPC.

SELECT A LINK BELOW TO VIEW:

GRAPHS

INFOGRAPHICS

RESOURCES

**PUBLIC HOUSING PRIMARY CARE (PHPC)
 COVID-19 BY THE NUMBERS GRAPHS:**

THESE GRAPHS BY NCHPH PROVIDE THE LATEST COVID-19 STATISTICS FOR PUBLIC HOUSING PRIMARY CARE HEALTH CENTERS, INCLUDING:

PHPC PATIENTS

Community Health Center Resources

- PCA Emergency Management Action Coalition



- Health Center Resource Clearinghouse



- National Association of Community Health Centers



- National Center for Health in Public Housing



- National Nurse-Led Care Consortium



- HRSA CORONA Virus (COVID-19) Information



ROBERT BURNS
DIRECTOR
BOBBURNS@NAMGT.COM

DR. JOSE LEON
CHIEF MEDICAL OFFICER
JOSE.LEON@NAMGT.COM

Saqi Maleque Cho DrPH, MSPH
Manager of Policy, Research, and Health Promotion
Saqi.cho@namgt.com

Fide Pineda Sandoval
Health Research Assistant
Fide@namgt.com

Chantel Moore
Communications Specialist
Cmoore@namgt.com

Please contact our team for Training and Technical Support

AccessPointe

Community Health Centers



About API

- Established 1995
 - *to provide a quality, affordable, and compassionate health home for every patient, every time...*
- 5 Health Centers serving 2 counties in North East Ohio
- Multiple Service Lines
- Patient Demographics
- Community Partnerships



AMHA and API Partnership

- Vaccine Services
 - Door to Door
 - Annual Flu
 - Back to School
 - Transportation for COVID Vaccine
- Monthly Events
 - Health Education
 - Food Pantry (on site)
 - Mobile Medical and Dental Unit
- Shared Community Health Worker
 - AMHA Resident
 - Trained through API
 - Presence in both the AMHA Community and the Health Center



Community Health Worker

- *Our CHW roles are tailored to meet the unique needs of the community they serve.*
 - Serve as a patient advocate with healthcare providers
 - Assist in navigating the social service and healthcare system resources
 - Reduce social isolation
 - Live and work in the community they serve
 - Build trusting relationships so that we can provide crucial feedback to improve social determinants of health



CHW Cycle



Pandemic Transformation

- Get out from “behind the stethoscope”
 - Meet people where they are
 - Delivery
 - Curbside Services
 - Door to door vaccines
- Targeting the Underserved
- Focus on quality not quantity



Panel Discussion and Audience Engagement

Jason Amirhadji,
Moderator,
Office of
Public and
Indian
Housing, HUD



Tiffany Brunson,
PhD, JD, Co-deputy,
Stakeholder
Engagement &
Disproportionately
Affected Adult
Populations,
Vaccine Task Force
Communications,
CDC COVID-19
Response



Bob Burns,
MPA,
Director,
National
Center for
Health in
Public
Housing



**Captain Darin
Daly, MS, MT
(ASCP), Senior
Public Health
Analyst, Office of
Northern Health
Services/Midwest
Division, Bureau
of Primary Health
Care, HRSA,
DHHS**



**Not pictured:
Marihelyn
Horrigan, Nurse
Care Manager,
Axess Pointe**

Jennifer Hayes,
Chief Financial
Officer and
Interim Director
of HR, Axess
Pointe



**Not pictured:
Henry Taylor,
MPA, President
and CEO, Mile
Square Health
Center, University
of Illinois Health**



Workgroup Updates

- **Data Workgroup**
 - Bill Freeman, Agency for Healthcare Research and Quality, HHS
- **CHW PATH Update**
 - Jason Amirhadji, Office of Public and Indian Housing, HUD



Wrap up and Adjourn



OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH

CONCLUSION

- **If you missed the Roll Call**

- Please put your name and organization in the CHAT before you log off; or
- Email twilliams@gramercyresearch.com so we can properly document your presence.

- **Upcoming Meetings**

- March 26, 2021

