

FACT SHEET: Ending the Pandemic Through Equitable Vaccine Administration

Highlights include:

- **Double vaccine allotment for hardest hit communities**, when compared to rest of the state, to help reduce community infection and threat of new variants, increase equity
 - **Appointments will be reserved in My Turn to ensure equitable access** to vaccines for residents in disproportionately affected communities
 - **Safety Net Providers to receive technical assistance and start-up funds** to ensure ability to participate in Statewide Vaccine Network
 - **Support for navigation assistance** to sign-up individuals for vaccination appointments in communities significantly impacted by COVID-19.
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Using data to inform vaccine allocations, California will strategically increase the proportion of vaccines distributed to regions hardest hit by COVID-19 to help lower the rate of community infection, hospitalizations and deaths and reduce potential new variants that might emerge with each additional case. Perhaps most importantly, it is the most equitable way to distribute our still limited vaccine supply.

ALLOCATION. The state will determine an allocation formula where communities most impacted by COVID-19 receive more vaccines. The state will also allocate and protect/reserve appointments to local communities at many clinics via the My Turn appointment registration system.

The state is using the Healthy Places Index (HPI), which reflects 25 community characteristics using data related to the economy, education, healthcare access, housing, neighborhoods, clean environment, transportation, and social environment. California's 1650+ ZIP codes have been divided into four quarters based on the HPI Index. Those with the highest HPI scores correlate to better health outcomes, while those with lower scores (first quartile) reflect worse health outcomes. In general, higher HPI scores also correlate with higher household incomes, and lower HPI scores correlate with lower incomes.

Allocation Formula: Starting with the March 2nd dose allocations delivered the week of March 8, first doses will be allocated based on two steps:

1. **Eligible Population:** 70:30 based on the geographic distribution of the population eligible for the vaccine, with 70 percent based on age eligibility and 30 percent based on sector eligibility.
2. **Double Allotment for Lowest HPI Quartile:** Next based on the 70:30 split, zip codes in the first HPI quartile (i.e., those with the lowest 25 percent HPI scores) will be allocated 40 percent of the state's available vaccine doses. Since approximately 40 percent of COVID cases and deaths are in the first HPI quartile,

a similar percentage of doses should be administered in these communities. Each of the remaining quarters of the ZIP codes will be allocated 20 percent of doses on hand. This results in twice as much vaccine being available in ZIP codes with the worst COVID outcomes throughout the pandemic. In short, the state will double the amount of vaccines allocated to the lowest 25% of zip codes when compared to the rest of the state.

This allocation formula will be in effect for two weeks (the March 2 and March 8 allocations). The allocation formula will be adjusted after two weeks to account for the Janssen (Johnson and Johnson) vaccine, the new eligibility policy on March 15 (for persons with high-risk medical conditions and disabilities), and the Third-Party Administrator (TPA) onboarding waves.

Appointment Blocks: So doses allocated to providers serving the lowest quartile HPI communities are administered to individuals in these communities, vaccination appointments must be reserved so those most vulnerable can get an appointment to be vaccinated. In the coming weeks, My Turn and the CA COVID-19 Hotline appointment slots will be reserved through an individualized appointment code/ticket system starting at least with the following:

- o Child-care workers
- o Low-Income Californians over the age of 65
- o Agricultural workers
- o Regional Center Consumers (serving first HPI quartile zip codes) – starting the week of March 15.
- o Independent Living Center Consumers (serving first HPI quartile zip codes) – starting the week of March 15.
- o IHSS providers

Additionally, counties will be required to demonstrate that at least 40 percent of their doses are administered to the lowest income residents and most highly impacted communities in their county and MCEs will be required to reserve at least 40 percent of their appointments for these communities.

My Turn: Starting March 1st, My Turn and the CA COVID-19 Hotline will be able to reserve a block of appointments for specific populations that are prioritized for vaccines. The TPA has an opportunity to require all providers to set aside a certain amount of their appointment capacity, 40%, for statewide prioritized groups. This will be most effective through My Turn, when all providers are onboarded, as My Turn can generate single use access codes to schedule dedicated appointments.

The state will work with the Local Health Jurisdictions, community-based organizations and the TPA to create and distribute access codes for certain sectors, such as has already been done for teachers and farm workers, for residents of disproportionately impacted zip codes and those with co-morbidities or severe disabilities. The focus of these targeted access codes will be adjusted regularly to address equity goals.

Access codes to these targeted clinics may be distributed by text message directly to those who have registered in My Turn at the end of March, until then, the access codes may be provided to individuals through community partners.

NETWORK. The Third Party Administrator (TPA) will ensure that the state vaccine provider network includes appropriate access in highly impacted communities, including translation services and physical accessibility features, and supplements this access with evening/extended hours, home-bound services, and mobile vaccine services.

Network Development: The TPA will design a vaccine provider network to reach priority populations and those highly impacted by COVID-19 infection and death. Heat maps will be created to assess distance requirements and access in the different HPI quartiles. These maps will be complemented by the local vaccine equity plans to identify needed strategies and supports to ensure vaccines are administered to priority populations.

Through the TPA, the state will support providers with technical assistance and start-up funds to cover items such as MyTurn onboarding, temporary staffing for double data entry, equipment, technology, and training, as needed, to ensure that critical safety-net providers are part of the network. The state will also consider supporting innovative provider models to reach the target populations, such infrastructure and staffing.

Finally, to ensure that the state has providers that can reach individuals in the first HPI quartile, over the course of the next three weeks the state and TPA will make a concerted effort to enroll public hospitals, Federally Qualified Health Centers, pharmacies, local health jurisdictions, and community doctors into the network. This will be critical as vaccine supply increases and the state will need more providers in underserved communities.

COMMUNITY PARTNERS. Community based organizations provide critical services and information to Californians during the pandemic and are key partners in reaching Californians who have been disproportionately impacted by COVID-19.

Community Education and Outreach Program: The state is administering \$30 million to support a statewide community outreach project to mitigate the health impacts of COVID-19 via trusted messengers (i.e., community-based organizations or CBOs). Outreach through a network of approximately 150 CBOs will be prioritized to target disproportionately impacted populations and will prioritize interactive engagements designed to connect individuals with information and resources related to the COVID-19 vaccine, public health guidance, workers' rights, and other State resources (public safety net).

The state is also partnering with the Public Health Institute (PHI) in its statewide initiative to stop the spread of COVID-19 and strengthen health and resilience in California's most impacted communities. PHI's "Together Toward Health" initiative was created and funded through 18 major philanthropic organizations led by The California

Endowment. The \$29.4 million fund is supporting more than 180 local, community-rooted organizations across California. Additional CBOs will be awarded grants on a rolling basis in the months to come.

The state intends to add additional navigation support (\$30 million) to sign-up individuals for vaccination appointments in communities significantly impacted by COVID-19.

Engaging with Community Partnerships: In the near term, release and implement the childcare sector operational plan which includes partnerships between the state and local childcare resource and referral agencies, Child Care Providers United, and additional stakeholders to ensure a proportional share of codes is released to the childcare workforce based on equity.

Community partner engagement is also crucial to the success of the Central Valley mobile sites for both farmworker outreach and on-site assistance. Community partners are also being engaged in identification and outreach for FEMA fixed and mobile sites.

DATA ANALYTICS. Real-time data analytics is critical in understanding how the doses allocated are reaching various communities. This analysis is used to inform adjustments in strategies and intensify targeted efforts and resource allocations.

Data by Healthy Places Index Quartiles: Later this week, a dashboard will be posted with information on vaccine doses administered by Healthy Places Index Quartiles to continue efforts on data transparency and accountability.

Race/Ethnicity and Age by County: Additionally, the state will post doses administered by race/ethnicity and age by county on the dashboard.

PUBLIC EDUCATION. The state will provide consistent messaging through a public education campaign, create culturally competent in-language content, and meet Californians where they are to reach California populations most impacted by COVID-19.

Bolstered paid media campaign: The state will be deploy new creative concepts based on formative research via robust paid media flights, ramping up in March and beyond. The \$40 million paid media effort prioritizes ethnic and multicultural media and will also deploy non-traditional methods to reach people where they already are in their everyday lives. The State is coordinating with Local Health Jurisdictions to share messaging and creative assets that they can use to reach their most vulnerable populations.

Earned Media: Ethnic media briefings and daily news story pitching will engage trusted messengers including the State's top public health officers, community leaders, and everyday Californians to highlight the latest in vaccine distribution, tackle mis- and dis-information, and reinforce key messaging about the vaccines and their safety and efficacy.