



CDC Health Equity and Community Rebuilding Training: *Addressing Equity in Vaccine Equity Plans and Health Council Tiers*

Monday, February 7th, 1-3PM

[Zoom link](#) | Meeting ID: 575 621 9684

[Link to saved chat](#)

[Link to recording](#)

Welcome to new Health Council Staff Members

1. See a list of new Health Council Members [here](#). This list will be updated soon with new staff introduced in January reporting

Overview of Community Based Participatory Action/Research (CBPR/CBPA) Framework and Equity

1. Context > Partnerships > Actions: Programs/Research > Health/Social Justice Outcomes
 - a. At each of the 4 stages of the CBPA framework there are opportunities to address equity
 - b. See the [attached slides](#) for equity questions to ask yourself at each stage of the CBPA framework
2. Examples of equity-related questions:
 - a. Context
 - i. How well does your council use SVI (Social Vulnerability Index) data to identify root causes of racial and health inequity in your county?
 - b. Partnerships
 - i. How well does your council respect community voice?
 - c. Actions
 - i. How well does your council use local data and community knowledge to inform actions & policy goals
 - d. Outcomes
 - i. How well does your council advocate for improving conditions for high SVI populations?

3. Access the full list of questions in the slides [here](#).

Sample Vaccine Equity Action Plans

1. **Brenda Bishop - Quay County**
 - a. Access the slides [here](#)
 - b. Demographics of Quay County
 - i. Mostly white, about 50% Hispanic
 - ii. High poverty rate
 - iii. Most of the population is in Tucumcari with 3 other school districts, and several other small communities
 - c. Baseline data - 50.3% vaccination rate (12/10/21)
 - i. Hesitancy rate - 23%

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- d. Activity 1
 - i. Increase media around availability of vaccinations and process. Media includes radio social media and email listservs
- e. Activity 2
 - i. Identify a location to host a mobile vaccination clinic through an assessment of the need in each of the communities in Quay County:
 - 1. Administered a survey to find people who wanted a vaccine but couldn't get one
- f. Results of activities so far
 - i. Hesitancy rate was much higher than originally thought, especially in smaller communities
 - ii. Barriers to vaccination included:
 - 1. Times of the clinics
 - 2. Lack of ability to navigate web-based information about vaccination clinics
 - iii. Completed social media posts to address vaccine hesitancy: 27 Posts with 2035 contacts and January: 34 Posts with 5357 contacts
 - iv. Vaccination rate has increased to 52.5%
- g. Next steps: Activity 3
 - i. Encourage people to participate in one of the March FEMA bus vaccine clinics
- h. See the [attached slides](#) for more information about the steps Quay County has planned to achieve each of their activities

2. Margaret Chavez - Hidalgo County

- a. Baseline vaccination rate - 53.8% on 12/1/2021
- b. Activity 1 - Have a Facebook Live event of what it is like to get vaccinated
 - i. Got her booster shot and flu shot at the same time, and shared the process as it was happening
- c. Activity 2 - Co-host a drive through vaccine event with the Department of Health and FEMA
- d. Hidalgo County is also working addressing vaccine hesitancy in their community
- e. Access the slides from Hidalgo County [here](#).

3. Lincoln County - Sergio Castro

- a. High vaccine hesitancy in Lincoln County
- b. Prepared infographic with Myths and Facts on COVID-19 vaccination
 - i. Goes out with health and wellness guide to all Lincoln County residents and members of Mescalero Apache
 - ii. Access the Myths and Facts Infographic [here](#)
- c. Free COVID testing and events (Spanish and English flyers)
 - i. Access the flyers [here](#) and [here](#)
 - ii. Contact Alisha if you are looking for a sample of the Spanish flyer (lincolncountyhc@gmail.com)

- d. They are focusing on kids and schools for a target population
 - i. They will be doing vaccination events in coordination with schools, using FEMA bus

4. Cochiti Pueblo - Antoinette Bird

- a. Target population - All tribal members on the reservation. Vaccination rates were already pretty high - 90% vaccination rates at baseline. 95% is the highest they could get since 5% of population are under 5 years old
- b. Activities
 - i. Helping people schedule booster doses
 - ii. Reaching out to community members to offer assistance
 - iii. Distributing a newsletter
- c. Challenges
 - i. There are still people who are not interested in getting vaccinated
 - 1. They are providing them with positive messaging
- d. Vaccination rate has increased to 92%

Vaccine Equity Action Plans - Next Steps

1. Baseline Data

- a. **If your council's Vaccine Equity Action Plan does not include baseline data, you should plan to add it.**
- b. Value of baseline data
 - i. Serves as point of reference
 - ii. Demonstrates change over time, shows evidence of improvements that are made
- c. Suggestions
 - i. **Measurement consistency** - find data that can be used and compared at the beginning and the end, and measure the same metric at both the beginning and the end (ex. Fully vaccinated population)
 - ii. Find data that is **relevant to your target population**. If you want to focus on a specific population, find data that is for that population (ex. children)
 - iii. **Measurement period** - Dec '21 - June '22. Your baseline data should be for December. Your Vaccine Equity Plans should go through June of 2022.
 - iv. Indicate your **data source** in your plan
- d. **Questions: if you are having challenges finding the data you are looking for reach out to NMAHC (Susie - susie@nmhealthcouncils.org)**
- e. **If you would like help with Data Dashboards ([accessible here](#)) - reach out to Joan Appel (jgoldsworthy-appel@chi-phi.org) or Emily McRae (emcrae@chi-phi.org)**

2. Vaccine Equity Planning should be done through June of 2022

- a. When you submit your next report, please update Part 1 of your [vaccine equity plan](#) through June of 2022
- b. **You can do this by:**

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- i. Adding events or activities in part one of your plan
- ii. You can update your goals to reflect a longer timeline (if you were planning to reach a certain number of people by January, you could reach more by June)
- iii. You can move some of your activities from now until later

Tier Levels and Expectations by Tier

Health Councils expressed the need for a longer timeframe to make a final decision about tiered deliverables. We want to respond to this need, and make sure to allow enough time for everyone. **Health councils will not need to choose their deliverables by tier until after our next meeting, on March 7th.** We will provide more updates about this process then. All tiered deliverables will also be built into the upcoming Capacity Improvement process, so they are not intended to add a heavy reporting burden.

1. Access a summary of expectations for each Health Council Tier [here](#).

2. Tier 1

- a. **Goal to complete by June 30th 2022:** identify, develop and implement certain features that are fundamental to Health Council development. Health councils will choose from a list of fundamental items to work on between now and June. **See the list [here](#).**
- b. **Reporting**
 - i. Capacity Improvement Plan and Progress Reports
 - ii. Additional documents that match with the items selected (ex. Mission statement, decision making guidelines, etc.)
- c. **Breakout Discussion Summary:**
 - i. What is going well for your health council?
 - 1. Hidalgo - Since the HEC has been established, our health council as a whole has been a stronger force
 - 2. Grant- COVID task force meetings that happen monthly are going well. In addition, we have a recurring health care working group. These two components remain a much bigger part of our organization.
 - 3. Los Alamos - COVID newsletter has been refined with county partners and we have been sending out surveys in each newsletter. The topics vary, with COVID being one of them
 - ii. Challenges you have had
 - 1. Roosevelt HC - We have been working on a Vaccine Equity survey for the least vaccinated populations in our county, since we have the lowest vaccination rates in the state. However, challenge with finding those whose are not vaccinated to take the survey
 - 2. Grant- Health Council still has no paid staff since June 2021
 - 3. Overall with other health councils -- CHALLENGES WITH RECRUITING AND RETAINING STAFF for Health Council
 - 4. Tribal health council struggle with staffing and working with tribal leadership regarding policy and protocols

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5. Challenge with defining terms and definitions. Need clarifications on equity, different types of equity, such as vaccine equity, health equity, and equity equity
6. Challenge with the fall off of active members with Zoom being a complaint of members. Virtual meetings are becoming an issue and there is a huge lack of participation with multi tasking.
7. Lastly, a challenge with COVID test sites being closed due to weather challenges more recently.

3. Tier 2

- a. **Goal to complete by June 30th 2022:** to improve health council capacity in one of three areas (training, data or strategic communications) by identifying, developing and implementing one of 3 options. **See a list [here](#).**
- b. **Reporting:**
 - i. Capacity Improvement Plan and Progress Reports
 1. Report on progress towards the chosen option in Capacity Improvement Plan and Progress Reports

4. Tier 3

- a. **Goal to complete by June 30th 2022:** to share their strengths, experience and knowledge with others and continue to improve on their development by participating in one of 2 projects. **See options [here](#).**
- b. **Reporting:**
 - i. Capacity Improvement Plan and Progress Reports
 1. Identify and report on chosen option
- c. **Breakout Discussion Summary**
 - i. Many HC seemed to lean toward the option to design a mentoring program because it would be too difficult to pin down 3-5 team members who could commit to the CBPR training.
 - ii. When asked what their thoughts were on the two options, several of them said that they needed time to review the options, process the information and take it to their Health Councils before making a decision or forming an opinion.
 - iii. 2 HCs Lincoln/Otero share the Mescalero area & whatever was decided, they preferred to work together. The response regarding the mentor option was that in the design group they would decide how to proceed in terms of group mentoring or 1:1 mentoring.
 - iv. Questions
 1. Will performing one of the options be in addition to the goal of the results of their capacity assessment?
 - a. The answer was that it could very well be in addition to the area of development that might arise in the capacity assessment. It all depends on the results and area of need. (if the HC showed

- no area of development then this would be their only goal, otherwise they could have a total of 2 or 3 goals to work on)
2. What if our hc completed similar deliverables with Culture of Health? (in reference to the CBPA train the trainer)
 - a. answer: This deliverable goes beyond what was done with COH The requirements involve putting a team together and also to lead a training for their HC or to co-facilitate a training for the CDC 1st & 3rd Mondays.

Next Steps
<ol style="list-style-type: none"> 1. We want to allow adequate time for Health Councils to decide on their deliverables by tier. You will not need to make a final decision about this until after our next meeting on March 7th. More information will be provided then. 2. Please complete your capacity assessment by Feb. 12th. Access it here: https://www.surveymonkey.com/r/QJZN3DS <ol style="list-style-type: none"> a. Access a factsheet for more information about the process here. 3. For next month's reporting (due March 4th 2022), please update your Vaccine Equity Action Plan and Progress Report to include: <ol style="list-style-type: none"> a. Baseline data for the target population you are working with b. Activities that go through June of 2022. c. Access a template of the Vaccine Equity Action Plan here. d. See the notes above for more information about how to make these changes easily 4. Our next training on February 21st is canceled in observance of President's Day

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