Reducing Flu Vaccine Disparities
Laura Lee Hall, PhD, National Minority Quality Forum and Leon Jerrels, MHA, MBA, RN, CPHQ, Kelsey-Seybold Clinic
Today’s Webinar

Campaign Updates
• Resource of the Month: MMWR
• RIZE Action Month Wrap Report

Reducing Flu Vaccine Disparities
• Laura Lee Hall, PhD and Leon Jerrels, MHA, MBA, RN, CPHQ

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of 10/24
- Will be sent via email
- Will be available on website

(RiseToImmunize.org → “Resources” → “Webinars”)

Ask questions during the webinar using the Q&A feature
- Questions will be answered at the end of the presentation
Resource of the Month

Look for specific updates, including:

- 3 vaccines preferentially recommended for people 65 and older
- Vaccine composition updated to better protect against flu viruses expected to circulate this season

CDC recommends everyone 6 months and older get an annual flu vaccine

August 26, 2022
RIZE Action Month

Over 1,200 healthcare professionals from 28 AMGA member groups came together to take action!
Today’s Speakers

Laura Lee Hall, PhD
President, Center for Sustainable Health Care
Quality and Equity, National Minority Quality Forum

Leon Jerrels, MHA, MBA, RN, CPHQ
Director, Quality Improvement, Kelsey-Seybold
Clinic
DRIVing Equity in Flu Vaccination

A QI Approach to Help You Protect Your Patients of Color from Influenza
“The National Minority Quality Forum was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations.”

Gary A. Puckrein, PhD, Founding President and CEO
Center for Sustainable Health Care Quality and Equity

• Vision: Sustainable healthy communities in every ZIP code

• Mission: Promote sustainable healthy communities, especially those with diverse and underserved populations, through the provision of actionable data, and engagement/training of clinicians and community leaders.
The Team

Laura Lee Hall, PhD, President

Kristen Stevens Hobbs, MPH, CPH, Director of Quality Improvement and Equity, Co-chair of the Cancer Stage Shifting Initiative

Chinonso “Chinnie” Ukachukwu, MPH, Quality Improvement and Equity Project Manager

Leslie Zuniga, MPH candidate, Quality Improvement and Equity Project Assistant

Michael DeSalvo Solarte, MSW, Quality Improvement and Equity Project Manager
Flu Vaccination and Equity
Flu Vaccine Equity

- Flu vaccine racial and ethnic disparities have persisted over many years, increasing during the 2021-22 flu season
- Compared with White, non-Hispanic adults (51.3%), coverage is 17.4 percentage points lower for Hispanic adults and 16.3 percentage points lower for Black, non-Hispanic adults
- Even among older adults, an estimated 30.1% of Hispanic persons, 35.9% of Black, non-Hispanic persons, and 51.8% of White, non-Hispanic persons were vaccinated at the end of 2021
- As of March 2022, flu vaccination was 21.9 percentage points lower for non-Hispanic Black pregnant persons than non-Hispanic White pregnant persons (30.4% compared to 52.3%)
- The disparities translated into increased hospitalizations, ICU admissions and death, especially among those with chronic conditions

Learn more: https://www.cdc.gov/flu/highrisk/disparities-racial-ethnic-minority-groups.html
Addressing Flu Vaccine Disparities

- Multiple factors contribute to flu vaccine disparities among people of color
- Surveys show that clinicians are not consistently recommending annual flu vaccination, even for their patients at high risk of flu: Less than a third of clinicians say they recommend annual flu vaccination to their patients with chronic health conditions
- Beyond physician recommendation, misinformation, mistrust, access and social determinants of health barriers contribute to disparities
- Provider bias and systemic racism also contribute to disparities: a landmark study showed that older adults of color who receive a flu vaccine, are less likely to receive the most effective option largely because of their race or ethnicity

<table>
<thead>
<tr>
<th>Number of beneficiaries by race/ethnicity</th>
<th>% of beneficiaries who received a flu vaccine and got the high dose option</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (22,490,404)</td>
<td>53.8%</td>
</tr>
<tr>
<td>Black (2,054,934)</td>
<td>41.1%</td>
</tr>
<tr>
<td>Asian (535,452)</td>
<td>40.3%</td>
</tr>
<tr>
<td>Hispanic (454,921)</td>
<td>37.8%</td>
</tr>
<tr>
<td>Other (573,165)</td>
<td>45.2%</td>
</tr>
</tbody>
</table>

High dose flu vaccination of Medicare beneficiaries who received any flu vaccine

The DRIVE Flu Toolkit can help clinical teams overcome barriers to flu vaccination among their patients of color, with education, patient engagement, team-based and community-based approaches to vaccination, and redress of provider bias and systemic racism.
The DRIVE Toolkit: Promoting Health in Underserved Populations

DRIVE: Demonstrating Real Improvement in Value and Equity
A free online toolkit to support quality improvement, education, and community engagement in your location.
DRIVE has been implemented in more than 23 health systems and Federally Qualified Health Centers, including 104 clinics.
DRIVE PLUS: Communications and Community Engagement
Putting DRIVE into Action

SHC’s DRIVE program helps primary care teams promote high quality, equitable care through the rapid cycle improvement model, by promoting a champion-led, patient-centered, team-based approach. This module outlines six practical steps for increasing flu vaccination for your patients of color.
1. ID Your Team: The Champions

- A health system leader often champions a DRIVE program, identifying the practice sites to participate and connecting educational, IT, nursing, equity, specialty care, research, and communication resources.
- At the practice level, whether a clinic, FQHC, or residency program, champions are recruited to lead program implementation.
- Champions at the practice level typically include a physician or advanced practice clinician along with a nurse, practice manager, patient navigator, pharmacist, and/or resident.
- Practice champions develop the QI strategy and lead its implementation.
2. Complete Your Practice Assessment

A brief online survey helps you assess: your practice and patients; your current approaches to flu vaccination; barriers you and your patients face; and what you would like to work on in the QI activity.

One or more of the practice champions should complete one survey for a given clinic site

This information will guide your project design.

Access your practice assessment survey here:
3. Learn More About Your Community

- Community health assessments can help you tailor your DRIVE program to fit the needs of the community your clinic serves.
- A community health assessment can provide information about: demographics; health status; social and economic factors impacting health; available health services and community resources.
- Community data and reports often are available in your region:
  - Hospitals, FQHCs, local foundations, and other health and social service providers often have published community health assessments.
  - Local, county, and state health and public health departments often have relevant data and reports.
- National surveys and data sources are also available to probe your community needs.
Resources

Community Health Assessment Resources
Health statistics sources:
https://www.cdc.gov/places/

Flu Vaccine Data
https://www.cdc.gov/flu/fluuvaxview/index.htm
https://www.cdc.gov/flu/weekly/index.htm
Check your state and local health department
4. Design Your Activity

- Plan-Do-Study-Act (PDSA) is a structured, straightforward approach to implementing quality improvement projects in practices
- This approach works on many types of changes - from improving a patient care process to executing a new workflow - and in practices of all sizes
- This approach can be adapted to many clinical practices, supporting a sustainable culture of quality improvement
- Start small and be VERY specific – timelines, level of improvement, role of individuals
- Share your plan with the overall staff and system leadership for their input, suggestion of resources to assist with implementation, and buy-in
- Use this template to develop your plan:
- See the QI Library for ideas to improve flu vaccine equity (to be provided)
QI Library: Assess and Outreach

- Review the flu vaccination rates by race/ethnicity
- Survey patients about barriers to flu vaccination
- Survey staff about flu vaccination barriers
- Review the flu vaccination rates among vulnerable patients
- Reach out to patients via texts, calls, or the patient portal
QI Library: Education and Training

- Post educational posters in the waiting and exam rooms
- Provide patient handouts concerning FAQs
- Host a lunch and learn for staff about the flu and vaccine
- Train staff in making a strong recommendation
- Implement/train on standing orders
- Train staff on entering vaccine data in the medical record
**QI Library: Additional Strategies**

<table>
<thead>
<tr>
<th>Implement an outdoor/mobile vaccine clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement appointment free vaccine times</td>
</tr>
<tr>
<td>Develop workflow for co-admission of flu and COVID vaccines</td>
</tr>
<tr>
<td>Implement friendly competition among clinic staff/teams</td>
</tr>
</tbody>
</table>
QI Library: Community Engagement

- Provide education to a community organization about the flu and vaccination
- Educate about the flu in local media
- Provide flu vaccinations at community locations
- Form a health equity patient advisory group
5. Put the Plan into Action

Train staff participating in the activity: what is going to be done and why

Present in regular staff meetings or have a breakfast or lunch presentation

Track QI cycle efforts and results, using a run chart

Consider the impact of the QI cycle and next steps:

Expand – it worked great
Adjust – impact was uneven
Try a new approach – it just didn’t work
6. Communicate, Celebrate, Continue

- Share the results of your work with the whole practice team
- Acknowledge and celebrate those who contributed
- Let the leadership know about your success
- Inform your patients and the whole community about your commitment to improving quality care for all your patients
- Continue cycles of health care quality and equity
New Orleans
Get your flu shot today!
Protect Your Health

FLU READY NOLA
Sign up to get your FREE Flu Vaccines at a vaccination event near you!

October 15
10 am - 2 pm
Joe Brown Park Gymnasium
5601 Read Blvd

October 22
10 am - 2 pm
Sanchez Multi-Service Center
1616 Fats Domino Avenue

November 12
10 am - 2 pm
Milne Recreation Center
5420 Franklin Avenue

December 10
10 am - 2 pm
New Orleans East Hospital
5620 Read Blvd

Three ways to schedule your appointment:
scan the QR Code, sankofanola.org,
or call 504.592.0347

SPONSORED BY:

Giveaways and Resource Partners Onsite
Have a question?

• Contact: SHC@NMQF.org
• We gratefully acknowledge support for this DRIVE Toolkit from Sanofi Pasteur and the CDC
Vaccination and Health Disparities

Leon Jerrels, MBA, MHA, RN, CPHQ
Director, Quality Improvement
Kelsey-Seybold Clinic
Houston's premier multispecialty group practice, founded in 1949 by Dr. Mavis Kelsey in Houston's renowned Texas Medical Center.

More than 600 physicians and allied health professionals practice at 31 locations in the Greater Houston area. Kelsey-Seybold offers quality medical care in 65 medical specialties. The organization operates the largest freestanding Ambulatory Surgery Center in the state of Texas.

State-of-the-art Varian TrueBeam and Varian Edge radiation therapy technology at a nationally accredited Cancer Center.

An accredited Sleep Center, comprehensive laboratory services, advanced imaging and diagnostics, 20 onsite Kelsey pharmacies and a specialty pharmacy.

KelseyCare Advantage, a Medicare Advantage plan offered to Houston-area beneficiaries and affiliated with Kelsey-Seybold Clinic, has achieved the coveted 5-out-of-5-star rating from the Centers for Medicare and Medicaid for six consecutive years.
Houston – Metropolitan

- Metro Houston
  - 7,066,141 residents
  - Fifth most populous metro
- Populations Rankings
  - 4th largest Hispanic
  - 7th largest Black
  - 7th largest Asian
  - 12 largest Anglo

Houston Employment
- Trade, Transportation, and Utilities - 19.8%
- Professional and Business Services - 16.5%
- Government - 13.1%
- Education and Health services - 12.7%
- Leisure and Hospitality - 10.4%
- Manufacturing - 7.5%
- Construction - 7.2%
- Financial Activities - 5.3%
- Other Services - 3.8%
- Mining and Logging - 2.7%
- Information - 0.9%
Houston - Ethnicity and Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Harris County</th>
<th>Fort Bend County</th>
<th>Montgomery County</th>
<th>Brazoria County</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>69.60%</td>
<td>55.10%</td>
<td>88.20%</td>
<td>75.30%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>19.90%</td>
<td>21.10%</td>
<td>5.60%</td>
<td>14.70%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>1.10%</td>
<td>0.60%</td>
<td>1.00%</td>
<td>0.80%</td>
</tr>
<tr>
<td>Asian</td>
<td>7.40%</td>
<td>20.80%</td>
<td>3.20%</td>
<td>7.00%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>1.90%</td>
<td>2.20%</td>
<td>1.90%</td>
<td>2.10%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>4,713,325</strong></td>
<td><strong>811,688</strong></td>
<td><strong>607,391</strong></td>
<td><strong>374,264</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Harris County</th>
<th>Fort Bend County</th>
<th>Montgomery County</th>
<th>Brazoria County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>43.30%</td>
<td>24.70%</td>
<td>24.80%</td>
<td>31.10%</td>
</tr>
<tr>
<td>Not Hispanic/Latino</td>
<td>56.70%</td>
<td>75.30%</td>
<td>75.20%</td>
<td>68.90%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>4,713,325</strong></td>
<td><strong>811,688</strong></td>
<td><strong>607,391</strong></td>
<td><strong>374,264</strong></td>
</tr>
</tbody>
</table>
## Summary Population Data (KSC)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total Capitated</th>
<th>Total Capitated Rate</th>
<th>Commercial Capitated</th>
<th>Commercial Capitated Rate</th>
<th>Medicare Advantage Capitated</th>
<th>Medicare Advantage Capitated Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>601</td>
<td>0.4%</td>
<td>432</td>
<td>0.5%</td>
<td>169</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian/Native Hawaiian</td>
<td>8616</td>
<td>6.2%</td>
<td>6456</td>
<td>6.9%</td>
<td>2160</td>
<td>4.6%</td>
</tr>
<tr>
<td>Did Not Indicate</td>
<td>2405</td>
<td>1.7%</td>
<td>2192</td>
<td>2.4%</td>
<td>213</td>
<td>0.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33215</td>
<td>23.7%</td>
<td>25572</td>
<td>27.4%</td>
<td>7643</td>
<td>16.3%</td>
</tr>
<tr>
<td>Non-Hispanic Black/African American</td>
<td>40525</td>
<td>29.0%</td>
<td>28870</td>
<td>31.0%</td>
<td>11655</td>
<td>24.9%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>47905</td>
<td>34.2%</td>
<td>24578</td>
<td>26.4%</td>
<td>23327</td>
<td>49.9%</td>
</tr>
<tr>
<td>Other Race</td>
<td>6698</td>
<td>4.8%</td>
<td>5114</td>
<td>5.5%</td>
<td>1584</td>
<td>3.4%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>139965</td>
<td>100.0%</td>
<td>93214</td>
<td>100.0%</td>
<td>46751</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
KSC October 2022 Patient Plan

Indemnity
- N = 231,189
- 60.12%

Managed Care
- N = 153,381
- 39.88%
Geographic Expansion

2020

2022
Understanding Patient Needs

- Ask the people
  - Annual Needs Assessment
  - Focused
    - Flu
    - Covid
Which of the following, if any, affect your ability to receive care? (Select all that apply)

- None of the above: 74%
- Transportation: 7%
- Cost: 15%
- Distance to a Clinic: 8%
- Other (please specify): 4%
- Food Insecurity: 0%
- Housing Instability: 0%
- Physical Inability: 3%
The influenza vaccine may cause the flu. (Yes/No)
Equality Vs Equity
Second Outreach
Dear [Patient Name],

Did you know there are many myths about influenza vaccines that persist from year to year? Here are a few:

**MYTH**: The side effects of the vaccine are worse than the flu itself.

**FACT**: The flu is much more serious! The CDC estimates that between 12,000 – 52,000 people die annually in the U.S. of the flu. While most people will recover within a few weeks, some can develop complications including sinus and ear infections, pneumonia, and heart or brain inflammation.

**MYTH**: The vaccine doesn’t work – my friend got the vaccine and then got the flu.

**FACT**: The vaccine targets specific strains of the flu, but several flu virus strains are circulating all the time. However, being vaccinated improves your chances of being protected from the flu.

Third Outreach
Dear [Patient Name],

Did you know that flu vaccination coverage is lowest amongst the African American and Hispanic adult populations? Only 40.4% of African Americans and 38.6% of Hispanics received a vaccination during the 2020-2021 flu season. In addition, both groups are more likely to be hospitalized for flu-related complications compared to non-Hispanic Whites. This is challenged further by the fact that these communities suffer more from chronic health conditions such as asthma, diabetes, heart disease and obesity.
Flu Improvement Initiatives

**Gulfgate**
- Established a connection with HEB and working with marketing on what we can present to shoppers for our flu campaign.
- Our next goal is to establish a connection with HISD schools around the area and partner again with marketing to see what we can do.

**North Channel**
- Front desk CSR’s ask every patient if they would like a flu immunization. If the patient declines, they will put pt decline flu in the appt. notes to alert the MA to ask/encourage flu vaccines once pt is in the room. This will also allow the MA to alert the physician that pt has declined flu by writing it on the PVS. This gives 3x in a visit to encourage the patient to receive the vaccine.

**Pasadena**
- Have the front desk ask patients if they would like to receive their flu shot and notate it in the appointment notes. This way the roomer will be aware that the patient has requested a flu shot.
- We have also asked the rooming staff to offer the vaccine in the room and if the patient is hesitant, ask if they have any questions that they or the provider can answer.
**Flu Administration Contest**

<table>
<thead>
<tr>
<th>Nurse by Location</th>
<th>Number Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>GULF GATE</td>
<td>9</td>
</tr>
<tr>
<td>CASTILLO, MARLENE</td>
<td>6</td>
</tr>
<tr>
<td>ZERMENO, DIANA</td>
<td>2</td>
</tr>
<tr>
<td>ALANIS, RODOLFO</td>
<td>1</td>
</tr>
<tr>
<td>NORTH CHANNEL</td>
<td>12</td>
</tr>
<tr>
<td>ESCAMILLA, EMMA G</td>
<td>7</td>
</tr>
<tr>
<td>MARTINEZ, DORA E</td>
<td>4</td>
</tr>
<tr>
<td>CASTANEDA, PRISCILLA</td>
<td>1</td>
</tr>
<tr>
<td>PASADENA</td>
<td>58</td>
</tr>
<tr>
<td>CORDOVA, VIVIAN</td>
<td>12</td>
</tr>
<tr>
<td>VERDUZCO, ANA G</td>
<td>12</td>
</tr>
<tr>
<td>HARGRAVES, KIMBERLY</td>
<td>7</td>
</tr>
<tr>
<td>VENTUFEILLA, ERIKA Y</td>
<td>6</td>
</tr>
<tr>
<td>SMITH, RONNI N</td>
<td>4</td>
</tr>
<tr>
<td>BAILL, VALERIE L</td>
<td>3</td>
</tr>
<tr>
<td>BAUTISTA OLANO, JOSE</td>
<td>3</td>
</tr>
<tr>
<td>DURON, ANGELA C</td>
<td>2</td>
</tr>
<tr>
<td>MARIN, LESLEY M</td>
<td>2</td>
</tr>
<tr>
<td>PEREZ, DORA A</td>
<td>1</td>
</tr>
<tr>
<td>BUCHALSKI, DENISE L</td>
<td>1</td>
</tr>
<tr>
<td>TEJADA, YVONNE M</td>
<td>1</td>
</tr>
<tr>
<td>ROSE, CHRISTINE</td>
<td>1</td>
</tr>
<tr>
<td>OCHOA, MARGARITA</td>
<td>1</td>
</tr>
<tr>
<td>SERNA, VIVIANA E</td>
<td>1</td>
</tr>
<tr>
<td>DECHA, CHRISTINE M</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>79</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Front Desk by Location</th>
<th>Number Checked In</th>
</tr>
</thead>
<tbody>
<tr>
<td>GULF GATE</td>
<td>9</td>
</tr>
<tr>
<td>RUBALCABA, CYNTHIA</td>
<td>7</td>
</tr>
<tr>
<td>BERRY, JANICE L</td>
<td>1</td>
</tr>
<tr>
<td>FINDLET, AUDREY</td>
<td>1</td>
</tr>
<tr>
<td>NORTH CHANNEL</td>
<td>12</td>
</tr>
<tr>
<td>JACKSON, DANIELLA M</td>
<td>5</td>
</tr>
<tr>
<td>STRINGER, AMAND A R</td>
<td>4</td>
</tr>
<tr>
<td>GARZA, LYDIA</td>
<td>3</td>
</tr>
<tr>
<td>PASADENA</td>
<td>58</td>
</tr>
<tr>
<td>SALINAS, MARIA T</td>
<td>11</td>
</tr>
<tr>
<td>ABEJA, CEISHIR Z</td>
<td>11</td>
</tr>
<tr>
<td>CARTER, TIANAH M</td>
<td>11</td>
</tr>
<tr>
<td>HERRERA, MARY D</td>
<td>10</td>
</tr>
<tr>
<td>BALDERAS, ORALIA</td>
<td>8</td>
</tr>
<tr>
<td>DURON, MARITTA L</td>
<td>4</td>
</tr>
<tr>
<td>SANCHEZ, KIM M</td>
<td>3</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>79</strong></td>
</tr>
</tbody>
</table>
## Flu Administration Contest

<table>
<thead>
<tr>
<th>Location</th>
<th>Patients Seen</th>
<th>Shots Administered</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gulfgate</td>
<td>3161</td>
<td>1126</td>
<td>36%</td>
</tr>
<tr>
<td>North Channel</td>
<td>4001</td>
<td>1577</td>
<td>39%</td>
</tr>
<tr>
<td>Pasadena</td>
<td>21677</td>
<td>8952</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>28839</strong></td>
<td><strong>11655</strong></td>
<td><strong>40%</strong></td>
</tr>
</tbody>
</table>
Making an Effective and Culturally Competent Flu Vaccine Recommendation
Ms. Lois Privor-Dumm, Dr. Keith Ferdinand, and Dr. Matthew Kushner

Agenda
• 12:30 pm - Welcome and Introductions – Mr. Leon Jerrels and Laura Lee Hall, PhD

• 12:35 pm - What do we know about factors influencing flu vaccination in people of color that can help providers make a strong recommendation? Ms. Privor-Dumm

• 12:50 pm – Putting the Evidence into Action in Patients of Color
  • 12:50 to 1:05 - Dr. Ferdinand will review evidence for why the influenza vaccine is so important to communities of color and strategies he uses to promote vaccination, especially among people with chronic conditions and during the COVID pandemic
  • 1:05 to 1:20 - Dr. Kusher will share strategies he uses in his clinic, a largely Spanish-speaking population in Queens, NY

• 1:20 pm – Q & A

• 1:30 pm – Adjournment
Flu Vaccine Breakdown by Race/Ethnicity

- **American Indian**
  - 2018-2019: 33%
  - 2019-2020: 40%
  - 2020-2021: 37%
  - 2021-2022: 31%

- **Asian/Native Hawaiian**
  - 2018-2019: 39%
  - 2019-2020: 45%
  - 2020-2021: 45%
  - 2021-2022: 41%

- **Did Not Indicate**
  - 2018-2019: 4%
  - 2019-2020: 6%
  - 2020-2021: 9%
  - 2021-2022: 11%

- **Hispanic**
  - 2018-2019: 33%
  - 2019-2020: 38%
  - 2020-2021: 38%
  - 2021-2022: 33%

- **Non-Hispanic Black/African American**
  - 2018-2019: 30%
  - 2019-2020: 35%
  - 2020-2021: 35%
  - 2021-2022: 31%

- **Non-Hispanic White**
  - 2018-2019: 37%
  - 2019-2020: 43%
  - 2020-2021: 42%
  - 2021-2022: 36%

- **Other Race**
  - 2018-2019: 31%
  - 2019-2020: 34%
  - 2020-2021: 35%
  - 2021-2022: 30%
COVID-19 Patient Needs - 2021

- 96% of patients believe Kelsey-Seybold Clinic (KSC) has done an adequate job educating patients about COVID-19.
- 95% of patients believe the KSC website provided sufficient information regarding COVID-19.
- 91% of patients believe KSC informed them in an acceptable way regarding provider scheduling changes, such as increased availability of in-person visits or resumption of services.
- 99% of patients were aware of telemedicine services, such as Video Visits, during the COVID-19 pandemic.
- 72% of patients would be interested in being vaccinated if and when a COVID-19 vaccine becomes approved and available.
When a COVID-19 vaccine becomes approved and available, would you be interested in being vaccinated? (% Yes)

- American Indian: 50% (N=4)
- Asian/Native Hawaiian: 67% (N=6)
- Hispanic: 77% (N=39)
- Non-Hispanic Black/African American: 55% (N=60)
- Non-Hispanic White: 82% (N=161)
- Other Race: 80% (N=10)
- Prefer not to answer: 57% (N=28)
COVID-19 Vaccine Locations

Reflecting the nation at large, Houston's Black and Brown communities have contracted COVID-19 at higher rates.

One case per...
- 8-10 people
- 10-13 people
- 13-16 people
- 16 or more people
- Vaccine Provider
- Vaccine Hub

Texas Department of State Health Services (DHS), Harris County Public Health (data through Jan. 11, 2021)
COVID-19 Vaccine Breakdown by Race/Ethnicity

- American Indian: 58% (2021), 64% (2022*)
- Asian/Native Hawaiian: 72% (2021), 77% (2022*)
- Did Not Indicate: 39% (2021), 48% (2022*)
- Hispanic: 57% (2021), 62% (2022*)
- Non-Hispanic Black/African American: 64% (2021), 69% (2022*)
- Non-Hispanic White: 58% (2021), 62% (2022*)
- Other Race: 55% (2021), 61% (2022*)
2022 Plans

NMQF Collaboration - 5 site
- Gulfgate
- North Channel
- Pasadena
- River Oaks
- Sienna

Survey and Outreach
Upcoming Webinar

Topic: Year 1 Data Review & RIZE Awards

Date/ Time: Thursday, November 17 at 2pm ET

Presenters: The Rise to Immunize Team and representatives from HealthPartners, Premier Medical Associates, P.C., and Sharp Rees-Stealy Medical Group, Inc.
Questions?

Submit your questions using the **Q&A feature** at the bottom of the screen