Thank you for joining

The presentation will begin shortly
Promoting Health Equity in Adult Immunizations
Victoria Smith, MD, FAAFP, Ochsner Health

October 19, 2023
Today’s Webinar

Campaign Updates
• RIZE Action Month
• RIZE Symposium
• Resource of the Month
• Spotlight: Sanford Health webinar

Promoting Health Equity in Adult Immunizations
• Victoria Smith, MD, FAAFP

Q&A Session
Webinar Reminders

Today's webinar recording will be available the week of 10/23
- 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
This year, we engaged over 600 healthcare professionals from 28 AMGA member groups during RIZE Action Month!
RIZE Symposium
November 9–10, 2023
Arlington, VA

RiseToImmunize.org/Symposium
Resource of the Month

Fall 2023 Respiratory Season Vaccination Decision Making for People 60 and Over

Vaccines You Currently Have in Stock
If vaccines are not available at your location, identify and refer to providers who can administer these vaccines. If you do not have the RSV vaccine, proceed with current ACIP recommendations for the other vaccines. Counsel and refer patients out for RSV vaccination.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Scenario A</th>
<th>Scenario B</th>
<th>Scenario C</th>
<th>Scenario D</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSV (see 3)</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Flu</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>COVID-19</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Pneumococcal (see 2)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Vaccine Co-administration (see 3) Strategies for People 60 and Over

1. As of June 21, 2023, the Centers for Disease Control and Prevention (CDC) recommends people age 60 years and older may receive a single dose of respiratory syncytial virus (RSV) vaccine, following shared clinical decision making. Those at highest risk of severe RSV disease includes those with chronic medical conditions such as long diseases; cardiovascular diseases; moderate or severe immune compromise; diabetes mellitus; neurologic or neurosensory conditions; kidney disorders; liver disorders; and hematologic disorders; persons who are frail; persons of advanced age; and persons with either underlying conditions or factors that the provider determines might increase the risk for severe RSV-associated respiratory disease recommendation.

2. For all people age 65 and older and those age 60–64 years with high-risk conditions, recommend pneumococcal vaccine if not previously vaccinated.

High-risk factors for people age 60–64 years include alcoholism, cerebrospinal fluid (CSF) leak, chronic implant, heart disease, lung disease (including asthma), diabetes, immunocompromising conditions, and smoking. Check out CDC’s Pneumonia: Who, What, Why, When.

3. Administering RSV vaccine with one or more other vaccines at the same visit might increase local or systemic reactogenicity. Data are only available for co-administration of RSV and influenza vaccines, and evidence is mixed regarding increased reactogenicity. Data are lacking on the safety of RSV co-administration with other vaccines that might be recommended for people age 60 and over, such as COVID-19 and pneumococcal vaccines. CDC’s Bridge Access Program covers COVID-19 vaccines for uninsured and underinsured adults from Fall 2023 through December 2024. For more information, visit https://www.cdc.gov/vaccines/programs/bridge/index.html#vaccines.

For CDC Influenza recommendations
For CDC COVID-19 recommendations


National Adult and Influenza Immunization Summit
Spotlight

• Improving Immunization Rates: Sanford Health’s Team-Based Approach
Victoria Smith, MD, FAAFP
Associate Medical Director, Primary Care – River Region, Ambulatory Quality Lead, Ochsner Health
Promoting Health Equity in Adult Immunizations

Victoria Smith, MD, FAAFP
Associate Medical Director & Ambulatory Quality Lead

Matthew Malachowski, PharmD, MHA, BCPS
System Director, Population Health and Ambulatory Care
Agenda

• Experience with COVID-19 & Diversity, Equity, and Inclusion
• Breaking out of the Brick and Mortar
• Don’t let a good emergency go to waste
• Removing Patient Variables
Experience with COVID-19 And DE&I
COVID-19 Vaccine Roll Out

- The first COVID-19 Vaccines
  - Pfizer mRNA COVID Vaccine
  - December 14th, 2020
  - Distribution driven by the CDC and State Department of Health
  - Strict Criteria for Use for Healthcare Personnel and LTCF residents

- Initial vaccine uptake was driven by product availability, access to immunization sites, and vaccine hesitancy (personal beliefs).
- Left to organic progression, there was a high risk of inequity
  - (care solidifying around resources such as health care infrastructure and patients with means to travel)

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### Work Group considerations: Balancing Goals

<table>
<thead>
<tr>
<th>Prevention of Morbidity &amp; Mortality</th>
<th>Preservation of Societal Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a LTCF residents</td>
<td>Health care personnel</td>
</tr>
<tr>
<td>1b Persons 75 years and older</td>
<td>Frontline Essential Workers</td>
</tr>
<tr>
<td>1c Persons 65-74 years, Persons 16-64 with high-risk medical conditions</td>
<td>Other Essential Workers</td>
</tr>
</tbody>
</table>

- Ensure safety and effectiveness of COVID-19 vaccines
- Ensure equity in vaccine allocation and distribution
Initially Immunizations lead to Inequities

- Initially, Louisiana was Ranked in the Top 5 States Nationally for % doses administered of COVID-19 vaccine- speed prioritized over equity
- Initial High-Risk categories included Physicians, Healthcare Workers, and individuals at High-Risk for poor outcomes following infection
- Vaccine hesitancy among certain race and ethnicity lines identified early

All Vaccination Administrations by Dose

<table>
<thead>
<tr>
<th>1st Dose Administrations</th>
<th>1st Dose Future Scheduled</th>
<th>2nd Dose Administrations</th>
<th>2nd Dose Future Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH Employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14,661</td>
<td>7,517</td>
<td>13,247</td>
<td>1,251</td>
</tr>
<tr>
<td>Non-OH Employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99,336</td>
<td>7,490</td>
<td>67,230</td>
<td>38,032</td>
</tr>
</tbody>
</table>

OH Employee Vaccination Administrations: Dose & Setting

<table>
<thead>
<tr>
<th>Total Employees</th>
<th>1st Dose Administrations</th>
<th>1st Dose Administered %</th>
<th>1st Dose Future Scheduled</th>
<th>2nd Dose Administrations</th>
<th>2nd Dose Administered %</th>
<th>2nd Dose Future Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>27,949</td>
<td>14,661</td>
<td>52.5%</td>
<td>27</td>
<td>13,247</td>
<td>47.4%</td>
<td>1,251</td>
</tr>
<tr>
<td>Providers</td>
<td>2,413</td>
<td>79.6%</td>
<td>5</td>
<td>1,838</td>
<td>76.2%</td>
<td>58</td>
</tr>
<tr>
<td>Nurses</td>
<td>7,482</td>
<td>52.5%</td>
<td>7</td>
<td>3,557</td>
<td>47.5%</td>
<td>312</td>
</tr>
<tr>
<td>Other Clinical</td>
<td>7,518</td>
<td>42.3%</td>
<td>11</td>
<td>2,782</td>
<td>37.0%</td>
<td>363</td>
</tr>
<tr>
<td>Other</td>
<td>8,772</td>
<td>47.7%</td>
<td>4</td>
<td>3,684</td>
<td>42.0%</td>
<td>460</td>
</tr>
<tr>
<td>Managers &amp; Above</td>
<td>1,764</td>
<td>82.1%</td>
<td>0</td>
<td>1,386</td>
<td>78.6%</td>
<td>58</td>
</tr>
</tbody>
</table>

The All Vaccination Administrations by Dose includes Ochsner Health, North Louisiana, and Partners.

OH Employees: Canceled with No Appointment Rescheduled

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# Equitable Vaccines Strategy

## COVID-19 Vaccine Task Force

**Purpose:** Determine and drive the overall vaccination strategy for internal and external populations; including equitable education and messaging and operational vaccine distribution and administration.

**Members:** Dawn Pevey, Dr. Cazabon, Sarah Roberts, Dr. Lennarz, Aisha Pujadas-Walsh, Dylan Thriffiley, Debbie Simonson, Matt Malachowski, Jason Lafitte, Ricky Rovira, Ricky Indovina, Dr. Raymond, Dr. Oravetz, Deb Grimes, Dr. Price-Haywood, Dr. Laborde, Inez Jordan, Tonia Moore, Emily Arata, Olivia Sweetnam, Dr. Kemmerly, Dr. Baumgarten, Megan McFarland, Stephanie Victoriano, Carlos Calix, Allison Gouaux, Stafford Maestri, Giselle Hecker, Nicole O’Malley, Rodney Good, Fallon McManus, Garabet Akoghlanian, Patricia Thompson, Nicholas Sells, Kristin Kearns, Mark Dupuis, Emily Rosenzweig, Amanda Logue

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### Equitable Vaccine Administration

**Lead:** Dr. Yvens Laborde

Design strategies and tactics to ensure equitable distribution of COVID-19 vaccines. Provide vaccines to communities with the greatest need and highest risk and then progress through the general population.

**KEY STRATEGIES**

- Create tactics / strategies to reach goals based on data and employee / community feedback
- **Community Engagement:** Plan and coordinate outreach and education targeting community members and employees of color (AA, Asian and Hispanic)
- **Communication:** Internal communication via OXIHER Steering Committee. ORGs; External communication via Zoom meetings, social media platforms
- **Goals:**
  - By Dec 31, 2021, we aim to increase the vaccination rate of minority employees (Black, Hispanic, and Asian) by **Set a threshold, goal, and max**
  - By Dec 31, 2021, we aim to increase the vaccination rate of minority patients and community members by (Black, Hispanic, and Asian) by 32% Black, 5% Hispanic, 2% Asian
  - By December 31 2021, we aim to reach 12,000 people via PR targeting communities of color

**IN SCOPE:** Reporting strategy to task force

**OUT OF SCOPE:**

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### Employee

**Lead:** XXX

Design strategies and tactics to increase healthcare worker vaccination rates across Ochsner Health.

**KEY STRATEGIES**

- Create tactics / strategies to reach goal based on data and employee feedback
- **Workforce Engagement:** Review and analyze employee data (Providers, Nurses, Leaders, Clinical, and non-clinical) to develop strategic priorities to improve compliance rates. This includes employees and not contracted workers.
- **Communication:** Internal communication and social networks to cascade information/awareness, including break rooms, hallways, emails, videos, open forums, etc.
- **Goal:** 75% of employed workforce vaccinated

**IN SCOPE:** Reporting strategy to task force

**OUT OF SCOPE:**

---

### Operations

**Lead:** XXX

To execute the strategies set forth in an efficient manner for patients, serving them where they desire to be served, as quickly as possible.

**KEY STRATEGIES**

- Create tactics / strategies to reach goal based on data and community feedback
- **Mass Vaccination Planning:** Plan and coordinate mass vaccination locations across Ochsner Health, including pilot sites, community partnerships, and neighborhood presence.
- **Goal:** Deliver vaccinate every 2.5 minutes in a safe and efficient manner.

**IN SCOPE:** Reporting strategy to task force

**OUT OF SCOPE:**

---

**WORKING GROUP CADENCE**

<table>
<thead>
<tr>
<th>Bi-weekly</th>
<th>Weekly</th>
<th>Weekly x2</th>
</tr>
</thead>
</table>

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**IN SCOPE:** Reporting strategy to task force

**OUT OF SCOPE:**
**What is the problem or opportunity?**

- Misinformation regarding COVID-19 vaccine research has heightened mistrust in the efficacy and safety of the vaccine in minority communities.
- Create tactics / strategies to reach goal based on data and employee / community feedback
- Ensure that health equity is included in vaccine distribution strategies and in the educational outreach to minority communities and employees

**What is the impact of doing nothing?**

- Low rates of vaccinations among populations with the highest rates for COVID-19 infection, hospitalization and death will exacerbate healthcare disparities in the minority population.

### Goal / Aim Statement: Primary Goal

<table>
<thead>
<tr>
<th>By Date</th>
<th>We aim to</th>
<th>Increase / Decrease</th>
<th>the vaccination rate for minority employees by</th>
<th>TBD (HR Data Needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 31, 2021</td>
<td>increase</td>
<td>Primary Metric (Y)</td>
<td>Improvement Goal</td>
<td></td>
</tr>
</tbody>
</table>

**In Scope:**

- PR messaging to minority communities and employee's (African American, Asian, Hispanic); Minority Community partnerships; ORG/Employee ambassador partnerships; Messaging content specific to minorities; Creating distribution strategy

**Out of Scope:**

- COVID-19 testing; generic vaccination messaging to the wider community;

**First Step in the Process:**

Scope approved by task force and data secured

**Kickoff Date:** Jan. 2021

**Last Step in the Process:**

Vaccine administered

**Anticipated End Date:** May 2021

### Other Metrics (Business Outcome, Process, Behavioral):

- Proportion of employees vaccinated by race (African American, Hispanic, Asian)-Target based on baseline % employees
- Proportion of all individuals vaccinated by race (African American, Hispanic, Asian)- minimum target based on US census state demographics# Ochsner patients vaccinated (African American, Hispanic, Asian)
- # of people we've reached (via Zoom recordings (how many people joined); social media, ORG activities)

**Goal / Aim Statement: Primary & Secondary Goals**

<table>
<thead>
<tr>
<th>Impacted Area 1</th>
<th>Impacted Area 2 Sponsor</th>
<th>Impacted Area 3 Sponsor</th>
<th>Impacted Area 4 Sponsor</th>
<th>Impacted Area 5 Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Communications</td>
<td>Stacy Swanson</td>
<td>Diversity &amp; Inclusion</td>
<td>Deborah Grimes</td>
<td>International Services</td>
</tr>
<tr>
<td>ORG</td>
<td>Claudia Medina</td>
<td>Xavier University</td>
<td>Dr. Kuo/Jaime Taylor/Sylvia Hartmann</td>
<td></td>
</tr>
<tr>
<td><strong>Primary</strong></td>
<td><strong>Secondary</strong></td>
<td><strong>Secondary</strong></td>
<td><strong>Secondary</strong></td>
<td></td>
</tr>
<tr>
<td>By Dec 31, 2021, we aim to increase the vaccination rate of minority employees (Black, Hispanic, and Asian) by TBD. Data is needed from HR prior to setting threshold, goal, and max.</td>
<td>By Dec 31, 2021, we aim to increase the vaccination rate of minority patients and community members by (Black, Hispanic, and Asian) by 32% Black, 5% Hispanic, 2% Asian</td>
<td>By Dec 31, 2021, we aim to reach 12,000 people via PR targeting communities of color</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For the “community (patients) of color”, the threshold value is determined by the state demographics which happens to match Ochsner established patient population data. 32% Black (excluding Hispanics); 5% Hispanic (black and white); 2% Asian. The denominator is the total # people vaccinated by Ochsner.*
# Equitable Vaccine Administration Workgroup Strategic Plan

## Purpose

To ensure that diversity, equity and inclusion are essential components of our vaccine distribution strategies and in educational outreach to minority communities and employees.

## Focus = Increase equitable vaccination rates for minority employees & community members.

## Key Objectives

<table>
<thead>
<tr>
<th>Community Outreach</th>
<th>Employee Outreach</th>
<th>Toolkit Development</th>
<th>Performance Dashboards</th>
</tr>
</thead>
</table>

### Initiatives

- Identify churches, faith-based groups, civic organizations, Sororities/Fraternities (e.g., Divine 9) with which to partner
- Identify community ambassadors
- Activities hosted by ORGs (e.g., Zoom webinars/Facebook Live)
- Identify employee ambassadors
- Translate FAQs specific for minorities
- Create standard talking points
- Create speaker’s bureau for minority events
- Review data based on region, race, Ochsner employed/Community and job type (Ochsner only)
- Map ADI with vaccine distribution

### Dashboards Analytics Stratified by Race, Geography, and Job Type

- Proportion of all individuals vaccinated by race (African American, Hispanic, Asian)-minimum target based on US census state demographics
- Proportion of employees vaccinated by race (African American, Hispanic, Asian)-Target based on baseline % employees
- # of people we've reached by PR messaging targeting communities of color (via Zoom recordings; social media platforms [Facebook, Twitter], ORG activities)
- Proportion of individuals vaccinated by race
- Proportion of employees vaccinated by race
- Proportion of employees vaccinated by job type
- Gender
Data Needs

• Data Needed:
  • Vaccination rates by:
    • Race
    • Gender
    • Job Title
    • Location / Region

• **Hard Wire important demographic information into Epic. Hard Stop.**
  • Data is needed to determine current state and your progress towards the goal
  • Need vaccination data mapped by zip code to overlay with Area Deprivation Index map

“If you can't measure it, you can't manage it.”
- *Peter Drucker*
The median ADI for Louisiana is 105 above which is considered high levels of deprivation

<table>
<thead>
<tr>
<th>Category</th>
<th>Concept</th>
</tr>
</thead>
</table>
| Poverty           | Median family income  
|                   | Income disparity  
|                   | % families below poverty level  
|                   | % population below 150% of poverty level  
|                   | % single parent households with dependents under 18  
|                   | % households without a motor vehicle  
|                   | % households without a telephone  
|                   | % occupied housing units without complete plumbing  |
| Housing           | % owner occupied housing units  
|                   | % households with more than 1 person per room  
|                   | Median monthly mortgage  
|                   | Median gross rent  
|                   | Median home value  |
| Employment        | % employed person 16 or older in white collar jobs  
|                   | % civilian labor force unemployed (aged 16 or over)  |
| Education         | % of population aged 25 or older with no high school  
|                   | % of population aged 25 or older with at least a high school education  |
Vaccine Hesitancy & Communication

COVID CONVERSATIONS
We Have Heard Your Concerns and it is a Good Time for a Candid COVID Conversation

The COVID conversation series was created by Dr. Yvens Laborde, Medical Director of Global Health and Community Testing, as a means to reach out to the local community with a global and health equity lens so that we could listen, learn, and share information by connecting directly to community members and leaders.

We believe that engaging and earning the trust of the communities we serve are imperative if we are to be successful in our attempt to control the spread of this deadly pandemic.

Our purpose is to listen, learn, engage, educate, empower and enlighten so that we are all united as one in the fight against the virus.

When: January 27, 2021 @ 12pm
Where: Zoom!
Meeting ID: 984 2437 7030
or
Phone: +1 646 558 8656

Additional resources:
ochsnern.org/coronavirus
OCHSNER Information hotline
1-844-888-2772

If you have any additional questions about the COVID vaccine feel free to contact the Ochsner Research Team
Breaking Out of the Brick and Mortar
Mass Vaccination Drive Through
Vax Fest- 24-hour Vaccination

- Designed specifically to support Hospitality Workers
- Over 5,000 doses administered within a 24-hour period
  - Noon March 29th to Noon March 30th, 2021
- Build schedules to accommodate patient availability

![Vax Fest image](image-url)
Mobile Healthcare

Douglas Emhoff, second gentleman of the United States, husband of Vice President Kamala Harris, visited the Ochsner Mobile Vaccine Unit on Wednesday, July 14, at the Broadmoor Food Pantry in New Orleans. Mr. Emhoff spoke with Ochsner’s Drs. Katherine Baumgarten and Yvens Laborde about the importance of COVID-19 vaccinations and removing barriers to the vaccine. Gustavo Posadas Cerón, a food pantry volunteer, got vaccinated during the visit.

For more information on where you can receive the COVID-19 vaccine, please visit: https://lnkd.in/eG-vUHc
Failure is not an option
Don’t Let a Good Emergency Go to Waste
Hurricane Season

- Following a disaster such as a hurricane or tornado, a large proportion of ED visits will be for tetanus immunizations.
  - This becomes a 10-year cohort

- Each year in April/May, Ochsner Health places a “Hurricane Order”.
  - Palate of emergency medications that is sealed containing medication that would be needed following a hurricane.
    - TDAP is contained in the order

The Success of an Immunization Information System in the Wake of Hurricane Katrina

Julie A. Boom, MD,a, Anna C. Dragočević, JDP,b, Cynthia S. Nelson, MSPh,c

aDepartment of Pediatrics, Baylor College of Medicine, Houston, Texas; bImmunization Project, Texas Children's Hospital, Houston, Texas

cThe authors have indicated they have no financial relationships relevant to this article to disclose

ABSTRACT

Within days after Hurricane Katrina in September 2005, the Houston-Harris County Immunization Registry was connected to the Louisiana Immunization Network for Kids Statewide. This linkage provided immediate access to the immunization records of children who were forced to evacuate the New Orleans, Louisiana, area. One year later, >18,900 immunization records have been found, representing an estimated cost savings of more than $1.6 million for vaccine alone and $3.04 million for vaccine plus administration fees. This experience demonstrated the vital and previously unrecognized functionality of immunization information systems in a public health emergency. Here we describe the Houston-Harris County Immunization Registry's experience after Hurricane Katrina in terms of maximizing the use of immunization information systems and the implications of this experience for patients, providers, and public health for future disaster-preparedness planning.
Removing Patient Variables
The Shot Spot (Immunization Station)

- **GOAL:** Patients meeting CDC criteria for a vaccine can receive an immunization regardless of insurance coverage.

- Space within an Ochsner Health clinic containing a Retail Pharmacy

- A space in proximity to both an internal medicine/family practice clinic and the retail pharmacy is select for a “Consultation Room”

- Patients are referred to or are scheduled at the “Shot Spot” for medication administration.

- It is initially run through the pharmacy using the patients Pharmacy coverage.

- If it can not be filled, it is administered via clinic workflow and billed under medical coverage.
Upcoming Webinar

Topic: Year 2 Data & RIZE Awards

Date/ Time: Thursday, November 16 at 2pm ET

Presenters: The Rize to Immunize Team and representatives from our three award winning groups
Questions?

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