

Partnering for **Vaccine Equity**



Learning Community Webinar – Addressing and Promoting Health Equity
October 13, 2021

Zoom Webinar Features

- Participants will **remain muted** during this webinar, but you can use the **raised hand feature** to be unmuted to ask a question, OR
- Use **Q&A tab** in Zoom task bar to submit a question at any time
- **Chatroom Etiquette:** Avoid posting questions for the speaker in the Chatroom, and be civil
- **Technical problems?** Email vaxequitylearning@urban.org

Today's Moderators



Kimá Joy Taylor MD, MPH
Nonresident Fellow
Urban Institute



Joynetta Bell Kelly, DHSc(c), MA
Public Health Analyst
National Center for Immunizations and
Respiratory Diseases -CDC

Today's Speakers

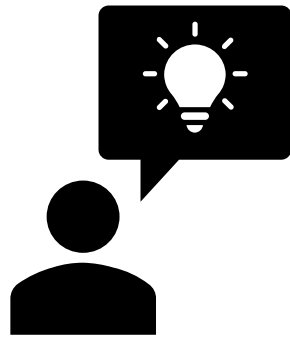


Rodrigo Stein
*Director of Health Equity and Strategic
Community Partnerships*
La Clínica del Pueblo



Mary Owen, MD
President of the Board of Directors
Association of American Indian Physicians

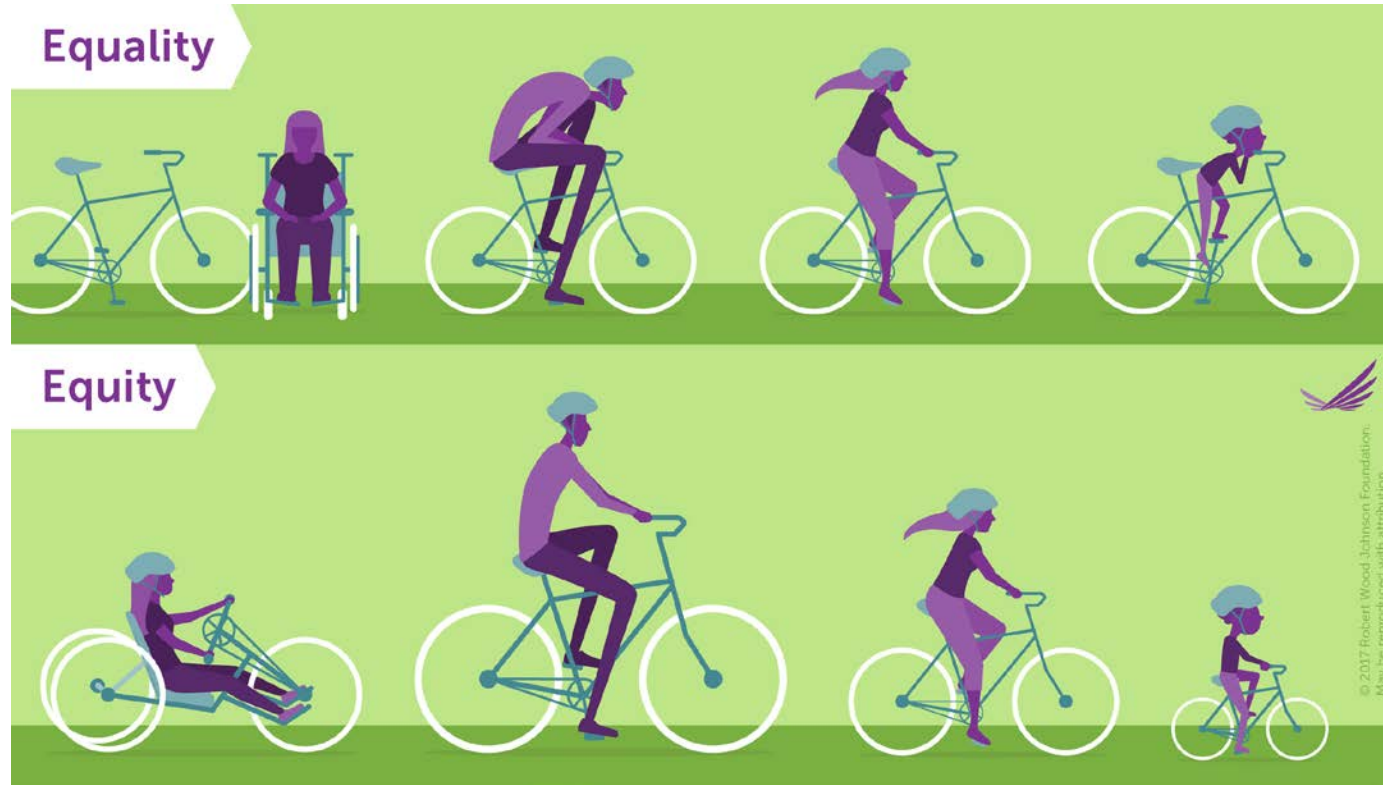
What Does Health Equity Mean to You?



Common Health Equity-Related Concepts

- What is Health Equity?
- Using a Health Equity Lens
- Key Principles for Inclusive Communication
- Cultural Humility
- Anti-Racism

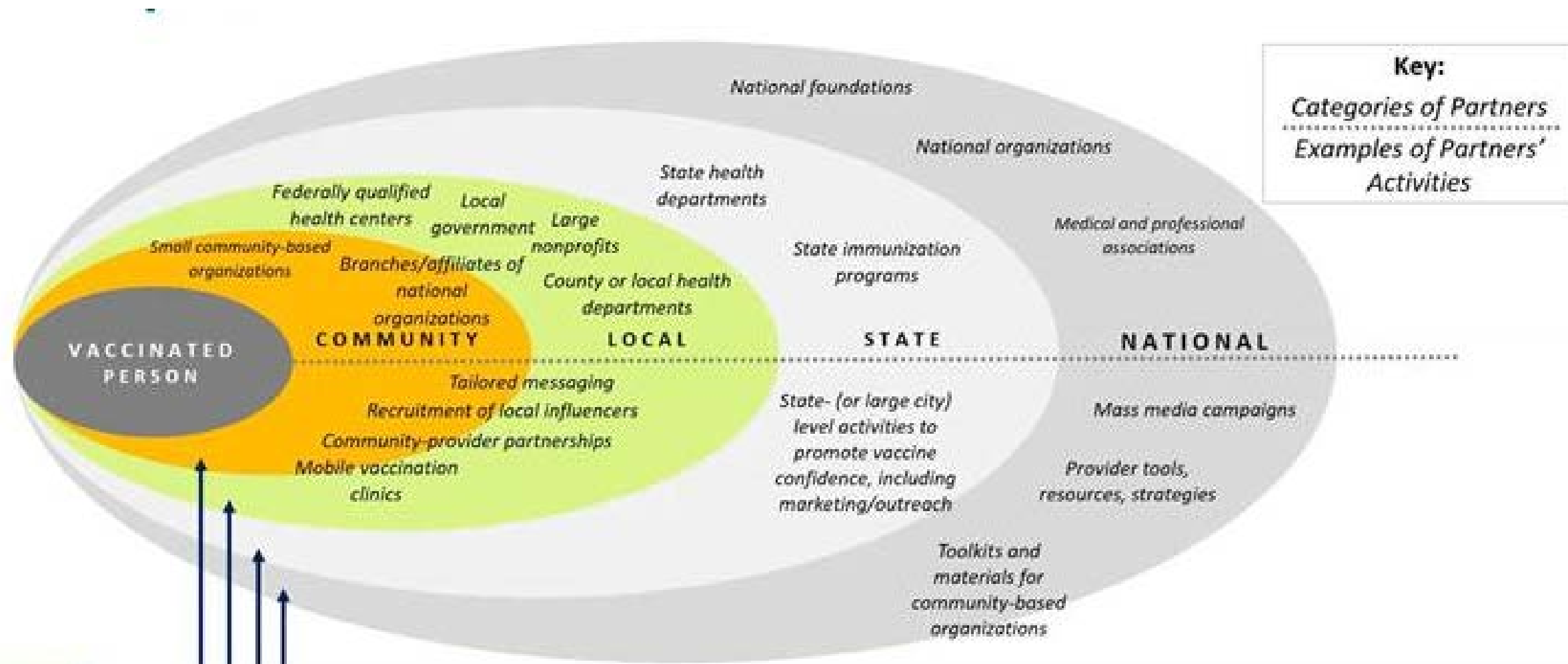
Health Equity



Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Source: <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

P4VE Structured to Work at Multiple Levels where Systemic Social and Health Inequities Exist



CDC provides funding, learning and data support, technical assistance, and toolkits to partners at each⁷ level

Using a Health Equity Lens

While health equity is central to P4VE, we need to be intentional in using key health equity concepts when framing health disparities:

- Consider and avoid perpetuating **systemic social and health inequities** that have made members of some populations less confident/able to access vaccination
- Recognize and **reflect the diversity of the communities** we are trying to reach
- Make **community engagement** a foundational part of the process to develop culturally relevant, unbiased communication
 - Health equity is **intersectional** – individuals belong to more than one group
 - Not all members of your audience have same level of **literacy**

Key Principles for Inclusive Communication

Principle	Instead of this...	Try this...
Avoid adjectives such as vulnerable, marginalized, high-risk	Vulnerable groups	Groups that have been economically/socially marginalized
Use person-first language	Diabetics	People with diabetes
Remember there are many types of subpopulations	Minorities	People from racial and ethnic groups
Avoid words with violent connotations	Target communities, tackle or combat issues	Engage/prioritize/collaborate with/serve
Avoid unintentional blaming	People who refuse vaccination	People who have yet to receive vaccination

Cultural Humility

- The National Institutes of Health (NIH) defines cultural humility as “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.”
- The term was originally developed and framed Doctors Melanie Tervalon and Jann Murray-Garcia (1998) to educate doctors about how to work for and with diverse populations.
- “Cultural humility is proposed as a more suitable goal in multicultural medical education. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.”
 - https://melanietervalon.com/wp-content/uploads/2013/08/CulturalHumility_Tervalon-and-Murray-Garcia-Article.pdf
- The concept is now used in many disciplines including within individual and public health, education and other settings-including research.

Anti-racism

- The active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that **power is redistributed and shared equitably**.
(NAC International Perspectives: Women and Global Solidarity)
- No one is born racist or antiracist; these result from the choices we make.
- These choices require ongoing self-awareness and self-reflection as we move through life.
- In the absence of making antiracist choices, we (un)consciously uphold aspects of unequal institutions.





Increasing COVID-19 vaccine confidence and uptake in the Latino Immigrant Community

Rodrigo Stein; Director of Health Equity and Strategic Partnerships,
October 13th, 2021

Immigration & Health



LA CLÍNICA DEL PUEBLO

1983



Volunteer-run clinic launched in response to first Salvadorian immigrant wave (war, natural disasters, violence) to the DMV area

1995



Incorporated as an independent, non-profit 501(c)(3) agency

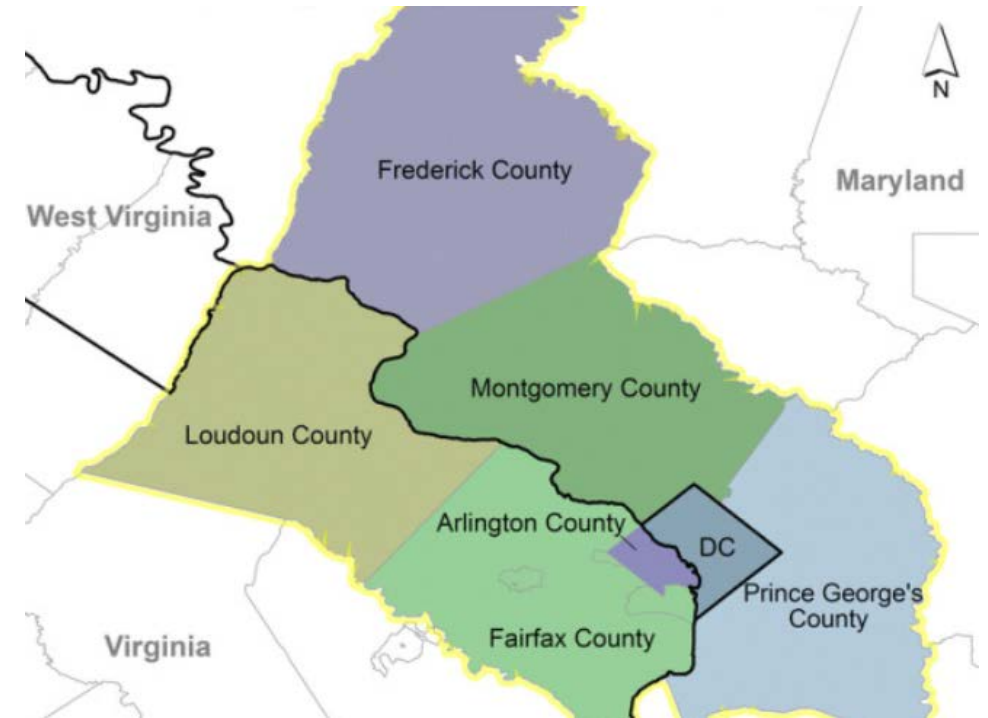
2007



Federally Qualified Health Center (FQHC) status

The Communities We Serve

- 4,500 patients each year
- 92% are Latinx
- 80% are immigrants (*predominantly from Central America*)
- 35% are uninsured
- 83% feel more comfortable communicating in a language other than English
- 84% have an income at or below 200% of the federal poverty line
- 20,000 through community programming

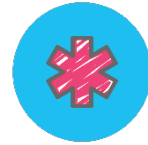


Where they live:

- 54% in DC
- 44% in MD
- 2% in VA

Community Of Care: Integrated Approach

Rooted in the cultural understanding of the community we serve, our work blends health care and social justice



**Primary Medical
Care**

VOLVIENDO AVIVIR
SUBSTANCE USE PROGRAM



**Mental Health
& Substance Use**

MI REFUGIO
SCHOOL BASED PROGRAM



Health Equity

ACCESO LINGÜÍSTICO
LA CLÍNICA DEL PUEBLO



**Community
Health
Action**

ENTRE AMIGAS
HEALTH AND GENDER PROGRAM

EMPODÉRTE
LA CLÍNICA DEL PUEBLO

PROMOCIÓN DE SALUD
LA CLÍNICA DEL PUEBLO

 **LA CLÍNICA
DEL PUEBLO**

Strategies

COVID19 CORONAVIRUS HABLANDO ACERCA DE LAS CONDICIONES SALUDABLES DE TRABAJO

1. MEDIDAS DE PROTECCIÓN PARA HABLAR CON MIS EMPLEADORES



2. ADEMÁS...

Averiguar elegibilidad para licencia remunerada por enfermedad



Si no es elegible, buscar apoyo de organizaciones comunitarias para navegación a otros recursos disponibles



3. RECORDEMOS QUE...

- Sin la clase trabajadora inmigrante no hay actividad económica
- Debemos abogar para que las autoridades garanticen ambientes saludables de trabajo y acceso a servicios de salud

CUANDO ELEVAMOS NUESTRAS VOCES, PROMOVEMOS COMUNIDADES MÁS SALUDABLES

Para más información: www.lcdp.org
Fuentes: www.cdc.gov/ / www.osha.gov/ / www.ndfon.org/



DIALOGUES FOR ACTION

Displacement, migration policy and community response.

March 25th, 2021 5-7 pm
Interpretation English-Spanish ZOOM
Register at: lcdp.org/dialogos-register

LA CLÍNICA TALKS

IMMIGRANT HEALTH: Community approaches for healthy living



A Conversation with Ward 4 Councilmember
Janeese Lewis George

When: Wednesday, April 14th,

Time: 5:00pm-6:00pm

Where: LIVE in Facebook, Twitter and YouTube

WHAT DOES HEALTH EQUITY #SALUDSINBARRERAS MEAN TO YOU? SHARE YOUR OPINION!



LA CLÍNICA DEL PUEBLO

Promoting Vaccine Equity

COVID19 CORONAVIRUS COVID-19 VACCINES WORK!

In times of COVID-19, it is important to remember that vaccination is one of the public health tools that has benefitted humanity the most

SOME OF THE BENEFITS OF THE COVID-19 VACCINE INCLUDE:



THEY ARE SAFE

Before being approved, the COVID-19 vaccines underwent rigorous testing to show that they do not cause disease and that they protect against the virus



THEY PROTECT US

Vaccines against COVID-19 strengthen our body's natural defenses and help prevent the virus's most severe health risks



THEY ARE AN ACT OF SOLIDARITY

Getting vaccinated against COVID-19 is important for the health of our communities. By getting vaccinated, we protect others

REMEMBER:

The scientific community is still investigating how long the vaccine's protection lasts



Even after receiving the COVID-19 vaccine, we still need to use facemasks and stay at least 6 feet away from others



BY GETTING VACCINATED, WE PROMOTE HEALTHIER COMMUNITIES

For more information, please contact us:
www.lcdp.org • (202) 462-4788



COVID19 CORONAVIRUS TALKING ABOUT HEALTHY WORKING CONDITIONS

1. PROTECTIVE MEASURES TO TALK TO MY EMPLOYERS:



2. ADDITIONALLY...



3. REMEMBER...

- Remember the important factors that make a workplace safer
- Use common sense to determine the proper level of safety based on community and local health conditions

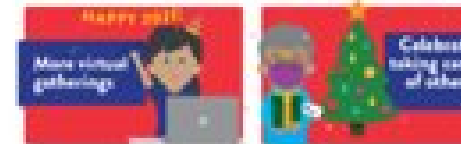
WHEN WE RAISE OUR VOICES, WE PROMOTE HEALTHIER COMMUNITIES

For more information, visit www.lcdp.org
Contact: info@lclp.org | www.lclp.org



COVID19 CORONAVIRUS SOCIAL GATHERINGS DURING COVID-19

HOW CAN WE PARTY SAFELY DURING THE END OF THE YEAR CELEBRATIONS?



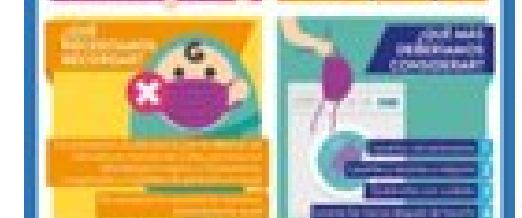
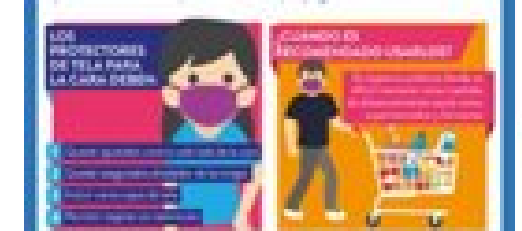
DOING OUR PART, WE HELP TO PROMOTE HEALTHIER COMMUNITIES

For more information, visit www.lcdp.org



COVID19 CORONAVIRUS ¿CÓMO USAR PROTECTORES DE TELA PARA LA CARA?

Los protectores de tela para la cara ayudan en caso a largo plazo a reducir el riesgo de propagación del COVID-19



HACIENDO NUESTRA PARTE, AYUDAMOS A PROMOVER COMUNIDADES MÁS SALUDABLES

For more information, visit www.lcdp.org
Contact: info@lclp.org | www.lclp.org





LA CLÍNICA DEL PUEBLO

Association of American Indian Physicians P4VE Health Equity Webinar

October 13, 2021



Background: AAIP

- AAIP is national American Indian and Alaska Native (AIAN) Physician member organization
- Founded in 1971 as an educational, scientific, and charitable non-profit corporation. A group of fourteen American Indian and Alaska Native physicians established an organization to provide support and services to American Indian and Alaska Native communities.
- Purpose:
 - Improve the number of AI/AN in the health professions workforce (including physicians - 0.4%)
 - Improve the overall health of American Indian and Alaska Natives
- Mission: “to pursue excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing principles and restoring the balance of mind, body, and spirit”.



American Indian and Alaska Native (AI/AN)

The number of Federally Recognized Tribes: 574

States with Tribes/Tribal Headquarters: 35

Inequity: Per capita funding of the Indian Health Service (IHS) is less than half that of US per capita spending for Non-Native populations.

Point: Underfunding of AI/AN healthcare programs contributes significantly to AI/AN health disparities



AI/AN and COVID Healthcare Equity

Challenges:

AI/AN COVID death rates are significantly higher than the general population.

AI/AN vaccine hesitancy remains in pockets (and regionally) versus systemic

AAIP COVID Actions Implemented:

Targeted messaging directed to AI/AN Healthcare workforce and Tribal Leadership

Targeted messaging to directed to AI/AN Physicians, providers and the AI/AN population

Gift Card incentives offered (non CDC funded) to Tribal clinic's for improving COVID vaccination

Collaborations for extending outreach in Indian Country



COVID Health Equity and AI/AN population

AAIP COVID and Vaccination program activities include:

AAIP AI/AN COVID Vaccination Taskforce created

- Sharing AI/AN specific Vaccination information
- AI/AN Physician directed Vaccination Messaging
- Media outreach created - video, print, social media, radio, Tribal newspaper, and more
- COVID Town Hall's (directed to AI/AN Physicians, providers, healthcare workers and the AI/AN populations) presented named "Ask an AI/AN Physician" sometimes in collaboration with AIAN organizations, federal partners and more.
- Messages were directed regionally to address unique vaccination challenges around Indian Country
- AAIP AI/AN directed Physician Public Service Announcements created
- Multiple collaborations with organizations (federal, state, tribal, and non-governmental organization's) presenting COVID vaccination messages
- Developed AAIP COVID AI/AN vaccination webpage resource



AI/AN Health Inequity

- **Health Inequity:** Disparities in health are a result of systemic, avoidable and unjust social and economic policies and practices that creates barriers to opportunity
- Over a quarter of American Indians live in poverty which is the highest rate among any other race, directly impacting vaccination rates
- American Indians and Alaska Natives have an average life expectancy that is 4.4 years less than the U.S. all-races population, 73.7 years to 78.1 years, respectively" (IHS, 2016)
- In some states/regions (MN/SD or Bemidji/Aberdeen), the difference in life expectancy is ten years



Health Equity: Myths/Misinformation

All AI/AN healthcare is provided by the federal government

Largely true but...

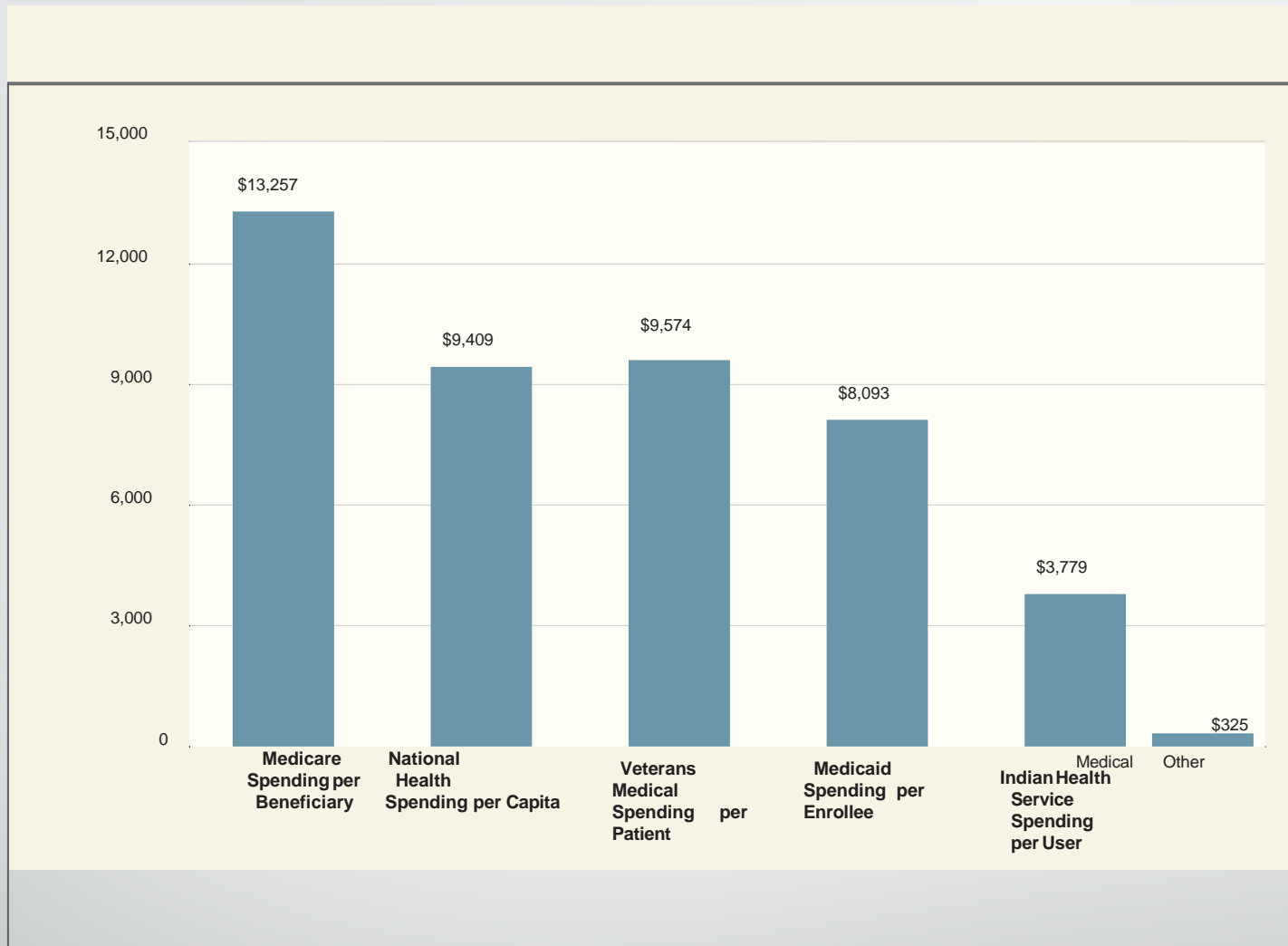
Trust responsibility resulting from US Supreme Court interpretation of the US Constitution and the body of treaties between US/Tribal nations that guaranteed land in exchange for indefinite provision of health and social services to Tribal citizens. The Federal Trust responsibility has been upheld by Executive Action, Congressional Acts and further US Supreme Court rulings.

Despite the trust responsibility, IHS is funded at a fraction of what it costs to operate.

More than 70% of AI/AN live in urban settings, but urban Indian Health care is 1% of IHS budget.

Many tribes largest budget expenditure is to supplement the healthcare shortfall.



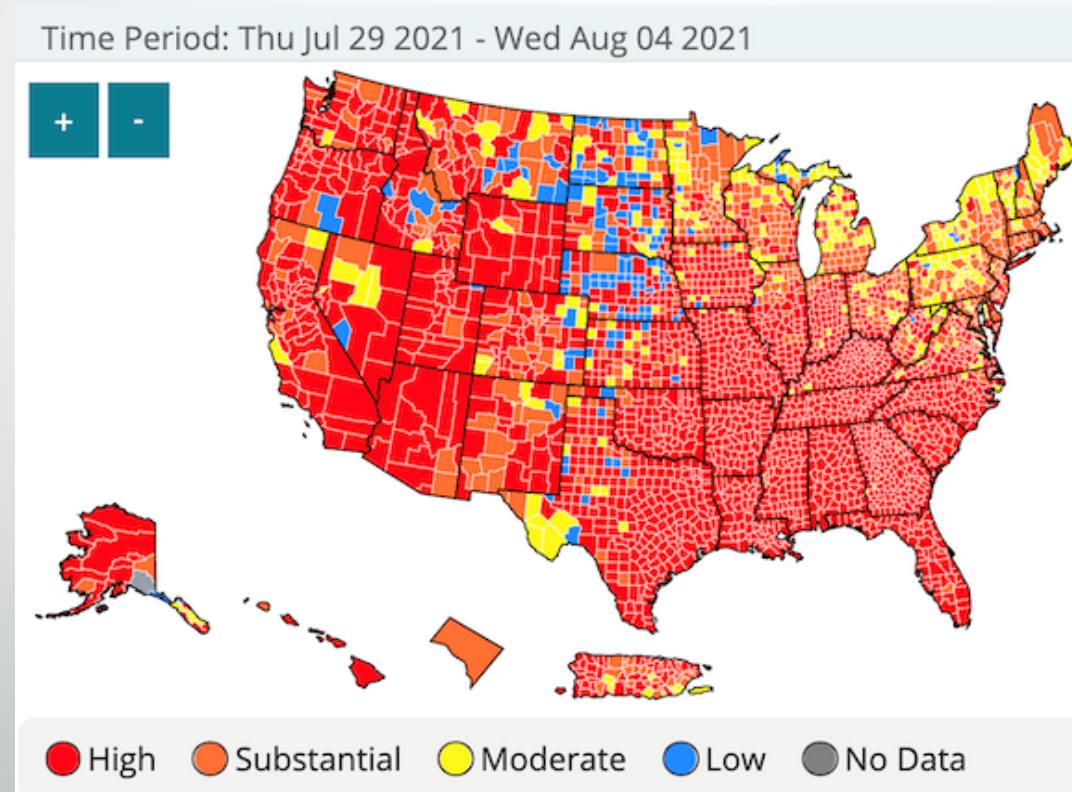


Health Expenditures per Capita by Category, 2018.

Adapted from the National Indian Health Board.¹ Payments by other sources of medical services provided to American Indians and Alaska Natives outside the Indian Health System are unknown



As the COVID 19 virus changes, we have to adapt too.
We need to constantly be searching for new ways to communicate with our communities and health care providers.



AI/AN Health Equity Solutions to consider:

The path to achieving AI/AN vaccination health equity requires:

- A. **Adequate funding** (long term mandatory funding versus discretionary)
- B. Quantifiable goals are to be set focusing explicitly on Tribal vaccination
- C. Stronger investment in Tribal public health and illness prevention is essential to turning the tide on preventable disease impacting the population
- D. Better access to care and specialty care
- E. Augmented funding for building a robust pathway of health professionals serving in tribal communities (much larger scholarship and loan repayment programs, K-practice collaborations with IHS/BIE/AIHEC/Health professions schools)
- F. Greater investments in technology in Indian country

The U.S. government has a moral and legal responsibility to address the crisis in health equity by working with Tribal Leadership and AI/AN professionals



For More Information or Updates

Association of American Indian Physicians

www.aaip.org

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Oklahoma City, OK 73160
(405) 946-7072

<https://www.aaip.org>

Tom Anderson
Executive Director

AAIP website

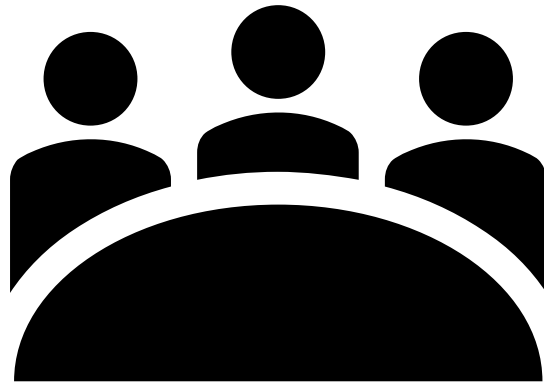
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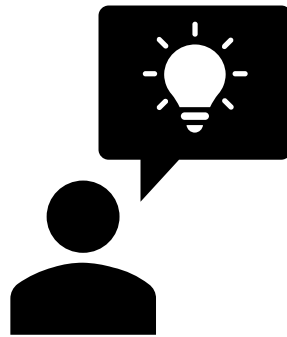
tanderson@aaip.org



Panel Discussion



In addition to a racial/ethnic focus, what other intersections are most salient to your vaccine equity work?



Announcements

- P4VE Communities of Practice
- Addressing and Promoting Health Equity Office Hours with Dr. Kimá Joy Taylor from the Urban Institute
 - **October 20, 2021 (2:15 – 3:00 PM ET)**



Event Satisfaction Poll

Partnering for **Vaccine Equity**

