Promoting COVID-19 Vaccine Equity in North Carolina

DATA AS OF AUGUST 9, 2021

Longstanding racial and ethnic injustices contribute to disparities in vaccination rates among historically marginalized populations. We are building equity into every aspect of vaccine distribution in order to close the vaccination gap between white populations and Black/African American, Hispanic/Latinx, and American Indian populations in North Carolina.

### Equity Data Highlights:

<table>
<thead>
<tr>
<th></th>
<th>Share of Vaccinations in the Past 4 Weeks</th>
<th>Share of Total NC Vaccinations to Date</th>
<th>Share of Overall NC Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American vaccinations</td>
<td>26.1%</td>
<td>17.5%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Hispanic/Latinx vaccinations</td>
<td>16.1%</td>
<td>8.0%</td>
<td>9.8%</td>
</tr>
<tr>
<td>American Indian vaccinations</td>
<td>1.3%</td>
<td>0.8%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

### Adolescent Vaccinations (age 12-17)

<table>
<thead>
<tr>
<th></th>
<th>Share of Total Adolescent Vaccinations to Date</th>
<th>Share of Overall NC Adolescent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American vaccinations</td>
<td>24.3%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Hispanic/Latinx vaccinations</td>
<td>18.0%</td>
<td>15.7%</td>
</tr>
<tr>
<td>American Indian vaccinations</td>
<td>1.1%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

*Includes all vaccinations to 16 and 17 year-olds from 12/14/2020 – present and administrations to 12-15 year-olds from 5/13/2021 – present
Vaccine Equity Highlights:

- CDC Highlighted North Carolina’s Success in Vaccine Equity in a report that shows that the state’s outreach and data strategies led to substantial increase in vaccination rates among Black and Hispanic people.
- North Carolina was named the only state to collect and publicly report race and ethnicity data for nearly 100% of vaccinations from early on in the vaccination efforts.
- Data is used to promote equity, track progress and guide decision-making.
- Two thirds of individuals vaccinated in North Carolina between Dec 14 and March 1 were from "highly" or "moderately" vulnerable communities, placing NC in the top 10 states of equitable vaccine distribution.
- North Carolina’s equity work highlighted in a Policy Brief from the National Governor’s Association and Duke-Margolis Center for Health Policy on reducing racial and ethnic disparities.
- Healthier Together: Health Equity Action Network, a public private partnership to increase COVID-19 vaccinations among Black, Indigenous, and People of Color (BIPOC) populations has selected 27 community-based organizations to receive $500,000 in grants to support equitable vaccine distribution to apply for grants. The selected organizations are funded to conduct vaccine outreach and education efforts, help people schedule appointments, arrange transportation, coordinate local vaccine events at trusted and accessible locations, and ensure people get to second-dose appointments.

Actions to Ensure Vaccine Equity

1. Earn trust from historically marginalized communities

STRATEGIES

- Identify and work with trusted messengers to share information about vaccines with people in historically marginalized communities. Focus efforts in areas with high rates of people who are unvaccinated from historically marginalized communities.
- Equip trusted messengers with resources including presentations, testimonials, and customized toolkits.
- Leverage the Healthier Together initiative to deploy regional health equity teams to work with individuals, community-based organizations, and vaccine providers to identify and eliminate barriers to vaccination among historically marginalized populations.
- Host Fireside Chats and Cafecitos with trusted messengers that address concerns heard in historically marginalized populations, such as questions about vaccine safety, vaccines for teens, and vaccines in rural settings.
- Provide grants to community-based organizations to fund vaccine equity initiatives, such as providing direct outreach to schedule vaccine appointments in historically marginalized communities
- Produce PSAs featuring trusted messengers, including community and business leaders.
- Invest in media trusted by historically marginalized communities.
- Leverage Community Health Workers to educate communities about the vaccines and address hesitancy through Town Halls, Q&A sessions, and Facebook live events and support for vaccine events and clinics, including calling registered patients, providing interpretation, and scheduling appointments.
KEY METRICS – PAID MEDIA METRICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Past 4 weeks</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of attendees at community events (including Fireside Chats and Cafecitos)</td>
<td>8,935</td>
<td>137,283</td>
</tr>
<tr>
<td>Paid media reach*</td>
<td>5,972,449</td>
<td>21,372,598</td>
</tr>
<tr>
<td>Paid media impressions*</td>
<td>99,547,179</td>
<td>229,939,362</td>
</tr>
</tbody>
</table>

*Note: Paid media has been running since the week of March 8th 2021, targeting all demographics, but reaching HMPs through accessible language access.

KEY METRICS – COMMUNITY HEALTH WORKERS (CHWs)

<table>
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<tr>
<th>Metric</th>
<th>Past 4 weeks</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community or online vaccine educational events hosted by CHWs</td>
<td>379</td>
<td>2,263</td>
</tr>
<tr>
<td>People reached through community / online vaccination education sessions planned by CHWs</td>
<td>145,365</td>
<td>359,173</td>
</tr>
<tr>
<td>Vaccination events/clinics planned by CHWs</td>
<td>218</td>
<td>1,672</td>
</tr>
</tbody>
</table>

2. **Embed equity** in vaccine operations

**STRATEGIES**

- Provide opportunities through partnership for people who have limited mobility to be vaccinated at home, by calling a hotline at 866-303-0026 to request an at-home vaccination, or by using the [online database](#) to request an appointment directly.
- In earlier phases of the vaccine effort, outline clear expectations that vaccine providers should be vaccinating historically marginalized populations proportionate to their representation in the county and region, at a minimum.
- Increase the number of places people can get vaccinated to make it easy: onboard vaccine providers who serve historically marginalized populations, such as Federally Qualified Health Centers, independent pharmacies, and primary care providers.
- Provide an [online mapping tool](#) that shows census tracts in North Carolina with the highest rates of social vulnerability and the lowest rates of COVID-19 vaccination. NCDHHS is focusing vaccine provider on-boarding, vaccine vendor deployment, community partnerships, and paid media investment in underserved census tracts. In 89 of 90 census tracts of concern, vaccination rates increased by at least 50% from late April to May 2021.
- Encourage vaccine providers to offer walk-in vaccinations and extended hours.
- Focus workstreams and partnerships for special populations to facilitate vaccinations, including for individuals who are homebound, incarcerated, experiencing homelessness, in long-term care, and working as migrant farmworkers. For example, local teams supporting migrant farmworker vaccinations have achieved vaccine acceptance rates of >90% and hosted several multi-lingual vaccine events.
- Offer incentives to offset the time and transportation costs of getting vaccinated. NCDHHS sponsored a $25 Summer Card [program](#) initially for any adult who gets their first dose of a COVID-19 vaccination or drives someone to their vaccination. In August 2021, NCDHHS increased the incentive amount to $100 for individuals 18+ who get their first dose of a COVID-19 vaccine. Summer card providers have a limited number of $100 cards; summer cards are available while supplies last and only on specific dates.
KEY METRICS

<table>
<thead>
<tr>
<th>Countys* That Closed their Vaccination Gap**</th>
<th>Countys Improving Gap Measure***</th>
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</thead>
<tbody>
<tr>
<td>Black/African American vaccinations</td>
<td>15</td>
</tr>
<tr>
<td>Hispanic/Latinx vaccinations</td>
<td>12</td>
</tr>
<tr>
<td>American Indian vaccinations</td>
<td>2</td>
</tr>
</tbody>
</table>

*North Carolina consists of 100 counties.
**These are counties where the share of all first doses that have gone to a given demographic group at least matches their representation in the county population.
***These are counties where the share of first doses going to a given demographic group has increased over the past two weeks.

3. Promote accountability through data transparency and use of data

STRATEGIES

- Require all vaccine providers to collect and report race and ethnicity data
- Publish public dashboard updated daily that shows vaccine rates by race/ethnicity at state and county level
- Publish vaccines and social vulnerability by census tract map to highlight areas with high social vulnerability and low vaccination rates alongside the location of vaccine providers.
- Use data to surface challenges, identify what's working, and inform future strategies

KEY METRICS

<table>
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<th>Overall</th>
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<tr>
<td>Share of people vaccinated in the state for which race data is publicly reported</td>
<td>92.7%</td>
</tr>
<tr>
<td>Share of people vaccinated in the state for which ethnicity data is publicly reported</td>
<td>91.7%</td>
</tr>
</tbody>
</table>

Sharing Equitable Practices

The vaccine environment has shifted. In the beginning, our vaccine efforts relied on high volume and fast administration of vaccines. Now, with greater supply of vaccine and more flexibility, it is easier for our vaccine providers to administer COVID-19 vaccines. We are grateful to vaccine providers for their tremendous efforts over the course of this pandemic, and still need our providers to help reach North Carolinians who have not yet gotten their COVID-19 vaccines. We have asked our vaccine providers to embed equitable practices into their vaccine operations to ensure accessibility. We also know that partnering with community-based organizations and other trusted messengers can help increase the likelihood that people will become informed and get the COVID-19 vaccine.
Community Partnerships to Vaccinate Families

- Symmetry Behavioral Health System arranged a pop-up vaccination clinic in Cabarrus County at the Queens Fair in Concord on July 10th in partnership with Kepro (a community-based organization). Community health workers at the fair met with a Latinx father who had seven children with him over the age of 12. Community health workers were able to provide vaccine education to the father, which ultimately helped him decide to get himself and his children vaccinated.

- The Bringing Summer Back Campaign was a “get-out-the-vaccine” campaign that helped organizations to promote COVID-19 vaccination so North Carolinians could get back to the people, places and events they love for summer. The campaign ran from May 9-21 and June 6-26, during which businesses, chambers of commerce, community-based organizations (CBOS), and individuals across the state rallied together to promote vaccination. More than 330 organizations with a combined reach of 1.5 million joined this effort.

- StarMed partnered with the Mecklenburg County Health Department on July 25th and held a pop-up clinic in a majority Latinx Charlotte neighborhood where the community was gathering. 70 people were vaccinated within a four hour window.

Join us live on [social media icons]

**COVID-19 Fireside Chat: Young Adults, A Rise in Cases, the Delta Variant and Vaccines**

Wed., July 28, 5:30 to 6:30 p.m. ET
Tune in as the NC Dept. of Health and Human Services hosts a fireside chat on COVID-19 and young adults to discuss the rise in new cases, the Delta variant and the safety and effectiveness of approved COVID-19 vaccines.

The event will stream live on Facebook, Instagram, TikTok, Twitter and YouTube.

Fireside Chats and Cafecitos feature trusted messengers and help reach the communities they reside in or serve. Rural, historically marginalized populations, and youth audiences benefit from having conversations lead by their peers where they can ask experts questions directly.
Making it easier to get vaccinated

Vaccine providers should ensure vaccination sites are accessible to populations without consistent access to transportation. Providers should host vaccinations at a location that is easy to access through public transportation and familiar to participants, help arrange or provide free transport, and extend hours to accommodate people who may need transport from family members and others working during traditional business hours. Providers should also arrange for vaccine administration for individuals with limited mobility who cannot come to a vaccination site.

- StarMed partnered with a low-income housing community in Mecklenburg where residents are more likely to lack transportation. StarMed hosted an event where they both distributed Food Lion gift cards and vaccinated residents. Similar community events were hosted in Catawaba and Lenoir counties.
- Peletah Ministries, a community-based organization funded by the Healthier Together initiative, hosted a series of “Community Caravan” events where the ministry offered COVID-19 vaccine information, food, and PPE in eastern NC counties with low vaccination rates. The Community Caravan effort culminated in a large community event in July.
- Piedmont Triad Regional Council Area Agency on Aging (PTRC AAA) partnered with NCDHHS and launched a statewide At-Home Vaccination Program. A hotline was introduced for individuals with limited mobility to schedule their at-home vaccines (1-866-303-0026). A registration form is also provided online for easy access.

Help North Carolina achieve vaccine equity.

- Don’t wait to vaccinate. Find a vaccine location near you.
- Share information about the COVID-19 vaccine with friends, family, and community members using our COVID-19 Vaccine Communications Toolkit.
- Use our Toolkit for Partner Organizations to promote vaccination in your community.
- Fill out our Survey for Organizations interested in Hosting or Supporting Vaccine Events to support a vaccination event in your community.