



Promoting COVID-19 Vaccine Equity in North Carolina

DATA AS OF APRIL 7, 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 Highlights	Share of Vaccinations in the Past 2 Weeks	Share of Overall NC Population
Black/African American vaccinations	18.8%	23.1%
Hispanic/Latinx vaccinations	8.2%	9.8%
American Indian vaccinations	0.7%	1.7%

- North Carolina launched Healthier Together: Health Equity Action Network, a new public private partnership to increase the number of individuals who are Black, Indigenous, and People of Color (BIPOC) and from other historically marginalized populations* receiving COVID-19 vaccinations across the state of North Carolina.
- 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.

“Our church volunteer group partnered with the English Learners (EL) Department at Guilford County Schools to schedule more than 300 non-English speaking parents for vaccines at the Greensboro FEMA Clinic in Greensboro. As a trusted community partner, the EL staff contacted parents to offer the vaccine in their preferred language, and after our volunteers made the appointments, the EL staff called the parents to confirm. By the second week, we further assisted parents who began to ask for additional vaccine appointments for other family members including grandparents in their mid to late 70s.”

– Mary Beth Page, from Hinshaw United Methodist Church

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
- Produce PSAs featuring trusted messengers, including community and business leaders
- Invest in media trusted by historically marginalized communities

KEY METRICS	Past 2 weeks	Overall
Community vaccine presentations hosted by groups representing historically marginalized populations	2	112
Attendees at community vaccine presentation hosted by groups representing historically marginalized populations	650	64,141
Paid media reach*	247,235	961,291
Paid media impressions*	5.7 million	16.8 million

*Note: Paid media has been running 5 weeks.

2. Embed equity in vaccine operations

STRATEGIES

- Outline clear expectations that vaccine providers should be vaccinating historically marginalized populations proportionate to their representation in the county and region, at a minimum
- Provide additional guidance on how vaccine providers can plan and partner to fill vaccine appointments
- 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
 - Set aside doses for vaccine providers and events focused on reaching historically marginalized populations90 providers applied and received doses as part of a three-week “Equity Series” starting the week of March 22

KEY METRICS	Counties That Closed their Vaccination Gap*	Counties Improving Gap Measure**
Black/African American vaccinations	11	59
Hispanic/Latinx vaccinations	2	82
American Indian vaccinations	2	53

	Past 2 weeks	Overall
Federally Qualified Health Centers, primary care providers, and community pharmacies onboarded as vaccine providers***	62	958
First doses allocated to Federally Qualified Health Centers, primary care providers, and community pharmacies***	108,820	318,415

*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.

***The majority of Federally Qualified Health Centers receive doses through a federal program. NCDHHS is onboarding and allocating doses to Federally Qualified Health Centers that are not in the federal program.

3. Promote accountability through data transparency and use of data

STRATEGIES

- Require all vaccine providers to collect and report race and ethnicity data
- Provide weekly reports to each vaccine provider on their race/ethnicity vaccination rates
- Publish public dashboard updated daily that shows vaccine rates by race/ethnicity at state and county level
- Use data to surface challenges, identify what's working, and inform future strategies

KEY METRICS	Past 2 weeks	Overall
Share of people vaccinated in the state for which race data is publicly reported	91.2%	94.1%
Share of people vaccinated in the state for which ethnicity data is publicly reported	94.4%	97.1%

Sharing Equitable Practices

We are providing clear expectations for vaccine providers. If you take vaccine, it is expected that you will be vaccinating historically marginalized and minority populations proportionate to their representation in your county. We are asking providers to embed equitable practices into their vaccine operations to ensure accessibility.

Set aside appointments

Vaccine providers should hold slots for minority populations and preferentially schedule slots before opening to general population. Providers should partner with community-based organizations with experience serving historically marginalized populations to fill appointments.



- The federally supported vaccination sites in Greensboro, Alamance County, and Winston-Salem will continue to set aside 50% of appointments to fill with historically marginalized populations through partnerships with community-based organizations and a call center.

Mitigate barriers to accessing web-based scheduling systems

First-come, first-served online appointment systems can be difficult to navigate. Those without computer access or who do not have the ability to monitor a vaccine provider's website may be unable to sign up for appointments. Vaccine providers should conduct proactive outreach via phone or in person and should partner with community-based organizations to assist with scheduling.



- A vendor has partnered with DHHS for on-demand services to allow 5,000 flyers and door-hangers to be delivered to individuals without internet access via community partners to direct appointments to the Greensboro Vaccination Site.

Remove physical barriers

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 seniors requiring transport from family members and others working during traditional business hours. Providers should also arrange for vaccine administration for homebound individuals who cannot come to a vaccination site.



- 115 churches in Edgecombe, Halifax, Nash, Northampton, Wilson counties will be conducting homebound vaccinations in addition to hosting mass-vax sites for individuals registered with FQHCs in the area.

Help North Carolina achieve vaccine equity.

- 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