Your Life Matters: A Targeted Charlottesville COVID-19 Vaccine Clinic

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Rationale:

COVID-19 has demonstrated what vulnerable communities have always known about health disparities and access to remediation. According to the American Public Media Research Lab, as of February 2nd, 1 in 475 Indigenous Americans, 1 in 645 Black Americans, 1 in 665 Pacific Islander Americans and 1 in 825 White Americans have died from COVID-19 (APM Research Lab, 2021). Yet across the country vaccine distribution does not match the populations at greatest risk of contracting and dying from COVID-19. As per a January 2021 article in Scientific American, White Americans are being vaccinated at double to triple the rates of Black Americans. This trend appears to be replicated in Virginia, whereas of February 15th, 12% (n=107,503) of vaccine were administered to Black American while 72% (n=633,637) have been administered to Whites. It is worth noting that even after realizing the consequential failure to collect demographic data during COVID-19 screenings, this same oversight was repeated during the Commonwealth vaccine rollout, with 482,083 doses not linked to race (VDH, 2021). To be fair, the phased rollout of the vaccine prioritizing healthcare personnel, long-term care residential facilities (1a) would likely advantage White Virginians by virtue of employment and resources. However, the active vaccination of frontline essential workers, people over 65, people 16-64 with an underlying medical condition, people living in correctional facilities, homeless shelters and migrant labor camps (1b) would conversely seem to equalize access for communities of color. However, inconsistent information about eligibility and complex registration platforms, in addition to vaccine hunters have created perceptions and evidence of inequity in vaccine distribution.

Pandemic responses to targeted communities are further complicated by the sorted history of governmental, clinical and academic institutions' inequitable treatment of communities of color. Distrust between communities and the aforementioned institutions is a rational response to historical abuses, which now overlays the fluid emerging knowledge about a novel virus and its vaccines. Numerous articles have been written espousing vaccine hesitancy and proactive interventions, particularly in the Black community, acknowledging fear of history repeating itself. Through a pandemic lens, there are potentially significant unintended consequences of inequity or perceptions of inequity in vaccine distribution. One example will be trust in agencies administering vaccines to broader sects of the population when supply shortfalls have been addressed.

This report describes the Your Life Matters vaccine clinic on February 20th, which sought to provide access to Black and Brown residents of Charlottesville, who have by virtue of their representation in the population and severe COVID-19 outcomes been under-served in local vaccine distribution.

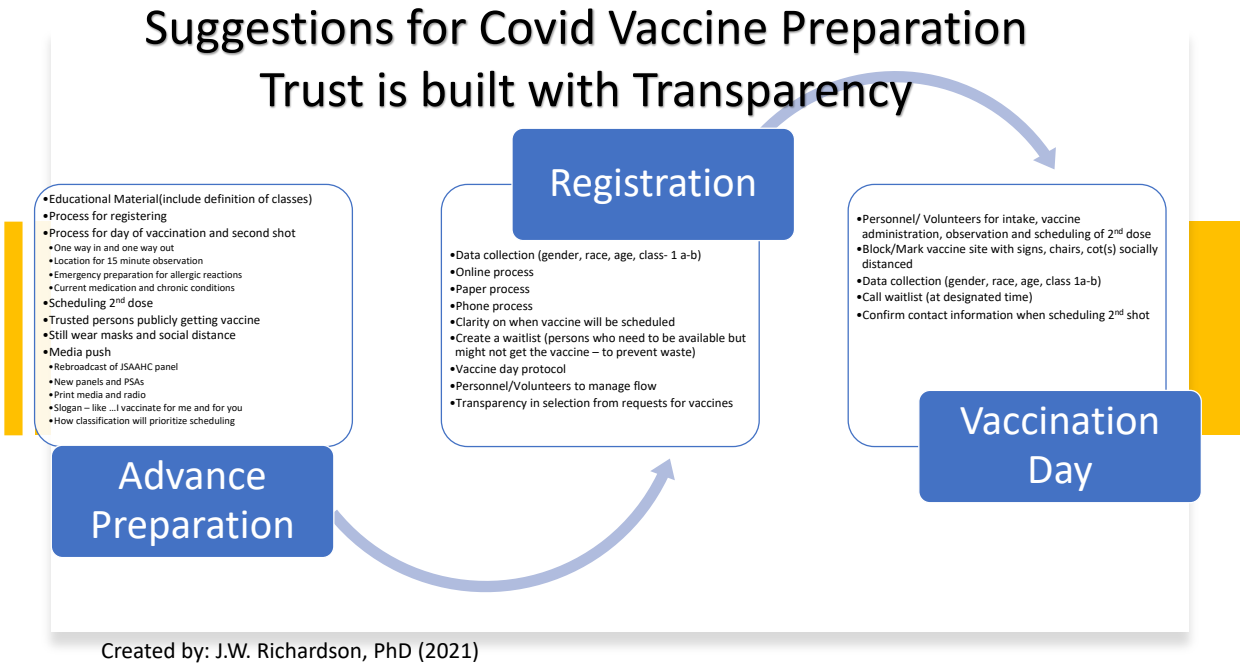
Your Life Matters: I Vaccinate for Me and for You

It is important to note that the individuals and organizations who collaborated on this vaccine clinic were well known to the community of Black and Brown persons. These individuals were in large part the drivers of COVID-19 testing events in the Black community at the onset of the pandemic. In the current case, a subset of the partners from the COVID-19 testing groups had respectfully worked together in the past leaving the vaccine clinic intervention a case of picking up where they left off.

Advocacy

Drs. Edwards and Bates are local pastors and also leaders of clergy groups, The Charlottesville Clergy Collective and the African American Pastors Council respectively. Community frustration relative to inability to secure vaccines despite meeting distribution criteria and difficulties with the local registration system prompted the pastors to request a meeting to secure vaccine doses specifically designated for local communities of color. Their request was accompanied with a draft created by one of their partners (See Figure 1). The challenge was to orchestrate the vaccine clinic within one week of their meeting. Three hundred doses of Moderna vaccines were allotted for this initiative. This became four hundred and fifty vaccines when the Blue Ridge Health Department (BRHD) identified an addition 150 un-designated doses after the original clinic date of 2/13 was moved to 2/20 because of weather conditions.

Figure 1: Your Life Matters Vaccine Planning



Created by: J.W. Richardson, PhD (2021)

Addressing Community Concerns

Vaccine administration has been confusing to say the least. Community members expressed frustration in knowing how to get on the waiting list for the Health Department's vaccines and many who were on the list had been on the list for several weeks and not heard anything. While the lack of follow-up was expressed by members of all communities, communities of color were seeing a disproportionate number of white people being vaccinated in public vaccine clinics hosted in various locations to include a local Kmart parking lot. Data received from the Blue Ridge Health Department through a Freedom of Information Act request validated those concerns. The lack of education and transparency around who was eligible and when vaccines would be available, left many eligible members of black and brown communities waiting.

On January 24th, a virtual community forum was held to answer questions about the COVID-19 virus and vaccine. The panel was facilitated by the executive director of a local housing advocacy group (The Public Housing Association of Residents) and panelist were Black clinicians. The session was hosted and recorded by the Jefferson School African American Heritage Center. A second virtual COVID-19 town hall panel was held on February 10th staffed by the director of the local health district, two clinicians of color and Dr. Bates. This session was hosted by the local Move2Health Equity Coalition and was also recorded. These two sessions were well-attended, and the links were distributed with the vaccine clinic recruitment packets. A third information session,'Breaking The Chains' Segment was taped on 2/24, and is currently broadcasting on CPA-TV, with Jacklene Martin as guest to speak about our Vaccine Efforts - LINK**:** **https://vimeo.com/516715661.**

Application and Information Distribution

Application forms in English and Spanish were simplified and adapted from the Blue Ridge Health District form to indicate vaccine interest (See Appendix A). General information about the vaccine and what to expect created by the Centers for Disease Control and Prevention (in English and Spanish), along with talking points explaining the process from application to second vaccine, were sent as a packet to local pastors serving communities of color, and nonprofit organizations serving communities of color. Applications were accepted from persons of color meeting the 1a and BRHD definition of 1b (which does not include persons 16-64 with underlying medical conditions). Given local community concerns about inequitable distribution of vaccines to date, it was decided that applications would be accepted until a particular date and time and then 300 applications would be selected randomly and called to set vaccine appointments. A waitlist was also created to ensure no vaccines would be wasted. Given the increase in available doses, we scheduled 400 appointments and called 50 people from our wait list.

As the event was scheduled in February, individuals were notified when appointments were set that if weather prohibited the event on 2/13 (which it did) then they would have the exact timeslot the subsequent Saturday (2/20). Clinical staff for the clinic was provided by the UVa Health System. Figure 2 reflects the flow of the intervention.

Figure 2: Vaccine Clinic Plan

Vaccine Scheduling and Clinic Implementation

The vaccine clinic location was one very familiar to the Black and Brown communities of Charlottesville for its culturally relevant programming and access. As indicated in the distributed materials, applications were collected and randomly selected for appointments. A team of ten local volunteers called and scheduled appointments. Waitlisted registrants were called on the 20th. Ms. Martin arranged for food boxes to be available at the event. The city of Charlottesville arranged the physical organization of the site to ensure adherence to masking, social distancing and vaccine distribution protocols. Over 65 clinicians, staff and volunteers participated in the event. The timing of the clinic was also established to support most working family schedules, Saturday from 9:00 AM – 5:00 PM. Persons received confirmation of the time and date of their second vaccine dose prior to their departure.

Results and Lessons Learned:

Despite concerns about hesitancy, communities of color are interested in being vaccinated. With less than a week of advertising over 600 applications were submitted for available Moderna doses.

Approximately 580 vaccines were administered at the February 20, 2021 event. Four hundred and fifty black people were vaccinated and approximately 130 from the Latinx community were vaccinated. Four hundred black people were scheduled for a vaccine and another fifty were called in from the waitlist to take advantage of additional supply. It is worth noting

approximately 150 additional Black people from the Your Life Matters waitlist were served at a Blue Ridge Health District event on February 17, 2021, due to last minute availability of vaccine. Therefore, this initial event resulted in over 725 members of black and brown communities receiving the first dose of the Moderna vaccine.

A successful vaccine clinic should also be judged by community perceptions of the event. Positive and negative experiences are shared throughout communities and hold the potential of influencing vaccine uptake as supply increases. Below are several comments received from community members.

> *"To Whom It May Concern,*
> *After witnessing the chaotic communication and onsite experience at Kmart in Charlottesville on Wednesday, 17 February, we had trepidation about the shots scheduled for my mother-in-law and husband on Saturday, 20 February at Carver Recreation Center. I am pleased to report that the experience exceeded our expectations. Within one hour, they were able to park, check in, receive shots, sit for a 15 minute observation, and return home. The bonus was that they were each given a box of food. When offered, they declined and were encouraged to take the food and pass it along to someone in need, which they have done. It was a seamless experience. Thank you to Jackie Martin of Martha Jefferson and Jeanita Richardson of U.Va. for ably guiding this important outreach to the Black community of Charlottesville. I can't imagine that my mother-in-law and husband would have been vaccinated under the otherwise confusing and complex circumstances. "*
>
> *"Let's thank Jackie Martin for her hard work and constant support of our community. Sentara is lucky to have her. "*
>
> *"That was the best ran clinic I have witnessed for the number of people served. Well done."*

Our results suggest that trusted networks and voices are key to ensuring vaccine uptake and equity. Lessons of demonstrated effectiveness in targeted community public health intervention are noted below.

1. Identify trusted voices and organizations within targeted communities. More often than not, public health and clinical representatives will not be members of said communities. As such, conversations with individuals and organizations with track records of trust and advocacy are pivotal to success. Topics guiding conversations should include, but not be limited to:
    a. Prevailing concerns;
    b. Suggestions relative to processes designed to share information to mitigate community-specific concerns;
    c. User-friendly interest identification and materials for distribution (note that the faces on the application resembled those of the target communities);
    d. Clarity in engagement process (what to expect);
    e. Accessible service delivery sites; and,

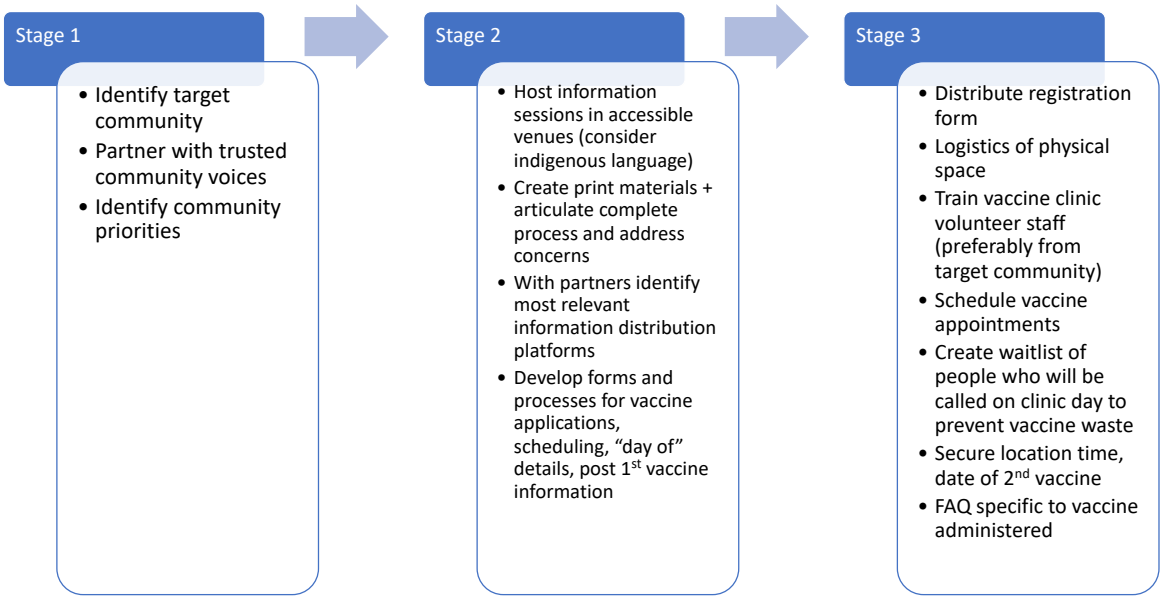
f. Determination of who should be the "face" of the intervention.

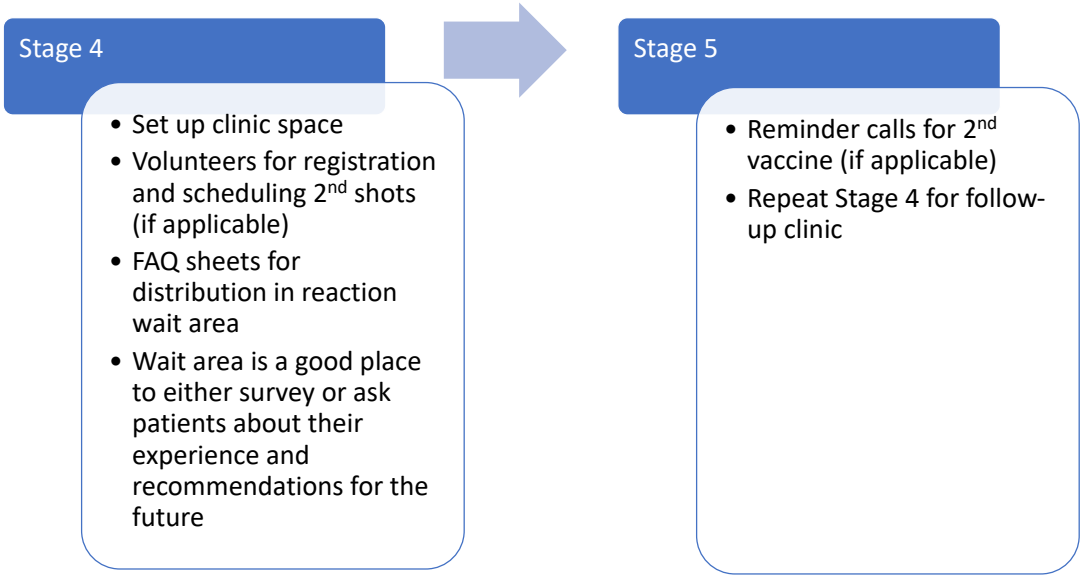
2. A second lesson involves the need for transparency in the health advancing delivery protocol. Holding informational townhall meetings, widely distributing information that addresses community concerns and articulating the access process fostered trust that applying for a vaccine would be fair in its distribution. An assumption of fairness was not the prevailing sentiment of the served community given their interactions with the existing vaccine distribution clinics.

3. There are no shortcuts to building trust, however the time invested pays off in effectiveness and efficiency. When time is of the essence, as is the case with the pandemic, it is critical for public health agencies to meaningfully engage trusted community voices and organizations to be the "face" of the interventions. Doing what you say you will do and being transparent about limitations goes a long way to identify points of mutual benefit and creates trust in the advanced protocol.

In summary, we have implemented an efficacious plan that not only targets under-served communities but specifically addressed vaccine hesitancy and access. We suggest the process we created is applicable across the Commonwealth and have provided suggestions below for each replicable stage.

Figure 3: A Community-Centered Vaccination Approach





Next Steps

As a result of the successful clinic and overwhelmingly positive community response subsequent events have been launched.

1. Another vaccine clinic will be held on March 6 targeting the Black & Brown community with 600 vaccines.
2. The following conversations are underway to seek funding/resources in support of upcoming March 20 Distribution
    a. UVa Equity Center (Ben Allen/Barbara Wilson)
    b. UVa Office of Diversity and Inclusion (Kevin McDonald)
    c. Senator Jennifer McClellan
    d. Dr. Janice Underwood/VA ODEI
3. African American Pastors Council will be contributing monetary support of not less than $500 in support of events supportive of vaccines and other any other strategic needs, as identified by the partnership.

Acknowledgements:
We would like to thank Dr. Norm Oliver (Commissioner, Virginia Department of Health) for being receptive and supportive of our request to target the underserved Black and Brown communities in Charlottesville. We also extend our thanks to the many volunteers whose devotion made this vaccine clinic successful.

References

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Appendix A

Visit us on Facebook for a list of Free Wellness Resources

COVID-19 VACCINATION INTEREST FORM

DATE:

Last Name	**First Name**	**Middle Name**	**Birth Date** ____/____/____
Address (Not a PO Box)	**Street**_____ _____ **City**_____ **State**_____ **Zip** _____		
Gender ☐M ☐F	**Race**	☐American Indian/Alaskan Native ☐Asian ☐Black or African American ☐Hawaiian Native or Other Pacific Islander ☐White ☐Not Stated	**Hispanic/Latino** ☐Yes ☐No
Home Phone	**Cell Phone**	**Email**	

I consent to receive vaccination information or reminders by ☐ Text message ☐ Email

For general information, please contact Jackie Martin at jgmarti1@sentara.com or 434-409-4313.