

Strategies for Health Plans to Support Access to COVID-19 Vaccines for Vulnerable Populations

During the April 1, 2021 Resources for Integrated Care (RIC) webinar, [Strategies for Health Plans to Support Access to COVID-19 Vaccines for Vulnerable Populations](#), participants were asked to share their approaches and strategies to promote equity in access to COVID-19 vaccinations. Approximately 1,000 participants joined the webinar and RIC received thoughtful written feedback throughout. The questions posed to webinar participants and a sampling of their responses are reported below.

Question 1: How is your organization promoting equity in access to COVID-19 vaccines?

The COVID-19 pandemic is disproportionately affecting dually eligible individuals, racial and ethnic minority groups, and individuals with disability.^{1,2} Health plans play a key role in promoting equitable access to and educating members on the importance of COVID-19 vaccines. Participants shared their strategies to promote equity in access to COVID-19 vaccines, summarized below:

Targeting Outreach

- Conducting care coordinator outreach to members in low-income neighborhoods
- Prioritizing outreach efforts to disproportionately impacted areas, including collaboration with community partners and providing materials in various languages³
- Using zip codes previously associated with high risk members to identify members who have not received the vaccine, the plan calls members and coordinates with a mobile vaccine partner to administer the vaccination
- Undertaking targeted outreach to members, including:
 - Members with chronic conditions associated with an increased risk of COVID-19
 - Members who may need assistance accessing transportation and/or receiving in home vaccination services
- Making outreach calls to all dually eligible individuals to identify members that have not received the vaccination and assist in coordination
- Addressing potential hesitancy to receive a vaccine due to fear of exposure from being around lots of people
- Declaring racism a public health crisis and creating a countywide Equity & Social Justice initiative, which prioritizes reaching communities of color

Partnering with Community-based Organizations

- Partnering with community-based organizations (CBOs) by providing health plan staff to volunteer at local vaccination clinics
- Working with a Federally Qualified Health Center to provide space for COVID-19 vaccine clinics in communities hardest hit by the pandemic

¹ See <https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-fact-sheet-december.pdf>

² See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

³ See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

- Addressing vaccine hesitancy through Community Health Workers
- Establishing a call center to schedule vaccine appointments that also helps coordinate with CBOs to provide transportation
- Sponsoring the [Vaccine Community Connectors](#) program
- Working with local churches and clergy, CBOs, hospitals, coalitions and the department of health
- Partnering with pharmacies and Federally Qualified Health Centers to promote vaccinations in the community and direct members to vaccination sites
- Partnering with CBOs on a series of conference calls open to the community during April National Minority Health Month, using the #VaccineReady campaign
- Recognizing that CBOs are the most effective trusted messengers for hard to reach populations who may have low confidence in the COVID-19 vaccine

Establishing Vaccine Clinics and Events

- Targeting vaccine clinics in minority neighborhoods and locations where highly vulnerable people live
- Geographically mapping members against vaccine sites to see where there might be a need to advocate for a vaccination site in a community
- Planning ahead for vaccination events for dually eligible individuals in the summer, for those who have not yet been vaccinated
- Setting up vaccine clinics in zip codes with the largest health disparities

Using Existing Resources

- Using the support, resources and strategies provided by the US Department of Health and Human Services Office of Minority Health's National Minority Health Month [#VaccineReady campaign](#)

Question 2: How are you using COVID-19 vaccination data available from CMS, state registries or other sources to identify members for outreach?

Health plans are encouraged to use all available data sources to monitor the receipt of vaccines among their members. Participants shared how they already use CMS data and other sources of data to target outreach to their members, summarized below:

- Using geographic and demographic data to identify target populations and community areas for local vaccination events
- Using CMS COVID-19 vaccination data along with plan data to actively engage unvaccinated members, which informs efforts to address barriers such as transportation or to identify members who require in-home vaccinations to connect providers who can administer the vaccine in those settings
- Combining CMS COVID-19 vaccination data, department of health data, and plan claims to prioritize outreach to those who haven't been vaccinated
- Using the state immunization registry/database as another data source
- Using language preference data to identify those members that may have communication barriers and may need outreach in a language other than English

- Using the data to build digital and telephonic outreach campaigns (targeting high risk members with no COVID-19 vaccination data in the file from CMS)
- Combining COVID-19 vaccination data with plan enrollment and claims data to identify members who live in at-risk areas that have not had a provider visit - to prioritize those members first for outreach
- Leveraging the data to share with high volume Federally Qualified Health Centers to support one another in outreach

For additional resources on how to promote access to COVID-19 vaccinations, please visit the RIC website for a comprehensive [resource guide](#) including materials from CMS and the Centers for Disease Control and Prevention.