The Lewin Group
Promising Practices for Promoting Equitable and Culturally Competent Vaccinations for Dually Eligible Beneficiaries
September 15, 2022

Melanie Norris

Thank you very much. Yes, welcome everyone to the webinar, *Promising Practices for Promoting Equitable and Culturally Competent Vaccinations for Dually Eligible Beneficiaries*. My name is Melanie Norris, and I'm with the Lewin group, and I will be moderating today's event.

Today's session will include several presentations, followed by a panel discussion and live Q&A with speakers and participants. The session is being recorded, and the recording, slides, and transcript will be posted on our website, www.resourcesforintegratedcare.com within a few weeks.

The slides for the presentation are also available to download in the resources pod. The audio for the presentation should automatically be streaming through your computer. So, for a smooth experience, make sure that your computer is connected to reliable internet and that your speakers are turned up. There are also phone lines available as another option. You can access the number by clicking the black phone icon at the bottom of your screen.

This webinar is supported through the Medicare Medicaid Coordination Office and the centers for Medicare and Medicaid Services to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care. That includes the full range of covered services in both programs. To support providers and their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

To learn more about current efforts and resources, please visit our website resourcesforintegratedcare.com or follow us on Twitter for more detail at @Integrate_Care. You will also find us on LinkedIn.

Here we have our outline for today's event. Following our speaker introductions, polls, and background to today's webinar topic. We will hear presentations on successful strategies and promising practices for promoting equitable and culturally competent COVID-19 and flu vaccination to dually eligible beneficiaries from several subject matter experts and health plan representatives.

After this, there will be a panel discussion with presenters, facilitated by staff from the centers for Medicare and Medicaid Services Office of Minority Health. And then we will open up the discussion for audience Q&A. If you have questions as you listen to the presentations today, please type those into the Q&A box as we go. And we will answer as many as we can towards the end of the presentation.

We will close today's session by sharing some useful resources and requesting feedback on today's webinar through the post event survey. As a result of attending this webinar, we hope by the end you will be able to develop community partnerships, to raise awareness and promote equitable access to flu vaccines, COVID-19 vaccine, vaccinations and testing, boosters and care, discuss culturally appropriate outreach to address vaccine hesitancy and identify effective communication mechanisms to reach high risk populations.

At this time, I'm very pleased to introduce our wonderful presenters for today. We have Eric Yarnell, Vice President of Pharmacy at Highmark Wholecare. We have Dr. Sheree Keitt, Program Director for the Vaccine Equity and Access Program Community Catalyst. Rod Teamer, who is the Director of Diversity Programs and Business Development at Blue Cross Blue Shield of Louisiana. And Dr. Peter Watson, Vice President of Clinical Operations and Strategy from the Health Alliance Plan.

Thank you all to our speakers for being here today. I'm also very pleased to introduce our moderators for this panel discussion. We have Alexandra Bryden and Darci Graves, both from the CMS Office of Minority Health. And as I mentioned, my name is Melanie Norris, and I am with the Lewin Group.

Now that we have introduced you to today's speakers, we are going to launch a few polls. So, you should see a poll on your screen asking which of the following best describes your professional area. This is just to get a sense of who's in the audience today and what area of work you participate in.

I will leave that open for are just a few minutes. And the options are, are you a health plan, case manager, a care coordinator, health plan, customer service representative, health plan, administration, and management? Do you work in medicine and nursing, pharmacy, social work, or advocacy? I'll give everyone a couple more seconds to respond to the poll. Thank you all for those who have responded.

And we're about at 50%. So, I'm going to go ahead and push the results to the audience. It looks like most people are working as a Health Plan Case Manager or Care Coordinator. We also have several health plan administrators or managers on the line, so welcome.

Our second poll is in which care setting do you work. Do you in a health plan, ambulatory care setting, long-term care facility, home care agency, community-based organization, consumer organization, academic or research organization, or other area? I'm assuming based off our first results, many people work in the health care, health plan setting, but it'll be interesting to see.

I'll give about five more seconds to respond to the poll. Thank you all for those who have responded already. This is helpful for our presenters as well to know who they are speaking to today. Okay, no surprise there, it looks like most people work in a health plan. So hopefully the information today will be very pertinent to your work.

Before I pass it on to our presenters, I'd like to set the stage and provide a little bit of background on the intersection of COVID-19 the flu and health equities. Historically,

marginalized groups including, in particular, individuals who are dually eligible for Medicare and Medicaid, continue to be disproportionately harmed by COVID-19.

According to some reports, the US could see 100 million COVID infections and a potentially significant wave of deaths this fall and winter driven by omicron subvariants. And although disparities in vaccination coverage for some racial and ethnic groups has narrowed over time, inequitable access to and receipt of the COVID-19 vaccinations, including booster doses, still exists.

So, getting a flu vaccine is critical as well since flu viruses and COVID-19 will likely be spreading concurrently during this fall and winter season. Historically, marginalized groups are at higher risk for developing severe complications from the flu, as well as COVID-19. And flu vaccination has proven to help prevent or reduce the severity of flu illness, which is important because the reduction of outpatient illnesses, hospitalizations, and Intensive Care Unit admissions could alleviate the stress on the US health care system caused by COVID-19.

So how can we help address the health disparities that the COVID-19 public health emergency highlighted? There are a few strategies listed on the screen and our wonderful speaker panelists will touch on many of these during their presentations today. Some of these strategies include ensuring access to COVID and flu vaccines, particularly for homebound individuals. Addressing vaccine hesitancy in a culturally appropriate manner, expanding access to health care generally, engaging dually eligible people in their health care decisions, addressing social determinants of health, and developing culturally appropriate and equitable care models.

And we would also be reminiscent to mention that, although many of these strategies have been identified as a result of COVID-19, they can certainly be applicable to regularly scheduled vaccinations such as the flu, as well as vaccination for more emerging public health concerns, such as monkey pox, which as you know, is disproportionately impacting certain populations as well.

And with that, I am pleased to pass it on to our speakers. Our first speaker is Eric Yarnell, Vice President of Pharmacy at Highmark Wholecare. He is going to speak about the Health Net COVID-19 vaccination journey and their lessons learned. Eric, thank you for being here today and I am happy to turn it over to you.

Eric Yarnell

Thanks, Melanie and good afternoon everyone and thank you to MMCO and our webinar hosts from Lewin for bringing us together today to discuss a real and urgent topic around vaccination equity. As Melanie noted, my name is Eric Yarnell and I'm the Vice President of Pharmacy at Highmark Wholecare. Highmark Wholecare is Medicaid and Medicare D-SNP business unit of Highmark Health in Pittsburgh.

Our company mission which gets to the core of equity is to care for the whole person in all communities where the need is greatest and see a future in which everyone has an equal opportunity to achieve their best health. We coordinate health care to deliver whole

person care and are committed to our community organizations and programs. Next slide, please.

When we talk about vaccination disparities in particular, it's important that we look at the data to truly understand where disparities are occurring. An article published by the Kaiser Family Foundation in August of last year included this chart, which clearly shows that disparity with COVID-19 vaccinations have occurred. You can see that in states across the country, there's a consistent and significant difference between the vaccination rates of Medicaid enrollees compared to the overall population in the States. Next slide, please.

In another survey study conducted by the US Census Bureau between December 1, 2021 and January 10 of this year, and published in the American Medical Association Journal, characteristics of people obtaining COVID-19 boosters were assessed. On this slide, you can see that disparity amongst Medicaid enrollees was again reported, particularly those in the younger age bracket. We incidentally found the same characteristics within our own data when we measured COVID-19 vaccination rates where our Medicare D-SNP and older Medicaid enrollees had the highest vaccination and booster rates. As we framed our approach to disparity driven in part by vaccine hesitancy, we focused on addressing misconceptions through education. Next slide, please.

So, through our vaccinations journey over nearly the past two years, our approach to addressing COVID-19 vaccination rate disparities within our plan members fell into four phases. Not unlike many others, we were initially faced with vaccine access issues. When in late 2020, the first vaccines were released, the demand at that time certainly exceeded supply, and we worked to determine where vaccines were available for our members.

Our care managers work with high-risk members, and we shared information on our member facing website. This is people with finding a location offering vaccinations. We soon then move to Phase Two, where we began to actually schedule vaccination appointments for our members and provide transportation to those in need. Once the vaccines had become more plentiful, we began to see our data, that the uptake, we excuse me, we began to see in our data that the uptake in certain populations was already lagging overall vaccination rate reporting by the CDC.

We then decided to begin coordinating our own vaccination events through provider and pharmacy partnerships with local community-based organizations. Getting into the community has offered convenience and created more interest and trust amongst our enrollees that move the needle on our vaccination rates a little further. As you can see continued to be a challenge in some of our plan members, which is why our fourth phase of addressing vaccination disparities has now been really focused on vaccine hesitancy. Next slide, please.

I spoke earlier about the data. On this slide, you can see how we were able to geographically map our COVID-19 vaccination rates and focus on distinct hotspots within our membership for targeted partnerships and events, where the need was the greatest. Our targeted approach got us down to the street level, where we can then look at

an existing and trusted group or business within the community with whom to partner in providing both education and vaccinations. One of our community partners was also able to implement a mobile unit that furthered our ability to get to the areas of areas of highest disparity. Next slide, please.

As you can see, many of our strategies, as I mentioned previously, involve community-based efforts for enrollees' convenience, trust, education, and communication. The flyer here says just how deeply we engage within the community where we actually targeted barber shops as our vaccination venue. Next slide, please.

This slide is basically a summary of all of our efforts and approaches showing that there's not one simple solution, and many different partnerships and strategies are required in order to obtain the optimal outcome of improving an increasing vaccination equity.

Next slide, please.

As we continue to, with our work, address vaccine hesitancy, which is now the most significant contributor to our vaccine inequity, we will look to further implement these prior practices within the communities where the need is the greatest with a focus on addressing other wellness and social determinants of health disparities as well, in lieu of purely focusing on providing vaccines only. Next slide, please.

This slide shows one example of how we work within the community to address hesitancy and disparity through education. We worked with the Pittsburgh Housing Authority where one of our medical directors actually hosted a live question and answer session for residents. The Housing Authority was able to tape the event and use it more broadly across our residents to better for better engagement and further education about the importance of COVID-19 vaccinations. Next slide, please.

We did employ additional strategies including telephonic member outreach, provider communication, social media, and member incentives or community partners. You can see flyers here from two other events where we've shared with our members, that we share with our members to improve engagement. Next slide.

One of our additional learnings, through data analysis, revealed that many of our same enrollees who had low COVID-19 vaccination rates were the same people who historically had low influenza vaccination rates, further reinforcing the need for us to get into our communities with education, on more than just COVID-19.

Also, our experience wasn't the same at every event. While, I would like to say that our approach was overwhelmingly successful over time. Occasionally, we did experience low attendance and engagement. Other times, we were surprised with higher participation rates. Predictability was nearly impossible as we avoided requiring scheduling in appointments, as we knew that convenience was a better driver for gaining interest within the communities. So, our mantra became "every shot counts", because every vaccination against COVID has the potential to prevent a hospitalization and potentially a more severe outcome.

In spite of our attempts, some enrollees were definitely dug in with their hesitancy and one member actually asked that we stopped engaging them. But we added them to our Do Not Call list and didn't let that compromise our attempts with our other members. As you can see from my presentation, we use data to drive us and make our best attempt to focus where the need appeared most. In all transparency, we did not we didn't conduct statistical analyses, and our strategies were basically based upon hypotheses. Next slide, please.

In closing, I'd recommend starting somewhere local. Combating hesitancy and inequities can be overwhelming. Our best outcomes occurred when we used a local data driven approach and recognize that we would need to customize the event further to some extent based on the targeted population. Most recently, we learned that offering vaccination events alone no longer move the needle. We have to get into the communities with offerings and establish a connection before we can address the most severe vaccine hesitancy and we need to make that connection convenient.

And lastly, the journey must continue. So, we begin again to the next community where the need is the greatest. Thank you for your time today and good luck with your own vaccination journey and addressing inequities and hesitancy.

Melanie Norris

Thank you, Eric. We will have time later in the webinar for questions, as I mentioned. So, if you have a question for Eric, please type it into the Q&A box and we will get to those, as many of those as we can towards the latter half of the webinar. It is now my pleasure to introduce Dr. Sheree Keitt, Program Director for the Vaccine Equity and Access Program from Community Catalyst. Dr. Keitt, thank you for your time today and the floor is yours.

Dr. Sheree H. Keitt

Thank you, Melanie. As Melanie mentioned, I'm the program director for our vaccine equity and access program at Community Catalyst. Our mission is to build the power of people to create a system, health system rooted in race equity and health justice. In a society where health is a right for all, we can go to the next slide.

Over the last year, Community Catalyst have supported the CDC’s adult vaccination efforts through our VEAP program, which has the goal to increase vaccination coverage for adults in racial and ethnic populations experiencing disparities in the United States.

Through this funding, support, training, and technical assistance has been provided to a national network of community-based organizations to develop and implement effective health communication and community engagement strategies designed to increase COVID-19 and flu vaccine confidence and acceptance in BIPOC communities that are at increased risk of COVID-19 infection and death. Next slide.

Our VEAP community-based partners are working to identify and train community leaders who can reach people where they are and serve as trusted sources of information

about COVID and flu vaccines. They provide health education, and they've developed communications campaigns to address misinformation and disinformation. They partner with health care providers and local health departments to facilitate access to both COVID-19 and flu vaccines. And they also connect community members with culturally competent providers. Next slide, please.

During the first year of our project, we funded 90 community-based partners to implement VEAP program activities. They were 41 states and the District of Columbia. 67% of our organizations were considered organizations of color and what that means is that the organization is primarily focused on improving the lives of racial and ethnic minorities. And 75% of their leadership, leadership as in their board members and senior leaders in their organization, identify as being people of color.

Within our organizations, 51% of organizations were actually not health facing type organizations. They were grassroots groups, advocacy focused, social services, housing, and one of our unique partners was actually a library. Our, community, excuse me, overall, in year one of the project, our partners were able to help support over 145,000 individuals received COVID-19 vaccinations and over 13,000 received flu vaccinations because of their community-based efforts. Next slide, please.

So now I'm going to discuss some key strategies that our partners use to promote equitable and culturally appropriate vaccination. First, I'll talk about activating vaccine efforts through promotion events and pop-up sites. Our CBOs held almost 7,000 vaccination promotion events, which included informational sessions, town halls and discussion sessions. And other types of events included health fairs, food distributions, attending cultural and heritage festivals, and they even attended job fairs. Our CBOs established over 1,500 new vaccination sites and just over 700 mobile and temporary vaccination sites through multidisciplinary partnerships. To support these vaccination sites, our partners provided marketing and promotions of these events, they offered space for pop-up sites. They provided staff and volunteers to assist with recruitment, registration, and as well as translation.

In terms of using trusted messengers, over 52,000 influential messengers were recruited and trained to support vaccine education and confidence. And just to describe what influential messengers are, they are spokes people who identify as recognizable, trusted, and credible individuals within their specific community. And they work in partner with our CBO partners to share and distribute information about COVID and flu as well as the vaccination.

These influential messengers were hairstylists, barbers, drag queens, health care professionals, faith leaders. We also had students at colleges and universities, local celebrities, as well as social media influencers. They also recruited individuals from health departments as well as businesses. One of our unique businesses, within one of our communities, was a corner mom-and-pop store that held a pop-up event.

Next, I'll talk about removing communication barriers. Over 340 vaccination, promotion and education communications products related to COVID and flu reached over 51

million people. In addition, these communications products spanned over 50 languages and dialects. Our community-based partners use platforms such as social media, the radio, fliers. They did text campaigns and just a number of other communications modes to really get the word out. And as an organization, what we did was we partnered with JPA Health, a communications firm, to conduct a needs assessment with all of our community-based partners, as well as in-depth interviews with a smaller subset to understand the strengths and weaknesses of their communications capacity.

And based on the results, we develop a communications toolkit containing messaging, social media tools, and customizable templates. And most recently, we've had the toolkit translated into six languages that were recommended by our CBO partner. Next slide, please.

So now I'm going to talk about some of the challenges that were expressed by our community-based partners. Some we were able to solve, and some are ongoing. The first is forming partnerships with local health departments, as well as with vaccination providers. As I mentioned, some of our community-based partners weren't health facing organizations. So, they may not have had pre-existing relationships with their local health departments or with federally qualified health centers in their communities. Therefore, there were some challenges that they had in terms of connecting with them, as well as local health departments and vaccine providers being overwhelmed and not necessarily equipped, in terms of resources, to be able to support some of the requests from our CBOs.

One of the things that we did was, on a national level, was partner with the National Association of County and City Health Officials. There, they are the membership organizations for local health departments across the country. And we're currently working with them to develop a joint letter of partnership to share with local health departments and community-based organizations that are in the same communities to just offer initial introductions and try to merge those relationships and show them that we have, that we're working together on the national level.

Second is recruiting, excuse me. The third is combating misinformation and disinformation. As we all know, in many communities, vaccine hesitancy was high because of the spread of misinformation. Some of our CEOs expressed that community members were reluctant because of religious beliefs and information being spread that was inaccurate by some religious leaders.

Another example was due, hesitancy and mistrust due to the political climate, and the stream of new and conflicting information that was flowing in communities.

Next, we'll talk about cultural barriers. There were a number of barriers in terms of ensuring that materials and resources and messaging was translated into languages and dialects that their communities could read, as well as understand. As well as cultural barriers, such as some community members being fearful of going to help centers and hospitals, because they were undocumented. And they, they didn't have insurance and

couldn't pay for services. So, kind of misinformation about the access that was available for them to go in and obtain a COVID-19 vaccination.

Another was fatigue. Many of our core staff at the community-based organizations that we funded, dealt with COVID infections themselves as well as family members. And many of the communities were just kind of inundated with information related to the pandemic, constantly evolving local, state and federal restrictions and guidelines.

And in some communities where, when mask mandates were dropped, many community members took that as a sign that COVID was over, and that vaccination just wasn't an urgent need. And lastly, lack of testing sites, and I talked a little bit about that, in terms of the partnerships with local health departments and vaccination providers. Many of them were just stretched thin and are community-based organizations. Some of them were turned away in terms of trying to partner to host pop-up events, and other types of promotional events within their communities.

And one thing that actually stood out was a challenge around clinic hours and operations. Many communities expressed difficulty in access to the vaccines because of working class individuals who worked a number of different shifts. So, if a clinic was open from nine to five, warehouse workers, who may work different shifts or overnights or who may have been, you know, sleeping during the day or watching family members or helping family members weren't able to get to some of the clinic sites. So, some of them were able to offer pop up sites, at varying times in the evenings and overnight to be able to meet the challenges of some of our community. Next slide, please.

So now I'm going to talk about some of our successes as well as some of our lessons learned from our first year. We're currently in our second year. So, one of the successes and lessons learned was maintaining a consistent presence in communities. Our CBOs and just CBOs in general need to be visible and consistent in the community because it helps create credibility and trust with community members. Also, setting up vaccination and outreach events on a consistent schedule in the same location.

Next is creating messaging that closely resonate with the intended audience and translating and interpreting information is just not enough. Community members should be involved in the message development from the start. Next, it was important for our community-based partners to create space for community members to share and discuss questions and reservations about the vaccines. And not just try to force vaccination on people but also talk to them and talk to them about the disagreements so that mistrust and disinformation can be addressed.

And, and just meeting community members where they are in their vaccination journey, so that they can work with them to dispel some of those myths. Next is really just staying abreast of eligibility criteria and policies regarding the cost of testing and vaccinations, for the uninsured, and underinsured. That was essential for our community-based partners, and even for individuals who did have health insurance.

As I mentioned, some of our community partners were hesitant to go to health clinics in different community sites, not community sites, but health care sites. But knowing this, knowing information about testing sites, vaccinations, and eligibility requirements, allow our community-based partners to help community members understand their rights, their resources for financial assistance and how to sign up for an appointment if they weren't attending a pop-up event.

Next, it was necessary for our community-based partners to partner with health care providers who employed culturally appropriate approaches to create a safe and welcoming space for their priority populations. Our partners express the significant benefits of hosting events in community trusted spaces, while maintaining respect for customs and beliefs. And next it will, I'll talk about two things that were really important.

And the first is providing wraparound support for community members. The success of our community-based partners' COVID-19 response was really built off their established approaches to addressing the social determinants of health. As I mentioned, many of the organizations 51% weren't public health or health care organizations. So, what they did was they identified the importance of providing wraparound services, such as food and housing and utility assistance when promoting vaccination events, as well as promoting COVID information, as well as influenza.

And lastly, engaging communities with their broader needs increased participation, and built trust between the community communities and their organizations. And the last of success and lesson learned work including preventive health messages along with back vaccination messages. So, our community-based partners learn that their outreach and messaging was more successful when they coupled the COVID-19 and vaccination messages with other preventive health messaging. This strengthens their posture in the communities and provided an expanded support to community members with additional information. And, and as Melanie mentioned earlier, you know, a lot of these strategies can be used, you know, for monkey pox and for other recommended adult vaccinations.

And the work that our community-based partners did around including these preventive health messaging. It allows them to kind of prepare themselves to really look at COVID and COVID, communicating with community members around including COVID into their regularly adult recommended adult immunization schedule. So that is all that I have for you today. I want to thank you all for joining and hearing about our VEAP program and I look forward to answering any questions.

Melanie Norris

Thank you so much, Dr. Keitt. CBO engagement is so important for improving access to vaccinations and other important services, as you mentioned. So, we appreciate your sharing of your tips and lessons learned. As with before, if you have questions for Dr. Keitt, please continue to submit those in the Q&A box and we will get to them at the end of the webinar. Our next speaker is Rod Teamer. He is the Director of Diversity Programs and Business Development at Blue Cross, Blue Shield of Louisiana. Rod, I will turn it over to you.

Rod Teamer

Great. Thank you very much. And we really appreciate this opportunity to share some information with everyone on this very important work as we move forward overcoming this particular challenge.

So, if you go ahead and move the slide, advance it to the first slide. Given our role and scope within Louisiana, Blue Cross is uniquely positioned to work with providers, members, employers and all Louisianians in doing outreach and education around the COVID-19 pandemic. As a first, COVID-19 vaccines rolled out in Louisiana back in December of 2020,we shifted our message from COVID-19 information so information about how to get the vaccine and support in the community.

Blue Cross has long standing relationships with key community nonprofits, organizations, and civic groups. We built these relationships through employee board service, Team Blue volunteer work, community relations, foundation grants and sponsorships, engagement, and support. Having these connections in place gave us a solid group of credible supporters and allies that we could turn to and ask for help in sharing information about the vaccines.

We built on these previously established relationships with community partners, Baton Rouge health district and members, the 100 Black Men, Hispanic Chamber of Commerce of Louisiana. We use those connections toward more effective outreach around COVID-19 vaccine. This was particularly helpful in developing messages aimed at minority audiences. Next slide.

Okay, it looks like on my end the is not advancing so I am going to do a quick refresh here. That did not work. Can you hear me?

Melanie Norris

Rod, this is Melanie, I can hear you and I'm seeing the flu foundation slide on the screen. So, you're not seeing that side?

Rod Teamer

Yeah, no problem. So stronger than flu, stronger than the flu. Each year Blue Cross runs a communication and outreach strategy to encourage everyone, six months and older they get the flu shot. While better known and understand than COVID-19, the flu annually kills or causes severe illness, hospitalization for millions. Like COVID-19, the best prevention against the worst outcome from the flu is to get the shot. Ideally by the end of October every year. Based on our years of experience with successful flu shot campaigns, we knew which tactics were needed to promote and encourage COVID-19 vaccine.

Messages on safety and effectiveness of the flu shots, partnerships with providers and community groups to encourage vaccine and, and to host events. Ongoing combination of earned, paid social media to reinforce these messages. We also knew likely barriers and

hesitations to getting vaccinations and work counter information into our messages. $0 coverage for the vaccine. So cost is not a concern.

The worry that I could get the virus even if I get the vaccine. So why should I? Next slide.

#COVIDSafe campaign. Blue Cross joined other capital area health care organizations on COVID vaccine, COVID-19 vaccine outreach. This campaign shows stories of frontline health workers who are among the first to get the vaccine. The goal was to make people feel safe, ready, and comfortable getting the vaccine when they could during the initial phase rollout.

Blue Cross emphasis was on $0 vaccine coverage under the Cares Act to remove concerns, most cost concerns as a barrier to the vaccination. Original tactics, Blue Cross produced for this campaign included videos, editorial, ad placements in Advocate which is the local newspaper. Digital ad example is included. The state's major newspaper of record, and video news releases through Hometown Productions. Blue Cross's translation services team produced Spanish versions of many #COVIDSafe campaign materials for the Baton Rouge health district's use. Next slide.

We had a great partnership with the100 Black men. Because Blacks and Hispanics and other people of color were at higher risk of getting, dying from, or having severe outcomes and complications from COVID-19 compared to others. Combined with polls that show greater hesitation among minorities of getting the COVID-19 vaccine, compared to whites, it was important to make sure we develop credible, credible public health messages for minority audiences to encourage people to feel safe and comfortable getting the vaccine.

In January of 2021, Blue Cross began to work on outreach campaign in partnership with 100 Black men of Metro Baton Rouge and New Orleans. Original tactics Blue Cross produced for this campaign included video news releases with Hometown Productions, producing live educational event broadcasts with members of Blue Cross's African American Employee Resource Groups and the 100 Black men and multiple press releases.

Blue Cross and the 100 Black men partnered with Baton Rouge general health system to promote and host a mass vaccination event at Gloryland Baptist Church, which is in a predominantly black area in a historically medically underserved community. In March of 2021, more than 1,000 people were vaccinated through this event, which was featured in the BlueCross BlueShield Association's storytelling campaign. Next slide.

Outreach en Español, recognizing that language barriers and concerns about citizenship status are often barriers to Hispanic Americans receiving health care or health information, Blue Cross and his newly formed Hispanic Americans Employee Resource Group partnered with the Hispanic Chamber of Commerce of Louisiana, to create and distribute vaccine education and outreach materials in Spanish.

Through this partnership, Blue Cross began producing regular live stream educational events, *Conversando Francamente*, broadcast in Spanish, with the first event in June of 2021. There have since been three other Spanish broadcasts produced in a series, which continues to today.

Other tactics produced for this campaign include Spanish ads, organic social content, graphics, and press releases. The majority of which were co-issued with the Hispanic Chamber of Commerce. Members of the Hispanic American Employee Resource Group also volunteered at vaccine sites that was sponsored by the Hispanic Chamber of Commerce and primarily Spanish speaking attendees, with primarily Spanish speaking attendees. Next slide.

Removing transportation barriers. As the vaccine rollout progressed in 2021, it became obvious that transportation was a significant barrier for people who did not have vehicles or were unable to drive or needed transportation assistance. Blue Cross and Blue Shield of Louisiana foundation sought to remove that barrier by partnering with East Baton Rouge City-Parish and the United Way of Louisiana, run via the Louisiana association of United Way's in concert with local United Way's to sponsor free rides to and from COVID-19 vaccine or booster appointments, beginning in April of 2021.

The statewide 211 hotline helped Louisianians get connected to freeride programs in their area. As of June of 2022, 151 free rides have been claimed through this specific program. Although many more ride codes have been given to similar community-based programs and services. This program is ongoing to today.

In November of 2021 to February of 2022, Blue Cross sponsored free rides promotion with Blue Bikes. Blue Bikes is a bike share program that Blue Cross Blue Shield is a major title sponsor for. Riders could use promotional codes to get two free, 30-minute rides to and from their COVID-19 vaccine or booster appointments. This promotion was also timed around the first Mardi Gras in New Orleans since 2020, encouraging people to build up their immunity ahead of parades, balls, and other social events. There are, there were more than 200 redemptions of the free ride codes through February 15th, of 2022.

In conclusion, you know, "*Get the facts, get the vax"* was one of our themes that we shared throughout the community to encourage people to, to get the vaccination. To today, ongoing work still remains as Louisiana is still among the states with lower COVID-19 vaccination rates. We're going to be working community partnerships, maintain the free ride share program. And we'll also be pivoting to messages about boosters, why the vaccine is important, especially for newly-eligible children six months and older.

And, as with the other presenters, I'll be available for any questions that the group may have at the end of the presentation.

Melanie Norris

Thank you so much, Rod, we really appreciate it. Our final presenter for today is Dr. Peter Watson, Vice President of Clinical Operations and Strategy at the Health Alliance plan. Dr. Watson, it's a pleasure having you with us today. And I will turn it over to you.

Dr. Peter Watson

Thanks very much, Melanie. And again, like the other presenters, deeply appreciate being here to share this information with you this afternoon. And thanks to the Coordinating Office and the Lewin group for all their work on this presentation.

Again, I'm Dr. Peter Watson from Health Alliance Plan, we are a provider sponsored plan part of Henry Ford Health in southeastern Michigan. And I'm pleased to be here today to talk about a lot of our efforts that went on during 2021 in order to meet the needs of our community. Go to the next slide.

So, when we go back to early 2021. Actually, the story as we all know, started in spring of 2020. And in the Detroit area in southeastern Michigan, like many parts of the country, we were deeply affected by COVID. At Health Alliance plan we're on over 400,000 member plan with a variety of products including the dual demonstration product. We had personally lost as a plan, 250 members from our dual plan in the first three months of the pandemic.

This was a personal issue for us as a plan. And like many of you, our colleagues and members of the community suffered through this. As a clinician myself, I took part in caring for patients early in the pandemic at Henry Ford. And so, we as a plan really committed to doing our part as a health plan to mitigate what we had experienced in 2020. So, when the vaccine became available, we set out on an enterprise plan to really aim to vaccinate as much of our membership as possible, with a specific focus on those that are marginalized in our community and those that we knew already had equity issues.

So, our main aim was to achieve actually 70% vaccine coverage at least being vaccinated at least once, with one dose for ages 16 and up by October 1. But our internal goal, particularly for dual eligible members who are at highest risk, was to achieve that goal as soon as possible, preferably by June of 2021. You can see below that our additional support goals again, were to focus on our Medicaid and dually eligible members. And we were specifically focused on actually achieving vaccine equity across our membership.

We also wanted to use this as an opportunity to transform our organization. We're already a community-based health plan but we recognized this was an opportunity for us to transform the way in which we connected with our community. Next slide.

And so, we set about really on an enterprise effort. And you can see across the top here, the seven key strategic pillars that we took to undertake this effort. This was really along the lines of our ongoing population health effort, around segmenting our population and really understanding the needs of that population.

We put a lot of focus on measurement and making sure that we have real time data to inform our efforts. Like you've already heard from some of my colleagues, we looked at very specific channels of vaccine administration and communication. We made a constant effort to engage our own members and that included members of our dual eligible program to really understand from their point of view what we needed to do to best support the needs of the population. Not in the way that we understood it, but in the way that they understood it.

We empowered our physicians throughout this process, to continue to engage as many stakeholders as possible, particularly our community partners. And we use that data to do continuous PDCA cycles on a weekly basis to really refine our efforts. Our voice of the member was critical. We did a lot of work in late 2020 with Henry Ford Health System to interview members of our community around vaccine hesitancy.

We recognize that would be an issue as the vaccine became available, and we wanted to understand the root causes of hesitancy specific to our community. We have an active member advisory council and other HAP members throughout the organization. And we actually sought out direct input from non-member, non-HAP members from the public as well. Next slide.

This is really a company-wide enterprise effort. And what was really unique for our relationship with Health Alliance Plan is the fact that we had such a deep and really effective, relationship with our parent organization at Henry Ford Health System. Henry Ford Health System was one of many health systems engaged in COVID management early on in the pandemic and throughout. And that was a key partnership for us, as well.

One of the things that became a reality, and you can see on the far left is that our building headquarters during the start of the pandemic was vacant. And so, we quickly recognized that we had an unused resource. And one of the things that we did with Henry Ford was actually create a vaccine clinic in our building, which at that time was largely empty. And that became the principal vaccination site for the entire Henry Ford Health System.

By the end of 2021, we administered over 80,000 doses of vaccine within our building, not only for our own members, but for members of the general public, provider community, community-based organizations. That became a real focal point and an energizing point for us to really engage in the vaccination efforts.

We did hundreds of community events across southeastern Michigan, some of those in conjunction with Henry Ford, many of those in conjunction with other community-based organizations, churches, other community-based groups, really meeting people where they were bringing the vaccine to them and making sure that we could answer their questions.

We had an innovative partnership with McDonald's. This came later in the effort, where we actually went to local McDonald's franchises in our most unvaccinated zip codes. And we actually engaged people in the drive thru line, talk to them about vaccination, had vaccinations on site for them. Many of these people, in fact, most of them were folks that

were not planning on being vaccinated that morning, or afternoon, and I would speak with them personally answer their questions on the spot, walk them over to get them vaccinated. We had nurses and other professionals to listen and speak with them and give them the opportunity to be vaccinated and even to come back and be vaccinated at a future time for their second dose. Or we would go to their homes for their second dose.

And we used a variety of channels to communicate. You can see on the far right we used a variety of social media campaigns. This is where we answered questions live not only for our members, but for members of the general public to answer their questions about the vaccine. We also educated our own employees; our employees were major ambassadors for vaccination. And Henry Ford was one of the first systems to actually mandate vaccination for our own employees, not only to protect our employees, but to send a message to the community that we felt that this vaccine was safe, and that we were stepping up to get vaccinated. Next slide.

So, one of the key things that we established early on was actually rebuilding our own data around vaccination. In the state of Michigan, we have a statewide improvement registry for vaccination that's administered by the state of Michigan that houses all vaccine data, we actually partnered with the state to make that data much more readily available and refreshed on a weekly basis.

This was absolutely essential for us and other health plans in the state of Michigan to have that data weekly refreshed. And to expand the number of folks that were in that database, we actually integrated that statewide database, the National Acumen database for Medicare, as well as pharmacy claims and other inputs to have a more holistic view of our actual vaccine status. We actually were able to drill down to the member level in over three dozen different attributes down to PCP, age group, race, a variety of metrics to allow us to pinpoint where we needed to move our efforts. We even integrated a social vulnerability index so that we could actually corroborate vaccine rates and certain locales with SVI because we wanted to try to create equity across SVI index across our membership. Next slide.

So that data was really key for us to actually track our progress. And it actually allowed us not only to track progress within our membership, but also how we looked compared to regional plans and the state. You can see here below by the end of 2021, in our entire membership, we had over 400,000 vaccine doses administered to 178,000 members, aged five and up. Of course, folks aged five and upwards, not till towards the end of 2021.

We also looked at what those vaccination rates were across SVI zip codes. And we actually found over time that not only were our overall rates climbing in all of our products, but we were able to do some amount of equilibration, across SVI scales.

And that allowed us to make sure that we were actually meeting our goals. You can see below our other products, and how that worked for Medicare Advantage, commercial. And we were proud to see that our MMP dual program actually approached our self-funded and Medicare Advantage rates and actually exceeded our commercial rates of vaccination. Next slide.

So, this entire process over the entire year of 2021, and ongoing into 2022, was really a continuous PDCA process. And really, our mantra was, listen, learn, educate, and vaccinate. And you can see over the course of the year of 2021, the various phases that we went through to actually achieve our goals. We had a lot of work early on, in the conception and initiation phase. This was an evidence-based effort, so we reviewed the literature.

We tried to really understand our population and applied science to the effort, we immediately focused on our high-risk focus, as you've heard from other speakers this afternoon. We identified who our highest risk groups were both clinically and socially and focused our efforts there. And as we got weekly data through our dashboards, we continue to do weekly cycles, sometimes almost every several days, even on data that we were getting to refine our efforts.

And we really, as we went through the latter six months of 2021, really focus all of our efforts on vaccine equity. And that really meant getting into the community listening to folks and bringing the vaccine and terms that they would accept. Next slide.

And so as far as spreading these improvements, and this was a learning process for us, we learned a lot from our community, we learned a lot from our community partners, we continue to share information with governmental partners at the local, state, and national level. We did a lot of work with our health plan peers, working across the state. This was really a great effort for us to learn more about how we could work better as a health plan, and how we can really engage with our community. Next slide.

And this is sort of a timeline of the various tactics that we did over time. The green line is actually the statewide percentage over time of vaccination for folks aged 16 and up. The orange line was actually the HAP rate. And one of the things that you can see over time was that we exceeded the statewide rate for ages 16 and up over that entire period. This is for our entire plan, not just duals.

Although I will say within our dual eligible population, we were at the highest rate of vaccine coverage among all the ICO dual plans in southeastern Michigan during most of this time period and still up until today. You can see the various tactics that we used. We had our own vaccine clinic at Troy for the most of 2021. We did very specific segmented population outreach. We went down to very specific age groups, gender, location to create messages that would resonate with very specific individuals. These were not broad messages. They were meant to really target certain individuals that remained unvaccinated.

Our care coordinators were really the key soldiers in this effort. I know many of you are care coordinators on this call. And you're essential, really in this day-to-day effort and really meeting members where they are and helping them get vaccinated. We did over 200 local events across the state in Southeast Michigan, including those in McDonald's and other community-based organizations.

We also educated our own providers, and we created an online CME. I've participated in that as a presenter in educating our providers around vaccine hesitancy, particularly as the vaccine became more available. How do you talk to your patients about vaccine hesitance and how do you work with them on the journey to help get them vaccinated? We created provider specific incentives. And this was mainly to offset the cost for our providers to just bring in folks to have the conversation. Each one of these tactics incrementally, and together raised our rate of vaccination for our entire member population over the course of the year. Next slide.

This was a big project there. Most of the costs were really internal, and some costs specifically related to community outreach and our incentives. The benefits were numerous and one of the things that we are still learning at HAP is that obviously there's the community impact and our connection with our members and what we were able to achieve.

But from a real material aspect, this was an effort that will save dollars for the plan, which allows us to spend those dollars on the things that our members need. We are seeing clear relationships between the rate of vaccination and reduce claims costs. We're seeing reduced post-acute care costs and those that are vaccinated. And we actually already have some preliminary data to show that those that are vaccinated, even with subsequent exposure, have a lower rate of post COVID complications. Next slide.

So, what were the lessons learned in this effort? I think there were a few things that worked. And these are some of the same things you heard from our previous speakers. I think the thing that mattered most for us is anchoring this effort in our mission. Again, as I started this presentation, this was personal for all of us at HAP and at Henry Ford. We made this effort personal and how we reached our members, we really benefited from having real time-data that we could leverage.

We had incredible senior executive support from our health plan President who is a physician, as well as our system leadership at Henry Ford. We use a lot of focus taskforce work and agile sprints to improve our effort. And I think as you heard from our prior speakers, we really anchored vaccination in our overall approach to population health. Really enclosing and learning from this and applying it to future efforts. This effort really helped us understand and embrace the change needed to really achieve the quintuple aim.

We all know about the triple and quadruple aim. But I think we all recognize the quintuple aim is essential in achieving equity for our membership. And again, many of the same themes you've already heard: addressing public mistrust of health care, connecting with people having the humility to collaborate with many stakeholders. Delivering on activities that would go well beyond the typical health plan, we really tried to step out of our comfort zone to meet the needs of our members. Really having an intense connection with the community and making sure that we stay on our ongoing journey to understand and mitigate what we are seeing in our community. And that is the health inequities that exist and continue to exist. So, I appreciate the time that you've given me to share this with you on behalf of all of our members, and our employees that HAP, and I look forward to your questions. Thanks so much.

Melanie Norris

Thank you so much Dr. Watson for an excellent presentation. And really thank you to all of our speakers. We are now going to transition to a panel discussion so that we can dig a little bit deeper into some of the topics that were touched on today.

Please go ahead and submit your questions in the Q&A pod, if you'd like to contribute to the panel discussion, and we will attempt to get to as many as we have in the rest of our allotted time. I'm very grateful to turn over the floor to our moderators, from the CMS Office of Minority Health, Alexandra Bryden and Darci Graves. Thank you for being with us today and moderating our panel. Darci, I believe I'm turning it over to you.

Darci Graves, MPP

Absolutely. Thank you so much, Melanie, and thank you everyone for being here with us today. And thank you to all of our panelists for all of the amazing presentations. You all touched on such important pieces. One of the questions that I kind of wanted to put out there, because we've talked a lot about community and making sure that we're connecting with community and forging those community relationships.

How would you recommend or how can organizations and health plans, build and maintain relationships in underrepresented populations and recruit members to best represent them?

And kind of tied into that making sure, you know, how do we set expectations for what a community partnership is for our organization so that both parties feel there is a mutual benefit? And I'm sorry for starting out with a double or triple barreled question. But I think it's so important that when we're forging these community partnerships that we're, that we that it's a give and take sort of relationship. But Dr. Keitt, maybe we could start with you for this?

Dr. Sheree H. Keitt

Absolutely. That's such a good question. There is always a push to establish relationships, but often time, cultivating and maintaining the relationships are ignored. And the outcome unfortunately is that trust is never established. So, it's really important with community level trust building, especially within our immunization, the work that we're doing in immunization as in or in any other work for that matter, community level trust building is critical.

So, to be a true partner, and I'm saying it's, I'm answering this from a standpoint of a national organization, funding community-based organizations. To be a true partner, you have to sometimes take that funder hat off, and take a step back and allow community partners to be the experts. They know their communities, who the leaders are, they understand the nuances within their communities, they know where to go where people go to get information.

So oftentimes, we need to take that funder hat off and take a collaborative approach and sit with them around the table as a partner. As you heard throughout my presentation, I never said awardees or grantees, I always say community-based partners, because at Community Catalyst, we take a collaborative approach to our technical assistance, which emphasizes listening, sharing information and resources and facilitating learning.

And we don't like to look at our programs or if we funded organization as like a one to one, a short-term, one-time program. We like we seek to establish long-term goals for our partnerships while working with community-based organizations and supporting them in building their own internal sustained sustainability. And, for instance, we often have organizations that are not currently funded under any programs in our organization, but they reach out to us for technical assistance and support. And we never say no, we never hesitate to maintain that partnership and provide that support to them.

So, we don't…our experts, the expectations that they that that they have from us are not just based on the funding that's put out, but also that, we're always here to support them. And we have a large network of organizations that that, like I said, still come to us for technical assistance, still come to us for support, who sit on webinars and sit on trainings, and they're not even being funded. They've just been a partner for years.

Darci Graves, MPP

Thank you so much for that Dr. Keitt. I love that distinction of naming somebody as a partner, rather than just as a grantee or somebody that you have funded. I think that's a really important nuance to the language we choose. Mr. Yarnell, any thoughts on the on the question or questions that I posed about building and maintaining relationships in underrepresented populations?

Eric Yarnell

Sure, I would agree with Dr. Keitt. You know, I mean, we have the luxury of having a great community engagement team within a plan, that have deep roots within the communities with partners and long-established relationships. And they were able to, you know, network within the community to set up and, you know, opportunities where you they would come to me and say, “Okay, we have this partner established.” Now, we need you to figure out who's going to give the vaccine right. So, I mean, that that is really is almost a separate channel within the organization because you have to have those partnerships for all types of opportunities, where you want to get to your members not just providing a vaccination. So, we were able to really capitalize on those relationships that were existing. And they even helped us when we would identify a community-based organization that maybe we hadn't worked with in the past because that's, that's their skill level. I mean, they're great at getting into the community and talking to partners so, so they they've been very helpful.

Darci Graves, MPP

Thank you, Mr. Yarnell. Alex, I believe I'm passing the mic over to you now.

Alexandra Bryden, MPP

Thanks Darci. And hello, everyone. My name is Alex Bryden, my pronouns are she/her. So, I would like to change the focus a little, to thinking about enrollees in plans. There have a lot of folks from plans on the line I know. So, I think I'm sort of looking at you, Rod and Dr. Watson, but what enrollee's feedback that you received, you know, sort of in response to the COVID vaccination efforts in response to your flu efforts as you've done them and sort of in tandem with COVID, would you kind of want to share with your plan colleagues to help them improve their work going forward? And taking that a level up, recognizing that feedback is very real-time, are there any tips that you would give your colleagues about sort of getting feedback from enrollees to make sure the current vaccination efforts as we incorporate monkeypox, as we think about the flu season, sort of can capture what enrollees are going through right now? So, I'll start with you, Rod, how about that?

Rod Teamer

Okay, great. Yeah, well, I'm happy to jump into that question. But let me just kind of loop back to the previous question about building relationships with the community. You know, that's one of the things that we spent a lot of time on, you know, a couple of notes, we had our ongoing volunteer efforts, we get our employees involved. We let them you know, kind of lead and direct us through our resource groups. And we also recognize that there are certain areas that we are specialized in, so we kind of make it a point to stay in our lane, and make sure we focus on the things, on the areas in relationships that we've established over the years.

So, when we do have a crisis situation, it's more about creating a plan and acting on it, as opposed to, you know, trying to create a lane of communication that's already existed from just ongoing cultivation.

So, in response to your previous question, I think most of the feedback that we receive through evaluations and just commentary that we receive on site, is that employees want to have, they want good clear information. They want to get it on a timely basis. And they want to, you know, be treated like, you know, with respect and dignity.

Oftentimes, especially when you get out into communities of color, you know, there's not, there's sometimes lacking empathy. And resources are not distributed in an equitable way. So, it oftentimes creates friction. I think someone in the presentation mentioned that they had looked at the timing for how they were doing the vaccines. And they were closing or shutting them down at five o'clock, which meant that people who were working an hourly wage job had would have difficulties, you know, making it for that type of event. So, it just I think it's very important for organizations to, you know, create a venue or create a mechanism to get back feedback from the community, because oftentimes we don't, but also to make an effort to act on those suggestions.

So that when people express concerns about lack of access, or cost, that someone is recording those questions and getting back to them with answers. Not sure if that quite

answers the question that you asked but those are some of the things that we've been doing locally. Especially as it relates to social media, we get a lot of commentary back from our customers, from our members and the community, through social media and we're very diligent about responding to those when they made available to us.

Alexandra Bryden, MPP

I think that is a wonderful point. And it is absolutely responsive. Because I think that's something that we think about a lot as an insurer as well at CMS, right, folks give comments and provide guidance and feedback and input. And it's so important to sort of respect that that was delivered by saying what you're doing about it, like, you know, sort of acknowledging that it was heard and making sure that it's been communicated somewhere to make a change. And I think that means so much to the communities that we serve. Dr. Watson, looking at you then what, what is your sort of perspective? Is there anything that you could share on this?

Dr. Peter Watson

Yeah, I think that getting the perspective of our enrollees generally is, is critical. And we need to always engage our enrollees on their terms. And really understanding, as I said earlier, we have to understand things like COVID and other challenges on their terms, not just in the way that we would like to view them through our own filter. And I think health plans, I certainly think it happened other health plans, we've certainly recognized that we have to do things differently.

And COVID was a forced opportunity for us to get out in the community and do a lot of listening. Not talking at people or telling them what we think they should do. But listen first, and we learned a lot through that effort and going to places where maybe we were not necessarily always meeting our members. Meeting them, like I said, in the drive-thru at McDonald's or going to a community-based event, engaging religious organization so that we're meeting them in a more comfortable setting where they can really be honest about what they were experiencing and what the true barriers were, or concerns were to getting vaccinated.

And I think those lessons are lessons that are going to teach us and re-teach us again, as we face future issues in health care, and inequities in our community on the, on that setting. So, my advice to health plans are, find out where your members are, meet them where they want you to meet them, rather than trying to make it convenient for yourself.

And you'll be surprised what you're going to learn.

Alexandra Bryden, MPP

Thank you, I think that's another sort of wonderful point corollary, second, you know, sort of observation, the feedback loop is important. And then also, you know, in thinking about, especially communities who have maybe historically been underrepresented, or have a feeling that they have their voices haven't necessarily been heard, or folks haven't met them where they are. Going to those spaces, I think, is a really wonderful signal of

sort of respect. That, you know, it's not it's not incumbent on a person to stop what they're doing to tell us what they need, we will actually find you to ask at a place where you're going to be anyway, and that you're comfortable. So, thank you, Sir. And Darci, I will turn it back to you for the next question.

Darci Graves, MPP

Of course, yeah. Thank you, everybody. And, and in looking at the next question, I feel like we've, we've kind of the responses to the most recent one to answer that is, what steps do you recommend health plans take to effectively communicate vaccine messaging to target audiences during a time where misinformation is rampant?

So to those who didn't respond to the last question, are there any additional thoughts that you would talk about in terms of effective communication regarding vaccine messaging?

Eric Yarnell

Yeah, this is Eric, I would just reinforce that, you know, working with providers and trusted CBOs within the community is essential. I mean, we we've seen through some surveys and publications that people want to hear from their health care provider, or someone that they trust within their community. They don't trust the government, they don't trust the media, right, they want to hear from local, trusted people, including their provider. So, I think that's essential.

Rod Teamer

Yeah, I would agree 100%, I remember when, last summer when we were doing some, some videos, and we were doing, building some recordings to go, you know, onto radio, local radio, and other media outlets. We were very conscious of who was doing the messaging, what voice the community would hear, and how those voices would be received.

So, because again, you run the risk of sending a message, that someone's talking at the community, as opposed to talking with the community about the particular issue at hand. And, and that was one of the partnerships that we have with the 100 Black Men organization, and that, you know, they worked with us, they loaned, they provided access, credibility, and, and insight to what are some of the best ways to communicate, communicate with the community that they best represent.

So, at that point, can't has been made a few times, but to rely on experts that can point you in the right direction, and validate the messaging that you think is a good message. Make sure that you validate it with someone who represents the community before you go forward with it.

Darci Graves, MPP

Thank you, 100% to all of that. And my next question, I feel like we've also touched on a little bit, but I want to make sure that Dr. Keitt has a chance to chime in here as well.

Posing the question, how can we use what we've learned related to flu and COVID-19 vaccination access and administration, again, particularly for our underserved communities, to strengthen what we anticipate being our monkeypox response?

Dr. Sheree H. Keitt

Thank you for that question. You know, in answering this question, there's so many ways to answer but I think in terms of, of not making, you know, some of the same mistakes that were historically made in the early days of HIV. And we were seeing some of that at the start of COVID. So, I think that's the first thing and the second is just addressing stigma around monkey pox, and that it doesn't only impact just certain individuals, but others.

Some individuals may be at a higher risk, but it but it doesn't just impact one group of individuals. And one of the things that we're already seeing, and as I looked at this data just yesterday, on CDC's website, is that black individuals are now more frequently diagnosed with monkey pox than any other racial ethnic group. However, white individuals are vaccinated four times the rate of black individuals. So, we're already starting to see disparities existing in, in racial and ethnic groups obtaining the monkey pox vaccine.

So, I believe that we need to go back to what we've been doing what a lot of organizations have been doing well, and this is really about building trust. And really working with trusted community-based organizations and messengers to really combat misinformation and disinformation, about monkey pox and other, you know, vaccines that are out there. And really having clear and up to date messaging, I think that that was one of the, you know, I mentioned earlier that that was one of the challenges that a lot of our community-based partners were having, it was just really clear up to date, accurate information. So, ensuring that communities are aware of updates in understanding information about monkey pox, so that they can address those stigmas and as well as false information that they may, that they may hear, and that they can educate folks about the vaccine and support them in facilitating access by having partnerships with providers that are offering the vaccine.

Darci Graves, MPP

Thank you so much, Dr. Keitt, all of that information is so important and yes, I've seen those numbers as well. And no, and we have to, we have to have to double down. But you know, hopefully, we can get better with this. I will turn I know we're running short on time. So, I just want to pass the microphone over to Alex for our last questions. Alex?

Alexandra Bryden, MPP

Thank you, Dorothy. Thank you, Darci. Sorry about that. So, I know we have only a minute left or so a couple of minutes. So, turning to Dr. Watson and then the rest of the panel as well. And thinking about we talked about a lot of valuable lessons. And I think the plans, have a lot of ideas from what you've said already. Is there anything that you've left on the table that you would want to share with a plan, particularly as we go into cold

and flu season as we go into vaccinating folks with again, another possibly sort of unknown vaccine? What would you leave folks with, what's front and center in your mind as you think about making sure that where these are there are pockets of vulnerability? We're getting vaccines to the right folks. We're getting information to the right, folks. Dr. Watson, any thoughts for the group?

Dr. Peter Watson

Yeah, thank you. I think it's just a philosophy. And that is, we learned that COVID was a was an incredibly unconventional problem. And I think it reiterates what all of us need to do as health plans is that we can't be conventional. We have to really think about how to do innovative solutions to meet these problems. Health care is a big complex issue. And the challenges we face with inequities are even more challenging. So, it's really embracing our role to be an activator, and having the humility to be a partner, not just a payer, and to really do achieve those ends. And I think you heard just great examples from all my colleagues about how they did just that.

Alexandra Bryden, MPP

Thank you, sir. And with that, I don't know if any other panelists have any last words, or Melanie if we should wrap, wrap things up.

Melanie Norris

Yeah, thank you, Alex. And thank you to all of our panelists and moderators, I could listen to you all talk for hours. So, I really appreciate your thoughtful responses. And I want to thank the folks in the audience for attending today. We really appreciate your engagement and participation in our webinar. As we mentioned, the video replay and slide presentation will be available on our website.

We are also publishing soon a tip sheet on promising practices for flu vaccinations for dually eligible beneficiaries during the ongoing COVID-19 pandemic. So that will be available to you as a resource to download from our website shortly.

If you have any follow up questions, please email us at RIC@Lewin.com. And again, you can follow us on Twitter and LinkedIn and all of our other social media sites.

Your feedback today is very important. So once this webinar concludes, a survey will automatically pop on your screen if you don't mind providing us a little bit of feedback and your thoughts on today's presentation, we would greatly appreciate. It does help us improve our presentations and continue to deliver high quality products to you in the future.

As I mentioned in the beginning, we are also conducting a survey on generally all of the products that are available through Resources For Integrated Care and we are open to suggestions to inform the development of new resources. And that link is on the screen as well as being published out through the Q&A pod. So once again, thank you all to our

speakers and our moderators. This concludes the webinar for today. And I hope everyone has a wonderful afternoon. Thank you.