California Health and Human Services Agency (CHHS)
California Department of Public Health (CDPH)

Community Vaccine Advisory Committee
Meeting #8
January 20, 2021
3:00 PM – 6:00 PM
Welcome to the Community Vaccine Advisory Committee

Erica Pan, MD, MPH,
State Epidemiologist, Co-Chair

Nadine Burke Harris, MD, MPH,
California Surgeon General, Co-Chair
Meeting Process

• All meetings will be virtual and interactive; cameras on; mute until ready to speak
• Use hand raise icon when you are ready to make comments/ask questions
• Consistent attendance by members; no delegates or substitutes
• Today we will be having ASL Interpreter and closed captioning for members
• Website - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx
• Public listen-in mode via telephone at each meeting in English and Spanish
• Meeting will now be live-streamed on YouTube – https://www.youtube.com/channel/UCkNEUklwtlC_kPenEzmuioW
• Public comment via written comments COVID19VaccineOutreach@cdph.ca.gov; will be discussed with Committee at subsequent meetings; all public comments received will be posted weekly on the CDPH website
• Technical issues with Zoom – put questions in chat
Opening Comments

Nadine Burke Harris, MD, MPH,
California Surgeon General, Co-Chair

Erica Pan, MD, MPH,
State Epidemiologist, Co-Chair
Summary of Public Comments Since Meeting #6
Update on Vaccine Supply and Allocation

Nadine Burke Harris, MD, MPH,
California Surgeon General, Co-Chair

Erica Pan, MD, MPH,
State Epidemiologist, Co-Chair

Tomas Aragon, MD, Dr.P.H.
Director, CDPH and State Health Officer
Cases of COVID-19 by Estimated Date of Illness Onset from March 01, 2020, as of January 19, 2021, California (n=3,019,371)
Total Hospitalizations and Total ICU Trend from March 27, 2020 to January 19, 2021
COVID-19 by Age

COVID-19 Hospitalization and Death by Age

Factors that Increase Community Spread and Individual Risk

Rate ratios compared to 18-29 year olds:
- 0-4 years
- 5-17 years
- 18-29 years
- 30-39 years
- 40-49 years
- 50-64 years
- 65-74 years
- 75-84 years
- 85+ years

Hospitalization¹

- 4x lower
- 9x lower
- Comparison Group
- 2x higher
- 3x higher
- 4x higher
- 5x higher
- 8x higher
- 13x higher

Death²

- 9x lower
- 16x lower
- Comparison Group
- 4x higher
- 10x higher
- 30x higher
- 90x higher
- 220x higher
- 630x higher

Actions to Reduce Risk of COVID-19

- Wearing a mask
- Social distancing (6 ft goal)
- Hand hygiene
- Cleaning and disinfection


### COVID-19 by Race/Ethnicity

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases(^1)</td>
<td>1.8x</td>
<td>0.6x</td>
<td>1.4x</td>
<td>1.7x</td>
</tr>
<tr>
<td>Hospitalization(^2)</td>
<td>4.0x</td>
<td>1.2x</td>
<td>3.7x</td>
<td>4.1x</td>
</tr>
<tr>
<td>Death(^3)</td>
<td>2.6x</td>
<td>1.1x</td>
<td>2.8x</td>
<td>2.8x</td>
</tr>
</tbody>
</table>

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

### How to Slow the Spread of COVID-19

- Wear a mask
- Stay 6 feet apart
- Wash your hands

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
## COVID-19 Cases By Race/Ethnicity and Age

### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>California Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAN</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>7%</td>
</tr>
<tr>
<td>Black</td>
<td>4%</td>
</tr>
<tr>
<td>Latino</td>
<td>55%</td>
</tr>
<tr>
<td>NHPI</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>20%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
</tr>
</tbody>
</table>

### Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>0-17</td>
<td>13%</td>
</tr>
<tr>
<td>18-49</td>
<td>58%</td>
</tr>
<tr>
<td>50-64</td>
<td>19%</td>
</tr>
<tr>
<td>65+</td>
<td>11%</td>
</tr>
<tr>
<td>Missing</td>
<td>0%</td>
</tr>
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</table>
Weekly COVID-19 Deaths by Date of Death and Age Group, as of January 19, 2021
COVID-19 Mortality Rate by Race and Ethnicity and Month, March through December
COVID-19 Deaths By Race/Ethnicity and Age

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>California Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAN</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>12%</td>
</tr>
<tr>
<td>Black</td>
<td>7%</td>
</tr>
<tr>
<td>Latino</td>
<td>46%</td>
</tr>
<tr>
<td>NHPI</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>32%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
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</tbody>
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<table>
<thead>
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<tr>
<td>18-49</td>
<td>7%</td>
</tr>
<tr>
<td>50-64</td>
<td>19%</td>
</tr>
<tr>
<td>65+</td>
<td>75%</td>
</tr>
<tr>
<td>Missing</td>
<td>0%</td>
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CA Covid-19 Hospitalizations and ICU Admissions and Deaths Through January 19, 2021

• Ages 61+ account for 65% of all ICU admissions

• Ages 61+ account for 83% of all deaths
California COVID-19 Vaccine Website

COVID-19 vaccination is one of the most important tools to end the COVID-19 pandemic. The State is prioritizing vaccines for equitable distribution to everyone in California who wants it. We expect to have enough supplies to vaccinate most Californians in all 58 counties by summer 2021.

www.VaccinateALL58.com
Timeframe To Vaccinate 65+ In California

- Total population of Californians 65 years and older = ~6.2 million
- 70% of Californians 65 years and older = 4,340,000.
- Given that vaccine requires two doses, would need 8,680,000 doses
- Current doses allocated: ~4 million
  - Phase 1A contains approximately 3 million
Healthy Places Index

A Health Equity Index (8 domains)

- Economic
  - Above poverty
  - Employed
  - Median HH Income
- Education
  - Bachelor’s or higher
  - HS Enrollment
  - Preschool Enrollment
- Housing
  - Homeownership
  - Habitability
  - Low Income Owner & Renter Severe Burden
  - Uncrowded Housing
- Health Care Access
  - Insured Adults (under 65)
- Neighborhood
  - Alcohol Availability
  - Park Access
  - Retail Density
  - Supermarket Access
  - Tree Canopy
- Pollution
  - Diesel PM
  - Drink Water Quality
  - Ozone
  - PM_{2.5}
- Transportation
  - Automobile Access
  - Active Commuting
- Social
  - Two Parent Households
  - Voting

Weighted based on life expectancy at birth (census tract)

Most Advantaged

- Roseville
  - (0.56)
  - State Mean (0)

Least Advantaged

- Del Paso Heights
  - (-0.73)
  - Least Advantaged (-1.96)

Break
Using a Practical and Effective Equity Focus for Vaccine Allocation and Distribution

Nadine Burke Harris, MD, MPH,
California Surgeon General, Co-Chair

Erica Pan, MD, MPH,
State Epidemiologist, Co-Chair
Categorized Priority System

• A Categorized Priority System (CPS) is a data-based tool to calculate how to distribute a scarce resource equitably

• Using a CPS addresses the need for both simplicity AND equity

• Proposal: 80% of future vaccine supply be allocated according to the newly evolving methodology, and 20% of the vaccine supply be allocated to counties based on the presence of the lowest HPI quartile ZIP codes
Categorized Priority System

100% of vaccine doses

80% allocated on evolving methodology (‘E.M. doses’)

20% allocated on HPI

County X

E.M. doses

County X total

total doses

HPI doses

County X
Categorized Priority System

• If the Categorized Priority System results in an increased amount of vaccine for a county that is facing operational challenges, we are evaluating whether the state could also allocate operational support

• As we move towards increased emphasis on distributing to people ages 65 years and older, this allocation methodology is a way to preserve a focus on equity during vaccine allocation

• The State will provide guidelines to Local Health Officers that the additional vaccine allocated based on HPI be targeted to 65+ year old people living in the lowest HPI quartile ZIP codes
Three metrics were reviewed (SVI, HPI, and Surgo’s CCVI), and the HPI should be used for the following reasons:

- Californian policymakers and Local Health Jurisdictions are familiar with the HPI, and it’s being used in other vaccine & equity tools:
  - Blueprint for a Safer Economy
  - COVID-19 Health Equity Playbook for Communities
  - Forthcoming vaccine coverage equity metric

- HPI has ZIP code level data, and COVID vaccines are currently being allocated by ZIP code

- While HPI does not include race/ethnicity or disability information explicitly, epidemiologists say that each of the three metrics tends to identify the same communities
1. Engagement and Outreach
   a. media channels - paid and earned media in multiple languages
   b. CBO engagement utilizing Census infrastructure

2. Vaccine Allocation: Categorized Priority System based on HPI

3. Vaccine Coverage Equity metric (in development)

4. Local Support: supporting counties with COVID-19 health equity playbook and resources to reach vulnerable communities.

5. Philanthropic partnership
Next Steps on Community Engagement, Equity and Vaccine Acceptability: Continuing Discussion

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair

Maricela Rodriguez, Office of Governor

Marcela Ruiz, CDSS

Emilio Vaca, CDSS
Vaccinate All 58 Toolkit

Key Messages:
Safety and Effectiveness, No Cost, Keep Wearing a Mask

New Content:
• “Just the Facts” PSA (English and Spanish)
• Ethnic Media Live Reads (18 languages/40 media outlets)

Testimonial Partnerships
• Partners such as California State University, California Community Colleges, SEIU, T.H.E. Wellness Centers, and MLK Jr. Community Hospital
Communities

Hmong  Fijian  Filipino  Native Hawaiian & Pacific Islanders
Iranian  Korean  Native American  Chinese  Armenian
Vietnamese  Latino  African American  Japanese

Vaccinate ALL 58
**Rapid Response**

Goals:
- Provide up-to-date information on new developments in real time
  - Reinforce key facts on safety & efficacy
  - Explain new policies such as 65+ eligibility
- Address mis- and dis-information
To date - over 80 pieces of vaccine and surge coverage since late December. Coverage in all multiethnic primary and secondary media markets in California as well as Black/African American, Asian American and Pacific Islander, and Spanish-language media outlets.

**Expanding Vaccine Access**

*KCRA 3 Sacramento - January 13, 2021*

Dr. Tomas Aragon

“We know that moving towards an age-based approach is really critical. We know from the hospitalization data that most of the hospitalizations, ICU admissions and deaths are happening in people who are over 65. We’re going to be vaccinating people for at least the next year. We’re hoping that we get sufficient community immunity by fall, then we can hopefully start to come back to normal life. But this is going to go on for a long time.”

**California expands COVID vaccine to those 65 and older**

*KABC-ABC Los Angeles - January 13, 2021*

Dr. Nadine Burke Harris

“Also, looking at our current surge that we’re experiencing here in California, where we see that individuals 65 and older represent 75% of the deaths that we are seeing right now due to COVID.”
What does it mean to be vaccinated against COVID-19?
Telemundo San Diego - January 12, 2021
Dr. Ilan Shapiro
"It has really already been approved with the millions of doses that have been given that it is safe and effective and that it is really protecting us to such a degree that the United States is really trying to expand the dosage of this vaccine so it can reach more people"

Filipinos told to be extra careful during the holidays
Philippine News Today
December 24, 2020
Dr. Mare Concepcion
“This year’s holiday season will be a very different one as we have to be very careful and stay safe in the celebrations…If we can’t avoid gathering, wearing a mask, physical distancing as much as you can are some of the things we really have to observe as the pandemic is still very much around.”

MLK Jr. Hospital Vaccinations
KTLA 5 Los Angeles
December 17, 2020
Dr. Elaine Batchlor
“We are at ground zero here for the COVID pandemic. This is a community that is African American and Latino. We have seen the disparities affecting this community.”

COVID-19 Vaccine
KSNO Telemundo Fresno
December 16, 2020
Dr. Diana Ramos
Media Briefings

**Goal:** Educate targeted ethnic and multicultural audiences on vaccine safety and efficacy as well as California’s equitable and fair approach for eligibility based on high-risk factors, including updates on allocations vs. doses administered

Speakers include: State, Legislative Caucus, Vaccine Expert, Community-Based Organizations

January 21: Asian American and Native Hawaiian/Pacific Islander Media
January 22: Spanish Media
January 22: Black & African-American Media
Pathways to access the vaccine:

- **Call your doctor**
  Some clinics and physicians are already vaccinating their patients. Reach out to your healthcare provider to receive more information and schedule an appointment.

- **Check your local public health department website**
  Learn about vaccination clinics managed by your local public health department and schedule an appointment at a convenient local site.

- **Register to be notified when it’s your turn**
  Online tool to register to be notified when it’s your turn. This tool will also allow you to register for an appointment at a vaccination site when available in your county.

- **Long-term care setting**
  Ask your facility about your next on-site clinic.

For more information visit VaccinateALL58.com or call 1-833-422-4255
65+ Engagement Efforts

Engagement to reach older Californians:
- Leverage partnerships with state agencies that serve older Californians
  - Department of Aging
  - California Commission on Aging
  - Department of Health Care Services
  - Department of Social Services
  - Office of Emergency Services i.e. Listos California
- Partnership with established groups that serve older Californians
- Targeted Paid and Earned Media
Community Engagement

**Public Funding**
- Direct State investment ($30 million)
- Coordination/information-sharing with local investment

**Philanthropic Partnership**
- Coordination with outreach investment (pooled fund currently valued at $27.5 million)
- Ongoing fund development

**Stakeholder Engagement**
- Statewide (e.g. CVAC) and agency led stakeholder processes
- Bi-directional partnership with funded organizations
Goal: Prevent the spread of and mitigate the harm caused by COVID-19 within disproportionately impacted communities.

- Cohort 1: to be announced by 1/24 and expected to begin on-boarding the week of Feb 1 (The Center at Sierra Health)
- Cohort 2: focused on Los Angeles, Orange, and Ventura County to be invited to apply in the next few weeks
- Public Health Institute Cohort: invitations to apply are being distributed statewide on a rolling basis
Thank You!

https://toolkit.covid19.ca.gov/partners/
Closing Comments

• Next Meetings
  • February 3, 2021 from 3:00 – 6:00pm
  • February 17, 2021 from 3:00 – 6:00pm
  • March 3, 2021 and/or March 17, 2021 from 3:00 – 6:00pm

• Agenda for Next Meeting

• How to Make Public Comment:
  COVID19VaccineOutreach@cdph.ca.gov

• Adjourn