

Vaccinate ALL 58

Together we can end the pandemic. Juntos podemos acabar con la pandemia. 我們可以一起終止疫情。

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

Community Vaccine Advisory
Committee

Meeting #11

March 5, 2021

12:00 PM - 2:00 PM



Welcome to the Community Vaccine Advisory Committee

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

Erica Pan, MD, MPH, State Epidemiologist, 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 <u>COVID19VaccineOutreach@cdph.ca.gov</u>; 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



Summary of Public Comments Since Meeting #10



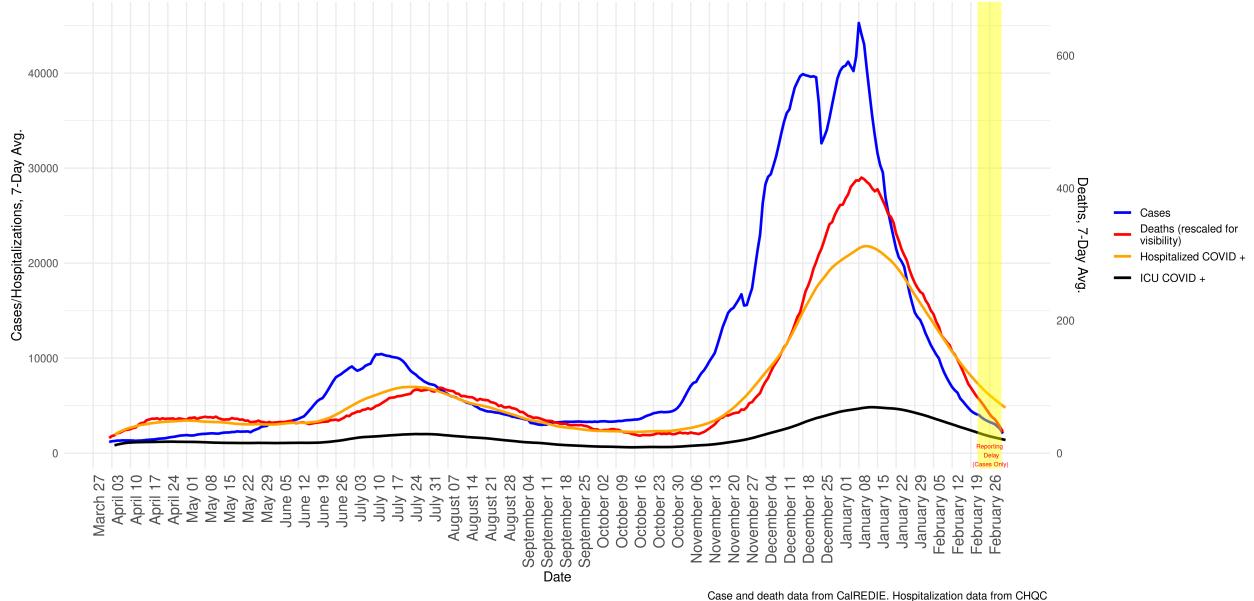


Opening Comments

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

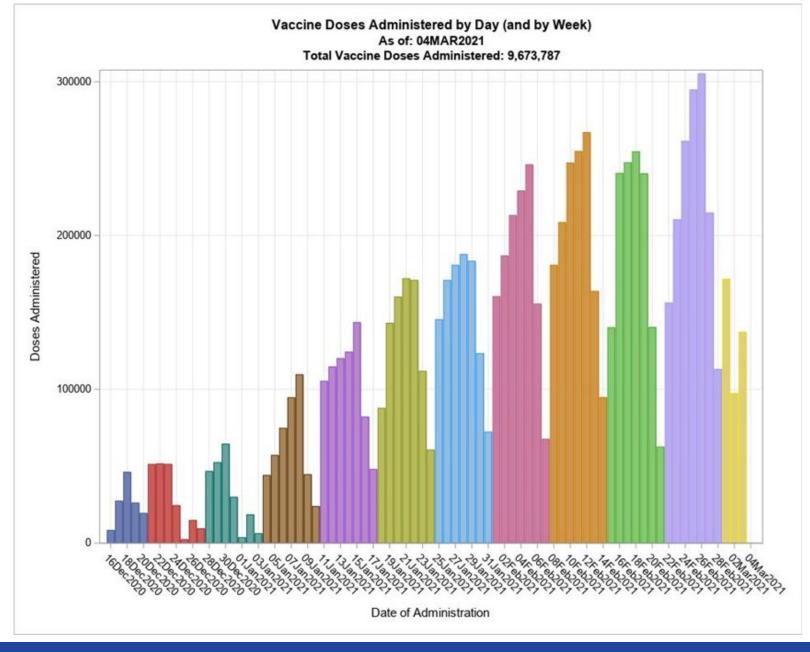
Erica Pan, MD, MPH, State Epidemiologist, Co-Chair







ase and death data from CalREDIE. Hospitalization data from CHQC 2021-03-04 16:58:35



Vaccine Doses Administered by Day (and by Week) as of March 4, 2021

Total Doses Administered: 9,673,787



Who Can Get Vaccinated Now?

Phase 1A

Est. 3M people

NOW VACCINATING

- · Healthcare workers
- · Long-term care residents

Phase 1B

Est. 12M people

NOW VACCINATING AS SUPPLIES ALLOW

- Individuals 65 and older
- Sector populations:
 - Agriculture and food
 - Education and childcare
 - Emergency services



Who Can Get Vaccinated?

Beginning March 15, healthcare providers may use their clinical judgement to vaccinate individuals aged 16-64 who are deemed to be at the very highest risk to get very sick from COVID-19 because they have the following severe health conditions:

- Cancer, current with weakened immune system
- Chronic kidney disease, stage 4 or above
- Chronic pulmonary disease, oxygen dependent
- Down syndrome
- Solid organ transplant, leading to a weakened immune system
- Pregnancy
- Sickle cell disease
- **Heart conditions**, such as heart failure, coronary artery disease, or cardiomyopathies (but not hypertension)
- Severe obesity (Body Mass Index ≥ 40 kg/m²)
- Type 2 diabetes mellitus with hemoglobin A1c level greater than 7.5%

OR

- If as a result of a developmental or other severe high-risk disability one or more of the following applies:
- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival
- Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability.



Blueprint Updates as of 3/4/21

- California's focus on vaccinating individuals living in the state's Vaccine Equity Quartile communities as a critical indicator of the ability to expedite protection and disease transmission prevention to the whole state.
- This will be addressed in the modifications to the Blueprint by shifting tier thresholds to higher case rates/100K/day based on vaccination benchmarks within Vaccine Equity Quartile communities.



Blueprint Updates as of 3/4/21

Doses administered	Tier 1	Tier 2	Tier 3	Tier 4
in the Vaccine Equity	Widespread	Substantial	Moderate	Minimal
Quartile (statewide)	(Purple)	(Red)	(Orange)	(Yellow)
Current: Less than 2	Case Rate	Case Rate	Case Rate	Case Rate
million doses administered	>7	4 - 7	1 - 3.9	< 1
Goal #1: 2 Million	Case Rate	Case Rate	Case Rate	Case Rate
administered	> 10	4 - 10	1 - 3.9	< 1
Goal #2: 4 Million	Case Rate	Case Rate	Case Rate	Case Rate
doses administered	> 10	6 - 10	2 - 5.9	<2



Update on Third Party Administrators/Blue Shield COVID-19 Vaccine Distribution Plan

Marta Green, California Government Operations Agency

Kimberley Goode, Blue Shield of California

Peter Long, Blue Shield of California

Andie Patterson, California Primary Care Association



Equitably Accelerating Vaccine Distribution and Administration for Californians



What we are trying to deliver as we build and expand the network

California's
Statewide Vaccine
Network is designed
to save more lives.

Delivering an improved and connected experience



More options to vaccinate Californians faster

- Statewide network of providers
- Geographically diverse mega sites
- Home visits
- Mobile providers
- Pharmacies

More resources to reach diverse communities

- Network designed to reach the most vulnerable and those disproportionately affected by COVID-19 infection and death
- Support to providers and local health jurisdictions for FEMAeligible costs associated with supporting the transition to a new system and workflow
- Patient navigators
- Support services, including extended hours, language capacity, accommodations for physical accessibility and mobile clinics

More user data and reporting for transparency

- A more consistent and reliable user experience for all Californians
- Timely data sharing
- Daily allocation reports to ensure equity, efficiency, and speed of network
- Ongoing community and stakeholder engagement



Lack of timely, accurate data is a prohibitive barrier to achieving our goals

Without a dramatically improved data collection and performance management system, we will be unable to:

Maximize CA allocation of vaccine



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Hit our equity goals



Total doses delivered to CA¹ 10.5 million Total doses administered in CA¹ 8.0 million 2.5 million Total doses of inventory in CA¹

First dose allocations to CA have been flat. We must demonstrate the ability to administer the vaccine supply we have, in advance of the federal government increasing supply rapidly

- Consistently prioritize our highest risk populations for vaccinations
- Know precisely who has been vaccinated on the same day
- Understand equity performance at an individual provider/site level and make appropriate changes to improve it
- Reserve vaccination appointments statewide for target populations

1 As of 2/25/21



To achieve these outcomes, Blue Shield as the TPA will begin managing the statewide vaccination network, effective March 1st

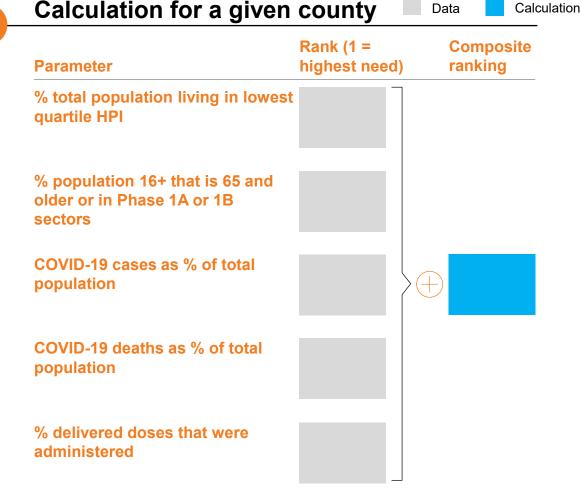
As of March 1 st	Additional details	
There will be <u>no</u> change to the current vaccination network	All providers currently in the system as approved to receive vaccine will maintain that status	
Blue Shield will be making recommendations regarding vaccine allocation to providers in part based on key performance measures	 Key performance measures include (but are not limited to): Contribution to equitable administration of vaccine Signing a contract Committing to adopt the performance management system, including My Turn 	
Blue Shield will co-create with all local health jurisdictions a transition plan	 Transition plan will include: Achieving equity goals The transition of all jurisdictions to a new performance management system by March 31st 	



Methodology used to determine transition waves

Methodology

- 1. Selected five parameters to help inform phasing:
- Population living in the lowest quartile HPI¹
- Population that is 65 and older or in Phase 1A or 1B sectors (i.e., healthcare, education and childcare, emergency services, food and agriculture)
- COVID-19 cases as % of population
- COVID-19 deaths as % of population
- Received COVID-19 vaccine doses that were administered
- 2. For each parameter, each county was ranked (from 1 to 58 where 1 is highest need)
- 3. For each county, ranks were summed across the five parameters to achieve a composite ranking
- 4. Three transition waves were assigned based on composite rankings



1 HPI (Healthy Places Index) score considers a variety of factors, including employment rate, home ownership, level of education, healthcare access, automobile access, and cleanliness of environment Source: Third-Party Administrator (Blue Shield of California) analysis



We will transition to the network in three waves subject to stakeholder feedback

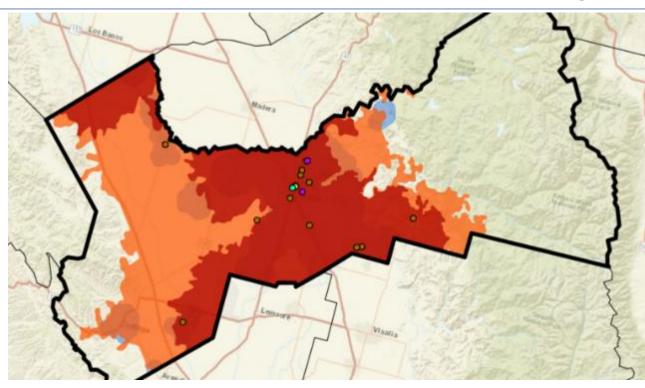
Wave 1	Wave 2		Wave 3	
Fresno	Amador ¹	Sacramento	Alameda	Santa Barbara
Imperial	Butte	San Benito	Alpine	Santa Clara
Kern	Calaveras	San Bernardino	Contra Costa	Santa Cruz
Kings	Colusa	San Diego	Del Norte	Siskiyou
Madera	El Dorado	San Luis Obispo	Humboldt	Yolo
Merced	Glenn	Shasta ·	Marin	Yuba
Riverside	Inyo	Sierra	Mariposa	
San Joaquin	Lake	Solano	Mendocino	
Stanislaus	Lassen	Sonoma	Modoc	
Tulare	Los Angeles ¹	Sutter	Mono	
	Monterey	Tehama	Napa	
	Nevada	Trinity	Plumas	
	Orange	Tuolumne	San Francisco	
	Placer	Ventura	San Mateo	

The three Wave go-live dates are to be determined but all waves are expected to be complete by March 31, 2021

¹ Execution of transition for Amador and Los Angeles will occur with Wave 1, though go -live will occur with Wave 2



Core + Wave 1 county network - FRESNO





Kaiser

Optum



Local mega sites

 Local hospitals and health systems

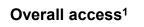
FQHCs



Core network coverage area1

Core + Wave 1 network coverage area¹

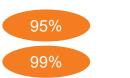
Areas with access that doesn't meet network requirements¹



Access in 4th quartile HPI areas1

Core network

Core + Wave 1 network²





ore + Network 1 Providers	Number of sites
Core health systems	
Adventist Health	2
FQHC	
United Health Centers	6
Aria Community Health Center	3
Omni Family Health	3
Clinica Sierra Vista	1
Family HealthCare Network	1
Kaiser	
Kaiser	1
LHD	
UCSF Fresno Mobile HeaL COVID-19 Equity Project	1
Fresno County Department of Public Health	1
Local hospitals and health systems	
Community Regional Medical Center	1
Sante Physicians	1
Saint Agnes Medical Center	1
Local mega sites	
Fresno county public health - ag mobile	18
Fresno county public health - SNF Mobile	9
Fresno county public health - Rural mobile	3
Fresno county public health - DPH clinic	2
Fresno county public health - UHC/Central	1
Fresno county public health - Gaston	1
Fresno County - Sierra Pacific Orthopedics - Herndon Campus	1
Fresno county public health - DSS clinic	1
Optum	
Optum	1
Grand Total	59

¹ Coverage based on adequacy requirements of 10 miles in urban areas and 30 miles in rural areas 2 Providers with TPA contracts: Adventist, Aria Community Health Centers, Clinic Sierra, Family Healthcare Network, Omni Family Health Sources: myCAVax provider roster as of 2/9/2021; provider survey responses (week of Feb 8); OptumServe; TPA Network workstream; State provider vaccine data dashboard (as of 2/11/2021); LHJ Mass Vax Surveys (document date: 2/12/2021, received 2/19/2021)



Allocation formula beginning week of March 1

Allocation formula

Assess the total first doses available for allocation

Begin with allocation from federal government

Adjust for allocations for State entities (e.g. CDCR) and other urgent unmet needs (e.g. second dose shortages)

2 Apply geographical weighting

Reflect the currently eligible population by zip code, weighted 70/30 by age (65+) and sector (first responders, food/agriculture sector, education & childcare) respectively.

Remaining allocated to zip codes based on eligible population and HPI quartiles

Weight by HPI quartile such that the lowest quartile HPI zip codes receive a double share (40%) to reflect the disproportionate burden of COVID-19 in these areas

All network sites allocated vaccine to meet the zip code allocation defined above. Site level allocation to consider capacity, zip codes served, and performance including success in vaccinating target populations, inventory-on hand, compliance to network requirements. Sites receive up to available capacity until all doses are allocated for each zip code

& Total weekly 2nd doses to be allocated based on 1st doses administered

Second doses reserved and sent to providers based on first dose data



How the Third-Party Administrator Supports our Goals



The TPA will support California's 5-point plan for vaccination equity

		State's five-point plan on equity	How the TPA will support
000	Allocation	Provide ultimate determination and approval of all vaccine allocation with a focus on equity	Develop and recommend for adoption by the state an appointment prioritization approach for State Vaccine Network sites
	Network	Ensure that the State Vaccine Network includes appropriate access in disproportionally impacted communities (may include extended hours, translation and / or transportation services)	Provide reports to the State on performance of the network overall and by provider
	Community Partners	Invest in special programs to support community-based organizations that are critical to reaching target communities	Support state efforts, including promoting outreach to disproportionately affected groups
Data analytics	Use real-time data analytics to adjust and intensify targeted efforts and resource allocation to meet equity goals	Perform timely data analytics to adjust and intensify targeted efforts and resource allocation to meet equity goals	
		Provide weekly Vaccine Allocation Reports to the state, which include identifying high performing geographies and providers	
	Public Education	Provide consistent messaging and meet Californians where they are in order to reach California's diverse populations	Support state initiatives on public education



We are well on our way with the Wave 1 Network

- ✓ More than 1,000 sites in the network
- ✓ All Multi-County Entities contracted except for one
- ✓ Expanding Optum locations
- ✓ Wave 1 FQHCs are contracted
- ✓ We are finalizing details with options for home bound and disabled Californians
- ✓ We are finalizing agreements with counties, including equity plans that engage community-based organizations



Overview of community-based organizations in California

4 statewide organizations

11 regional organizations serving the Bay Area

Wave 1 local

and hospitals

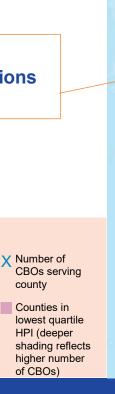
Wave 1 LHDs

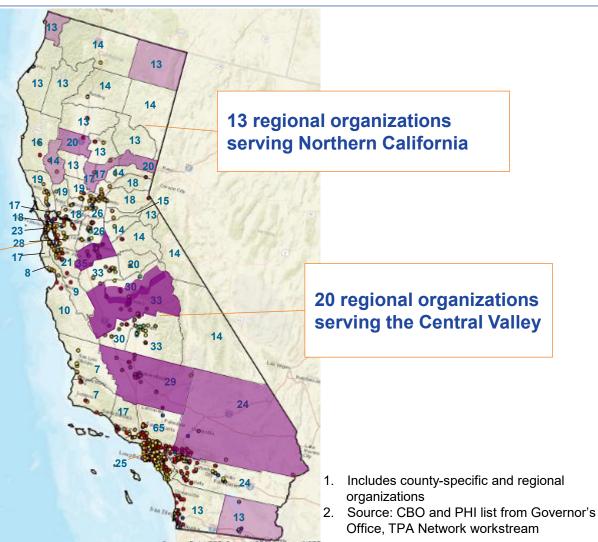
Wave 1 local

mega-sites

health systems

Wave 1 FQHCs





County in lowest quartile HPI	Number of CBOs serving county ¹
Del Norte	13
Fresno	33
Glenn	13
Kern	29
Kings	30
Lake	14
Madera	30
Merced	33
Modoc	13
San Bernardino	24
Sierra	13
Stanislaus	35
Sutter	17
Tulare	33
Yuba	17

More CBO presence



Legend

FEMA

Kaiser

Optum

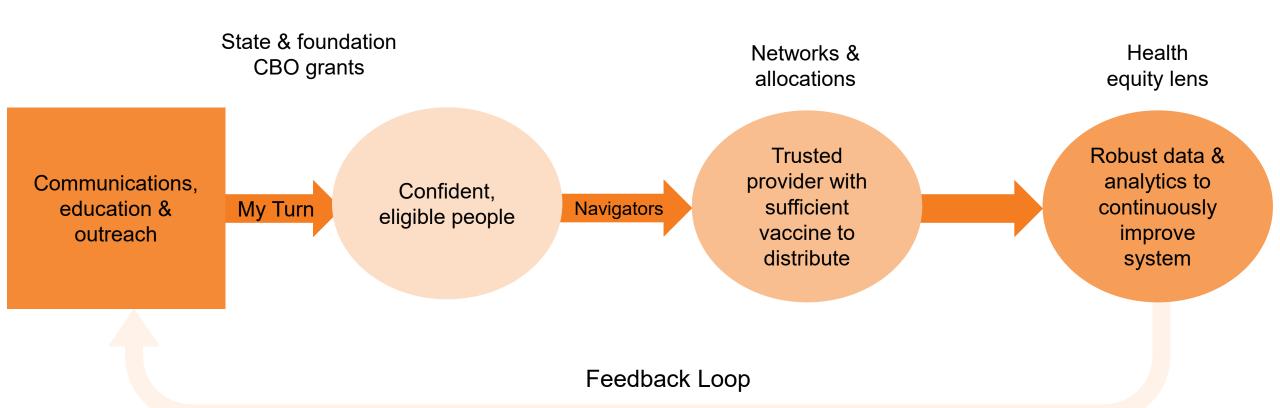
Core statewide

partners

health system

Less CBO presence

Our efforts will be coordinated and dynamic to meet the needs of communities we are trying to reach





Collaboration with local stakeholders is key to meeting shared goals

- Blue Shield is embedding equity in everything we do, similar to how we are driving diversity, equity and inclusion in our own business operations
- We are partnering with Local Health Jurisdictions to support their equity plans
- In partnership with LHJs and CDPH, we are identifying ways to fill gaps to ensure we meet equity goals



CPCA Federal CHC Vaccine Update

The numbers: FQHCs

- Health Resources Services Administration is directly allocating vaccines to FQHCs
 - Eventually look-alikes too
- First 5 received vaccines last week
- 13 received/are receiving vaccines this week
- 42 total FQs in CA will be receive vaccines by next week
- Goal is that ALL FQHCs/Look-Alikes will be included

The numbers: Vaccines

- Week of 2/22 shipped 63,000 vaccines to initial cohort of 25
- Week of 3/1 shipped/will ship 157,700 vaccines to 113 total FQs
- Week of 3/8 projected to ship 289,000 vaccines to all 250 FQs (will include ALL 3 vaccines as needed/available)

Extra

- Pfizer is the more difficult vaccine to handle so this will ONLY go to CHCs with cold storage capabilities
- Moderna will still go to those who need to administer second shots
- J&J will also be available



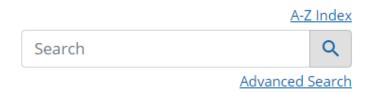
Update on Johnson & Johnson Single Dose Vaccine EUA

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



New Vaccine!





Morbidity and Mortality Weekly Report (MMWR)

CDC









The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Janssen COVID-19 Vaccine — United States, February 2021

Weekly / March 5, 2021 / 70(9);329-332

On March 2, 2021, this report was posted online as an MMWR Early Release.



Johnson & Johnson

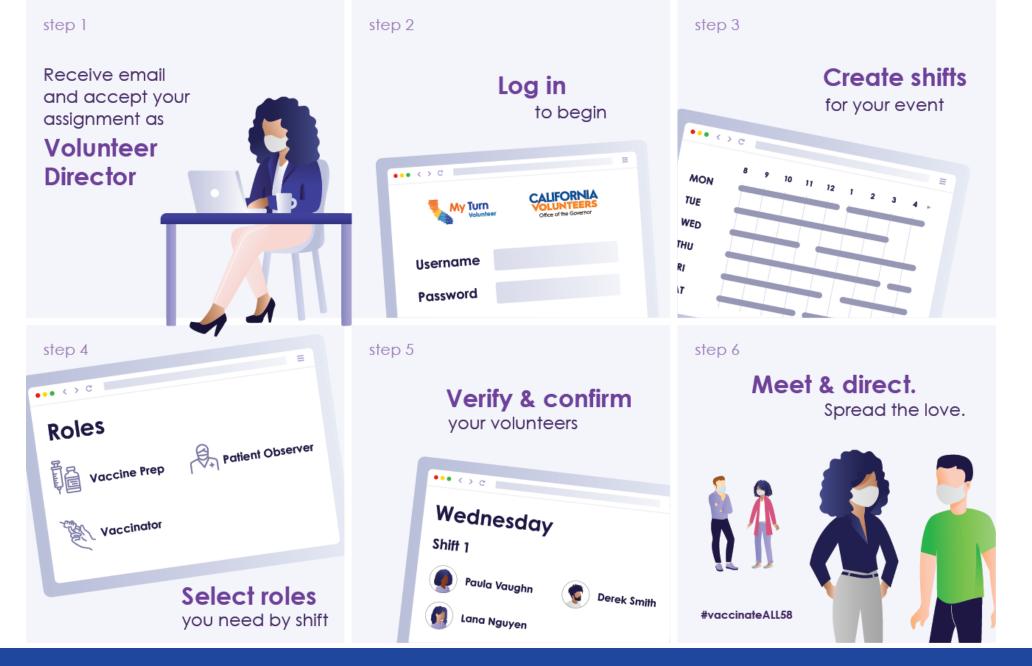
- Another vaccine is great news!
- Like Pfizer and Moderna, the J&J vaccine is <u>safe and highly</u> <u>effective</u> against preventing death and severe COVID.
- The new vaccine is just one dose and easier to transport and store, so it's an important tool for helping to end the pandemic.
- Some evidence re decreasing transmission & vs variants
- The best vaccine is the one you can get (when you're eligible).





MyTurnVolunteer.ca.gov MyTurnVolunteer@californiavolunteers.ca.gov



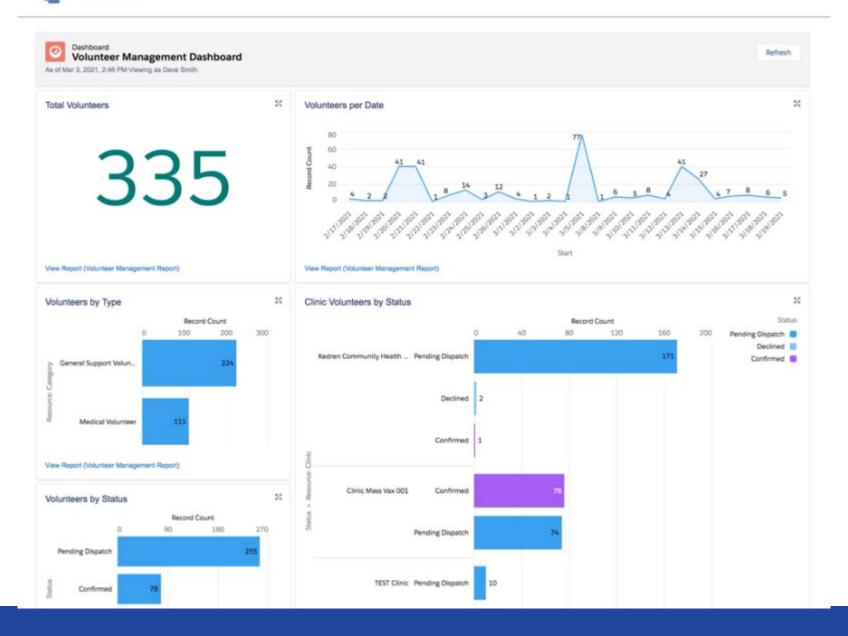


Volunteers

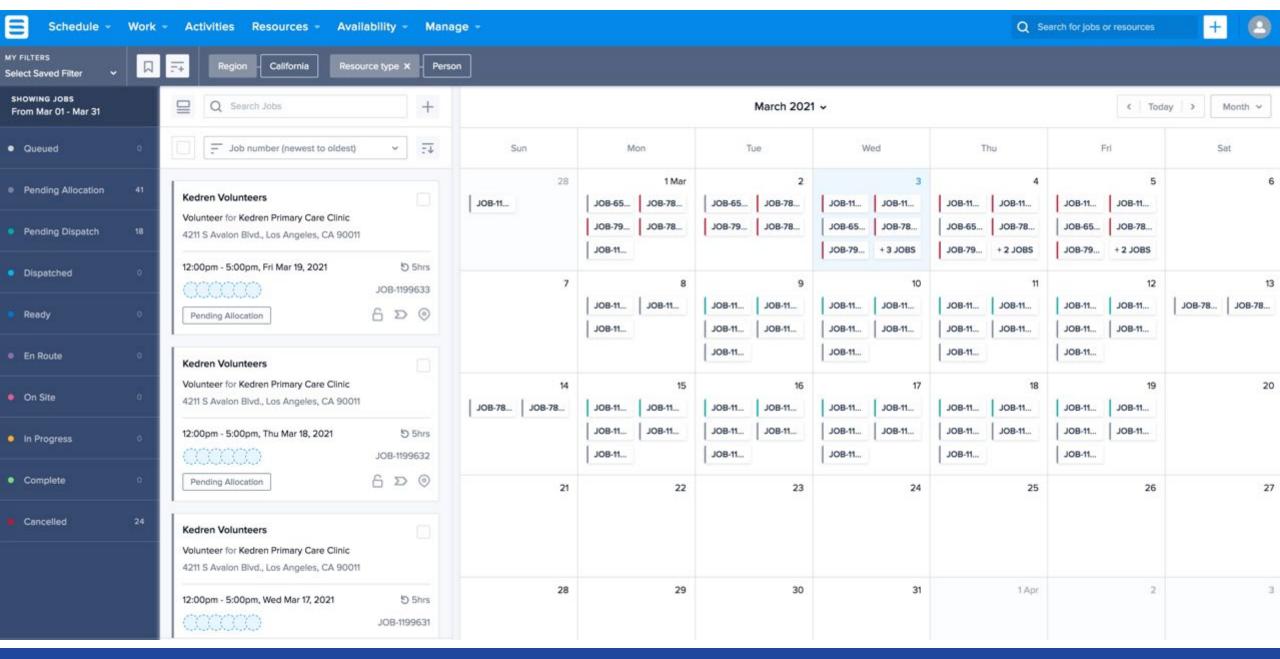
Volunteer Training Submissions

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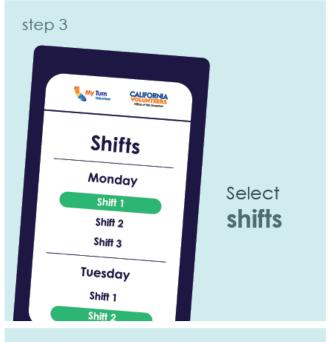






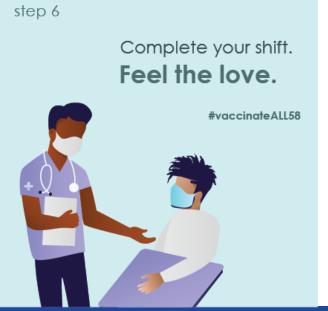










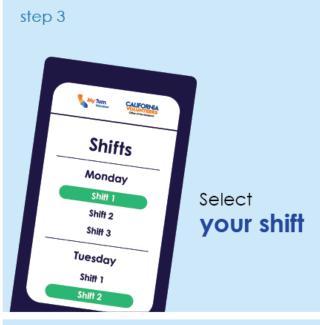




contact

info







Email

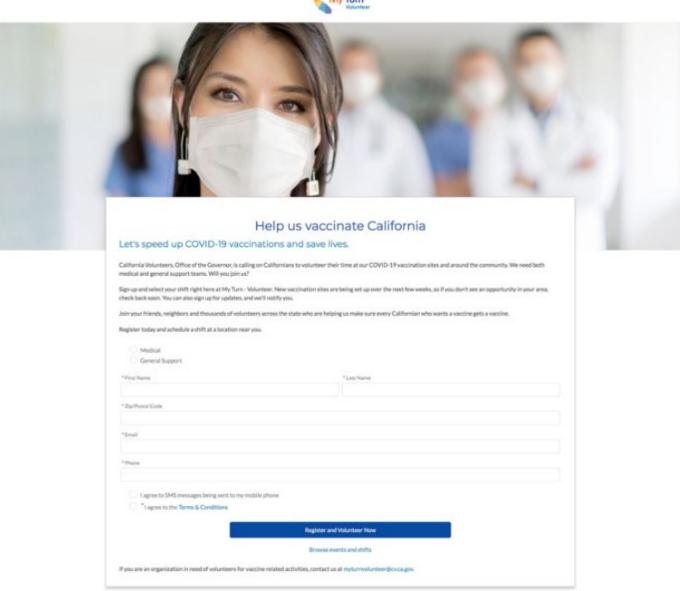








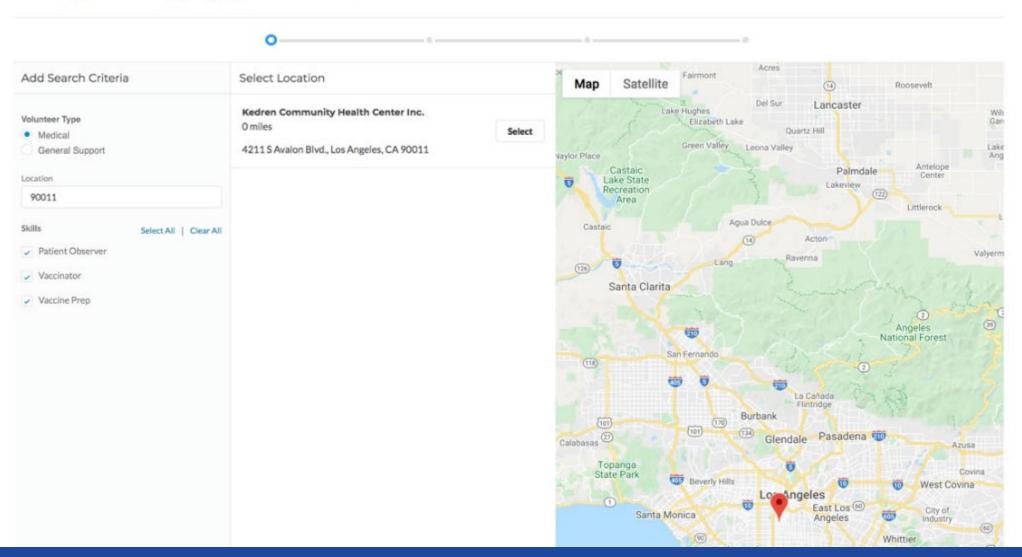








Thank you for stepping up to meet the moment!

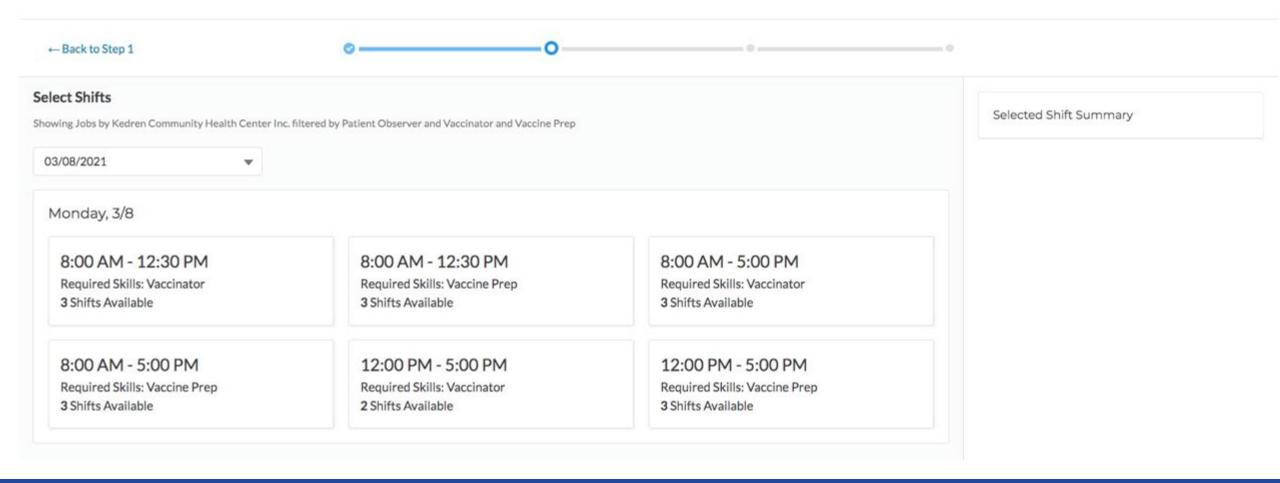








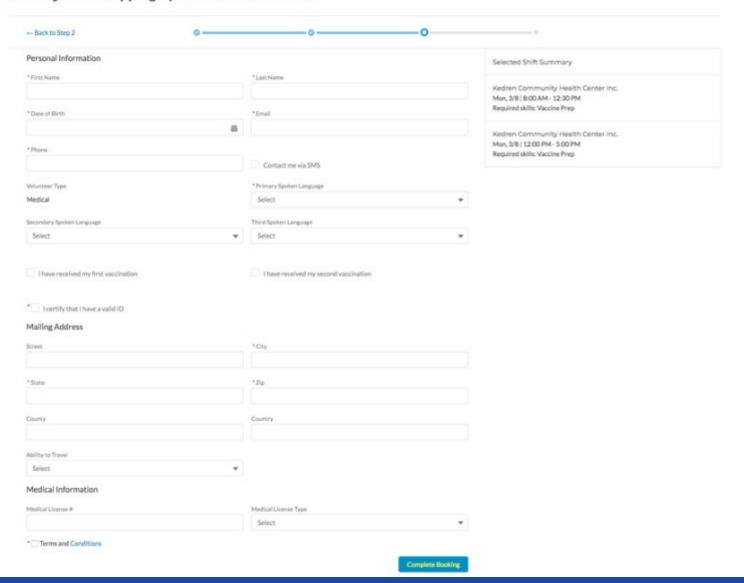
Thank you for stepping up to meet the moment!







Thank you for stepping up to meet the moment!







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Closing Comments

- Next Meetings
 - March 17, 2021 from 3:00 5:00pm
 - April 14, 2021 from 3:00 5:00/6:00pm TBD
 - May 12, 2021 from 3:00 5:00/6:00pm TBD
- Agenda for Next Meeting
- How to Make Public Comment: <u>COVID19VaccineOutreach@cdph.ca.gov</u>
- Adjourn

