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/UCkNEUkIwtIc_kPenEZMUI0w
• 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
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
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.

[https://covid19.ca.gov/vaccines/](https://covid19.ca.gov/vaccines/)
• 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

<table>
<thead>
<tr>
<th>Doses administered in the Vaccine Equity Quartile (statewide)</th>
<th>Tier 1 Widespread (Purple)</th>
<th>Tier 2 Substantial (Red)</th>
<th>Tier 3 Moderate (Orange)</th>
<th>Tier 4 Minimal (Yellow)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current: Less than 2 million doses administered</td>
<td>Case Rate &gt; 7</td>
<td>Case Rate 4 - 7</td>
<td>Case Rate 1 - 3.9</td>
<td>Case Rate &lt; 1</td>
</tr>
<tr>
<td>Goal #1: 2 Million administered</td>
<td>Case Rate &gt; 10</td>
<td>Case Rate 4 - 10</td>
<td>Case Rate 1 - 3.9</td>
<td>Case Rate &lt; 1</td>
</tr>
<tr>
<td>Goal #2: 4 Million doses administered</td>
<td>Case Rate &gt; 10</td>
<td>Case Rate 6 - 10</td>
<td>Case Rate 2 - 5.9</td>
<td>Case Rate &lt; 2</td>
</tr>
</tbody>
</table>

[Link to the CDPH website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx)
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

<table>
<thead>
<tr>
<th>More options to vaccinate Californians faster</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Statewide network of providers</td>
</tr>
<tr>
<td>• Geographically diverse mega sites</td>
</tr>
<tr>
<td>• Home visits</td>
</tr>
<tr>
<td>• Mobile providers</td>
</tr>
<tr>
<td>• Pharmacies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More resources to reach diverse communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Network designed to reach the most vulnerable and those disproportionately affected by COVID-19 infection and death</td>
</tr>
<tr>
<td>• Support to providers and local health jurisdictions for FEMA-eligible costs associated with supporting the transition to a new system and workflow</td>
</tr>
<tr>
<td>• Patient navigators</td>
</tr>
<tr>
<td>• Support services, including extended hours, language capacity, accommodations for physical accessibility and mobile clinics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More user data and reporting for transparency</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A more consistent and reliable user experience for all Californians</td>
</tr>
<tr>
<td>• Timely data sharing</td>
</tr>
<tr>
<td>• Daily allocation reports to ensure equity, efficiency, and speed of network</td>
</tr>
<tr>
<td>• Ongoing community and stakeholder engagement</td>
</tr>
</tbody>
</table>

Source: CA COVID-19 Vaccine Task Force
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:

<table>
<thead>
<tr>
<th>Maximize CA allocation of vaccine</th>
<th>Hit our equity goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total doses delivered to CA¹</td>
<td>10.5 million</td>
</tr>
<tr>
<td>Total doses administered in CA¹</td>
<td>8.0 million</td>
</tr>
<tr>
<td>Total doses of inventory in CA¹</td>
<td>2.5 million</td>
</tr>
</tbody>
</table>

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

1 As of 2/25/21

• 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

Source: CA COVID-19 Vaccine Task Force
To achieve these outcomes, Blue Shield as the TPA will begin managing the statewide vaccination network, effective March 1st

<table>
<thead>
<tr>
<th>As of March 1st…</th>
<th>Additional details</th>
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<tbody>
<tr>
<td>There will be no change to the current vaccination network</td>
<td>All providers currently in the system as approved to receive vaccine will maintain that status</td>
</tr>
</tbody>
</table>
| 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 |

Source: CA COVID-19 Vaccine Task Force
### Methodology

1. Selected five parameters to help inform phasing:
   - Population living in the lowest quartile HPI\(^1\)
   - 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

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<table>
<thead>
<tr>
<th>Parameter</th>
<th>Rank (1 = highest need)</th>
<th>Composite ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>% total population living in lowest quartile HPI</td>
<td></td>
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<tr>
<td>% population 16+ that is 65 and older or in Phase 1A or 1B sectors</td>
<td></td>
<td></td>
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<tr>
<td>COVID-19 cases as % of total population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 deaths as % of total population</td>
<td></td>
<td></td>
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<tr>
<td>% delivered doses that were administered</td>
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</table>

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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

See important context on p2
We will transition to the network in three waves subject to stakeholder feedback.

<table>
<thead>
<tr>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
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<tbody>
<tr>
<td>Fresno</td>
<td>Amador¹</td>
<td>Sacramento</td>
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<tr>
<td>Imperial</td>
<td>Butte</td>
<td>San Benito</td>
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<tr>
<td>Kern</td>
<td>Calaveras</td>
<td>San Bernardino</td>
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<td>Kings</td>
<td>Colusa</td>
<td>San Diego</td>
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<td>Madera</td>
<td>El Dorado</td>
<td>San Luis Obispo</td>
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<td>Merced</td>
<td>Glenn</td>
<td>Shasta</td>
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<td>Riverside</td>
<td>Inyo</td>
<td>Sierra</td>
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<td>San Joaquin</td>
<td>Lake</td>
<td>Solano</td>
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<td>Stanislaus</td>
<td>Lassen</td>
<td>Sonoma</td>
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<tr>
<td>Tulare</td>
<td>Los Angeles¹</td>
<td>Sutter</td>
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<td></td>
<td>Monterey</td>
<td>Tehama</td>
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<td></td>
<td>Nevada</td>
<td>Trinity</td>
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<td></td>
<td>Orange</td>
<td>Tuolumne</td>
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<td></td>
<td>Placer</td>
<td>Ventura</td>
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<td>Alameda</td>
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<td>Alpine</td>
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<td>Contra Costa</td>
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<td></td>
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<td>Del Norte</td>
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<td>Humboldt</td>
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<td>Plumas</td>
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<td>San Francisco</td>
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<td>San Mateo</td>
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</table>

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

Core network

Core + Wave 1 network

Overall access

Access in 4th quartile HPI areas

95%

99%

96%

100%

Core health systems

LHD clinics

Kaiser

Optum

Local mega sites

Local hospitals and health systems

FQHCs

Core network coverage area

Core + Wave 1 network coverage area

Areas with access that doesn’t meet network requirements

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

1. **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.

3. **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

4. **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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>State’s five-point plan on equity</th>
<th>How the TPA will support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide ultimate determination and approval of all vaccine allocation with a <strong>focus on equity</strong></td>
<td>Develop and recommend for adoption by the state an <strong>appointment prioritization approach</strong> for State Vaccine Network sites</td>
</tr>
</tbody>
</table>

| 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 |

| 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 |

Source: TPA equity workstream
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**
- **13 regional organizations serving Northern California**
- **20 regional organizations serving the Central Valley**

### Legend
- FEMA
- Kaiser
- Optum
- Core statewide health system partners
- Wave 1 local health systems and hospitals
- Wave 1 LHDs
- Wave 1 FQHCs
- Wave 1 local mega-sites

### Map Note
- Counties in lowest quartile HPI (deeper shading reflects higher number of CBOs)

### Table: Number of CBOs serving county

<table>
<thead>
<tr>
<th>County in lowest quartile HPI</th>
<th>Number of CBOs serving county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Del Norte</td>
<td>13</td>
</tr>
<tr>
<td>Fresno</td>
<td>33</td>
</tr>
<tr>
<td>Glenn</td>
<td>13</td>
</tr>
<tr>
<td>Kern</td>
<td>29</td>
</tr>
<tr>
<td>Kings</td>
<td>30</td>
</tr>
<tr>
<td>Lake</td>
<td>14</td>
</tr>
<tr>
<td>Madera</td>
<td>30</td>
</tr>
<tr>
<td>Merced</td>
<td>33</td>
</tr>
<tr>
<td>Modoc</td>
<td>13</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>24</td>
</tr>
<tr>
<td>Sierra</td>
<td>13</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>35</td>
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<tr>
<td>Sutter</td>
<td>17</td>
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<tr>
<td>Tulare</td>
<td>33</td>
</tr>
<tr>
<td>Yuba</td>
<td>17</td>
</tr>
</tbody>
</table>

1. Includes county-specific and regional organizations
2. Source: CBO and PHI list from Governor’s Office, TPA Network workstream

DRAFT as of MAR. 3, 2021
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.
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
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 safe and highly effective 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).
step 1
Receive email and accept your assignment as Volunteer Director

step 2
Log in to begin

step 3
Create shifts for your event

step 4
Select roles you need by shift

step 5
Verify & confirm your volunteers

step 6
Meet & direct. Spread the love.

#vaccinateALL58
Dashboard
Volunteer Management Dashboard
As of Mar 9, 2021, 2:45 PM Viewing as Dave Smith

Total Volunteers
335

Volunteers per Data

Volunteers by Type

Clinic Volunteers by Status

View Report (Volunteer Management Report)

View Report (Volunteer Management Report)
Become a Medical Volunteer at myturnvolunteer.ca.gov

Choose a role

Select shifts

Provide contact information

Complete online training. Verify medical license.

Complete your shift. Feel the love.

#vaccinateALL58
step 1
Offer your support at My Turn - Volunteer

step 2
Choose a role

step 3
Select your shift

step 4
Enter contact info

step 5
Confirm all needed items before starting

step 6
Complete your shift. Feel the love.

#vaccinateALL58
Thank you for stepping up to meet the moment!

Add Search Criteria

- Volunteer Type
  - Medical
  - General Support

Location

90011

Select Location

Kedren Community Health Center Inc.
0 miles
4211 S Avalon Blvd., Los Angeles, CA 90011

Skills

- Patient Observer
- Vaccinator
- Vaccine Prep
Thank you for stepping up to meet the moment!

Select Shifts
Showing Jobs by Kidren Community Health Center Inc. filtered by Patient Observer and Vaccinator and Vaccine Prep

03/08/2021

Monday, 3/8

8:00 AM - 12:30 PM
Required Skills: Vaccinator
3 Shifts Available

8:00 AM - 12:30 PM
Required Skills: Vaccine Prep
3 Shifts Available

8:00 AM - 5:00 PM
Required Skills: Vaccinator
3 Shifts Available

8:00 AM - 5:00 PM
Required Skills: Vaccine Prep
3 Shifts Available

12:00 PM - 5:00 PM
Required Skills: Vaccinator
2 Shifts Available

12:00 PM - 5:00 PM
Required Skills: Vaccine Prep
3 Shifts Available
Thank you for stepping up to meet the moment!

Personal information
- First Name
- Last Name
- Date of Birth
- Email
- Phone
- Selected Shift Summary
  - Kedren Community Health Center Inc.
  - Mon, 3/8: 8:00 AM - 12:00 PM
  - Required Skills: Vaccine Prep
  - Kedren Community Health Center Inc.
  - Mon, 3/8: 12:00 PM - 5:00 PM
  - Required Skills: Vaccine Prep

Volunteer Type
- Medical

Secondary Spoken Language
- Select

I have received my first vaccination
- Have received my second vaccination

Mailing Address
- Street
- City
- State
- Zip
- County
- Country

Abilities to Travel
- Select

Medical Information
- Medical License #
- Medical License Type
- Select

Terms and Conditions

Complete Booking
MyTurnVolunteer.ca.gov
MyTurnVolunteer@californiavolunteers.ca.gov
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:
  COVID19VaccineOutreach@cdph.ca.gov

• Adjourn