

# Making Health Equity a Reality: Utilizing Mobile Vaccination Community Clinics to Increase COVID-19 Vaccine Access for Racially and Ethnically Minoritized Groups

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**MANY STRENGTHS. ONE MISSION.**

*A Seventh-day Adventist Organization*



LOMA LINDA  
UNIVERSITY

School of Pharmacy

# Disclosures

I have no conflicts of interest to report.

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# Objectives

At the conclusion of this lecture participants should be able to:

- » Describe the interrelationship of structural racism and health equity
- » Identify the appropriate stakeholders necessary for conducting community vaccination clinics
- » List the proper strategies involved in engaging racially and ethnically minoritized groups in COVID-19 vaccination efforts

# Racism



## **Intrapersonal Level:**

- Internalized racism
- Stereotype threats

## **Interpersonal Level:**

- Overt discrimination
- Implicit bias

## **Systemic Level**

- Immigration policies
- Incarceration policies
- Healthcare policies

## **Institutional Level:**

- Hiring and promotion practices
- Under-or-over-value of contributions

## **Community Level:**

- Differential resource allocation
- Racially or class segregated schools



# Structural Racism Impact on Minority Health

- » Structural racism limits opportunities for social, economic, and financial advancement
- » The experience of racism results in chronic depression, anxiety, and stress
- » The collateral damage of these experiences contribute to many diseases disproportionately diagnosed in minoritized individuals

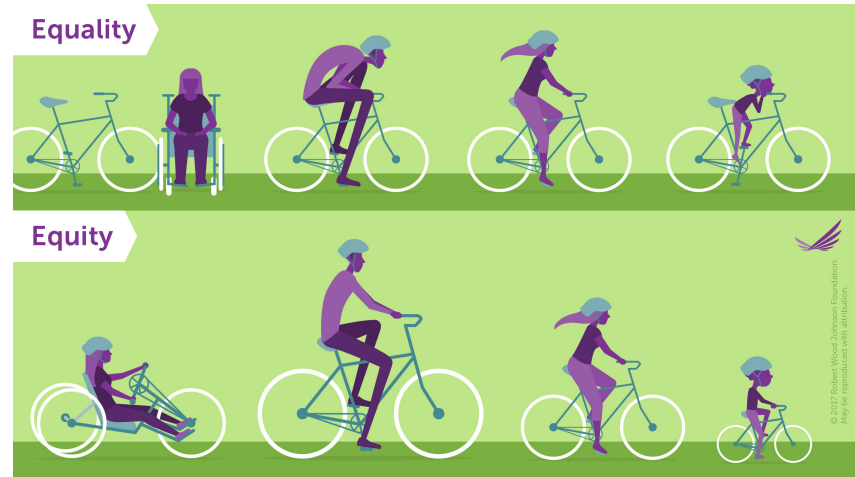
# Health Inequity

Disparities in health attributed to preventable differences, such as:

- Access to healthcare
- Education
- Occupation



# What Does Health Equity Look Like?



Equity vs. Equality. Better Bike Share Partnership. Available from: <https://betterbikeshare.org/2019/10/24/equity-vs-equality/>

# Let's Put This Into Perspective

- » COVID-19 has affected racial and ethnic communities disproportionately
- » The COVID-19 vaccine creates an opportunity to change this statistic
- » Institutional distrust limits COVID-19 vaccine uptake
- » Healthcare access limits vaccine allocation in heavily affected urban area

# COVID-19 Vaccination Clinics in San Bernardino County, CA

- » In California greater than 17 million individuals have been vaccinated against COVID-19
- » 2.7% of those vaccinees have been Black individuals
- » Loma Linda University served as the largest mass vaccination site in San Bernardino County, CA
- » As of February 5, 2021 only 3% of the the mass vaccination clinic site vaccinees had been Black individuals



# Three-Tiered Approach For Creating Equitable COVID-19 Vaccination Access

- » The tiers utilized in our approach to promote equitable COVID-19 vaccine access include:
  - » Engagement of Black faith leaders
  - » Delivery of COVID-19 vaccination education from a Black pharmacist
  - » Low-barrier community vaccination clinic held within a Black community

# Engagement of Black Faith Leaders

- » The United States is a highly religious nation and faith leaders occupy large roles in minoritized communities
- » Leveraging existing relationships with two church organizations: Inland Empire of Concerned African American Churches and Congregations Organized for Prophetic Engagement we gained access to their Black membership
- » The faith leaders organized platforms to disseminate information, and orchestrated major processes necessary for the clinics

# COVID-19 Faith Summit

- » Faith summits are conducted prior to community vaccination clinics
- » Moderated by the University's Vice President of Community Engagement
- » Includes presentations from a Black psychologist and Black pharmacist
- » Number of Attendees: 100-200 per summit

**PARTNERING ORGANIZATIONS**

C.O.P.E.  
Congregations Organized for  
Prophetic Engagement

LOMA LINDA  
UNIVERSITY

IECAAC

**JOINT COUNTY COVID- 19 FAITH SUMMIT**  
**MONDAY, MARCH 29TH @5PM- 6:00PM**

**THE VACCINE?**

**WHAT SHOULD WE KNOW?**

**HOW SHOULD WE PREPARE?**

**EXPERT PANELISTS**

**DR. JACINDA C. ABDUL-MUTAKABBIR, PHARM.D., MPH, AAHP**  
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**DR. BRIDGETTE PETEET,**  
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PROFESSOR OF GLOBAL HEALTH  
ASSISTANT VICE PRESIDENT FOR  
COMMUNITY PARTNERSHIPS

# Delivery of COVID-19 Vaccination Education from a Black Pharmacist

- » The United States has a long medical history of discrimination and wrong doings against Black individuals
- » Cultural representation amongst practitioners has been shown to lead to improved communication
- » The propagation of misinformation related to the COVID-19 vaccines presented the necessity of a trusted, culturally representative, messenger to deliver accurate information

# Role of Trusted Healthcare Professional in COVID-19 Community Vaccination Clinic

- » The Black pharmacist, with infectious diseases training, manages the transport of the vaccines
- » The pharmacist also ensures that each of the vaccines are accurately prepared





# Low-Barrier Community Vaccination Clinic


» Several barriers to vaccination include:

- Access
- Transportation
- Internet/ computer-access

» To overcome these barriers, we instituted the following:

- Paper-based registration
- Pop-up clinic at a church located in the Black community

1  
1:00 – 1:30 PM



2020-2021 MODERNA  
COVID-19 VACCINE CONSENT

**PATIENT INFORMATION**

Last, First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Preferred Language: \_\_\_\_\_ Interpreter Required?  Yes  No  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

**VACCINE SCREENING QUESTIONS**

- Is this your:  First dose  Second dose
- Will you be able to receive the second required vaccine in the next 28-35 days?  Yes  No
- Do you meet the county criteria to receive a COVID-19 vaccine?  Yes  No
- Have you had any other vaccination in the previous 14 days?  Yes  No
- Are you willing to stay for 15 minutes after receiving the vaccine or stay 30 minutes if history of anaphylaxis or severe vaccine/injectable reaction?  Yes  No
- Have you received monoclonal antibodies/plasma for COVID-19 in the past 90 days?  Yes  No
- Have you had a severe allergic reaction to any vaccine or injectable therapy?  Yes  No
- Have you had a severe reaction to any other medication, other than a vaccine or injectable?  Yes  No
- Did you have an immediate severe allergic reaction after the first dose of Moderna vaccine? (If so, DO NOT get the 2nd dose)  Yes  No

**VACCINE CONSENT**

I have read the "Emergency Use Authorization Fact Sheet for COVID-19." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the COVID-19 vaccination.

I consent that the COVID-19 vaccine be given to me.

I am an eligible member, as of this date, of the health plan indicated on my insurance card. I understand the health plan may be billed for an administration charge of this COVID-19 vaccine. I acknowledge there will be no patient responsibility for unreimbursed charges, nor will there be patient responsibility if I do not have valid coverage.

I give consent to bill my insurance (if applicable) for the vaccine administration charge.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AMPM

**DO NOT WRITE BELOW THIS LINE - FOR CLINICAL USE ONLY**

Dose received from:	EUA Fact Sheet Date: December 2020	Date Vaccinated:	Time Vaccinated:
Lot Number:	Expiration:	MFR: Moderna <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid	

Administered by (print and sign): \_\_\_\_\_ Verified by (print and sign): \_\_\_\_\_



2020-2021 MODERNA  
COVID-19 VACCINE CONSENT

PATIENT IDENTIFICATION

04089 (2-20)

# Stakeholders in Community Vaccination Clinics

The important stakeholders in the community vaccination clinics include:

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Faith Leaders

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Pharmacists

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Additional Pharmacy Staff (students, technicians, interns)

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Medical professionals (physicians, nurses, dentists, etc.)

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Community Health Workers, Church Volunteers

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Administration Personnel

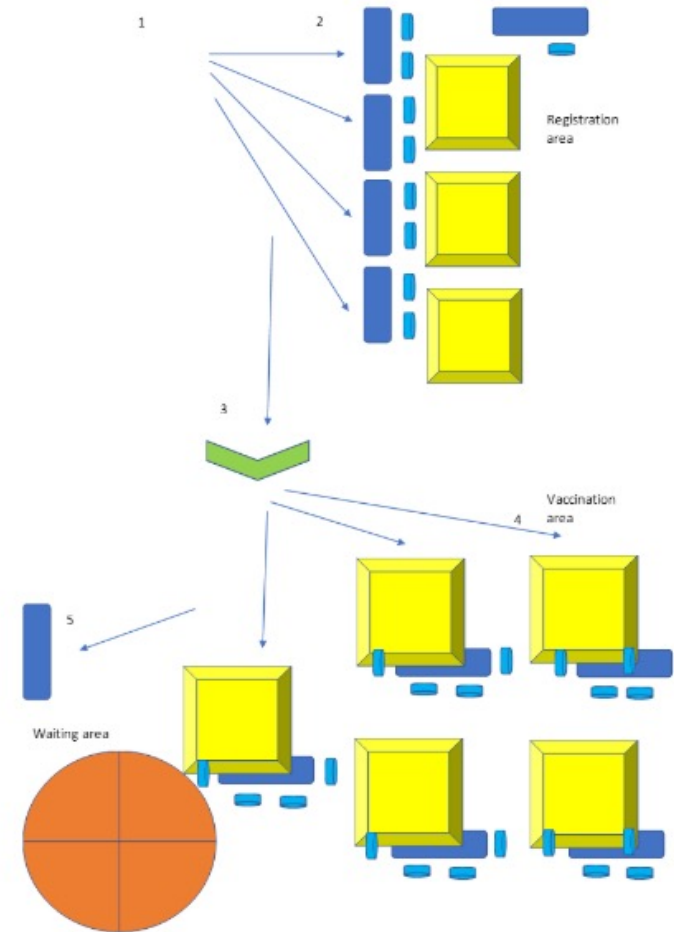
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Supply Chain Management

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# Low-Barrier Clinic Workflow

- » The clinics are conducted either indoors or outdoors
- » The format is consistent irrespective of location
- » The personnel includes:
  - Registration: 4 individuals (church personnel, CHWs)
  - Vaccinators: 6-8 individuals (professional students, licensed professionals as preceptors)
  - Vaccine draw area: 1 licensed pharmacist and 4 professional students or non-clinical faculty
  - Checkout: 4 individuals(3 CHWs) plus one physician for observations



# Measurable Outcomes From Community Vaccination Clinics

- » Number of Moderna first-dose community vaccination clinics in the Black community: 2 (673 individuals vaccinated)
- » Number of Moderna second-dose community vaccination clinics in the Black community: 1 ( 366 individuals vaccinated; 87% return rate)
- » Number of Johnson & Johnson community vaccination clinics in the Black community: 1 (314 individuals vaccinated)
- » 0.6% increase in Black vaccinees at mass vaccination site following community vaccination clinic

Patients Vaccinated in Mass Vaccination Clinic		Patients Vaccinated in Mobile Vaccination Community Clinic	
<b>Black</b>	579 (3%)	Black	351 (83.5%)
<b>American Indian or Alaskan Native</b>	63 (0.4%)	American Indian or Alaskan Native	1 (0.2%)
<b>Native Hawaiian</b>	22 (0.13%)	Native Hawaiian	1 (0.2%)
<b>Asian</b>	2,687 (15.6%)	Asian	3 (0.7%)
<b>White</b>	11,483 (66.4%)	White	19 (4.5%)
<b>Other</b>	611 (3.5%)	Other	10 (2.4%)
<b>Unknown</b>	1,815 (10.5%)	Unknown	35 (8.3%)
<b>Total Number Vaccinated</b>	17,212	<b>Total Number Vaccinated</b>	420

# Integration of Professional Students in COVID-19 Community Vaccination Clinic

- » Professional students are often taught about illness without the context of social determinant of health inequities
- » Volunteer opportunities in community vaccination clinics provide them with tangible experiences
- » This could potentially translate to their provision of better healthcare





# Reproducibility of Community Vaccination Clinics

- » We have conducted a total of three community vaccination clinics in primarily LatinX communities
- » These clinics include the following:
  - First-dose Moderna Pop-up clinic: 258 individuals vaccinated
  - Second-dose Moderna Pop-up clinic: 253 individuals vaccinated (97% return rate)



# Differences Amongst Minoritized Groups

## Community Vaccination Clinic in Targeted Black Community:

Patient Race Grouping	First Dose Clinic-Moderna Vaccine
<b>Black</b>	<b>351</b>
American Indian or Alaskan Native	1
Native Hawaiian	1
Asian	4
LatinX	31
White	14
Other	10
Unknown	5
<b>Grand Total</b>	<b>417</b>

## Community Vaccination Clinic in Targeted LatinX Community:

Patient Race Grouping	First Dose Clinic-Moderna Vaccine
Black	5
Pacific Islander	0
Asian	3
<b>LatinX</b>	<b>239</b>
White	12
Unknown	1
Other	0
<b>Grand total</b>	<b>260</b>

Patient Race Grouping	Single Dose Clinic – Johnson and Johnson Vaccine
<b>Black</b>	<b>143</b>
Pacific Islander	1
Asian	18
LatinX	99
White	19
Unknown	31
Other	3
<b>Grand total</b>	<b>314</b>

# Future Directions of Community Vaccination Clinics

- » Black and LatinX individuals continue to be disproportionately affected by many diseases
- » We have begun to provide information related to human immunodeficiency virus (HIV) pre-exposure (PREP) in the waiting area of the COVID-19 community vaccination clinics
- » We have plans to continue to conduct the faith summits and integrate information pertaining to other disease states (influenza, shingles, human papillomavirus (HPV), and etc.)
- » Following the dissemination of information, we hope to include additional vaccinations, as well HIV rapid testing in a community vaccination clinic setting



# Conclusion

- » Health inequities are a product of structural and systemic racism
- » Equitable processes are essential to ensuring positive patient outcomes in minoritized groups
- » Providing these equitable approaches require multidisciplinary support and collaboration

# Resources

1. Baciu A, Negussie Y, Geller A, Weinstein JN, National Academies of Sciences, Engineering, and Medicine. The root causes of health inequity. In Communities in action: Pathways to health equity 2017 Jan 11. National Academies Press (US)
2. Johnson TJ. Intersection of bias, structural racism, and social determinants with health care inequities. *Pediatrics*. 2020 Aug 1;146(2).
3. Abdul-Mutakabbir JC, Casey S, Jews V, et al. A three-tiered approach to address barriers to COVID-19 vaccine delivery in the Black community. *The Lancet. Global Health*. 2021 Mar. DOI: 10.1016/s2214-109x(21)00099-1





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