Final Project Report for the Finger Lakes Vaccination Program’s Equitable Distribution Activities

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Background

From January 2021 to April 2022 the Finger Lakes Vaccination Program was responsible for developing interventions to ensure equitable distribution of COVID-19 vaccine throughout the Finger Lakes region using public health, human-centered design, and collective impact approaches. In April 2021 United Way of Greater Rochester and the Finger Lakes engaged local partners to secure nearly $1M of private philanthropic funding to directly support efforts that increased equitable vaccine distribution by improving access and willingness among impacted community members, with a particular focus on inner-city and rural zip codes.¹

When the work began, 31.5% of the regional population (Monroe, Livingston, Ontario, Orleans, Genesee, Wyoming, Wayne, Yates and Seneca Counties) had received at least one dose of vaccination. Today, over 70% of the regional population has received a complete vaccine series. While some disparities persist, particularly among the region’s Black residents, whose vaccination rate is 60.3%, significant gains were made throughout this effort. For example, the vaccination rate among the region’s Hispanic residents grew from just 3% in April 2021, to over 80% today. Further, all zip codes in the city of Rochester that engaged in targeted equitable distribution activities had a 200% increase in vaccination rates over the course of six months. Figure 1 shows the number of vaccines distributed between 3/28/2021 and 4/2/2022. Of note, the greatest concentration of activities associated with the Equitable Distribution Strategy took place between Week 16 and Week 42. Over this time, the number of residents who had received at least one dose of COVID-19 vaccine rose from 39% to 66%. The steep decline first dose vaccination, beginning week 19, should also be noted. This marked the end of the “early adopter” surge, and the point in time when each and every delivered dose was considered a “win”.

Finally, the COVID-19 vaccination effort has been cited as the largest public health intervention in a generation. This report specifically focuses on our local efforts to ensure equitable vaccine distribution made possible via private philanthropic investments. It does not include the tremendous activity undertaken by Counties, Public Health Departments, Healthcare Providers, and others. As such, this is a small but necessary chapter in a much larger story.

¹ Funding support provided by: Paychex, ESL Federal Credit Union, United Way, Greater Rochester Health Foundation, and two private foundations.
Figure 1: Weekly COVID-19 Vaccine Rates for Finger Lakes Region 3/8/2021-4/2/2022

The COVID-19 Finger Lakes Vaccination Program

The Equitable Distribution Strategy cited herein is a subset of the activities developed through the Finger Lakes Vaccination Program. The Program was a partnership between the Finger Lakes Vaccination Hub (University of Rochester Medical Center) and the Finger Lakes region’s Public Health Departments and County Administrations. The Program was co-chaired by Nana Bennett, MD and Wade Norwood, CEO of Common Ground Health. The Program’s mission was to ensure the equitable, transparent, and efficient immunization of at least 70% of the adult residents of the Finger Lakes Region, and its stated purpose was to coordinate efforts of all agencies involved in vaccination delivery, ensuring equitable, transparent, and efficient immunization, to protect residents in the Finger Lakes region from transmission, morbidity and mortality associated with COVID-19 infection.
Central to the Program was the Finger Lakes COVID-19 Vaccination Taskforce, which was created to ensure:

- The formation and sustained engagement of a broad and comprehensive network of organizations and individuals engaged in community activity
- Community voice and community leaders across the region are integrated into the decision-making process
- Equitable access to COVID-19 vaccine
- A foundation of transparency and trust-building among sector and institutions, and with the community at large
- Effective coordination of the supply, distribution and delivery of COVID-19 vaccine to all the wish to receive it.

Under the Taskforce, five workgroups provided subject matter expertise and deep-dive analysis to develop community-sponsored solutions: Vaccinators, Communications, Trust-Building, Data and Analytics, and Equitable Vaccine Distribution (with urban and rural sub-teams). While cities, counties and healthcare providers provided significant investment in the operational distribution of COVID-19 vaccine, most other Finger Lakes COVID-19 Vaccination Program activities were funded through the $1M philanthropic investment in equity that is the focus of this report.

**Finger Lakes Vaccination Program: Strategies for Equitable Vaccine Distribution**

From its inception, the Taskforce demanded the equitable distribution of COVID-19 vaccine. Equity-related activities would focus on two key areas: Trust-building and Communications, and Accessibility. Five organizations received funding to deliver a coordinated strategy for Equitable Vaccine Distribution: Common Ground Health, the Finger Lakes Vaccine Hub, the Monroe County Systems Integration Project, S2AY Rural health Network, and 211/ Goodwill of the Finger Lakes. The work and outcomes delivered by this collective, and funded via our community’s private philanthropic investment are as follows:

**Common Ground Health** was responsible for driving the trust building and communications activities for the Finger Lakes Vaccine Program. This included developing and implementing solutions in 8 key areas:

1. **Empathy interviews**

   Common Ground Health conducted 261 empathy interviews across the region to better understand residents’ perceptions of the COVID-19 vaccine. Interviews focused on priority groups including rural residents, Black and Latinx residents, older adults, individuals with developmental disabilities (IDD) and homeless individuals.
As a result of this effort, the Finger Lakes Vaccination program learned key insights that formed the foundation for the trust-building and communications activities, for example:

- Black and Latinx residents were concerned that the vaccine was intentionally designed to cause harm and strongly questioned the development process. There were also worries about the vaccine causing infertility for both men and women.
- Rural residents believed the vaccine had the potential to cause harm and felt that there was a low return on investment in receiving the vaccine. They also were concerned about the loss of autonomy, and that the vaccine was being pushed on them.
- The majority of older adults and individuals with developmental disabilities interviewed indicated they had some concerns, but were interested in getting the vaccine.

These early learnings were shared with Program workgroups and stakeholders, and ultimately influenced both supply and demand strategies to increase uptake of the vaccine.

2. Grassroots Education and Outreach Campaigns

In the time period from April-September, Common Ground Health led a multi-faceted grassroots education campaign. Strategies ranged from 1:1 interaction to large group forums and events. Activities reached well over 15,000 individuals, and included community ambassador outreach, over 200 Table Talks, faith-based outreach, barbershop and beauty salon outreach, a Speakers Bureau of healthcare professionals and community leaders delivering 42 speaking engagements to over 1500 community residents, a MythBusters social media campaign, and community forums focused on Women’s Health and Healthcare Provider messaging. These activities are further described below.

3. Community Ambassadors

Twenty Community Ambassadors were deployed in Monroe County and two were deployed in the Finger Lakes region. Ambassadors provided 1:1 education, led Table Talk discussions and engaged with residents at dozens of community events. They also provided support during Monroe County-sponsored vaccine clinics. These ambassadors engaged 14,929+ residents and directly registered 1100+ residents to get their COVID-19 vaccine.

Additionally, Common Ground Health coordinated with the rural equity workgroup to support the successful proposal to HRSA to onboard and deploy Community Outreach Workers in counties throughout the region. Outreach workers were equipped with materials and shared strategies for success based on lessons learned from the Ambassador program.

4. Creating Education Materials and Implementing Speakers Bureau and Table Talks

Common Ground Health’s communications team developed standardized educational materials for community education and outreach. The team was nimble and responsive to pressing questions and beliefs as vaccine hesitancy evolved. These materials included:
5. Communications Campaign

Common Ground Health partnered closely with the Finger Lakes Vaccine Hub to ensure streamlined communications. A contract was also initiated with Causewave Community Partners to provide project management and thought-partnership in the work.

The initial phase of the communications strategy included coordination with the County and other partners on press releases and media briefings. The collective developed and deployed radio and TV PSAs to share facts on the vaccine, while planning for a larger campaign. Causewave created social media channels and related assets for partners and Vaccine Task Force members to use directly. They fostered ongoing conversations on social media with residents across the Finger Lakes region, responding to questions and correcting misinformation when posted by users. The team also created a communications toolkit for partners that is hosted on the Vaccine Hub website and updated regularly: https://flvaccinehub.org/toolkit.

Next, utilizing national data and best practices on vaccine communications, and layering on results of local empathy interviews, the communications team developed the **You Deserve Answers Campaign**. The campaign featured local residents asking questions about the vaccine, and local healthcare providers answering those questions in 15 second videos. The campaign ran on TV stations across the regions and included robust digital advertising. **Campaign results from August 9-September 29 included**: (1) 41,910 website hits, up 132% from the previous 52 days; (2) 59,400-page views, up 119 % from the previous 52 days; (3) 33,650 unique users, up 149% from the previous 52 days.

The communications team also supported the Systems Integration Project’s efforts to boost vaccination rates through the offering of thank you gifts. The incentives were advertised via radio and through digital advertising and social media from September 10-September 29. During this time period the campaign generated 14,590 hits, 21,500 page views, and 11,608 users.

6. Data Analytics

Common Ground health partnered with the Finger Lakes Vaccine Hub to receive data, clean data and produce reports and insights for the community on vaccine uptake. Together, they
convened the Data and Analytics Workgroup and developed a dashboard that is accessible to the public on the Hub’s Website: https://www.flvaccinehub.com/regional-data. In this time period, Common Ground Health also fulfilled several ad hoc data requests, including data to measure the success of our efforts with Black and Latinx residents in Monroe County.

### 7. Co-convening and providing staff support to the Finger Lakes Vaccine Taskforce

From April-September, Common Ground Health convened the Finger Lakes COVID-19 Vaccine Taskforce nine times. In partnership with the Hub, Monroe County and Systems Integration, Common Ground staff planned strategic agendas for each meeting. Common Ground provided administrative support for the Taskforce and managed follow-up activities. Taskforce meetings provided a venue for strategic conversation to increase vaccine uptake across the region and an opportunity for partners and stakeholders to keep abreast of changes and trends in distribution and uptake.

### 8. Convening the Trust Building Advisory Workgroup on a bi-weekly basis or as needed:

Common Ground Health provided staff support to lead the Trust Building Workgroup. This workgroup convened 14 times in the project period and included community stakeholders who represent various constituencies across the region. Members “ground-truthed” the findings and analysis of empathy interviews and provided counsel on key strategies including women’s health and planning for youth and childhood vaccine education. The group will continue to meet for the foreseeable future.

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The **Finger Lakes Vaccine Hub** was designated by New York State to support the effective distribution of COVID-19 vaccine, including but not limited to developing and implementing procedures for: Points-of-Distribution (PODs); vaccine ordering, distribution, redistribution, and inventory management; vaccine administration and documentation; vaccine safety monitoring; logistics and resource requests; and data and surveillance accessibility. URMC staff were provided, in-kind, to support Hub and Program activities, including weekly meetings of the Vaccinators workgroup, co-leadership of the Communications and Data workgroups, and subject matter expertise and support to the Equitable Distribution Workgroup and associated strategies.

The Finger Lakes Vaccine Hub also developed and maintained the Finger Lakes Vaccine Hub website, which continues to act as a one-stop shop for all items produced and maintained by the Finger Lakes Vaccination Program, including vaccine scheduling, all materials from the You Deserve Answers Campaign, guidance for vaccine providers, and regional data that is updated on a weekly basis. The **Finger Lakes Vaccine Hub website was developed and improved as part of philanthropy’s investment in this work, including its translation into the top 10 languages spoken in the Finger Lakes region.**
With funding from this initiative, the Monroe County Systems Integration Project (SIP) supported the Equitable Distribution Strategy by staffing the Equitable Distribution Workgroup and managing the design and implementation of workgroup priorities including the planning and deployment of place-based access to vaccination via targeted pop-ups in high-impact neighborhoods, and providing COVID-19 vaccine incentives to urban populations. The Equitable Distribution Strategy was deployed in four phases, as presented in Figure 2.

Figure 2: Key Policy Landscape and Equity Strategy Milestones

### Timeline: Key Policy Landscape and Equity Strategy Milestones

![Timeline Diagram]

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<th>Phase</th>
<th>Key Milestones</th>
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| Mass Vaccination | - Extremely Limited Supply  
- Establish Guiding Principles and Strategy  
- NYS-Driven Process |
| Phase 1: Deploy Quadrant Strategy (4/8 – 7/6) | - Quadrant Strategy Deployed (Neighborhood PODs)  
- County Sponsored 155 place-based vaccine clinics in underperforming urban and suburban communities resulting in 20,549 first doses |
| Phase 2: Add Vaccine Incentives and Resident Ambassador (7/9-9/9) | - Incentives Launched: 7/3  
- Parent Incentive Promo Pilot: 8/21-9/31  
- County Sponsored 148 place-based vaccine clinics in underperforming urban and suburban communities resulting in 2,925 first doses |
| Phase 3: $100 Incentives 9/10 – 9/30 | - Increase Incentives to $100: 9/10  
- County Sponsored 54 place-based vaccine clinics in underperforming urban and suburban communities resulting in 2,034 first doses |

**In Sum, Monroe County Sponsored:**
- 362 unique clinics at 82 different locations
- At those clinics, 33,480 individuals received at least one dose

**Ensuring Place-Based Access:** Between April 1 and September 20, 2021, and in an effort to ensure equitable COVID-19 vaccine distribution, **362 unique vaccine clinics were held at 82 locations across Monroe County.** While 31% of these clinics were at mass vaccination sites, 8% were in churches, 16% were at R-centers, and 28% were located at community-based organizations, many of whom received small grants to support vaccine clinics logistics, including the rental of tents, tables, chairs, fans, etc. An important aspect of this strategy was the geographic coverage of vaccination clinics, particularly across the city’s four quadrants, ensuring that COVID-19 vaccination felt accessible to anyone who desired it. Figure 3 shows how the concerted effort to ensure place-based access successfully provided opportunities for vaccination in urban communities. Again, while the operations of these clinics were provided by Monroe County, the planning, design and ongoing coordination of this strategy was provided by SIP staff and the Finger Lakes Vaccine Program. **As a result of this effort, 33,480 individuals received at least one dose of COVID-19 vaccine.**
Vaccine Incentive Program: As interest in COVID-19 vaccination continued to wane, the Finger Lakes Vaccination Program launched its incentive model, offering “thank you” gifts to those who received a vaccination at 236 clinics in 61 locations with low rates of vaccine uptake. The vaccine incentive program included the distribution of: 6,493 gift cards, 1,072 entries for 200 ROC Summer Soul Tickets and 100 Strong Museum Memberships, and 400 single-day bus passes. All aspects of the vaccine incentive program were funded through philanthropic investment, from the incentives themselves, to the SIP and United Way staff who managed gift card procurement, activation, distribution and auditing.

United Way Vaccine Volunteer Force: To support vaccine clinics and provide a centralized place for volunteers wanting to engage, United Way stood up the Vaccine Volunteer Force web portal for both clinical and non-clinical volunteers. Operating since January 2021, 3,000 volunteers supported 94+ locations and have completed 5,000+ hours of service.

Equity-related learnings: Several important equity-related learnings resulted from these efforts:

- Purposeful, investment of time and resources was necessary to achieve equitable results
- Introduction of vaccine incentives & Community Ambassadors in Equity Phase 2 corresponded with largest increases in the share of vaccinations for residents of the NE, SW, and NW quadrants, respectively. This phase also had a large impact in growing the share of vaccinations occurring among the most vulnerable.
- Neighborhood-based CBOs, R-Centers, Churches, Libraries and Schools were important, trusted access-points for vaccination
• City R-Centers and Libraries were by far the type of Clinic Site where the most vulnerable residents got vaccinated

• Schools and Churches were relatively more efficient as community-based sites – serving proportionately more individuals than their share of clinics held – potentially due to buy in and promotion among constituencies of site hosts

• Clinics generally served residents living near the clinic location – the majority of people vaccinated at clinics in each geographic area were people from that same geographic area of the City and County.

In July 2020, **211/Goodwill of the Finger Lakes (GFL)** contracted with the Monroe County Department of Public Health (MCDPH) to answer the County hotline (585-753-5555) for responding to questions, referrals, vaccine information, testing and service escalation regarding COVID 19 isolations with the 211 Lifeline (211LL) team. Callers were greeted with important messaging in English/Spanish and prompts to ensure routing or relevant information available on the website for self-service options.

In recognition that telephonic access to vaccine appointments was necessary to ensure equity, this contract was expanded via the Equitable Distribution Strategy to include vaccine appointment scheduling at Monroe County sites and scheduling for immunocompromised/homebound individuals. GFL also leveraged these same services when someone reached out through our 211LL Hotline services.

In 2021, 211LL **assisted over 3,200 households in signing up for vaccines and connected over 10,000 households to testing.** In addition, the organization facilitated immunocompromised **homebound vaccinations requests for 600+ individuals.** Comparing 2020 to 2021, the 211LL program has responded to a significant increase in COVID-related needs. (See Figure 4)

**Figure 4: Calls to 211 Lifeline for COVID 19-related services**
S2AY Rural Health Network is a community-based backbone organization for public health departments in the Finger Lakes region. With support from this effort, S2AY staff was able to undertake considerable efforts to grow vaccine acceptance and distribution across the Finger Lakes Region, including:

- **Representation of public health departments in the coordination and collaboration with counties in the Finger Lakes Vaccine Hub region** (outside of Monroe County) on community vaccination events. S2AY helped to inform and guide targeted approaches to ensure equity in access and transparency in distribution of vaccine in rural areas. S2AY participated in data analysis and discussion of data to identify gaps and set priorities.

- **Administering a COVID-19 Vaccine Survey**, seeking feedback and information on vaccine hesitancy and potential areas for education. The survey was available from March 23 - March 31 2021 and received **1,441 responses** from the following counties: Chemung, Genesee, Livingston, Monroe, Orleans, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates.

- **Regularly attend and participate** in the following meetings: Finger Lakes Vaccine Hub, COVID-19 Vaccine Rural Equity Workgroup and Sub-Workgroup, Trust Building Advisory Workgroup, FLX Reopening Schools Task Force - Health & Medical Advisory Workgroup, and AHP Community PCPs COVID Calls. S2AY attendance helped to facilitate discussion and development of coordinated responses among local community organizations and health care providers. S2AY staff contributed analysis using a public health lens regarding COVID-19 vaccine efforts, barriers/challenges, improving access and equity in COVID-19 vaccine distribution in underserved rural areas.

- **Developing the “Community Immunity” education flyers for vaccine promotion**, updated monthly, for community distribution. **Developed and distributed vaccine education at 151 Community Events**, including farmers markets, grocery stores, rabies clinics, food pantries and community festivals and events.