

Michigan Interim COVID-19 Vaccination Strategy

January 29, 2021





GUIDING PRINCIPLES

- + All Michiganders have equitable access to vaccines.
- + Vaccine planning and distribution is inclusive.
 - Actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations.
- + Communications are transparent, accurate, and frequent to build public trust.
- + Data is used to promote equity, track progress and guide decision-making.
- + Resource stewardship, efficiency, and continuous quality improvement drive strategic implementation.

70%

of Michiganders age 16 and up vaccinated as quickly as possible.

90%

of doses received are administered within 7 days of arrival.

95%

of people get their second dose of vaccine within the expected time frame.



Zero Disparity

There is no disparity in vaccination rates across racial and ethnic groups or by social vulnerability index.

20-minute

No Michigander should have to drive more than 20 minutes to reach a vaccination site.



CDC SOCIAL VULNERABILITY INDEX

- + Ranks communities on 15 social factors.
 - **Socioeconomic status**
(below poverty, unemployed, income, no high school diploma)
 - **Household composition & disability**
(aged 65 or older, aged 17 or younger, older than age 5 with a disability, single-parent households)
 - **Minority status & language**
(minority, speak English “less than well”)
 - **Housing type & transportation**
(multi-unit structures, mobile homes, crowding, no vehicle, group quarters)

- + The status in Michigan communities correlates with the communities hardest hit by COVID-19 this spring and areas of with high rates of risk factors for severe COVID-19 outcomes.

CURRENT COVID-19 VACCINE ALLOCATION STRATEGY

Flexible Allocation to Special Populations

Flexible allocation off top for MDHHS to allocate to special populations and provide agility to vaccination efforts.

Hospital Baseline Population

- % of 2019 inpatient visits for individuals 65 years and older.
- % of the state's 2019 inpatient population for each hospital allocation.
- Can update in future based on other hospital metrics (i.e. outpatient reach).

Equitable Allocation

Equitable allocation across Hospitals and LHDs using 1B populations as the basis.

- As ongoing populations become eligible, population allocations will shift.

Social Vulnerability Index

Social Vulnerability Index used to weight LHD allocations by geography (if needed).

LHD Baseline Population

- % of the state's baseline populations for each LHD jurisdiction.
- 65 years and older, identified front line essential workers, and teachers/childcare personnel for each LHD allocation.

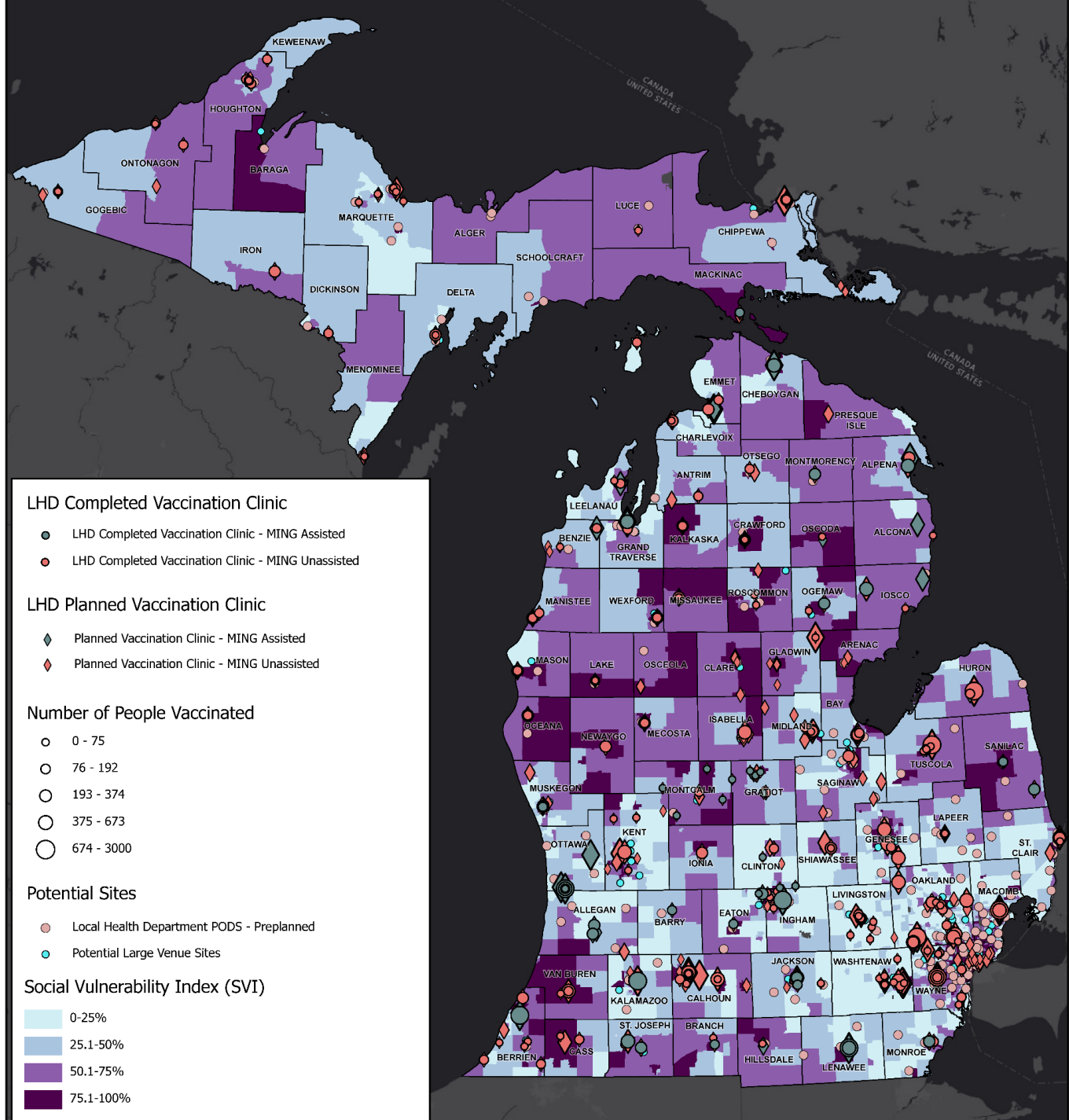
Vaccine Apportioned by Type

% of vaccine by type (i.e. Moderna, Pfizer) can be apportioned across hospital or LHD.

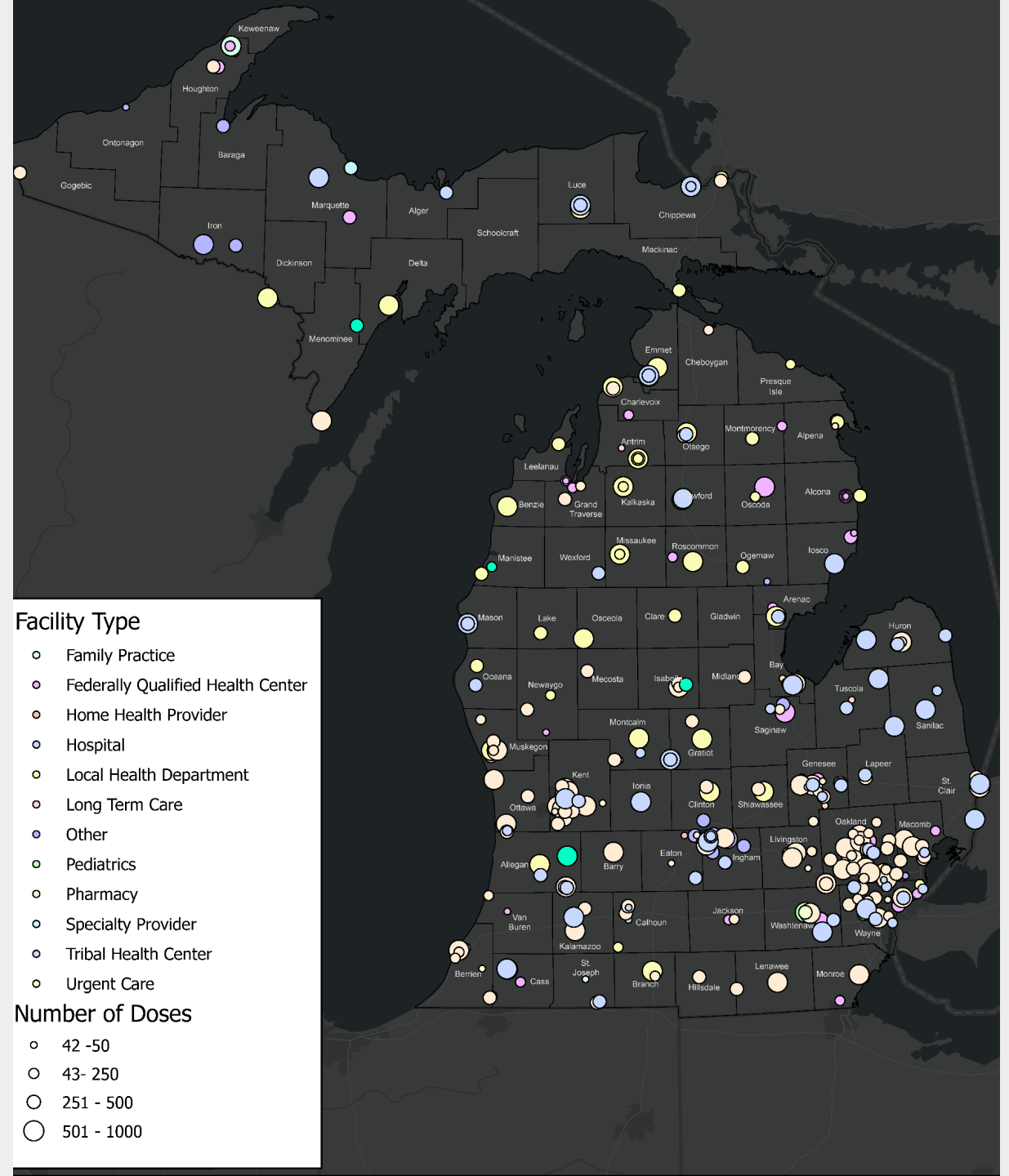
Partners should develop strategies to target outreach to zip codes with at least one high risk census tract.

County, ZIP and High-Risk Tracts	High-risk Tract, SVI Score (2014-18)	Chronic Lung Disease Mortality Rate, 2014-18	Chronic Kidney Disease Mortality Rate, 2014-18	AIDS Mortality Rate, 2014-18	Cardiovascular Disease Mortality Rate, 2014-18	Diabetes Mellitus Mortality Rate, 2014-18	Asthma Mortality Rate, 2014-18
Allegan	0.82	676.77	396.51	8.15	2854.55	556.50	9.68
49010	0.88	733.74	211.97	16.31	1777.27	570.68	0.00
26005031000	0.88	733.74	211.97	16.31	1777.27	570.68	0.00
49423	0.77	619.79	581.06	0.00	3931.82	542.32	19.37
26005032200	0.77	619.79	581.06	0.00	3931.82	542.32	19.37
Arenac	0.77	990.24	330.52	0.00	3167.24	553.54	0.00
48658	0.77	929.37	278.81	0.00	3252.79	557.62	0.00
26011970200	0.77	929.37	278.81	0.00	3252.79	557.62	0.00
48659	0.77	1051.12	382.23	0.00	3081.70	549.45	0.00
26011970500	0.77	1051.12	382.23	0.00	3081.70	549.45	0.00
Baraga	0.77	544.84	522.13	0.00	2656.07	499.43	22.70
49946	0.77	544.84	522.13	0.00	2656.07	499.43	22.70
26013000200	0.77	544.84	522.13	0.00	2656.07	499.43	22.70
Bay	0.82	1083.77	504.82	0.00	3290.46	517.99	40.18
48706	0.80	985.40	394.77	0.00	3129.67	395.20	70.61
26017280700	0.76	963.93	342.04	0.00	2487.56	310.95	93.28
26017285800	0.84	1006.87	447.50	0.00	3771.78	479.46	47.95
48708	0.84	1245.68	665.87	0.00	3510.38	622.84	17.25
26017280900	0.76	828.16	552.10	0.00	3174.60	414.08	34.51
26017286500	0.93	1663.20	779.63	0.00	3846.15	831.60	0.00
48732	0.82	956.70	402.82	0.00	3172.21	553.88	25.18

Completed and Planned Vaccination Clinics



Clinics That Have Provided Vaccine



STRATEGY 1: Get more people vaccinated

Objective

Expand capacity as much as possible, prioritizing those most vulnerable to severe disease and exposure and ensuring equity throughout process.

Actions

- + Work closely with local health officers to support FQHCs, mobile clinics, local health departments, school-based health centers and other community vaccinators to specifically target vulnerable populations for vaccinations.
- + Utilize EMS, Mobile Strike Teams, and other vaccinator partner to implement strategies to vaccinate homebound, disabled, migrant or transient workforce, and other marginalized communities.
- + Ensure vaccination efforts meet national Culturally and Linguistically Appropriate Services (CLAS) standards.
- + Explore financial incentive structure for vulnerable population efforts, ideally with 100% federal funding.
- + Ensure no out of pocket costs or citizenship requirements for vaccination.
- + Utilize Social Vulnerability Index in vaccination process.

STRATEGY 2: Build robust network of vaccination sites

Objective

Ensure all Michiganders have equitable access to vaccines.

Actions

- + Create mass vaccination sites in each emergency preparedness region with local partners & Michigan National Guard.
 - At least one 24-hour drive through clinic in each region.
- + Partner with pharmacies and FQHCs to offer vaccines in targeted areas.
 - Target harder to reach rural and urban areas with “hub and spoke” model.
- + Utilize existing neighborhood testing sites to eliminate barriers to access.
- + Target transient/hard to reach populations such as incarcerated, homeless, disabled, or those living with substance use disorders.

STRATEGY 2: Build robust network of vaccination sites

Objective

Ensure all Michiganders have equitable access to vaccines.

Actions

- + Leverage existing nontraditional spaces like casinos, nail salons, barber shop, and syringe service programs.
- + Leverage ride share programs to address transportation barriers.
- + Leverage emergency departments as vaccination locations.
- + Leverage primary care clinics and FQHCs as vaccination hubs.

STRATEGY 3: Promote efficiency in vaccine delivery and administration

Objective

Maximize Michigan's federal allocation of vaccine while driving towards eliminating disparities in vaccine administration and maximizing operational efficiency.

Actions

- + Promote frequent communication, transparency, and clarity of allocation process.
- + Leverage public/private partnerships to enhance logistical support for vaccination efforts.
- + Engage stakeholders in development of allocation and distribution process.
- + Be responsive to address distribution challenges and needs.
- + In times of limited vaccine supply, maximize administration thru-put by allowing demand to exceed supply.
- + Request maximal state allocation from the federal government and optimize distribution channels that prioritize administration to marginalized communities and efficient operational sites.

STRATEGY 4: Mobilize personnel to maximize vaccination efforts

Objective

Leverage human resource capital and partnerships to support vaccination efforts.

Actions

- + Fund additional community vaccinators, expand EMS support and other contractual workers.
- + Utilize MiVolunteer Registry with a targeted campaign to encourage participation.
- + Utilize clinical students to support vaccination efforts.
- + Maximize and expand use of Michigan National Guard.
- + Leverage trusted community members as vaccinators and build upon existing relationships.

STRATEGY 5: Empower people with information to gain confidence to get vaccinated

Objective

Build a communications effort to assure all communities have access to timely, accurate, and understandable information on vaccines.

Actions

- + Build out robust earned and paid media strategy to address vaccine hesitancy.
- + Target communications efforts to those with highest vaccine hesitancy and/or where hesitancy creates great risk (i.e., congregate care staff).
- + Support broad and diverse coalitions to carry vaccine messages, leveraging Protect Michigan Commission.
- + Leverage Community Health Workers to address hesitancy and support vaccination efforts.
- + Leverage and improve technology platforms so people have easy access to information simplify vaccine scheduling process.
- + Target communication strategies to celebrate successes and elevate positive vaccination experiences of trusted community members.
- + Mandate race and ethnicity data reporting for vaccinators and make data readily available to public.