

The Rural Vaccine Equity Initiative (RVEI)

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Disclosure

I, Jennifer Kimball, have been asked to disclose any significant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during this presentation.

I have no relationships to disclose.

I may discuss the use of vaccines in a manner not approved by the U.S. Food and Drug Administration, but in accordance with ACIP recommendations.

The Division of Community Health Planning and Engagement at DPH

Addresses root causes of chronic disease

Builds capacity of communities, municipal governments and health systems

To change policies and practices that perpetuate inequities

Why Rural?

The CDC rural carve out and requirement of State Offices of Rural Health to be involved was the main catalyst for this work.

Structural Drivers

Historic Lack of Investment

Poverty

Urban Centric Policy & Representations

Data

CCIS Pandemic Impacts

Environmental Scanning

Using Proper Metrics

Infrastructure

Clinical

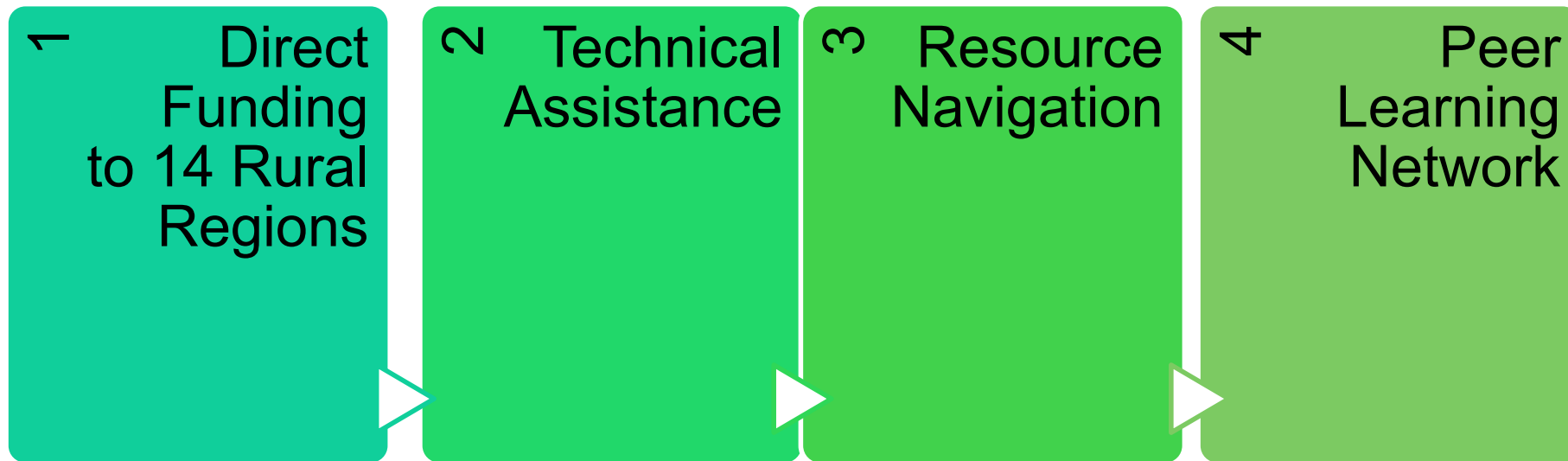
Public Health

Digital

Transportation

Vaccine Equity Initiative: Rural CBO Investments

This **initiative** is supporting rural communities to both meet **immediate needs for COVID-19 mitigation** and implement long range strategies to ensure **resiliency** from the factors that created poor outcomes during the COVID-19 pandemic.

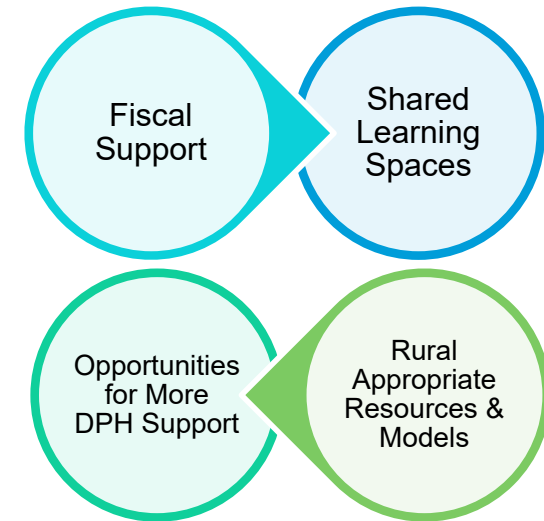
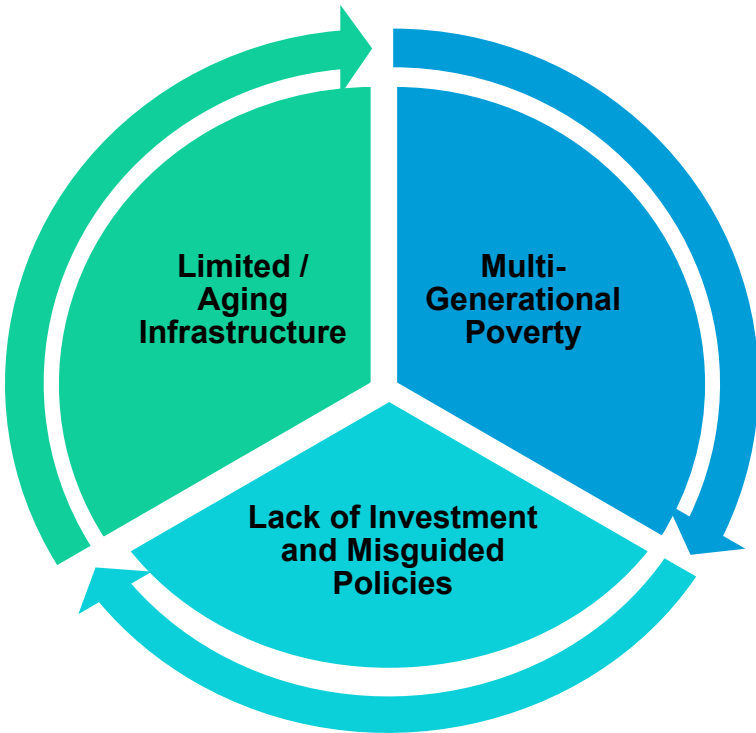


Building Capacity for Equity

We (DPH) Acknowledge
Structural Barriers & Harms

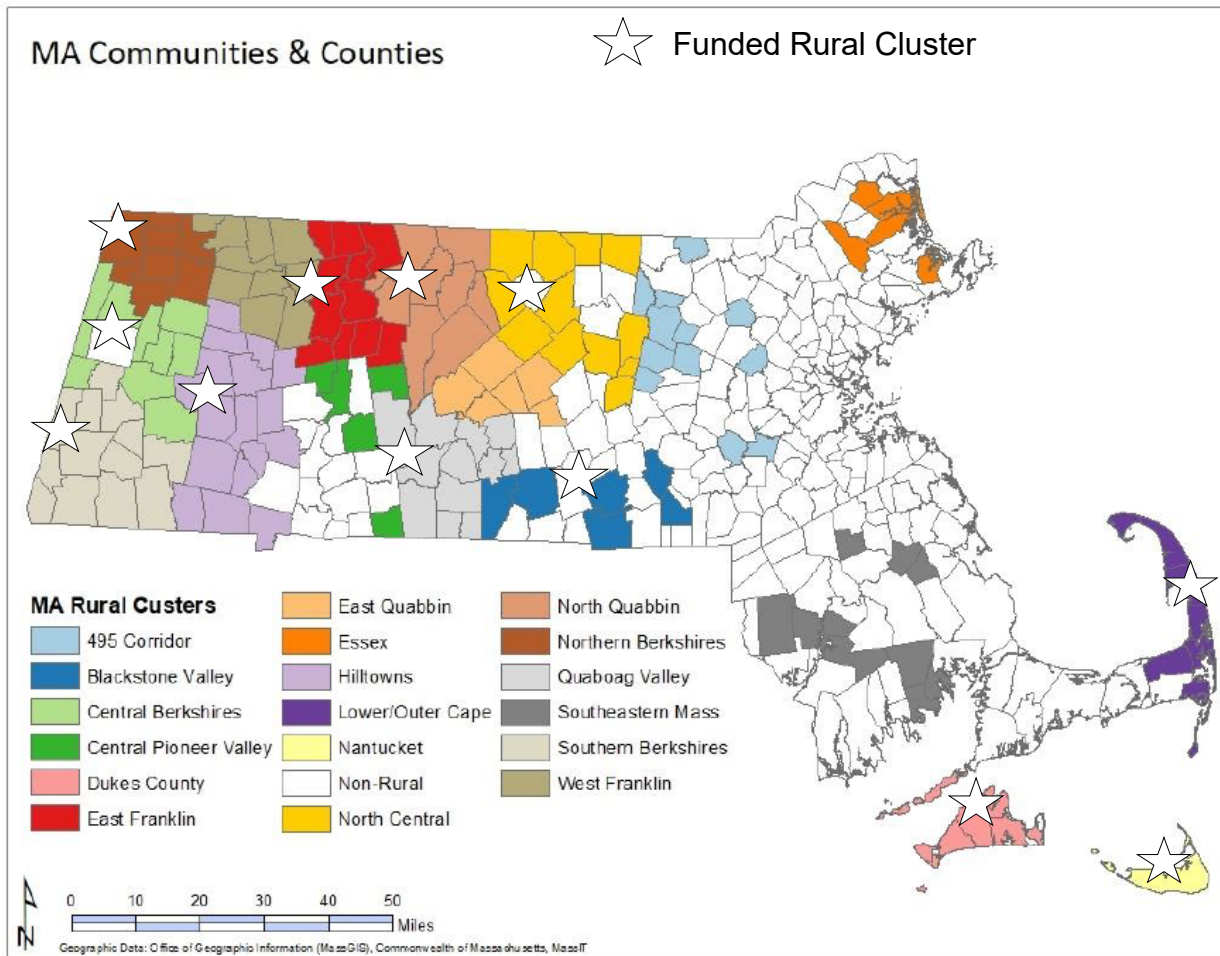
Partner With Rural CBOs Who
Are Authentically Engaging in
Their Communities to

Work with a Vendor with Rural
Expertise to Create



Rural communities have unique histories and experiences.
Using equity focused frames allows us to understand their individual needs.

Current Rural Regions Funded & Supported with TA



We are funding 12 Community-Based Organizations in 14 Rural Regions.

Covering 128 Rural Towns
(80 % of all rural designated municipalities).

**CBO is defined broadly –
Rural infrastructure varies.**

Funds are supporting the infrastructure and staffing needed to convene partners and organize internal and external resources in the response to COVID-19.

The funding application was competitive and funds support activities from Jan 2022- January 2025

CBO PARTNER ENGAGEMENT Q10

12 Funded CBOs

**In 14 Rural
Clusters**

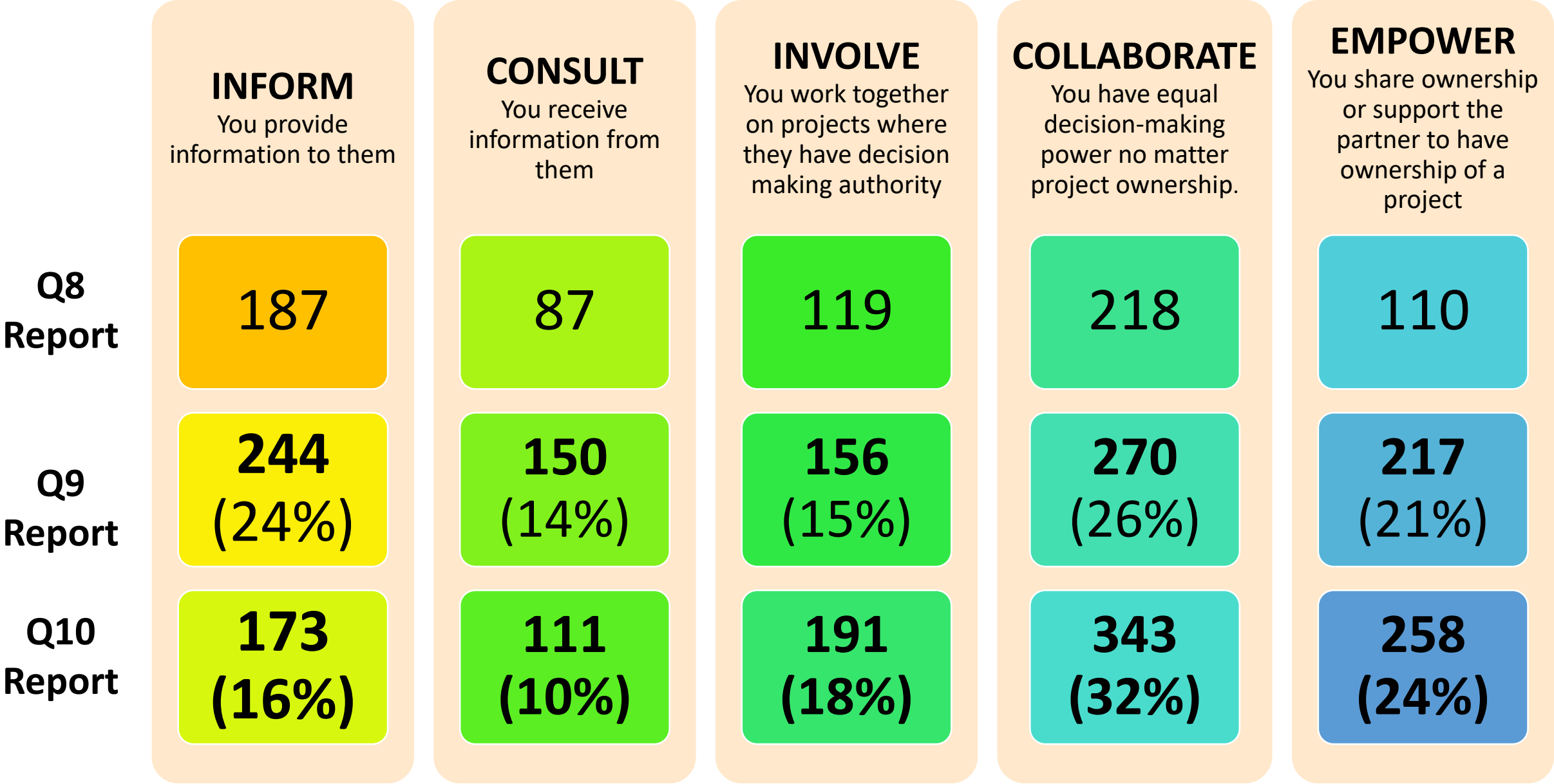
**1076 Engaged
Partners**

**Over 1637
instances of TA to
date**

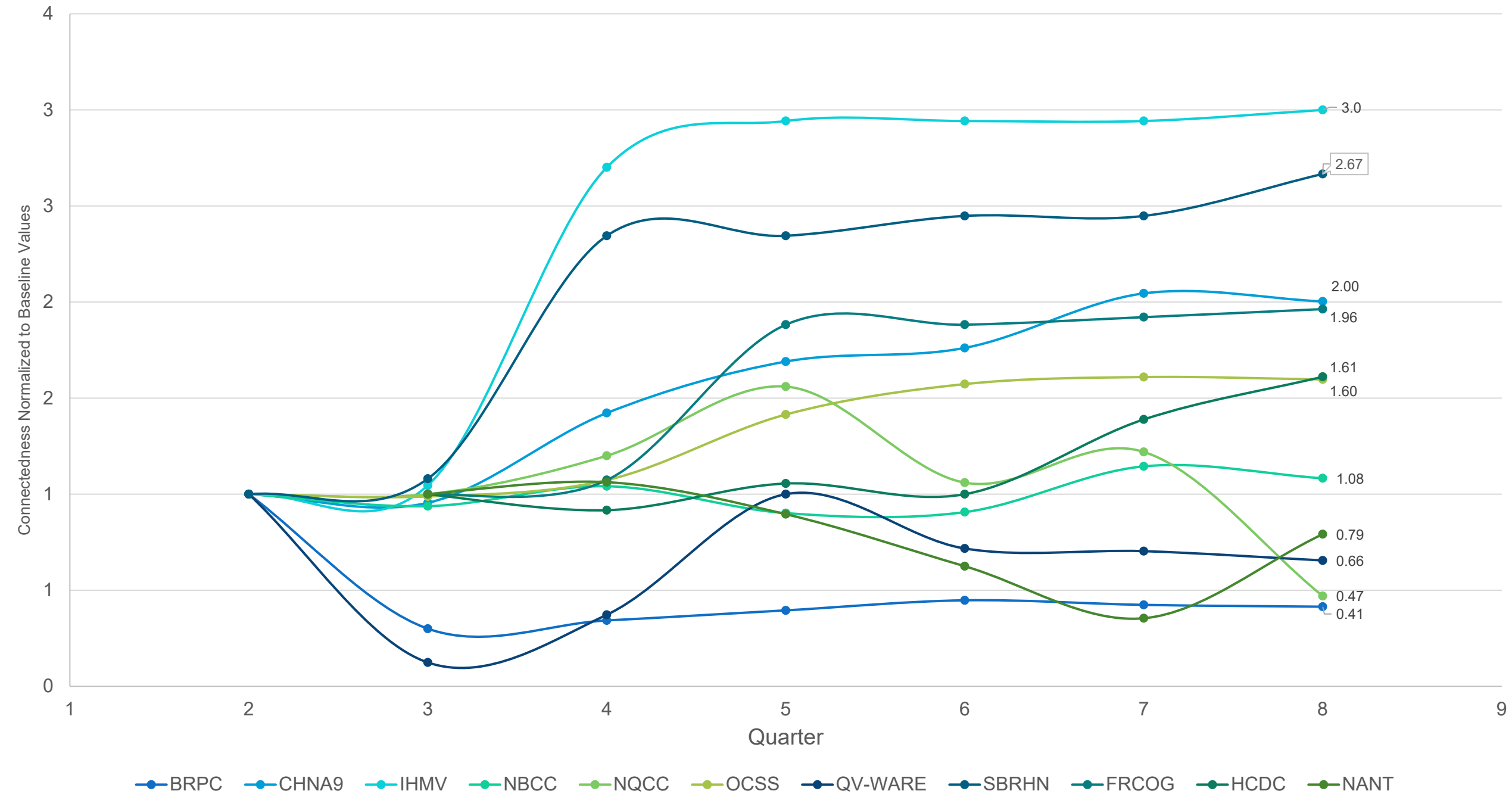
**NUMBER
OF
PARTNERS
ENGAGED
BY TYPE**

TYPE	Existing	Expanded	New	TOTAL	% of total partners
Academic Institutions	11	2	0	13	1%
Community Based and Civic Organizations	52	1	1	54	5%
Corporation - Industry or Private Sector	25	4	0	29	3%
Correctional facilities and institutions organizations	7	0	0	7	1%
Council, community group, coalition or other working group	124	8	10	142	13%
Faith Based Organizations	31	3	1	35	3%
Federal agency (other than CDC)	1	0	0	1	0%
Healthcare providers	62	6	0	68	6%
Health-related organizations	26	1	4	31	3%
Local governmental agencies and community leaders	298	13	4	315	29%
Local Health Department	83	3	0	86	8%
Mental or behavioral health	28	5	0	33	3%
Nongovernmental organizations	28	2	2	32	3%
Rural health clinics and critical access hospitals, governmental organizations focused on non-health services	6	0	0	6	1%
Schools / School Districts	70	5	2	77	7%
Social services providers and organizations, including those that address social determinants of health	112	7	1	120	11%
State Health department	4	0	1	5	0%
Tribal Organizations	2	0	0	2	0%
Other	16	2	2	20	2%
Totals	986	62	28	1076	100%

Where did these partnerships fall on the Community Engagement Continuum?



Normalized Connections Over Time (Q2-Q8)



Demographic Breakdown



Massachusetts Department of Public Health | Respiratory Immunizations Dashboard

Compare Progress this Season

Last updated on March 21, 2024
with data through March 16, 2024

Overview

Demographic Characteristics

Trends Over Time

Data by County

Data by Town

RSV

Resources

Select a vaccine

COVID-19

Select a group

Town urban/rural classification

Add seasons for comparison

☒ Current season

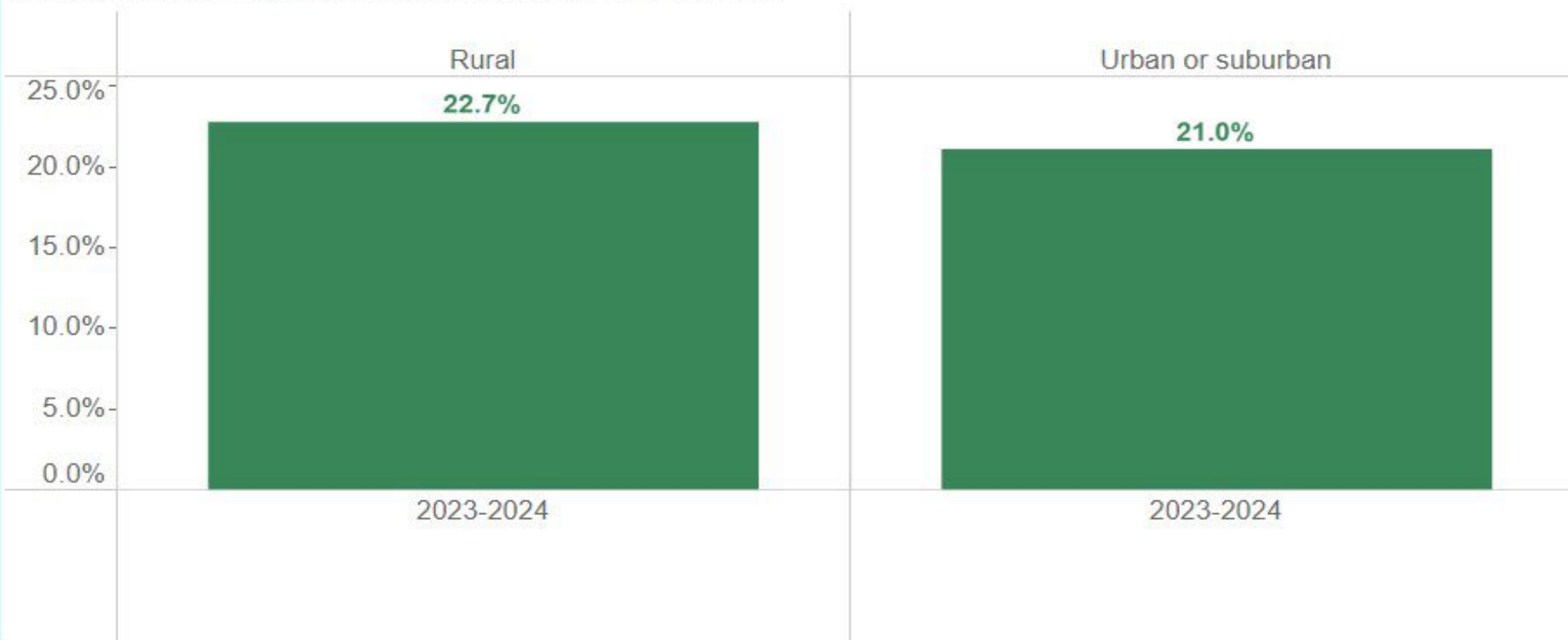
☒ Previous seasons

Graph legend

■ Current season

Comparing the estimated percent of Massachusetts residents who **have been vaccinated for COVID-19 this season***

Previous season's comparison data are not available for COVID-19



Snapshot: Hilltown Community Development Corporation (HCDC)

- Prior to the RVEI funding, HCDC had not engaged in direct public health or vaccination work
- In their first year, HCDC partnered with a co-located childcare center in a mobile vaccination clinic, reaching 9 people
- In Fall 2023, HCDC had mobile vaccination events in Goshen, Cummington, Westhampton and their office in Chesterfield, successfully vaccinating 182 Hilltown residents
- Continue to broaden and deepen relationships in the 17-town region that they serve, and are currently actively planning mobile vaccination events for next fall
- Continue to implement activities related to COVID-19 prevention, mitigation, vaccination and access to treatment



Rural Vaccine Equity Initiative

Continued rural carve outs and resource allocations

This is a structural way to ensure equity (for rural and other priority populations)

Direct funding to communities with supports = results.

We have built a flexible infrastructure. Continue to use it.

These multi-sectoral partnerships are nimble and designed to meet local needs.

Underfunded infrastructure = inability to respond & address needs.

Sustained proactive funding of convening--not reactive funding.

Forcing capital deprived organizations to bend to meet the next grant trend has not built measurable results.

Braiding general capacity funds with root cause & immediate need supports creates systems of change.

Contact Information

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