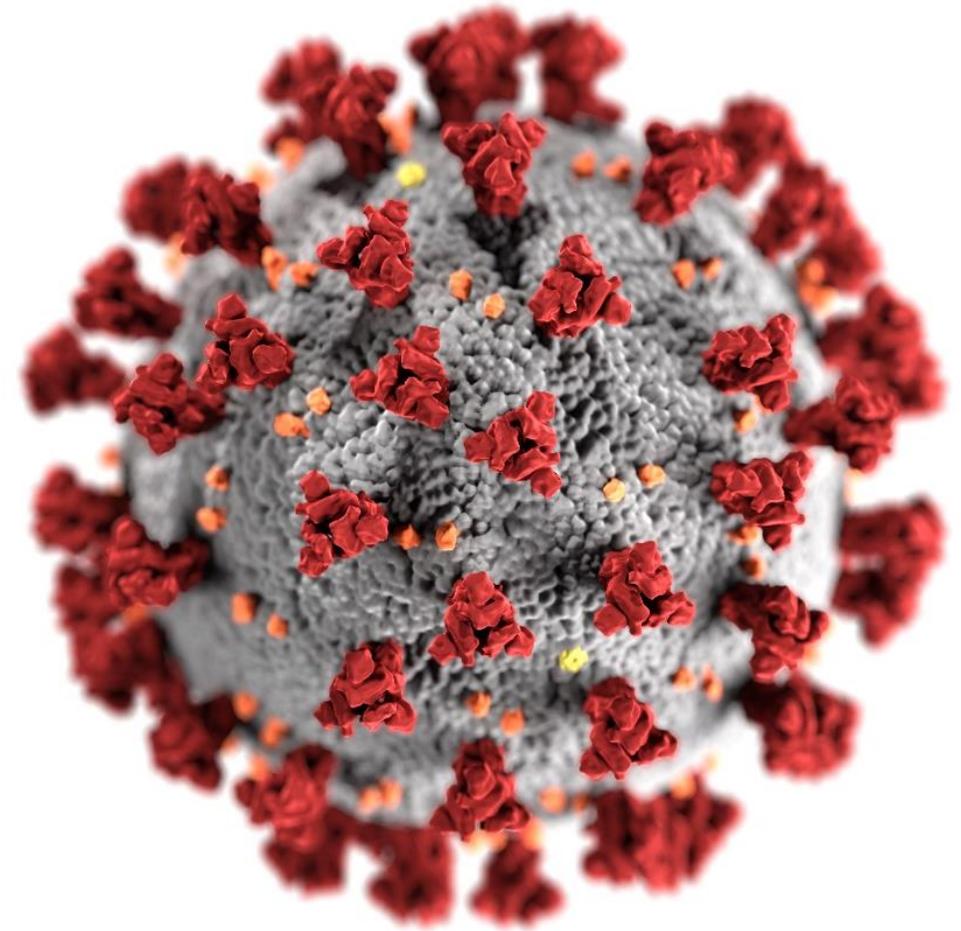


# Working Together: Challenges and Solutions for Tribal Nations and Communities of Color

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Chief Health Equity Officer Unit  
CDC COVID-19 Response  
February 19, 2021



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

**CDC Chief Health Equity Officer**

# Chief Health Equity Officer

## Charge:

- Develop a CDC COVID-19 Response Health Equity Strategy to address the increasing health disparities and inequities that the pandemic exacerbated.
- Coordinate efforts with HHS and redouble CDC's commitment to diversity, equity, and inclusion to help CDC achieve its public health mission.



# Definitions

## Health Disparities

- A particular type of health difference that is typically linked closely with social, economic, or environmental disadvantage.

## Health Equity

- The attainment of the highest level of health for all people... valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

## Social Determinants of Health (SDOH)

- Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes.



# Key Health Equity Considerations

# Using a Health Equity Lens

- Systemic health and social inequities have placed some populations at increased risk of getting sick, having poor health, and having worse health outcomes when they do get sick.
- Health equity is intersectional.
- Public health programs, policies, and practices must recognize and respect the diversity of the community they are trying to reach.



# Racial and Ethnic Minority Population Health Equity Considerations

- Some factors that contribute to increased risk:
  - Discrimination, including racism
  - Healthcare access and utilization
  - Occupation
  - Educational, income, and wealth gaps
  - Housing



# Barriers to Medical Care

## Barriers to Care:

- Health insurance coverage
- Unreliable transportation
- Stigmatizing language in medical practices and materials
- Access to medical resources



# Health Equity Strategy

# CDC's COVID-19 Health Equity Strategy: Why?

- COVID-19 may exacerbate already existing health and social inequities.
- Data highlights groups at increased risk of COVID-19:
  - Racial and ethnic minority populations
  - People experiencing homelessness, substance use disorder
- Effective public health intervention planning accounts for the particularities of the populations to increase the chances for success.



# CDC COVID-19 Response Health Equity Strategy

## Priority Strategy 1

Expand the evidence base with data to inform the impact and factors that influence the burden of COVID-19 on disproportionately affected populations.

## Priority Strategy 2

Expand programs and practices to reach populations that have been put at increased risk.

## Priority Strategy 3

Expand program and practice activities to support essential and frontline workers to prevent transmission of COVID-19.

## Priority Strategy 4

Expand an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population.



# CDC Opportunities for Race/Ethnicity Data Collection

- Encourages the collection of data to understand impact and factors influencing the disproportionate burden of COVID-19 on affected populations
- Supports timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race/ethnicity categories, considering age and sex differences between groups



## CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity

July 2020

### Guiding Principles

**Reduce** health disparities. **Use** data-driven approaches. **Foster** meaningful engagement with community institutions and diverse leaders. **Lead** culturally responsive outreach. **Reduce** stigma, including stigma associated with race and ethnicity.

### Vision

All people have the opportunity to attain the highest level of health possible.

### Charge

- To reduce the disproportionate burden of COVID-19 among populations at increased risk for infection, severe illness, and death.
- To broadly address health disparities and inequities related to COVID-19 with a holistic, all-of-response approach.
- To develop a strategic plan to help us realize these goals.

### Overview

Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. The population health impact of COVID-19 has exposed long-standing inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.

Persistent health disparities combined with historic housing patterns, work circumstances, and other factors have put members of some racial and ethnic minority populations at higher risk for COVID-19 infection, severe illness, and death. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce growing COVID-19 disparities among the populations known to be at disproportionate risk.

CDC's COVID-19 Response Health Equity Strategy broadly seeks to improve the health outcomes of populations disproportionately affected by focusing on four priorities:

1. Expanding the evidence base.
2. Expanding programs and practices for testing, contact tracing, isolation, healthcare, and recovery from the

impact of unintended negative consequences of mitigation strategies in order to reach populations that have been put at increased risk. **Examples** of potential unintended negative consequences include loss of health insurance; food, housing, and income insecurity; mental health concerns; substance use; and violence resulting from factors like social isolation, financial stress, and anxiety.

3. Expanding program and practice activities to support essential and frontline workers to prevent transmission of COVID-19. **Examples** of essential and frontline workers include healthcare, food industry, and correctional facility workers.
4. Expanding an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population.

### Populations and Place-Based Focus

- Racial and ethnic minority populations
- People living in rural or frontier areas
- People experiencing homelessness
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are justice-involved (incarcerated persons)
- Non-U.S.-born persons

### Intended Outcomes

- Reduced COVID-19-related health disparities.
- Increased testing, contact tracing, isolation options, and preventive care and disease management in populations at increased risk for COVID-19.
- Ensured equity in nationwide distribution and administration of future COVID-19 vaccines.
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19.
- Reduced COVID-19-associated stigma and implicit bias.
- Expanded cultural responsiveness and application of health equity principles among an increasingly diverse COVID-19 responder workforce.

### Time Period of Strategy

The Health Equity Strategy is focused on immediate actions that can be taken to respond to the COVID-19 pandemic and tracks intended outcomes.



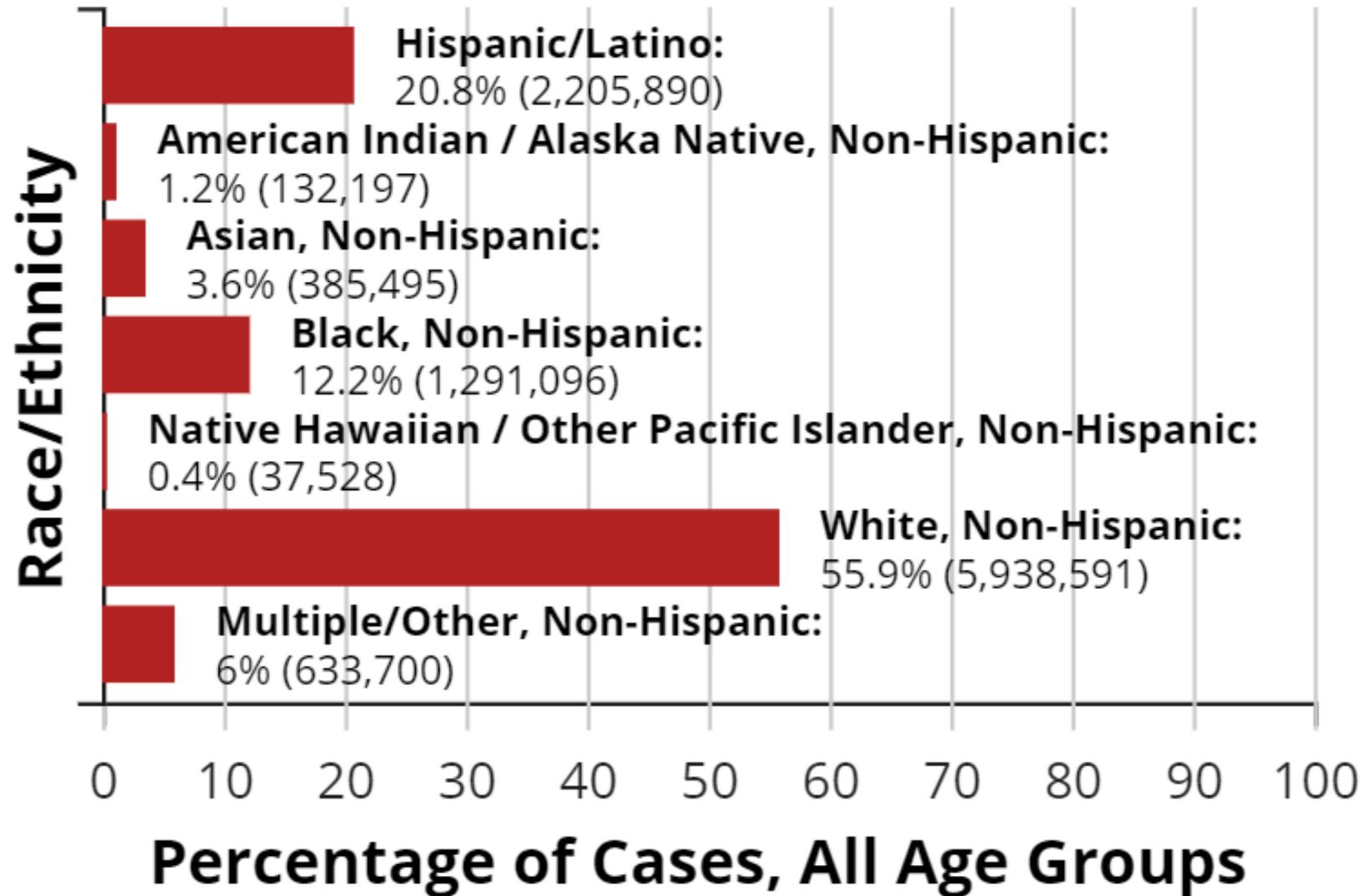
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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# By the Numbers

# COVID-19 Cases by Race/Ethnicity

As of February 14, 2021:  
Data from 20,575,118  
cases. Race/Ethnicity was  
available for 10,624,497  
(51%) cases.



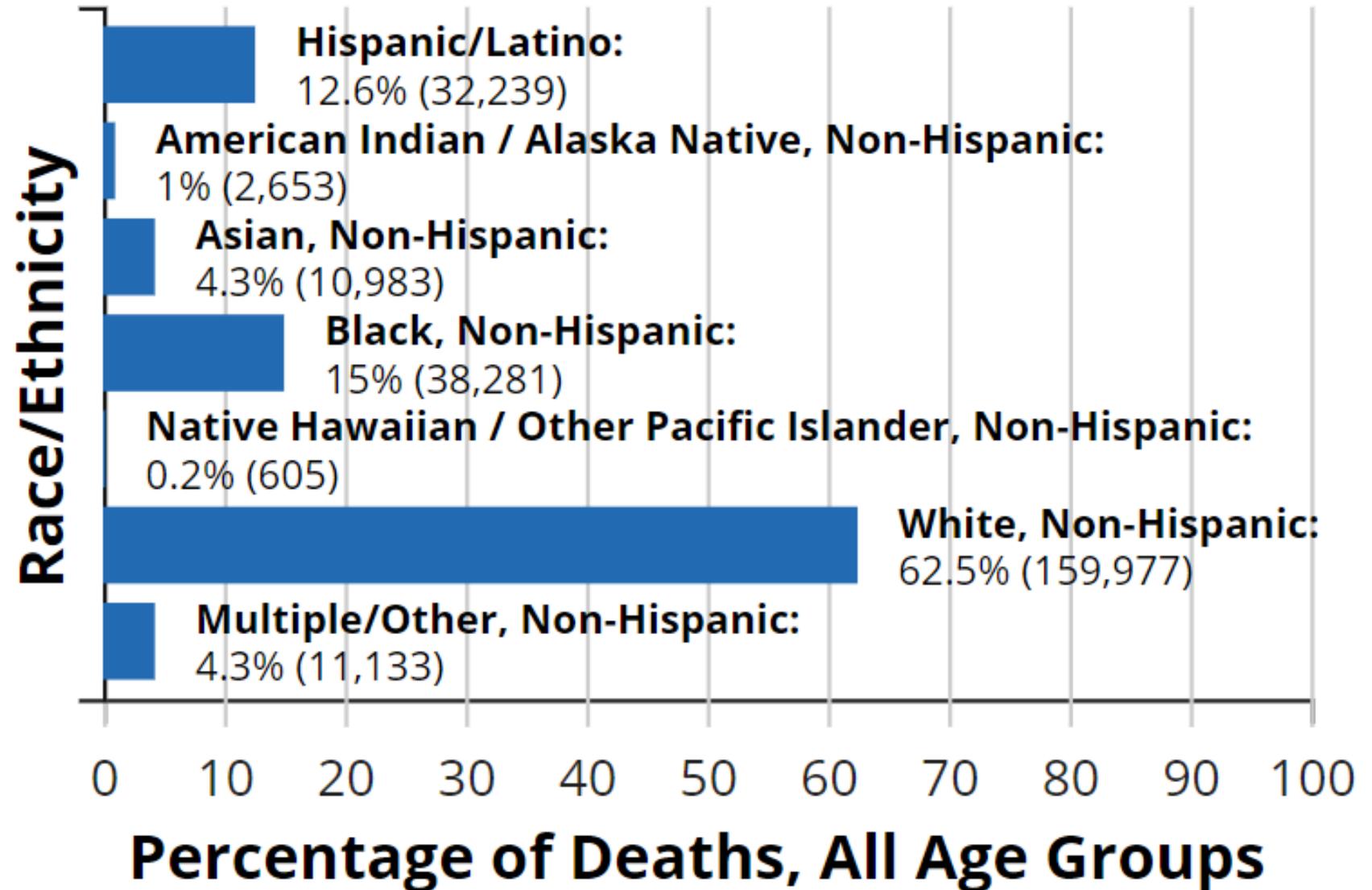
<https://covid.cdc.gov/covid-data-tracker/index.html#demographics>



# COVID-19 Deaths by Race/Ethnicity

As of February 14, 2021:  
Data from 343,448  
deaths. Race/Ethnicity  
was available for  
255,871 (74%) deaths.

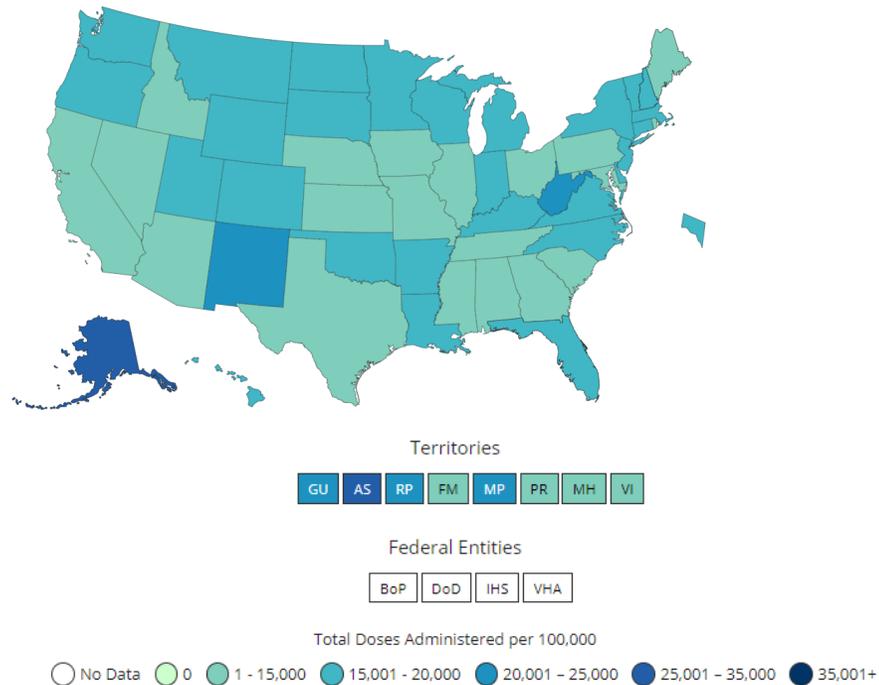
<https://covid.cdc.gov/covid-data-tracker/index.html#demographics>



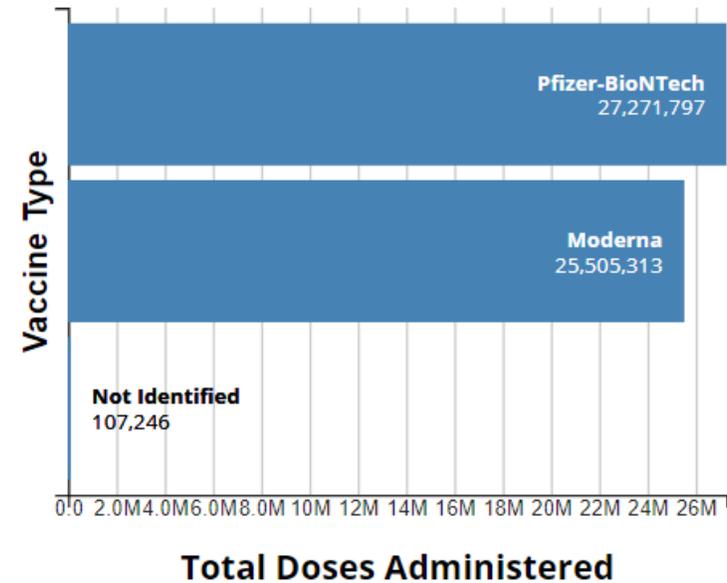
# COVID-19 Vaccine Administered

As of February 14, 2021

Total Doses Delivered <b>70,057,800</b>	Total Doses Administered <b>52,884,356</b>	Number of People Receiving 1 or More Doses <b>38,292,270</b>	Number of People Receiving 2 Doses <b>14,077,440</b>
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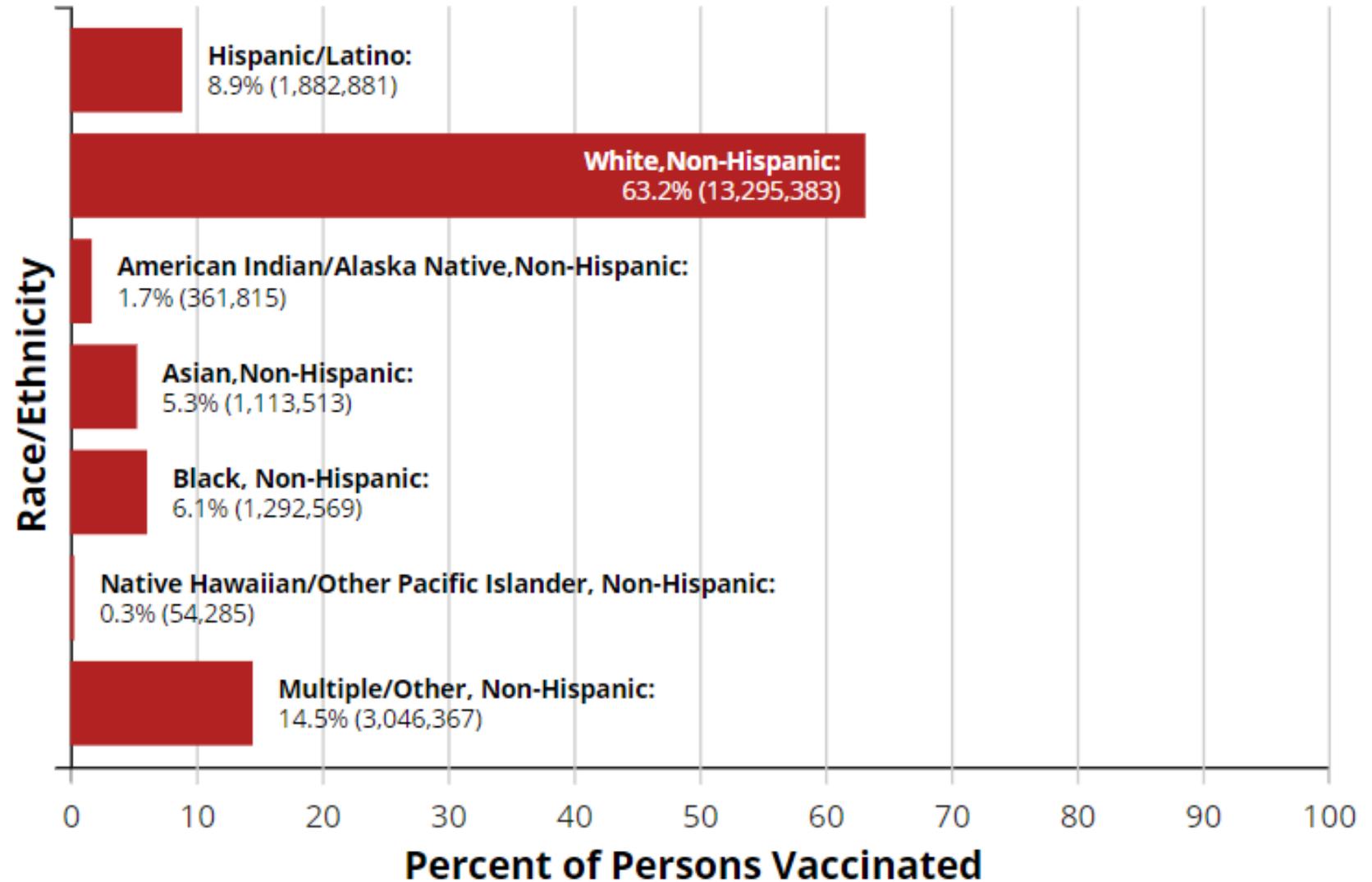


U.S. COVID-19 Vaccine Administration by Vaccine Type



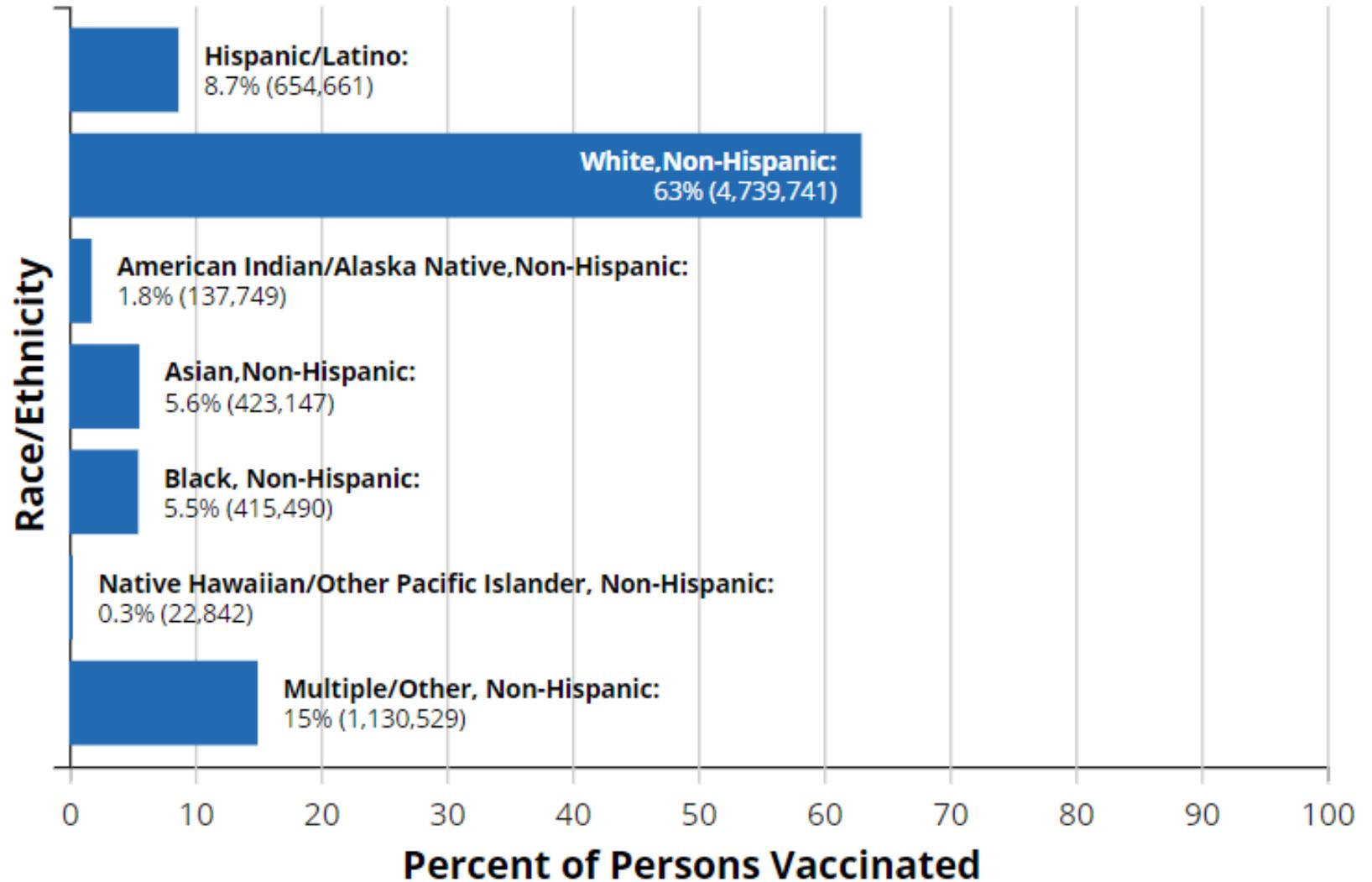
# Race/Ethnicity of People with 1+ Doses

As of February 14, 2021:  
Data from 38,292,270  
people with 1 or more  
doses administered.  
Race/Ethnicity was  
available for 21,046,813  
(55%) people with 1 or  
more doses administered.



# Race/Ethnicity of People with 2 Doses

As of February 14, 2021:  
Data from 14,077,440  
people with 2 doses  
administered.  
Race/Ethnicity was  
available for 7,524,159  
(53.4%) people with 2  
doses administered.



# Vaccine Confidence Among Racial and Ethnic Minority Groups

# Defining vaccine confidence

- Vaccine confidence is the trust that patients, parents, or providers have in:
  - recommended vaccines;
  - providers who administer vaccines; and
  - processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations or authorization for use.



# Overview of Groups Prioritized by ACIP

## Phase 1a

- ✓ Healthcare personnel
- ✓ Long-term care facility residents

## Phase 1b

- ✓ Frontline essential workers
- ✓ Persons aged 75 years and older

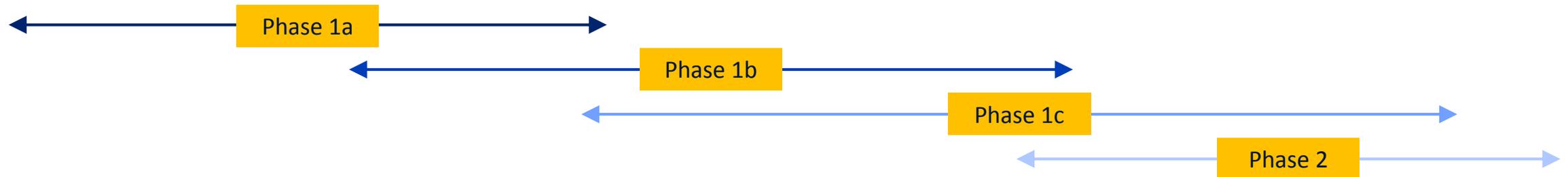
## Phase 1c

- ✓ Persons aged 65-74 years
- ✓ Persons aged 16-64 years with high-risk conditions
- ✓ Essential workers not recommended in Phase 1b

## Phase 2

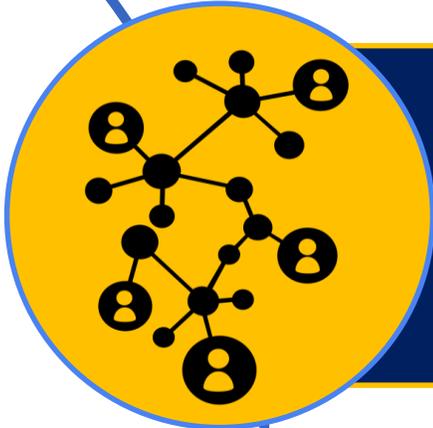
- ✓ All people aged 16 years and older not in Phase 1 who are recommended for vaccination

Initiation of phases will be overlapping

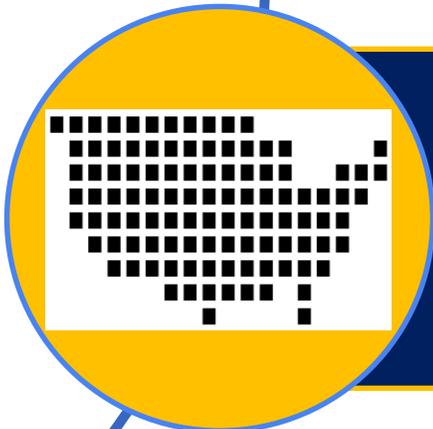


# ACIP: COVID-19 Vaccine Guiding Principles

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**Efficient Distribution.** During a pandemic, efficient, expeditious, and equitable distribution and administration of authorized vaccine are critical.



**Flexibility.** Within national guidelines, state and local jurisdictions should have flexibility to administer vaccine based on local epidemiology and demand.

# Key Facts about COVID-19 Vaccination



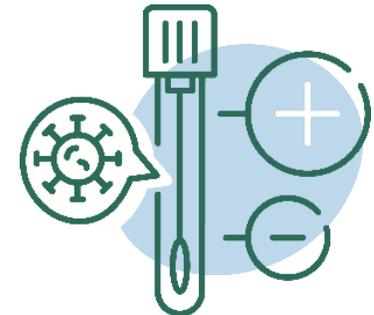
Getting vaccinated can help prevent you from getting sick with COVID-19



People who have already gotten sick with COVID-19 should still get vaccinated



COVID-19 vaccines cannot give you COVID-19



COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html>

# Vaccination Is One Measure to Help Stop the Pandemic

- While COVID-19 vaccines appear to be highly effective, additional preventive tools remain important to limit the spread of COVID-19.
- Both getting a vaccine and following CDC recommendations to protect yourself and others offer the best protection from COVID-19.
  - Cover your nose and mouth with a mask.
  - Stay at least 6 feet from people who don't live with you.
  - Avoid crowds and poorly ventilated indoor spaces.
  - Wash your hands often.



# Protect Yourself, Your Family, Your Friends, Your Coworkers, and Your Community.

## Get vaccinated.

- Choose to get vaccinated when it is available to you.
- Participate in **v-safe** and help CDC monitor for any health effects after vaccination.
- Share your experience with coworkers, friends, and family.
- Know the basics about the COVID-19 vaccine. Help answer questions from your family and friends.
- Show you received the vaccine by wearing a sticker or button prominently.



# What CDC Is Doing

# What CDC Is Doing



Assisting public health agencies



Facilitating partnerships



Assisting impacted communities



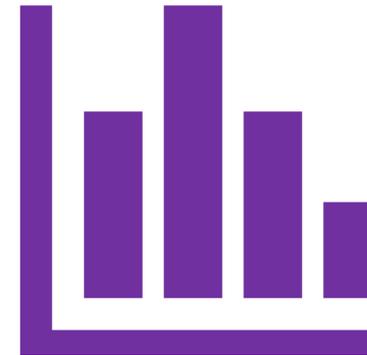
Supporting essential workers



Developing culturally tailored guidance



Building inclusive workforce



Tracking disparity data



# COVID-19 Tribal Support (Navajo Nation WASH)

- **Purpose:** Improve access to potable water service for residents of Navajo Nation to increase ability to perform COVID-19 prevention activities, including handwashing.
- **Description:** Survey of all 110 Navajo Chapters to determine where access to water was lowest. Partnered with Indian Health Service, Navajo Tribal Utility Authority, and Navajo Engineering and Construction Authority to install 59 new water access points and to provide education on optimal use of water for prevention.
- **Preliminary or early impact:** Increased access to potable water sources. Decreased average roundtrip travel distance to obtain water from 52 to 17 miles.



# COVID-19 Racial and Ethnic Health Disparities

## Web Resources



<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>

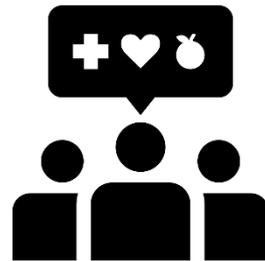
# FACT: The COVID-19 Facilitating Acceptance with Community-Based Trusted Messengers (FACT) Alliance:

*Strengthening intersectoral partnerships to support COVID-19 and influenza vaccine confidence in communities*

Focusing on the following messengers:



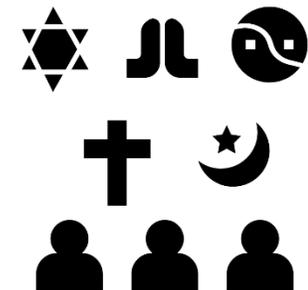
Pharmacists



CBOs and local health depts



HCPs and CHCs



FBOs

Aligned with the guiding principles for [CDC COVID-19 Response Health Equity Strategy](#) to reduce health disparities; use data-driven approaches; foster meaningful engagement with community institutions and diverse leaders; lead culturally responsive outreach and; reduce stigma, including stigma associated with race and ethnicity.



# Listening Sessions: Community Feedback

- Engage **native/indigenous**, other **racial/ethnic minority**, and **rural communities** to build trust and partnerships for effective implementation.
- Understand challenges, barriers, and opportunities to successfully address COVID-19 health needs.
- Identify and efficiently **address myths and misinformation among** minority populations.
- Connect with **trusted individuals in the community** when developing outreach or media materials.
- Ensure that COVID-19 vaccine **information** for beneficiaries are clear, effective, and culturally appropriate.



# What We Can Do Together to Promote Health Equity

- Working together:
  - Community- and faith-based organizations
  - Employers
  - Healthcare delivery systems
  - Public health agencies
  - State, tribal, local, and territorial governments



# CDC Resources

Learn more with **CDC's COVID-19 health equity-focused tools and resources.**

- COVID-19 Vaccination:  
<https://www.cdc.gov/vaccines/covid-19/index.html>
- Health Equity Considerations and Racial and Ethnic Minority Groups:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
- Health Equity: What We Can Do:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/what-we-can-do.html>



## Vaccines & Immunizations

CDC > Vaccines and Immunizations Home

- Vaccines and Immunizations Home
- For Parents
- For Adults
- For Pregnant Women
- For Healthcare Professionals
- COVID-19 Vaccination**
- For Healthcare Professionals
- COVID-19 Vaccination Planning
- Vaccination Communication Toolkit
- COVID-19 Vaccination Reporting Data Systems

### COVID-19 Vaccination

Clinical Resources for Each COVID-19 Vaccine

Find information for COVID-19 vaccination administration, storage and handling, reporting, and patient education for each specific vaccine

[Pfizer-BioNTech Vaccine Information](#)



- General Vaccine
- Storage and Handling Toolkit
- ACIP Recommendations
- COVID-19 Vaccine EUAs
- Training and Education
- Communicating with Recipients

#### Getting 'Back to Normal' Is Going to Take **All of Our Tools**

If we use all the tools we have, we stand the best chance of getting our families, communities, schools, and workplaces "back to normal" sooner:

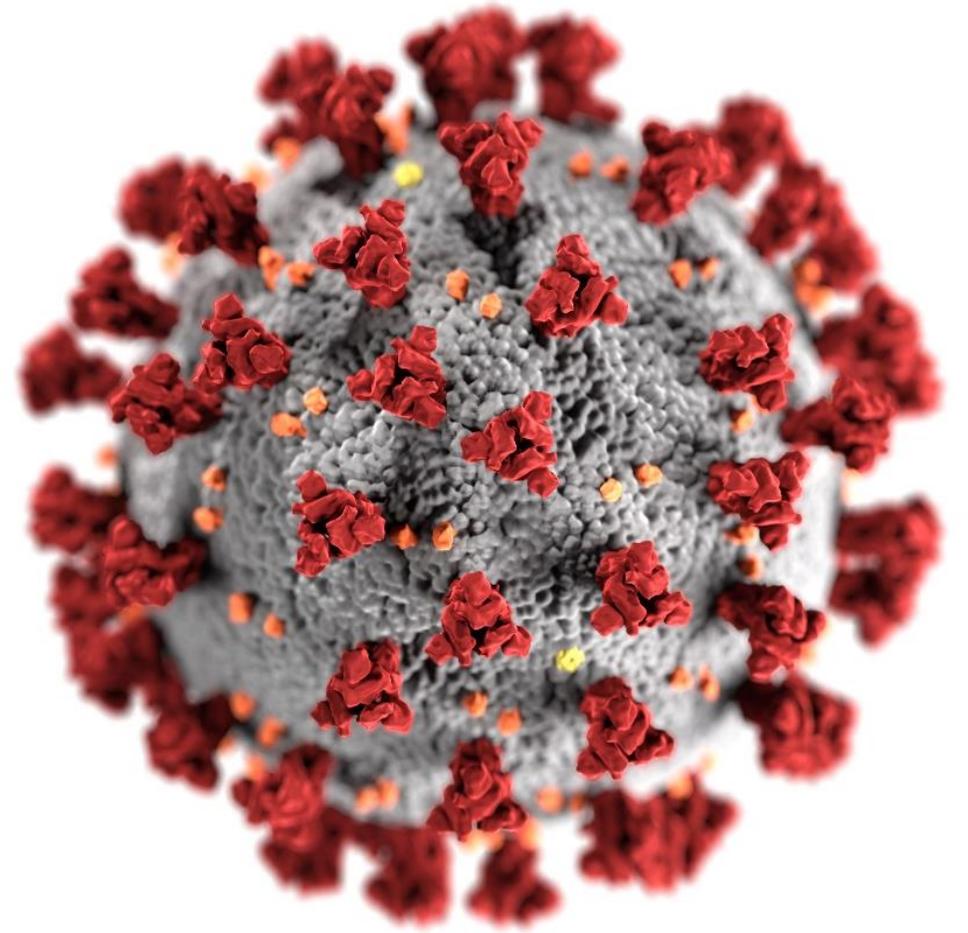
- Get vaccinated.
- Wear a mask.
- Stay 6 feet from others, and avoid crowds.
- Wash hands often.



[www.cdc.gov/coronavirus/vaccines](https://www.cdc.gov/coronavirus/vaccines)



# Thank you



For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

