

COVID-19 EQUITY CONSIDERATIONS

Lessons Learned Through Collaboration



Livingston County Department of Health

September 19, 2024

Overview:

COVID-19 changed the landscape of health drastically, highlighting inequities in health care and the importance of Public Health amid the rapid shifting of the world in many areas. Starting from the very first distribution of personal protective equipment (PPE), it was clear there was work to do. Despite the sudden attention on Public Health, staffing was limited to essential personnel and volunteers were surging as people sought ways to help. Issues like transportation, language barriers, and internet connection left portions of Livingston County without ready information and updates about public risk or a way to receive PPE and COVID testing. Rampant misinformation made effective, accurate communication about COVID-19 integral to the pandemic response. Over time, The Livingston County Department of Health (LCDOH) was able to leverage the lessons learned early in the pandemic with regard to education and testing in order to improve the vaccination effort. LCDOH used creative problem solving and collaboration to eliminate or mitigate the effects of pandemic barriers and health inequities.

Vulnerable Population	Barrier	Improvement	Improvement Partner
Spanish-speaking/ migrant farm worker population	Early vaccine processes lacked translation for Spanish-speaking residents to register independently. Many migrant farm workers were also likely hesitant to provide information in order to register for these clinics online.	LCDOH has a long-standing, collaborative relationship with Tepeyac Migrant Services; therefore, we provided education on COVID-19 prevention and safety early in the pandemic, which allowed further trust to build with this vulnerable population. When vaccines became available, this allowed us to hold clinics at their agency and at <i>Cultures Learning Together</i> . Vaccines were taken to migrant workers and their families and clinic events were promoted by trusted resources in the Spanish-speaking community such as <i>Cultures Learning Together</i> . LCDOH disseminated messaging and media, which was translated from English to Spanish, regarding the importance of the COVID vaccine and information about clinics to reach the migrant population. Social distancing, PPE, and testing resources were also shared. Translated outreach was reviewed by partners before	Tepeyac Migrant Welcoming Center Cultures Learning Together

		<p>dissemination to improve cultural competency of materials.</p> <p>Both trusted partners were able to assist with registration and arrange transportation for those who wanted the vaccine.</p>	
Older adults	<p>The complex online registration process was difficult for older adults to navigate, which left a gap in opportunity to register. LCDOH received phone calls from the community expressing frustration that vaccination time slots were in such high demand that by the time many older adults reached the page, more tech-savvy users had already registered.</p>	<p>From 3/10/2021-3/16/2023, LCDOH collaborated with Livingston County Office for the Aging (OFA) to register people aged 60+ and assisted with transportation to clinics. Information regarding help with registration and transportation for older adults was included in paid media ads, talking points for LCDOH staff, and shared on LCDOH's 800 number messaging. LCDOH provided the Office for the Aging with a link for reserved appointments that were specifically for those over 60 years of age at every clinic. Educational materials were also offered at OFA meal sites and shared with the Meals on Wheels program.</p>	<p>Livingston County Office for the Aging</p>
People with developmental disabilities or delays	<p>As clinics continued to be offered, more equity considerations arose. Clinic conditions, particularly at the height of the public vaccination wave, could have long waits or be an overstimulating environment, particularly to those with developmental disabilities or delays. This led to some leaving clinics due to being overwhelmed.</p>	<p>LCDOH collaborated with the New York State DDSO, who also registered and assisted with transportation for those with disabilities. Private spaces were created to facilitate a more comfortable environment, but the environmental transitions required were still a challenge. Finally, nurses were able to board the transport buses outside clinics and vaccinate individuals without needing to change environment. There were also specific times for drive-thru vaccinations to reduce traffic and stress in addition to mobile unit vaccination at the DDSO home.</p>	<p>New York State DDSO</p> <p>Arc GLOW</p>

<p>Medically fragile or mobility impaired</p>	<p>Long lines at vaccine clinics were a barrier to people who were not able to stand for extended periods. Additionally, many individuals at the Abbey of the Genesee were too frail to leave the monastery.</p>	<p>Walk-in clinics eventually shifted to drive-through clinics, which not only addressed mobility and accessibility concerns, but improved patient comfort during both the wait for vaccination and the 15-minute observation period. LCDOH also provided a clinic on site at the monastery to accommodate for those who were homebound.</p>	<p>Abbey of the Genesee</p>
<p>Special populations with employment scheduling conflicts</p>	<p>Features like the Livingston County Center for Nursing and Rehabilitation and Emergency/Medical personnel created a subpopulation of individuals who were considered essential workers, but were not able to attend clinics during business hours.</p>	<p>LCDOH worked with EMS, fire departments, and local law enforcement to provide clinics to accommodate for first responder schedules. LCDOH also collaborated with local businesses to provide COVID vaccination clinics at local worksites at various times of the day to accommodate for swing shifts.</p>	<p>Livingston County EMS Livingston County Center for Nursing and Rehabilitation Local worksites</p>

Other Strategies to Serve Vulnerable Populations:

- Partnerships with local schools allowed for distribution of COVID test kits, vaccination, and comprehensive COVID-related guidance for educators and students, such as recommendations to social distance and utilize PPE.
- LCDOH collaborated with the Livingston County Chamber of Commerce to provide local businesses with Personal Protective Equipment (PPE) and COVID test kits. PPE and COVID test kits were also provided at events held at town and village halls, offered through local libraries, and provided at senior centers.
- COVID vaccination data review revealed low vaccination rates in several of the low population density areas of the county. LCDOH worked with local stakeholders, including town supervisors and mayors, to offer mobile clinics to residents in these zip codes.
- LCDOH offered vaccines and training to local university medical staff who then vaccinated the student population and additional staff.

- Volunteer surges and Medical Reserve Corps funding allowed LCDOH to hire a coordinator to manage the program and ensure all volunteers received Just In Time Training (JITT). Previous exercises had provided a baseline of trained staff, however more were needed to manage the demands of the pandemic.

Follow-Up:

To evaluate the efficiency of its response, LCDOH conducted a COVID-19 Health Equity Survey (Appendix 1). The survey was designed to collect feedback on the way residents received their COVID-19 news, recommendations, testing, supplies, and vaccines, including whether they experienced barriers. A total of 95 responses were received. These data gave valuable insight into methods of communication that could be better utilized in the future, including health literacy considerations and methods of distribution.

Feedback indicated that most COVID information was primarily received from the news on TV (60%), the LCDOH website (60%), and social media (42%). Other notable information sources included radio (37%), word of mouth (27%), and newspapers (22%). Write in sources included the Centers for Disease Control and Prevention website and workplaces. A small number reported that not having social media/knowledge about navigating social media was a barrier to receiving information.

Around 65% of respondents reported that recommendations were clear and understandable, but 17% selected a neutral option, and an additional 17% disagreed or strongly disagreed. Isolation (50%) and Quarantine (66%) were selected as the most unclear/hard to understand topic. Approximately 28% reported not understanding masking requirements. Write in answers included a variation of topics, including procedures for testing after a positive result, eligibility for vaccination, and frustration with changing guidelines and terminology.

A total of 85% reported that they were able to obtain supplies when needed, although more than half of those who struggled cited supply shortages as the reason. 77% agreed that they were able to get COVID-19 testing when needed; however, concerns about testing eligibility, convenience, test availability, and difficulty finding testing locations were reported. Vaccine access was not reported as a large issue, with 92% agreeing or strongly agreeing that they could be vaccinated when they wanted to do so. Concerns around vaccination centered on the staggered vaccination schedule due to supply limitations.

The Health Equity Committee was also revived following the COVID-19 pandemic, first meeting on January 29, 2024. After reviewing and updating the group purpose, the committee evaluated the COVID-19 response and elected to standardize the strategies used during COVID-19 to ensure equity during the next response (Appendix 2).

Outcomes:

Not only did these strategies improve the Livingston County COVID response, but they have also led to improved communication and outreach to under-served populations as well as enhanced collaboration with our planning partners. For example, these established partnerships were utilized for Solar Eclipse outreach in April 2024. This is now our standard communication

process for our outreach to our partners, the vulnerable populations, and community. This process was added to the Risk Communication Plan on 4/03/2023.

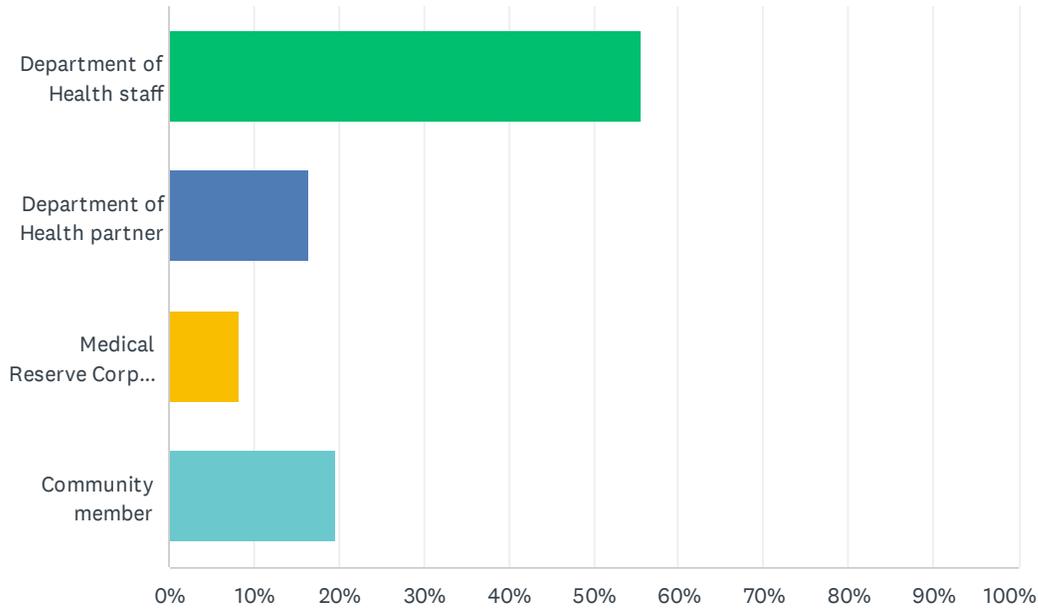
At the July 30, 2024, Livingston County Board of Health meeting, Public Health Director, Jennifer Rodriguez, presented the Health Equity survey results. Strategies for outreach such as drive-through clinics, bus vaccination, and leveraging relevant partnerships were outlined. The new Vaccine Equity Policy dictates that LCDOH will exercise due diligence when considering partnerships to reach high-risk and underserved populations when conducting large-scale vaccination efforts. The Vaccine Equity Policy (Appendix 3) was reviewed and adopted unanimously by the Board (Appendix 4).

Appendix



Q1 In Livingston County, I am a ...

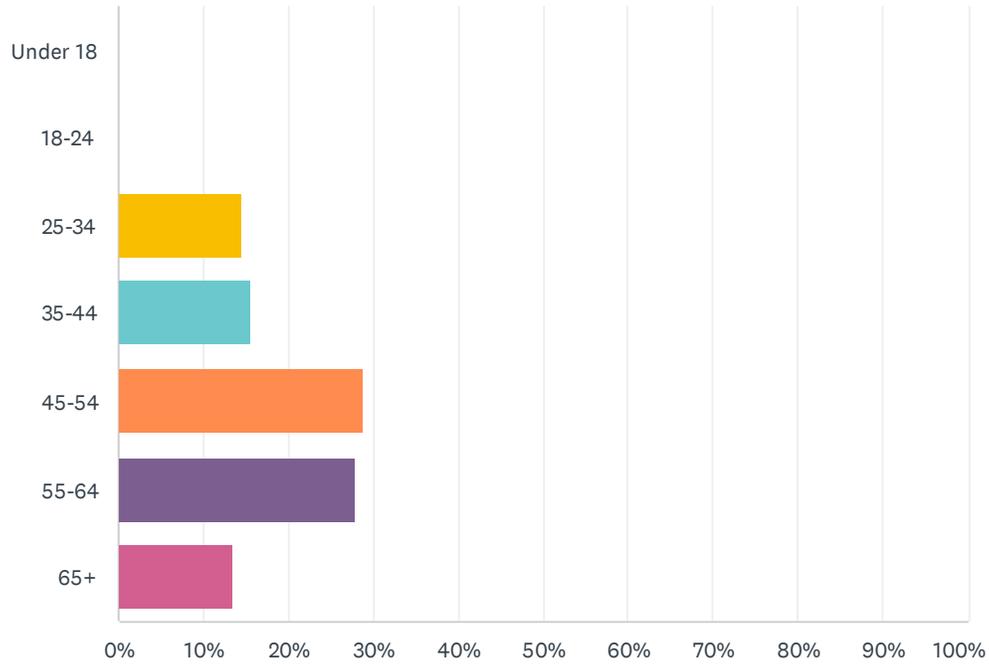
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Department of Health staff	55.67%	54
Department of Health partner	16.49%	16
Medical Reserve Corps volunteer	8.25%	8
Community member	19.59%	19
TOTAL		97

Q2 Age Range

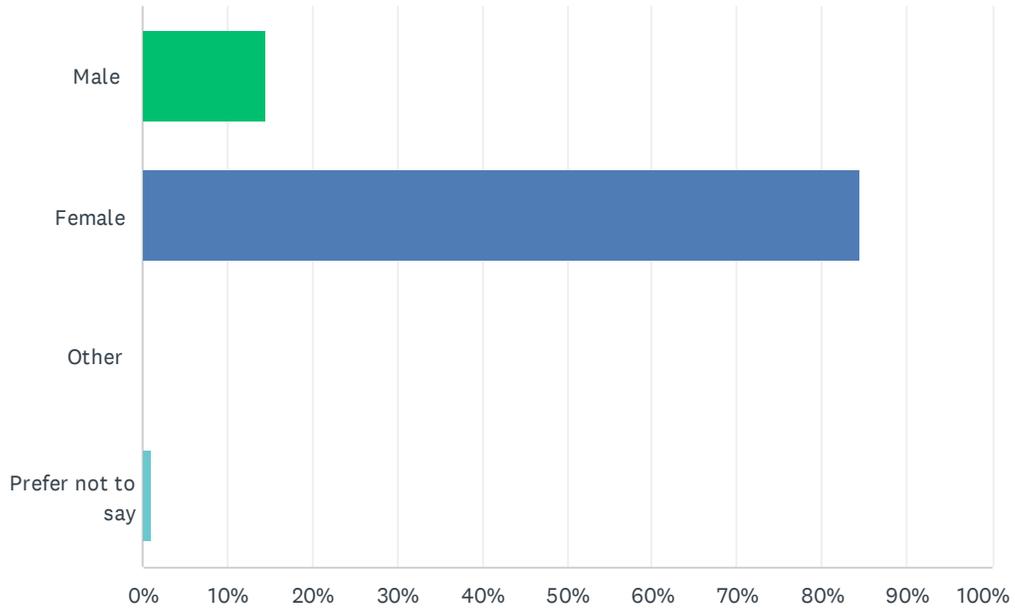
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	0.00%	0
25-34	14.43%	14
35-44	15.46%	15
45-54	28.87%	28
55-64	27.84%	27
65+	13.40%	13
TOTAL		97

Q3 Gender

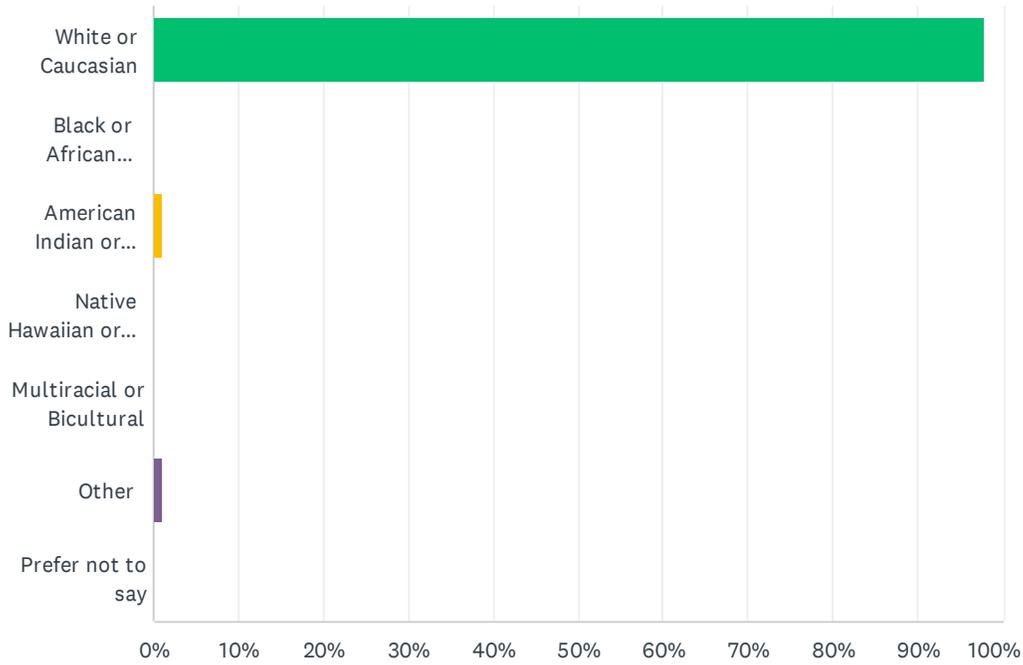
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	14.43%	14
Female	84.54%	82
Other	0.00%	0
Prefer not to say	1.03%	1
TOTAL		97

Q4 Race

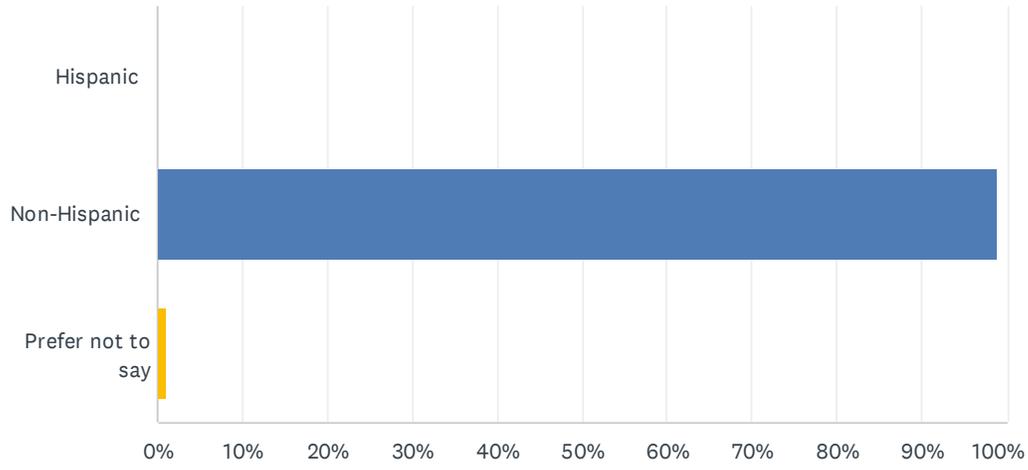
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
White or Caucasian	97.94%	95
Black or African American	0.00%	0
American Indian or Alaska Native	1.03%	1
Native Hawaiian or other Pacific Islander	0.00%	0
Multiracial or Bicultural	0.00%	0
Other	1.03%	1
Prefer not to say	0.00%	0
TOTAL		97

Q5 Ethnicity

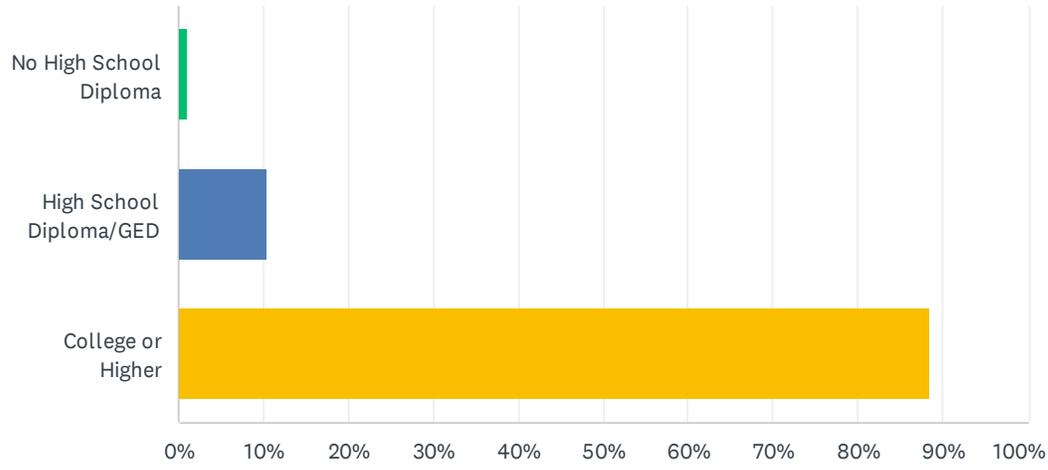
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES
Hispanic	0.00% 0
Non-Hispanic	98.97% 96
Prefer not to say	1.03% 1
TOTAL	97

Q6 Education Status

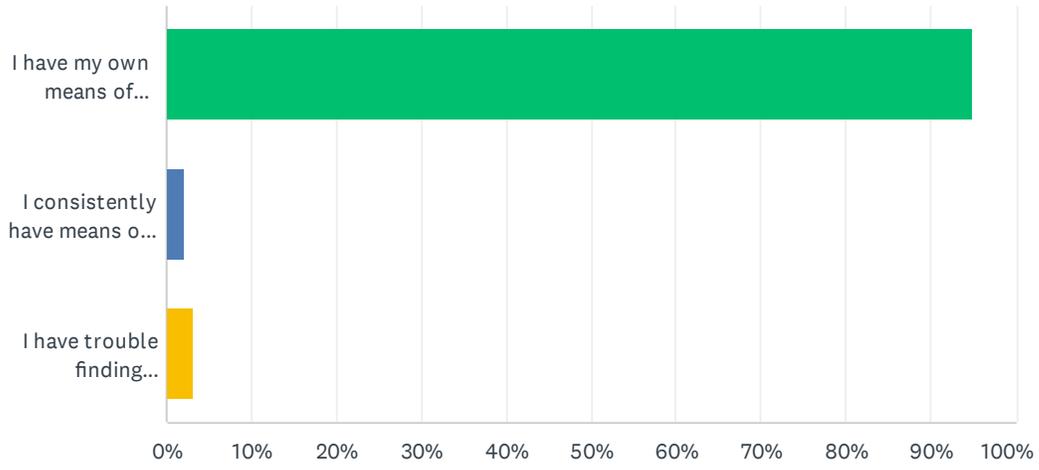
Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES
No High School Diploma	1.04% 1
High School Diploma/GED	10.42% 10
College or Higher	88.54% 85
TOTAL	96

Q7 Which best describes you

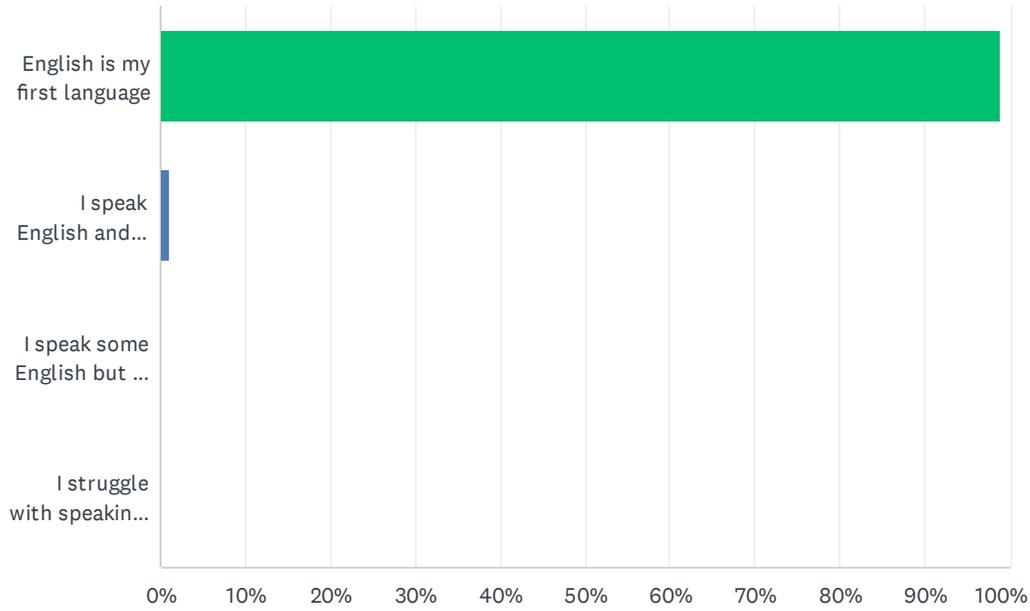
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
I have my own means of transportation	94.85%	92
I consistently have means of transportation	2.06%	2
I have trouble finding transportation	3.09%	3
TOTAL		97

Q8 Which best describes you

Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
English is my first language	98.97%	96
I speak English and another language equally well	1.03%	1
I speak some English but am more comfortable with another language	0.00%	0
I struggle with speaking and/or understanding English	0.00%	0
TOTAL		97

Q9 Zipcode?

Answered: 95 Skipped: 2

#	RESPONSES	DATE
1	14510	8/31/2022 4:13 PM
2	14560	8/26/2022 7:40 PM
3	14454	8/25/2022 11:44 AM
4	14414	8/25/2022 11:43 AM
5	14437	8/24/2022 3:51 PM
6	14437	8/24/2022 3:02 PM
7	14481	8/24/2022 2:28 PM
8	14454	8/24/2022 1:35 PM
9	14454	8/24/2022 12:59 PM
10	14437	8/24/2022 11:51 AM
11	14437	8/24/2022 9:45 AM
12	14510	8/24/2022 9:13 AM
13	14517	8/24/2022 9:06 AM
14	14414	8/24/2022 8:16 AM
15	14487	8/24/2022 7:15 AM
16	14454	8/24/2022 6:54 AM
17	14437	8/23/2022 8:18 PM
18	14423	8/23/2022 6:30 PM
19	14454	8/23/2022 5:07 PM
20	14414	8/23/2022 4:51 PM
21	14487	8/23/2022 4:42 PM
22	14572	8/23/2022 4:41 PM
23	14437	8/23/2022 4:20 PM
24	14454	8/23/2022 4:20 PM
25	14454	8/23/2022 4:15 PM
26	14437	8/23/2022 3:50 PM
27	14510	8/23/2022 3:44 PM
28	14454	8/23/2022 3:29 PM
29	14437	8/23/2022 3:14 PM
30	14414	8/23/2022 3:06 PM
31	14414	8/23/2022 3:05 PM
32	14435	8/23/2022 2:45 PM
33	14414	8/20/2022 8:29 PM

Covid-19 Health Equity Survey

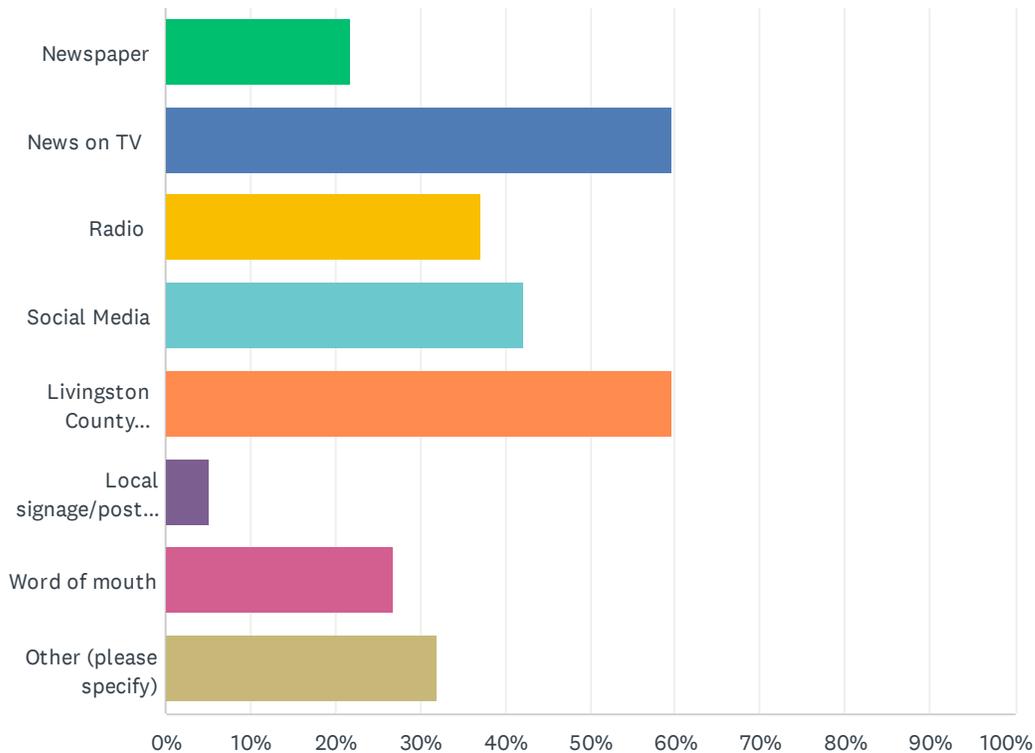
34	14414	8/16/2022 2:39 PM
35	14454	8/16/2022 10:23 AM
36	14472	8/15/2022 8:01 PM
37	14454	8/10/2022 10:01 AM
38	14510	8/9/2022 7:35 PM
39	14454	8/9/2022 6:36 PM
40	14572 (mailing address) 14560 (actual location of my house)	8/9/2022 5:04 PM
41	14437	7/22/2022 1:32 PM
42	14487	7/21/2022 12:56 PM
43	14437	7/19/2022 1:11 PM
44	14487	7/18/2022 11:21 PM
45	14454	7/18/2022 3:00 PM
46	14803	7/18/2022 11:47 AM
47	14435	7/18/2022 9:30 AM
48	14414	7/18/2022 8:41 AM
49	14454	7/16/2022 7:12 PM
50	14822	7/15/2022 3:23 PM
51	14480	7/15/2022 3:19 PM
52	14454	7/15/2022 10:58 AM
53	14437	7/15/2022 10:18 AM
54	14487	7/15/2022 10:15 AM
55	14437	7/15/2022 8:33 AM
56	14572	7/15/2022 8:21 AM
57	14466	7/15/2022 7:35 AM
58	14454	7/14/2022 4:05 PM
59	14487	7/14/2022 3:58 PM
60	14423	7/14/2022 3:54 PM
61	14510	7/14/2022 9:03 AM
62	14423	7/14/2022 8:42 AM
63	14510	7/13/2022 5:29 PM
64	14454	7/13/2022 3:43 PM
65	14414	7/13/2022 12:50 PM
66	14510	7/13/2022 11:49 AM
67	14569	7/13/2022 10:33 AM
68	14510	7/13/2022 8:13 AM
69	14487	7/13/2022 7:15 AM
70	14517	7/12/2022 8:55 PM
71	14414	7/12/2022 3:45 PM

Covid-19 Health Equity Survey

72	14510	7/12/2022 2:27 PM
73	14487	7/12/2022 2:26 PM
74	14533	7/12/2022 2:22 PM
75	14510	7/12/2022 2:12 PM
76	14450	7/12/2022 1:25 PM
77	14414	7/12/2022 1:15 PM
78	14454	7/12/2022 12:57 PM
79	14482	7/12/2022 12:43 PM
80	14024	7/12/2022 12:23 PM
81	14423	7/12/2022 11:27 AM
82	14510	7/12/2022 11:26 AM
83	14454	7/12/2022 10:59 AM
84	14454	7/12/2022 10:39 AM
85	14454	7/12/2022 10:26 AM
86	14533	7/12/2022 10:12 AM
87	14517	7/12/2022 10:10 AM
88	14533	7/12/2022 10:04 AM
89	14487	7/12/2022 10:03 AM
90	14454	7/12/2022 10:01 AM
91	14414	7/12/2022 9:59 AM
92	14526	7/12/2022 9:53 AM
93	14822	7/12/2022 9:42 AM
94	14510	7/12/2022 9:41 AM
95	00000	7/12/2022 9:38 AM

Q10 I get my news regarding Covid-19 through... (Check all that apply)

Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES
Newspaper	21.65% 21
News on TV	59.79% 58
Radio	37.11% 36
Social Media	42.27% 41
Livingston County Department of Health website	59.79% 58
Local signage/postings/billboards	5.15% 5
Word of mouth	26.80% 26
Other (please specify)	31.96% 31
Total Respondents: 97	

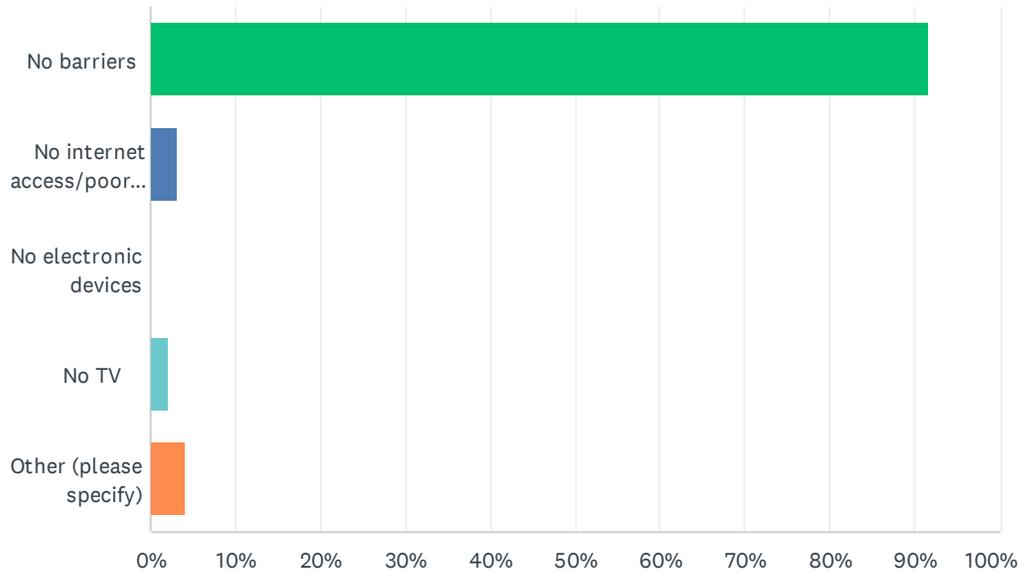
#	OTHER (PLEASE SPECIFY)	DATE
1	CDC/ NYSED /NYSDOH and NYS school Health	8/24/2022 3:02 PM
2	internet	8/24/2022 2:28 PM
3	Work	8/24/2022 1:35 PM
4	Reliable online sources	8/24/2022 11:51 AM

Covid-19 Health Equity Survey

5	various workers from Arc GLOW	8/24/2022 9:13 AM
6	Pennysaver	8/23/2022 8:18 PM
7	My GP	8/23/2022 4:51 PM
8	CDC	8/23/2022 4:41 PM
9	Work	8/23/2022 3:50 PM
10	Updates at work	8/23/2022 3:14 PM
11	Online resources CDC etc.	8/23/2022 2:45 PM
12	People we see	8/20/2022 8:29 PM
13	affiliation with fire department	8/10/2022 10:01 AM
14	Employer, UPMC	8/9/2022 6:36 PM
15	Other Internet sites, like CDC	8/9/2022 5:04 PM
16	DOH email: Staff Talking Points	7/21/2022 12:56 PM
17	Online news	7/18/2022 11:21 PM
18	Work	7/18/2022 3:00 PM
19	NYSDOH Website	7/18/2022 8:41 AM
20	other health care professionals	7/16/2022 7:12 PM
21	working at DOH	7/15/2022 10:58 AM
22	NYSDOH website	7/15/2022 10:14 AM
23	emails	7/14/2022 4:20 PM
24	NYS DOH, LCDOH internal email	7/14/2022 4:05 PM
25	News Channel Websites	7/13/2022 5:29 PM
26	New York State, World Health Org.	7/12/2022 2:22 PM
27	Online	7/12/2022 2:12 PM
28	work email	7/12/2022 10:26 AM
29	Websites, journals, etc.	7/12/2022 10:01 AM
30	news websites (eg CNN.com)	7/12/2022 9:59 AM
31	CDC WEBSITE	7/12/2022 9:53 AM

Q11 Do you have any barriers to receiving information? (Check all that apply)

Answered: 97 Skipped: 0

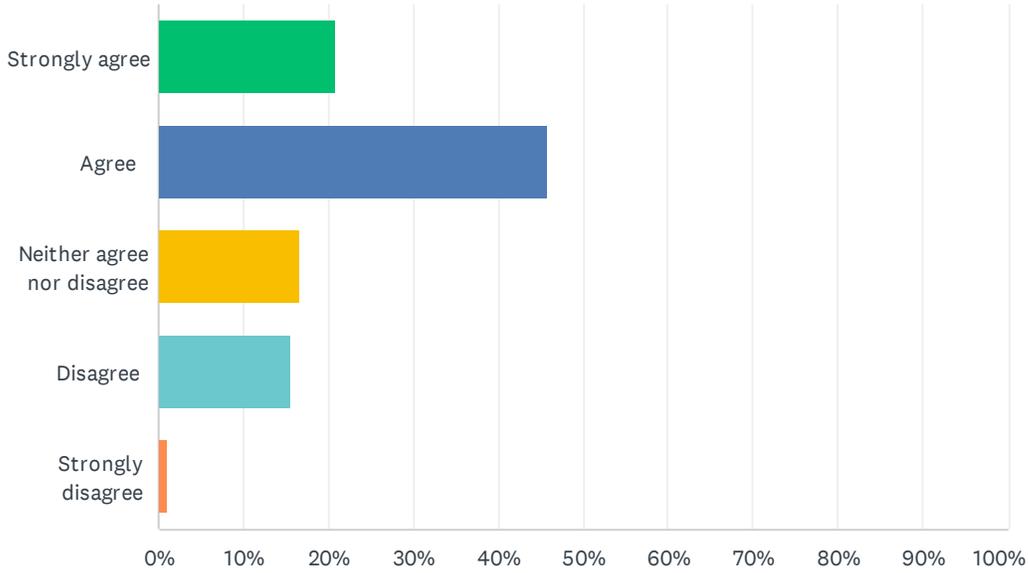


ANSWER CHOICES	RESPONSES
No barriers	91.75% 89
No internet access/poor internet access	3.09% 3
No electronic devices	0.00% 0
No TV	2.06% 2
Other (please specify)	4.12% 4
Total Respondents: 97	

#	OTHER (PLEASE SPECIFY)	DATE
1	Not necessarily for receiving the information, but in understanding the information	8/24/2022 9:13 AM
2	I have TV & internet, but I only use streaming services so I have no local news channels	7/15/2022 8:33 AM
3	No social media	7/12/2022 10:04 AM
4	dont know how to access and/or use: twitter, FB, etc	7/12/2022 9:38 AM

Q12 Covid-19 recommendations (for isolation, social distancing, quarantine, handwashing, mask wearing, disinfecting surfaces) were clear and understandable.

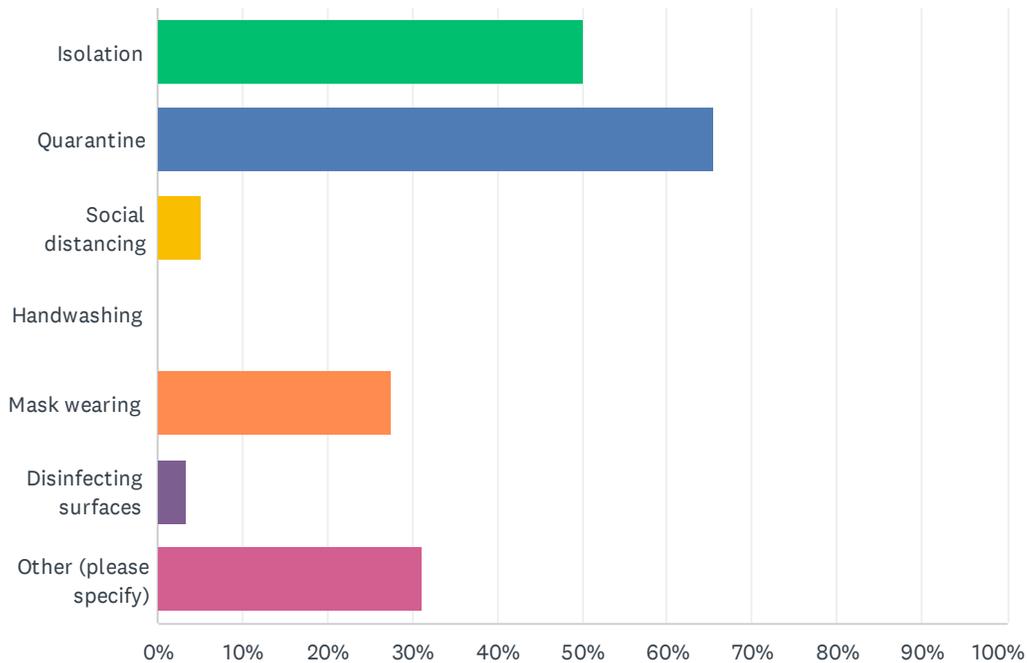
Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	20.83%	20
Agree	45.83%	44
Neither agree nor disagree	16.67%	16
Disagree	15.63%	15
Strongly disagree	1.04%	1
TOTAL		96

Q13 If not, what topic was not clear or hard to understand?

Answered: 58 Skipped: 39



ANSWER CHOICES	RESPONSES	
Isolation	50.00%	29
Quarantine	65.52%	38
Social distancing	5.17%	3
Handwashing	0.00%	0
Mask wearing	27.59%	16
Disinfecting surfaces	3.45%	2
Other (please specify)	31.03%	18
Total Respondents: 58		

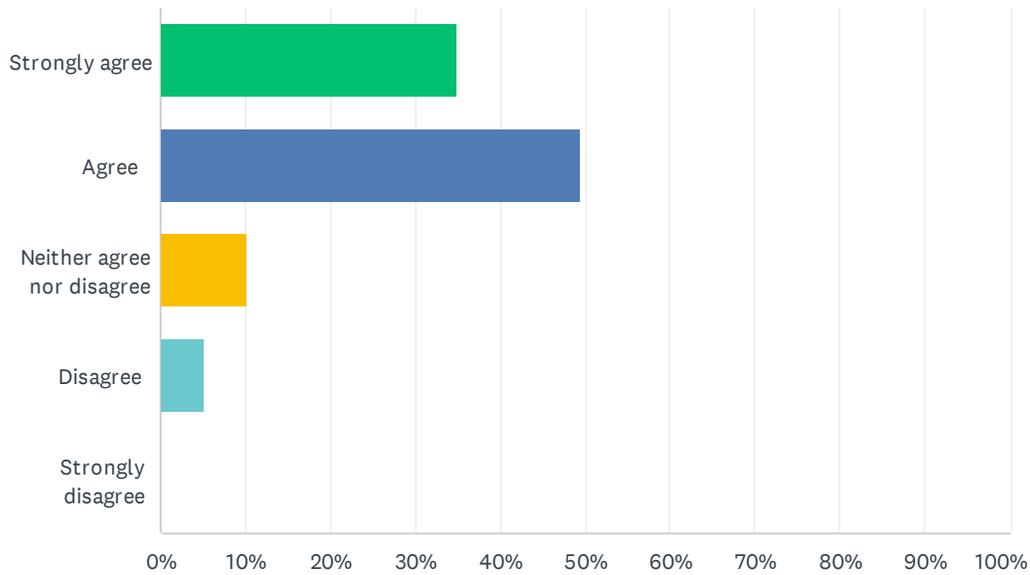
#	OTHER (PLEASE SPECIFY)	DATE
1	Testing after Positive	8/24/2022 3:02 PM
2	Would need things explained well to me, and multiple times	8/24/2022 9:13 AM
3	Who was priority for first vaccinations	8/23/2022 5:07 PM
4	At times the information was confusing or conflicting.	8/23/2022 4:41 PM
5	Early in the pandemic federal government gave contradictory advise that led to confusion	8/23/2022 4:20 PM
6	The constant changes	8/23/2022 3:44 PM
7	Seemed to change over time - first no mask if healthy than everyone wear mask if can't	8/23/2022 2:45 PM

Covid-19 Health Equity Survey

	socially distance	
8	As information was changing and it was hard to get accurate updates.	8/15/2022 8:01 PM
9	Things seemed to change often and there was no single go-to site	8/9/2022 5:04 PM
10	When to go back to work	7/18/2022 3:00 PM
11	doctors would use these 2 words interchangeably and it made it very hard when talking to the public	7/15/2022 10:58 AM
12	All due to the ever changing recommendations	7/15/2022 7:35 AM
13	More infographics would help	7/14/2022 3:54 PM
14	Required versus recommended, many changes over time to both	7/12/2022 2:22 PM
15	All clear but so much variability on what to do	7/12/2022 1:15 PM
16	Regarding questions 12 & 13: As this pandemic was new and was being navigated by the entire world, a lot of information fell into the "grey" or ambiguous category as it was constantly evolving and being updated. Something that applied at one moment could change within minutes or hours. This made it difficult at times. This was not our fault at the DOH level, it was just the nature of the beast as Covid information made its way down from the CDC to the state to the local level. The DOH was very good at passing along information in a timely fashion.	7/12/2022 10:04 AM
17	It has just been years of information changing constantly and trying to find accurate, up-to-date sources.	7/12/2022 10:01 AM
18	messages were not always consistent	7/12/2022 9:38 AM

Q14 I was able to get Covid-19 supplies (test kits, masks, hand sanitizer)

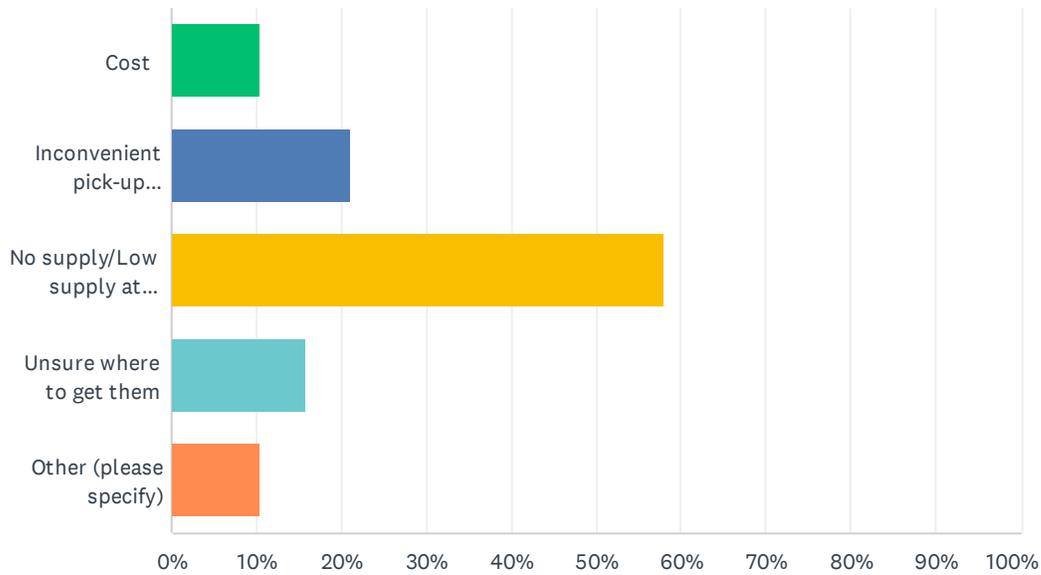
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	35.05%	34
Agree	49.48%	48
Neither agree nor disagree	10.31%	10
Disagree	5.15%	5
Strongly disagree	0.00%	0
TOTAL		97

Q15 If not, why were you unable to get supplies? (Check all that apply)

Answered: 19 Skipped: 78

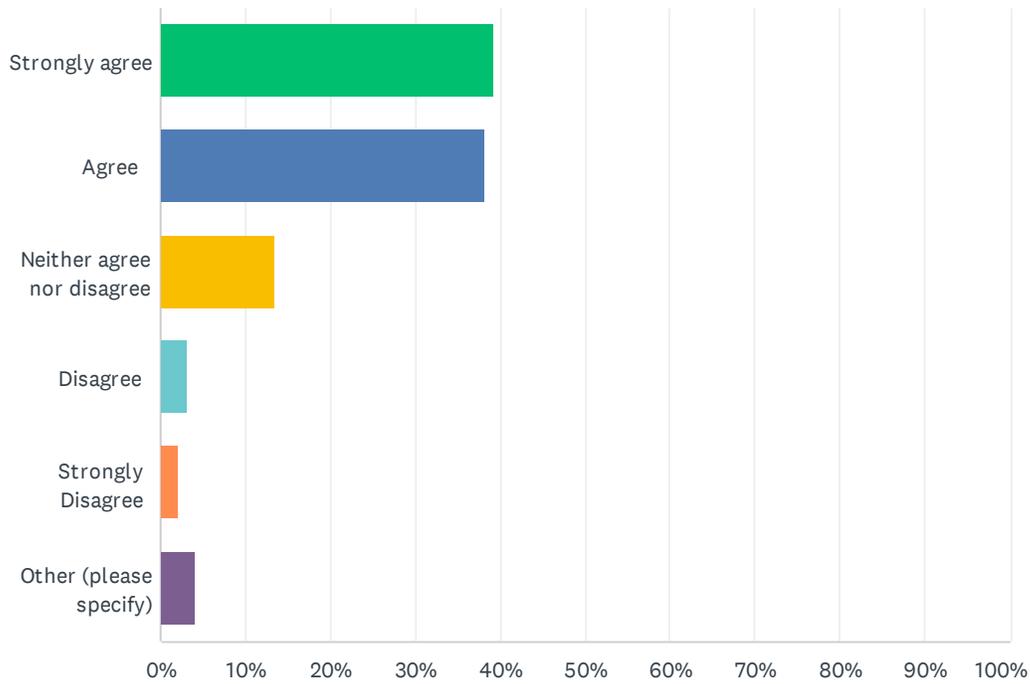


ANSWER CHOICES	RESPONSES	
Cost	10.53%	2
Inconvenient pick-up location	21.05%	4
No supply/Low supply at pick-up location	57.89%	11
Unsure where to get them	15.79%	3
Other (please specify)	10.53%	2
Total Respondents: 19		

#	OTHER (PLEASE SPECIFY)	DATE
1	no transportation	8/24/2022 9:13 AM
2	Initially there was a problem, not a problem now	8/9/2022 5:04 PM

Q16 I was able to get tested for Covid-19 when I needed to.

Answered: 97 Skipped: 0

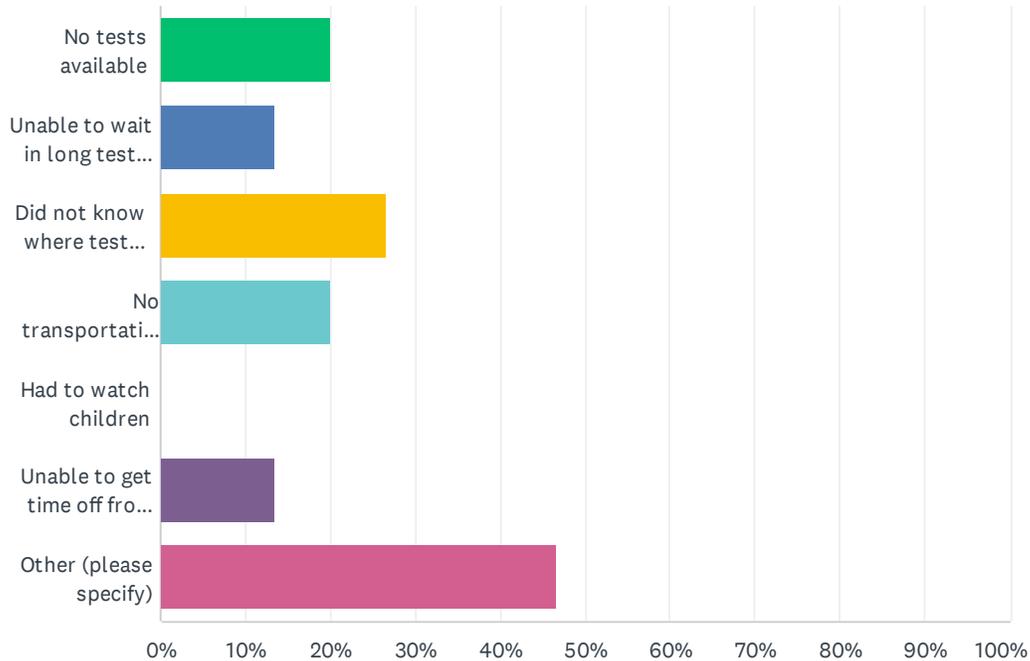


ANSWER CHOICES	RESPONSES	
Strongly agree	39.18%	38
Agree	38.14%	37
Neither agree nor disagree	13.40%	13
Disagree	3.09%	3
Strongly Disagree	2.06%	2
Other (please specify)	4.12%	4
TOTAL		97

#	OTHER (PLEASE SPECIFY)	DATE
1	Did not need to have it done.	8/24/2022 1:35 PM
2	No need	8/16/2022 10:23 AM
3	Agree, but wasn't always convenient.	8/9/2022 5:04 PM
4	Unclear as to when I needed to/too many changes too quick about requirements from state	7/18/2022 11:47 AM

Q17 If not, why weren't you able to get tested? (Check all that apply)

Answered: 15 Skipped: 82

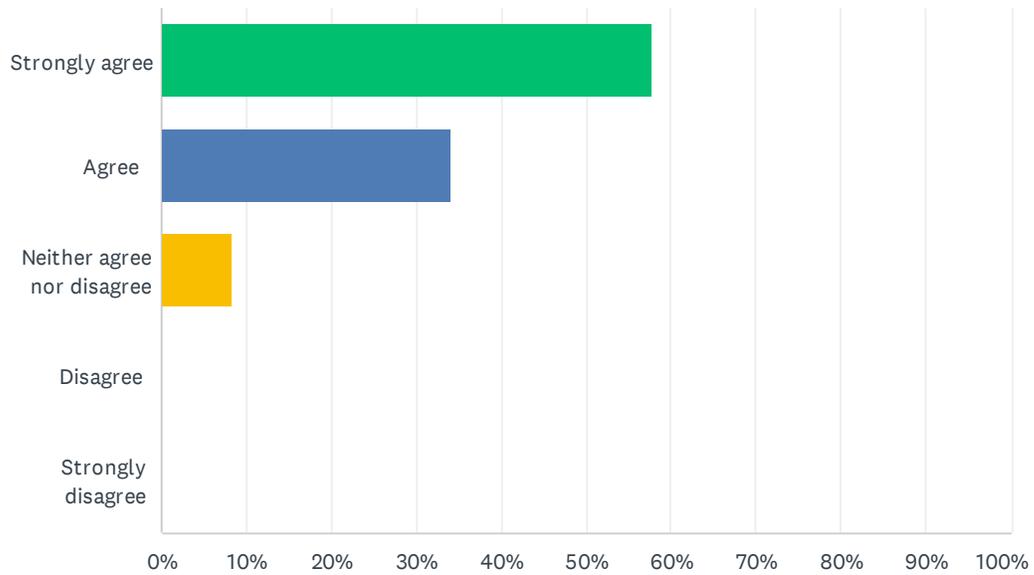


ANSWER CHOICES	RESPONSES
No tests available	20.00% 3
Unable to wait in long testing lines	13.33% 2
Did not know where test sites were	26.67% 4
No transportation to test sites	20.00% 3
Had to watch children	0.00% 0
Unable to get time off from work	13.33% 2
Other (please specify)	46.67% 7
Total Respondents: 15	

#	OTHER (PLEASE SPECIFY)	DATE
1	If you didn't have symptoms, DOH wouldn't do it	8/24/2022 9:06 AM
2	Test sites never had open appointments on their online registration sites	8/23/2022 5:07 PM
3	Confused about whether testing included at-home. Unsure what to do	7/18/2022 11:47 AM
4	Lines were often very long! but I was able to wait in them thankfully	7/15/2022 8:33 AM
5	There were times I needed a test, and there was no where offering them where I would get the results in time	7/15/2022 7:35 AM
6	never needed to be tested	7/12/2022 11:26 AM

Q18 I was able to receive Covid-19 vaccine if I wanted to

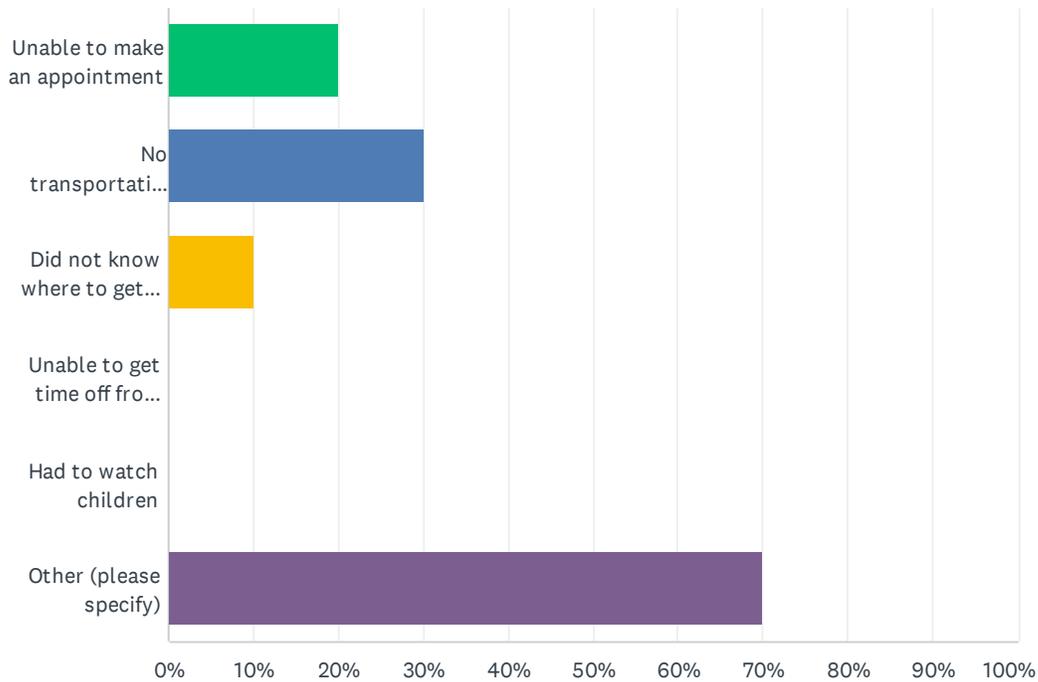
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	57.73%	56
Agree	34.02%	33
Neither agree nor disagree	8.25%	8
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		97

Q19 If not, why weren't you able to get vaccinated? (Check all that apply)

Answered: 10 Skipped: 87



ANSWER CHOICES	RESPONSES
Unable to make an appointment	20.00% 2
No transportation to vaccination location	30.00% 3
Did not know where to get vaccinated	10.00% 1
Unable to get time off from work	0.00% 0
Had to watch children	0.00% 0
Other (please specify)	70.00% 7
Total Respondents: 10	

#	OTHER (PLEASE SPECIFY)	DATE
1	Didn't qualify by age	8/24/2022 9:06 AM
2	It was originally so hard to get an appointment I almost gave up. Luckily a friend is very computer savvy and got me an appointment.	8/23/2022 6:30 PM
3	Unclear when I qualified.	8/23/2022 4:51 PM
4	Getting vaccine I wanted hard to find	8/23/2022 3:50 PM
5	Couldn't get vaccinated as soon as I wanted to, d/t lack of supply. Spent a lot of time trying to find a location	8/9/2022 5:04 PM
6	applies to first vax only and out of state	7/16/2022 7:12 PM

Covid-19 Health Equity Survey

7

Was able to get vaccinated, but had to wait until they were being offered to my age group.
Wanted to be sooner

7/13/2022 12:50 PM

Appendix 2

LIVINGSTON COUNTY DEPARTMENT OF HEALTH Health Equity Committee Meeting

Date: January 29, 2024, 10:00AM

PRESENT: Katie Harding, Environmental Health; Taylor Gerber, Emergency Preparedness; Andrea Mott, Health Education; Margaret Betette, Community Health;

Absent:

Email Address to use to share resources and information:

amott@co.livingston.ny.us

TOPIC	FINDINGS/DISCUSSION	ACTION/FOLLOW-UP
WELCOME/INTRODUCTIONS	<p>Andrea Mott welcomed the group and provided an overview on the group's purpose</p> <p>The previous Health Equity committee reviewed each new policy for equity concerns and impacts, more focused on Be Well</p> <p>This iteration will focus less specifically on policy and more on general DOH communications and outreach, with specific focus on gathering community feedback</p>	
HEALTH EQUITY ACTIVITY AND DISCUSSION	<p>Committee members completed a health equity activity to prompt discussion about what health equity is and what barriers can look like</p> <p>Each member received a scenario with a character and background and shaded in barriers they could see from only the short description</p>	
DOMAIN 5.1.1	<p>Discussion around Domain 5.1.1 – “A review of a current or proposed policy or law shared with those who influence policy”</p> <p>LCDOH wants to offer advisement to local policy-makers about vaccine equity using lessons learned during the COVID-19 pandemic</p> <p>Part 1 – Policy on equity, outreach, due diligence</p> <p>Part 2 – POD procedure (with regard to equity)</p> <ul style="list-style-type: none">• Standard set of accommodations at PODs• NYS focused on access and functional needs<ul style="list-style-type: none">○ Deaf○ Walkers, canes, mobility issues• Map of POD/clinic <p>Partners:</p> <ul style="list-style-type: none">• DDSO<ul style="list-style-type: none">○ Bus vaccines – paperwork completed on site	

- Clinics at home sites
- ARC GLOW
- OFA
 - All vaccine scheduling had to be through Countermeasure Data Management System (CDMS)
 - No Spanish translation offered by state
 - We translated and had paper copies for Spanish speakers
 - Had Spanish speaking staff present at clinics
 - Continued partnership with Tepeyac and Cultures Learning Together in 2024
 - Elderly struggled – OFA called seniors to register them
 - Appointments and booster were scheduled separately to coordinate
- Abbey – monks with literacy challenges (reach out in September for flu season)
- Amish/Mennonite
 - CD case – collaborate with elders to be respectful
 - Most communities have one health care provider they trust – they release consent to work with us
 - For vaccine clinics – mobile clinics in town/village halls and libraries
 - Taking vaccines to them
- Hunt, NY – low vaccination rate, so we held a special clinic
- Collaboration with Megan Crowe on transportation as a major rural barrier to health care – working with ARC GLOW
- Drive thru clinics – for disabled, elderly, mobility disabled

Process:

- Write policy
- Finalize
- Develop report including:
 - Evidence based process
 - Assessment of impact on equity
 - Input from stakeholders

Purpose: To ensure equitable access to vaccines with regard to all Livingston County populations

MEETING FREQUENCY AND NEXT MEETING	Decided on meeting quarterly Next meeting date may need to be adjusted to accommodate Domain 5 work	
NEXT MEETING	Policy draft by 2/9 Tuesday April 30, 2024	<i>Andrea to draft</i>

Minutes Respectfully Submitted by Andrea Mott



Appendix

	Livingston County Department of Health Policy Manual				
	Policy Title:	Vaccine Equity			
	Policy #:	DOH-000	Effective Date:		
	Date Last Reviewed:		Next Review Date:		

Purpose:

To ensure the Livingston County Department of Health promotes equitable access to vaccines with regard to reaching high risk and underserved communities.

Applicability:

This policy applies to all Department of Health staff.

Policy:

It is the policy of the Department of Health to exercise due diligence in leveraging partnerships with community-based organizations to reach high-risk and underserved communities in Livingston County when conducting large-scale vaccination efforts.

Definitions: N/A

Procedures:

Communications Procedure:

- Department staff will make reasonable efforts to translate materials when possible. Artificial Intelligence translation services may be used to supplement paid services when necessary.
- Department staff will share relevant educational materials with community partners that work with high risk groups. Examples may include but are not limited to: Livingston County Office for the Aging, Tepeyac Migrant Welcoming Center, Cultures Learning Together, New York State Office for People With Developmental Disabilities, and ARC GLOW.
- The Department will maintain a website that adheres to the Americans with Disabilities Act (ADA).

Point of Dispensing (POD) Procedure:

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In some situations, PODs may not meet the needs of a specific group or community. During the COVID-19 pandemic, several best practices for meeting the needs of specialized groups were established, including: mobile clinics, drive-thru clinics, group home-based clinics, vaccine registration assistance, and collaboration with Amish/Mennonite community leaders. Similar interventions may be necessary during future interventions and should be utilized as appropriate and feasible by the Department and its community partners.

Printed policies may be outdated and may not reflect the most current version.

	Livingston County Department of Health Policy Manual				
	Policy Title:	Vaccine Equity			
	Policy #:	DOH-000	Effective Date:		
	Date Last Reviewed:		Next Review Date:		

References:

Map of POD

Equipment: N/A

Forms: N/A

Review Schedule:

This policy shall be reviewed every 3 years

Change History:

Revision Date	Pages/Section Revised	Revised By (initials)	Description of Revision

Appendix 4

LIVINGSTON COUNTY DEPARTMENT OF HEALTH

BOARD OF HEALTH MEETING

Tuesday, July 30, 2024; 6:30 p.m., Government Center, Room 303B

PRESENT: Dr. Ahsen Sheikh, President; Dr. Andrea Belen Judkins, Member; Mrs. Carol Carey, Secretary/Member; Dr. Douglas MacKenzie, Member; Dr. Deanna Lyons, Member; Mrs. Merilee Walker, Legislative Member; Dr. Joan Flender, Medical Director; Jennifer Rodriguez, Public Health Director, Mary Margaret Stallone, Member

ABSENT: Dr. Aaron Farney, Vice President

TOPIC		ACTION/FOLLOW-UP
CALL TO ORDER	Tonight's meeting is taking place at the Government Center in Room 303B. Dr. Sheikh, President, is facilitating tonight's meeting and called the meeting to order at 6:31 p.m.	
APPROVAL OF MINUTES	Minutes from the last meeting, June 25 2024, were emailed to the Board of Health members before tonight's meeting. Dr. Lyons made a motion to approve the minutes as written; Mrs. Carey seconded the motion. All members present approved.	<i>The June 25, 2024 minutes were approved; all members present approved.</i>
REPORT OF PRESIDENT	No report.	
REPORT OF MEDICAL DIRECTOR	No report.	
CORRESPONDENCE FOLDER	The correspondence folder containing the most recent flyers, Center Connections Newsletter and other communications was passed around the table.	
DIRECTOR UPDATES	Welcome Stephanie Johnson, new Secretary to PH Director. Cheryl is working part time to assist with training.	

PROGRAM UPDATES

Community Health/Health Education:

- Presented to CHA Leadership Committee on July 10, 2024 with updates to CHIP (Community Health Improvement Plan); Chronic Disease and Mental Health remain the two top priorities.
- Working on Annual Report.
- Working on accreditation, which is due in September.
- Updating the food resource list. The pop-up food pantries have been successful but had a large decrease in attendees for July.
- Consultations with school nurses and primary care provider offices on vaccines. There will be some media regarding back to school vaccines, which you may see on social media.
- A nurse from Early Intervention has left. . A Public Health Specialist has replaced this position.

PICHC:

- Working on collaborating more with Catholic Charities to help cover gaps in the community.
- The audit went well.
- Joined Head Start advisory board.
- Currently recruiting EI caseworker.

Preschool:

- Have been able to increase the payout for our partners.

Lead:

- Holding a free lead renovation, repair and painting certification class.
- Received a grant through the CDC that is secured for five years.
- Will be offering lead testing to the community.
- Will be doing a pilot program with Habitat for Humanity to address any outstanding work plans Environmental Health has.
- The lead program has been placed under Community Health rather than Environmental Health.

	<p>WIC:</p> <ul style="list-style-type: none"> • World Breastfeeding Week is in August. The WIC staff will be hosting an event in Geneseo to celebrate. • Trying to encourage more in-person appointments. Virtual appointments are more regularly attended. • Have proposed to the Western Regional Office to eliminate some clinics (Arcade, Perry and Avon) due to a lack of in-person participants. <p>Environmental Health:</p> <ul style="list-style-type: none"> • Have been meeting with the Amish community to better facilitate septic system permitting. • Dog Control took in 12 dogs in June. Idea was mentioned for the Board to tour the new Dog Control facility at some point. • Held a 4-hour training for Public Water Operators. • There have been 29 rabies investigations, with two of those being raccoons who tested positive for rabies. • Completed 48 food service inspections with six critical violations. • Vaping continues to be an issue. The storeowners have been more cooperative with following the guidelines. • Watershed has been surveying the lake for HABs (Harmful Algal Blooms) with the first report of HABs being in June. • Have reached out to Karen Dewar regarding the Geneseo Air Show and egress. All cars were going in the same direction and could not get out. Our sanitarian was there doing inspections and could not get out. The Geneseo Air Show should have a mass gathering permit. Would like to have a meeting with Emergency Management and would like to add this to our agenda in possibly September or October when Dr. Farney is able to attend. <p>Administration, Financial Management:</p> <ul style="list-style-type: none"> • Vouchered the NYS Department of Education for \$487,000.00 and to date have not received anything. 	<p><i>Add emergency management response discussion regarding Geneseo Air Show to future agenda</i></p>
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	<ul style="list-style-type: none"> • Erik Henderson, Finance Supervisor, has retired. • A Senior Account Clerk/Typist has resigned. We are currently recruiting for this position. • We were a victim of the cyber strike attack but the County ITS Department was able to correct it and get us back up and running. <p>Patient Services:</p> <ul style="list-style-type: none"> • PAC (Professional Advisory Committee) met today. • Received 19 hospice referrals. • Overall census has been between 30 and 35. • Jill Burley will be moving to Jim Peraino’s role upon his retirement in January, pending appointment by the Board of Supervisors. Jill will still oversee hospice as a nurse. Margaret Betette will oversee the other Community Health programs. • Lauren Smith returned from maternity leave. • Dr. Sheikh commented on behalf of his patient’s family. The family extended their thanks and gratitude to the hospice team. <p>Mental Health</p> <ul style="list-style-type: none"> • Have been doing first aid trainings with EMS and Fire Departments. • Suicide Task Force continues to do billboard campaigns and trainings. • Received \$500,000.00 from opioid funding. We have spent approximately half of the funds. We are waiting on CASA in Dansville to complete their expansion for the methadone clinic. CASA is looking to provide children services in Geneseo. • Have hired a new Nurse Practitioner who will start in October. • Marybeth Peterson is in training to be able to prescribe to children. • The clinic is fully staffed at this time. • Internally running an on call system for the County and have been able to divert nine hospitalizations. • There is still a housing wait list for adults. We have been working with DSS on this issue. 	
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	<ul style="list-style-type: none"> • DePaul was awarded funding for scattered site supportive housing beds. We will receive 10 respite beds in the County from DePaul. • The HHUNY audit was successful. 	
EXECUTIVE SESSION	<p>A motion was made by Dr. Sheikh and seconded by Ms. Walker to move meeting into executive session.</p> <p>Executive session concluded and regular meeting continued.</p>	<p><i>The meeting entered executive session for further discussion and continued with the regularly scheduled meeting upon dismissal of executive session.</i></p>
QUALITY IMPROVEMENT	<ul style="list-style-type: none"> • Accreditation – Information is due in September. Team is working diligently on preparing documentation for submission. 	
OTHER BUSINESS	<p>Director Rodriguez presented the 2022 Health Equity Survey regarding COVID 19 and vaccinations.</p> <ul style="list-style-type: none"> • The survey was conducted in 2022 and open for staff and community members to take. We received 95 responses. Updates from the survey included: • When asked how they heard about vaccines and availability most responded with news and social media. • The largest issue with vaccines was awareness. A lot of the information was mainly online which was difficult for seniors and those with poor internet access. • People had difficulty understanding guidelines as they were constantly changing. Words being used interchangeably such as quarantine verses isolation and required verses recommended may have been confusing for some people. • 80% of respondents stated they were able to get supplies. 10% said they had difficulty getting tests due to either low supply or the cost of tests. • Transportation to clinics was a major barrier for people. • Some said the lines for clinics were too long. • A health equity team has been created based on the results of this survey. 	

	<ul style="list-style-type: none"> • A policy on equity, outreach and due diligence has been created. • The team created a map of the clinic to make it easier and more accessible. • Started doing bus vaccines where the bus can drive up and nurse can enter the bus to give immunizations. • Partnered with ARC GLOW and OFA to review our literature to make sure it was equitable. • We have worked with monks at the Abbey of the Genesee to make sure they could receive vaccines and tried to work with the Amish and Mennonite communities. • Reviewed statistics, took the zip codes within the county with the lowest vaccine rates (Town of Hunt), and held a vaccine clinic there. • Held drive-thru clinics for disabled, elderly and mobility disabled. <p>We now have a policy to exercise our due diligence and in leveraging partnerships with community-based organizations to reach high-risk and underserved communities in Livingston County when conducting large-scale vaccination efforts.</p> <p>We have partnered with Office for the Aging, Tepeyac Migrant Welcoming Center, Cultures Learning Together, NYS Office for People With Developmental Disabilities, and ARC GLOW. Mobile clinics, drive-thru clinics and home-based clinics will be available.</p> <p>A motion to approve the Vaccine Equity policy as written was made by Dr. Sheikh; Dr. Flender seconded the motion. All members present voted to approve.</p>	<p><i>The Vaccine Equity policy was approved. All members present approved.</i></p>
NEXT MEETING DATE	The next meeting will be held on Tuesday, September 17, 2024 at the Government Center.	
ADJOURNMENT	Dr. Sheikh made a motion to adjourn; Dr. Lyons seconded the motion. All present were in favor.	<p><i>Meeting adjourned at 7:37 p.m.</i></p>

Respectfully Submitted
Stephanie Johnson
Secretary to the Public Health Director

