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COVID-19 ITEM

April 16, 2021

The Honorable Judge Lina Hidalgo
and Commissioners Court
Harris County Administration Building
1001 Preston, Room 938
Houston, Texas 77002

Dear Court Members:

We respectfully request permission for Harris County Public Health (HCPH) to apply for the Department of State Health Services / Immunization COVID-19 Grant in the amount of \$26,500,670.00. The funding period begins May 11, 2021 and ends June 30, 2024.

If you have any questions or concerns regarding this matter, please contact Michael "Mac" McClendon, HCPH Director of Office of Public Health Preparedness and Response Division at (713) 439-6020 or Michael.Mcclendon@phs.hctx.net.

Sincerely,

A handwritten signature in blue ink that reads "Gwen J. Sims". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gwen J. Sims, MEd, RD, LD
Interim Executive Director

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Follow HCPH on Twitter [@hcphtx](https://twitter.com/hcphtx) and like us on [Facebook](https://www.facebook.com/hcphtx)

www.hcphtx.org



HARRIS COUNTY, TEXAS

Office of Budget Management 1001 Preston; Suite 500 Houston, TX 77002 713-274-1135

Grants Coordination Section - Conveyance Form Application ☒ Award ☐

Department Name / Number	DUNs	Grant Title
Public Health Services - 275	072206378	Immunization COVID-19 Grant
Funding Source: U.S. Department of Health & Human Services: CFDA# 93.268	Grant Agency: Texas Department of State Health Services	
Program Year: 1 st	Program Ending:	
Grant Begin Date: 05/11/2021	Grant End Date: 06/30/2024	
Grant Org. Key:	If applicable, Prior Year Org. Key: N/A	

Grant Description:

Funded by the Centers for Disease Control via the Texas Department of State Health Services utilizing funds from Coronavirus Aid, Relief, and Economic Security Act (CARES), to expand the Immunization Cooperative Agreement program.

	Total Budget	Grant Funded	County Funded
Salary & Benefits	\$0.00	\$0.00	\$0.00
Non-Labor	\$23,664,474.00	\$23,664,474.00	\$0.00
Sub Tot. Incremental Cost	\$23,664,474.00	\$23,664,474.00	\$0.00
Indirect Cost	\$2,836,196.00	\$2,836,196.00	\$0.00*
TOTALS	\$26,500,670.00	\$26,500,670.00	\$0.00

* under development

Full Time Equivalent Positions

Date Guidelines are Available

% of Positions Paid by Grant

Grant Submittal Deadline Date

Grant Discussion:

This program will provide funding for the Department to increase COVID-19 vaccination capacity across Harris County. Deliverables would include increasing the number of vaccine provider sites; implementing vaccine strike teams and mobile vaccine clinics; and monitoring and improving access to vaccinations in communities of high social vulnerability, among others. Budget is requested for various grant operating needs, including contract services, supplies and equipment. There is no required match.

County Funded Cost Projection

Year	Required	Discretionary
2022	-	-
2023	-	-
2024	-	-
2025	-	-
2026	-	-

Completed by: Eric Cadow Cadow, Eric

Date: 4/20/2021

Reviewed by: [Signature]

Date: 4/20/2021

THE STATE OF TEXAS §

COUNTY OF HARRIS §

The Commissioners Court of Harris County, Texas, Met in a regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____,

with the following members present:

Judge Hidalgo	County Judge
Rodney Ellis	Commissioner, Precinct No. 1
Adrian Garcia	Commissioner, Precinct No. 2
Tom S. Ramsey, P.E.	Commissioner, Precinct No. 3
R. Jack Cagle	Commissioner, Precinct No. 4

and the following members absent: _____,

constituting a quorum, when among other business, the following was transacted:

ORDER AUTHORIZING HARRIS COUNTY PUBLIC HEALTH to apply for the grant award from Department of State Health Services for the Immunization COVID-19 Grant.

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Hidalgo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ramsey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Cagle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The meeting chair announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that the County Judge is authorized to approve Harris County Public Health to apply for the Department of State Health Services for the Immunization COVID-19 Grant in the amount of \$26,500,670.00. The funding period begins May 11, 2021 and ends June 30, 2024.

The documents are attached hereto and incorporated herein and incorporated as if set out in full word for word. Harris County is authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

Workplan Performance Measures: COVID-19 Vaccination Supplemental Funding – January 2021

Awardee: Harris County Public Health

Supported through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260

INSTRUCTIONS: This template contains all required activities and performance measures. For each required activity, add specific, measurable, achievable, realistic, time-bound (SMART) activities.

Other activities and performance measures may be added as needed. The workplan must meet these criteria:

- Text 12 font, single spaced, 1- inch margins, number all pages (not to exceed 10 pages)
- Background, Approach and Program Evaluation and Measurement plan (may be part of applicant work plan if the plan includes SMART objectives and performance measures).
- Utilize the CDC Framework for Evaluation in developing your Evaluation and Measurement Plan <https://www.cdc.gov/eval/framework/index.htm>

Background

This section should describe the overall context and need for the funding, including the current status of COVID-19 vaccination activities.

Harris County is the third most populous county in the United States with a population of 4.7 million and is ethnically, racially, and culturally diverse. Since the beginning of vaccination operations, Harris County residents, and residents in neighboring counties, that fell into DSHS phased guidelines flocked to HCPH-run vaccination sites to receive COVID-19 vaccines. To date, Harris County Public Health (HCPH) has vaccinated over 200,000 individuals, operated four large mobile vaccination sites and numerous Vaccine Dispensing Units (VDUs), provided vaccines to partners for distribution, and joined FEMA in Unified Command to operate a Community Vaccination Center at NRG Stadium.

Harris County received the first shipment of vaccines from DSHS on December 23, 2020, prompting the immediate planning and implementation of drive-thru vaccination sites in the county. Through the HCPH developed system, VacsTrac, HCPH has been able to track and manage all HCPH-administered vaccines. As vaccinations began to ramp up, HCPH implemented a waitlist through VacsTrac, which allowed for individuals in different DSHS priority phases to sign up and wait for a possible vaccination appointment. In order to ensure fair access for elderly residents, working families, and vulnerable populations, registrants on the waitlist are selected at random from eligible subgroups in accordance with DSHS guidelines. Those who are not eligible to receive the vaccine yet can still register for the waitlist to be contacted when they become eligible and as vaccine supplies increase. Through this system, HCPH has been able to distribute vaccines effectively and track vaccination progress for the county.

HCPH has run eight mobile vaccination sites since early January. These sites were chosen based on their location, to allow for easier access to vaccine sites across the entire county, as well as data on historical infection rates, recent infection rates, locations of registered providers, and SVI to ensure that vaccine mobile sites were placed in well-known locations (large school stadiums) with a vision that sites would be placed in communities where services were needed most. In addition, these sites were chosen to be at schools that are well known in the community – all with a vision to decrease obstacles to access. Vaccine Dispensing Units (VDUs) have also been in operation since late February, providing vaccines at walk-through community locations for patients in the immediate zip code, also with a vision to decrease obstacles to access. As a complement to the mobile vaccine sites and VDUs, HCPH is looking into providing vaccines at the neighborhood level through Community Vaccination Units in order to get in to the community to provide vaccines to home-bound patients as well as to individuals who cannot travel to or through a mobile vaccine site. As a vaccine hub, all HCPH vaccine operations are designed to reach as many individuals as possible; however, as the local public health department, HCPH has a responsibility to get vaccine to those communities most vulnerable as well as traditionally marginalized communities. Therefore, call center operations and outreach are also guided by principles of equity in order that

HCPH Workplan: COVID-19 Supplemental Funding– January 2021

they are working with operations to ensure marginalized communities have access to vaccines. Some of these activities include ensuring bilingual call center agents, increasing the number of bilingual call center agents, leveraging bilingual outreach personnel to directly engage with communities to talk about the vaccine, and dispel myths and encourage acceptance, among others. HCPH seeks to continue and increase equity in all primary and support operations for vaccine distribution.

Throughout the COVID-19 pandemic, significant racial and ethnic inequities have persisted across the continuum of COVID-19 cases, hospitalizations, and deaths plaguing a plethora of residents who reflect a cross-section of diverse identities in Harris County. This response continually aims to ensure every individual can equitably access COVID-19 public health services and resources; while also providing tailored safety net services to the county's underserved, under resourced, and historically marginalized populations. HCPH serves as a crucial member of Harris County's safety net for disproportionately impacted communities and will become even more important as vaccine becomes more readily available. HCPH seeks to fill this role through all its vaccine distribution activities (mobile vaccine units, etc.), each one looking to go deeper into communities to seek out those who have not been able to access vaccine. For example, the Community-Based Unit operations plan was created to delve into the heart of neighborhoods, capitalizing on the ease of getting a vaccine to reach individuals who are home bound or who cannot travel far as well as persuade those that might be vaccine hesitant. In operationalizing equitable vaccination, HCPH seeks to increase vaccine availability, promote vaccine accessibility, and ensure residents are empowered to act in compliance with vaccination recommendations.

Currently, HCPH's vaccine distribution strategy complies with the State's evolving prioritization (Stage 1A, 1B, 1C etc.) and will further elevate equity by prioritizing vulnerable places (i.e. geographic area/communities) for each population group using CDC's Social Vulnerability Index (SVI). These, and other data indicators, along with community voice allows HCPH to consider social and structural factors associated with the disproportionate impact of COVID-19. Data and community voice have, for example, highlighted the urgency for increased language services at call centers as well as onsite. Data Analytics Data-informed decision making is a cornerstone of HCPH COVID-19 response operations. Robust data collection and analysis from both HCPH and UTSPH sources has been utilized to identify locations with low vaccination rates, areas with increased infection rates, areas with few/no vaccine providers, as well as demographic data like social vulnerability, population density and race/ethnicity.

Beginning on February 22, 2021, FEMA provided a federally supported vaccination site for Houston/Harris County area at NRG Stadium. As a Community Vaccination Center, NRG has the capacity to administer 6,000 Pfizer vaccinations per day. In conjunction with the Houston Health Department (HHD), the NRG site focus has been to prioritize vaccination in geographic areas that are more vulnerable to the negative impact of COVID-19 because of underlying economic, social, and structural factors. Zip codes were prioritized by HCPH and HHD separately and combined for the selection of persons who are entered into the VacsTrac system for NRG. To date, NRG has vaccinated over 125,000 individuals with first dose, and over 19,000 with the second dose.

From a data perspective, HCPH has been able to track vaccination breakdowns by race, age, and geographic area, to name a few. Looking at racial data, out of all the individuals vaccinated through HCPH vaccination sites, 43% are Hispanic, 29% are White, 19% are Black or African American, and 7% are Asian. At NRG, the racial numbers follow a similar trend, except for 10% of vaccinations going to Asian individuals. For VDU operations, 36% are White, 31% are Black or African American, 24% are Hispanic, and 8% are Asian. When looking at age demographics, most individuals vaccinated at HCPH sites were the 30-39 age group, at 18%. At NRG, most individuals vaccinated fall within the 60-69 age group, at 28%. When looking at VDU operations, the age group with most vaccinations is the 70-79 age group, at 32%, followed closely by the 60-69 age group at 28%. From a hospitalization standpoint, individuals aged 70+ in Harris County saw consistently high levels of hospitalizations throughout the COVID-19 pandemic until vaccinations picked up in January. Since January, hospitalization rates

HCPH Workplan: COVID-19 Supplemental Funding– January 2021

for those 70+ has plummeted, indicating that vaccinations are playing a significant role in reducing severe cases of COVID-19. As HCPH continues to prioritize vulnerable populations and those in DSHS priority phases, those in minority populations and older age groups will continue to be vaccinated at higher rates.

Ensuring continual access to vaccinations in our most vulnerable communities is imperative to our fight against COVID-19 inequities and is more important now than ever as the state reopens, mask requirements have been limited, and Texans begin to seek normalcy. By continuing and expanding upon HCPH's current vaccination efforts, more individuals in Harris County, and neighboring counties, will have access to COVID-19 vaccinations.

At this time, HCPH is looking for applying for funds for current (as of April 1st) activities and moving forward. HCPH has submitted applications to FEMA for past activities.

Approach (main body of the application)

This section must:

- Describe activities by **phases 1a, 1b, 1c, phase 2, and phase 3**. Plans and activities for each phase must be described.
- Refer to the **Programmatic Guidance document** and to the **COVID-19 Vaccination Playbook** as you develop your workplan and budget: COVID-19 Vaccination Program Operational Guidance (cdc.gov)
- Describe specific, measurable, achievable, realistic, and time-bound (SMART) objectives, activities, outcomes, and performance measures (see job aid below on page 3).
- Place an asterisk on those activities you are **associating with the requirement that a minimum of 10% of funding is for activities focused on high-risk and underserved populations including racial and ethnic minority populations and rural communities**.

Performance Measures – THIS MUST BE COMPLETED with SMART objectives

1. Increase COVID-19 vaccination capacity across Harris County, including among high-risk and underserved populations.

1.1 Increase the number of vaccine provider sites, including through the use of pharmacies. This can be done through a competitive application process, through enrollment of specific providers into such a program, or through other means

Activities (specific, measurable, timebound)	Performance Measures (in addition to the CDC required performance measure(s) below)	Phase
*Increase the number of vaccine provider sites including in underserved communities by 500 by 12/31/2021	Increase the number of enrolled providers by at least 500 by 12/31/2021	ALL

Performance Measure (PM) 1.1: Number of new vaccine providers, by type, enrolled as COVID-19 providers in the past quarter. (Provider types as listed on the COVID-19 Provider Agreement)

1.2 Enroll/train vaccine providers, including complementary providers, to build capacity to vaccinate pediatric and adult populations in accordance with ACIP recommendations.

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
*Conduct healthcare outreach and technical assistance through trainings and meetings with providers including those who serve vulnerable populations on a bimonthly bases or as needed throughout the duration of the response to COVID-19.	Increase the number of trained new vaccine providers by 500 by 12/31/2021	All

PM 1.2: Number of vaccine providers trained in proper vaccine administration and in vaccine storage/handling in the past quarter.

1.3 Enlist/educate adult providers, including specialists that see high risk patients, to identify and refer patients to vaccination clinics if they are not themselves vaccinators

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
*HCPH will oversee a program for vaccinating home-bound individuals through partnerships with home health agencies (possible partners with EMS, Harris County Emergency Corps, etc.) throughout the duration of the response to COVID-19	Increase number of providers by 500 by 12/31/2021	
*Conduct healthcare outreach and technical assistance to providers especially those who serve vulnerable populations throughout the duration of the response to COVID-19	Increase the number of new vaccine providers by 500 by 12/31/2021	

PM 1.3: Number of adult health care providers trained in the past quarter for the purposes of ensuring patients are appropriately immunized or referred for vaccinations.

1.3 Fund local health departments to expand their operations (e.g., providing vaccinations during evenings, overnight, and on weekends) and to **increase their throughput**

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
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Refer to 1.5		
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PM 1.4: Number and percent of health departments with expanded operations in the past quarter. List examples of that expanded operations.

1.4 Support public health workforce recruitment and training including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability. (CDC's Social Vulnerability Index (SVI))

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase

PM 1.5: Number of new public health workers hired (FTE, contractor, etc) in the past quarter

1.5 Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
*HCPH will operate Community focused Vaccine Distribution Units that will focus on high risk zip codes each week. (VDU and CVUs) throughout the duration of the response to COVID-19	By 1/31/21, HCPH will operate 3 VDUs per week and focus on areas of higher risk and vulnerability	All Phases
*HCPH will operate and/or oversee Mobile Vaccination sites strategically placed across the County to address transportation and equity needs throughout the duration of the response to COVID-19	By 7/31/21, HCPH will operate 2-4 mobile vaccination sites per day, 3-5 days/week providing 10% or more of vaccines to underserved individuals	Phase 1c and 2
Refer to outreach in #3 as well		

Also addressing:

1.3 Fund local health departments to expand their operations (e.g., providing vaccinations during evenings, overnight, and on weekends) and to **increase their throughput**

Activities (<i>specific, measurable,</i>	Performance Measures (<i>in addition</i>	Phase
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<i>timebound)</i>	<i>to the CDC required performance measure(s) below)</i>	
*Expand vaccine operations to allow for weekend and evening operations 2-3 days per week for the duration of vaccine administration.	HCPH will conduct vaccine operations at least 1 day each weekend and during evening hours at least 3 days per week.	Phase 1c and 2

2.1 Implement **site visits** to COVID-19 vaccination clinics to provide monitoring and quality assurance support (supportive supervision) and to promote quality improvement.

2.4 Ensure vaccine administration sites have appropriate capabilities to **address adverse events, including anaphylaxis**

Activities (<i>specific, measurable, timebound)</i>	Performance Measures (<i>in addition to the CDC required performance measure(s) below)</i>	Phase
(2.1) Expand and improve capabilities to address adverse events at all HCPH vaccination sites throughout the duration of the response to COVID-19.	(2.1 and 2.5) HCPH will conduct trainings 2/month to clinical and field staff at vaccination sites and clinics. (2.1) HCPH will create a team of clinical staff to conduct QA on the field 1-2 times per week at each site for the duration of the response.	Phase 1c and 2
(2.4) HCPH will provide ambulance services for mass vaccination sites for the duration of the response onsite and aid patients as needed throughout the duration of the response to COVID-19.	Number of sites that are supported by EMS each month and the number of EMS transports or adverse reactions reported weekly.	All phases
(2.4) Purchase of emergency medical aid kit (i.e. Epi Pens, etc.) to address onsite adverse events by clinical staff when EMS is not present throughout the duration of the response to COVID-19.	Number of sites with a medical kit reviewed monthly.	All Phases

3.5 Partner, plan, and implement vaccination activities with **critical organizations**. These organizations could include but are not limited to:

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
*Conduct partner and critical organization monthly virtual calls to discuss ways to continue to collaborate and address unmet needs throughout the duration of the response to COVID-19.	Continuing 4/1, hold meetings with critical organizations monthly and provide meeting agendas to DSHS quarterly	Phase 1c and 2

PM 1.6: Number and percent of strike teams, mobile clinics, or temporary off-site clinics held in the past quarter in underserved communities.

PM 1.7: Number of vaccine doses provided through strike teams, mobile clinics, or temporary off-site clinics in the past quarter in underserved communities.

2. Ensure high-quality and safe administration of COVID-19 vaccines

2.1 Implement **site visits** to COVID-19 vaccination clinics to provide monitoring and quality assurance support (supportive supervision) and to promote quality improvement.

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
SEE 1.5		All

PM 2.1: Number and percent of site visits (in-person and virtual) to COVID-19 vaccination clinics in the past quarter for the purposes of ensuring proper vaccine administration, proper vaccine storage and handling, and improved quality assurance. Describe key issues identified and how resolved.

2.2 Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
*By 07/01/2021, the QA team above (also see 1.5) will support HCPH-response in regards to training, responding to issues, and answering questions from providers.	HCPH will provide quarterly reporting on the number and percent of vaccination sites that were supported, as well as number of trainings conducted, and issues/questions that arose.	All phases

*(See 1.5) Hire on additional clinical supervisors for the HCPH vaccination sites to oversee clinical operations. With additional clinical supervisors and trainings, HCPH will be able to further reduce clinical issues at the HCPH-run vaccination sites.	HCPH will provide 2 clinical supervisors that will rotate vaccine clinics and provide onsite support at a more frequent basis.	All phases
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PM 2.2: Number and percent of COVID-19 provider sites supported in the past quarter through trainings or response to issues/questions.

2.3 Provide supplies (including personal protective equipment (PPE)), equipment, and training to providers and partners for:

- ✓ **Vaccine storage and handling**, including monitoring temperature of vaccines
- ✓ **Vaccine transport**, including any vaccine-specific considerations, for temporary mass vaccination clinics.
- ✓ **Vaccine administration**

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
*Provide equipment and supplies to providers that are within HCPH jurisdiction and approved by DSHS specifically with providers that serve vulnerable communities	HCPH PPE and vaccine supplies/equipment to identified providers monthly.	All Phases
*Provide training on transport, storage and handling, and administration (including reporting adverse events) to HCPH jurisdiction providers including provider that serve vulnerable communities	Provide training to at least 250 providers by 1/31/2021	All phases

PM 2.3: Number of supplies/equipment, by type, delivered to providers and partners for vaccine storage and handling, in the past quarter. (Types: temperature monitoring devices, refrigerators, freezers, other). Describe any concerns regarding ability to obtain needed supplies/equipment.

PM 2.4: Number of supplies/equipment, by type, delivered to providers and partners for vaccine transport, in the past quarter. (Types: temperature monitoring devices, mobile vaccine storage units, other). Describe any concerns regarding ability to obtain needed supplies/equipment.

PM 2.5: Number of supplies/equipment, by type, delivered to providers and partners for vaccine administration, in the past quarter. (Types: needles, syringes, PPE, other). Describe any concerns regarding ability to obtain needed supplies/equipment.

2.4 Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis

Activities (specific, measurable, timebound)	Performance Measures (in addition to the CDC required performance measure(s) below)	Phase
See 1.5		All

PM 2.6: Number and percent of COVID-19 administration sites that have been assessed by the awardee as capable of addressing adverse events including anaphylaxis in the past quarter. The assessment should include that the provider has epinephrine on site, equipment to measure vital signs, and antihistamines.

2.5 Support provider training and reporting of vaccine adverse events to VAERS

Activities (specific, measurable, timebound)	Performance Measures (in addition to the CDC required performance measure(s) below)	Phase
See 2.3 training team		All

PM 2.7: Number and percent of provider sites trained on how to report to VAERS in the past quarter.

3. Ensure equitable distribution and administration of COVID-19 vaccines

3.1 Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage. **Implement and evaluate interventions** and direct vaccine and vaccination efforts to increase coverage

Activities (specific, measurable, timebound)	Performance Measures (in addition to the CDC required performance measure(s) below)	Phase
*Development and implementation of vaccine registration, scheduling, and data analysis tool. Ensure that the DSHS determined subgroups are being met (phases) and focus efforts on specific geographic areas of the county.	Continuing 4/1/2021, track and report all vaccines distributed by HCPH within Harris County.	All
*HCPH will collect and analyze COVID-19 Vaccination demographics compared to	Beginning 2/1/21 and extending through 6/30/23, 100% of vaccination coverage reports	All

population data, e.g. by Race/Ethnicity, County of residence, etc. population data for PM 3.1. Reports will be generated weekly throughout all three phases.	produced by HCPH will be shared with DSHS once a week.	
*Increase number of translators within the vaccine call centers to allow for communication to those in current DSHS phases.	As vaccination efforts ramp up, 10-20 additional vaccine call center agents will be hired on to support languages outside of English, Spanish, and Vietnamese (including, but not limited to, Hindi, Cantonese, Korean, French, etc.).	All
*Operate a vaccine call center to address vaccine scheduling and transportation needs.	An additional 10-20 vaccine call center agents are hired and trained to support influx of calls and scheduling for those who cannot schedule on their own or who need travel assistance to vaccination sites.	All

PM 3.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups (subgroups are not mutually exclusive):

CDC will track and capture these data separately through other sources.

- Health care personnel
- Long-term care facility residents
- Front line essential workers
- Persons aged ≥75 years
- Persons aged 65–74 years
- Persons aged 16–64 years with high-risk medical conditions
- All persons aged ≥16 years

3.2 Monitor and improve access to vaccinations in communities of high social vulnerability. (CDC's Social Vulnerability Index (SVI))

Activities (specific, measurable, timebound)	Performance Measures (in addition to the CDC required performance measure(s) below)	Phase
Refer to 1. Vaccine Strike Teams		All
*Implement the use of site navigator teams to assist individuals with support needs (language access, etc.) proceed through vaccination sites. Drive thru medical	BY 05/15/21, 15 Site Navigators are hired and trained to be deployed to each drive-thru vaccination site and provide on-site guidance to patients daily.	All

service sites are very new for the community, and can be a daunting experience for older individuals, non-English speakers, etc. Bilingual navigators will be stationed at the entrance of vaccine sites in order to answer any questions, provide instructions, and/or walk accompany a patient through the entire drive through process in order to facilitate the experience and decrease anxiety in the patient.		
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PM 3.2: Describe work to monitor and improve access to vaccinations in underserved communities or communities of high social vulnerability in the past quarter.

3.3 Continue and expand on the work of Vaccine Equity Committees (or similar committees) to ensure transparency and engagement with the community

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
*Convene community-based organizations to inform and provide feedback on HCPH vaccination plans monthly.	Through all phases of vaccination, monthly meetings will occur with community-based organizations with the support of individual trainers to promote informed feedback and ideas.	All
*Support county-wide and neighborhood-based community-based organizations in local canvassing to promote vaccine acceptance and partake in vaccine registration activities	HCPH continuously trains CBO volunteers in using the wait list registration site, and provides information on upcoming vaccination events so that CBOs can canvass and register patients for those events.	All

PM 3.3: Number of Vaccine Equity Committee (or similar) meetings held in the past quarter. Describe key activities of the committee in the past quarter.

3.4 Have a written plan to address high-risk and specific populations (including older adults) and how to reach each group, including congregate settings (e.g. correctional facilities), homeless populations, essential workers, and others.

Activities (<i>specific, measurable,</i>	Performance Measures (<i>in</i>	Phase
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<i>timebound)</i>	<i>addition to the CDC required performance measure(s) below)</i>	
*Develop and continuously edit equity and VDU plan and strategies based on current phase of vaccination and data analyses bi-monthly.	Review and update all vaccine equity strategies/plans bi-monthly.	
*Work with partner organizations and outline an SOG to support the transportation of home-bound individuals to vaccination sites.	By the end of the year, increase the number of individuals (without transportation) being vaccinated at HCPH vaccination sites through partnership transportation.	All phases

PM 3.4: These plans, including related performance measures, must be included as part of the workplan due within 45 days of the NOA. If additional time is needed, these plans may be received no later than July 1, 2021.

3.5 Partner, plan, and implement vaccination activities with **critical organizations**. These organizations could include but are not limited to:

- ✓ Colleges and Universities
- ✓ Occupational health settings for large employers
- ✓ Churches or religious institutions
- ✓ Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
- ✓ Pharmacies
- ✓ Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
- ✓ Organizations and businesses that employ critical workforce
- ✓ First responder organizations
- ✓ Non-traditional providers and locations that serve high-risk populations
- ✓ Other partners that serve underserved populations

Activities (specific, measurable, timebound)	Performance Measures (in addition to the CDC required performance measure(s) below)	Phase
Conduct vaccination activities with critical organizations through community vaccination units by end of year. Refer to 1. Vaccine Strike Teams (VDUs, CVUs, etc.)	Vaccinate and/or provide oversight in 250 vaccination events at critical organization locations by 12/31/2021.	All

PM 3.5: Number and type of partner organizations that have implemented COVID-19 vaccination activities in the past quarter. Include also a short statement of the activities.

3.6 Plan and implement vaccination activities with organizations and business that employ **frontline essential workers**

“ACIP used CISA guidance to define **frontline essential workers** as the subset of essential workers likely at **highest risk for work-related exposure** to SARS-CoV-2, the virus that causes COVID-19, because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers. ACIP has classified the following non–health care essential workers as frontline workers: **first responders (e.g., firefighters and police officers), corrections officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers.**”

(The Advisory Committee on Immunization Practices’ Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020 | MMWR (cdc.gov))

Activities (<i>specific, measurable, timebound</i>)	Performance Measures (<i>in addition to the CDC required performance measure(s) below</i>)	Phase
Create additional outreach teams to promote vaccine distribution and acceptance across various areas of the county by 05/31/2021.	Increase outreach in first responder/critical infrastructure workplaces/environments to promote an increase vaccine acceptance and appointments by the end of the year.	ALL Phases

PM 3.6: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, child care workers.

Program Evaluation and Measurement Plan

This section should:

- *Describe a strong approach to evaluating the success of the project through reference to CDC’s Framework for Evaluation.*
- *Describe a clear approach for tracking progress on SMART objectives, activities, outcomes and performance measures.*
- *Describe planned participation with partners.*
- *Describe clear monitoring and evaluation procedures that will be incorporated into planning and implementation*

HCPH will hire a program manager and grant manager to oversee and ensure timely reporting and evaluation of all projects. HCPH will use data to track progress in meeting various performance metrics and metrics will be reviewed periodically (bi-monthly) to ensure measures

are being met. HCPH will communicate internally and evaluate any measures not being met in order to shift tactics or strategies to meet the metrics outlined in the workplan, all while keeping in mind the needs of the most vulnerable in our communities and ensuring that all our activities provide individuals with access to the COVID-19 vaccine. Using HCPH created VacsTrac system, all vaccine distribution and allocation records are housed within a HCPH developed system, making it easy for the data team to track the workplan metrics outlined.

HCPH will also engage stakeholders to consistently reassess vaccine accessibility throughout Harris County communities. The vaccination efforts in Harris County are dependent on coordination with county and community partners. HCPH will leverage community engagement feedback to form new and continuously refine existing operational activities, such as vaccination site location and community messaging. Currently, HCPH is leveraging a group of partners for this feedback as vaccine operations and communications efforts increase; the expectation is that this approach will continue to grow as vaccination distribution continues. HCPH is committed to transparent community partnership and to bolstering current efforts to establish multiple feedback channels based on cultural preferences, language needs, and the practical realities of marginalized groups. Everything HCPH plans or operationalizes has health equity and community resilience and its center piece and will continue to prioritize the health and safety of the entire community.