Office of
Governor Tim Walz &
Lt. Governor Peggy Flanagan

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View entire list

Walz, Flanagan Announce Groundbreaking Partnership Between State of Minnesota, Health Care Systems on Race and Ethnicity Data Collection

State announces additional, targeted strategies to promote equity in vaccination

March 5, 2021

[ST. PAUL, MN] — Today, the Walz-Flanagan Administration announced publication of vaccination data by race and ethnicity made possible through the groundbreaking partnership between the State of Minnesota and the Minnesota Electronic Health Record (EHR) Consortium. This unique and innovative collaboration between public health and health systems is the first statewide effort of its kind in the United States.

The data – to be published on the state's COVID-19 Vaccine Data Dashboard – will inform additional, targeted strategies to ensure the equitable distribution of vaccine to Minnesotans of all races and ethnicities, including communities disproportionately impacted by COVID-19 as a result of systemic inequities.

"We are excited to announce this first-in-the-nation partnership to help us track vaccination data by race and ethnicity — a critical part of ensuring equity and fairness in our distribution," said Governor Tim Walz. **"Equitable access has been a cornerstone principle of our vaccination plans since the first doses arrived in Minnesota. This data-driven collaboration among members of Minnesota's health care community will help us build upon and strengthen our equity efforts in every community across the state."**

"We measure what we care about," said Lieutenant Governor Peggy Flanagan. **"And we care deeply about ensuring that each and every Minnesotan, in every community, from every walk of life has fair and equitable access to the vaccine. We will use this groundbreaking partnership and insight into the disaggregated data to help drive improved and targeted strategies to better serve communities disproportionately impacted by COVID-19 over the last year, including Black, Latinx, Asian Pacific Islander, and Native communities. I'm grateful for the continued partnerships with community as we work together to provide access in a way that addresses those systemic inequities and works to address the current disparities."**

Statewide Collaboration First of its Kind in the United States

The Minnesota Department of Health (MDH) has been collaborating with the EHR Consortium throughout the COVID-19 pandemic to identify and address disparities in COVID-19 testing. The collaboration expanded into vaccination disparities analysis once vaccines began arriving in the state. Through weeks of planning, the groups have established a process to generate high-quality, reliable data that will inform vaccination strategies for all partners.

"This important, intentional work to inform the equitable distribution of health care resources for Minnesotans is a true collaboration," said Tyler Winkelman, MD, MSc at Hennepin Healthcare who is leading the MN EHR Consortium COVID-19 Vaccine Project. **"The ongoing partnership will not only guide decision-making processes related to COVID-19 vaccination distribution, but also provides the infrastructure needed for future public health crises."**

The data are generated when participating health systems produce a summary report for their patients who have received a vaccine as reported to the Minnesota Immunization Information Connection (MIIC). Summary data contributors include Allina Health, CentraCare, Children's Hospitals and Clinics of Minnesota, Essentia Health, M Health Fairview, University of Minnesota, HealthPartners, Hennepin Healthcare, Mayo Clinic and Mayo Clinic Health System, and North Memorial Health.

The Consortium is working with Sanford Health and the Minneapolis VA Health Care System to add summary data from their organizations in the coming weeks and will look to add additional clinics and systems contributing summary data in the future. Summary data also includes vaccines delivered by community vaccine sites, pharmacies, retailers, and private clinics in Minnesota.

Race and ethnicity data will be published and updated weekly on the State of Minnesota COVID-19 Vaccine Data Dashboard (https://mn.gov/covid19/vaccine/data/index.jsp) . Data reported by the Consortium does not represent information for all vaccinations and faces a number of limitations, including unmatched patient profiles and patients with no existing data or race or ethnicity information. Vaccine recipients must have received care from one of the participating health systems in the last 5-10 years in order to have information included in summary data.

In addition to the EHR partnership, Minnesota is using the COVID-19 Vaccine Connector (https://vaccineconnector.mn.gov/) to gather detailed demographic data to inform ongoing equitable vaccine strategies. The Connector uses detailed demographic information provided by users – including race, ethnicity and Medical Assistance status – to access more disaggregated data and keep goals on target.

"Each of these data sources alone hold a lot of information about COVID-19 vaccination status and patient demographics, but they work better together," said MDH Commissioner Jan Malcolm. **"The power of this collaboration is we are able to have a clearer view of who is getting vaccinated in Minnesota and work together to close equity gaps."**

State to Expand Strategies to Improve Equitable Vaccine Distribution

Equitable distribution is a core principle of the Walz-Flanagan administration's COVID-19 vaccination strategy.

To target outreach to communities disproportionately impacted by COVID-19, the administration is working with 38 community-based organizations to serve as COVID-19 Community Coordinators. These Coordinators connect Minnesota's diverse communities to information about and access to authorized COVID vaccines, as well as resources to address the impacts of COVID-19, such as employment, food access, housing, child care, and legal rights. Coordinators work with the State to serve communities hit hardest by COVID-19, including communities of color, American Indian communities, recent immigrants, refugees, LGBTQ communities, and Minnesotans with disabilities.

To date, the administration has worked with providers in these focus communities across the state to ensure Minnesotans from these communities have access to the limited supply of vaccine doses shipped by the federal government.

MDH is also partnering with 30 experienced and trusted diverse media vendors (https://www.health.state.mn.us/communities/equity/funding/covid_current_media.pdf) and community organizations in Minnesota to provide culturally relevant, linguistically appropriate, accurate, and timely messages related to COVID-19, including vaccines.

As vaccine eligibility expands and the Biden administration promises larger shipments to states, the Walz-Flanagan administration is broadening its strategies to provide equitable distribution and access. The administration is announcing additional, targeted strategies to address the current disparities in the data. These five strategies for focus communities will help expand the state's all above approach and work directly with community and health partners to better serve Minnesotans from Black, Indigenous, and communities of color:

- **Continue Partnerships with FQHCs and Expand Vaccine Distribution to Community Clinics:** Since December, the administration has been working strategically with the state's 17 Federally Qualified Health Centers (FQHCs), which serve people who are low-income and uninsured Minnesotans, as well as Black, Indigenous, and communities of color. To date, Minnesota has shipped as many doses to FQHCs as they have requested. The state has also exempted FQHCs from the administration's 72-hour distribution goal to ensure they can adequately serve their populations. Minnesota's FQHCs are vaccinating community members from Black, Indigenous and Communities of Color, at significantly higher rates than other sites. In addition to the FQHCs currently offering vaccine, MDH is engaging other community clinics that operate similarly to FQHCs and serve similar patient populations to register as vaccination sites and provide dedicated doses for eligible Minnesotans. The state is working with FQHCs to now pilot initiatives to vaccinate their patients age 50 years and over who have underlying health conditions, as well as a family member who brings a relative 50 years and over in for a shot.
- **Expand Vaccine to More Community Pharmacies:** Through a state pilot program, 20 Small Chain Independent Pharmacies (SCIP) are currently receiving doses of vaccine to serve their patient populations in communities of color and other diverse communities around Minnesota. In the weeks ahead, MDH will work to expand the number of SCIP pharmacies receiving vaccine, based on a community's Centers for Disease Control (CDC) Social Vulnerability Index profile. These pharmacies will also pilot initiatives to vaccinate patients age 50 years and over who have underlying health conditions, as well as a family member, if they bring in someone over the age of 50.
- **Expand Vaccine to Community-Based Vaccination Sites:** MDH is working with its COVID-19 Community Coordinators to stand up smaller vaccination clinics in focus communities. Community Coordinators are building a pipeline of vaccine-eligible patients for future clinics, and MDH is working to identify vaccinator partners, such as health care providers or pharmacies, to deliver doses at future community clinics.
- **Connect Focus Community Members with Vaccines in their Communities:** The Biden administration is allocating doses for the next three weeks directly to the Brooklyn Center Walmart Pharmacy based on the city's Social Vulnerability Index profile. MDH and the COVID Community Coordinators are working with Walmart to reach eligible community members from Black, Indigenous and Communities of Color, to schedule appointments. MDH will expand this strategy to other pharmacies as soon as the federal government ships more vaccine.
- **Deploy Mobile Vaccination Units to Hard-to-Reach Populations:** MDH is pursuing a partnership with the Minnesota Department of Transportation, the Metropolitan Council, Metro Transit and Blue Cross Blue Shield to provide mobile vaccination units. These units would be used to supplement local public health and healthcare efforts to fill vaccine availability gaps, working in coordination with trusted community organizations statewide. Mobile units are the most flexible to overcome access barriers such as transportation, technology, time and other constraints that make it difficult for some community groups to access healthcare services such as vaccines. More information will be released in the weeks ahead.

Additionally, the administration has issued updated allocation and prioritization guidance (https://www.health.state.mn.us/diseases/coronavirus/vaccine/phase1b1c2.pdf) to providers across the state to inform best practices for vaccinators. The guidance provides recommendations for sub-prioritization factors and addresses systemic inequities and the disproportionate impact of COVID-19:

- MDH recommends that vaccinators prioritize people 65 years of age and older who are dual eligible for Medicare/Medicaid and younger people who participate in Minnesota Health Care Programs as they become eligible in later phases.
- Some communities have suffered disproportionately from COVID-19, including communities of color, older adults, people with disabilities, and people with comorbidities. The presence of multiple risk-factors should be considered if sub-prioritizing within groups.

"So many Minnesotans – especially our Black, Latino, Asian Pacific Islander, and Native communities – face unique barriers to vaccine access and have been disproportionately impacted by this virus, and the data released today highlights these challenges. But we refuse to leave anyone behind," continued Governor Walz. **"We know there is always more we can do to ensure every Minnesotan has access to these highly effective, life-saving vaccines. We are working non-stop with our partners and our communities to undo the systemic challenges that have created these barriers, and to ensure a safe and equitable vaccine rollout."**

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