

RELATIONAL PUBLIC HEALTH ETHICS AND FEDERALLY QUALIFIED HEALTH CENTERS' ROLE IN VACCINE DISTRIBUTION

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Conflicts of Interest Statement

I have no conflicts of interest to disclose.

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OVERVIEW

1. FQHC and Study Background
2. Relational Public Health Ethics Framework
 - a. Relational personhood
 - b. Social justice
 - c. Relational solidarity
3. Implications
4. Discussion

BACKGROUND ON FQHCS

- Type of community health center that receive grant funding from the Health Resources and Services Administration (HRSA).
- 92% of health center patients have incomes at or below 200% of the federal poverty level.
- Over half of health center patients are racial or ethnic minorities.
- From January 8 to July 2, 2021, FQHCs had administered 61.4% of their COVID-19 vaccines to patients of color compared with 40% administered to racial and ethnic minority groups in the general US population.

Vaccination At Community Centers Study

Bioethics in Community Health



Covid VACCS

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Community health centers are key providers of vaccinations and vaccine education. During Covid-19 vaccine roll-out in early 2021, the federal government disbursed vaccines directly to Federally Qualified Health Centers (FQHCs) to facilitate vaccination of their patient populations, which are disproportionately minority and medically underserved.

The goal of this rapid-response project is to understand how frontline vaccine providers serving disproportionately vulnerable communities responded to barriers to vaccine access, patients' concerns about Covid-19 vaccination, and related issues of trust during a public health emergency.

Advancing COVID Vaccination Equity at Federally Qualified Health Centers: a Rapid Qualitative Review

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INTRODUCTION

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Equitable access to COVID-19 vaccination is crucial to mitigating disproportionate COVID-19 morbidity and mortality in lower-income minority communities in the USA. Federally Qualified Health Centers (FQHCs) are non-profit health systems that receive federal funding to provide primary care to medically underserved communities. FQHCs serve 30 million patients annually, 90% of whom live below 200% of the federal poverty line and 63% of whom are racial/ethnic minorities.¹ In February 2021, the White House initiated direct allocation of COVID vaccines to FQHCs in a phased program later expanded nationwide. Vaccination appointments at FQHCs were open to the general public. From January to May 2021, over 60% of vaccinations at FQHCs went to people of color, versus less than 40% nationally.² The share of vaccinations administered at FQHCs also increased over time, suggesting the important role FQHCs play in vaccine equity.

Study Methods and Analysis

- Semi-structured interviews with FQHC healthcare providers and outreach workers.
- Two teams of two people each coded the interviews using an iterative thematic coding approach and reconciled coding discrepancies by consensus.

INTERVIEW GUIDE

1. Please describe **your role** at [FQHC name] in the context of the Covid-19 vaccine roll-out.
2. What is the **process for getting a vaccine appointment** at your clinic?
3. In general, **how has your patient population responded** to the availability of Covid-19 vaccines?
4. There is evidence that, in general, low-income people and people of color are getting **vaccinated at lower rates** than higher-income white people. Does this reflect what you've observed at your clinic? Why do you think this is/is not the case at your clinic?
5. What **specific concerns** are your patients sharing about Covid-19 vaccination?
6. **What do you think is working at your site** as a response to Covid-19 vaccine hesitancy?
7. What **barriers to Covid-19 vaccine access** do your patients experience?
8. What kinds of things have you (or your clinic) done to maintain **patient trust** during the Covid era?

RESEARCH QUESTION

“What can we learn from the experiences of community health providers on the frontline of Covid vaccine access in vulnerable communities?”

- Evidence that white, wealthier people were getting more access.
- Key informants warned against the “people of color are hesitant” narrative – access was the bigger issue.

RELATIONAL PUBLIC HEALTH AND FQHCS

- FQHCs provide an important case study on both the feasibility and benefits of using public health policies rooted in relationality within the US context.
- Critical examination of relational frameworks?

A RELATIONAL ACCOUNT OF PUBLIC HEALTH ETHICS

- Françoise Baylis, Nuala P. Kenny, and Susan Sherwin emphasize three interrelated, overlapping values:

Relational autonomy

Social justice

Relational solidarity

RELATIONAL PERSONHOOD

- A concept that focuses us on humans' sociality and interconnectedness rather than our independence and separateness from one another.
- Humans develop our preferences and values through interactions with others.
- Not only makes evident that all persons are (at least partially) socially constructed, it also reminds us that we are not all constructed as equals.

RELATIONAL AUTONOMY

“We build up relationships. You cannot imagine the number of Christenings, First Communion, baby showers, everything that I go to [laughing] every week (HSI-6).”

“We called one of our community stakeholders and she's a lady that's very connected to her church, and she brought her whole congregation, and everybody got vaccinated. (HSI-5).

SOCIAL JUSTICE

- Examines how political and social conditions are created, maintained, and changed.
- Correction of injustice among groups, seeking to alleviate disparities and disadvantages.

SOCIAL JUSTICE

“We spoke with churches, we spoke with daycares, we spoke with nonprofits in various zip codes... where poverty levels were high, resources were low – a lot of Black and Brown communities in those neighborhoods. And we said, ‘Hey, how can we help get your folks connected to vaccine clinic (HSI-7)?’”

RELATIONAL SOLIDARITY

- A “shared interest in survival, safety, and security.”
- Solidarity requires recognizing individuals’ mutual interdependence and vulnerability, and that needs and vulnerabilities are shaped by social, economic, and political contexts.

RELATIONAL SOLIDARITY

“I think that one of the things that helps in my role [is that] I am able to interact with community members. I make weekly home visits... I'm speaking about years of being in this community (HSI-16).”

“Our model is [a] patient-centered home. So, they already know the providers, they get to see me....they know everybody here. And that really helps (HSI-5).”

FQHCS INSIGHTS

- First, prioritizing relationship-building can generate trust in public health interventions.
- Second, a relational public health system must acknowledge inequities and seek to correct them.
- Third, solidarity is a necessary but underutilized value in public health.

THANK YOU!

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