



Putting Equity at the Center of New Mexico’s COVID-19 Vaccination Program

The Department of Health’s (DOH) mission is to vaccinate New Mexicans swiftly, efficiently, and equitably, to save lives, and stop the spread of the virus. (See Figure 1). Native American, Black, Hispanic/Latino populations, and people living in poverty have been hit hardest by COVID-19. Our equity plan seeks to vaccinate all New Mexicans, with a special focus on those who have been disproportionately affected.

I. EQUITABLE ALLOCATION AND ACCESS

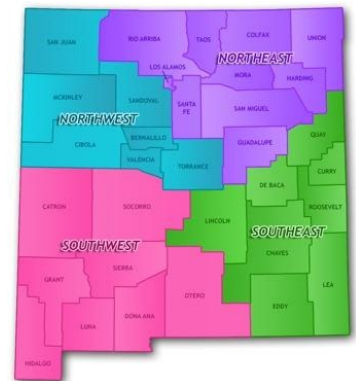
To ensure allocation equity, we have:

- Added an equity-based component to our allocation system based on the CDC’s Social Vulnerability Index (SVI) and COVID-19+ rates, reallocating up to 25% of vaccine supply each week to populations with a high SVI and/or >10,000 COVID-19 cases per 100,000 population
- Prioritized activating new providers who meet the needs of underserved communities
- Transitioned 80% of rural and smaller providers to Moderna and Johnson & Johnson for increased distribution of vaccine
- Provided consistent and predictable allocations to individual providers to allow for improved planning to reach priority populations

To ensure equal access, we are:

- Developing alternate registration modalities for vaccine administration when more vaccine becomes available:
 - Walk-in and provider clinics in areas of high SVI or high COVID-19 cases
 - Mobile vaccination teams that travel to each of the four regions

With 23 federally recognized tribes, pueblos, nations, and urban Native American populations in New Mexico, government-to-government communication and collaboration will be integrated throughout the Vaccination Equity Plan and its implementation.



II. ORGANIZATIONAL STRUCTURE AND COMMUNICATIONS FOR EQUITY

- Vaccine Equity Advisory Committee:
 - Support and integrate a Vaccine Equity Advisory Committee to guide the work of equitable vaccine distribution
 - Support local health councils to develop vaccine equity advisory subcommittees to provide local guidance for the state Vaccine Equity Advisory Committee

III. COMMUNITY ENGAGEMENT TO BUILD VACCINE CONFIDENCE

The DOH promotion team will engage with health councils, tribal leadership, and tribal health councils to:

- Identify barriers and facilitators for COVID-19 vaccine uptake
- Support local communication plans and strategies
- Train networks of Community Health Workers (CHW) and Community Health Representatives (CHR) in every region to communicate messaging in local and tribal communities
- Deploy CHWs and CHRs in areas with high SVI, including door-to-door home visits and support of local community pods for vaccination

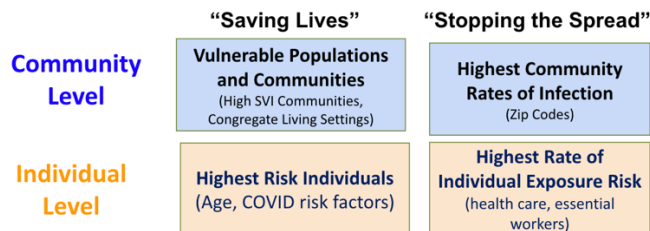
IV. MONITOR AND EVALUATE FOR EQUITY

- Collect and track data through New Mexico’s Statewide Immunization Information System (NMSIIS) on counties, age, race, and ethnicity for those receiving vaccines
- Provide data on public vaccine dashboards
- Monitor vaccine coverage in areas of high SVI, and/or high COVID-19 cases
- Share data with local communities, health councils, community-based organizations, and tribal organizations to support data-driven actions

Figure 1: Using an equity approach to save lives and stop the spread of COVID-19

DOH uses both a community-level and an individual-level equity approach to save lives (reduce morbidity and mortality) and stop the spread (reduce transmission).

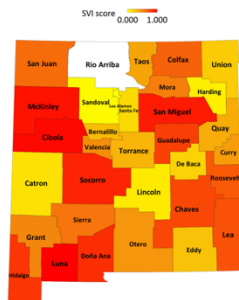
COMMUNITY LEVEL:



At the **community Level**, we strive to vaccinate vulnerable populations (high SVI and congregate living settings) and those areas hardest hit by COVID-19 (zip codes with high rates of infection).

Allocate in areas of high SVI
(reduce morbidity and mortality)

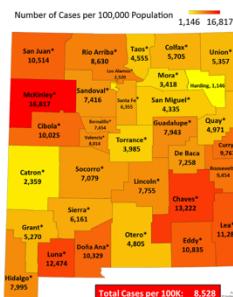
Social Vulnerability by County



Source: U.S. Centers for Disease Control. Social Vulnerability Index, 2018 data. No data available for Rio Arriba County.
https://www.atdsh.cdc.gov/diseasesandhealth/for/documentation/SVI_documentation_2018.html
February 25, 2020

Allocate in areas of high cases
(reduce spread of the virus)

COVID-19 Prevalence Rate (2/22/2021)



Source: New Mexico Department of Health. Population estimates obtained from U.S. Census American FactFinder. Retrieved from <https://data.health.state.nm.us/open/data/2020/Prevalence/County.html>, March 25, 2020. * denotes death occurred in county. Excludes cases in federal and state detention facilities.

INDIVIDUAL LEVEL:

At the **individual level**, we use phased guidance to vaccinate the highest-risk individuals (higher age, chronic conditions) and those with high risk of exposure (healthcare, essential workers)

Phase Guidance	Allocate to Highest Risk Individuals	Allocate to Highest Rate of Individual Exposure Risk
1a	LTCF Residents	Health care personnel
1b	Persons 75 years and older Persons 16-64 with high risk conditions	Frontline Essential Workers
1c	Persons 60-74 years old	Other Essential Workers

References:

- [DOH COVID 19 Vaccine Dashboard](#)
- [DOH COVID19 Dashboard](#)
- [DOH COVID Epidemiology Data](#)