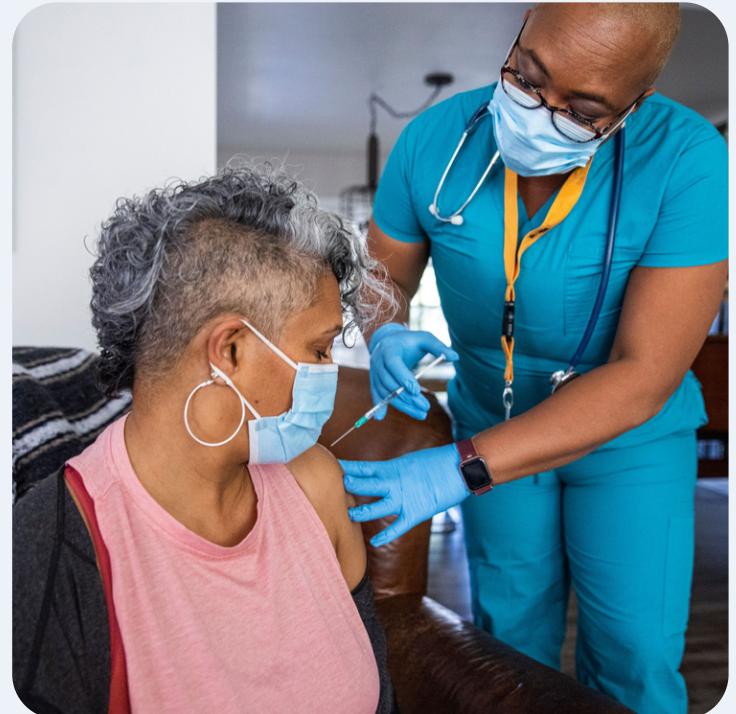


# Strategies for Equity in COVID-19 Vaccine Distribution

## ENSURING THOSE MOST VULNERABLE RECEIVE LIFESAVING VACCINE



Washington State's hospitals are committed to equity in COVID-19 vaccine distribution. Communities of color and low-income communities have been particularly and cruelly impacted by the virus. It is a health equity imperative that members of these communities, as well as people with disabilities, have easy and early access to vaccine, in accordance with the distribution phases outlined by the state.

This document includes concrete strategies and actions hospitals and other vaccine providers can take to ensure this commitment to health equity is a reality.

Thank you to the Washington State Department of Health for their excellent collaboration on this guide.

## BUILDING THE GROUNDWORK

**Identify high-impact communities.** Providers can use available resources to first pinpoint communities of color or communities with a higher percentage of poverty. Resources for identifying communities of focus, and identifying higher priority individuals within highly impacted communities, include:

- ✓ [\*\*WSHA's visualization of ZIP code and Census Tract data\*\*](#) by income, race, ethnicity and disability to assist providers in reaching vulnerable communities.
- ✓ Vaccine providers' electronic health records to identify and contact those most impacted by COVID-19, such as people of color, people over 75, people eligible for Medicaid or who are uninsured, over the age of 65 with significant comorbidities, people with disabilities and people with limited English proficiency.
- ✓ Free and reduced-price lunch [\*\*eligibility by local schools\*\*](#) or using the [\*\*No Kid Hungry Averaged Eligibility Map.\*\*](#)

## PARTNERSHIPS & OUTREACH

**Engage and collaborate with trusted community partners.** Many community groups and public agencies serve participants with an equity focus. Strategies to consider include:

- ✓ Provide opportunities for feedback from community partners to inform vaccine prioritization and planning.
- ✓ Acknowledge and address the vaccine hesitancy of vulnerable and high-impact communities rooted in systemic inequities and historical medical harm.
- ✓ Consider compensating or contracting with community partners for their time in identifying community members, scheduling events and day-of support.

### Partners to consider engaging include:

- Community centers in low-income neighborhoods
- Community-based organizations
- Ethnic community centers
- Senior centers
- [\*\*Food banks in Washington State\*\*](#) (USDA list)
- Other social service agencies
- Places of worship that serve communities of color
- Local civic and civil rights organizations
- Urban Indian community organizations/providers
- Mutual aid organizations in communities of color (particularly in immigrant and refugee communities)
- Community health worker networks
- Families of students in schools with high free- and reduced-price lunch eligibility
- Local Head Start and ECEAP programs and/or childcare organizations receiving Department of Children, Youth and Families (DCYF) subsidies
- Public and non-profit housing providers

## VACCINE ALLOCATION & DISTRIBUTION

### **Integrate a pro-equity approach with concrete strategies such as:**

- Open vaccine points of dispensing (PODs) to a broad group.
- Reserve a percentage of appointments to be filled directly by equity-focused community partners. This can be set this up as a “separate clinic” with reserved appointments. Ask community partners to identify high risk community members to fill those spots. Consider reserving 20-30 percent of allotted vaccine for community-based scheduling.
- Reserve a percentage of appointments to be filled by phone only. Consider reserving 20-30 percent of allotted vaccine for phone-based scheduling.
- Collect race, ethnicity, and language data and ensure appropriate reporting through WAIIS. This data can assist in understanding who is getting vaccine at each site to monitor gaps, prevent inequitable distribution and meet equity goals.

### **Operate vaccine clinics in outpatient areas in higher impact communities.**

- Ensure locations such as outpatient and urgent care centers located within higher impact communities are prioritized for offering vaccine clinics.

**Offer advance scheduling to community organizations.** Vaccine providers can work with leaders of community organizations serving low-income communities and communities of color to create special access for appointment systems.

- Send scheduling links in advance to community partners to provide members of the community first opportunity to make appointments.
- Offer designated time slots to community organizations allocated specifically to those they serve.
- Coordinate with schools, childcare facilities and libraries serving lower-income students and families to do outreach. For example, offer families a special link to sign up grandparents or other family elders.

**Offer mobile clinics.** Vaccine providers can set up mobile clinics in identified communities in partnership with community organizations. Several Washington State hospitals are already doing mobile clinics with great success, vaccinating 100-200 people at a time. Vaccine providers bring staff, vaccine and computers. Currently, the Moderna vaccine is easier to use in a mobile clinic. If Johnson & Johnson vaccine is approved, it also would work very well in a mobile clinic. Strategies for facilitating mobile clinics include:

- Design outreach to ensure the co-sponsoring organization is lead on advertising the clinic to participants and can provide day-of support.
- Develop a schedule for planned events in partnership with co-sponsoring organizations (e.g. most equitable days, hours). Consider established times when people are already attending events (e.g. regular food bank distribution days, faith-based gathering days for places of worship).

## ADDRESS ACCESS BARRIERS

**Proactively address access barriers experienced by people seeking health care.** In addition to addressing barriers around language and appointment scheduling, offer:

- ✓ Alternative and accessible options for getting vaccine such as walk-up, drive-up, door-to-door, with and without an appointment, weekend options and extended hours and workplace clinics for those with restrictive schedules.
- ✓ Accessibility for people with disabilities. Use [\*\*the Equitable Vaccine Site Planning tool\*\*](#) for assistance.
- ✓ Transportation assistance, including proactively asking people at the point of scheduling if they need transportation assistance.

**Create non-electronic scheduling options.** Those with greater access to and ease with technology are better able to navigate online scheduling. Older people, people who have cognitive or memory issues, people with limited English proficiency, people with disabilities and people with limited or no access to technology and internet are disadvantaged in their ability to secure coveted online appointments. Implement the following strategies:

- ✓ Use EHR or ZIP code information from a vaccine wait list to identify people who are disadvantaged in their ability to secure online appointments. Call them and offer to schedule their vaccine over the phone rather than requiring them to use an online portal.
- ✓ Send “navigators” with laptops to high impact locations to help people sign up. Give them a confirmed appointment card with clear instructions about where and when to go for vaccine.

**Ensure billing is not a barrier.** Vaccine providers can bill insurance for vaccine administration, but patients should never be billed or asked to apply for charity care. No patient should be denied access because they have unpaid bills from the vaccine provider.

## COMMUNICATIONS & OUTREACH

**Ensure all communications, education, and outreach efforts are culturally and linguistically appropriate and accessible to people with disabilities.** Language barriers can undermine even the most well thought out equity strategies. COVID-19 vaccine materials and information should be translated, posted and shared in identified languages most spoken by high impact communities. Implement the following strategies:

- ✓ Identify the top languages in your area using the WSHA dashboard above and/or patient language interpretation requests.
- ✓ Provide intentional and culturally responsive outreach to disproportionately impacted communities.
- ✓ Ensure translated and culturally relevant materials are available on-site. Translation services can be offered in-person and via phone service.
- ✓ Translate materials into top languages. Search DOH COVID-19 materials by language and utilize [\*\*the COVID-19 Vaccine partner toolkit\*\*](#).
- ✓ Review [\*\*provider toolkit resources for communications, print materials, and patient education resources\*\*](#).
- ✓ Use [\*\*Communication cards\*\*](#) to facilitate communication with people who have limited English proficiency and/or people who are deaf/hard of hearing. [\*\*WSHA has also created materials in multiple languages\*\*](#).

## COMMUNICATIONS & OUTREACH CONT.

### **Be welcoming to people with disabilities and be aware of needed accommodations.**

Have volunteers on site to support individuals who use walkers or wheelchairs so that they are not required to stand in line or in the cold for long periods of time. Ensure communication assistance is available for Deaf individuals or people who are hard of hearing, not just at the clinic but also when communicating about the clinic to the public. When reviewing accommodation needs, consider:

- Do the high impact communities include people who are blind, people who are hard of hearing, or Deaf individuals?
- What accessibility options are currently offered? Could the clinic location and physical set-up be more accessible?
- Can captioning and other accessibility standards be added to clinic communications?
- Would the presence of an American Sign Language interpreter and/or a CART provider strengthen clinic accessibility?
- Do graphics, charts and images used in clinic communications include image descriptions?
- Does the communication meet color standards?
- Would additional community engagement strengthen the clinic's accommodations?

### **Be proactive and clear that immigrants are welcome.** A cornerstone of hospitals' work is that everyone has access to care. Washington State hospitals serve people regardless of their immigration status. Ensure the following key messages are included in clinic communications:

- Be explicit in statements that the vaccine is for everyone, including immigrants and any person living or working in Washington regardless of immigration status.
- Be clear that no information about immigration status is needed, will be asked for, collected or shared as part of getting vaccine.
- Partner with local trusted organizations to share this message and ensure it reaches high impact communities.

**Find community-based volunteers.** There is a lot of enthusiasm right now for volunteering in vaccine clinics. In addition to enacting the steps outlined above, vaccine providers can prioritize recruiting volunteers from high-impact communities to build trust with these community members and create a welcoming vaccine experience.

**Create an extra dose plan.** When there is excess vaccine on-hand or if any mechanical malfunctions occur, have a prepared plan to use or transfer extra doses to facilities serving higher-impacted people. Identify at least 2-3 facilities with higher priority communities.

**For more information and resources,** please visit [\*\*the Washington State Department of Health COVID-19 Equity and Engagement webpage.\*\*](#) Of particular interest is the [\*\*DOH's COVID-19 Social Vulnerability Index \(SVI\)\*\*](#) with access to census block maps overlaid with socioeconomic determinants, race and ethnicity, language, housing type, transportation and disability.