Recommendations for achieving equity in the US COVID-19 vaccine rollout: expanding vaccination access for the most vulnerable and integrating social support programs to build healthier communities

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I. Context

Mass vaccination is critical to stopping the COVID-19 pandemic. However, **early vaccination progress in the US has been deeply inequitable**—Black and Latinx Americans, the racial and ethnic groups most affected by the pandemic, have had the lowest vaccination rates to date.[1] Without intervention, current systems will continue to exacerbate inequities, further shift the burden of COVID-19 to people of color and the poor, and fail to achieve pandemic control.

Vulnerable groups face significant barriers to vaccine access: complex sign-up systems necessitate access to technology, vaccine sites are limited and difficult to reach, and restrictive business hours make scheduling and attending appointments inconvenient, if not impossible. Language barriers and economic constraints, such as lack of paid time off, exacerbate challenges and all but guarantee marginalized groups will fall even further behind. These structural barriers are worsened by the legacies of racism, abuse and injustice that drive mistrust in the medical system and vaccine hesitancy.

Those at highest risk of infection have also borne the heaviest burden of the economic crisis associated with the COVID-19 pandemic, as deepening inequity has left millions without reliable access to food, housing, and other basic necessities.[2] This has further exacerbated and reinforced the structural inequities driving poor health outcomes before the pandemic and the disproportionate toll suffered from COVID-19.

If these challenges are not addressed, the vaccination rollout will continue to be inequitable, worsening the devastating effects of COVID-19 on already marginalized communities and increasing mortality. Further, the rollout will also be ineffective: **vulnerable communities must be reached to achieve the 70-80% immunity rates required for population (herd) immunity to end the pandemic**. Fortunately, simple solutions can both promote equitable vaccination and address broader health and social needs in communities through vaccination encounters.

II. Recommendations

Public health departments and their implementing partners can institute systems to proactively reach and support the most vulnerable and facilitate vaccination access. COVID-19 vaccination campaigns should also be leveraged to improve community trust in the health system by building sustainable linkages to both primary health care services and broader community resources that will support longer-term community development beyond the pandemic. Vaccination represents a rare and important opportunity to connect vulnerable communities and individuals to the health and public health systems.

[1] Kaiser Family Foundation: Latest Data on COVID-19 Vaccinations Race/Ethnicity | KFF

[2] Center on Budget and Policy Priorities: https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and

A non-transitory, authentic connection with the health system will ensure greater rates of vaccine uptake and community coverage, as well as sustained linkages with health and social care providers.

To achieve this goal, state and local health departments and their implementing partners must break down barriers to access, foster community trust, and provide critical supports at each stage in the vaccination process—before vaccination, at the point of vaccination, and after vaccination.

To reach the most vulnerable, resource navigation and community engagement capacity must be integrated into vaccination efforts. One way to accomplish this is to leverage experience to date with COVID-19 response care resource coordination (CRC) programs. CRC programs link individuals to support services, including medical care, food and other community resources, and are most effective when led by a dedicated, culturally competent workforce skilled at navigating social support systems.

1. Before vaccination: Health departments and their community-based and private sector partners should reduce structural barriers to access and share accurate, accessible information through trusted messengers to promote vaccine uptake

1.1 Accompany community members through the registration, scheduling, and appointment process:

- ***Outreach:*** Conduct targeted outreach to vulnerable groups (as identified by demographics and/or geographies) to offer assistance signing up for vaccination. Work with community groups, local government agencies, and existing resource navigation programs for targeted outreach to senior housing, shelters, immigrant communities, and vulnerable zip codes.
- ***Scheduling:*** Staff an incoming call line people can use to schedule appointments, in addition to online registration and scheduling systems; allow outreach workers to schedule appointments for those who cannot navigate scheduling technology alone.
- ***Transportation:*** Arrange transportation to vaccination sites or match individuals to pop-up sites nearby. Link homebound individuals to home vaccination programs if needed.

1.2 Engage community organizations, trusted leaders, and existing resource navigation programs in local operational planning for vaccine rollout, to ensure the needs of the most vulnerable are prioritized:

- ***Local context:*** Review local sign-up procedures and planned communication campaigns to ensure they are clear, equitable, and appropriate for diverse groups who often are not considered during the development of such systems.
- ***Site selection:*** Collaborate with vaccine providers at local health departments, health centers, and retail and pharmacy partners to promote and plan vaccine distribution at fixed and mobile/pop-up sites that are convenient and accessible to marginalized groups; for example, plan mobile/pop-up sites at low-income housing buildings, shelters, food pantries, and sites frequented by people experiencing homelessness.

1.3 Support public communications and community engagement to ensure community members know when, where, and how to get vaccinated, while addressing questions, concerns, and hesitancy:

- ***Information sharing:*** Connect with community groups, influencers, and other trusted messengers to share vaccine information, FAQs, and scheduling information across a range of

languages. Through consistent reliable community outreach channels, existing CRC programs can deliver regular updates on vaccine safety, efficacy, and availability.

- ***Feedback channels:*** Act as a point of contact to listen and respond to common questions, while also establishing and maintaining feedback loops with individuals and groups. By addressing the social determinants of health, CRC and other resource navigation programs build trust and create the opportunity to capture and elevate questions related to hesitancy, access, and follow-up to inform iterative communication and engagement strategies.

2. At the point of vaccination: All vaccination sites, including health facilities, mass vaccination sites, and retail/pharmacy sites, should screen for needs across the social determinants of health (SDOH) and make onsite referrals when possible

2.1 Integrate social needs screenings and referrals at point of vaccination:

- ***SDOH screening:*** Implement brief 2-3 question screening questionnaires at the time of vaccination such as: 'do you need assistance with food or other basic necessities' or 'would you like us to connect you with a resource coordinator for help with food, housing, or other basic needs.' Screening can occur either prior to vaccination (while queuing) or during the 15-minute observation period following dose administration.
- ***Resource referral:*** Connect individuals who report social or medical needs with resource coordinators who can identify and facilitate connections to resources. Where possible, resource coordination staff should be physically present at larger vaccination sites but could be remotely available at smaller sites.
- ***Resource information*****:** Develop and distribute pamphlets and other supporting materials about locally available resources, in multiple languages.
- ***Food:*** In areas with high rates of food insecurity, facilitate partnerships with local organizations and food pantries to distribute premade food boxes or other tangible resources at vaccination sites, with those resources clearly available to all, independent of decision to be vaccinated. In addition, partnerships should be forged with local/regional SNAP and WIC offices to facilitate benefits application for those eligible.

2.2 Integrate screenings and referrals for health care services at point of vaccination:

- ***Health care access screening:*** After clearly explaining that vaccination is free regardless of insurance status, screen for health insurance status and access to primary health care services. Integrate screening into the registration process, or pair with social needs screening prior to vaccination or during the observation period following dose administration.
- ***Health care referral:*** Connect individuals to CRC programs or other resource navigation systems to facilitate health insurance enrollment and links to primary care, providing a critical introduction to the complex matrix of CHWs, social workers, drop-in clinics, FQHCs, and other community health resources.

3. After vaccination: Ensure people receive the follow-up, support, and additional referrals required to access the health services and other social supports for which they expressed needs

3.1 ***Incorporate second dose reminders into all programs***. Arrange transportation to second dose appointments when needed.

3.2 ***Follow-up with individuals who express needs for clinical and social support services to ensure successful referrals and navigate challenges that arise. For health departments and private sector providers managing large vaccination sites, consider engaging dedicated staff or a community partner to manage follow-up services.***

- ***Two-way communication*****:** Offer multiple channels for continued contact to accommodate cultural, technological, or privacy preferences. Provide resource coordinator contact information in the form of phone numbers, emails, or consistent "office hours" at accessible locations. Offer the opportunity for individuals to provide their contact information confidentially to the CRC program.
- ***Track progress:*** Implement simple tools and work-flow processes to ensure timely processing of documented needs, planned follow-up, and specific support/resource delivery. Leverage processes and tools previously developed for existing CRC programs where possible, including call scripts, data systems, and resource referral systems.

3.3 ***Support partnerships between jurisdictions and existing community organizations and maintain a record of available supports to continuously strengthen the network of services and resources for referral.***

- ***Coordination:*** Maintain a comprehensive list of and relationships with CBOs, faith-based organizations, primary care providers, and other local service delivery groups to track and access available services.
- ***Quality improvement:*** Regularly assess and review feedback from communities and program data to highlight emerging or changing needs and improve the efficiency of matching resources to need.

III. Resourcing

To implement these recommendations, existing response and relief funds (and additional forthcoming federal funding) should be leveraged to invest in:

- ***Staffing:*** Health departments and private retail/pharmacy partners should hire dedicated staff to perform CRC functions or contract with CBOs, with existing trained staff from the community, to provide these services.
- ***Data systems:*** Health departments should invest in standardized information systems to track needs, referrals, and follow-up across local vaccination sites, building upon existing systems when possible to avoid creating complex, parallel data systems.
- ***Creating and maintaining social programs:*** State and local governments and private funders should establish social support funds to ensure local service providers and CBOs have sufficient resources to help those in need of assistance. Funders can offer grants to CBOs in the areas expected to have the highest need to fund needed social supports.

Integrating care resource coordination functions with COVID-19 vaccination efforts is critical to equity in vaccination access and uptake. If made at scale, these investments in CRC capacity could also have a transformative impact on historically marginalized and under-resourced communities by strengthening community linkages to social supports and primary care services over the longer-term.