

# VACCINE REQUIREMENTS DONE RIGHT

## ACTIONS TO CENTER EQUITY

*Updated on September 15, 2021*

COVID-19 vaccination requirements are emerging across the U.S., in response to an ongoing pandemic fueled by insufficient and uneven vaccination rates and the emergence of the dangerous and highly transmissible Delta variant. President Biden's recently announced [six-pronged national strategy](#) to combat COVID-19 is founded upon widespread vaccination requirements and related support to save lives, prevent spread of the virus, safely open schools, and protect the economy. Vaccination is our safest and most effective tool, offering the best protection against COVID-19 and the Delta variant. These requirements ("vaccine mandates") have great potential to encourage much-needed vaccine uptake and protect individuals and their communities; however, they should be instituted with careful and nuanced consideration of vaccine access. Failure to take into account long-standing and pervasive barriers to access will further deepen existing inequities.

### TRENDING: VACCINE REQUIREMENTS

President Biden's plan includes a combination of executive orders and new federal rules requiring vaccination, which will cover ~100M people. All companies with more than 100 workers will be mandated to require vaccination or weekly testing, and groups including many health care workers, federal contractors, federal workers, and some educators will be subject to vaccine requirements. Additionally, states, cities, and employers have begun to plan for and institute vaccine requirements for groups such as public employees (e.g., police officers, firefighters, EMTs, teachers, city and transit workers, etc.), health care workers, university students, military service members, and office-based employees. Some jurisdictions and businesses are implementing vaccine requirements as a condition of service in social places such as restaurants, music venues, and gyms. This trend is likely to continue as the Delta variant spreads and full FDA approval of at least one of the key vaccines has been granted.

Requirements aimed at protecting public safety are not a new concept in the U.S. Indeed, many are widely accepted: seatbelt and drunk driving laws, speed limits, and smoking restrictions are a few. In some settings, including schools and health care settings, longstanding requirements for certain vaccinations (influenza; measles, mumps, and rubella (MMR); meningococcal, and others depending on the context) have been in place for years. As COVID-19 is a highly contagious social disease, transmitted from one person to another, individual actions (or in this case, inactions) impact not just the individual but also everyone with whom they interact. Requirements are put into place when necessary to safeguard others and are a last resort on behalf of public safety and health. When risks to the individual are low, and as in the case of COVID-19 are greatly outweighed by the individual benefits, the collective community responsibility to safeguard others, particularly the most vulnerable, is ethically paramount; the principal way to achieve this during the COVID-19 pandemic is through widespread vaccination. Vaccination requirements offer an opportunity to boost vaccination rates and protect public health—and allow for businesses and services to remain operational. However, they, like all public health interventions, have the potential to disproportionately advantage some communities over others, and should be implemented in an intentional way that proactively prevents any unintended negative consequences.

### BARRIERS TO VACCINE ACCESS REMAIN SIGNIFICANT

Those seeking to implement vaccine requirements should first and foremost understand that despite widespread vaccine availability and open eligibility for everyone age 12+, many people still face barriers to access vaccination opportunities. Some of the most significant access barriers exist in communities that are already disproportionately impacted by COVID-19. This includes communities of color, Indigenous communities, essential workers, migrant/farmworkers, non-English speakers, and low-income populations, among others.

Barriers to access include:

- **Structural barriers** that limit access to, navigation of, and trust in the health care system
- **Informational barriers** that limit access to and understanding of key facts (especially as recommendations shift in response to changing dynamics and new information, including the [emergence of the Delta variant](#)) about vaccine safety, efficacy, and availability
- **Logistical barriers** that limit options for scheduling, transportation, or adequate time off to become vaccinated

## ADDRESSING KEY BARRIERS TO VACCINE ACCESS

To implement a vaccine requirement equitably and effectively, groups (employers, schools, jurisdictions, etc.) considering a requirement must ensure that anyone who is subject to the requirement has comprehensive support to get vaccinated without undue burden. **In short, make it easy.** Provide adequate and paid time off work, accurate and digestible information available in relevant languages and at varying literacy levels, and other financial and logistical support (e.g., transportation, registration/scheduling assistance, translation or interpretation services, supportive childcare policies, etc.).

Avoid excluding certain groups of people, thus creating and/or exacerbating existing “vaccine classes.” This is of particular importance for many essential and frontline workers, who are often underpaid, unable to socially distance or isolate, and have lower levels of access to vaccines, testing, and other health care resources. Thus far, some organizations ([such as Walmart](#)) have announced requirements for executives and office workers, but not for the frontline workers who are at heightened risk of both contracting and transmitting COVID-19 due to the high-contact nature of their work. Approximately half of frontline essential workers are from communities of color, who are over-represented among jobs in major industries like energy, agriculture, and childcare.<sup>1</sup> Black workers in particular are more likely to be working in jobs with the highest risk of exposure to COVID-19.<sup>2</sup> These groups should be instead prioritized for vaccination, supported by flexible policies that break down barriers to vaccine access, whether physical, financial, social, or informational.

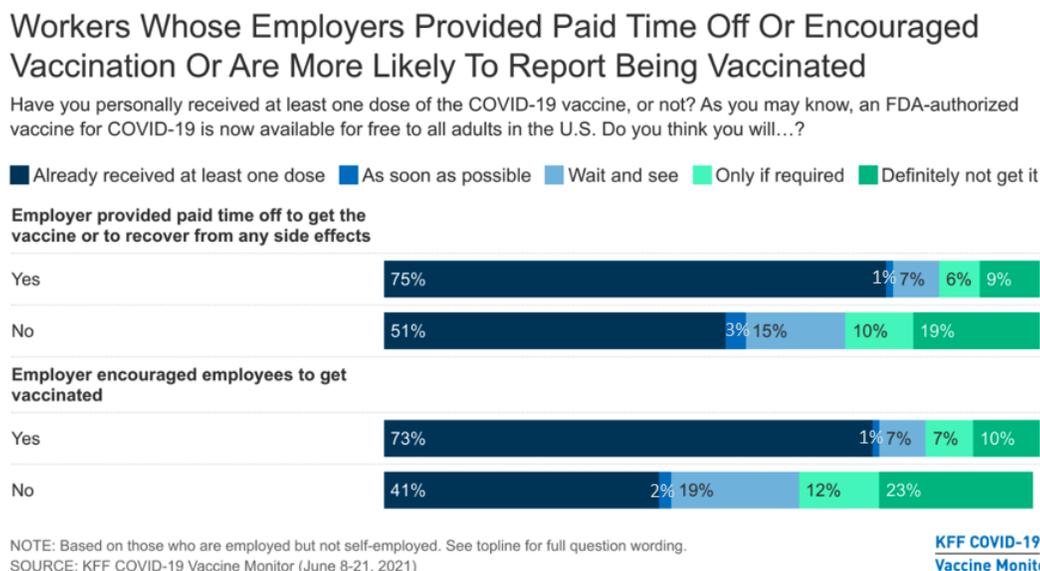
### **1. Offer opportunities for vaccination, flexible policies, and adequate time off to eliminate barriers to vaccine access.**

Employers instating vaccine requirements should make it as easy and convenient as possible for employees to become vaccinated, allowing for flexible, adequate paid time off so employees do not need to choose between getting vaccinated and receiving a pay check. More than half (55%) of unvaccinated Black adults and 64% of Hispanic adults are concerned about having to miss work due to vaccine side effects compared to 41% of White adults.<sup>3</sup> Employees should have access to time off not only to get vaccinated, but also to recover if they suffer from post-vaccine side effects. Studies have shown employees would be receptive to this strategy: 73% of workers whose employers encourage getting a vaccine or offer paid time off to do so (75%) say they have gotten at least one shot, significantly more than the shares whose employers do not encourage vaccination (41%) or do not offer paid time off (51%) (see Figure 1).<sup>4</sup> The differences persist even after controlling for workers’ age, race and ethnicity, education, income, party identification and other demographic characteristics.

As a part of President Biden’s COVID-19 Action Plan, employers with more than 100 employees will be required to provide paid time off to allow workers to get vaccinated or recover from vaccination. Employers are supported in these efforts: the American Rescue Plan now includes [a tax credit](#) for small- to medium-sized employers (under 500 employees) to reimburse for the cost of providing paid sick and family leave for employees due to COVID-19 or to receive or recover from COVID-19 vaccination. In the interest of achieving high vaccination rates within the community and meeting widespread vaccine requirements, employers should also consider offering flexible paid time off for employees to support vaccination efforts for family members such as elderly parents or

children. Consider covering out-of-pocket expenses such as childcare, parking, transportation costs to vaccine sites, or offering rides for those in need to access off-site appointments.

Figure 1:



Source: [Kaiser Family Foundation](#)

## 2. Meet people where they are: partner with local health officials and/or community-based organizations to host accessible vaccination opportunities (clinics, targeted outreach, etc.)

To encourage vaccination and make the process as easy and comfortable as possible, provide convenient, trusted places to get vaccinated. Nearly half of Hispanics adults (49%), 42% of Black adults, and 23% of White adults are concerned about not being able to get the vaccine from a place they trust.<sup>5</sup> On-site clinics at places of business, schools, or other trusted community gathering places allow people to see others get vaccinated, which may persuade some who have previously been hesitant. Groups considering vaccine requirements should offer multiple opportunities to allow confidence to build and a rotating schedule to accommodate shift workers, as well as clinical services in the languages spoken by community members or offer on-site interpretation services to ensure adequate understanding and comfort with the vaccination process.

## 3. Provide transitional supportive policies that allow reasonable time and familiarity for people to meet vaccination requirements

Recognize that for some, barriers to vaccine access are pervasive, longstanding forces that will be difficult to overcome in a matter of days or weeks. Provide transitional accommodations that allow people to meet COVID-19-related protective requirements without severe consequences of job loss, etc. Such accommodations include permitting frequent testing at the cost of the employer—in lieu of proof of vaccination—and acceptance of religious or medical exemptions. An interim testing option may ease workforce-related concerns, reportedly limiting employers in some sectors from instituting public safety measures for fear they will lose much-needed frontline or essential workers, disproportionately from communities of color, during a time of low unemployment and high worker shortages. Requirements should also allow for reasonable accommodations for those with limited access to or knowledge of the processes needed to become vaccinated or verify vaccination. For example, people without extensive technology experience or access should be offered a “technology-free” (e.g., paper) option to prove vaccination status. Make the deadline for meeting the vaccine requirement clear to those who it affects; consider the

number of employees who need to be vaccinated and available resources (for testing, vaccination, etc.) in the area when determining an appropriate allowance for transitional accommodations.

#### **4. Promote clear, accurate information about vaccination; emphasize the importance of vaccination particularly amidst the changing pandemic and emergence of the Delta variant**

While there is no single solution that will achieve widespread and equitable vaccination, targeted messaging from [trusted messengers](#) is important to address concerns within their own communities. Employers are trusted sources of information; 72% of employed adults say they have a great deal or fair amount of trust in their employer to provide reliable information about COVID-19 vaccines.<sup>6</sup> Employers can work closely with local health officials to obtain and share accurate, honest information about COVID-19 vaccines and the way in which [transmission and outcomes has changed](#) since the Delta variant has become widespread. Groups should consider partnering with respected internal figures who can serve as role models and share experiences/answer questions during [information-sharing town halls](#), [posting informational materials](#) in high-traffic areas, or [sharing facts via email or home mailers](#). Information should be digestible, available in a variety of locally spoken languages with cultural and literacy sensitivities in mind and communicated across multiple accessible channels. Information should also be provided on available social support services (e.g., food, mental health support, etc.) and other resources. See more [information and materials in the PIH Vaccine Toolkit](#).

### **CONCLUSION: COMMIT TO PUTTING EQUITY INTO PRACTICE**

Organizations considering vaccine requirements should commit to put equity into practice. Equity should be not just be a theory; it should be infused into supportive policies every step of the way, from planning to execution. Involve trusted and connected community leaders and local community organizations in the planning process and give them the space and opportunity to not only weigh in on the strategic direction and operationalization of the policy, but also share their deep understanding of community member concerns, limitations, and challenges. An inclusive equity-centered approach offers the most direct and just path to reach everyone, ensuring that no one is left behind.

### **SOURCES**

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*The ideas presented in this document reflect the latest public health thinking and scientific evidence as of September 2021. You are advised that the COVID-19 vaccine landscape remains highly fluid, and it is your responsibility to ensure that decisions are made based on the most up-to-date information available. Partners In Health does not provide medical advice, diagnosis or treatment in the United States. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition. The information, including but not limited to, text, graphics, images and other material contained in this document, are intended for informational purposes only.*