



Approaches to Vaccine Equity

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NEVADA MINORITY HEALTH
AND EQUITY COALITION

About the Nevada Vaccine Equity Collaborative

The Nevada Vaccine Equity Collaborative (NVEC) is co-led by Immunize Nevada and the Nevada Minority Health and Equity Coalition, which began as a task force in February 2021 after Nevada Governor Steve Sisolak called it to action. It is a partnership comprised of several diverse interdisciplinary members that promote the equitable distribution of COVID-19 vaccines throughout the state of Nevada. Our work strives to bring fair vaccination opportunities to Nevada by developing culturally and linguistically appropriate messages and eliminating barriers to vaccines.

Defined Terms

Community outreach is used to raise awareness within a community about a specific topic, issue, problem, opportunity, or decision. Traditional methods of outreach are typically passive and do not always leave room for community inclusion.

Community engagement is an essential element to public health work and is defined as, "...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people."¹ It involves careful planning and acknowledgment of the uniqueness of each population, as well as inclusivity by creating strong and sustainable relationships among different communities.

Community engaged outreach (CEO) bridges traditional outreach methods with community engagement to ensure communities have an active seat at the table throughout the entire development and decision-making process of outreach materials and activities. Collaborations, especially with community-based organizations and community members, are celebrated when implementing CEO approaches. Unlike traditional outreach, CEO involves active participation from the community-served to ensure the appropriate representation of the community's values, empower community-based decisions, as well as reduce both inequalities and inequities.

Digital dissemination methods offer a way to share information quickly without having community members leave the comfort of their home.

Non-digital dissemination methods are a great way to engage audiences with limited access to the internet and limited computer literacy.

Vaccine equity is when everyone has fair and just access to vaccinations, which can be achieved by addressing social, geographic, political, economic, and environmental barriers.²



Overview

The COVID-19 pandemic has profoundly impacted the lives of all Nevadans, especially communities with higher social vulnerability. Morbidities and mortalities of COVID-19 reveal the disproportionate impact by the virus, which includes an amplification of existing social inequities.

As the COVID-19 vaccines were introduced to Nevada in mid-December 2020, the rollout revealed an inequitable distribution throughout the state. In early February 2021, Governor Steve Sisolak declared, "Equity and fairness requires an intentional effort to reach every community and not create a situation where those who have been disproportionately impacted by this virus are left behind — including the elderly and frontline workers."³

The widespread allocation and distribution of a safe and effective COVID-19 vaccine is the foundation of establishing community immunity. In response to Governor Sisolak's Equity and Fairness initiative, as well as President Joe Biden's National Strategy for the COVID-19 Response and Pandemic Preparedness, Immunize Nevada and the Nevada Minority Health and Equity Coalition joined forces to form the **Nevada Vaccine Equity Collaborative (NVEC)**. This collaborative includes public, private, state, and community partners who are invested in the equitable distribution of COVID-19 vaccines.

NVEC Goals

1. Ensure equitable communication and distribution of vaccines.
2. Assess the latest data to provide the state and health districts with recommendations on how to equitably distribute the vaccines.
3. Maximize and leverage community partnerships, resources and opportunities to increase vaccine access to Nevada's hardest-hit communities.
4. Develop a comprehensive communication plan to meet the cultural and linguistic needs of communities highly impacted by COVID-19.
5. Establish a community-engaged outreach approach to reduce the impacts of COVID-19 and to increase vaccine uptake.

The Cornerstone to Vaccine Equity is Community Engagement

To achieve vaccine equity, community engagement must be at the forefront of each step of the vaccine distribution planning process. Community engagement is an essential element of public health work and is defined as "...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people."¹ Community engagement occurs on a spectrum based on the level of participation from the community (Table 1). Each level of community involvement plays a critical role in public health and is important to reaching the highest level of community engagement. Careful planning and acknowledgment of the uniqueness of each population, as well as inclusiveness to create strong and sustainable relationships, are necessary to increase community involvement and impact along the spectrum.

Community-engaged outreach (CEO) bridges traditional outreach methods with community engagement to ensure communities have an active seat at the table throughout the entire development and decision-making process. The primary aim of traditional community outreach is to raise awareness within a community about a specific topic, issue, problem, opportunity, or decision. Traditional methods of outreach are typically passive and do not always leave room for community inclusion. Unlike traditional outreach, CEO intentionally includes the community throughout the entire process. Successful CEO will lead to an appropriate reflection of a community's values, empowered decision-making, and a reduction in both inequalities and inequities.

We established a set of core values and principles to guide the development of our CEO approaches to vaccine equity (Table 2).

**DIVERSITY IS HAVING A SEAT AT THE TABLE,
INCLUSION IS HAVING A VOICE, AND
BELONGING IS HAVING THAT VOICE BE HEARD**

Table 1: Spectrum of Community Engagement



	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to help them understand the problem, alternatives, opportunities, and/or solutions	To obtain public feedback on analysis, alternatives, and/or decisions	To work directly with the public throughout the process to ensure public concerns and aspirations are consistently understood and considered	To partner with the public in each aspect of the decision, including developing alternatives and identifying the preferred solution	To place final decisions in the hands of the public
PROMISE TO THE PUBLIC	We will keep you informed	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced that decision	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations in to the decision to the maximum extent possible	We will implement what you decide
NVEC EXAMPLE	Communicate COVID-19 vaccine information to communities by using various channels such as fact sheets, flyers, or social media	Learn about community concerns and barriers regarding COVID-19 vaccines by conducting focus groups and surveys	Hold community partner meetings to discuss the COVID-19 vaccine concerns and barriers within specific communities and identify possible solutions	Work closely with community partners to build vaccine confidence by developing culturally engaged messaging and eliminating barriers to vaccination	Vaccine confidence increases across the community because concerns and barriers were addressed through culturally engaged approaches

Note: Adapted from *Community Engagement during the COVID-19 Pandemic and Beyond* by Fedorowicz et al., 2020, Urban Institute.⁴ Copyright 2020 by Urban Institute.

Table 2: Our Core Values and Principles for Vaccine Equity

Value	Principle(s)
Equity	<ul style="list-style-type: none"> • Share decision-making and leadership • Adapt support strategies as necessary to ensure fair treatment and outcomes⁵ • Treat participants with integrity and respect
Inclusivity	<ul style="list-style-type: none"> • Provide equal access to opportunities and resources • Strive for community representation and inclusion of groups often underrepresented • Create a space in which communities feel valued and welcomed
Diversity	<ul style="list-style-type: none"> • Engage community members with different backgrounds, beliefs, and experiences such as race/ethnicity, citizenship status, religious beliefs, socioeconomic status, language, geographical origin, gender and/or sexual orientation • Recognize differences are assets to learning and innovation
Cultural humility	<ul style="list-style-type: none"> • Maintain awareness of power imbalances and biases, respect other’s values, and do not set personal expectations to memorize all aspects of another culture • Understand how personal biases may impact your work • Continuous self-reflection to examine own beliefs and cultural identities⁶
Accountability	<ul style="list-style-type: none"> • Build processes that are responsive to feedback from community partners • Willingness to change, pivot, and adapt throughout the process
Transparency	<ul style="list-style-type: none"> • Communicate openly about motives, resources, power dynamics, and decision-making processes • Openly acknowledge challenges and limitations in order to maintain trust
Sustainability	<ul style="list-style-type: none"> • Continually reflect, assess, and communicate to maintain and deepen relationships for long-term action • Allocate adequate resources to maintain relationships with communities
Capacity building	<ul style="list-style-type: none"> • Support existing community leaders and develop new leaders • Increase community involvement, impact, trust, and communication by improving coordination, enhancing existing services, advocating for policy change and learning through pilots

Note: Adapted from *Race to Justice: Community Engagement Framework* by the New York City Department of Health and Mental Hygiene, 2017.⁷

Steps to Implementing Community Engaged Approaches to Vaccine Equity

Step 1: Bridge Partnerships

Effective community engaged initiatives start with meaningful, sustainable, and strategic partnerships with key community stakeholders and organizations.⁸ Partnerships are the foundation of achieving equitable health outcomes, and are essential to identifying concerns, interests, and goals of a community. Additionally, partnerships can bring together a diverse set of skills and expertise, which provides the platform to amplify the voices of those who are often unheard and directly impacted by health inequities. Successful partnerships are built on trust, a common interest, and a clear agreement to work together to achieve change and improve community health outcomes. Table 3 outlines some of the most common partnership sectors.

Strategies to Bridge Partnerships

- Engage with diverse organizations and agencies who share a similar purpose, vision, goal, or interest
- Take time to establish trust and build personal relationships through open and honest communication which may include:
 - Identifying rights and obligations of partners (i.e. scope of work)
 - Establishing and respecting boundaries
- Create a welcoming atmosphere where you are open to feedback and willing to let others contribute to the conversation
- Be ready to adjust directions as you gather new insight
- Utilize a variety of communication and distribution methods to increase access
- Be present and maintain a presence within the community
- Regularly assess your work together to ensure you are working towards common goals
- Clearly communicate changes or discrepancies to ensure everyone is on the same page



Table 3: Types of Partnerships

Type	Description
Government -based	Government-based public health organizations can function at the federal, state, tribal, or local level. The roles and responsibilities of government-based organizations depends on which level of government it falls under.
Federal	<p>The core responsibilities of federal government-based organizations are to ensure all other levels are able to provide essential public health services, and to act and assist states when there are health threats.⁹ Federal organizations also have regulatory power to influence health standards, pass laws, finance research and higher education, and support technological advancements that can improve public health infrastructure.⁹</p> <p>Office of the Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), Federal Emergency Management Agency (FEMA), and the Centers for Disease Control and Prevent (CDC) are examples of federal agencies to build partnerships with.</p>
State	<p>State government-based organizations are primarily responsible for disease screening, treatment, and surveillance.⁹</p> <p>The Nevada Department of Health and Human Services (Nevada DHHS) is an example of a state public health organization.</p>
Tribal	<p>Tribal health departments and organizations serve Native American and Alaska Native communities. These health departments focus on promoting and protecting the overall health of its tribal community. Currently, there are 574 federally recognized tribes in the United States.¹⁰</p> <p>In Nevada, there are 27 federally recognized tribes and 15 tribal health clinics.</p>
Local	<p>Local public health organizations can serve at the city or county level, are government-funded, and are responsible for promoting and protecting the health of the community it serves. The responsibilities of a local health department include emergency preparedness, immunizations, disease prevention (both infectious and chronic), environmental health, food safety, maternal and child health, injury and violence prevention, and tobacco control.⁸</p> <p>There are several local health departments in Nevada, such as the Southern Nevada Health District, Washoe County Health District, the Carson City Health & Human Services, and the Nevada Department of Health and Human Services which also serves rural areas of the state.</p>
Community-Based	<p>Community-based organizations (CBOs) work directly with the community and are instrumental to understanding the concerns, issues, and needs of a community. These types of organizations can also function as a link between a community and local, state, and federal health organizations.¹¹</p> <p>CBOs include nonprofit organizations, formal community groups, informal community groups, and social service agencies.</p>
Faith-Based	Faith-based organizations work locally and focus on health disparities in communities. Faith leaders occasionally act as intermediates that facilitate other organizational relationships, such as those formed between local communities and government-based organizations. ¹²

Step 2: Understand Community Context to Prioritize Efforts

The next step in implementing a community engaged approach for vaccine equity is to begin to learn and understand community context so you can prioritize your efforts. An effort is more likely to be successful if it is informed by the unique context and traits of a community, especially because communities have the knowledge of what is needed most. Additionally, an informed effort can result in a reduction of negative health outcomes for populations who are most at-risk, such as racial and ethnic minorities, sexual and gender minorities, those with disabilities, older adults, and those with preexisting conditions, because you are addressing what is most important to the community.

There are several details that can help you better understand community context surrounding the topic of vaccination such as where your community lives, who your community is, and what your community believes in. It is essential to keep in mind that every community is unique and that one plan will not necessarily work best for all communities. To build a plan that is tailored, practical, and best suited for the community, it is best to work in collaboration with your partners and community members.

Outlined in this section are a handful of guiding questions and strategies to help you understand community context so you can prioritize your efforts. This section is not comprehensive and should only be used as reference to get you started.

Get to know where the community lives

All communities have a geographic context, or some sort of physical presence, that can provide insight about what resources are available and what barriers may exist. Start with where the community is located, then look into the physical pieces that influence how the community lives, works, gathers, and plays.

- Where does the community live? City? Zip code(s)? Is the area urban or rural?
- What is the population size where the community lives?
- How is the infrastructure (roads, bridges, transportation, broadband)? Is it well-maintained? Is it easily (and safely) accessible?
- Are there common gathering places or trusted institutions (i.e. schools, churches, hospitals)?

Get to know who the community is

Community demographics will help you understand who makes up the community, which can shape how your effort is delivered. Most demographic information can be obtained from Census data.

- What is the age range of the community? Gender? Race and ethnicity? Marital status? Education? Number of people in a household? Primary language?
- What is the overall socioeconomic status of the community?

Get to know the community's values, beliefs, and attitudes

Values, beliefs, and attitudes drive individual behavior, so take the time to learn the community's social structure such as culture, norms, traditions, and unspoken rules. Getting to know what the community cares about can help you prioritize efforts that address specific concerns, barriers, or misconceptions of the community.

- What is the primary religion?
- What are the primary political beliefs?
- What are the primary beliefs about vaccination? Attitudes?
- Are there any overarching concerns about vaccination? Barriers to vaccination?
- How ready is the community to vaccinate?
- Who are the trusted leaders or messengers?

Strategies to Build Community Context

You will likely use a combination of methods to collect this information that will help build a more comprehensive understanding of the community's needs related to vaccination. Below are some examples of how you can answer these questions and gain more insight about a community's concerns, barriers, needs, and assets.

Observations

Observations are the process of collecting information about patterns or occurrences without directly questioning or communicating with someone. If you are just getting started with building community context and not sure what areas may need to be addressed, this is a great way to get started. One example is observing public posts or comments on social media about vaccination to get an idea of prevalent topics or misconceptions. You can then use other strategies to build out a better understanding of those observations. If you use this method, it is incredibly important to keep in mind and respect individual privacy.

Surveys

Surveys are a great tool to gather information about a community or specific topic of interest. A survey involves a questionnaire, as well as a process to analyze responses to the questionnaire. Good surveys that deliver credible and meaningful results take time to design and require careful planning. However, taking the time to create an impactful survey provides a way to conveniently collect information from a larger sample of people. Surveys can be conducted in-person, over the phone, by mail, or through a digital space such as a virtual interview or email.

Focus groups

Focus groups are where a small group of people with a common background or experience are brought together for a shared interview. The shared interview is an opportunity to gain a more in-depth look at a community's perspectives, beliefs, and attitudes towards vaccination. Focus groups provide an opportunity to explore opinions, which can provide a better understanding of current concerns, barriers, needs, and assets in the community.

Interviews

Interviews involve having a one-on-one conversation to gather information. The conversation is usually guided by a pre-determined list of questions which are asked by the interviewer. The interview can occur in-person, over the phone, or virtually.

Publicly Available Databases or Analytic Tools

There are several publicly available databases and analytic tools that can be used to help prioritize your efforts. Data is an important piece of building community context because it can identify gaps, establish baselines, and help monitor progress.

One publicly available analytic tool is the Social Vulnerability Index. The Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry Social Vulnerability Index (CDC/ATSDR SVI) serves as a quantitative tool to identify communities that may need additional support and resources before, during, and after natural disasters or emergency events.¹³ This quantitative tool uses 15 social factors (Figure 1), such as educational attainment and household structure, to numerically rank areas between 0 and 1. Areas with a rank closer to 1 are considered to have a higher social vulnerability, which means the area is more likely to be unprepared and less likely to recover from a disaster or emergency event.

The CDC/ATSDR SVI can be used to locate communities that likely need greater or continued support before, during, and after an event. Locating these communities ahead of time can help optimize resource distribution.

Figure 1: CDC Social Vulnerability Index Variables

	Themes	Variables
Overall Vulnerability	Socioeconomic Status	Below Poverty
		Unemployed
		Income
		No High School Diploma
	Household Composition & Disability	Aged 65 or Older
		Aged 17 or Younger
		Older than Age 5 with a Disability
		Single-Parent Households
	Minority Status & Language	Minority
		Speak English "Less than Well"
	Housing & Transportation	Multi-Unit Structures
		Mobile Homes
		Crowding
		No Vehicle
		Group Quarters

Note: Reprinted from the CDC SVI Documentation 2018 by Centers for Disease for Control and Prevention, 2020.¹⁴

Step 3: Develop a Communication Framework and Dissemination Plan

Once there is a well-rounded understanding of the community context, the next step is to develop a communication framework and dissemination plan.

The communication framework and dissemination plan will act as a guide to structure, tailor, and deliver messaging based on the different needs and mindsets of the community. There are two main questions to keep in mind as the communication framework and dissemination plan is built out:

- What needs to be communicated?
- What is the best way to communicate this information?

As the plan is build out, it is essential to continuously reference the community's attitudes, beliefs, and assets regarding vaccination. It is also beneficial to include community leaders and community members throughout the entire process to ensure the delivered messaging is relevant and will resonate. Communications that are carefully developed with the community in mind will lead to more successful outcomes.

Communication Framework

A communication framework is a tool to help plan the communication of information to a group. It is meant to be a strategic approach to communicate information in a manner that is actionable, accessible, relevant, timely, understandable, and credible.¹⁵ The framework can be designed to be broad and only outline key principles, or it can be specific and outline best practices of communication for a specific topic.

The NVEC uses a communication framework (Table 4) that outlines key principles and acts as a reference as new COVID information is released. The information that fills the framework is based on input gathered from several different communities. Although each community is unique, there were two overarching concerns, five key messaging themes, and three key audience mindsets related to vaccination that were common among each community. These commonalities make up the framework that acts as a guide to tailor specific and relevant messaging for a community based on the goal, concern, messaging theme, and audience mindset.

Tailor the Message and Other Communication Considerations

Populations may share some of the same concerns about COVID vaccines, but it would ultimately be ineffective to create a universal message for all communities. Messages need to be prioritized and tailored to ensure it is relevant and will resonate with the community. Messaging can vary based on communication goals, audiences, and available resources. However, taking the time to tailor a message that reflects the diversity and uniqueness of the community will likely result in a more receptive message.

Community engagement is the key to tailored messages and is the most effective strategy to authentically learn about your audience. Engaging with the community provides firsthand insight about common concerns or barriers that exist. It also assists with developing a better understanding of how to create messaging that is relevant and accurately represents the target audience.

To tailor messaging, the NVEC holds community meetings on a regular basis to discuss and develop messaging needs. Meetings provide community partners and members an active seat at the table to fill in messaging gaps and to provide input about areas that still need to be addressed within their communities. These meetings are also an opportunity for the NVEC to ask for feedback on the effectiveness of current messaging and what may need to change. Engagement is a constant two-way conversation to ensure the messaging is relevant and can resonate within the community.

Trusted Messengers

Trusted community messengers can play an important role in the creation of a well-received message. These messengers can have a greater impact on the delivery of vaccine-related information or the call-to-action to vaccinate because of their trusted presence within the community. It is important to note that the trusted messenger can vary by community and age group. Some examples of trusted messengers include physicians, faith-based leaders, barbers and hair stylists, community-based organizations, local business owners, and athletes.

Timing

Timely communication is crucial. Public health responses during a pandemic have to pivot constantly to remain relevant with changing information because new questions and concerns will typically arise as new information becomes available. It is necessary to implement a communication strategy that is able to quickly pivot, develop new messages, and deliver the information while it is still relevant.

Table 4: Example Communication Framework

Overarching Goal				
Increase vaccine uptake among Nevada’s most socially vulnerable communities by working with trusted community partners and conducting community engaged outreach.				
Overarching Concerns				
Vaccine Access			Vaccine Hesitancy	
Key Messaging Themes				
Disease Spread, Prevention, & Safety	Vaccine Safety & Efficacy	Vaccine Prioritization & Distribution	Vaccine Purpose, Need, and Location	Similarities and Differences Between COVID-19 & Influenza
Key Audience Mindsets				
Ready & Willing	Unsure & Needs Information	Skeptical & Critical		
Provide clear information about vaccine eligibility	Build vaccine confidence	Build trust		
Inform about vaccination expectations (i.e., what to expect the day of, potential side effects)	Provide clear information about the importance of vaccination	Build vaccine confidence		
Provide clear information about vaccine eligibility	Address physical vaccination barriers	Be consistent and transparent with information about the vaccine		
Educate about preventative measures after vaccination	Acknowledge concerns and hesitations by providing timely, transparent, and science-based information	Minimize misinformation		

Dissemination Plan

Another key element of developing a successful plan of action is taking the time to consider which method of dissemination is best suited for the community. There are several ways to deliver information, and it is just as important as the message to consider the community's ability to use and access different modes of communication. For example, online platforms allow for the quick delivery of information, but often exclude communities with higher social vulnerability such the elderly, individuals with low income, immigrants, and individuals with low-English proficiency.

There are two main types of dissemination methods: non-digital and digital. **Non-digital dissemination methods** are a great way to engage individuals with limited access to the internet and people with limited computer literacy (Table 5). **Digital dissemination methods** offer a way to share information quickly without having community members leave the comfort of their home (Table 6).

Table 5: Non-digital Methods of Dissemination

Method	Description
Billboards	Billboards are large outdoor displays that are seen by audiences that use various modes of transportation.
Broadcast Media	Radio and television are types of broadcast media used to broadly share information. Consider tone, content, and primary listening audience.
Direct Mail	Direct mail campaigns are used to send information directly to a person's place of residence.
In-Person Outreach	In-person outreach involved direct engagement with a community. This can include tabling at a community resource fair or canvassing.
Letters to Decision Makers	Writing is a powerful form of advocacy. Letters to decision makers can be an effective way to communicate the importance of a particular issue and to gain support on a community effort.
Newsletters	Newsletters are a way to send information to a list of subscribers via mail. Use networks already established by community partners to maintain existing community engagement.
Oral Presentations	Presentations are a formal way to share information with an audience. This can include meetings, townhalls, or workshops that use a balance of educational content, images, and other visual aids.
Peer-Reviewed Publications, White Papers, Policy Briefs	Peer-reviewed publications, white papers, and policy briefs provide more technical information about the topic of interest and can be shared with stakeholders and decision makers.
Phone Calls and Phone Trees	A phone tree is a system to contact a group of people by phone. It is a great way to efficiently spread a brief message to a large number of people.
Print Materials	Print materials are a common and portable form of communication that includes flyers, brochures, magazines, books, and newspapers.

Step 4: Develop an Equitable Vaccine Distribution Plan

The next step after the communication framework and dissemination plan is to develop a vaccine distribution plan, which will also be based on information gathered from the community. A successful distribution plan will work in tandem with the communication plan to find a balance between vaccine supply, access, and demand.

Equitable vaccine distribution involves creating solutions with input from the community and addressing the unique barriers each community may face. Each solution should be carefully developed based on the needs, attitudes, and available resources of each community being served. There are two guiding questions to keep in mind while navigating the various considerations for vaccine distribution:

- Where are vaccinations needed?
- How do we provide equitable access to vaccines?

Figure 2 breaks down some of the most important considerations to think about when planning a vaccine event which includes community engagement, vaccine site location, communications, appointment scheduling, and vaccine site coordination. Additionally, Table 8 outlines a handful of vaccination barriers that communities may face and possible solutions to address those barriers. This list is meant to be a reference to inspire solutions that best fit a community's needs.

It is important to recognize that the process is not necessarily linear and can change. Just like the communication framework, it is essential to continuously reference the community's needs, attitudes, beliefs, and assets regarding vaccination. It is equally important to include community leaders and community members throughout the entire process to help identify gaps and barriers, tailor distribution efforts to fit community needs, and support on the ground efforts. Additionally, engaging the community in the process can provide insight when the community's perceptions and needs change.



Figure 2: Considerations for Equitable Vaccine Distribution

Community Engagement

- Are trusted community leaders and members involved in the planning?
- Are there trusted community partners or community agencies that have expressed interest in hosting a vaccination site?

Vaccine Site Location

- Is there a need for a vaccination site in this area (i.e. zip code)?
- Is it a trusted location in the community?
- Is the location accessible?
- Are there additional transportation needs to consider?
- Will the clinic be indoors or outdoors?
- If outdoors - make sure to plan for weather ahead of time (i.e. Las Vegas summer heat or Reno winter snow).

Communication

- Have community concerns about the vaccine been addressed?
- Is there time to promote the vaccine clinic?
- Is information about the clinic being delivered in various methods?
- Is information delivered in a way the community can easily understand?

Appointment Scheduling

- Is there a need for an appointment-based system for this clinic?
- (If applicable) Is it easy to schedule an appointment?
- (If applicable) Does the scheduling system take into account potential language or literacy barriers?
- (If applicable) Are different ways to schedule an appointment (online, by phone, in-person) offered?

Vaccine Site Coordination

- Do staff and/or volunteers represent the community?
- Is information at the vaccination site accessible (language, readability, etc)?
- Are staff and volunteers trained and aware of clinic-specific nuances (i.e. no ID requirement, aware of possible differences in literacy levels)?
- What vaccines will be available?
- If the vaccines provided require a second dose, can a follow-up clinic be planned at the same location?

Table 8: Examples of Vaccination Barriers and Possible Solutions

Barrier	Possible Solution
Vaccines are available by appointment only, and the only way to schedule an appointment is through an internet-based platform.	Set up a clinic that offers walk-ins.
Vaccine location is not within a reasonable walking distance.	Coordinate with local transportation and rideshare services to offer free transportation to and from vaccine appointments. Establish a clinic site near public transportation routes and include the stop number/ID on clinic promotional materials.
Appointments are only available during working hours (Monday through Friday, 8AM to 5PM).	Set up a clinic that is open before or after work and school hours (i.e. at 6pm) or on weekends
Appointment scheduling is only offered online.	Provide alternative modes to schedule an appointment, such as by phone or in-person. <ul style="list-style-type: none">• Vaccine Helpline• Canvassing/Door-Knocking• Telephone Banking• Scheduling assistance at grocery stores
Vaccine clinics are at unfamiliar locations.	Work with the community to host pop-up vaccine clinics at trusted locations such as a place of worship, school, or community recreation center.
Vaccine clinic staff does not represent the community.	Work with the community to recruit clinic staff and volunteers who represent the community.
Appointment scheduling services are only offered in English, and/or too complex to translate to another language.	Simplify the scheduling process to include only the basic information needed to schedule an appointment (i.e. name, date of birth, and contact information) – collect other information at the time of the appointment.
The vaccine clinic requires standing in-line for extended periods of time.	Streamline the system to eliminate the need to stand in line. Ensure there is ample seating available.
Individuals who are homebound cannot travel to a vaccine location.	Work with home healthcare services or mobile vaccination units to coordinate at-home vaccinations.
There is low community awareness about a vaccine site in the area.	Conduct timely promotion of the community vaccination site by canvassing or phone-banking a week or so before the clinic.
Vaccine clinic requires state-issued photo identification (ID) to get vaccinated.	Offer a vaccine clinic that waives the photo ID requirement.

Step 5: Monitor and Evaluate

To achieve vaccine equity, it is essential to continuously monitor and evaluate efforts. Evaluation is a critical step to see if the effort works, if progress is being made, and to adjust when necessary. It is key to maintain engagement with the community to ensure the most relevant needs and gaps are being addressed.

Our Recommendations

It is a continuous process to achieve vaccine equity, and it cannot be done alone. Engage the community and ensure key partners have an active seat at the table. This is to ensure there is a community voice included throughout the entire decision-making process and that the efforts appropriately reflect the community and its needs.

Here are three key recommendations for vaccine equity:

Be inclusive. The community needs to have an active seat at the table throughout every step of the process. They can provide key insight about the community's needs, attitudes, beliefs, and assets regarding vaccination.

Be responsive. If the community is able to provide insight on how to address a possible barrier or concern, be responsive and execute the recommendation. Responsiveness can ensure the work remains relevant.

Be timely. Timeliness is essential and it is not necessarily about speed. The delivery of messaging should be well-timed and appropriate to the community's current needs. For example, in some communities, there is low awareness about COVID-19. So, delivering messages about the importance to vaccinate should not precede messages that educate the community about the COVID-19 virus and important safety precautions. Likewise, timely dissemination to address vaccine concerns and communicate location of pod pop-ups is essential.



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