COVID-19 Vaccine Equity Toolkit

As of March 12, 2021

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Table of Contents

Introduction

This section provides an overview of this toolkit and how to use it.

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Executive Summary

Purpose

Developed by Kaiser Permanente to offer a healthcare system framework for the equitable administration of the COVID-19 vaccine, this toolkit is meant to be adaptable to the unique needs, capacity and context of communities and organizations. It offers a framework for measuring vaccine equity along with metrics and indices to assess impact. The core of the toolkit offers a suite of equity-enabling opportunities that can be activated to enhance current vaccine administration approaches.

Highlights and Key Actions

- Beyond geographies, vaccine equity should also be viewed through several lenses to support the equitable distribution and administration of vaccines within vulnerable communities (Age, CDC High Risk, health equity indices, Race/ethnicity, states, Zip Code, ADA, etc.)

- Areas of opportunity to enhance and enable equitable vaccine administration are organized into four categories: physical / infrastructural, operational, informational / educational, and cultural / institutional enablers.

- Organizations can selectively engage any combination of strategies to enhance current vaccination approaches.

- Review the leading practices section for inspiration in how others across the industry are approaching enablers to vaccine equity.

Toolkit Audience and Sections

Intended Audience

This document is designed for a **broad audience**. Care delivery organizations, health plans as well as state and local governments directly engaged in vaccine administration efforts are a primary intended user of this toolkit. However, **any organization, large or small**, working to enhance the equitable administration of the COVID-19 vaccine will find relevant content here.

Toolkit Sections

- **Goal Definition** – This section articulates specific ethical frameworks and measurement goals that organizations can strive to achieve through COVID-19 vaccine administration.

- **Metrics and Reporting** – This section outlines key metrics and indices that can be used to align tracking and reporting efforts and help maintain focus.

- **Tools for Equity** – This section offers a suite of recommended tactical interventions to address each of the four categories of equity enablers. Vaccine administration teams can use these resources to inform various outreach and operations strategies, depending on needs and capabilities of the community or organization.

- **External Leading Practices and Resources** – The resources compiled in this section can be used by those looking for a deeper dive into individual topics through externally produced resources and select case studies of leading external practices

Goal Definition

This section articulates the main goals and ethical considerations that vaccine administration efforts can strive to achieve through vaccine distribution, including specific ethical frameworks and measurement goals.

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Equity Definition and Framework for Measuring Vaccine Equity

Kaiser Permanente's Definition of Health Equity: The fair and just treatment, access, opportunity, and advancement for all people in pursuit of their total health and well-being.

Ensuring fair and equal outcomes for all means reducing avoidable barriers to equity. In an equitable environment, your gender, ethnicity, socioeconomic status, and other personal characteristics don't affect the health care you receive or how you are treated at work.

Framework for Measuring Vaccine Equity

1. Ensure vaccination rates for eligible individuals within communities in the 25% most vulnerable geographies such as census tract or zip code (defined by health equity indices such as social vulnerability index, neighborhood deprivation index and others) meet or exceed the average vaccination rates in other communities.

2. Beyond geographies, vaccine equity should be viewed through the following lenses to support the equitable distribution and administration of vaccines within vulnerable communities:
   - COVID-19 prevalence vs. vaccination rates
   - Vaccination rates of eligible individuals
   - Supplemental stratification including not limited to: Age (16+, 65+, 75+), CDC High Risk, health equity indices (e.g., social vulnerability index), Race/ethnicity, states, Zip Code, ADA, etc.

Metrics and Reporting

This section outlines key metrics and indices that can be used to align tracking and reporting efforts and help maintain focus.

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Metrics and Reporting

Elements of Stratification

	Age	CDC High-Risk Designation	Health and Equity Indices	Race / Ethnicity	Geography
Data to be tracked	Age-related vaccination data categorizing patients into 3 age groups (16+; 65+; and 75+)	Vaccination rates of high-risk groups as defined by CDC (e.g., older adults, people with comorbidities and those needing extra precautions / persons with disabilities - see CDC High-Risk)	There are several indices that seek to capture the degree of vulnerability and deprivation in a particular neighborhood or geographic area. These can be used to pinpoint vulnerable populations	Racial and ethnic vaccination rates relative to their proportion to total population	Data can be tracked by state, zip codes, census tracts among other geographies to ensure consistency of vaccine equity principles.
Why it's important	Age is generally correlated with **more / more severe comorbidities and lower levels of digital literacy** meaning the elderly... • **Are more vulnerable** to adverse / deadly COVID-19 outcomes • **May have more difficulty scheduling vaccinations** through popular digital channels	The CDC's high-risk designated groups **are among the most vulnerable population**s to the COVID-19 pandemic due to the **greater potential for more severe or fatal outcomes if infected and higher likelihoods of being unable to conveniently access appropriate medical care**	Indices such as the social vulnerability index and neighborhood deprivation index **help pre-emptively target outreach efforts and align resources** to the most vulnerable populations (see next slide for more details)	Racial and ethnic minorities are **disproportionately being impacted by COVID-19 with higher infection rates and poorer health outcomes** than white Americans, **while simultaneously accounting for less than their ratable share of vaccinations** (relative to population mix)	Tracking data along geographic lines will help provide an enterprise-wide view of the **consistency with which vaccination equity principles are being adhered to**, while simultaneously reflecting the differing prioritization guidelines, public health resources and demographics

Metrics and Reporting

Equity Indices Overview

- Approaches to metrics and measurement **differ across states** by **outreach targeting and tracking** due to varying regional needs and capabilities.
  - Align to the **state-approved index / indices as a best practice**, where appropriate
- Equity indices **integrate separate variables** to capture the **degree of vulnerability and deprivation in a particular neighborhood or geographic area**
- The use of these indices to **plan, implement, monitor and adjust vaccine allocation** can maintain equity
- As a general practice, each state should **aim to align to the applicable state-approved index**, where appropriate.

Social Vulnerability Index (SVI)	**Neighborhood Deprivation Index (NDI)**	**Other Indices**

- The SVI captures **geographic-based vulnerability for emergency preparedness** and natural disaster response largely
- Certain factors (e.g., poverty, lack of transport access, crowded housing) indicate **higher social vulnerability**
- Uses **15 U.S. census variables to create 4 groupings**:
  • Socioeconomic status
  • Household composition
  • Race/ethnicity/language
  • Housing/transportation
	- The Neighborhood Deprivation Index (NDI) measures **neighborhood level socioeconomic disadvantage** using census tracts
	- Uses key variables from **13 measures in the following socioeconomic dimensions:**
	  • Wealth and income
	  • Education
	  • Occupation
	  • Housing conditions
		- California's **Healthy Places Index (HPI)** measures **conditions that predict life expectancy and influence health** in CA
		  • Covers policy action areas: health, housing, education, and transportation
		- **Social Deprivation Index (SDI)** measures **area level deprivation**
		  • Uses poverty, education levels, single parent households, car access etc. data
		- **Area Deprivation Index (ADI)** measures **neighborhood socioeconomic disadvantage** using census tract data

Tools for Equity

This section offers a suite of recommended tactical interventions to address each of the four categories of equity enablers. Vaccine administration teams can use these resources to inform various outreach and operations strategies, depending on needs and capabilities of the community or organization.

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Tools for Equity

This section can be utilized to identify and activate various enablers to improve overall equity. While all options in this section may not be applicable for every situation or may not be sequenced in the way that they appear, organizations and communities can select the most pertinent and applicable enablers to improve vaccine equity. Even if desired metrics are met, this toolkit can be leveraged to further enhance outreach and improve overall vaccine equity and uptake among impacted populations.

Section Purpose

- Provide an array of potential action steps and strategies to activate vaccine equity enablers across four categories. Teams can choose any combination of these tactics to fit their community context, needs and resources.
- Each option is based on research conducted around leading practices for addressing COVID-19 vaccine equity.

Intended Section Use

- As vaccine distribution and administration rollout continues, organizations and government entities can use the corresponding tactics in this section as a starting point or catalyst to identify opportunities or gaps in existing approaches for each enabler category. These actions can help augment vaccine administration efforts and enhance equity. Use the enablers overview to jump to the most appropriate content for your role or organization and the category you are most able to impact.

Enablers of Vaccine Equity

Overview

Areas of opportunity to enhance and enable equitable vaccine administration include physical / infrastructural, operational, information / education, and cultural / institutional enablers. Organizations and communities can selectively engage any combination of these strategies to enhance vaccine administration approaches.

	Categories	Opportunity / Enabler Subtype Examples
A	**Physical / Infrastructure**	**A1:** Proximity / physical accessibility to vaccination sites, in disadvantaged communities and for disabled populations (ADA)
		A2: Transport to and from vaccine site for high-risk and disadvantaged populations
B	Operations	**B1:** Multilingual staff / personnel / access to interpreters
		B2: Flexible hours of operation for vaccine sites
		B3: Registration – digital access, documentation requirements, registration requirement
		B4: Social health needs
C	**Information / Education**	**C1:** Information access & language barriers
		C2: Education materials
D	**Cultural / Institutional / Others**	**D1:** Trust, perceived value, vaccine confidence and mistrust
		D2: Outreach, Education, and Strategic Partnerships and Investments

Tools for Equity

Enabler Subtype
A1: Proximity / physical accessibility to vaccination sites, in disadvantaged communities and for disabled populations (ADA)

☐ 1. **Determine priority populations for equity**
Identify priority populations for equity, focusing specifically on disadvantaged communities or those that may bear disproportionate COVID-19 burden or mortality.

☐ 2. **Use indices that identify populations**
Decide between equity indices, which include Neighborhood Deprivation Index, Social Vulnerability Index, and/or others that measure the degree of deprivation in a geography and inform where identified groups are located.

☐ 3. **Apply index to state / geography in scope**
Apply chosen index to geographies (e.g., census tract, zip codes), communities, and areas in scope, and identify the most vulnerable communities through geospatial analysis.

☐ 4. **Identify CBOs and trusted messengers**
Identify the community-based organizations (CBOs) that work with identified population of a contemplated new site and partner to identify trusted community leaders (e.g., pastors, elders, influencers, etc.). Consider using independent living centers as CBO partners for persons with disabilities.

☐ 5. **Select highest-impact vaccine sites***
Understand gaps in existing network. Identify locations to activate vaccination sites that meet community needs, including but not limited to mobile clinics, pop-up sites, etc. that are highly accessible to identified groups, including considerations for those with disabilities.

☐ 6. **Design outreach strategy**
Organize "listen & plan" sessions with CBOs and community leaders to better tailor content messaging and outreach strategies that resonate with community members and encourage vaccination. Consider generational preferences within racial groups for both channels and content and for those with disabilities.

☐ 7. **Activate outreach before site launch**
Empower community members and leaders to be active collaborators in getting the word out, with community health workers helping with outreach, scheduling, transportation, providing support and resourcing as needed to amplify the reach of the communication campaign.

☐ 8. **Go-live, track and communicate progress**
Transparently communicate vaccine uptake progress to instill public confidence in vaccination efforts, increase vaccine confidence, improve perceived value of vaccines and reassert your commitment to equity.

*Mass vaccination sites: locations may be determined by public health officials

Tools for Equity

Enabler Subtype
A2: Transport to and from vaccine site for high-risk and disadvantaged populations

1. **Map existing or planned vaccine sites**
   Identify where existing or planned vaccine sites will be located to understand the distribution between highly resourced and under-resourced areas. Assess whether sites are fully accessible via public transportation, car, etc.

2. **Identify disadvantaged communities**
   Identify communities and neighborhoods with limited access to vaccine sites due to socioeconomic status, transportation restrictions, and proximity to ADA compliant administration sites with adequate vaccine supply and administration capacity, etc.

3. **Determine transportation options**
   Determine most accessible / affordable modalities of transportation based on input from community leaders and members for identified populations.

4. **Develop transport partnerships to address needs**
   Identify transportation providers such as Uber/Lyft or vehicle rental companies and solicit commitments to formalize partnerships for providing targeted transportation services at free or reduced rates. (e.g., SFMTA, Muni/Paratransit)

5. **Outreach to selected communities**
   Communicate available transportation services to community members by engaging with community leaders as well as through traditional and non-traditional channels.

6. **Implement and activate transport**
   Work with community partners, vaccine sites, and corporate/public transport partners to organize pick-up / drop-off logistics (if applicable) that are most convenient for community members. Consider deploying mobile health vans to reach vulnerable populations with transportation challenges or enlisting community health workers to help with transportation assistance as well.

7. **Go-live, iterate, and communicate progress**
   Launch transport service program for community members, identify and troubleshoot parts in the process, and communicate and track impact.

Tools for Equity

☐ 1. **Understand language profile of populations**
Understand demographic makeup of population in scope, as well as their language, communication, and cultural competency needs.

☐ 2. **Identify "high-touch" steps in the patient journey**
Understand steps and personnel responsibilities in the patient journey that may require more support (e.g., translation and guidance). Such steps may include phone line staffing, greeting / welcome area, and registration / check-in.

☐ 3. **Align staffing plans with key stakeholders**
Socialize staffing needs with stakeholders to determine where staffing needs cannot be met with in-person staff, consider leveraging other tools (e.g., VRI units) and ensure staff know how to operate them.

☐ 4. **Adjust clinical and non-clinical staffing plan**
Based on "high-touch" areas, identify any gaps in staffing, pull in multi-lingual clinical and non-clinical staff across sites commensurate with need. Develop staffing proposal that considers functional and linguistic gaps.

☐ 5. **Identify CBO partners to recruit support**
Identify the community-based organizations (CBOs) that work with the selected population to gain access to community leaders that can help recruit multi-lingual, clinical and non-clinical staff and volunteers.

☐ 6. **Accelerate multi-lingual recruiting efforts**
Post jobs for multilingual staff through job boards, temp agencies, and other staffing organizations while leveraging CBOs for additional lead generation for the recruiting pipeline.

☐ 7. **Train staff on site operations/processes**
Conduct training for new clinical and non-clinical staff on operations and processes (e.g., appropriate talking points to patients, operational workflows) depending on job role and function.

☐ 8. **Communicate multilingual options to community**
Communicate that multi-lingual staff will be onsite to guide patients. Clearly identify staff (e.g., "I speak X language" buttons or stickers). Ensure auxiliary aids and services are available (e.g., PockeTalkers, magnification devices, pen & paper, pictograms) for persons with hearing, vision, and other communication disabilities.

Tools for Equity

☐ 1. **Identify gaps in service at existing vaccine sites**
Use active listening and engagement with the community to identify existing sites with gaps in service due to limited hours or greater demand on certain days or times. These sites may be in disadvantaged communities with people who may have inflexible work hours or a limited window of time, etc.

☐ 2. **Select highest-impact sites**
Identify locations to expand hours of operation for vaccination sites in highest impact areas. Decide if these sites will be operating 24/7 or have expanded hours / service on weekdays and/or weekends.

☐ 3. **Develop operational plan**
Identify operational and staffing needs for expanded operating hours / service on certain days. This may include additional nurses, registration staff, etc. while ensuring adequate vaccine supply relative to new operating capacity.

☐ 4. **Execute operational plan**
Augment existing staff or add shifts as needed. Procure additional PPE, vaccine inventory, and other supplies to accommodate anticipated increase in vaccine demand volume.

☐ 5. **Communicate select-site operating hours**
Provide targeted communications to members in closest proximity to select sites of the new/amended operating hours to ensure optimal usage of additional administration time and capacity.

☐ 6. **Track and communicate changes in uptake**
Track adoption and monitor for changes, while communicating vaccine uptake progress as a result of expanded hours to illustrate and reinforce commitment to vaccine equity.

Tools for Equity

☐ **1. Identify gaps in current registration procedures**
Proactively identify populations that may struggle to access vaccines via digital channels including those with limited digital literacy / access and uninsured / undocumented groups, so that they may be preemptively directed towards non-digital options.

☐ **2. Identify regulatory requirements**
Engage Legal, public health officials and other stakeholders to understand if and how registration requirements can be met to accommodate disadvantaged groups while adhering to public guidelines.

☐ **3. Confirm technology capabilities are available**
Work with IT and Digital to ensure capabilities can support non-digital registration and minimum registration needs.

☐ **4. Implement non-digital registration options**
Operationalize non-digital registration to accommodate individuals with limited digital access / literacy. Key channels include IVR phone lines, in-person, and mail. Ensure proper promotion (e.g., early and often) of these channels and corresponding outreach to identified groups. Ensure digital accessibility standards (WCAG 2.0 A and AA) are met in all public facing applications.

☐ **5. Support populations with limited digital literacy**
Address digital barriers among certain populations (e.g., financial limitations, limited internet access, low digital confidence) by providing resources and educational materials to cultivate digital literacy with accessible support staff.

☐ **6. Implement simplified digital registration options**
Adapt current capabilities to simplify documentation needs during registration (e.g., ask for the minimal amount of required info, eliminate pre-registration, offer walk-ins) to encourage identified populations to get vaccinated.

☐ **7. Activate outreach before launch**
Empower community members and leaders to be active collaborators in getting the word out about the simplified registration process, while leveraging community health workers to help with registrations, with Kaiser Permanente providing support and resourcing as needed to amplify reach.

☐ **8. Go-live, track and communicate progress**
Transparently communicate vaccine uptake progress to instill public confidence in vaccination efforts, increase vaccine confidence, improve perceived value of vaccines, and reassert commitment to equity.

Tools for Equity

☐ **1. Screen patients for social needs**
Use standard social needs and risk questionnaires to inquire about social factors that might be barriers to health.

☐ **2. Connect patients to social health resources**
If available, use your organizations social needs screening tools and resource locator to identify and connect patients to community resources to meet their social service needs. Local 211s (https://211.org) offer connections to community resources. Kaiser Permanente's social health playbook is also a resource. (https://permanente.org/social-health-playbook-covid-19/)

☐ **3. Identify CBOs and trusted partners / messengers**
Collaborate with CBOs / community partners focused on selected communities and leverage their relationships to find trusted community leaders and influencers (e.g., religious leaders, community elders, influencers, pillar institutions (HBCUs), etc.).

☐ **4. Consider holistic rather than singular health needs**
In collaboration with community partners, consider how other community health needs can be addressed in tandem with vaccination (e.g., organized delivery of goods / service, like food, housing, and income-generating opportunities). Leverage centers for independent living and community health workers to support these efforts.

☐ **5. Codesign and codevelop delivery strategy**
Identify vaccination site locations that meet community needs (e.g., pop-up sites, mass vaccination sites, community venues, religious centers, community centers, mobile clinics) and are accessible to identified groups. Consider hiring community health groups / workers to mitigate language, cultural, and registration barriers.

☐ **6. Cross-utilize vaccine sites as "resource centers"**
Work with partners to staff sites as resource centers to support the whole-person model of recovery. Provide reliable links to health system (e.g., do chronic disease follow-up, invite partners / CBOs to host a booth, offer info & referrals, service).

☐ **7. Codesign and codevelop outreach strategy**
Organize "listen & plan" sessions with CBOs / community leaders to better tailor content messaging, outreach strategies resonating with community members to improve vaccine confidence and related concerns. Include K-12 schools and involve teachers and administrators to engage with families.

☐ **8. Ensure peer-to-peer dynamic in interactions**
Health authorities and providers should strive to build a peer-to-peer dynamic in their partnerships with BIPOC individuals and BIPOC-led organizations to facilitate COVID-19 vaccination.

Tools for Equity

Enabler Subtype
C1: Information access & language barriers

☐ 1. **Understand demographic profile of patients served**
Identify the demographic and linguistic make-up of disadvantaged communities being served as well as the range of health, science, digital and linguistic literacy.

☐ 2. **Collaborate with CBOs to create accessible content**
Based on demographic insights, collaborate with CBOs and other partners (e.g., labor partners, etc.) that are well-versed with the communities being served to tailor content for varying health literacy and education levels, with an emphasis on ease of accessibility. Develop multi-lingual, plain-language and visual content, that accommodates a wide range of health, linguistic, science and digital literacies, visual and hearing impairments, and disabilities.

☐ 3. **Ensure content is accurate and culturally sensitive**
To the extent possible develop content in parallel in multiple languages vs. translating from English. Where translations are used, review and refine content messaging with CBOs and focus groups to ensure that informational material is translated in an accurate, nuanced, culturally sensitive way.

☐ 4. **Leverage CBO partners as trusted messengers**
Utilize the CBO and community partners to disseminate the information to the communities they serve to enhance the credibility and consumption of materials produced. Support CBOs with any necessary resourcing required for outreach efforts, including virtual / in-person capabilities, captioning use of plain language and pictograms.

Tools for Equity

Enabler Subtype
C2: Education materials

1. **Identify communication channels**
   Identify commonly used patient education / communication channels that require accessible and digestible patient education materials. Key question to answer is "where is the identified community searching for information about the COVID vaccine?"

2. **Understand needs and concerns**
   Understand the common questions within the population, misinformation in circulation, and reasons for low vaccine confidence and complacency through community "listen-and-plan" sessions.

3. **Understand principles of patient communication**
   Use more visuals, fewer words, and simplified language with short sentences. Focus on key "must know" information. Define difficult to understand terms. Use culturally competent messaging and review research with BIPOC communities.

4. **Identify education gaps**
   Develop messaging to address concerns regarding site selection, accessibility, underlying conditions, religious exemptions and safety concerns. Consider where selected groups are searching for information (and any gaps in availability) and the type of content that would build confidence & acceptance.

5. **Design education strategy**
   Use trusted messengers to deliver message when possible. Ensure information is easily consumable via appropriate channels and formats to fill in gaps (e.g., Facebook live events, flyers available at facility, talking points for physicians).

6. **Leverage existing assets when possible**
   Review what already exists and tailor to meet needs of identified communities. Examples include the Public Health Collaborative, this resource center and the CDC, among others.

7. **Create multilingual, multiformat assets**
   Create easily understandable content and avoid jargon. Use trusted sources reviewed by SMEs and simplify as needed. Content should be in alternative formats (e.g., braille, large print, screen-readable PDFs, audio) to be accessible to those with vision, hearing, and cognitive disabilities.

8. **Measure, revise & update**
   Measure what channels and messages are working and use insights to update and improve. In addition, as new information becomes available, content may need to be revised to account for new learnings. New questions and concerns will need to be addressed to continually meet current information needs.

Tools for Equity

☐ 1. **Identify priority populations**
Identify regional populations reporting low rates of vaccine confidence in receiving the COVID-19 vaccine, considering those populations who have been disproportionally impacted by COVID.

☐ 2. **Understand hesitation**
Understand what factors are influencing the under-indexing population's decision-making process. What are the top concerns, motivating factors, and who are the trusted messengers to deliver message?

☐ 3. **Leverage messaging framework**
Choose messaging that resonates with your target population. Address top concerns and motivating factors to deliver a consistent message that instills confidence.

☐ 4. **Identify audiences in need of an executional strategy**
Identify audiences that need to be reached with tailored messaging (e.g., Community partners, health care deliver employees, etc.).

☐ 5. **Design outreach strategy**
Develop audience specific outreaches using trusted messengers (Kaiser Permanente or external partners) and tailored messaging to influence populations in communities with highest exposure/infection rates. Amplify messages through relevant channels to maximize reach. Accommodate language translation needs.

☐ 6. **Balance message timing with supply**
Consider vaccine supply levels when determining outreach timing. Will the outreach drive demand when there is limited supply?

☐ 7. **Measure & revise strategy/messaging**
Measure outreach's impact and update strategy (e.g., what channels worked, what message is resonating). Perception of the COVID-19 vaccine, messaging, and trusted messengers may change quickly, and outreaches will need to be updated to resonate in the current conditions.

Tools for Equity

☐ **8. Engage grassroots leaders**
Community, religious, and other influential grassroots leaders are essential cultural gatekeepers to promote vaccination uptake. Consider launching social media campaigns with catchy hashtags (e.g., #IGotMyVaccine, #YoMeVacune, etc.) and selfies with posters at vaccine sites

☐ **9. Communicate effectively**
Use evidence-based strategies to communicate between community leaders and members, increase uptake, and save lives.

☐ **10. Form partnerships**
Partner with existing federal, state, local programs, and targeted initiatives to implement strategies to address needs of marginalized communities.

☐ **11. Improve convenience and access**
Improve convenient vaccine access at local community centers, churches, etc. via social distancing best practices. Leverage transportation networks and other low-cost mechanisms.

☐ **12. Connect with parents and guardians**
Use multiple communication methods (e.g., postal and telephone reminders and SMS banks) for engagement.

☐ **13. Identify community concerns**
Address community concerns and misinformation in messaging and communications dissemination.

☐ **14. Address anti-vaccination perspectives**
Prepare to address anti-vaccination perspectives. Explication can be effective, but not as much for individuals who have already adopted an anti-science attitude.

☐ **15. Include children and youth**
Include children and youth in vaccination behaviors messaging. Early exposure to immunization information may influence vaccine confidence during adulthood.

☐ **16. Collaborate, collaborate, collaborate!**
Collaborate with public health officials, academics, healthcare associations, and community leaders to minimize redundancy and pool resources.

Tools for Equity

What is the safety net?

Federally Qualified Health Centers (FQHCs), are primary care clinics that **serve underserved populations**
– **91% low-income; 63% racial or ethnic minorities**

☐ 1. **Understand the safety net landscape**
Identify FQHCs, free clinics, and other safety net providers in the area of interest. Work with teams that have existing relationships and use tools such as Find a Health Center or Free Clinic Finder.

☐ 2. **Collaborate with public health and other systems**
Work with public health and other systems to ensure coordinated outreach and response to support safety net partners. Consider leveraging community-based organizations and community health workers for outreach.

☐ 3. **Determine safety net partner's need**
Engage with identified partners to determine needs. Key questions include:
- Does the organization have a vaccine allocation?
- What barriers exist to helping their patients access vaccines?

Why is the safety net important?

– Well-positioned to address vaccine equity
– **Trusted as partners in low-income communities**
– **Staffed by culturally competent employees**
– **Extensive experience with outreach, language access and services** to address people with multiple barriers to care

☐ 4. **Integrate safety net in vaccine administration**
Determine how we can help safety nets vaccinate patients. Key questions include:
- Can we supply vaccines directly or allocate appointments at mass sites?
- Can we advocate for vaccine supply allocation at county and state level?

☐ 5. **Connect to grant initiatives**
When possible, provide grants to address barriers to getting their patients vaccinations. Flexible funds will target activities that help connect safety net patients to vaccinations.

☐ 6. **Consider how the safety net can support your efforts**
The safety net has culturally competent staff and extensive experience with outreach, language access and services to address people with multiple barriers to care. Consider contracting with these providers if they have capacity.

Tools for Equity

Kaiser Permanente provides grants to CBOs and safety net health care providers that are leaders in addressing racial disparities, systemic racism and oppression in communities disproportionately affected by COVD-19. CBOs and safety net providers aid in developing and disseminating culturally relevant info focused on prevention; building trust in communities with mistrust of the medical community; and, enhancing the safety net to ensure equitable access to the vaccine when available.

Funding Organizations that Address the Needs of Disproportionately Affected Communities

☐ 1. **Provide Grants to CBO Partners**
Support CBOs in the delivery of culturally relevant prevention messages for Black, LatinX, Native Hawaiian, Asian, Pacific Islander, and Indigenous communities; leverage trusted messengers. Support access relevant communications materials to diverse audience.

☐ 2. **Consider Large Scale Message Dissemination**
Leverage ethnic media firms to develop branded and unbranded public service announcements addressing the needs of affected communities as budget and time allows.

☐ 3. **Engage with Online Influencers**
Execute social media influencer-driven campaigns which can leverage a high degree of credibility and trust, allow space for authentic communications, and can flex to meet rapid shifts in messaging.

Supporting Safety Net FQHCs

☐ 4. **Implement the safety net initiatives**
Provide support to safety net health care organizations that serve large numbers of low-income people of color to connect their patients to vaccines (e.g., FQHCs, community clinics, school-based health centers, homeless health care providers.).

☐ 5. **Address Access Issues**
Provide funding to increase access including transportation to vaccine appointments, mobile/pop-up vaccine sites. Fund CHW/Promatores to support safety net patients' navigation of services/appointments and flexible resources to address social needs that may prevent access to vaccines.

☐ 6. **Expand Formal Partnerships with the Safety Net**
Support safety net providers' capacity to increase adult vaccinations, including technology, infrastructure, and staffing.

Tools for Equity

Enabler Subtype
D2 (3/3): Outreach, Education, and Strategic Partnerships and Investments

Kaiser Permanente provides grants to CBOs that are trusted entities to aid in developing and disseminating culturally relevant COVID-19 info, to vaccinate low-income and communities of color, or to provide transportation assistance for older adults. Select grant funding actions are highlighted below.

Examples

1. **Funding Organizations that Support Disadvantaged Communities**

   - Kaiser Permanente currently **focusing on Latinx community** for grant funding

   - Example: **Provided a grant through July to Servicios de La Raza and Tepeyac Community Health Center**

     - Support **outreach, communications and educational** material

     - Public Goods Project CBO is intermediary

2. **Supporting Safety Net Partners**

   - Kaiser Permanente is **funding safety net partners** to address vaccination barriers

   - **Flexible funds will target activities (e.g., staff to support vaccinations** at FQHCs, **Community Health Workers for outreach** and to help patients navigate testing sites, or transportation vouchers)

3. **Transportation Assistance**

   - Kaiser Permanente inviting **CBOs to apply for donations** to help support transportation services to COVID vaccine appointments

   - Targeting Medicare/older adult patients regardless of medical provider or vaccination site

   - Kaiser Permanente will **refer Medicare/older adult patients** who require transportation assistance as appropriate

Leading Practices and Resources

The resources compiled in this section can be used by those looking for a deeper dive into individual topics through externally produced resources and select case studies of leading external practices.

Leading Practices and Resources

Section Purpose

- This section illustrates case studies of leading practices and prepared resources that institutions and organizations have used to enable equitable access to the COVID-19 vaccine.

- Additional resources are provided as a deep dive on recommended tactics in the 'Getting Started' section.

Intended Section Use

- These resources can be used to inform planning and operationalization of vaccination equity enablers, which reference specific implementation logistics and community / corporate partners.

Leading Practices

Category [A] Physical /Infrastructure

Select Case Studies

	Use of Social Vulnerability Index (NJ)	Senior Facility Mobile Clinics (Baltimore)	Transport Services (Select Cities)
	NJ Health — New Jersey Department of Health	BALTIMORE CITY HEALTH DEPARTMENT	Uber, my Walgreens / Chicago Urban League — Opportunity. Community. Impact.
Objective	Target impacted and socially vulnerable populations with accessibly located vaccine sites	Target impacted and socially vulnerable populations with accessibly located vaccine sites	Provide transit support for underserved and low mobility populations
Overview	NJ and several other states are using the **Social Vulnerability Index (SVI) to inform vaccination site locations** • Geospatial mapping of SVI by NJ country vs. COVID-19 prevalence and mortality	The City of Baltimore is launching a **mobile vaccination and outreach strategy targeting older adults** (65+) in Black and Brown communities • Starting with senior living facilities not covered by the Federal vaccine partnership	Walgreens and Uber are partnering **to provide education and free or discounted rides** for underserved communities to Walgreens stores and offsite clinics
Logistics	To **engage pharmacies and location planning for non-traditional sites** such as gyms, sports stadiums, community centers and mobile clinics	• **20 mobile sites** with capacity of ~50 – 100 residents per mobile clinic per visit • Teams sent out prior to mobile clinic days for **resident education** and to answer questions	• **Pilot cities:** Chicago, Atlanta, Houston El Paso) • Addition of **app features** (e.g., **one-click access to pre-schedule rides** when appointment made)
Partners	CDC, NJ department of Health	MedStar Health, Lifebridge Health, John Hopkins School of Nursing	Walgreens, Uber, Chicago Urban League
Link	NJ COVID-19 Vaccination Plan	Article	Article

Leading Practices

Select Case Studies

	24/7 Vaccination Sites (NYC)	Multilingual Staff (San Antonio)	Expanded Registration Options
	NYC Health	CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT	LA CLÍNICA DEL PUEBLO
Objective	Accommodate those with inflexible working hours with expanded vaccination site hours	Support those needing language assistance with multilingual, diverse staff	Facilitate the vaccination process for undocumented / non-immigrant populations through trusted health intermediaries
Overview	NYC has launched **five 24/7 vaccination sites across the five boroughs** • Includes Citi Field, Vanderbilt Gotham Health Center, DOHMH	San Antonio, TX sites has **Spanish speakers at multiple points of patient contact,** which include multilingual staff and volunteers	In D.C., La Clinica del Pueblo acts as **trusted community health intermediary** between the federal government and the largely Latinx community it serves

Logistics	• Citi Field site will **scale up to 5-7K** eligible New Yorkers daily
	• Vaccine appts can be made using **Vaccine Finder** which aggregates all private and mass site appts
		• **Multilingual staff at 3 points** of patient contact
		  • Greeting and welcoming area
		  • Middle of process
		  • At the end, as runners for doctors
			• Community members can make **vaccine appointments directly on La Clinica's website**
			• They don't have to go through public health sites where proof of eligibility may be required

Partners	NYC Department of Health, NYC Health + Hospitals Trace & Test Corps	San Antonio Department of Health	La Clinica del Pueblo, D.C. Department of Health
Link	PR Release	Article	Article

Leading Practices

Select Case Studies

	Patient Education Materials	GoVAX Campaign (MD)	Mass Media Campaign (MA)
Objective	Educate the public with accessible, digestible, and helpful information	Reassure the community with multichannel, multilingual information	Reassure the community with multichannel, multilingual information
Overview	The American Academy of Family Physicians (AAFP) has created a **video series for providers** on **how to talk to patients about the vaccine**	The state of Maryland launched its **grassroots public outreach and equity GoVAX campaign** to promote vaccine confidence • Focuses on **historically underserved areas** with disproportionately high disease burden	MA has launched a **research-driven, $2.5M public awareness campaign** that promotes vaccine efficacy and safety • Focuses on **reassuring communities of color** and other **disproportionately impacted areas**

Logistics	• The video series covers the following topics:
	  • mRNA vaccine, overview of vaccine efficacy / safety
	  • Necessity of masking post-vaccination
		• **Multilingual traditional and digital media** featuring community leaders
		• Information on **vaccine efficacy, confidence in clinical trials, personal decisions** to get vaccine
			• TV ads with doctors from diverse backgrounds
			• **Radio, social media, search ads, streaming, print**
			• **Animated TV/digital platforms ads** in Spanish, Portuguese, Cape Verdean, Vietnamese, etc.

Partners	AAFP	Local health departments, non-profits, community, and faith-based organizations	MA Department of Health
Link	Resource	Article	PR Release

Leading Practices

Category D Cultural & Institutional

Select Case Studies

	Community Leader Advocacy	Community Partnerships (CDC)	Community Partnerships and Vaccination Site Location (KP)
Objective	Instill confidence in the vaccine and medical community via trusted messengers / ambassadors	Promote vaccine awareness and uptake through Intentional engagement with community partners	Bring vaccination sites to vulnerable communities and those most impacted by C-19 through community partnerships
Overview	In Louisville, Detroit, and other cities, **leaders in communities of color are getting vaccinated** to rebuild trust in the medical community	The CDC is **partnering with the Alliance for Hispanic Health** to increase **community-based access** to vaccination services in U.S. cities	KP is partnering with community-based organizations and using remote vaccination units to bring vaccines to hard-to-reach populations, building trust and addressing hesitancy
Logistics	**Community figures including pastors and leaders** of NAACP, etc. are getting vaccinated	• Will work with 18 CBOs • The *Vacunas Network* will deliver **trusted and science-based bilingual information** • **Support is available** via the *Su Familia* Helpline	• Partners help select appropriate vaccination sites and support outreach in their communities • Leverage phone registration options to make it easier on patients and paper-based documentation on-site where internet is sparse
Partners	Community-based and faith-based organizations	National Alliance for Hispanic Health, CDC	Council for Native Hawaiian Advancement, Hawaiian Housing Authority, Papakolea Community Center, Filipino Community Center, Hawaii Longline Association
Link	Article, Article	PR Release	David R. Tumilowicz (david.r.tumilowicz@kp.org)

Resources

1. [Equity in Vaccination: A Plan to Work With Communities of Color Toward COVID-19 Recovery and Beyond](#)
   Plan describing the tools to create, implement, and support a vaccination campaign that works with BIPOC communities to remedy COVID-19 impacts, prevent even more health burdens, lay the foundation for unbiased healthcare delivery, and enable broader social change and durable community-level opportunities | John Hopkins Center For Health Security

2. [COVID-19 VACCINE TOOLKIT FOR MAYORS](#)
   The COVID-19 Vaccine Toolkit provides Mayors and their teams the guidance and resources they need to help facilitate the largest vaccination program ever seen in the United States | Bloomberg Philanthropies, The United States Council for Mayors

3. ICIC's COVID-19 Vulnerability Mapping Tool: March 4th from 3-4 PM EST Webinar on 3/4 to discuss data identifying the economic vulnerability in U.S. neighborhoods to the pandemic and for a demonstration of ICIC's [interactive mapping tool](#) | Harvard Business School, ICIC Research Team

4. COVID-19 Vaccines Conversation and Q&A
   Featuring Dr. Daisy Dodd; English: [YouTube](#), [Facebook](#); Spanish: [YouTube](#), [Facebook](#) | SEIU-UHW, Kaiser Permanente

5. [COVID Vaccine and the Black Community](#)
   Recorded special with Tyler Perry in his Atlanta studios to discuss the COVID-19 vaccinations in the black community with Dr. Carlos Del Rio and Dr. Kim Manning | Grady Health System, Emory School of Medicine

6. [Building a Sustainable Community Health Worker and Promotore Workforce: Lessons for California](#)
   Webinar led by Center for Health Care Strategies (CHCS) sharing findings on state approaches to increase engagement of CHW/Ps | CHCS, California Health Care Foundation (CHCF)

7. [Disability Discrimination in Health Care and Community Life During the COVID-19 Pandemic](#)
   Provides an overview of the lives of those with disabilities during the COVID-19 pandemic | Disability Rights Education & Defense Fund

8. [COVID Information for Persons with Disabilities](#)
   CDC COVID information for persons with disabilities | CDC

9. [Recommendations for Disability Accessibility](#)
   Vaccine considerations for people with disabilities | CDC

10. [Ad Council Vaccine Education Campaign](#)
    Massive communications effort to build confidence for vaccination comprised of free, easy-to-use toolkits including messaging tips, videos, FAQs, social and digital media assets, educational events, and research that was rigorously vetted by the CDC | Ad Council

11. [COVID Collaborative](#)
    COVID Collaborative is a National Assembly to tackle the COVID-19 crisis | COVID Collaborative

12. [KFF COVID-19 Vaccine Monitor](#)
    Dashboard across racial, ethnic, and partisan groups | KFF

13. [COVID-19 and Beyond: Addressing Vaccine Equity](#)
    Resources to address inequalities in vaccine distribution and administration | AHIP

14. [COVID-19 Messaging for People with Disabilities](#)
    A [microsite](#) to host CDC guidance and information on COVID-19 in alternative formats | CDC Foundation

Resources

Evidence-Based Strategies for Increased Community Trust for COVID Vaccination

1. Engage community-based Leaders

Community, religious, and other influential grassroots leaders are **essential cultural gatekeepers** to promote vaccination uptake.

2. Communicate Effectively

Use **evidence-based strategies** to communicate between community leaders and members, increase uptake, and save lives.

3. Form Partnerships

Partner with **existing federal, state, local programs, and targeted initiatives** to implement strategies to address needs of marginalized communities.

4. Improve Convenience and Access

Improve **convenient vaccine access at local community centers** via social distancing best practices. **Leverage transportation networks** and other low-cost mechanisms.

5. Connect with Parents and Guardians

Use **multiple communication methods** (e.g., postal and telephone reminders and SMS banks) for engagement.

6. Identify Community Concerns

Address **community concerns and misinformation** in messaging and communications dissemination.

7. Address Anti-Vaccination Perspectives

Prepare to **address anti-vaccination perspectives**. Explication can be effective, but not as much for individuals who have already adopted an anti-science attitude.

8. Include Children and Youth

Include **children and youth in vaccination behaviors messaging**. Early exposure to immunization information may influence vaccine confidence during adulthood.

9. Collaborate, Collaborate, Collaborate!

Collaborate with public health officials, academics, healthcare associations, and community leaders **to minimize redundancy and pool resources.**

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