COVID-19 Vaccine Clinics Equitable Site Planning Tool

Purpose of this tool

This tool helps leaders design equitable vaccination clinics to ensure effective distribution to communities and populations disproportionately impacted by the COVID-19 pandemic. Differences in the number of COVID-19 cases, hospitalizations, and deaths in these communities are due to long-standing systemic inequities, as well as lack of access to COVID-19 information, services, and treatment in culturally and linguistically appropriate ways.

Identify those in greatest need

Complete the following table to identify communities and populations disproportionately impacted by the COVID-19 pandemic.

	Describe the burden of disease the community is experiencing? What has put them at higher risk? Has the community faced COVID-19 outbreaks? Do they or sub-populations within the community have a high Social Vulnerability Index (SVI)?
PHASE 1A	
☐**Community health workers**	
☐**Caregivers**	
☐**Home care aides**	
☐**Doulas, birth workers**	
PHASE 1B - TIER 1	
☐ **Age:** 65+, 50+ living in multigenerational homes	
☐ **Schools:** Individuals working in K-12, including teachers, paraprofessionals, support staff, volunteers	
☐ **Childcare Centers:** Individuals including teachers, support, volunteers, and unlicensed childcare facilities	
PHASE 1B - TIERS 2 and 4	
☐ **Pregnant people**	
☐ **People with certain disabilities**	
☐ **Agricultural and food:** farmworkers and people working in food processing facilities	
☐ **Grocery stores:** people who work in grocery stores and food banks	
☐ **Jails/prisons/detention centers:** people incarcerated and detained in prisons, jails, and detention centers; staff in these facilities	

	Describe the burden of disease the community is experiencing? What has put them at higher risk? Has the community faced COVID-19 outbreaks? Do they or sub-populations within the community have a high Social Vulnerability Index (SVI)?
☐ **Public transit:** workers who facilitate the transport of people; bus, train, ferry, airport, taxies, limos, rideshares	
☐ **First responders:** firefighters, law enforcement, social workers	
☐ **Housing[2]:** Individuals or families experiencing homelessness and housing insecurity[2]	
☐ **Group homes:** people living in group homes for people with disabilities	
PHASE 1B - TIER 3	
☐ **Co-morbidities**: People 16 years or older with 2 or more co-morbidities or underlying conditions	
PRIORITY ACROSS ALL PHASES	
☐ **Race/ethnicity:**	
☐ Black/ African American	
☐ American Indian/Alaska Native and Urban Indian Population	
☐ Latinx	
☐ Native Hawaiian and Pacific Islander	
☐ Asian American	
☐ **Disability:** Individuals with disabilities, impairments, or limitations	
☐**National origin:** Immigrants and refugees, undocumented persons	
☐ **Religion:** Faith-based communities and marginalized groups	
☐ **Gender identity/sexual orientation:** LGBTQ+ community	
☐ **Geographic location:** individuals living in hard to reach, rural, and frontier communities	
☐ **Underemployed:** People who are underemployed or unemployed	
☐ **No health insurance:** People who have no health insurance or health care home	
☐ **Language/literacy:** Individuals with limited English proficiency	
☐ **Military:** Veterans or people in the military	
☐ **Sex/gender:** Women	

[1]Types of **disabilities:** Vision, movement, thinking, remembering, learning, communicating, hearing, mental health, social relationships

[2] Reasons for **housing insecurity:** cost of living, unsafe/unhealthy housing, houselessness (chronic, transitional, episodic), family instability (youth in foster care system, individuals/families in domestic violence shelters)

For updated information about who is eligible for vaccine and when, visit:
https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/AllocationandPrioritization

Site selection & access

1. From the communities you've identified, how will you choose the clinic site to ensure they can easily access? (e.g. going to the community rather than them coming to you).
   Consider using data tools like the Washington Tracking Network's COVID-19 Social Vulnerability Index (SVI)

2. Once you've chosen a geographic area of priority, how will you choose specifically what venue is most strategic to be equitable for communities most harmed by COVID-19?
   Consider faith-based centers (e.g. churches, mosques), community centers, community health clinics, adult family homes, senior housing.

3. Once you've chosen a site, how will you ensure people in the local community and those in the priority communities you want to engage are able to get their vaccines from the clinic?
   Consider working with and providing advance notice to local community partners (e.g. community-based organizations, federally funded health clinics, etc.) to expand reach into different sub-populations, and specifically allocate percentage of appointments (or develop voucher system) for communities most harmed. This can support ensuring those with limited English proficiency, elders, and other communities facing access barriers to reserve appointments through existing relationships they have with local partners and ease challenges navigating technology and appointment systems.

4. Have you identified channels of communication that will directly reach most harmed communities in culturally and linguistically appropriate ways?
   Consider local ethnicity-based media channels (e.g. radio stations, TV channels), local ethnic grocery stores, and social media channels to inform the community in their primary language of an upcoming clinic event, the dates and hours of operation, how to schedule an appointment, and examples of identification required when they arrive (and how it will be used).

Site allocation & distribution

1. How will you ensure clinic appointments are filled by those most vulnerable to COVID-19 and you effectively partner with trusted community messengers?

   Consider establishing a separate line or link for community partners to fill a protected percentage of appointments – at least 20 percent – to ensure those who have experienced disproportionate COVID-19 burden and high social vulnerability are able to get the vaccine; an entire day's worth of appointments may also be made available to trusted community partners as part of special clinic days. As needed, utilize US Census data and COVID-19 cases per capita on the city and town level to inform specific allocation in appointments for certain communities. Finalize plans with your community partner(s) to ensure meaningful collaboration.

2. How will you ensure people regardless of citizenship or immigration status – all people living and working in Washington – receive same access to the vaccine as U.S. citizens in the phase they qualify and without cost as a barrier?

   Consider all forms of proof of residency and unique needs of communities near state lines. Be proactive in communicating immigration status does not affect vaccine eligibility.

3. How will you collect public disaggregated data of who is getting vaccine at each site to prevent inequitable distribution and meet your equity goals?

   Collect demographic information by age, race/ethnicity, disability, etc. at the time of making an appointment or at point-of-care. Utilize data to monitor inequities and support equity planning.

Site logistics

1. How can you ensure alternative and accessible options are featured at your site for participants with disabilities and with restrictive schedules?

   Consider offering walk-up and drive-thru slots with or without an appointment and outside business hours to provide equitable vaccine clinic options. Review information on accessible healthcare and tips for accessible drive-thru sites.

2. How will you ensure any issues either on-site, raised by community members in planning, or during clinic operating hours are properly addressed?

   Consider creating local community mitigation teams (e.g. clergy, business owners, community-based organizations, youth leaders) to develop strategies and make plans for equity and effectiveness.

3. How will you coordinate partnerships with transportation services for your site, and ensure bilingual staff and/or in-person interpreter services for top languages (*OFM population estimates*) and ASL for accessibility?

4. How will you create access points for priority lanes and/or through scheduling for people with disabilities, paratransit, home health associates, etc.?

5. Will you deploy mobile vaccine teams? If not, how will you plan to reach most vulnerable populations with limited mobility and who are home-bound?

6. How will you plan for adequate staffing and needed on-site support, such as customer service triage for non-appointment participants, healthcare interpreters, emergency personnel, line monitors, etc.?
   Consider reaching out to local community college university, nursing programs or other departments, and faith-based centers for additional workers and volunteers.

Partnerships & Outreach

7. Have you had direct outreach to organizations who serve eligible groups in previous, current or impending phase and tier of the vaccine allocation plan?
   Consider outreach to organizations that may be missed by other channels (e.g. community health worker networks, libraries, senior centers, faith-based communities, etc.)

8. How are you involving representatives of marginalized communities in planning and providing them compensation for their partnership?
   Consider incorporating them into existing bodies (e.g. workgroups, Reopening Advisory Boards) rather than creating separate subsidiary groups for them.

9. Have you recruited culturally responsive and aware workers (CHW model) that reflects the community and to serve as COVID-19 appointment navigators?
   Consider also allocating a percentage of appointments for these navigators per event, and keep on-hand resources like I-Speak Cards and posters for those who need it.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 820-139 March 2021