

# COVID-19 Vaccine Equity Planning

## Health Disparities Worsened Due to Pandemic

COVID-19 had different impacts on different groups. Communities who were already facing poverty, poor health, and health access challenges were also the most vulnerable to COVID-19. This led to more severe impacts to people who were already experiencing health disparities. When vaccines became available, quantities were limited. States could prioritize which groups would be eligible first, where to send vaccines, and how to do outreach to encourage vaccine uptake. States were asked to create a plan to do these tasks. Washington State's plan focused on equitable distribution, to reduce the health disparities that COVID-19 worsened.

## Washington Tracking Network Creates Social Vulnerability to COVID-19 Map

The Washington Tracking Network (WTN) developed an interactive map that ranked each census tract by its risk for social vulnerability. Social vulnerability is how well, or poorly, a community can respond to a disaster. It is made up of a number of factors, such as poverty, lack of access to transportation, and crowded housing. The map used the same 15 indicators in the [CDC's Social Vulnerability Index](#), as well as an indicator for those without health insurance. Each census tract received a relative rank from one to ten. WTN added overlays to the map to show other information related to pandemic planning, such as schools, nursing homes, farmworker housing, and pharmacies.

## WTN's Map Informed State Vaccination Efforts

WTN's Social Vulnerability to COVID-19 map was used by the Department of Health (DOH), local health departments and external partners.

- DOH used the map to provide guidance to Walgreens and CVS on how to redistribute excess vaccines to areas with the greatest need. The pharmacies transferred approximately 28,000 COVID vaccine doses.
- Washington's National Guard Team sited five mobile vaccine locations based on a high Social Vulnerability to COVID-19 rank.
- DOH used the map indicator "high proportion of population aged 65+" as a proxy for limited ability to register for vaccine appointments over the internet. In areas with a high proportion of older adults, 20% of mass vaccination appointments were reserved for 211 telephone registrations.
- DOH's vaccine equity team created a "Provider Assessment" tool that evaluated communities based on map rank, case rates, and vaccination uptake.

- External consultants used the Provider Assessment tool to improve vaccine confidence in the Russian-speaking community and in rural counties without many providers.
- DOH used the Provider Assessment tool to designate high priority areas for COVID vaccines. Healthcare providers who served high priority areas and applied to be vaccine providers were expedited.
- DOH used the map to track how equitable vaccine rollouts were. The Vaccine Equity Team ran reports using the map every other week. These reports showed a significant difference between vaccine uptake among census tracts with low and high social vulnerability ranks. Areas with the highest vulnerability had lower vaccination rates. The reports also showed that every time Washington expanded vaccine age eligibility, the vaccine equity gap grew. The least vulnerable census tracts increased vaccination more quickly than the most vulnerable census tracts.



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