

Provider Guidance

Health Equity Considerations for COVID-19 Vaccine Distribution

There are segments of Ohio's population at increased risk for exposure to COVID-19 or developing serious complications from COVID-19, including severe illness and death. These vulnerable populations may have preexisting underlying medical conditions or may live or work in settings that elevate their risk. Often people with vulnerabilities live in communities with other vulnerable individuals. The Vulnerable Populations Data Project provides data specific to your health district to help identify communities, by Census tract (a small geographic area), with a high density of vulnerable populations. These areas may have the greatest number of households at risk. Multi-unit dwellings or crowded households may be unable to safely social distance or may have high populations with other COVID-19 risk factors, such as limited English proficiency or preexisting medical conditions.

For local health departments, a new Health Equity folder containing maps and information for each community from the Vulnerable Populations Data Project has been created on the Ohio Public Health Communication System (OPHCS). In addition, the Communication, Maintaining Health, Independence, Services and Support, Transportation (CMIST) profiles recently developed as a part of each jurisdiction's Public Health Emergency Preparedness grant are another valuable resource for identifying potentially vulnerable populations.

Providers and local health departments must consider focused strategies to make vaccine options available to members of these vulnerable populations, which may include, but are not limited to, those who fall into the following categories.

- Age 65 and older.
- Racial and ethnic minorities.
- Sexual and gender minorities.
- Immigrants and/or people for whom English is a second language.
- Multi-generational households.
- Survivors of interpersonal violence.
- Living in congregate housing.
- Living with underlying conditions.
- Living with mental or substance use disorders.
- Living with disabilities.
- Living in Appalachian regions.
- Experiencing short-term or persistent housing insecurity.
- Economically challenged.
- Low-wage essential employees.
- Uninsured or underinsured.

County Vulnerability Strategies for Reaching Vulnerable Populations

Vulnerable populations are likely to experience barriers to accessing health care. These barriers can include lack of adequate transportation, handicap inaccessible locations, lack of computer literacy or access, and employment that does not offer paid time off for medical appointments. Below are examples of strategies for negating potential barriers to access and ensuring equitable vaccine distribution:

- Advertise your vaccination locations on non-web based platforms, including print materials at local libraries, grocery stores, or faith-based organizations.
- Make sure that appointments can be made by phone as well as online.
- Ensure that identification requirements are used to verify name and date of birth, not residence or immigration status.
- Develop vaccination locations that offer “after hours” or weekend services to accommodate those who are working and possibly without paid leave.
- Develop vaccination sites along bus routes and near bus stops to accommodate those who do not drive or have mobility challenges.
- Consider offering mobile vaccination services in communities where vaccine provider options are limited or far away or in communities where public transportation is limited.
- Consider linking healthcare providers, including EMS/fire, with faith-based organizations to offer pop-up vaccination locations in underserved communities or communities with fewer vaccine providers.
- Identify and recruit pharmacies, grocery store pharmacies, urgent care clinics, and healthcare providers in high-risk neighborhoods to become vaccine providers.
- Coordinate with trusted non-profit and community-based organizations in your communities to host vaccination days.
- Involve ethnic media and trusted leaders to promote vaccination dates and information.
- When possible, host clinics that welcome walk-in patients, not requiring advance appointment scheduling or use of online apps.
- Consider special needs, such as ease of access for people with disabilities or mobility issues, of the populations you are serving.
- Consider hosting vaccination clinics at locations frequently visited by those in your community who may belong to vulnerable populations, such as community or recreation centers or libraries, churches, mosques, or other places of worship.
- Reporting race and ethnicity data is at the heart of ensuring optimal health and fairness for all Ohioans. Consistently collecting and reporting this data is also critical to understanding the impact of COVID-19 and to ensuring that vaccine is reaching groups who are negatively affected by disparities related to cases, hospitalizations, and death.

Communications Resources Available

Please enlist community partners and use any additional efforts that have supported vaccine uptake in your community. The Ohio Department of Health has developed a communications toolkit to assist you with messaging. It is available at https://odh.ohio.gov/static/covid19/vaccine-providers/communications_toolkit.pdf. The toolkit includes talking points, language tips, graphics and artwork, social media messages, and useful resources and links.

In addition, ODH has launched a new [Communications Resources Hub](#) to help communicate information about COVID-19 vaccine. The new Communications Resources Hub offers various print, digital, audio, and video resources and educational materials. The webpage offers materials created for specific groups, including minorities and Ohioans who speak English as a second language. Please contact minorityhealth@odh.ohio.gov to share suggestions.

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For more information on COVID-19, please visit coronavirus.ohio.gov. For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

For more information, visit: coronavirus.ohio.gov