

EQUITABLE DISTRIBUTION OF THE COVID-19 VACCINE: RECOMMENDED PRACTICES



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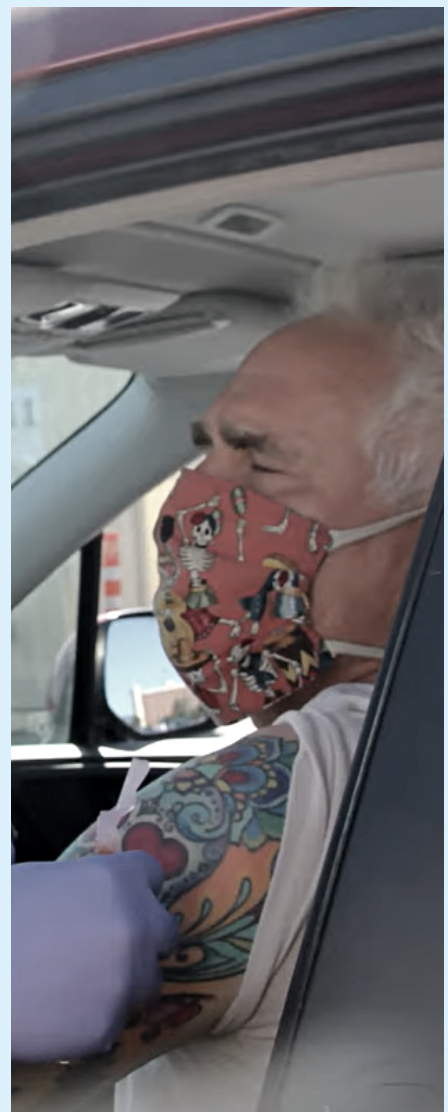


Photo Credit: Contra Costa Health Services

ABOUT CAPH

The **California Association of Public Hospitals and Health Systems (CAPH)** advances policy and advocacy efforts that strengthen the capacity of its members and ensures access to high-quality, culturally sensitive, comprehensive care.

ABOUT SNI

The **California Health Care Safety Net Institute (SNI)** designs and directs programs that accelerate and spread innovative practices among public health care systems and helps providers deliver more effective, efficient, patient-centered care.

Learn more about California's public health care systems [here](#).

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EXECUTIVE SUMMARY

INTRODUCTION

COVID-19 has disproportionately impacted communities of color, low-wage essential workers, and other historically disadvantaged populations. Public health care systems in California have been critical in reaching these populations in the vaccination effort. This report shares successful strategies implemented by public health care systems and their partners to increase vaccination rates among those most at-risk in their communities.

METHODS

These findings are based on interviews with 35 vaccine administration leaders across California's public health care systems and their partner organizations, conducted by the California Health Care Safety Net Institute in April 2021.

KEY THEMES

Three key themes emerged as recommended practices essential to increasing vaccination rates among those most vulnerable:

#1 Develop partnerships with community- and faith-based organizations, unions, and employers.

Partnerships are vital to help with outreach, vaccine acceptance, and distribution. Public health care systems successfully worked with faith-based organizations, schools and school districts, unions, and employers, among other groups. Partnerships often involved the community partner providing outreach and volunteer support while health system staff administer the vaccines.

#2 Use a mix of vaccine distribution approaches and outreach to ensure geographic coverage, offer after-hours availability, and target subpopulations.

Public health care systems coordinated closely with counties, partner organizations, and other community providers to offer vaccinations in a range of settings, including mobile sites, longer-term neighborhood sites, and at points of care. Successful outreach strategies included using granular data to focus efforts in geographic areas where racial, ethnic, or age subgroups had lower rates of vaccination, and tailored outreach to specific subgroups, such as health system patients, individuals experiencing homelessness, seniors, and those who are homebound.

#3 Blanket your geography with multimedia and multilingual communications.

Leveraging community partnerships to develop multilingual communications for social media, online, TV, radio, and print is critical. Public health care systems also enlisted trusted messengers, such as faith-based leaders and *promotores*, to build trust and increase vaccine acceptance within the community. Creating and leveraging cross-sector, interagency work group structures that develop and align communications strategies also ensured consistency across messaging.

CONCLUSION

Public health care systems in California have deployed vaccination strategies grounded in deep collaboration with county partners, community-based organizations, and the communities most impacted by COVID-19 to provide convenient and low-barrier access to the vaccine. We hope this report will be a helpful resource for health systems in their continued effort to reach those who have not yet been vaccinated.



Photo Credit: Los Angeles County
Department of Health Services



Photo Credit: Natividad Medical Center

INTRODUCTION

The COVID-19 pandemic has disproportionately impacted communities of color, low-wage essential workers, and other historically disadvantaged populations. Public health care systems in California have been critical in reaching these populations in the vaccination effort. This report shares successful strategies implemented by public health care systems to increase vaccination rates among those most at-risk in their communities.

METHODS

In April 2021, SNI interviewed 35 vaccine administration leaders across California's public health care systems to better understand successful practices that increase vaccination rates among vulnerable populations and those disproportionately impacted by COVID-19.

Public health care systems are working closely with counties, county departments of public health and other agencies, and community partners in the administration of the COVID-19 vaccine in their communities. The shared learning and recommended practices summarized in this document reflect contributions from all these partners.

See Appendix for a list of interviewees and the interview guide.

RECOMMENDED PRACTICE #1: DEVELOP PARTNERSHIPS WITH COMMUNITY- AND FAITH-BASED ORGANIZATIONS, UNIONS, AND EMPLOYERS

Public health care systems reported success vaccinating vulnerable populations through partnerships with community- and faith-based organizations. **Constituents and community members often have trusted relationships with community and faith leaders, which can facilitate vaccine acceptance and support successful vaccine distribution efforts within the community.** Partnerships with organizations can vary in terms of the assignment of specific outreach roles and responsibilities and the timeline of the collaboration, from one-time pop-up vaccine sites to more permanent neighborhood sites.

IDENTIFYING PARTNERS

Systems reported success working with the following types of organizations or sites:

- Religious organizations, such as churches, temples, mosques, and church collectives
- Senior residential communities and affordable housing sites
- Race/ethnicity empowerment organizations, such as the NAACP
- Refugee communities
- Veterans' organizations
- LGBT community leaders
- Schools and school districts
- Homeless shelters and services organizations
- Food banks and pantries

Identifying partner organizations may be easy at first but can get more challenging over time. Networking is an effective way to expand reach within the community.

- Actively engage and ask patient advisory groups, employees, and community providers to make connections to organizations or communities in which they are involved.
- Leverage existing partnerships to develop a broader network of additional partners.
- When hosting community-wide virtual education events or town halls, build on the enthusiasm and ask organizations to volunteer via the chat function (e.g., “Would you host a site for us? Would you help with registration or outreach?”).
- Engage individuals at vaccine sites (e.g., those waiting in line or in the observation area) to learn which organizations they are involved with.
- Organize with collectives and associations, such as church coalitions, to vaccinate multiple smaller groups at one event.

ASSESSING READINESS AND SUPPORTING PARTNERS

Collaborating with community- and faith-based organizations may first require developing relationships with the leaders within those organizations. This process may include providing education on vaccine efficacy and safety, and tools on how to communicate with constituents, such as FAQs, fact sheets, and fliers that address misinformation (see more on communications starting on page 20).

CO-HOSTING VACCINATION EVENTS

Community- and faith-based organizations co-hosting a site often perform the following activities:

- Identifying and securing the physical site, such as places of worship, gyms, community centers, schools, organization offices, or other sites
- Conducting outreach to their constituent populations to publicize the event, including blanketing the immediate community, if desired, with printed materials
- Providing volunteers for the event to set up, greet, and break down the site

- Scheduling and pre-registering individuals (if the event is not a walk-up)
 - For example, health systems can provide the partner organization with a blank scheduling spreadsheet to enter basic registration information. Some organizations use the free calendly.com app to schedule their constituents and collect basic registration information. It often takes partner organizations at least a week to fill up a one-day event. The partner organization can send this information directly to the health system for input into the electronic health record (EHR) ahead of the event so that the line moves efficiently.

The capacity of partner organizations will vary – health systems will need to check in frequently to answer questions and ensure that the schedule is filling up.

PARTNERING WITH UNIONS AND EMPLOYERS

Similarly, health systems have been successful partnering with employers and unions to increase vaccine acceptance and to administer the vaccine at worksites. The involvement of union leaders and respected coworkers in vaccination efforts facilitates vaccine acceptance among constituents. As with community- and faith-based organizations, systems will need to support these partners by assessing readiness and providing them with the resources they need, such as communications materials.

Health systems reported success working with the following types of employers, unions, or employer coalitions:

- Coalitions of employers, such as the local Black or African American and Hispanic Chambers of Commerce
- Agricultural and food packing, processing, or distribution site employers
- United Domestic Workers and United Farm Workers (UFW)
- H-2A guest worker residential sites
- In-Home Supportive Services (IHSS) workers
- County offices of education (to vaccinate staff working at schools)
- Labor councils

PARTNERSHIPS - SYSTEM SPOTLIGHTS

Alameda Health System

Alameda Health System partnered with Oakland Beebe Memorial Cathedral to offer a drop-in vaccination event, where church volunteers served as the "front of the house" to greet people and manage lines while health system staff administered the vaccines. The event was a successful, high-value, and low-barrier walk-in model.



San Joaquin County Clinics

San Joaquin County Clinics partnered with their Agricultural Commissioner's office, County Administrator, and Public Health Officer to gain the trust of the agricultural community. This approach facilitated the development of vaccination clinics at packing facilities, organized by agricultural employers, such as California cherry packers, to reach the broader farmworker community.

UC San Francisco and San Francisco Department of Public Health

Through a partnership with UC San Francisco, Unidos en Salud, and the Latinx Task Force, the San Francisco Department of Public Health leveraged the significant trust they built up from a joint COVID testing initiative to quickly shift to vaccine administration within the community. Referrals and navigation were provided to bring community members to Zuckerberg San Francisco General Hospital for vaccinations, and longer-term neighborhood sites opened in several communities to make vaccinations as convenient as possible for residents.

UC Davis Health

At UC Davis Health, mobile teams partner with St. Paul Missionary Baptist Church, City Church of Sacramento, and La Familia, a counseling center for low-income families, to bring vaccines into communities.

Kern Medical

Kern Medical's partnership with United Farm Workers (UFW) has been instrumental in building trust and distributing vaccines. Together, they operated a vaccination site dedicated to farmworkers at the Forty Acres, a historic UFW landmark. A simple registration process was implemented where phone operators at a call center operated by UFW, UFW Foundation, and the Latino Taskforce submitted patients' registration information to Kern Medical through an online survey. Scheduling staff at Kern Medical then followed up and scheduled patients for a vaccine appointment. The success of this partnership has continued leading to additional vaccination sites.

Since many farmworkers have not seen a provider in years, Kern Medical employs a comprehensive approach to care at these vaccination sites. In addition to taking the time to educate each patient about vaccine options and the risks and benefits, Kern Medical staff and providers also ask individuals about health concerns, take vitals, connect individuals to primary care as needed, and discuss Medi-Cal eligibility and enrollment.

County of Santa Clara Health System

The Emergency Operations Center is a collaborative effort between multiple county departments, including the Public Health Department and the County of Santa Clara Health System, which was stood up to address the COVID-19 crisis in Santa Clara County. They developed the Community Health and Business Engagement Team (CHBET) to conduct community-based outreach to homes and businesses.

Even before vaccines were available, CHBET partnered with community-based organizations (CBOs) to deploy more than 100 community health workers to provide support and resources to the hardest impacted neighborhoods. They also deployed personnel to conduct similar outreach at businesses to discuss safety protocols and provide education on employee protections. The outreach teams received safety trainings, personal protective equipment, vests, and T-shirts. They went door-to-door at homes and businesses to distribute masks, sanitizer, and resource cards. For individuals with language accessibility needs, teams had access to a language line that provided real-time translation. Once the vaccine became available, CHBET teams pivoted to scheduling vaccines on the spot using iPads and priority access codes, with all CBOs sharing a database to track canvassing efforts.

County of Santa Clara Health System and its partners are proud to share that all community health workers are compensated with hazard pay and a monthly health care stipend if they do not have coverage.

RECOMMENDED PRACTICE #2: USE A MIX OF VACCINE DISTRIBUTION APPROACHES AND OUTREACH TO ENSURE GEOGRAPHIC COVERAGE, OFFER AFTER-HOURS AVAILABILITY, AND TARGET SUBPOPULATIONS

As mass vaccination sites come to a close and health systems continue to focus their efforts on hard-to-reach communities, health systems will **need to employ a mix of vaccination distribution approaches to ensure consistent geographic coverage deep within communities and to target subpopulations**. Many counties have created cross-county coordinating bodies and structures to ensure a coordinated approach and widespread geographic coverage in vaccine administration.



Photo Credit: Contra Costa Health Services

OFFERING A MIX OF DISTRIBUTION APPROACHES

Public health care systems employ the following mix of vaccine distribution approaches to reach their communities:

- Ongoing short-term and repeating pop-up sites, such as with community- and faith-based partners
- Mobile teams setting up pop-up sites within the community, such as at stores, parks, schools, and childcare centers
- Worksite vaccination events with existing and new employer partners
- Longer-term neighborhood sites
- Stationary sites, such as at clinics or hospitals
- Points of care access to increase availability
- Subpopulation focus using mobile teams as necessary and appropriate

With the above mix of approaches, systems and partners will need to offer the following low-barrier options:

- Evening and weekend options
- Scheduling options that include phone and in-person
- Walk-up/drop-in options – these are the most operationally complex, but necessary to reach vulnerable communities

Health systems indicate that over time vaccine distribution will become much more labor-intensive as the focus shifts to reaching unvaccinated individuals who may be difficult to find and engage.

In the meantime, they continue to **ensure their communities that getting a vaccine is fast, free, safe, and convenient**. Systems will continue to challenge themselves and their partners to be more flexible in the way vaccines are provided.

USING DATA TO TARGET VACCINE EFFORTS - SYSTEM SPOTLIGHTS

Contra Costa Health System

Contra Costa Health Services uses precinct and census tract data for geo-mapping to identify lowest vaccination rates by race/ethnicity and age. Adult Health Ambassadors are sent to canvass those communities.



San Francisco Health Network and the Department of Public Health

San Francisco Health Network and the Department of Public Health use data to identify areas of higher COVID-19 rates to match operational set up of high-volume vaccine drop-in sites. They continue to track and geo-map vaccinations by race/ethnicity and age to identify gaps and respond to needs. For example, they saw a lag in the Tenderloin neighborhood and continue to offer extra support through live phone and street outreach, transportation to sites, mobile vaccine delivery to permanent supportive housing, partnerships with CBOs, and planning upcoming family events.

County of Santa Clara Health System

County of Santa Clara Health System and its partners identified highly impacted census tracts with high COVID case rates and low vaccination rates. They employed multiple approaches to serve these communities, including several mobile teams that set up pop-up vaccination events in store fronts, parks, churches, employer-based locations, education centers, schools, and childcare centers. They also set up one stationary team on the east side of San Jose in a high school and developed an in-home support program.

TIPS: TYPE, LOCATION, AND TIMING OF VACCINATION SITES AND EVENTS

01

Longer-term neighborhood and stationary sites offer consistency, allowing community members to know where to direct their friends and families for vaccinations and where to return to once they decide to get vaccinated.

02

Repeating events at community sites on the same days each week creates stability and predictability for community leaders and members. For example, Wednesdays at a specific church, Thursdays at a community center, and Fridays outside city hall.

03

Repeating sites, or at least returning to a site within one week, also supports those who are still deciding whether to receive the vaccine. Staff can distribute information to individuals the first week and let them know they will be providing vaccines the following week at the same time and place and to return with questions.

04

Scheduling mass appointments on weekends (or outside of working hours) is especially successful if an employer can provide transportation to a stationary site, or if a mobile team is available to go to the worksite.

05

Even within the same neighborhood, systems may need to **work with multiple community partners and offer multiple pop-ups** to target different subpopulations by race/ethnicity and age.

TIPS: OPERATIONAL PRACTICES AT VACCINATION SITES

01

Personal identification – Systems do not require SSN or government-approved identification. Instead, documents such as utility bills, appointment reminders, pay stubs, or work identification are accepted to ensure that first and second doses are linked.

02

Registration – Pre-register individuals either by calling them before the vaccination event or having partner organizations gather and send registration data for entry into the system's EHR. If individuals are not pre-registered, use mobile devices to collect registration information while individuals are waiting.

03

Line management – Use greeters and line managers to triage the line, pulling out those with appointments or mobility issues, identifying language needs, and answering questions.

04

Language access and cultural competency – Align languages spoken and cultural alignment of staff as much as possible with the location and community served by the event.

05

Connections to clinics or primary care – If a patient has questions about side effects or needs a work note, provide clinic phone numbers. If a patient receives their vaccination at a clinic, also offer them a primary care visit.

06

Police presence – Limit police presence at vaccination sites as it can have a chilling effect.



Prior to a vaccination event with a community-based LGBTQ organization, **UC San Diego Health** provided staff with training on patient-centered care for transgender and/or gender non-binary identifying individuals with a focus on gender pronouns and how to ask questions based on assigned sex.

REACHING SPECIFIC POPULATIONS IN VACCINE DISTRIBUTION

To administer an equitable distribution of vaccines, public health care systems developed tailored solutions to reach specific priority populations, including patients assigned to the health system, individuals experiencing homelessness, and homebound individuals.

PATIENTS ASSIGNED TO A HEALTH SYSTEM FOR PRIMARY CARE

Health systems employ a range of tactics for assigned primary care patients, including multilingual texts, secure messaging through the patient portal, and robocalls that provide information on how to schedule an appointment or where drop-in sites are located. Some systems send texts with a link that auto-dials a multilingual COVID call line or allows a patient to self-schedule. Other systems use automated programs that query (via call, text, or email) whether a patient is already vaccinated, needs help scheduling, or wants to speak to someone about making a decision.

These mass communications are necessary but tend to have a low reach rate. Although labor-intensive, **live phone calls from providers' offices or clinics are often the most impactful.**

- To personalize outreach, several systems leveraged multilingual staff (medical assistants, clerks, nurses, physicians, volunteer health coaches, peers, community health workers, and interpreters) or multilingual call centers to reach out to patients on behalf of the provider's office. Staff need training to conduct this type of outreach, answer questions, and schedule patients for vaccines.
- Health plan partners also have relationships with patients and may be willing to conduct outreach calls to unvaccinated assigned patients and/or operate a COVID call center to answer questions and schedule appointments.



The County of Santa Clara Health System and its

partners leveraged their contact tracing teams, which already had established relationships with families, to conduct vaccine outreach.

INDIVIDUALS EXPERIENCING HOMELESSNESS



Photo Credit: Los Angeles County Department of Health Services

Health systems are working with partners, including Whole Person Care pilots, county work groups, and homeless services agencies, to deploy street outreach and mobile clinic teams to vaccinate individuals experiencing homelessness. Outreach occurs at a range of locations, including shelters, congregate settings, food banks or distribution centers, encampments, safe parking sites, hotels (including those

offered through Project Roomkey), and transitional housing. In certain locations, such as parks near encampments, mobile sites may remain on-site for two to three days as word of the service spreads.



Natividad Medical Center worked with partners to utilize outreach workers for vaccine education and encouragement at a homeless encampment and food bank prior to vaccinators arriving on-site.

UC Davis Health is working with Sacramento Steps Forward, a local homelessness organization that coordinates with multiple community-based outreach organizations, to identify and educate peer leaders residing in homeless encampments. The peer leaders spread awareness within their communities over the following days, then co-host a vaccination event on-site in collaboration with UC Davis Health and the Sacramento County Department of Public Health.

Los Angeles Department of Health Services (LA DHS) homeless outreach teams provided more than 5,000 doses of the vaccine to individuals experiencing homelessness at shelters and known encampments using mobile units.

SENIORS, FRAIL ELDERLY, AND THE HOMEBOUND

Web-based scheduling processes and transportation issues can be especially challenging for seniors. To address this issue, health systems conduct individual phone calls for appointment scheduling. During these calls, transportation needs or other concerns can be addressed. Reminder and follow-up calls (in the case of missed appointments) are also helpful.

Vaccinating the homebound population at scale is another difficulty. Some systems/counties have identified strategies to reach these individuals, which includes mobile teams to provide home-based vaccinations, but this approach is operationally complex.

In addition to physician referrals, systems have collaborated with public health departments, Area Agencies on Aging, and IHSS workers to identify and communicate with homebound individuals. When contact information is available, systems use call center staff to reach out to homebound individuals and also send mailers. Lastly, systems are also deploying mobile teams focused on Residential Care Facilities for the Elderly (RCFEs), homebound, and low-income senior housing sites.



Riverside University Health System (RUHS) is helping home health agencies in the county become state-approved COVID-19 vaccine providers as a critical step in creating a sustainable vaccination infrastructure. The RUHS geriatrics team also partners with the Department of Public Social Services and has two registered nurses who conduct home visits for vaccination.

Ventura County Health Care Agency and its partners send printed educational materials along with meals delivered by the Area Agency on Aging.

PATIENTS AT POINTS-OF-CARE

Now that the vaccine supply has increased, systems are beginning to offer vaccinations at every point of care. For example, systems have incorporated a vaccine script into the intake process for visits (in-person, phone, and video), procedures, ancillary services, emergency

department admissions, and inpatient services. Systems are also partnering with other health care facilities and providers in their counties to help vaccinate their residents and patients.

When providers engage patients in a dialogue at any (and every) point of care, it can make the difference in increasing vaccine acceptance. Since many patients have not been individually approached by a health care provider, systems should assume that patients have not been asked about the vaccine.



Photo Credit: Ventura County Health Care Agency, by Montana Dennis



San Francisco Health Network (SFHN) is collaborating with specialty mental health staff to become vaccine ambassadors. In this capacity, they provide education on the benefits of receiving the vaccine to their clients.

Los Angeles Department of Health Services (LA DHS) has been successful at directing patients who are on campus to a same-day vaccination or scheduling a vaccine appointment during a virtual visit. LA DHS is also working with mental health facilities and skilled nursing facility-like sites within jails to vaccinate incarcerated patients.

WORKFORCE

Health systems have reported a wide range of workforce vaccination rates, ranging from 50% to 90%. Instead of making the vaccine mandatory, systems are taking a shared decision-making approach.

First, systems should better understand the barriers that all staff face, including how easily they can access the vaccine, especially those who do not regularly use computers.



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Systems continue to focus on vaccine acceptance among their workforce in several ways:

- Offering frequent town halls, making them available at every location
- Sharing photos and testimonials of trusted leaders and colleagues throughout the system who received the vaccine
- Addressing questions and providing information at points where staff check-in daily, such as entrance points and during staff huddles
- Using existing health system equity leads to support messaging and dialogue among the workforce
- Focusing on departments with large concentrations of unvaccinated individuals and collaborating with managers



To promote the fair and equitable distribution of COVID-19 vaccines, **UCLA Health** staff who live in communities with less access to the vaccine were invited to bring their families in for a vaccine “Family Day.” The on-campus event involved photo ops, free goodies, and was a fun way to pay tribute to UCLA Health families. UCLA Health was able to administer hundreds of doses over two Family Days.

UC Irvine Health found that dietary and environmental services staff had lower vaccine uptake due to limited access to log into electronic systems, thus missing notices of vaccination opportunities. The system held a targeted clinic to help staff register for vaccines.

RECOMMENDED PRACTICE #3: BLANKET YOUR GEOGRAPHY WITH MULTIMEDIA AND MULTILINGUAL COMMUNICATIONS AND ENGAGE THE COMMUNITY TO INCREASE VACCINE ACCEPTANCE

Health systems and counties **employ a multitude of multilingual communications mechanisms**, including radio ads, television commercials, billboards, social media posts, mailers, and automated phone calls aimed at increasing vaccine acceptance and spreading information about vaccination sites.

Several health systems and counties **created and leveraged cross-sector, interagency work group structures that develop and align communications strategies** to ensure consistency across messaging.

Systems are also **developing and leveraging relationships with trusted messengers**, such as community- and faith-based leaders, well-known community providers, and elected officials to further spread the message. Systems and counties can support these partners by providing communications materials, including templates for social media posts or texts. Partnering with youth community members has been particularly helpful for crafting social media messages.



The **San Francisco Command Center** communications team develops and organizes communications (e.g., press releases, text alerts, and social media posts) across the county, including from elected officials, the Board of Supervisors, and the Mayor's office, among others.

Riverside University Health System (RUHS) collaborates with the Board of Supervisors' staffers by providing communications for their constituents. They also meet weekly to update staffers on RUHS vaccine efforts and to receive feedback from staffers' constituents on vaccine efforts, which is used to adjust RUHS' messaging and operations.

WHAT TO SAY

Increasing vaccine acceptance is an emerging challenge and systems continue to learn how to effectively facilitate greater acceptance. Understanding the drivers of vaccine acceptance can help to shape the message. Systems have identified several drivers, including:

- Historical trauma for certain races, ethnicities
- Lack of comfort with vaccine safety and efficacy ("wait and see")
- Misinformation and myths
- Political alignment

To address these drivers, systems incorporate concerns voiced at town halls into future communications, address myths and misinformation spread on social media, and leverage patient advisory groups and community groups for direction and feedback (see page 23 for examples).

Resources

[Language that works to improve vaccine acceptance: Communications Cheat Sheet](#) -

Based on a nationwide survey by the de Beaumont Foundation

[COVID-19 Community Resources](#) - Downloadable communications materials and key messaging by Kaiser Permanente and the Public Good Projects

WHERE TO COMMUNICATE

Across all systems, social media and word of mouth efforts have been highly impactful. Recommended practices include:

- Engaging individuals/entities with large numbers of followers (e.g., elected officials, cities, counties, etc.) to **share communications via social media** (Facebook, Twitter, YouTube, Next Door, Instagram, LinkedIn, WhatsApp, TikTok, etc.)

- Asking respected community leaders and those within the health system workforce to **share personal testimonials** of receiving the vaccine and how they made their decision on social media
- Encouraging the health system workforce to **talk to others in their spheres of influence** and organizations in which they are involved
- **Hosting virtual town halls** and other educational events that are broadcasted live on social media – get the word out through trusted leaders and partner organizations
- **Bringing clinicians, scientists, and community leaders together** to share information on what the vaccine is and why it is important
- **Taking live questions** to air concerns or difficult questions openly
- Continuing to **ensure that vaccines and information are easy to access**, as many people are still in the “wait and see” camp



Ventura County Health Care Agency equips community partners with materials and information on the vaccine, including how to sign people up, which enables *promotores* and outreach workers to provide direct outreach at testing sites, grocery stores, door-to-door in homes, and at businesses.

UC Irvine Health partnered with the local school district to hold a two-week vaccine ambassador training for students, who are often tech-savvy and critical sources of information for their community. UC Irvine Health Family Health Center, which is a Federally Qualified Health Center, also worked with the Anaheim Union high school district to educate the community through town halls and Q&As at schools, as well as videos and written materials in English, Spanish, and Vietnamese. They worked collaboratively to ensure families and children in the district obtained access to the vaccine at their Anaheim location.

UC San Diego Health asked individuals waiting in line at vaccine sites to text or call their friends and family to spread the word about the vaccine and where to receive it.

PARTNERING WITH COMMUNITY LEADERS ON CULTURALLY-TAILORED MESSAGING - SYSTEM SPOTLIGHTS



County of Santa Clara Health System

Understanding the importance of coordinated and aligned communications, the County of Santa Clara Health System and its partners stood up a public information office early in the pandemic. They created multiple Language Access Teams, which have been instrumental in identifying local stakeholders with social capital in non-English speaking communities. The public information office develops partnerships, reviews communication materials, and creates original content that is tailored to specific languages and communities. Through the help of a community-wide vaccine stakeholder group and in-house video production team, the health system and public information office also disseminate content in multiple languages via Spanish-language media networks, online, and in the form of a weekly communications toolkit, which includes resources and media content for stakeholders to share with their networks.

Contra Costa Health Services

Contra Costa Health Services (CCHS) developed multiple work groups to focus on outreach and engagement for specific populations, including African Americans, Latinx, Asian American and Pacific Islander communities, and other historically marginalized populations. The work groups are composed of residents, community leaders, and faith-based leaders, with more than 100 participants attending each of the work group meetings. To date, CCHS has hosted 20 provider-led presentations for over 1,000 participants. During the meetings, work group participants learn the latest vaccine information and are asked to volunteer to host vaccination sites, assist with registration, conduct vaccine outreach, and provide volunteers to staff the sites.

CONCLUSION

Public health care systems in California have deployed vaccination strategies grounded in deep collaboration with the communities most impacted by COVID-19, including extensive communications efforts and convenient low-barrier access to vaccines. The on-the-ground examples and experiences highlighted in this resource reflect the safety net's impressive vaccine efforts thus far and provide inspiration for the continued effort to reach those who have not yet been vaccinated.

APPENDIX

INTERVIEWEES

Alameda Health System

Mini Swift, MD, Vice President Population Health

Contra Costa Health Services

Ori Tzvieli, MD, Ambulatory Medical Director

Gilbert Salinas, Chief Equity Officer

Kern Medical

Jeremiah Joson, Director of Pharmacy

Jeff Jolliff, Program Director, Pharmacy

Renee Villanueva, Vice President Ambulatory Care

Los Angeles Department of Health Services

Paul Giboney, MD, Associate Chief Medical Officer

Natividad Medical Center

Janine Bouyea, Hospital Human Resources Administrator

Riverside University Health System

Vikram Kumar, MD, Chief Health Information Officer

San Joaquin

Maggie Park, MD, County Public Health Officer

Joan Singson, Director, Population Health

San Francisco Health Network

LukeJohn Day, MD, Chief Medical Officer, ZSFG

Ellen Chen, MD, Ambulatory Care Director of Population Health and Quality

County of Santa Clara Health System

Jennifer Tong, MD, Chief Medical Officer

Betty Duong, Program Manager III, Community Health and Business Engagement Team Lead

Brian Darrow, Program Manager III, Vaccine Outreach Lead

Rocio Luna, Deputy County Executive

UC Davis Health

Mike Condrin, Chief Operating Officer, Ambulatory Care

Hendry Ton, MD, Interim Associate Vice Chancellor for Diversity and Inclusion

Susan Perry, Vaccination Site Lead

Mary Kathryn Orsulak, MD, Associate Physician, Department of Family & Community Medicine

UC Irvine Health

Bernadette Albala, Director and Founding Dean, Program in Public Health

Susan Huang, MD, Professor, Infectious Diseases, Medical Director, Epidemiology and Infection Prevention

Jose Mayorga, MD, Executive Director and Executive Medical Director, Family Health Center

Erwin Altamira, Senior Director, Ambulatory Administration

Cyrus Dastur, Director, Neurocritical Care

UCLA Health

Medell Briggs, MD, Chief, Health Equity, Diversity and Inclusion

Lily Roh, Director Office of Population Health and Accountable Care

UC San Diego Health

Lydia Ikeda, Associate Chief Operating Officer, Sr. Director, COVID Operations

UC San Francisco Health

Gina Intinarelli-Shuler, VP and Chief Population Health Officer

Susan Smith, MD, President of Faculty Practice/SVP

Ventura County Health Care Agency

Erik Cho, Director, Strategy and Business Development

Michele Guzman, Senior Policy Analyst

Rigoberto Vargas, Public Health Director

Lizeth Barretto, Administrator, Ambulatory Care

INTERVIEW GUIDE

- What outreach efforts have you used to reach disproportionately COVID impacted populations (such as BIPOC populations, individuals experiencing homelessness, individuals with underlying conditions, transportation barriers, etc.) to let them know about vaccine availability and opportunities for vaccination? Which efforts do you think have been the most successful?
- What vaccine distribution approaches have been successful in vaccinating disproportionately COVID impacted populations?
- What operational practices for vaccine scheduling and/or vaccine site operations have you found successful? How is your system handling identification requirements for vaccines? Do your sites ask patients for IDs?
- What are your greatest barriers to achieving higher rates of vaccination?
- What about efforts to address vaccine acceptance? What outreach and education efforts appear to have been successful to increase vaccine acceptance?
- What are the biggest challenges that you see ahead in the coming months? How is your system preparing for these?
- What are you most interested in learning from other systems?
- Is there anything else you want to share, or you think is important to note that we have not discussed?