

# EQUITABLE DISTRIBUTION OF THE COVID-19 VACCINE: RECOMMENDED PRACTICES

Released in May 2021 by the California Association of Public Hospitals and Health Systems (CAPH) and California Health Care Safety Net Institute (SNI). [Read the full report here.](#)

## 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 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.