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Policy Scan: Equitable Vaccine Distribution Efforts

This document contains a scan of equitable COVID-19 vaccine distribution efforts surfaced by state and national news outlets and health policy organizations working to improve access to COVID-19 vaccines for underserved populations. The resource was created to support the Voices for Health Justice initiative.

How do state and federal governments ensure that the U.S.' limited COVID-19 vaccine supply is being distributed in a way that not only achieves our public health goal of disease eradication in a way that acknowledges disease risk, but also centers health equity? If policies and dissemination strategies fail to acknowledge existing inequities and disparities, we run the risk of compounding and exacerbating the disparate impact of the COVID-19 pandemic.

As of March 2021, states receive weekly vaccine allocations from the federal government based on their total adult populations. Each state has its own plan for how to distribute the vaccines amongst its residents—through county health offices, hospital systems, pharmacies, mass vaccination sites and mobile clinics—and some states are making more efficient use of their supplies than others. The federal government also sends vaccine allotments directly to some **large retail pharmacies** and **community health centers**. Getting millions of people vaccinated, **in order of priority**, is a big logistical challenge for states. As a result, there's often a delay between when states receive their federal shipments of vaccines and when they get the shots into people's arms.[1]

How do the federal and state governments allocate vaccines in an equitable way?

There is ample opportunity to **build on the federal-level commitment** to equitable vaccine distribution with state-level activity and by systematically planning, tracking and adjusting vaccination rates along the disadvantage spectrum.

- The federal government can use the Centers for Disease Control and Prevention's (CDC's) Social Vulnerability Index (SVI) to allocate vaccines to states. The SVI was developed in 2011 by the CDC for disaster management to identify communities that need support before, during and after public health emergencies. Allocation formulas should reflect the share of disadvantage, or the proportion of residents that are worse-off than others.
- States can use the U.S. Area Deprivation Index (ADI) to allocate vaccines at the local level. **Alaska**'s **COVID-19 Vaccine Task Force** teams are using the ADI to identify geographic areas

within communities that experience higher levels of deprivation to ensure that vaccines are distributed more equitably.

Documenting eligibility

- The **Colorado** Department of Public Health and Environment sent a **letter** to providers stating that they cannot require people to provide proof of identification in order to get vaccinated. Providers may ask for an individual's name, date of birth or address, but they cannot require an individual to present a state-issued or other government-issued ID as a condition of vaccination. The letter specifically explains that asking for government-issued ID may create a barrier for people unable to procure identification, such as undocumented immigrants, people experiencing homelessness or people with disabilities.
- The **Massachusetts** Department of Public Health provides answers to **frequently asked questions**, one of which explains that a person does not need insurance, a driver's license or a social security number to get a vaccine.

Location of sites

- A ***Wall Street Journal* article** explains that hospitals tend to prioritize their own patients, giving them a large role to play in vaccine distribution that disadvantages medically underserved areas. Residents of rural areas and those living in poorer communities with limited access to conveniently located hospitals may have a harder time finding vaccine appointments if they do not have a doctor affiliated with a hospital or receive care there.
- One solution could be to develop vaccination clinics with community organizations in medically underserved areas. For example, in **Pennsylvania**, the Black Doctors COVID-19 Consortium held a **Vaxathon** event at the Liacouras Center in Philadelphia for people 75 and older from any zip code in the city, as well as Philadelphians in the 1B category who live in the 20 zip codes hit the hardest by the pandemic. No online registration or advance booking was required.
- **Tennessee** shifted distributing doses from hospitals to **clinics, including Federally Qualified Health Centers, and rural pharmacies** in the hopes of getting more shots to people of color.
- The **District of Columbia** is giving vaccines to some **health centers** and allowing them to schedule appointments for their patients. Many of these health centers serve underserved populations (e.g., Latinx, undocumented, uninsured and LGBTQ people). Vaccines are also administered at Giant and Safeway grocery store pharmacies across the city.
- **Minnesota**'s Governor **signed** legislation that authorizes qualified dentists to administer COVID-19 vaccinations, increasing the number of eligible COVID-19 vaccinators throughout the state.
- **Maryland announced** the release of the **Maryland Vaccine Equity Task Force Operations Plan** to create new community vaccination sites.
- **California** is setting up **mobile vaccine clinics** to reach seniors.
- **New Jersey** is developing vaccination sites in areas that have been **disproportionately impacted by the pandemic** through the **community-based vaccination partnership** to ensure equitable access in underserved communities. The program is a partnership between the New Jersey Department of Health, New Jersey Office of Emergency Management, Federal Emergency Management Agency, U.S. Department of Defense, local faith leaders, nonprofit organizations, local officials and health departments.

- **Massachusetts** announced a $4.7 million initiative to promote COVID-19 vaccine equity in the 20 communities most disproportionately affected by the pandemic, coordinating with local leaders and community- and faith-based organizations to strengthen existing vaccination efforts in these cities and towns.
- **New York** announced three new short-term mass vaccination sites that will use the Johnson & Johnson vaccine in an expansion of the state's vaccine rollout and also announced 12 community-based pop-up vaccination sites at public housing developments, churches, community centers, schools and fire stations.
- The Tulsa Health Department in **Oklahoma** is partnering with faith-based community organizations to increase access to vaccinations in underserved communities.
- It is important to note that, even when vaccination sites are located in communities of color, whiter and more affluent residents have traveled to those communities to get vaccinated.

Accessing an appointment

- The digital nature of vaccine appointment scheduling can create obstacles for older people, including those from traditionally underserved groups.
- The Mid-America Regional Council launched a vaccine hotline to serve adults over 60 in the **Kansas City** region.
- **Fairfax County, Virginia** residents can use a call center to register for their vaccine. The call center provides assistance to residents who prefer to register in another language and is especially useful for those who do not have internet access or the technology required to book online appointments.
- **Maryland**'s Departments of Health and Aging have created a telephone-based support system to help residents get information on COVID-19 vaccines, identify providers near their homes and help callers schedule appointments at mass vaccination sites, like the Six Flags location in Prince George's County.
- In addition to an online portal, the **District of Columbia** offers a call center for seniors and people without internet access to register for an appointment and sets aside several appointments that are available only to those who call. Additionally, D.C. officials have been knocking on doors of seniors in Wards 7 and 8 (areas that have been significantly impacted by COVID-19, but have low vaccination rates) to help them register and spread awareness.
- Tribal communities that have partnered with the Indian Health Service (IHS) for vaccine distribution are receiving more doses and are vaccinating a larger percentage of their residents compared to those that rely on state systems.
  - The IHS has partnered with the Rosebud Sioux Tribe in **South Dakota** to hold two mass vaccination clinics per week. One is a traveling clinic that focuses on outlying towns, serving roughly 11,000 people scattered across the nearly 2,000-square-mile reservation. The other occurs every Thursday at the Rosebud Hospital, which has drawn crowds by the hundreds.
  - The White Mountain Apache Tribe of **Arizona** partnered with the IHS and has been receiving enough vaccine doses to accommodate 180 appointments a day. By contrast, the Confederated Salish and Kootenai tribes in **Montana** reported that the state system allocated their health department only 200 doses per week, although that number has risen recently.

Prioritizing specific groups

- Some states, including **Maryland**, have **prioritized homeless populations** because those without adequate housing tend to have existing health problems that make them especially vulnerable to disease.
- Early studies have shown that people with intellectual and developmental disabilities have a higher likelihood of dying from the virus than those without disabilities, likely because of a higher prevalence of pre-existing conditions. While some high-profile outbreaks made the news, a lack of federal tracking means the population remains largely overlooked amid the pandemic.
  - » Initial CDC guidelines recommended that states prioritize long-term care facilities early in the vaccine rollout, but few **states specified** that people with disabilities who live in group homes should be candidates for that initial vaccine distribution. **New York** is one state that specifically included certified group facilities and opened vaccine access to all people with intellectual or developmental disabilities in February 2021.
  - » Many states are setting priorities based on a **list of high-risk medical conditions** outlined by the CDC. In December 2020, the CDC **added Down syndrome** to the list. However, disability advocates say that others continue to be left unprotected, for example, people living in group homes with cerebral palsy who get food through a tube and can't speak.[2]
- **California**'s Governor **announced** the state has set aside 40 percent of vaccine doses for the hardest-hit communities and established a vaccine equity metric to guide the process.
- **New Mexico** is allocating **additional vaccine doses to particularly vulnerable areas** based on factors including infection rate, household income, racial demographics and availability of housing and transportation.
- **Colorado** is **allocating vaccines** to community-based organizations across the state that are focused on vaccinating underserved Coloradans and spanning diverse communities.
- Every week, the **District of Columbia** makes half of its vaccination appointments available for eligible residents in priority zip codes. Additionally, the District prioritized teachers as part of its school reopening plan, essential workers (including healthcare, Fire, EMS and grocery store workers), long-term care residents and staff, corrections residents and staff and people experiencing homelessness. D.C. began vaccinating people with pre-existing conditions (including intellectual and developmental disabilities) on March 1, 2021 based on CDC guidance and is not requiring documentation for pre-existing conditions in order to avoid barriers to access.
- Some Native American tribes have **prioritized vaccines for native speakers** in order to preserve language. This is especially important as there are few native speakers and Native American communities have been disproportionately impacted by COVID-19.

Transportation to vaccination sites

- **Arizona**'s Medicaid agency **announced a first-in-the-nation initiative** that will make it easier for Medicaid members to secure transportation to drive-through COVID-19 vaccination appointments. Beginning Feb. 22, 2021, the agency began reimbursing non-emergency medical transportation providers for driving eligible Medicaid members to and from their COVID-19 vaccination appointments, including reimbursement for time spent waiting during the drive-through vaccination process.

- The **District of Columbia**'s Medicaid Managed Care Organizations **cover all transportation** free of charge to and from all medically necessary covered services and appointments (including vaccination).

Other

- The **District of Columbia** has a **no-waste policy** that enables pharmacies and others to give any unused vaccine doses to anyone available even if the person is currently ineligible or has not made an appointment.

Notes

1. For more information, see: ***COVID-19 Vaccine Tracker: How Many People Have Been Vaccinated In The U.S.?*** **NPR**

2. For more information, see: ***Lack Of COVID-19 Data Leaves People With Intellectual Disabilities Overlooked,*** **NPR**

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With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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