

Collaborative Feedback Session Equitable and Accessible Booster Vaccine Planning & Implementation

Collaborative Feedback Session held on October 6, 2021: 150 attendees

Collaborative Feedback Survey collected end of October 15, 2021: 38 responses

How can we ensure equitable access?

- Provide free transportation and communicate effectively transportation access in vaccine outreach and messaging
- Provide clear and consistent vaccine messaging to combat confusion and misinformation
- Utilize community media outreach channels for community specific outreach (i.e. online, radio, tv, podcast)
- Build community partnerships with trusted messenger and leaders to co-create and/or provide culturally responsive and linguistically appropriate education, communication and outreach
- Clear and consistent messaging in outreach efforts that vaccine is free regardless of immigration status
- Ensure access to vaccines in convenient place-based settings, bring vaccines to people (i.e. community centers, faith-based organizations, community events, homebound settings)
- Provide alternative or extended hours (evening and/or weekend)
- Provide low barrier opportunities such as no registration/scheduling appointments
- Consider technology access and digital inequity by not relying heavily on online communication channels for outreach
- Prioritize vaccine access in rural and remote geographical areas and/or homebound settings including intentional outreach
- Provide vaccine incentives (i.e. lottery)

“Transportation is limited for many folks and having a site out of the way may also end up making this a low priority for folks who have to prioritize how many places they can get to in one day.”

What worked well during the initial vaccine roll-out that we can replicate?

- Leveraging community pop-up clinics and/or locally based mass vaccination sites (i.e. Seattle/King County sites)
- Partnering with trusted community rooted organizations to organize and facilitate vaccination event, communication, outreach and address community concerns

- Partnering with trusted community partners and leaders in planning, organizing and coordinating vaccination events
- Providing transparent information on vaccine availability, number of vaccines appointments and list of providers on vaccine locator
- Convening webinars regularly to share vaccine information, updates and answering questions/concerns

“Having vaccine clinics organized by organizations that people trust - especially organizations led by those serving people who might not have as much access to the vaccine.”

“Working with our community partners and taking the vaccines to our packing houses and orchards.”

What hasn't worked well that we should avoid?

- Prioritizing access to English COVID-19 information first and providing in-language COVID-19 information afterward
- Lack of language, digital and ADA accessibility in scheduling vaccine appointments (including availability of appointments) and navigating vaccine locator
- Vaccination sites unfamiliar and/or inaccessible to communities
- Inconsistent messaging and communication related to vaccine eligibility
- Delay in combating mis/disinformation

“Late info shared in languages other than English”

“Not thinking about transportation as a key point in accessing the vaccine. It took several months for this to catch on and I think we're forgetting about it again”

“We would see that there was [availability] at a provider or pharmacy that was located near them, go through the process of assisting them with scheduling and then once you passed the screening questions, there were no appointments or they were out of vaccine”

What are the most effective strategies for reaching communities who experience the greatest access barriers? For example: undocumented individuals, LEP communities, individuals with disabilities?

- Leveraging community pop-up clinics at locations communities play, work, stay and resonate with including homebound settings

- Providing language assistance and interpretation at vaccination site including signage in multiple languages and utilizing community health workers/navigators for culturally responsive and linguistically appropriate communication and outreach
- Removing insurance related questions on paperwork or in-person vaccination registration
- Ensuring alternative ways to scheduling vaccine appointment such as phone and providing transportation access during the time of scheduling
- Emphasize in vaccination outreach and communication the vaccine is free for everyone regardless of immigration status
- Hosting meaningful community conversations around vaccine
- Perform user testing on registration/scheduling systems and/or other interactive digital tools to ensure wide side set of user abilities
- Incorporate and leverage family centered approach/model, for example family specific vaccine events to vaccinate together
- Ensure aftercare for unhoused individuals after receiving vaccination

“[Utilizing] messengers THEY TRUST, as opposed to those whom organizers think are the trusted messengers. Asking the experts in those communities what/how/when/by whom works for them.”

What questions and concerns are you currently hearing within your community about the booster dose?

- Need more information on why boosters are needed, effectiveness and related side effects
- Fear boosters are not safe and/or effective
- Unclear who is currently eligible and what future eligibility will look like
- Confusion on the difference between booster vs 3rd additional dose
- Concerns around ‘mixing’ vaccine types i.e. *received initial J&J vaccination and considering Pfizer booster shot*

“Is it necessary to get a booster shot? Why get a booster shot?”