



**May 2021**

# Table of Contents

|  |    |
|--|----|
| Overview. . . . .                            | 3  |
| Community-Engaged Outreach. . . . .          | 5  |
| Building a Communication Framework . . . . . | 8  |
| Identify Your Target Population . . . . .    | 9  |
| Get to Know Your Target Audience . . . . .   | 13 |
| Tailoring Messages . . . . .                 | 14 |
| Vaccine Communication . . . . .              | 15 |
| Communication Considerations . . . . .       | 16 |
| Developing a Communication Plan . . . . .    | 17 |
| Vaccine Distribution Plan . . . . .          | 18 |
| Our Recommendations. . . . .                 | 20 |
| References. . . . .                          | 21 |
| Appendix A . . . . .                         | 22 |
| Appendix B . . . . .                         | 26 |

## Overview

The COVID-19 pandemic has profoundly impacted the lives of all Nevadans, especially the state's most socially vulnerable communities. The morbidities and mortalities of COVID-19 reveal a disproportionate impact by the virus and an amplification of existing social inequities. As the COVID-19 vaccines were introduced to Nevada in mid-December 2020, the rollout revealed an inequitable distribution throughout the state. In early February 2021, Governor Steve Sisolak declared, "Equity and fairness requires an intentional effort to reach every community and not create a situation where those who have been disproportionately impacted by this virus are left behind — including the elderly and frontline workers."

The widespread allocation and distribution of a safe and effective COVID-19 vaccine is the foundation of establishing community immunity. In response to Governor Sisolak's equity initiative, along with President Biden's National Strategy for the COVID-19 Response and Pandemic Preparedness, Immunize Nevada and the Nevada Minority Health and Equity Coalition partnered to form the Nevada Vaccine Equity Collaborative (NVEC). This collaborative includes public, private, state, and community partners who are invested in the equitable distribution of the COVID-19 vaccine.

### NVEC STRATEGY:

- Develop a community-engaged outreach approach to reduce the impact of COVID-19 and increase vaccine uptake
- Develop a comprehensive communication plan to meet the cultural and linguistic needs of communities highly impacted by COVID-19
- Maximize and leverage community partnerships, resources and opportunities
- Assess the latest data and provide the state and health districts with recommendations on how to equitably distribute the vaccine

***This strategic plan is a living document and will be adjusted as Nevada responds to the needs of its residents. Four ethical principles guided its creation:***

- Maximize benefits and minimize harms
- Promote justice
- Mitigate health inequities
- Promote transparency

With these considerations at the forefront, Nevada's vaccination plan is designed to mitigate as much disease spread and death as possible, and requires that every person be considered and treated as having equal dignity, worth, and value.

### NVEC GOALS:

- Accelerate getting shots into arms and vaccines into the communities that need them most
- Create as many venues as needed for people to be vaccinated
- Focus on hard-to-reach and high-risk populations
- Drive equity throughout the vaccination campaign and broader pandemic response


**THE FOLLOWING DOCUMENT  
IS A GUIDE TO ACHIEVING  
THE ABOVE STATED GOALS.**

## Community-Engaged Outreach

Engagement with the community of interest is an essential element of public health work. Community engagement is defined as “...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people.” (Centers for Disease Control and Prevention [CDC], 1997, p. 9). It involves careful planning and acknowledgment of the uniqueness of each population, as well as inclusivity by creating strong and sustainable relationships within those different communities. While we acknowledge that community involvement runs on a spectrum and all relationships on this spectrum are important – considerations should be made towards building community relationships that empower our communities and public health practice (Table 1). Community-engaged outreach (CEO) is a departure from traditional outreach, where the primary aim is to share information with the community about an issue, problem, opportunity, or decision.

**TABLE 1: SPECTRUM OF COMMUNITY ENGAGEMENT**

*Increasing level of Community Involvement and Impact*



|                                  | INFORM   | CONSULT   | INVOLVE  | COLLABORATE  | EMPOWER   |
|----------------------------------|--|---|--|--|---|
| <b>PUBLIC PARTICIPATION GOAL</b> | To provide the public with balanced and objective information to help them understand the problem, alternatives, opportunities, and/or solutions | To obtain public feedback on analysis, alternatives, and/or decisions   | To work directly with the public throughout the process to ensure public concerns and aspirations are consistently understood and considered   | To partner with the public in each aspect of the decision, including developing alternatives and identifying the preferred solution  | To place final decisions in the hands of the public   |
| <b>PROMISE TO THE PUBLIC</b>     | We will keep the public informed   | We will keep the public informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced that decision | We will work with the public to ensure that community concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision | We will look to the public for direct advice and innovation in formulating solutions and incorporate your advice and recommendations in to the decision to the maximum extent possible | We will implement what the public decides   |
| <b>EXAMPLE</b>                   | Communicate COVID-19 vaccine information to communities by using various channels such as fact sheets, flyers, or social media                   | Learn about community concerns and barriers regarding the COVID-19 vaccine by conducting focus groups and surveys                                       | Community partner meetings to discuss the COVID-19 vaccine concerns and barriers within specific communities and possible solutions  | Work closely with community partners to build vaccine confidence and eliminate barriers to vaccination within their respective communities   | Community member is able to make an informed decision about vaccination because they were provided accurate and relevant information, and barriers were addressed |

**Note:** Adapted from Community Engagement during the COVID-19 Pandemic and Beyond by M. Fedorowicz, O. Arena, and K. Burrowes, 2020, Urban Institute. Copyright 2020 by Urban Institute.

Therefore, CEO should be thought of as combination of both community engagement and community outreach. It involves community partners having a seat at the table throughout the entire decision-making process to ensure outreach will actively engage and appropriately represent their respective communities. Successful community engaged outreach will result in appropriate reflection of a community's values, empowered decision-making, and a reduction in inequities often seen in services.



**DIVERSITY IS HAVING A SEAT AT THE TABLE,  
INCLUSION IS HAVING A VOICE, AND  
BELONGING IS HAVING THAT VOICE BE HEARD.**

**EQUITABLE CEO ENCOMPASSES (DONOVAN, 2014):**

- Striving for community representation and inclusion of underrepresented groups
- Fostering equitable relationships by accounting for power differentials in decision-making processes
- Increasing public understanding and support for an issue in culturally responsive ways
- Facilitating local, community-driven decisions that appropriately reflect community needs
- Building accountability and trust by building processes that are responsive to feedback from community partners and by delivering what is promised
- Identifying shared community concerns, interests, and goals
- Creating strong, healthy, vibrant places to live, work, learn, and plan
- Creative problem-solving that accounts for the perspectives and knowledge of community members
- Supporting existing community leaders and developing new community leaders
- Working with community members to identify community assets, skills, and resources
- Continuous reflection of how decisions impact diverse groups
- Establishing and maintaining feedback to ensure that outputs center community needs and perspectives at every step

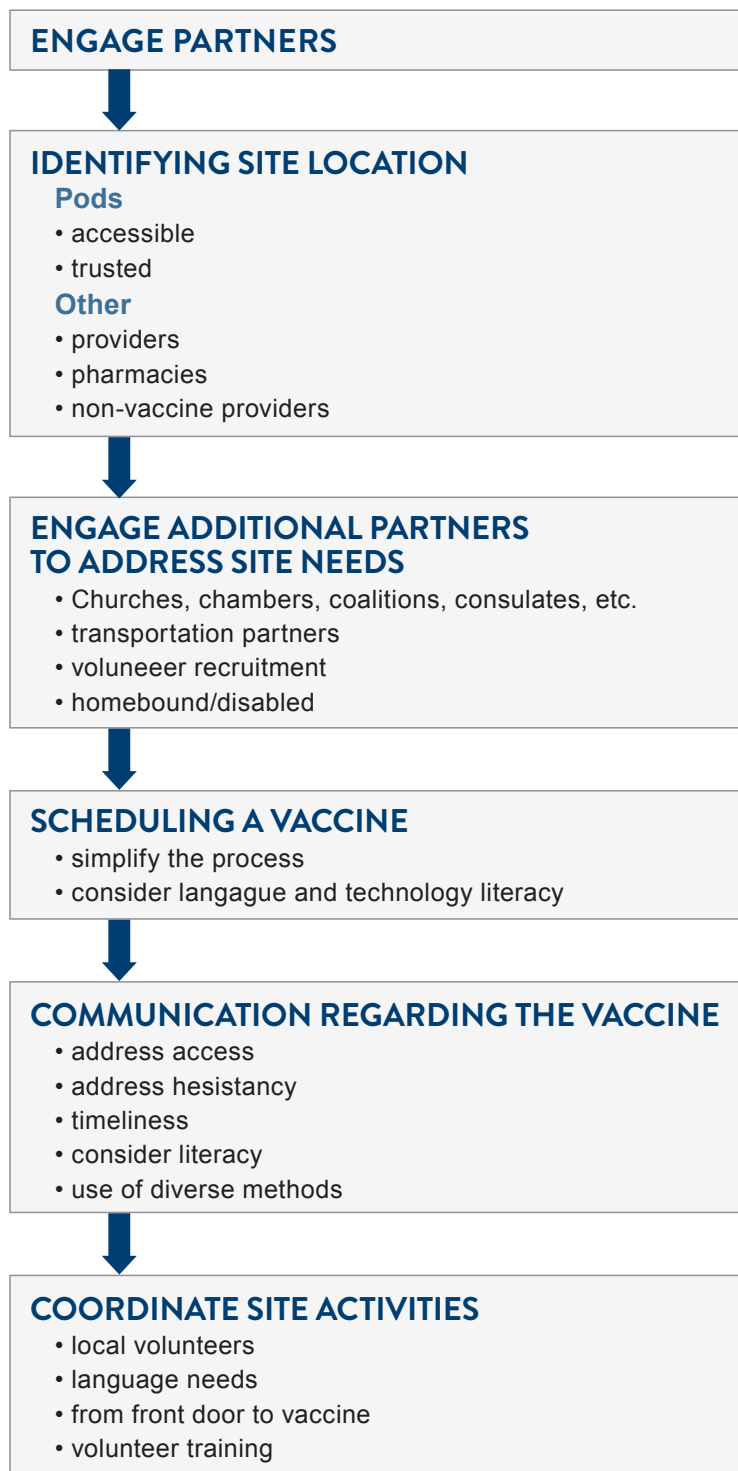
*To guide the creation of our CEO approach, we have established a set of core values and principles (Table 2).*

**TABLE 2: OUR CORE VALUES AND PRINCIPLES**

| VALUE                    | PRINCIPLE(S)   |
|--------------------------|--|
| <b>EQUITY</b>            | <ul style="list-style-type: none"> <li>• share decision-making and initiative leadership as often as possible</li> <li>• provision of varying levels of support—based on specific needs—to achieve greater fairness of treatment and outcomes (Longley, 2020).</li> <li>• treat participants with integrity and respect</li> </ul>   |
| <b>INCLUSIVITY</b>       | <ul style="list-style-type: none"> <li>• the process of improving the terms on which individuals and groups take part in the partnership—improving the ability, opportunity, and dignity of those, who at an aggregate, social level, have historically been disempowered (The World Bank, n.d.)</li> <li>• creating a space in which communities feel valued and welcomed</li> </ul>  |
| <b>DIVERSITY</b>         | <ul style="list-style-type: none"> <li>• engaging community members with different backgrounds, beliefs, and experiences such as race/ethnicity, citizenship status, religious beliefs, socioeconomic status, language, geographical origin, gender and/or sexual orientation</li> <li>• recognizing that these differences as assets to learning and innovation</li> </ul>  |
| <b>CULTURAL HUMILITY</b> | <ul style="list-style-type: none"> <li>• maintain awareness of power imbalances and biases, respect other's values, and do not set personal expectations to memorize all aspects of another culture</li> <li>• understand how personal biases may impact work</li> <li>• a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her or his own beliefs and cultural identities (Yeager &amp; Bauer-Wu, 2013)</li> </ul> |
| <b>ACCOUNTABILITY</b>    | <ul style="list-style-type: none"> <li>• build processes that are responsive to feedback from community partners</li> <li>• be willing to change and adapt throughout the process</li> </ul>   |
| <b>TRANSPARENCY</b>      | <ul style="list-style-type: none"> <li>• communicate openly about motives, resources, power dynamics, and decision-making processes</li> <li>• acknowledge challenges and limitations and work openly to address these and maintain the trust of our communities</li> </ul>  |
| <b>SUSTAINABILITY</b>    | <ul style="list-style-type: none"> <li>• continually reflect, assess and communicate to maintain and deepen relationships for long-term action</li> <li>• allocate adequate resources to maintain relationships with communities over the long-term</li> </ul>   |
| <b>CAPACITY BUILDING</b> | <ul style="list-style-type: none"> <li>• increase community involvement, impact, trust, and communication by improving coordination, enhancing existing services, advocating for policy change and learning through pilots</li> </ul>  |

**Note:** Adapted from Race to Justice: Community Engagement Framework by the New York City Department of Health and Mental Hygiene, 2017.

# Building a Communication Framework





## Identify Your Target Population

Targeting intervention approaches to the most at risk supports the reduction of negative outcomes due to COVID-19 among our most vulnerable communities — older adults, those with preexisting conditions, racial and ethnic minorities, those with disabilities, and other vulnerable populations (CDC, 2021).

The Centers for Disease Control and Prevention’s (CDC) Social Vulnerability Index (SVI) can serve as a tool to identify at-risk communities before, during, and after disasters or emergency events (CDC, 2015). The CDC SVI is used to create maps that identify communities with the greatest social vulnerability. Resources can then be deployed to geographic locations once communities with the highest social vulnerability are identified. The CDC SVI accounts for 15 social factors that are divided into four themes (Figure 1). Each factor is ranked at the census tract level, then ranked as a theme, and lastly ranked as a whole to give the overall vulnerability.

**FIGURE 1: CDC SOCIAL VULNERABILITY INDEX**

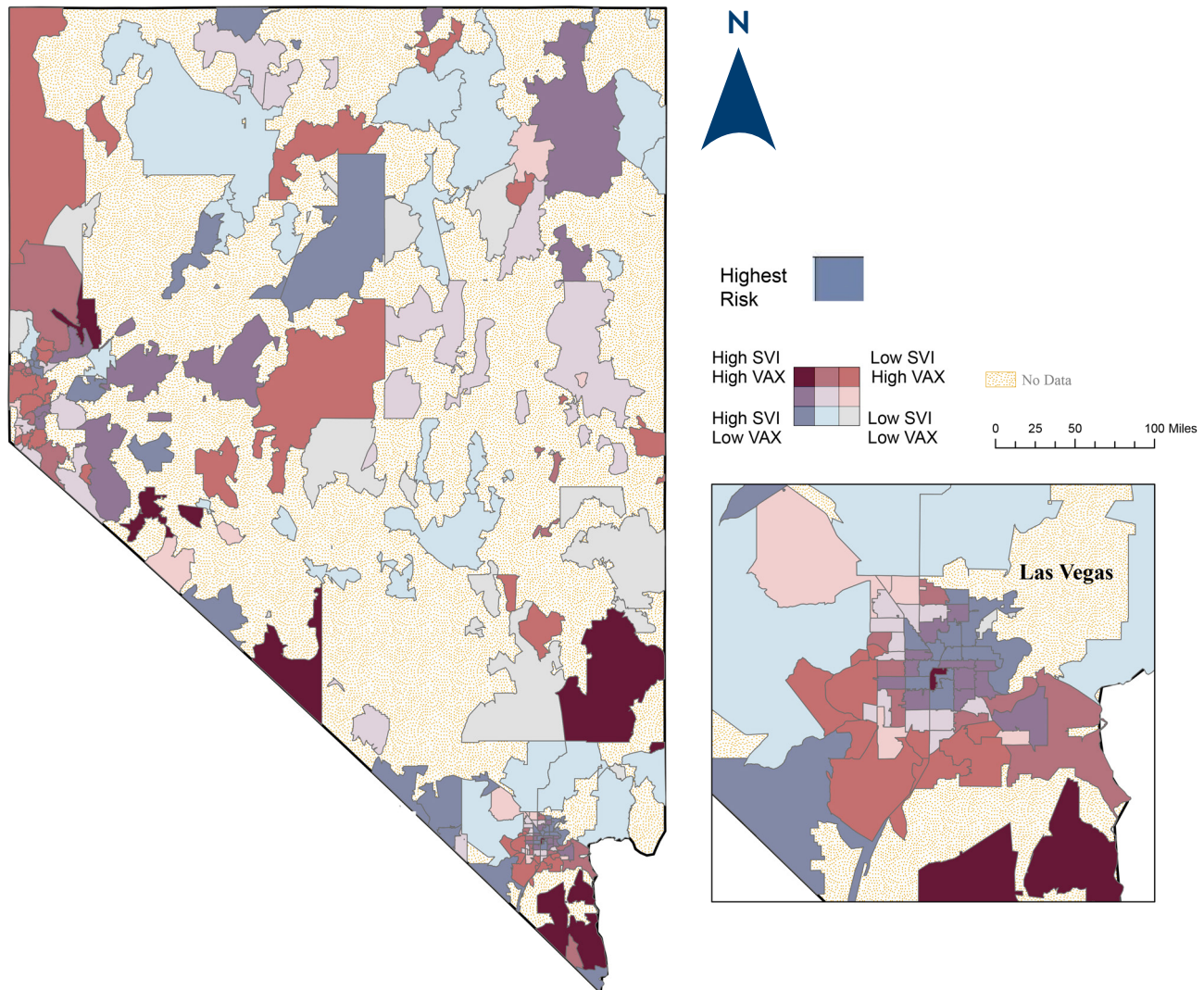
|                                  |   |   |
|----------------------------------|---|---|
| <b>OVERALL<br/>VULNERABILITY</b> | <b>Socioeconomic Status</b>                 | <b>Below Poverty</b>                      |
|                                  |   | <b>Unemployed</b>                         |
|                                  |   | <b>Income</b>                             |
|                                  |   | <b>No High School Diploma</b>             |
|                                  | <b>Household Composition and Disability</b> | <b>Aged 65 or Older</b>                   |
|                                  |   | <b>Aged 17 or Younger</b>                 |
|                                  |   | <b>Older than Age 5 with a Disability</b> |
|                                  |   | <b>Single-Parent Households</b>           |
|                                  | <b>Minority Status and Language</b>         | <b>Minority</b>                           |
|                                  |   | <b>Speak English “Less than Well”</b>     |
|                                  | <b>Housing and Transportation</b>           | <b>Multi-Unit Structures</b>              |
|                                  |   | <b>Mobile Homes</b>                       |
|                                  |   | <b>Crowding</b>                           |
|                                  |   | <b>No Vehicle</b>                         |
|                                  |   | <b>Group Quarters</b>                     |

**Note:** Reprinted from CDC SVI Documentation 2018 by Centers for Disease Control and Prevention (2020).

This strategic plan is guided by a modified version of the CDC SVI and provides data at the zip code level. Our COVID-19 SVI uses the same 15 indicators as the CDC SVI, with the addition of total numbers of new COVID-19 positive cases and total number of COVID-19 vaccinations by zip code. The use of COVID-19 specific data provides deeper insight into which zip codes are a) hit hardest by COVID-19 cases, and b) not receiving an equitable distribution of the COVID-19 vaccinations based on need. Due to data availability limitations, the data are analyzed at the zip code level.

This analysis resulted in 10 zip codes in Clark County (89102, 89030, 89104, 89101, 89115, 89107, 89106, 89122, 89142) 4 zip codes in Washoe County (89431, 89502, 89512, 89503) and 1 zip code in Carson City (89706).

**FIGURE 2: NEVADA ZIP CODE PRIORITIZATION MAP**



| Variable/Term                              | Definition  |
|--|---|
| Vaccination Coverage                       | The estimated percentage of people who have received specific vaccines  |
| County                                     | Nevada county name  |
| Zip Code                                   | Zip code  |
| SVI Category                               | Social Vulnerability Index category<br>Low = 0 - 0.333<br>Moderate = 0.334 - 0.666<br>High = 0.667 - 1                  |
| Population                                 | Total population for zip code   |
| COVID+ Cases (%)                           | (# of COVID+ cases / population)*100  |
| Initial Vaccine Coverage (%)               | (# of first doses / population)*100   |
| Complete Vaccine Coverage (%)              | (# of completed vaccine series / population)*100<br>Completed = 2 doses received of Pfizer/Moderna OR 1 dose of Janssen |
| Vaccination rate towards herd immunity (%) | 80 - Complete Vaccine Coverage  |

<https://www.cdc.gov/vaccines/vaxview/index.html>

| County      | Zip Code | SVI Category | Population | % COVID+ as of 5/4/2021 | % Initial Vaccine Coverage as of 05/02/2021 | % Complete Vaccine Coverage as of 05/02/2021 |
|-------------|----------|--------------|------------|-------------------------|---|--|
| Carson City | 89701    | High         | 27193      | 9.45                    | 39.81                                       | 28.35  |
|             | 89706    | High         | 19318      | 7.50                    | 38.39                                       | 26.79  |
|             | 89703    | Moderate     | 9955       | 11.04                   | 54.05                                       | 42.28  |
| Churchill   | 89406    | High         | 24213      | 7.81                    | 29.27                                       | 22.80  |
| Clark       | 89015    | High         | 42387      | 7.33                    | 33.04                                       | 25.18  |
|             | 89018    | High         | 4847       | 1.79                    | 5.94  | 3.24   |
|             | 89019    | High         | 2158       | 5.10                    | 25.25                                       | 19.79  |
|             | 89025    | High         | 1203       | 6.07                    | 14.63                                       | 10.39  |
|             | 89027    | High         | 18446      | 5.06                    | 41.41                                       | 35.28  |
|             | 89029    | High         | 8167       | 4.11                    | 24.33                                       | 17.55  |
|             | 89030    | High         | 50417      | 15.37                   | 24.38                                       | 15.50  |
|             | 89032    | High         | 44200      | 14.29                   | 33.02                                       | 23.90  |
|             | 89081    | High         | 37480      | 10.68                   | 30.71                                       | 22.43  |
|             | 89101    | High         | 42592      | 12.40                   | 25.88                                       | 16.70  |
|             | 89102    | High         | 39449      | 9.86                    | 29.08                                       | 19.83  |
|             | 89103    | High         | 53732      | 9.19                    | 31.70                                       | 21.69  |
|             | 89104    | High         | 39443      | 13.84                   | 34.35                                       | 22.99  |
|             | 89106    | High         | 26480      | 11.47                   | 25.89                                       | 17.42  |
|             | 89107    | High         | 38936      | 13.53                   | 37.67                                       | 24.48  |
|             | 89108    | High         | 73991      | 11.24                   | 28.94                                       | 20.18  |
|             | 89109    | High         | 7859       | 10.80                   | 77.03                                       | 41.71  |
|             | 89110    | High         | 71489      | 15.62                   | 31.48                                       | 21.34  |
|             | 89115    | High         | 63084      | 12.38                   | 21.66                                       | 13.66  |
|             | 89118    | High         | 21826      | 10.50                   | 38.32                                       | 27.13  |
|             | 89119    | High         | 52378      | 9.43                    | 28.59                                       | 19.00  |
|             | 89120    | High         | 24813      | 10.41                   | 38.54                                       | 28.32  |
|             | 89121    | High         | 63190      | 11.74                   | 35.72                                       | 24.88  |
|             | 89122    | High         | 49600      | 11.86                   | 37.63                                       | 27.28  |
|             | 89142    | High         | 34671      | 15.46                   | 34.32                                       | 23.31  |
|             | 89146    | High         | 18695      | 12.07                   | 38.06                                       | 26.57  |
|             | 89147    | High         | 55865      | 9.69                    | 40.37                                       | 29.28  |
|             | 89156    | High         | 29764      | 12.76                   | 27.69                                       | 18.90  |
|             | 89169    | High         | 21822      | 9.43                    | 28.74                                       | 19.00  |
|             | 89005    | Moderate     | 15840      | 5.94                    | 42.83                                       | 33.50  |
|             | 89007    | Moderate     | 1479       | 5.61                    | 14.87                                       | 11.70  |
|             | 89011    | Moderate     | 28229      | 10.30                   | 47.28                                       | 36.15  |
|             | 89014    | Moderate     | 39430      | 8.82                    | 39.75                                       | 30.06  |
|             | 89031    | Moderate     | 67750      | 11.00                   | 34.87                                       | 25.79  |
|             | 89040    | Moderate     | 3886       | 3.09                    | 22.16                                       | 16.98  |
|             | 89046    | Moderate     | 357        | 5.88                    | 47.90                                       | 37.25  |
|             | 89074    | Moderate     | 50353      | 7.54                    | 45.92                                       | 36.32  |
|             | 89084    | Moderate     | 27773      | 9.13                    | 44.80                                       | 34.93  |
|             | 89086    | Moderate     | 6404       | 10.35                   | 26.01                                       | 19.13  |

| County         | Zip Code | SVI Category | Population | % COVID+ as of 5/4/2021 | % Initial Vaccine Coverage as of 05/02/2021 | % Complete Vaccine Coverage as of 05/02/2021 |
|----------------|----------|--------------|------------|-------------------------|---|--|
| Clark (cont'd) | 89113    | Moderate     | 32308      | 9.49                    | 45.91                                       | 34.10  |
|                | 89117    | Moderate     | 54590      | 8.73                    | 45.43                                       | 33.99  |
|                | 89123    | Moderate     | 60679      | 8.05                    | 39.29                                       | 29.52  |
|                | 89124    | Moderate     | 1362       | 2.72                    | 19.97                                       | 15.93  |
|                | 89128    | Moderate     | 35666      | 9.84                    | 42.32                                       | 31.73  |
|                | 89129    | Moderate     | 57116      | 8.00                    | 36.47                                       | 27.71  |
|                | 89130    | Moderate     | 34697      | 8.97                    | 36.63                                       | 28.27  |
|                | 89134    | Moderate     | 24363      | 6.19                    | 64.66                                       | 53.13  |
|                | 89139    | Moderate     | 40612      | 11.04                   | 44.19                                       | 31.94  |
|                | 89143    | Moderate     | 13265      | 8.49                    | 32.81                                       | 24.91  |
|                | 89145    | Moderate     | 25071      | 9.31                    | 40.63                                       | 30.39  |
|                | 89148    | Moderate     | 55553      | 9.65                    | 44.53                                       | 32.18  |
|                | 89149    | Moderate     | 39613      | 8.55                    | 39.26                                       | 30.13  |
|                | 89166    | Moderate     | 25245      | 8.73                    | 34.55                                       | 26.01  |
|                | 89183    | Moderate     | 42480      | 8.24                    | 33.68                                       | 24.68  |
|                | 89002    | Moderate     | 35881      | 6.60                    | 35.09                                       | 27.76  |
|                | 89004    | Low          | 326        | 3.37                    | 55.83                                       | 45.09  |
|                | 89012    | Low          | 36512      | 6.22                    | 45.37                                       | 36.23  |
|                | 89021    | Low          | 3534       | 5.04                    | 21.51                                       | 15.93  |
|                | 89039    | Low          | 149        | 2.68                    | 55.03                                       | 46.98  |
|                | 89044    | Low          | 22558      | 7.41                    | 62.86                                       | 51.96  |
|                | 89052    | Low          | 55096      | 7.34                    | 54.80                                       | 43.83  |
|                | 89054    | Low          | 57         | 7.02                    | 57.89                                       | 42.11  |
|                | 89085    | Low          | 4156       | 7.34                    | 35.54                                       | 27.53  |
|                | 89131    | Low          | 50564      | 8.04                    | 35.83                                       | 27.99  |
|                | 89135    | Low          | 28192      | 7.85                    | 58.91                                       | 46.43  |
|                | 89138    | Low          | 17952      | 8.43                    | 57.59                                       | 44.74  |
|                | 89141    | Low          | 35169      | 9.11                    | 44.43                                       | 33.34  |
|                | 89144    | Low          | 19881      | 7.23                    | 47.38                                       | 36.33  |
|                | 89161    | Low          | 136        | 14.71                   | 95.59                                       | 74.26  |
|                | 89178    | Low          | 40808      | 8.93                    | 40.26                                       | 29.68  |
|                | 89179    | Low          | 7449       | 14.08                   | 61.43                                       | 45.91  |
|                | 89191    | Low          | 581        | 1.55                    | 10.15                                       | 8.61   |
| Douglas        | 89410    | Moderate     | 11191      | 5.67                    | 43.16                                       | 33.53  |
|                | 89413    | Moderate     | 725        | 2.07                    | 33.10                                       | 27.17  |
|                | 89460    | Moderate     | 13570      | 4.72                    | 36.32                                       | 28.39  |
|                | 89705    | Moderate     | 5307       | 4.90                    | 40.06                                       | 30.17  |
|                | 89411    | Low          | 643        | 9.80                    | 132.50                                      | 111.82                                       |
|                | 89423    | Low          | 10283      | 5.09                    | 51.45                                       | 41.99  |
|                | 89448    | Low          | 1712       | 4.67                    | 56.13                                       | 44.80  |
|                | 89449    | Low          | 3094       | 3.14                    | 34.74                                       | 26.89  |
| Elko           | 89825    | High         | 1289       | 0.70                    | 16.83                                       | 14.90  |
|                | 89832    | High         | 1312       | 0.84                    | 28.73                                       | 25.46  |

| County        | Zip Code | SVI Category | Population | % COVID+ as of 5/4/2021 | % Initial Vaccine Coverage as of 05/02/2021 | % Complete Vaccine Coverage as of 05/02/2021 |
|---------------|----------|--------------|------------|-------------------------|---|--|
| Elko (cont'd) | 89833    | Moderate     | 137        | 1.46                    | 35.77                                       | 31.39  |
|               | 89834    | Moderate     | 152        | 2.63                    | 11.18                                       | 9.21   |
|               | 89835    | Moderate     | 1626       | 1.35                    | 28.66                                       | 23.06  |
|               | 89883    | Moderate     | 4381       | 9.40                    | 24.93                                       | 19.33  |
|               | 89801    | Moderate     | 26669      | 7.00                    | 21.96                                       | 17.98  |
|               | 89822    | Moderate     | 2160       | 3.80                    | 14.31                                       | 10.88  |
|               | 89823    | Low          | 124        | 2.42                    | 32.26                                       | 27.42  |
|               | 89815    | Low          | 14177      | 5.92                    | 20.35                                       | 17.18  |
|               | 89828    | Low          | 363        | 5.79                    | 37.19                                       | 33.33  |
|               | 89830    | Low          | 208        | 0.48                    | 12.02                                       | 8.17   |
|               | 89831    | Low          | 11         | 63.64                   | 72.73                                       | 63.64  |
| Esmeralda     | 89010    | High         | 514        | 4.28                    | 21.98                                       | 14.79  |
|               | 89013    | High         | 305        | 8.20                    | 46.23                                       | 35.08  |
|               | 89047    | Low          | 142        | 2.11                    | 19.01                                       | 13.38  |
| Eureka        | 89316    | Low          | 1218       | 2.63                    | 26.03                                       | 24.06  |
|               | 89821    | Low          | 462        | 2.16                    | 17.75                                       | 13.42  |
| Humboldt      | 89421    | High         | 496        | 11.90                   | 8.47  | 5.85   |
|               | 89445    | High         | 16387      | 6.42                    | 25.46                                       | 20.71  |
|               | 89425    | Moderate     | 312        | 1.60                    | 32.05                                       | 24.68  |
|               | 89426    | Moderate     | 174        | 2.30                    | 40.80                                       | 28.74  |
|               | 89438    | Low          | 91         | 1.10                    | 16.48                                       | 12.09  |
|               | 89414    | Low          | 154        | 1.95                    | 43.51                                       | 33.12  |
| Lander        | 89820    | High         | 5436       | 7.63                    | 23.75                                       | 19.81  |
|               | 89310    | Low          | 292        | 2.74                    | 48.97                                       | 45.21  |
| Lincoln       | 89008    | High         | 1009       | 2.68                    | 35.38                                       | 32.31  |
|               | 89042    | Moderate     | 1247       | 3.37                    | 18.28                                       | 15.88  |
|               | 89043    | Moderate     | 1478       | 1.76                    | 23.27                                       | 20.77  |
|               | 89017    | Low          | 83         | 10.84                   | 100.00                                      | 72.29  |
|               | 89001    | Low          | 1363       | 2.49                    | 22.60                                       | 18.20  |
| Lyon          | 89429    | High         | 7715       | 3.24                    | 24.46                                       | 18.20  |
|               | 89447    | High         | 7834       | 3.42                    | 35.12                                       | 28.20  |
|               | 89403    | Moderate     | 15531      | 5.51                    | 38.05                                       | 28.39  |
|               | 89408    | Moderate     | 20439      | 6.00                    | 29.20                                       | 19.57  |
|               | 89444    | Moderate     | 2949       | 1.87                    | 34.45                                       | 28.72  |
|               | 89428    | Low          | 158        | 3.80                    | 60.13                                       | 51.90  |
|               | 89430    | Low          | 308        | 6.17                    | 63.96                                       | 52.27  |
|               |          |              |            |                         |   |  |
| Mineral       | 89415    | High         | 3043       | 9.83                    | 45.65                                       | 40.72  |
|               | 89427    | High         | 1162       | 7.83                    | 3.18  | 2.32   |
|               | 89420    | Low          | 55         | 1.82                    | 27.27                                       | 21.82  |
|               | 89422    | Low          | 182        | 1.65                    | 32.42                                       | 29.67  |
|               | 89020    | High         | 1435       | 4.04                    | 22.37                                       | 18.19  |
|               | 89048    | High         | 21784      | 5.24                    | 27.69                                       | 21.65  |
|               | 89060    | High         | 9473       | 7.61                    | 28.03                                       | 21.57  |
|               |          |              |            |                         |   |  |

| County           | Zip Code | SVI Category | Population | % COVID+ as of 5/4/2021 | % Initial Vaccine Coverage as of 05/02/2021 | % Complete Vaccine Coverage as of 05/02/2021 |
|------------------|----------|--------------|------------|-------------------------|---|--|
| Mineral (cont'd) | 89049    | Moderate     | 2286       | 5.51                    | 27.73                                       | 21.30  |
| Nye              | 89003    | Moderate     | 820        | 3.17                    | 34.76                                       | 31.59  |
|                  | 89061    | Moderate     | 6160       | 6.62                    | 37.37                                       | 29.79  |
|                  | 89045    | Low          | 1951       | 1.28                    | 13.58                                       | 10.56  |
|                  | 89409    | Low          | 109        | 2.75                    | 51.38                                       | 44.04  |
| Pershing         | 89419    | High         | 5549       | 7.17                    | 31.97                                       | 19.68  |
|                  | 89418    | Low          | 306        | 2.29                    | 15.69                                       | 12.75  |
| Storey           | 89440    | Low          | 864        | 7.41                    | 49.54                                       | 36.92  |
| Washoe           | 89424    | High         | 209        | 10.53                   | 91.87                                       | 76.08  |
|                  | 89431    | High         | 39042      | 10.54                   | 34.37                                       | 20.06  |
|                  | 89433    | High         | 21875      | 9.95                    | 30.47                                       | 16.72  |
|                  | 89501    | High         | 3961       | 7.78                    | 42.77                                       | 26.00  |
|                  | 89502    | High         | 45294      | 10.48                   | 36.60                                       | 21.71  |
|                  | 89506    | High         | 43566      | 8.86                    | 34.89                                       | 21.07  |
|                  | 89512    | High         | 26222      | 15.50                   | 36.13                                       | 20.68  |
|                  | 89434    | Moderate     | 25575      | 9.56                    | 45.51                                       | 30.37  |
|                  | 89442    | Moderate     | 1076       | 4.55                    | 39.68                                       | 30.30  |
|                  | 89508    | Moderate     | 13206      | 5.84                    | 31.52                                       | 21.60  |
|                  | 89509    | Moderate     | 35793      | 6.26                    | 50.58                                       | 36.16  |
|                  | 89510    | Moderate     | 1454       | 10.04                   | 60.80                                       | 44.98  |
|                  | 89503    | Moderate     | 28867      | 7.82                    | 42.50                                       | 27.75  |
|                  | 89523    | Moderate     | 34363      | 7.24                    | 50.17                                       | 35.57  |
|                  | 89402    | Low          | 16         | 56.25                   |   | 731.25                                       |
|                  | 89405    | Low          | 134        | 0.75                    | 8.21  | 6.72   |
|                  | 89412    | Low          | 114        | 14.91                   | 107.02                                      | 78.95  |
|                  | 89436    | Low          | 43826      | 8.30                    | 46.81                                       | 33.12  |
|                  | 89439    | Low          | 1284       | 6.85                    | 77.10                                       | 57.17  |
|                  | 89441    | Low          | 12435      | 8.11                    | 45.39                                       | 33.53  |
|                  | 89450    | Low          | 60         |                         |   | 1178.33                                      |
|                  | 89451    | Low          | 8777       | 3.25                    | 38.19                                       | 24.66  |
|                  | 89511    | Low          | 26443      | 8.46                    | 61.26                                       | 45.82  |
|                  | 89519    | Low          | 8766       | 6.00                    | 60.87                                       | 47.66  |
|                  | 89521    | Low          | 33381      | 8.47                    | 55.45                                       | 39.27  |
|                  | 89704    | Low          | 3828       | 4.57                    | 49.01                                       | 37.90  |
| White Pine       | 89301    | High         | 8141       | 3.54                    | 27.85                                       | 23.36  |
|                  | 89314    | Moderate     | 313        | 0.64                    | 26.84                                       | 21.73  |
|                  | 89317    | Moderate     | 268        | 4.10                    | 45.90                                       | 42.16  |
|                  | 89311    | Low          | 124        | 4.03                    | 108.87                                      | 106.45                                       |
|                  | 89318    | Low          | 990        | 3.13                    | 32.22                                       | 29.49  |
|                  | 89319    | Low          | 132        | 6.06                    | 91.67                                       | 83.33  |

NOTE: Some zip codes exceed 100% vaccination may be due to zip codes applied to where the shot was administered rather a person's place of residence.

## Get to Know Your Target Audience

When getting to know the target audience, several factors must be accounted for including: geographic, demographic, psychographic, and behavioral information. Getting to know these factors will guide the creation and delivery of messaging to the target audience.

**TABLE 3: SOCIAL FACTORS TO CONSIDER ABOUT THE TARGET AUDIENCE**

| GEOGRAPHIC FACTORS           |   |
|------------------------------|---|
| VARIABLE                     | EXAMPLE(S)  |
| City                         | Las Vegas, Reno, Elko   |
| Zip code                     | 89110, 89115, 89106   |
| Population density           | Under 5,000; 5,000-20,000; 50,000-100,000   |
| DEMOGRAPHIC FACTORS          |   |
| VARIABLE                     | EXAMPLE(S)  |
| Age                          | 16-24, 25-34, 35-44, 45-54, 55-64, 65 and over  |
| Gender                       | Male, Female, Transgender (MTF), Transgender (FTM), Gender fluid/non-binary   |
| Race or ethnicity            | African American/Black, American Indian/Alaska Native, Asian, White, Hispanic/Latinx, Native Hawaiian/Pacific Islander, Other |
| Family size                  | 1-2, 3-4, 5 or more   |
| Income                       | Under \$10,000, \$10,000-20,000; \$20,000-30,000; \$30,000-50,000; \$50,000-100,000; \$100,000-250,000; over \$250,000        |
| Employment Status            | Employed, Unemployed  |
| Education                    | Grade school or less, Some high school, High school graduate, Some college, College graduate                                  |
| Religion                     | Catholic, Protestant, Jewish, Muslim, Hindu, other  |
| PSYCHOGRAPHIC FACTORS        |   |
| VARIABLE                     | EXAMPLE(S)  |
| Social class                 | Lower lower, Upper lower, Working class, Middle class, Upper middle, Lower upper, Upper upper                                 |
| Lifestyle                    | Achievers, Strivers, Strugglers   |
| Personality                  | Compulsive, Outgoing, Authoritarian, Ambitious  |
| BEHAVIORAL FACTORS           |   |
| VARIABLE                     | EXAMPLE(S)  |
| Benefits                     | Safety, Economy, Convenience, Speed   |
| Readiness stage              | Unaware, aware, informed, interested, desirous, intending to vaccinate  |
| Attitude towards vaccination | Enthusiastic, Positive, Indifferent, Negative, Hostile  |

**Note:** Adapted from Social Marketing: Behavior Change for Social Good by N. Lee and P. Kotler, 2020, SAGE Publishing.

## Tailoring Messages

Community engagement is the most effective strategy to authentically learn about the audience and how to tailor messaging to them effectively. Engaging with the community provides firsthand insight into common concerns or barriers that exist. It also helps develop a better understanding of how to create messaging that is relevant and accurately represents the target audience.

Our top priority is to create culturally and linguistically appropriate messaging. To do so, we have established four key goals that guide the creation of culturally engaged content (Table 4).

**TABLE 4: GOALS FOR CULTURALLY ENGAGED MEDIA**

|                       |   |
|-----------------------|---|
| <b>REPRESENTATION</b> | Develop content that accurately and realistically represents the target population through colors, symbols, photographs, graphics, etc.   |
| <b>RELEVANCE</b>      | Develop content that matches the needs, concerns, beliefs, and attitudes of the target population   |
| <b>LANGUAGE</b>       | Develop content in the language(s) commonly used within the target population(s) which also considers accessibility, literacy level, and colloquial language  |
| <b>VARIETY</b>        | Develop content for multiple mediums including print, mailers, TV, radio commercials, and social media to account for the digital divide and limited access to internet among low-income and minority populations |

### *To create culturally engaged outreach, we will practice cultural humility by:*

- Engaging with our community partners to gather input and feedback about the representation, relevance, language and variety of the content being produced;
- Practicing flexibility and possess the ability to adjust the direction of content based on the feedback given by the community;
- Regularly assessing our work to ensure content is culturally engaged;
- Clearly communicating changes and/or discrepancies with all team members.



## Vaccine Communication

An equitable communication plan must include both vaccine access and vaccine hesitancy to be effective.

*Based on this, we identified five key messaging themes to address when developing messaging about the COVID-19 vaccine:*

- Disease Spread, Safety, & Prevention
- Vaccine Safety & Efficacy
- Vaccine Prioritization & Distribution
- Vaccine Purpose, Need, and Location
- Similarities and Differences between COVID-19 and Influenza

Although many of the concerns surrounding the COVID-19 vaccines overlap among the different target populations, it will ultimately be ineffective to create a single, universal message to share among each group. The messages need to be prioritized and tailored to each community to ensure it is relevant and resonate with the target population. Messaging can vary based on communication goals, audiences, and available resources.

The framework allows for more specific and relevant messaging based on our five key messaging themes and three key audience mindsets. The framework presented below is flexible and will allow for pivoting as new vaccine developments and distribution plans emerge.

**TABLE 5: COMMUNICATION FRAMEWORK**

| OVERARCHING GOAL   |  |                                       |  |   |
|--|--|---------------------------------------|--|---|
| Increase vaccine uptake among Nevada’s most socially vulnerable communities by working with trusted community partners and conducting community engaged outreach |  |                                       |  |   |
| OVERARCHING CONCERNS   |  |                                       |  |   |
| Vaccine Access   |  | Vaccine Hesitancy                     |  |   |
| KEY MESSAGING THEMES   |  |                                       |  |   |
| Disease Spread, Safety & Prevention  | Vaccine Safety & Efficacy  | Vaccine Prioritization & Distribution | Vaccine Purpose, Need, and Location                              | Similarities and Differences between COVID-19 and Influenza |
| KEY AUDIENCE MINDSETS  |  |                                       |  |   |
| READY & WILLING  | UNSURE & NEEDS INFORMATION   |                                       | SKEPTICAL & CRITICAL   |   |
| Provide clear information about vaccine eligibility  | Build vaccine confidence   |                                       | Build trust  |   |
| Inform about vaccination expectations (i.e., what to expect the day of, potential side effects)  | Provide clear information about the importance of vaccination  |                                       | Build vaccine confidence   |   |
| Provide clear information about vaccine eligibility  | Address physical vaccination barriers  |                                       | Be consistent and transparent with information about the vaccine |   |
| Educate about preventative measures after vaccination  | Acknowledge concerns and hesitancies by providing timely, transparent, and science-based information |                                       | Minimize misinformation  |   |

## Communication Considerations

### TRUSTED MESSENGERS

Identify trusted messengers to deliver vaccine information and the call to action. This includes identifying trusted community influencers from within each specified socially vulnerable community, including faith leaders, community organizers, or local business owners.

### UNIQUE HESITANCY ISSUES

Information regarding the community's hesitancies can be collected with the help of a community influencer. In partnership, create messaging that addresses the vaccine access issues and other barriers.

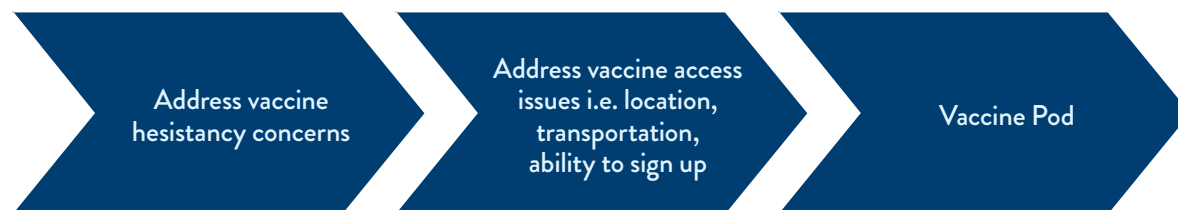
After addressing vaccine hesitancies and identifying access barriers, these partnerships drive the planning of local community clinics or PODs. This model can also be implemented in the future to address vaccine hesitancy towards the flu vaccine or children's school aged vaccinations.

**Nevada Vaccine Equity Collaborative Example:** Informational flyers and how-to's for creating an appointment in English and Spanish. Translating educational content to a school grade level for broad understanding of the vaccine information. Placing vaccine information and digital resources at bus shelters.

### TIMELINESS

Timeliness of communication is important as clinic locations are changing constantly along with mobile units being added to the distribution strategy. Type of vaccine available at a given clinic is also relevant for those ages 16-17 years old (as of April 1, 2021, only Pfizer is approved for that age group).

Communicating to socially vulnerable communities is crucial. They will experience difficulty creating vaccine appointments with lack of technology and internet access, they may lack transportation to a vaccine appointment, and could be potentially left out of the vaccination process. Creating community vaccine clinics using the community-engaged outreach model, in partnership with community influencers will address the aforementioned challenges.





## Developing a Communication Plan

A successful communication plan must account for diverse stakeholders and their varying capabilities and access to different platforms. Stakeholders should use a variety of communication methods and channels to best reach their community members. Online platforms are capable of sharing information quickly, but often exclude socially vulnerable populations such as the elderly, individuals with low income, immigrants, and individuals with low-English proficiency. A part of developing the communication framework is to take into consideration which dissemination channels are best suited for each key audience.

**TABLE 6: TOOLS FOR COMMUNICATION**

| NON-DIGITAL TOOLS   |  |
|---|--|
| <i>Non-digital communication methods are a great way to engage with the elderly, people with limited access to the internet, and people with limited computer literacy.</i> |  |
| <b>PHONE CALLS AND PHONE TREES</b>  | A phone tree is a system to activate a group of people by phone. It is a great way to effectively and efficiently spread a brief message to a large number of people. This method is most effective with brief messaging, such as notifying individuals about a meeting or last-minute change.                             |
| <b>MAILERS</b>  | Mailers are postcards and flyers that include information that are sent directly to people. It is an effective way to reach an audience and raise awareness when digital formats are unavailable. This strategy can also be used to encourage community participation such as a completing a survey or attending an event. |
| <b>BROADCAST MEDIA</b>  | Both television and radio can be used to broadly share a developed message through commercials. However, it is important to consider the tone and specific content, as well as the primary listening audience.   |
| <b>PRINT MATERIALS</b>  | Flyers and brochures are still an effective way of sharing information to communities, especially among those who do not have access to digital formats.   |
| <b>NEWSLETTERS</b>  | Use existing community-based newsletters to share information. Existing community networks and connections can provide a more authentic community response and engagement.   |
| <b>BILLBOARDS</b>   | Billboards target users that use various modes of transportation. Level of community engagement depends on the amount of traffic that passes by daily.   |
| <b>IN-PERSON EVENTS</b>   | Directly engage with a community by attending in-person events such as tabling at a community resource fair, handing-out information at a drive-thru event, or engaging in conversation at a townhall meeting. These are great ways to inform, consult, and involve the community.   |
| DIGITAL TOOLS   |  |
| <i>Digital dissemination methods offer a way to share information quickly without having community members leave the comfort of their home.</i>                             |  |
| <b>SOCIAL MEDIA</b>   | Facebook, Instagram, Twitter, LinkedIn, and TikTok are platforms that can be used to informally engage with the community. Social media platforms can be used to inform, consult, and involve the community.   |
| <b>WEBSITE</b>  | Websites can be used to share online brochures, flyers, and toolkits with community members.   |
| <b>WEBINAR OR TOWNHALL</b>  | Host a webinar or virtual townhall to engage the community in a deeper conversation. These events can help educate the community, provide feedback about a proposed plan, and provide key insight about common community concerns.   |
| <b>EMAIL AND DIGITAL NEWSLETTER</b>   | Share information with the community through email. Similar to a non-digital newsletter, use existing community-based Listservs to distribute content. Existing networks and connections can provide a more authentic community response and engagement with the material.   |
| <b>TEXT MESSAGING</b>   | Text messaging and messaging apps, such as Whatsapp, can be used to broadly share information within a community.  |
| <b>VIDEOS</b>   | Videos are an effective way to raise awareness and to engage with the community. Videos can be shared by all digital methods and should be simple and easy to digest.  |

# Vaccination Distribution Plan

## PROMOTE EQUITABLE ACCESS TO VACCINATION

To inform COVID-19 vaccination outreach efforts at the programmatic and provider levels, jurisdictions need to know where community members are located. Jurisdictions should create visual maps of these populations, to assist in COVID-19 vaccination clinic planning, especially for satellite, temporary, or off-site clinics. To ensure equitable access to vaccination services among priority populations and identify areas where additional providers might be needed, jurisdictions could also use mapping tools to identify areas with health disparities.

## THE ROLE OF MAPPING

Maps of critical populations (using an index such as the COVID-19 Vulnerability Index) should then be overlaid with maps of enrolled providers by provider type and populations served by these providers. Jurisdictions might also want to consider encouraging and supporting healthcare personnel who are existing trusted sources and work in areas serving these priority population groups to enroll as vaccination providers.

Nevada Vaccine Equity Collaborative Example: Vaccine Locator. Making it prominent on the landing page of NV Covid Fighter. Being updated with age information so 16 and 17 year olds know where to receive the Pfizer vaccine. Data from the state is being collected to identify which zip codes were most impacted by COVID-19 guiding where resources should be placed. Working with local healthcare providers from BIPOC communities to build confidence and trust for the vaccine.

*Several factors should be considered when selecting a vaccination site for a population. Some considerations are listed below:*

- Populations with limited mobility, including those who might be homebound or have other access issues, on-site vaccination is essential.
- Options for non-traditional clinic sites and hours, sites are coordinated with other community services, subsidized and/or accessible transportation.
- Training and scheduling providers or staff - who represent the community and speak the appropriate languages - to administer vaccine.
- Working with trusted or racially concordant providers or staff to refer individuals to vaccination provider sites
- Connect vaccination providers with places of worship, community organizations, recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barbershops/beauticians, major employers, and other key community institutions to set up temporary and/or mobile COVID-19 vaccination provider sites, especially in high-disparity communities.
- Connect local health departments, community health centers, and/or trusted healthcare organizations, including pharmacies, with communities through mobile COVID-19 vaccination clinics in communities facing disparities to increase the number, range, and diversity of opportunities for vaccination.
- Build partnerships with healthcare providers to increase provider understanding of the populations of interest and interventions to increase vaccination rates for these populations.

**Nevada Vaccine Equity Collaborative Example:** Working with pharmacy and health district partners to set up pop-up clinics. Taking vaccine to those who need it. Working with trusted community partners to create pop-up clinics. Working with partners that understand and have established trust with the population being vaccinated, for example NV Homeless Alliance and Catholic Charities. Identifying vaccinators that look like the community they are vaccinating.

## **BALANCING VACCINE SUPPLY, ACCESS, EQUITY, AND DEMAND**

Jurisdictions must strike a balance between vaccine supply, access, and demand. Ensuring access includes having vaccination sites near public transportation.

If there is low uptake, which can manifest as low coverage, jurisdictions will need to quickly understand the reasons and address them before vaccine wastage occurs. When demand is found to be low, jurisdictions are encouraged to work with community groups and community leaders to understand and address any population concerns.

**Nevada Vaccine Equity Collaborative Example:** Collecting input from community partners for each identified vulnerable group. Allowing them to guide the clinic planning process. Introducing the resources we have available and how they can be used the partner agency.

## **FEDERAL RETAIL PHARMACY PARTNERSHIP STRATEGY**

Federal pharmacy partners begin ordering vaccine directly from the federal government for distribution to broad population groups. Pharmacy providers will also be required to report CDC-defined vaccine administration data elements to jurisdiction immunization information systems (IISs)

**Nevada Vaccine Equity Collaborative Example:** All pharmacies added to vaccine locator. Ages being added to identify Pfizer for ages 16+. Vaccine locator will be updated regularly to reflect updated Pfizer providers

## **SCHEDULING A VACCINE**

To ensure access to vaccine appointments, provide a phone line to answer questions and/or schedule over the phone. Consider preferred language and technology availability, and have volunteers available to assist with the process if needed.

**Nevada Vaccine Equity Collaborative Example:** The statewide helpline is available in multiple languages, 7 days, week, 7:00 am to 8:00 pm. Call center staff are available to assist with making appointments.

## Our Recommendations

Community-engaged outreach involves making sure that community partners have a seat at the table and that they have a voice throughout the entire decision-making process to ensure outreach will actively engage and appropriately represent their respective communities. CEO is an effective way to create culturally and linguistically relevant content. Successful CEO will reflect the community's values, empower community-level decision-making, and a reduce inequities often seen in services.

### *To successfully implement community-engaged outreach, we have three key recommendations:*

1. **Be inclusive.** Community members need to have a seat at the table and a voice throughout every step of the process. These members are able to indicate what barriers their communities are facing when receiving information.
2. **Be responsive.** Community members are able to provide firsthand insight into the needs of their community. It is critical to respond to their recommendations in order to maintain relevance.
3. **Be timely.** Timeliness is essential and it is not necessarily about speed. The delivery of messaging should be well-timed and appropriate to the community's current needs. For example, in some communities, there is low awareness about COVID-19. So, delivering messages about the importance of vaccinating should not precede messages that educate the community about the COVID-19 virus and essential safety precautions. Likewise, timely dissemination to address vaccine concerns and communicate the location of pod pop-ups is critical.

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# Appendix A

**Arriba Las Vegas & Puentes Community Clinic / Arriba Las Vegas y Puentes Clínica Comunitaria**

**April 10, 2021**

**Mater Academy East Las Vegas**

**3900 E. Bonanza Road, Las Vegas, NV 89110**

**9 am – 4 pm**

## **BACKGROUND:**

Access to the COVID-19 vaccine in southern Nevada began as a tiered system, otherwise known as “lanes.” These lanes were ranked by age group and categories of certain employment/occupation being at the top, such as frontline medical staff. The lanes widened over time, allowing for more ages and occupations to be eligible for the COVID-19 vaccine. On April 5, 2021, the lane system was phased out and the COVID-19 vaccine was made widely available to the general public, anyone above the age of 16 in Nevada.

Though appointment availability had increased in southern Nevada’s mass vaccination sites, vaccination appointments being made by the Latinx/Hispanic populations did not show an increase. Community partners, trusted and embedded within the Latinx/Hispanic community, identified a number of issues that were creating barriers to vaccine access for Latinx/Hispanic and Spanish speaking communities.

These barriers include, difficulty accessing the online appointment system due to a lack of access to technology; lack of internet access; inability to operate digital devices; limited in-language educational resources; and few to no resources for those with low reading or writing proficiency. Additionally, a fear of exposing immigration status to the government is also a significant deterrent.

For those attendees who created an appointment and showed up for their vaccine, some felt apprehensive and turned down the opportunity when asked for a form of Nevada ID, a health insurance card, or saw that the medical application included a section to include a social security number.

After learning about these experiences, it became clear there was a need for culturally sensitive COVID-19 vaccine outreach and clinics to serve hesitant, marginalized populations.

This led to the creation of a community clinic, organized with the help of various community partners, directly addressing barriers to access. The goal of the clinic was to drive clinic attendance, successfully administer COVID-19 vaccines, and connect participants with resources such as food assistance and access to community support agencies.

This clinic eliminated appointment scheduling, the requirement to show a photo ID or give a social security number, and questions about health insurance. The clinic was staffed by Spanish speaking staff and volunteers who assisted attendees with medical screening forms, the registration application, and answered questions regarding the vaccination process.

**ORGANIZING PARTNERS:**

- Puentes
- Arriba Las Vegas

**OUTREACH PARTNERS:**

- Anthem
- CARE Coalition
- Health Plan of Nevada
- Liberty Dental
- Nevada Health Centers
- Nevada Minority Health and Equity Coalition
- Nevada Wheelchair Foundation
- UnitedHealthcare, D-SNP
- UNLV Community Clinic
- UNLV School of Public Health

**FOOD DISTRIBUTION PARTNER:**

- Culinary Academy of Las Vegas
- Nevada Minority Health and Equity Coalition
- Nevada Vaccine Equity Collaborative

**VACCINATION PARTNERS:**

- Immunize Nevada
- Albertsons Pharmacy
- UNLV School of Medicine – Dr. Culley

**PRE-EVENT PLANNING:**

The goal of the community clinic was to ensure attendees felt safe, welcome, and able to complete the process of receiving a COVID-19 vaccine in the language they felt most comfortable with.

To accomplish the goal, we ensured each attendee had access to a Spanish speaking guide or a Spanish speaking volunteer who could assist them at every step of the process.

It was important to establish line management in the planning phase to ensure that the clinic did not exceed the capacity limits for the designated space at any given time. This was facilitated by the use of an attendee counter at clinic registration.

It is important to note that event volunteers for these events may require training or guidance before the event. In some situations, volunteers will need to meet the literacy needs of participants, which may mean reading the questions aloud to the participant and helping them complete the application form.

Planning events in southern Nevada must take the weather and high temperatures into consideration. Waiting in line outside is not a tenable option.

**DAY OF PLANNING:**

Ensuring you have delineated roles and times for check in/check out for volunteers, as well as provide them with refreshments and appropriate breaks.

**BLISS REQUA-TRAUTZ, EXECUTIVE DIRECTOR  
ARRIBA LAS VEGAS WORKERS CENTER**

I think it's important here to note the resources and relationships utilized to achieve these results. We've talked about removing barriers to access, and some about relying on the trust organizations build with the community, but we are also spending staff time and resources and utilizing existing institutional infrastructure to get this level of turnout.



## **GUY GIRARDIN, PRESIDENT PUENTES**

A lot of organizations are very enthusiastic and want to serve, but these events don't happen on their own, both with respect to planning and execution. I'd caution anyone who relies on a "build it and they will come" approach.

I'd also caution organizations to not underestimate the volunteer/staffing requirement. As came out in our debriefing, we thought we could use more, and that was with having 50+ present.

### **EVENT PROMOTION AND MARKETING:**

The event was promoted through the established audiences that Arriba Las Vegas, Puentes, and Mater Academy regularly serve. Outreach was done within Mater Academy, notifying students and their families of the event details and information regarding the COVID-19 vaccine.

As explained by Guy Girardin, President of Puentes, "To a very large extent, the numbers we realized were due to Bliss' and Mater Academy's ability to reach out to the hundreds, if not thousands, of contacts and personal relationships they have in the community, as well as the outreach networks and capabilities we've all developed." Again, advocate for the behind-the-scenes work that must be done.

A pop-up clinic with no previous marketing or educational efforts may not be successful. Attendees want to know who will attend these clinics, what the process will look like, what will be asked of them, and what vaccine will be administered on the day of the clinic.

### **SUGGESTIONS FOR FUTURE CLINICS:**

*Be aware of event costs, both in money and time.* Take into consideration the overhead for staff, volunteer hours, total hours of vaccinators. It takes much organizing, planning, and community outreach to ensure success of these events. This may require organizers to quantify payroll costs, volunteers' hours, and event space costs vs. space that is donated. Also ensure volunteers are trained, culturally competent, informed about basic vaccine information, know how to fill out forms/applications, and can assist those with low literacy levels in a sensitive and appropriate way.

*Strategically locate your waiting zone.* After receiving a COVID-19 vaccine, it is recommended the patient wait 15 minutes after to ensure they are feeling well and have access to medical attention, if needed. The 15-minute waiting period for this event happened indoors. Having a section outside where the outreach vendors could have passed out materials and answered questions while the patients sat for 15 minutes may have improved line flow.

*Be aware of technical glitches.* An event volunteer followed the GPS guidance of their mobile device to the location of the event. The specific location where the event took place, Mater Academy, has two locations located within a mile of one other. Some attendees arrived at the second location where a line was forming to receive the vaccine. A volunteer guided those attendees to the correct location that was up the street. A sign was made to hang on the door of the second location. Review GPS technology beforehand to ensure participants are correctly guided to the clinic site. On the marketing materials, consider including the nearest bus route number and cross streets.

*Prepare for unforeseen vaccine updates and procedures.* Unfortunately, the day after this clinic,



news was released claiming the Janssen/Johnson & Johnson vaccine had led to a medical complication in several women across the country. There was a lack of vaccine information to follow up with the community partners and the clinic attendees. Vaccine partners can work to ensure that all clinic organizers have access to trusted resources in case of an emergency response situation.

### **CONCLUSION:**

The high participation for the event is tied to two main points. The first is the outreach effort that was made by the organizing partners. They are a trusted source to give out information regarding the vaccine and are trusted messengers when advocating for getting vaccinated and explaining its importance.

The second is ensuring participants knew they could engage with the event in their preferred language, in this case Spanish. Participants were advised beforehand that no ID, health insurance, or social security number would be required or inquired about.

### **RESULTS:**

~470 vaccines were administered of the Janssen / Johnson & Johnson vaccine.  
450, 30-pound boxes of groceries, and 300 prepared meals were distributed.

## Appendix B

### Creating an Accessible Vaccine Experience for People with Disabilities and Older Adults

Federal law requires that all public spaces, such as public health buildings, convention centers, fairgrounds, doctor's offices, pharmacies, and other businesses comply with the [Americans with Disabilities Act \(ADA\)](#) to protect people from discrimination based on their disabilities.

Vaccination clinics must comply with the ADA. Any entity operating a vaccine clinic should have policies and procedures in place that include how it will serve people with disabilities, including steps to provide reasonable accommodations, to communicate effectively with people with disabilities, and a process for receiving and responding to ADA complaints.

Reasonable accommodation needs will vary from site to site, and for different individuals. Vaccine clinics should consider that people who are needing to access vaccinations will have a wide range of disabilities and many different access and accommodation needs. They may be deaf or hard of hearing. They may experience blindness or low vision. They may have an intellectual disability or cognitive impairment that impacts understanding of clinic process and procedures. They may use a wheelchair or other mobility devices. They may experience low stamina or fatigue, mental health conditions or behavioral support needs that may impact their ability to stand in line for long periods of time. They may require personal supports or assistance from a caregiver or companion throughout the process.

What is central to success is creating the opportunity for vaccine clinics to be physically and programmatically accessible (including scheduling and transportation considerations.) Clinic organizers should address communication and support needs, ensure volunteers and staff have information or training related to assisting people with disabilities, and develop a process for setting up vaccine appointments that meet the needs of people with disabilities and older adults. In many areas of the country, setting up vaccine appointments has become a significant barrier for people with disabilities and older adults, with inaccessible or confusing websites, complex registration processes, QR codes or other technologies that assume participants have access to a smart phone or broadband, and/or limited outreach to individuals who may not rely upon electronic forms of communication. Making registration and scheduling as straightforward as possible can improve access for everyone, not just people with disabilities and older adults.

**Partnering with local disability and aging organizations is an effective approach that can ensure better access to vaccinations for these important-to-serve individuals. They can assist in understanding the needs of people with disabilities and older adults, including vaccine site design and implementation decisions.**

## ACCESSIBILITY

- Choose a centrally-located site that is physically accessible (e.g. level ground without slopes, zero-step, spacious), and that people can reach by mass transit.
- Coordinate with accessible transportation providers to offer low or no cost transportation to vaccine sites for appointment.
- Reserve adequate parking near the entrance (in addition to accessible spaces) for people with disabilities and their supports, and offer a drop off zone that allows for minimal walking.
- Provide an accessible, clearly marked “ADA/Accessible” entrance with assisters available, allowing entrants to bypass waiting in line (including people whose disabilities may not be apparent).
- Maintain pathways to and from the vaccine site and within the facility with clear, wide, level access (free of snow, leaves, orange cones, or other debris) for people who use wheelchairs and other mobility devices, avoiding steps and stairs.
- If doors do not include power openers, leave doors propped open or provide staff or volunteers to open doors.
- Ensure elevator access is available and prioritized for people with disabilities and older adults.
- Ensure that staff and volunteers have a basic understanding or access to information regarding reasonable accommodations, including service animals.
- Modify mask requirements for those individuals whose disabilities prevent them from wearing a face covering and ensure staff/volunteers understand this accommodation.
- Offer a “quiet room” space for individuals to wait in line, receive vaccines, and for the post vaccine observation period, for those who cannot tolerate large, noisy spaces.
- Have wheelchairs, including bariatric chairs, available for people who have mobility disabilities or experience fatigue.
- Ensure staff/volunteers are trained to accommodate individuals with non-apparent disabilities.
- Have simple, plain-language explanatory materials on hand.
- Have large print and Braille versions of all written materials available.

## COMMUNICATION

- Offer readily-available staff or volunteers to assist with reading forms or documents for individuals who may require assistance with seeing, reading, or comprehending.
- Include American Sign Language (ASL) Interpretation along with other language interpretation available at the site.
- Offer staff or volunteers clear face coverings to assist people who depend on speechreading.
- Provide clear and easy-to-read external signage with photos/graphics indicating path to accessible entrance/exits.
- Provide additional signage indicating elevator priority for people with disabilities and older adults.
- Provide signage regarding wait times, for example: your wait time is 15 minutes.
- Have a clear, publicly posted policy recognizing that people with disabilities have the option to bring a support person with them at all stages of the process.
- Post clearly marked signage and information in plain language and translated to reflect the language needs of the community for people seeking assistance to find help, and ensure an adequate number of trained “assisters” available.
- Post signage and/or graphics clearly indicating the accessible path of travel outside and inside building for individuals who use wheelchairs or other mobility devices.

## APPOINTMENTS

- Allow for multiple scheduling options: phone, website, direct assistance.
- Ensure that websites and apps are 508-compliant and accessible to people with various types of reasonable accommodation needs, including people using assistive technologies and screen readers.
- Minimize documentation and identification requirements to demonstrate eligibility. Communicate any expectations prior to the appointment clearly and simply.
- Allow for “group” scheduling – for example, people from the same household or people with disabilities and older adults with their caregivers or home health workers.
- Support and engage existing community-based organizations serving people with disabilities and/or older adults as partners to assist in outreach and implementation efforts, and to identify solutions in collaboration to provide a more accessible experience for individuals with disabilities and older adults.

**THANK YOU TO THE FOLLOWING ORGANIZATIONS WHO CONTRIBUTED INFORMATION AND IDEAS FOR THIS DOCUMENT:**

- [ADvancing States\\*](#)
- [American Association of People with Disabilities](#)
- [American Association on Health and Disability](#)
- [Anthem](#)
- [Association of Programs for Rural Independent Living\\*](#)
- [Association of University Centers on Disabilities\\*](#)
- [Autistic Self Advocacy Network\\*](#)
- [Georgia Tech | Center for Inclusive Design & Innovation \(CIDI\)](#)
- [Marion County Health and Human Services](#)
- [National Association of Area Agencies on Aging\\*](#)
- [National Council on Independent Living\\*](#)
- [Oregon Council on Developmental Disabilities](#)

**\*ORGANIZATIONS WITH STATE AND LOCAL AGING AND DISABILITY NETWORKS. ADDITIONAL NETWORKS INCLUDE:**

- [ADA National Network](#)
- [National Association of Councils on Developmental Disabilities](#)
- [National Disability Rights Network](#)

For more information and resources related to COVID-19 issues for people with disabilities and older adults, visit the **Administration for Community Living Covid-19 Response** website (<https://acl.gov/COVID-19>).

