Advancing Access to Montana Vaccination Programs

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Advancing Access to Montana Vaccination Programs

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Purpose Statement and Background

The purpose of this toolkit is to help Montana local health departments (LHDs) assess their current level of health equity within their vaccination programs and to implement evidence-based tools to improve vaccination equity in each community and across the Treasure State.

At its core, equity is ensuring that all people have access to the resources they need to live a safe and healthy life. Since no two people are exactly alike, what will provide access to one person may not be the same as what will provide access to another person. For example, if a person arrives at your clinic for a vaccination and is able to ambulate independently, they can likely climb the stairs and receive their vaccine. But what happens if they rely on a wheelchair for mobility? Is a ramp available to help them access your building? A lift? If not, this person is prevented from accessing vaccinations as others normally would. This is an example of a health inequity.

Advancing health equity in our public health systems is achieved through intentionally making care accessible to populations our traditional systems were not set up to serve.

To better understand where specific attention can be given, one can use the social determinants of health (SDOH) framework. SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1]

Health departments can use the five domains of SDOH to evaluate health inequities in their own communities and then address those inequities when planning vaccine clinics.

Although numerous examples exist to show how SDOH can impact access to vaccine clinics, a few are listed here:

Social Determinant of Health	Challenge	Ways to Address This Challenge
Neighborhood/Built Environment	Lack of public transportation to specific clinic sites	Hold pop-up vaccine clinics in places where large groups of people might congregate, such as schools, community centers, places of worship, local businesses, colleges/universities, etc. Partner with community-based organizations (CBOs) to locate populations of interest who might benefit from location-specific pop-up clinics.
Social and Community Context	Language barriers	Partner with CBOs to help advertise clinics in preferred languages, as well as to help find clinic workers (either volunteer or paid) who are proficient in the preferred language.
Health Care Access & Quality	Uninsured community members	For uninsured children, ensure there are Vaccines for Children (VFC) participating providers in every community. Screen for Medicaid or Children's Health Insurance Program (CHIP) eligibility and refer to appropriate resources for health insurance enrollment. For uninsured adults, provide information on any state programs that offer free or lower cost adult vaccinations. Advertise any Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC) in the area that may offer vaccines for adults at a lower cost.

A focus on SDOH can ultimately help to address health disparities and inequities related to vaccine-preventable diseases (VPDs). For example, adolescents who face barriers in receiving recommended age-specific vaccines such as the human papillomavirus (HPV) vaccine series are at greater risk for long-term health consequences such as cervical cancer and cancers of the head and neck.

The sections listed in this toolkit contain specific system features where changes could be made to existing vaccination clinic systems. These five broad features include:

Physical Space of the Clinic

Language and Literacy

Clinic Access

Cultural Considerations

Special Populations

Each section will provide basic information about equity, including any legal considerations as well as recommendations for best practices at three different types of clinics: in-house, PODs, and off-site/outreach clinics. For the purposes of this toolkit, the following vaccine clinic types are defined here:

POD:

Points of dispensing (PODs) are generally used during emergency situations as a way of administering vaccines to a large number of people in a short timeframe. PODs are typically located at public locations such as arenas, community centers, or schools.

Off-Site/Outreach Clinic:

These clinics are held outside of a health department to improve ease of access for certain groups. This might include health care personnel distributing vaccines at work sites, schools, or community events to make vaccines more available.

In-House Clinic:

This type of clinic refers to any vaccination performed within a traditional clinic-type setting at a LHD.

For quick reference, this narrative information has been summarized into tables (located at the end of this toolkit) that LHDs can use to assess the equity of their own vaccination clinics and, if needed, to plan and intervene accordingly.

In summary, this toolkit should be used as a comprehensive guide for LHDs to drive vaccine access across hard-to-reach populations. The information found in this toolkit is sourced from established evidence-based practices and subject matter experts in Montana communities.

The Current Landscape in Montana

Current Montana Demographics

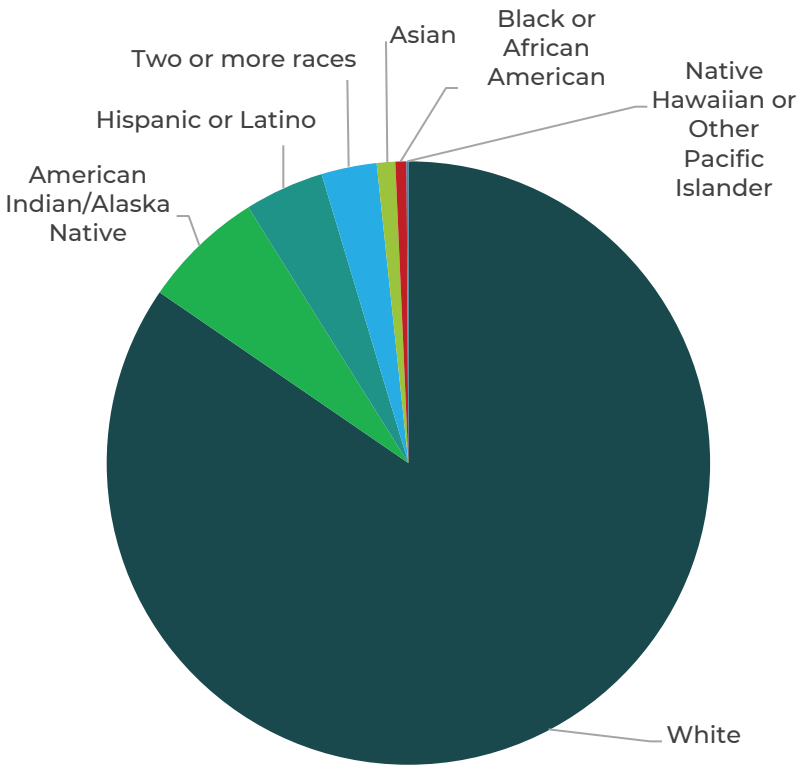
Achieving health equity requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.[2] Before planning, intervention, and evaluation efforts can commence, it is important to start with a data-informed assessment of the community.

Total population estimate (Montana): 1,104,271[3]

Race: Per the most recent U.S. Census Bureau report,[3] Montana's population is comprised of the following percentages of self-reported races:

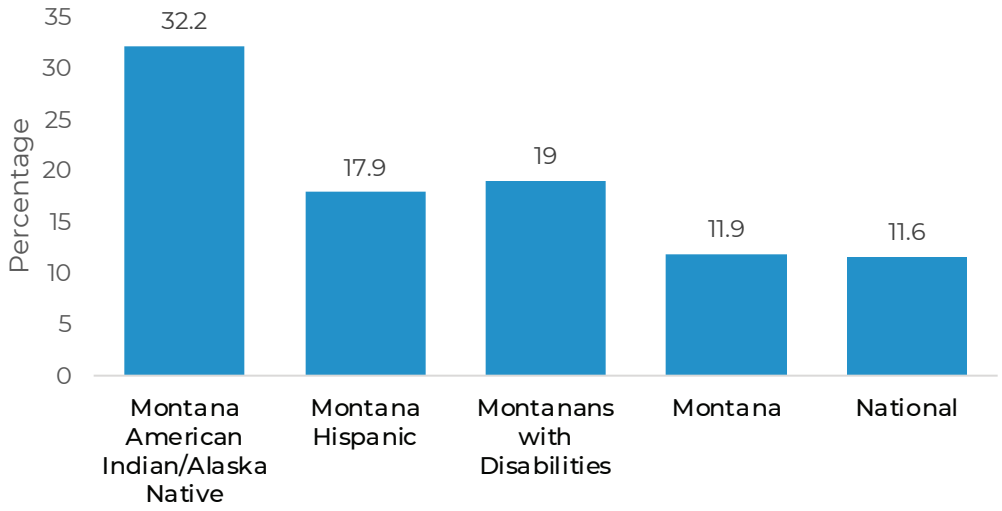
- 85.5% White alone, not Hispanic or Latino
- 6.6% American Indian/Alaska Native (AI/AN)
- 4.3% Hispanic or Latino
- 3.0% Two or more races
- 1.0% Asian
- 0.6% Black or African American
- 0.1% Native Hawaiian and Other Pacific Islander

Race (US Census Bureau)



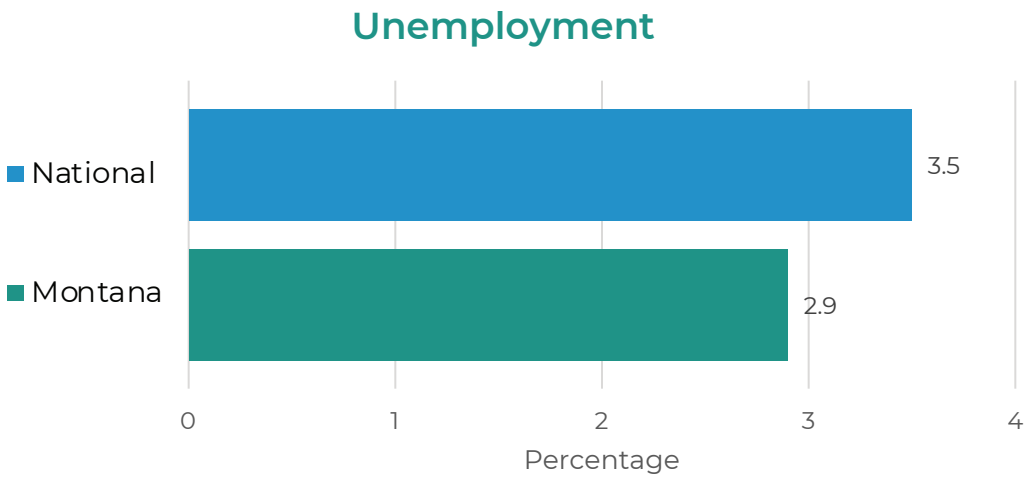
Poverty: The percentage of residents living in poverty in Montana is 11.9%, which is comparable to the national rate of 11.6%.[3] However, the rate of poverty is not consistent across all demographics in Montana. The highest rate of poverty by race in Montana is found among AI/AN populations at 32.2%, followed by Hispanic populations at 17.9%. Additionally, Montana residents with disabilities also experience a higher rate of poverty than the state average at 19.0%.[4] To find out more about poverty rates in specific areas of Montana, please visit the Poverty USA website.

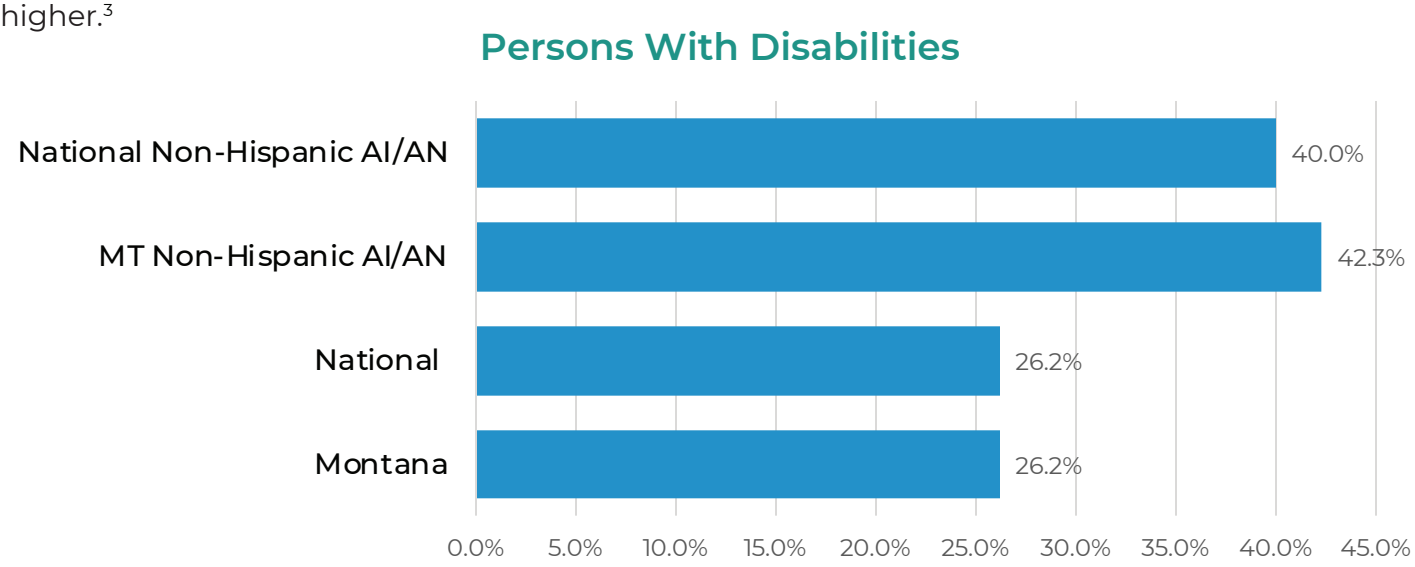
Poverty (Poverty USA)



Employment: As of September 2022, the unemployment rate in Montana is 2.9%,[5] which is lower than the national unemployment rate of 3.5% for that same month.[6]

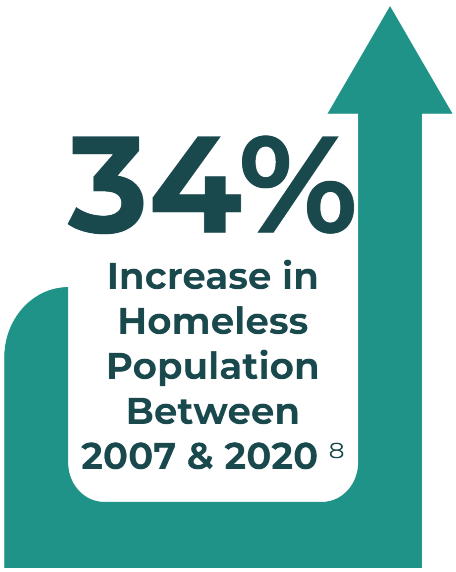
Education: 94.4% of Montanans age 25 and older have a high school diploma, and 33.7% have earned a Bachelor's degree or higher.[3]



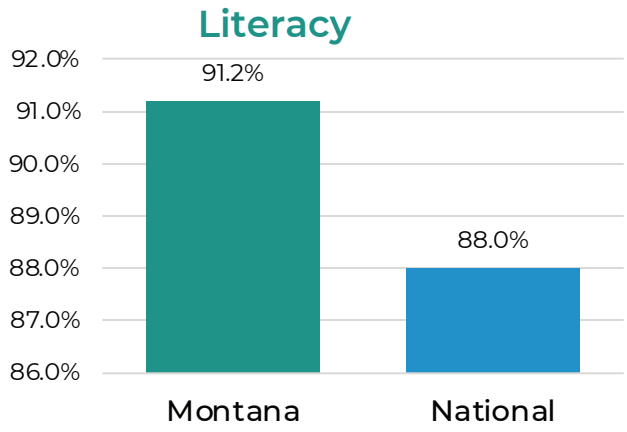


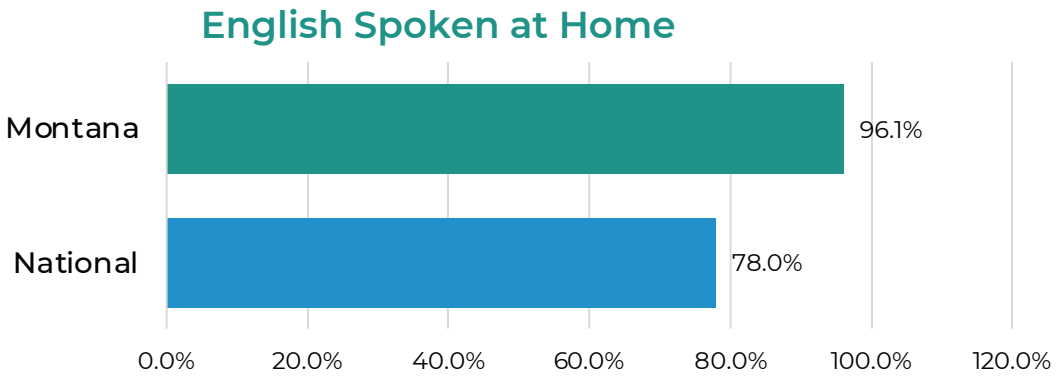
Persons With Disabilities: Overall in Montana, 26.2% of adults age 18 and older report having a disability (to include disabilities in cognition, hearing, mobility, vision, self-care, and independent living). This rate is comparable to the national rate of 26.2%.[7] However, 42.3% of those who identify as non-Hispanic AI/AN in Montana report having a disability, which is nearly double the overall statewide rate yet is comparable to the national rate of 40% for this demographic.[7]

Homelessness/Housing Insecure/Unhoused: Per the most recent data, over 580,000 people experienced homelessness in the United States in 2020. Of those, there were 1,545 homeless Montanans on a given night, with a rate of 14.5 homeless per 10,000 people in the general population statewide. Between 2007–2020, Montana's total homeless population increased by 34%.[8]



English as a Second Language (ESL)/Literacy: Montana's literacy rate (91.2%) is higher than the national average of 88%.[9] English is the most common language spoken at home in the United States, with 78 percent of the U.S. population speaking only English.[10] In Montana, 3.9% of the population speaks a language other than English at home, with Spanish and other Indo-European languages being the most common non-English languages.[3]

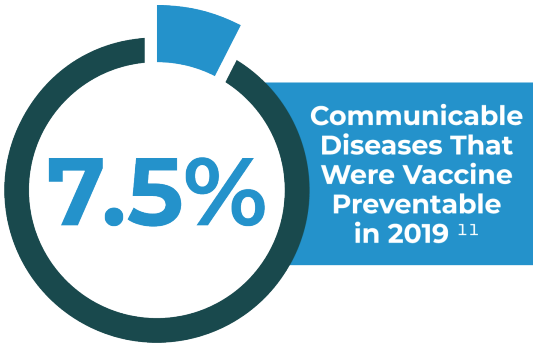




Vaccine-Preventable Diseases in Montana

Communicable diseases are present in every Montana county, and through surveillance and reporting efforts, health departments can monitor and address these diseases in the interest of public health and safety. For a list of reportable communicable diseases in the state of Montana, refer to Montana Administrative Rule (ARM) 37.114.203: Reportable Diseases and Other Conditions of Public Health Importance.

While some communicable diseases (such as campylobacteriosis, listeriosis, and hepatitis C) are not vaccine-preventable diseases (VPDs), others (such as measles, pertussis, and hepatitis A) do have associated vaccines available for protection. Per the most recent report published by the Communicable Disease Epidemiology Section (CDEpi) at the Montana Department of Public Health and Human Services (DPHHS) in 2019, VPDs accounted for 7.5% of all reported communicable diseases in the state of Montana that year.[11] Of note, there were no annual reports or publicly available statewide data published by CDEpi at DPHHS in 2020 or 2021.



In 2019, the most frequently reported VPDs in Montana were B. pertussis (whooping cough) and varicella-zoster virus (chickenpox). There was a significant increase in B. pertussis in 2019, with 494 cases reported. This was over eight times greater than the case rate in the United States that same year. Conversely, over the past 13 years, the number of varicella cases reported in Montana has declined from a peak of 437 cases in 2007 to 52 cases in 2019, largely due to the implementation of varicella vaccination.[11]

An increase in reported cases of mumps was also noted in 2019, with a total of 17 cases, 12 of which (71%) were reported in Gallatin county residents that year. Of those cases reported in 2019, 65% (11) did not have any history of mumps-containing vaccine and 64% (7) of non-vaccinated cases had non-medical vaccine exemptions.[11]

Other notable findings from this most recent report focus on reports of hepatitis A virus (HAV) and hepatitis B virus (HBV), both of which are VPDs.

> *In 2019, "17 cases of HAV were reported in Montana, which was the largest number of cases seen in one year in Montana in over a decade. The significant increase in cases in 2019 is due to an outbreak amongst injection drug users (IDU), persons who are incarcerated, and people experiencing homelessness."*[11]

Additionally, 25 chronic HBV infections were reported in Montana in 2019. It is possible that some of these cases may have had the disease for years but were only recently identified.[11]

Current Statewide Vaccine Requirements for Select Groups

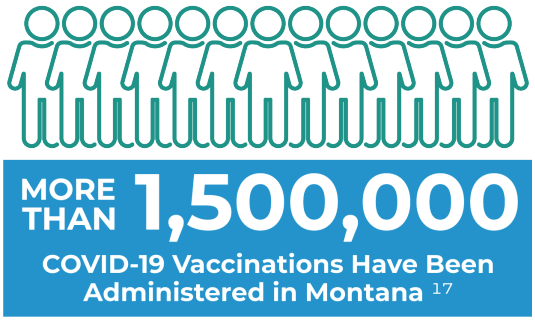
State and local vaccination requirements for daycare and school entry are important tools for maintaining high vaccination coverage rates, and in turn, lowering rates of VPDs. These laws often apply not only to children attending public schools but also to those attending private schools and day care facilities.[12] All Administrative Rules of Montana (ARMs) regarding immunization requirements for preschool, day care, and school can be found within the Rule Subchapter: 37.114.7. Specific state immunization requirements outlined in Montana Code Annotated (MCA) 20-5-403 include vaccination against the following antigens: varicella, diphtheria, pertussis, tetanus, poliomyelitis, rubella, mumps, and measles (rubeola) (with the addition of Haemophilus influenza type B prior to enrolling in a preschool if under 5 years of age).[13]

Additionally, all states provide medical exemptions, and some state laws also offer exemptions for religious and/or philosophical reasons. In Montana, medical or religious exemptions may be submitted in lieu of the required immunization per MCA 20-5-405 for students enrolled in preschool through 12th grade.[14] The most recent report published by Montana DPHHS in 2019 shows that the statewide percentage of Montana students enrolled in prekindergarten through 12th grade who had medical exemptions to one or more vaccine(s) has remained at or below 0.5% between the 2011–2012 and 2018–2019 academic years among public school students, and at or below 0.7% among private school students.[15]

Over the same period, the statewide percentage of Montana students enrolled in prekindergarten through 12th grade with a religious exemption from one or more vaccine(s) increased from 1.8% during the 2011–2012 academic year to 3.1% during the 2018–2019 academic year among public school students, and from 3.4% to a high of 8.7% among private school students in 2016–2017.

Montana COVID-19 and Influenza Vaccination Rates

The onset of the COVID-19 pandemic in 2020 spotlighted the importance of distributing safe and effective vaccines in a timely manner. Currently in the United States, there are four COVID-19 vaccines, which include primary series and boosters: mRNA vaccines Pfizer-BioNTech and Moderna COVID-19 vaccines, Novavax COVID-19 vaccine (a protein subunit vaccine), and Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 vaccine (a viral vector vaccine).[16] Since the first COVID-19 vaccines began to be administered in December 2020, over 1.5 million total doses have been administered in Montana, with 52% of the eligible population now fully vaccinated.[17] County-by-county rates vary widely, with a high of 64% of the eligible population in Deer Lodge County fully vaccinated compared to a low of 24% in Garfield County.[17]



Finally, because the prevention measures taken to reduce transmission of COVID-19 (masking, social distancing, handwashing) also helped prevent the transmission of influenza and RSV during the 2020–2021 respiratory disease season, no lab-confirmed influenza cases were reported in Montana during the 2020–2021 season, nor were there any flu-related deaths or hospitalizations.[18] Examining data from prior to the onset of the COVID-19 pandemic, however, influenza has historically been a well-known VPD. During the 2019–2020 influenza season, for example, 11,255 cases, 514 hospitalizations, and 41 deaths due to influenza were reported from all counties in Montana.[19] Safe and effective vaccines targeting influenza are typically widely available starting in late August/early September every year, yet vaccination rates remain a concern. In total, Montana's influenza vaccination coverage (for all residents six months of age and older) during the 2021–2022 influenza season ranked among the lowest of all states, with coverage between 38.2–46.6%.[20]

Public Health Infrastructure and Governance in Montana

Public health infrastructure includes the systems, competencies, frameworks, relationships, and resources that enable public health agencies to perform their core functions and essential services.[21] Within this infrastructure are federal, state, and local efforts to ensure that specific services, such as immunizations, remain a major responsibility of LHDs. Fully functioning immunization programs work best when there are competent relationships between state and local governments; therefore, specific steps towards equitable vaccine distribution should also combine efforts at state and local levels.

Montana Immunization Program

In the state of Montana, the Montana Immunization Program (Immunization Section) falls under the Communicable Disease Control and Prevention Bureau within the Public Health and Safety Division of DPHHS. The mission of the Montana Immunization Program is to prevent vaccine-preventable disease among all residents throughout their life span by sharing information, managing data, providing education, giving guidance, and overseeing distribution of publicly funded vaccines.[14]

One example of ensuring equitable access to childhood vaccines in Montana is the Vaccines for Children (VFC program, which is a federally funded program coordinated by the Montana Immunization Program. This program facilitates the delivery of adequate supplies of vaccines to health care providers (including LHDs) to ensure that all children, regardless of ability to pay, have access to recommended vaccines. A child is eligible for the VFC program if they are younger than 19 years of age and one of the following:[22]

- Medicaid-eligible
- Uninsured
- Underinsured
- American Indian or Alaska Native

Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.[22]
Other populations served by LHD immunization programs are adults and older adults, individuals in need of international travel vaccinations, and individuals requiring pre- and/or post-exposure rabies vaccines. LHDs are also typically the entity responsible for mass immunizations, as occurred with the H1N1 influenza outbreak in 2009 and, more recently, the COVID-19 pandemic.[23]

imMTrax
The Montana Immunization Program also administers imMTrax, Montana's Immunization Information System (IIS). imMTrax is a free program housing immunization records for participating Montanans of all ages. In order to have one's immunization records housed in imMTrax, a person has to consent to this information being shared (opt in) with imMTrax. imMTrax brings together multiple immunization records from Montana health care providers (public and private) and parental "shot cards" to form one complete, electronically preserved record. imMTrax is only accessed by health professionals, local public health departments, and school personnel for authorized purposes.[14]

Local Level
At a local level, immunization administration may be integrated into the clinical service program at a LHD. Program components include ordering and tracking vaccines, administering vaccines on site or elsewhere in a community, ensuring that individual immunizations are recorded into registries, and coordinating special immunization clinics.[23] It is at the point of distribution (at the local level) where many issues such as physical space, hours of operation, and local cultural considerations come to light. However, without the support, guidance, and funding of state agencies such as the Montana Immunization Program, many efforts to address health inequities might not be sustainable.

Finally, a recent report published by the Commonwealth Fund[24] finds that Montana ranks lower than most other U.S. states in several categories assessing overall health care performance. The Commonwealth Fund promotes "a high-performing, equitable health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including people of color, people with low income, and those who are uninsured."[25]

Some of the rankings illustrating Montana's lower-than-average performance include the following:

- Ranked 19 out of 50 for racial and ethnic equity
- Ranked 31 out of 50 for access and affordability
- Ranked 31 out of 50 for prevention and treatment

This toolkit, in addition to other local, state, and federal programs, is a resource that can help the Treasure State increase their overall health care performance ranking and to take positive steps towards a more equitable approach to Montana vaccination programs.

Specific System Features for Addressing Equity

Physical Space of the Clinic

Clinic Location

For many people, simply finding and traveling to a vaccine clinic may be difficult. Depending on the type of clinic, there are important access considerations to think through.

- Are there public transportation stops nearby?
- Is the clinic close to other routes of daily living?
- If located within a neighborhood, does the location feel safe?

Individual in a wheelchair using an automated door-opener [Photograph]. https://www.iwa.ie/access-guidelines/great-outdoors-access-guidelines/7-access-to-the-built-environment/

Building Accessibility

Building accessibility is critical to consider at all vaccine clinic sites. The LHD building, itself, may entirely or mostly comply with the 2010 Americans with Disabilities Act (ADA) Standards for Accessible Design,[26] but older facilities may still have elements that are not yet compliant due to cost and feasibility. Many of the accessibility features outlined here make access easier for everyone, not just those with mobility limitations. The ADA Standards for Accessible Design specify that "State and local governments must ensure that services, programs and activities, when viewed in their entirety, are accessible to people with disabilities. This is part of public entities' program accessibility obligations."[26]
To begin, FEMA has published a checklist of Civil Rights considerations that apply to vaccination equity.

If your LHD has facilities or maintenance staff, check with them to discuss building accessibility and legal requirements based on ADA. Considerations for accessibility are outlined in detail in the 2010 ADA Standards for Accessible Design.

Initial considerations may include:

- Approach and entrance:
  - Is there an entrance that does not require stairs?
  - Are there reserved accessible parking spaces?
  - Are there adequate sidewalks, lighting, stair rails, and curb ramps?
  - Is the entrance door equipped with hardware that is operable with one hand and does not require tight grasping, pinching, or twisting of the wrist?
- Access to goods and services:
  - If needed to access the building, are ramps in place and are they compliant with ADA regulations?
  - If a lift is provided, can it be used without assistance from others?
  - Do permanent signs contain "tactile characters" (i.e., those that are read using touch, such as raised characters and Braille)?
  - In the waiting room, is there a single wheelchair space and is it at least 36 inches wide?

- Toilet rooms:
  - If toilet rooms are available to the public, is at least one toilet room accessible?
  - Is there an accessible route to the accessible toilet room?
  - Does the accessible room comply with ADA requirements (see ADA checklist above)?
- Additional access:
  - See ADA checklist for other considerations such as drinking fountains, public telephones, and fire alarm systems.

Individual using an automated door-opener [Photograph]. https://affecttheverb.com/gallery/disabledandhere/cafedoor/

Hours of Operation

It is important to remember that not all members of the community can easily attend appointments during traditional clinic hours (such as Monday through Friday, 9a–5p). Equitable scheduling opportunities include offering appointment times during early morning, evening, and/or weekend hours.

During particularly busy times of the year, consider increasing evening and weekend offerings or holding additional in-house and outreach clinics. For example, August (before school starts) and September/October/November (for annual influenza vaccines) are traditionally times when greater volumes of patients are in need of vaccinations.

Clinic Access

Transportation

As stated by the U.S. Department of Transportation, "Equity in transportation seeks fairness in mobility and accessibility to meet the needs of all community members. A central goal of transportation is to facilitate social and economic opportunities by providing equitable levels of access to affordable and reliable transportation options based on the needs of the populations being served, particularly populations that are traditionally underserved."[27]

Wheelchair ramp onto public transportation [Photograph]. https://www.freepik.com/free-photo/disabled-man-getting-bus-side-view_27644730.htm#query=wheelchair%20ramp&position=11&from_view=search&track=ais

In places like Montana, with lengthy distances between rural communities plus frequent harsh weather conditions, it is of utmost importance to consider transportation access to a vaccination clinic site. Several federal governances exist to ensure that equity in transportation is addressed. These governances include the Title VI of the Civil Rights Act of 1964, Executive Order 12898, and Executive Order 13985. To find more resources on transportation equity follow the links from the U.S. Department of Transportation's Transportation Equity platform.

At a fundamental level, questions to consider include:

- How can people travel to the clinic?
  - Is there public transportation with stops nearby?
  - Are there safe walking or biking routes to the clinic? Consider safety of the neighborhoods, sidewalks/paths, lighting, etc.
  - Do members of the community have access to reliable personal vehicles?
  - Are there gas stations nearby and how affordable is gas?
- Is there a way to set up transportation for a specific group of people? For example, what are the options for those with disabilities or carpool options for members of a community traveling together?
- Are there mobile health clinics available for traveling to hard-to-reach locations?

If personal or public transportation in a community is not available or insufficient, action should be taken in the following ways to ensure a LHD is fulfilling its Civil Rights obligations:

- Develop plans to conduct vaccinations for communities unable to travel, including the use of accessible mobile units, to reach individuals most at-risk due to underlying health conditions and rural or hard-to-reach communities.[28] Check with any local hospitals or healthcare facilities to see if they own a mobile health unit.
- Develop plans to increase accessible public transportation, through local community-based organizations, for individuals to travel to and from vaccination sites.[28]
- A full checklist of Civil Rights considerations for transportation equity can be found in the FEMA document "Civil Rights Considerations During COVID-19 Vaccination Distribution Efforts"

Finally, inform primary care providers about local transportation resources so they can further enable patient visits to vaccine sites. Schedule transportation services through LHDs and coordinate with community-based organizations.

Appointments

To ensure equitable access, a variety of options should be available for scheduling appointments. These options and specific considerations for each are listed here:

- **Online**: When using an online platform/software, accessibility should be considered using the guidance of ADA compliance.
  - **ADA compliance extends to websites and online platforms**. It is important to check to see if all web-based services are meeting these requirements. One such set of requirements is the Web Content Accessibility Guidelines (WCAG), set by the World Wide Web Consortium (W3C). These guidelines were developed to set web accessibility standards.[29]
  - Key points to keep in mind when setting up websites, web-based outreach, appointment portals, etc.[30]
    - Is messaging simple to understand and does not require advanced reading ability?
    - Are there text alternatives available (larger print, speech)?
    - Is there a simple display?
    - Is there a high contrast between foreground (text, symbols, or images) and background (contrast ratio of at least 4.5:1)?
    - Is it compatible with assistive technologies?
    - Is a keyboard available for interaction instead of a mouse?

- Does it contain any seizure or physically triggering automations such as flashing or animations with motion?
- To test a website for accessibility, W3C has created a list of evaluation tools.

- **By telephone**: All clinics should also allow for appointment scheduling by phone (allowing the patient or their caregiver to directly call the clinic for an appointment). Additionally, ensure access to a teletypewriter (TTY). A TTY is a communication device used by people who are deaf, hard-of-hearing, or have severe speech impairment. People who don't have a TTY can communicate with a TTY user through a message relay center (MRC). An MRC has TTY operators available to send and interpret TTY messages.[31]
- **In person**: For those who cannot or choose not to use technology for appointment scheduling, allow for in-person appointment scheduling or, if supply and staffing allow, vaccinate the person at that moment instead of having them return at a later date.

If vaccine supply and staffing allow, provide vaccines to unscheduled or drop-in clients at clinic sites.

Additionally, it is optimal to allow for many different types of identification for appointments and drop-in verification. Identification through driver's licenses is widely used, but using this exclusively can exclude many communities, including people in the elderly population and those who cannot drive for physical or religious reasons, to name a few.

Technology

Digital access and literacy are among the biggest tech equity considerations.[32] Montana ranks lower than the national average with regard to the percentage of its population with internet availability. In fact, 34% of Montana residents are considered underserved with minimal service options available.[33]

Rural, racial and ethnic minorities, people living on tribal lands, older adults, and people with lower levels of education and income are less likely to have broadband internet at home.[34] In turn, research supports that less internet connectivity often equates to higher rates of health problems.[35]

*Individuals using a laptop [Photograph]. https://ageingbetter.resourcespace.com/pages/search.php?search=age,%20positive,%20image,%20library,%20@@338&order_*

To address tech equity in health, communities need to actively engage diverse groups in the design and implementation of digital solutions. Health departments and hospitals can increase patient training on new technologies and develop workflows that better allow clinical teams to engage with diverse patients through these digital health tools. For example, the use of mobile technology, or text messages, can provide information and an access point for patients to connect with health care providers.[32]

Special Populations

To ensure vaccination equity, it is important to consider all types of populations, especially those that have historically not been considered during the planning phase of vaccinations and/or may have more difficulty in participating if accommodations are not available. While laws have been put in place and good work is being conducted to achieve equity, it still has not been attained. Many of these systems were not built to accommodate all people,[36] especially those considered to be vulnerable. The populations highlighted in this section include those with disabilities, who

have chemical sensitivities, are neurodiverse, are homebound, are experiencing homelessness, and are incarcerated.

Disability Considerations

Over one quarter of adults in the U.S. have a functional disability.[37] A functional disability is something that affects a person's ability to carry out activities of daily living (ADLs).[38] These disabilities can include difficulties with mobility, cognition, independent living, hearing, vision, and self-care. **It is important to remember that not all disabilities are visible and no one should make assumptions about a person's abilities.**

In Montana, 26.2% of adults age 18 and older report having a disability (to include disabilities in cognition, hearing, mobility, vision, self care, and independent living).[7] Broken down by race, 42.3% of those who identify as non-Hispanic AI/AN in Montana report having a disability, which is nearly double the overall statewide rate.[7]

Access to vaccinations for people with a disability should be a priority at all vaccine distribution sites, since those with disabilities are more likely to have other health issues and experience more barriers to accessing care overall.[37]

The ADA is one of the foundational legal documents establishing requirements for accommodations. It protects those with disabilities from discrimination in public places such as employment, education, and transportation.[36] Below are some general recommendations to keep in mind when planning and implementing a clinic, but it is not an exhaustive list. For detailed guidance on legal protocols under the ADA, please visit the ADA website.

All staff involved in a vaccine clinic should practice **Disability Etiquette** when communicating and interacting with a person who has a disability.[39] While this may be intuitive to some, others may need to re-learn habits in order to create an inclusive and open environment for all. General disability etiquette tips include:[40]

- Ask before you help
- Be sensitive about physical contact
- Think before you speak
- Don't make assumptions
- Respond graciously to requests

Additionally, people who have disabilities may be more likely to have experienced trauma in a health care setting. To avoid further traumatizing people or triggering those who have experienced trauma, staff should integrate trauma-informed care (TIC) practices when interacting with individuals[41] Examples include:

- Shifting from "what is wrong with you" to "what happened to you"
- Realizing the widespread impact of trauma and understanding paths for recovery

Center for Health Care Strategies, Inc. has created a quick fact sheet on TIC.

Additional information on creating trauma-informed systems is available at the National Child Traumatic Stress Network.

The following are disability-specific recommendations to help integrate accessible and respectful practices into clinic workflows. Specific disabilities covered in this section include: blind and low vision, deaf and hard of hearing, speech disabilities, and those using mobility devices. These suggestions are sourced from both the United Spinal Association[40] and the October 2022 Project ALIVE training: *Using a Trauma-Informed Framework for Mitigating Disability Bias.*[41]

1. **Blind and low vision**

Those who are blind or have low vision know how to navigate spaces and are competent to do so unassisted in many situations. However, it is necessary and appropriate to be prepared to offer assistance and to assist when requested.[40] The following are some suggestions:

- Identify yourself and others when entering the room and inform the person when leaving the room.
- Offer a tour of the facility to the person and assist with navigation, if asked.
- Offer arm if asked to be guided; do not take their arm without asking.
- If the patient has a dog, walk on the side the dog is not on.
- Describe the setting and any obstacles that are in their path.
- Narrate events as they happen.
- Keep walkways free of obstructions and keep doors consistent (all the way open or completely closed).
- Use a clock as a reference for navigation.
- If asked, read information and assist with completing paperwork.
- Make sure websites can use a screen reader.
- Make sure that visuals and directions are in appropriate fonts and colors to meet ADA standards.

2. **Deaf and hard of hearing**

There are an array of communication styles utilized by people who are deaf and hard of hearing. These patients will most likely notify staff which mode of communication works best for them. It is important for the staff to be open to and prepared to use alternative communication methods.[40]

Individual communicating using American Sign Language [Photograph]. https://disabilityin.org/resource/disability-stock-photography/

In Montana, one primary resource for finding American Sign Language (ASL) interpreters is the Montana Registry of Interpreters for the Deaf. Additionally, the following are tips on how to ensure necessary accommodations[40,41]:

- Do not assume all people who are deaf and hard of hearing use sign language or read lips.
- Ask the person for their preferred communication modes.
- Face the patient when speaking to them and do not block your lips.
- If the person uses an ASL interpreter, speak directly to the person, not to the interpreter.
- Remember that ASL is its own language and not a way to translate English.
- Do not yell, over-enunciate, or chew gum.
- Use a customary tone unless otherwise requested.
- Speak slowly and clearly.
- Gently tap on the person's shoulder or wave to get their attention.
- Move into a quiet space to communicate if the person is experiencing difficulties communicating.

3. Speech disabilities

Speech disabilities can make it difficult for patients to communicate and may affect staff's ability to understand the patient. The following are ways to approach this issue[40,41]:

- Ask the patient how they prefer to communicate.
- If the patient has brought an aide, talk to the patient directly and not to the aide.
- Allow time to respond.
- Move to a quiet space, if needed.
- Give the patient your full attention.
- Do not try to finish patients' sentences.
- If you do not understand, do not just nod; ask them to repeat themselves.

4. People with mobility devices

People with mobility devices have a diverse range of abilities and challenges, so be sure to ask if they want help and for specific instructions if they accept help. It is important to respect their boundaries and consider their mobility device part of their personal space. The examples below are additional ways to provide accessible care to this population[40,41]:

- Keep ramps accessible (no objects in the way).
- Offer to reach items if out of reach.
- To converse, position yourself to permit eye contact (pull up a chair or stand back a few steps).
- Give extra space.
- Walk at the person's pace.
- Make seating available.
- Do not take their device or position it beyond their reach.

Please note that this is not a complete list. There are many more disabilities that should be accounted for when planning for vaccine clinics. Be sure to remain mindful and respectful to those who need accommodations. For more information on Disability Etiquette and providing accommodating care, use the United Spinal Association's Disability Etiquette Guide.

Populations with Chemical Sensitivities

Certain people are particularly sensitive to chemicals, fragrances/odors, substances, and certain cleaning products. Since they cannot tolerate exposure to chemicals as well as others, they may avoid places where these sensitivities may occur. For example, such a person may not be able to seek care at a clinic that frequently uses disinfectants to clean exam rooms or does not enforce no-smoking regulations. The major population groups affected by chemical sensitivities are pregnant and nursing women, children, and older adults.[42]

Simple ways to decrease exposure to these sensitivities include:

- Avoid cleaning surfaces/windows with spray just prior to or during a vaccine clinic. If necessary, opt for cleaners that are not aerosols.
- Avoid the use of fragrance in the service location and prohibit use by staff (cologne, hand lotion, room fragrance).
- Establish or maintain good ventilation or indoor air quality.
- Follow and enforce no-smoking regulations.

Populations That Are Neurodiverse

It is not uncommon for children to experience anxiety around receiving vaccinations. However, children and adults with autism or other neurodiversity or overstimulation issues may be particularly overwhelmed not only by the invasive procedure but also by the noises, lights, and activity often found at a vaccination site.

Health care clinics around the nation are recognizing the significant barriers that neurodiversity, anxiety, and overstimulation can create with regard to receiving vaccines. In this regard, the aim should be to prioritize quality over quantity, focusing on an inclusive and supportive experience as opposed to rapid vaccine administration.

Neurodiverse vaccination clinic [Photograph]. https://www.richmond-news.com/local-news/richmond-vaccination-clinic-tailored-for-neurodiverse-children-5056909

Using that mindset to encourage more equitable access, the following alterations and interventions can be used[40,41]:

- Incorporate longer appointment times and enough trained staff to be able to maintain flow of the clinic even with potentially lengthier patient contact times.
- Be clear and concise when speaking. Be prepared to repeat or rephrase yourself. Keep in mind that eye contact may be distracting.
- Ensure private settings, such as a clinic room with a door.
- Be open to switching to alternate forms of communication or settings if the environment is noisy or distracting.
- If possible, space clinic rooms out so that noise does not travel between rooms.
- Maintain less noise, bright lights, and other stimulation in the waiting room and in the clinic room.

Child receiving immunization using Buzzy [Photograph]. https://paincarelabs.com/

- Provide quiet toys, art materials, and other age-appropriate distractions in the waiting room.
- Consider the use of trained therapy animals on site for calming/distraction both before and during vaccination.
- Allow for stimming.
- Invest in a non-medication pain-relief tool, such as a Buzzy, to use on site.
- Allow vaccination of all interested members escorting a child or older adult.

People Who Are Homebound

People who are homebound include those who need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their medical provider believes that their health or illness could get worse if they leave their home, and they typically do not leave their home.[43] This population "is a high-need, high-cost, vulnerable group. They are more likely … to be from a minority racial or ethnicity group, unmarried and without a partner, and have low educational attainment and low income. People who are homebound and frail older adults who face serious inequity in access to traditional ambulatory primary care are mostly invisible to health systems."[44]

Those who are homebound face significant barriers to vaccination and would benefit from in-home administration if possible. It is important to remember, however, that all vaccinators must receive training to effectively and safely provide the vaccine off-site. Additionally, for homebound persons who might be at increased risk for anaphylaxis following vaccination (e.g., persons with a history of anaphylaxis due to any cause), consider whether they can be vaccinated in a setting where medical care is immediately available if they experience anaphylaxis following vaccination.

For more information on administering vaccines to people who are homebound, the CDC has published excellent vaccine storage and handling considerations here.

Interventions that LHDs can take to vaccinate people who are homebound include:

- Work with jurisdictional partners to organize mobile vaccination services for people in rural communities and people who are homebound while ensuring cold chain maintenance and limiting vaccine wastage.
- Consider establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines.
- Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile health care screenings.

Individual receiving an immunization at home [Photograph]. https://www.commonwealthcarealliance.org/living-well-at-home/mass-covid-19-homebound-vaccination-program-sign-up/

People Experiencing Homelessness

People experiencing homelessness are more likely to have health issues, especially communicable diseases that are vaccine preventable. Whether living in shelters, on the street, or couch-surfing, people experiencing homelessness exhibit high rates of disease and disability, reduced access to treatment, and poorer prognoses relative to their housed counterparts.[45] Indeed, in people who are homeless, the social determinants of homelessness and health inequities are often intertwined, and long-term homelessness further exacerbates poor health.[46]

In Montana in 2020, there were 1,545 people homeless on a given night, with a rate of 14.5 homeless per 10,000 people in the general population. Between 2007–2020, Montana's total homeless population increased by 34%.[8]

Reaching this population for vaccinations can be challenging. People who are homeless often lack information on vaccination, they may consider vaccination a low priority, they may not have the means to travel to a vaccination clinic, and they may be reluctant to trust (and so be unwilling to actively present to) clinics.[47]

A recent systematic review[47] found the following strategies to be most successful in reaching and vaccinating this population:

- Delivering vaccinations at convenient locations
- Using accelerated vaccination schedules (if available)
- Vaccinating at the first appointment, regardless of whether a person's vaccination history or serological status is known (if clinically safe)
- Operating for a longer duration

- Offering training to staff about working with people who are homeless
- Widely promoting clinics
- Considering education, reminders, incentives, and co-interventions
- Ensuring no out-of-pocket costs
- Working collaboratively with stakeholders, including people who are homeless themselves

Convenient locations to offer an outreach clinic might include a homeless shelter, food bank, library, or other central community site. Mobile clinics are also excellent avenues to travel to homeless encampments or other areas where unhoused persons might congregate. It could also be beneficial to consider incentives for vaccination such as food, gift cards, clothing, or other necessary supplies.

Finally, and perhaps most importantly, focus on building trust. Partner with members of communities such as community health outreach workers to build trust and provide consistent messaging with regard to vaccines. At a systems level, work to decrease medical stigma against homelessness through health care education and training programs.

Individuals Who Are Incarcerated

The term *incarcerated* is a nonspecific term referring to a person confined to a jail, prison, or other institution. *In custody* refers to a person physically detained in or en route to a jail or prison. *Inmate* refers to a person confined in prison, jail, or other correctional facility.[48]

According to Haber et al.[48] "the Eighth Amendment to the US Constitution, included in the Bill of Rights in 1791, prohibits cruel and unusual punishment. However, only in the last 43 years has this amendment guaranteed a prisoner's right to health care. Eighth Amendment protections extend to incarcerated patients under the care of clinicians regardless of whether or not the clinicians work in a correctional facility" (p. 1562). Individuals who are incarcerated are entitled to receive the same patient education, recommendations, care, and follow-up as any other individual coming to the clinic would. Furthermore, clinic staff should ensure inmates receive medical care without bias to incarcerated status, including privacy and confidentiality.

If an inmate arrives at an in-house clinic, POD, or outreach clinic, ensure ample space for the inmate and their guard/escort to remain together before, during, and after the vaccination. If appropriate, consider organizing an outreach clinic at a prison or jail. If vaccine supply and staffing allow, offer to vaccinate staff members at the same time.

Language & Literacy

English as a Second Language (ESL)

According to a Healthy People 2023 summary: "Literacy has multiple components, including oral literacy (listening and speaking skills), print literacy (writing and reading skills), numeracy (the ability to understand and work with numbers), and cultural and conceptual knowledge. Research indicates that limited language skills and low literacy skills are associated with lower educational attainment and worse health outcomes."[49] Health care professionals, leaders, and medical educators have a moral imperative to address these persistent linguistic inequities (caused in part by communication barriers) by developing effective systems for medical interpretation, shifting the organizational culture, and educating health professionals.[50]

Montana's literacy rate (91.2%) is higher than the national average of 88%.[9] English is the most common language spoken at home in the United States, with 78% of the U.S. population speaking only English.[10] In Montana, 3.9% of the population speaks a language other than English at home, with Spanish and other Indo-European languages being the most common non-English languages.[10]

Trained interpreters and bilingual health care providers improve patient satisfaction, quality of care, and health outcomes for individuals with limited English proficiency.[49] Within your LHD, examine institutional barriers impacting language and literacy. When possible, invest in hiring interpreters and culturally competent health care providers.

When planning and advertising clinics, partner with community-based organizations to hold an outreach clinic or POD in an area where those who speak English as a second language might gather to access resources. Consult with CBOs on oral and printed advertising efforts in areas where ESL is high.

At the clinic site, ensure written vaccine information is available in languages spoken in the community being vaccinated and that interpreters, including ASL interpreters, are available at the time of vaccination. If interpreters are not available, consider the use of smart phone translation apps. Additionally, remember that Vaccine Information Statements (VISs) are required by law. Give the appropriate VIS to the patient (or parent or legal representative) prior to every dose of specific vaccines. The Immunization Action Coalition has VIS statements available in multiple languages for download here.
Finally, be aware that undocumented persons might be reluctant to visit an outreach clinic. Clinic directors and managers should ensure staff are trained on how they will inform these clients that they will be provided medical countermeasures without regard to their legal status.

Health Literacy

Health literacy is the degree to which individuals and organizations find, understand, and use health-related information or services.[49] Health literacy can be further broken down into both personal health literacy and organizational health literacy. *Personal health literacy* is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. *Organizational health literacy* is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.[49]

Health literacy can play a significant role in vaccine hesitancy, furthering inequitable vaccine uptake by certain groups. Among the major determinants of vaccine hesitancy, an ability to understand (i.e., language and health literacy) can influence vaccine uptake. Low health literacy skills may also affect communication: to address vaccine hesitancy, the use of internet and social media is often recommended but limited by the difficulties in attracting vaccine-hesitant individuals, by the multiple conflicting information online, and by the exclusion of individuals without internet access or with low literacy levels.[51]

To examine and address health literacy in your LHD, a good place to start is the National Action Plan to Improve Health Literacy. Specific interventions that can be taken regarding vaccine clinics are found in the Quick Resource Guide at the end of this toolkit, as well as here:

- Use clear signage in and directions to health care facilities that have been tested with patients.
- Use plain language health information available in commonly spoken languages that has been tested with your target audience for cultural sensitivity and reading level, so that people can understand the first time they read it.
- Use simple forms that are easy to complete.
- Offer assistance with completing forms.
- Ensure vaccinators provide verbal patient education on the vaccine, especially potential side effects and any follow-up recommendations.
- Assume that everyone may have difficulty understanding. Even highly educated people may have difficulty, especially if they are sick, scared, or tired.

- Use jargon-free, everyday language, speaking slowly and using short sentences.
- Supplement instruction with materials that aid learning, such as videos, models, and pictures.
- Acknowledge that visual materials (graphics without text) might be the only materials some individuals can understand, and create materials accordingly.
- Encourage questions by creating the expectation that patients will have questions.
- Limit information to what patients need to know, emphasizing and repeating the most important points.

Cultural Considerations

Partnerships with local community leaders and influencers bring incredible value and opportunity to communities facing cultural inequities. According to a report from the National Network of Public Health Institutes (NNPHI):[52]

> *"Humans are social by nature and tend to align with others who they perceive have similar beliefs and values. Hence,* **leading outreach with outsider medical experts who are representative of government and health institutions that communities already do not trust can sow even more doubt.** *Current community leaders, whether teachers, local health care professionals, Native clan elders, etc., are the best messengers to help shape and deliver vaccine information.* **We recommend public health institutions collaborate with community leaders to develop appropriate outreach resources, messages and support.***"*

The Agency for Healthcare Research and Quality (AHRQ) has published a Health Literacy Universal Precautions Toolkit that, among other things, includes a section on considering culture, customs, and beliefs in patient care. This section of the toolkit can be accessed here.
Although three categories are presented here, overall takeaways from this toolkit should stress:

- Learn from patients, themselves, by respectfully asking about their health beliefs and customs.
- Avoid stereotyping based on religious or cultural background.
- Educate clinicians and staff about cultural awareness using high-quality resources.
- Use interpreters as cultural brokers.
- Lean on community organizations,such as religious institutions and cultural organizations, to provide appropriate information and support.

General strategies for improving the patient-provider interaction and increasing cultural awareness are here. Please note that some of these strategies are already woven throughout this toolkit, meaning that they address several features towards vaccine equity.[53]

1. Provide interpreter services.
2. Recruit and retain minority staff.
3. Provide training to increase cultural awareness, knowledge, and skills.
4. Coordinate with traditional healers.
5. Use community health workers.
6. Incorporate culture-specific attitudes and values into health promotion tools.
7. Include family and community members in health care decision-making.
8. Locate clinics in geographic areas that are easily accessible for certain populations.
9. Expand hours of operation.
10. Provide linguistic competency that extends beyond the clinical encounter to the appointment desk, advice lines, medical billing, and other written materials.

All of these suggestions and considerations can be used to lay the groundwork for advancing vaccination access to a wide variety of culturally diverse communities. Three specific culturally diverse communities in Montana — Native American, other populations of color, and religious groups — are listed below for additional insight and guidance on increasing vaccine distribution.

Native American Populations

Native American communities face disproportionate barriers to accessing health care, including vaccinations. However, recent COVID-19 vaccination data has revealed that Native American groups have consistently had the highest rates of vaccination since the COVID-19 vaccine was introduced in the U.S. in early 2021.[54] In addition to allowing Native American communities to control their own vaccine distribution, community leaders also ascribe this success to traditional ethnic values, including respect for elders, "community first" philosophies, and a willingness to trust science—so long as it's presented by community members themselves.[54]

Additionally, Native communities are moved by seeing the human impact of how many loved ones COVID-19 has taken away.[52] The most effective messages for Native communities should focus on the protection of family and elders in the community. "We" ahead of "me" campaign language is influential and best delivered by elders. Finally, messages need to acknowledge and support communities' right to choose the vaccine, allowing for inquiry and self-determination. Caregivers and Native elders who hold trusted positions in their communities, like athletic coaches, cultural organization leaders, and teachers, are also strong messengers for reaching communities and Native youth.[52]

Other Populations of Color

Similar to Native American communities, other populations of color have experienced a disproportionately high burden of COVID-19 cases, hospitalizations, and death. In comparison to Native American populations, however, rates of COVID-19 vaccine uptake among Black and Latinx communities have continued to lag behind that of Whites.[55]

According to the CDC,[56] "racism, both structural and interpersonal, are fundamental causes of health inequities, health disparities and disease. The impact of these inequities on the health of Americans is severe, far-reaching, and unacceptable." Confronting systemic racism and structural inequality in medicine, government, and beyond is paramount to increasing vaccine acceptance within communities of color.[55] Additionally, it is important to note that racism *is* trauma and should be treated as such in any comprehensive trauma-informed care framework.[57]

The literature supports three strategies to promote equity in vaccine uptake among people of color: (a) addressing mistrust, (b) combating misinformation, and (c) improving access to vaccines. The following are steps and interventions a LHD can take to help advance access to vaccination programs for other populations of color[55]:

- Identify any vaccine hesitancy.
- Understand any cultural or historic reasons why there is hesitancy.
- Help educate and promote a vaccine coming from trusted and known voices.
- Partner with community-based organizations and local leaders to develop appropriate outreach resources, messages, and support.
- The settings of vaccination sites should be convenient and trusted, such as churches, barbershops, and community sites.
- Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.

- Train staff in providing TIC:
  - Key Ingredients for TIC is a quick fact sheet on TIC and might be an easy place to start.
  - The National Child Traumatic Stress Network has excellent information on trauma-informed care and creating trauma-informed systems.

Religious Groups: Hutterite and Amish Communities[58]

Montana is home to several Amish and Hutterite Colonies. There is no explicit religious or other cultural reason for Hutterite or Amish community members not to vaccinate. In fact, many children and adults do routinely choose to be vaccinated. Inequities in vaccination of Hutterite or Amish communities may stem from language barriers, distance from a clinic, or cultural considerations.

Many LHDs have likely worked with Hutterite and Amish communities before. Identify which programs have established relationships with the different colonies. Some examples of programs that might already have these relationships established include WIC, Immunizations, and Cancer Screening.

Many colonies are visited daily by a teacher from the public school system. These people may have good relationships with colony leadership (including the German teacher) and may be able to offer specific information about how to best approach the colony.

Additionally, if local farmers, ranchers, or others have relationships with people in the colony, it may be appropriate to see if they can assist with facilitating an initial conversation to understand the best way to approach colony leadership.

Have a trusted, initial, informal conversation

Consider where there is the most trust between the health department and a colony member, and begin there informally. For example, if WIC staff have long-established ties to women of the colony, consider asking them to speak with someone trusted to determine things like:

1. Which person in colony leadership should be approached about conducting a vaccine clinic for the colony?
2. What concerns might there be related to vaccines?
3. What other recommendations does the trusted person have for approaching colony leadership?

Respect their positions

- When the official conversation is held with the suggested leadership about providing vaccines, be sure to use basic Motivational Interviewing techniques to negotiate without conflict, confrontation, or authority.
- If the colony leaders are not comfortable conducting a vaccination clinic, then that should be respected. Ask if you can provide written information about the vaccines. Answer their questions. Let them know that if they change their mind over time, that they are welcome to call you back. Ask them if it would be okay for you to call them back after some time has passed to see if they have additional questions or concerns.
- Continue trust building and collaboration. Even if they do not want to participate in vaccine clinics, they may be interested in other services that your health department can offer. Let them know about your other services and/or ask them if there are ways to improve the way you deliver existing services.
- Finally, ensure you have the right contacts, names, and titles for the people you are working with.

It may work best for leadership to determine a schedule for people to get vaccinated. Work together to let them know how many people you can vaccinate in a certain time period and let them determine the best way to schedule different groups of people. (Most colonies do not use the internet and have limited phone use.)

Ask directly about health privacy concerns. Let them know that if people want to keep their vaccination status private, you must respect those peoples' privacy.

- Are there alternative locations they would like to provide vaccines?
- Are there transportation restrictions or barriers?
- What other barriers do leadership think they might encounter?

Quick Reference Guides for In-House Clinics, PODs, & Off-Site Clinics

Equity Considerations for In-House Clinics

Physical Space		Implementation Resources
Clinic Location	• Assess the proximity of the clinic to population centers and public transit routes/stops. • Are there adequate sidewalks, lighting, stair rails, and curb ramps? • If personal or public transportation is not available or lacking in a community, develop plans to increase accessible public transportation, through local community-based organizations, for individuals to travel to and from vaccination sites. • Does the clinic neighborhood feel safe? After dark, are there functioning street lights and lighted paths to get into the clinic?	-FEMA checklist of Civil Rights considerations for vaccination equity
Building Accessibility	• Are the doorways into the clinic (and into any private clinic rooms) wide enough for a wheelchair? • Ensure accessibility to all three areas needed to safely receive a vaccine (pre-vaccination area, vaccination area, and post-vaccination waiting area).	-Use the ADA Checklist to assess the clinic's compliance with Americans with Disabilities Act (ADA) standards.
Hours of Operation	• Ensure appointments for vaccinations are offered outside of a traditional M–F 9a–5p schedule. For example: evening and weekend hours on a weekly or (at minimum) monthly basis. • Increase evening and weekend offerings during traditionally busy times: August (before the start of the school year), and September/October/November for annual influenza vaccines.	
Clinic Access		**Implementation Resources**
Transportation	• Assess the proximity of the clinic to population centers and public transit routes/stops. • Is there a way to set up transportation for a specific group of people? What are the options for those with disabilities or carpool options for members of a community traveling together? • If personal or public transportation is not available or lacking in a community, develop plans to increase accessible public transportation, through local community-based organizations, for individuals to travel to and from vaccination sites.	-FEMA checklist of Civil Rights considerations for vaccination equity -DOT Transportation Equity
Appointment Scheduling	• Ensure appointment times are offered outside of a traditional M–F 9a–5p schedule (evenings, weekends). • Offer both scheduled clinic appointments AND consistent walk-in clinic hours. • Offer multiple avenues to schedule an appointment, including phone, online/website, and in-person.	-Test your website for accessibility using the W3C list of evaluation tools.

Technology	• Offer phone numbers (call centers) accessible for people to call and schedule vaccination appointments if they do not have internet access or are not able to navigate online vaccination appointment systems. • Engage diverse groups in the design and implementation of digital solutions that are appropriate for a community's needs. • Find and support community-based organizations to assist people with the appointment process. For example, have staff available at libraries or community centers that can assist older adults with making online appointments if they are not able to do this independently. • Use mobile technology, or text messages, to provide information and as a way for patients to schedule appointments or to connect with health care providers.	

Special Populations		**Implementation Resources**

Disability	• Use the ADA Checklist to assess the clinic's compliance with ADA standards.
	• Plan for accommodations that might be needed for the person receiving vaccination, including:
	  ▫ Special hours for people who need extra assistance
	  ▫ Extra time before and after the appointment
	  ▫ Ample space for those using assistive devices
	  ▫ Enough space for caregivers to also be present in the room
	• Provide information in a variety of accessible formats (e.g., American Sign Language, multiple languages, braille, large font, low literacy, materials with pictures or visual cues).
	• Allow vaccination of all interested members escorting a child or older adult.
		-Complete ADA checklist
		
		-CDC guide on vaccinating older adults and people with disabilities
		
		-CDC information on materials for people with intellectual and developmental disabilities and care providers
		
		-Resource for Disability Etiquette
		
		-Key Ingredients for TIC is a quick fact sheet on TIC.
		
		-The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Populations With Chemical Sensitivities	• Avoid cleaning surfaces/windows with spray while providing vaccines. If necessary, opt for cleaners that are not aerosols. • Avoid use of fragrance in service location and use by staff (cologne, hand lotion, room fragrance). • Establish or maintain good ventilation or indoor air quality. • Follow and enforce no-smoking regulations.	
Populations That Are Neurodiverse	• Incorporate longer appointment times and enough trained staff to be able to maintain flow of the clinic even with potentially lengthier patient contact times. • Ensure private settings, such as a clinic room with a door. • Space clinic rooms out so that noise does not travel between rooms. • Maintain less noise, bright lights, and other stimulation in the waiting room and in the clinic room. • Provide quiet toys and other age-appropriate distractions in the waiting room. • Use trained therapy animals on site for calming/distraction both before and during vaccination. • Invest in a non-medication pain-relief tool such as a Buzzy. • Allow vaccination of all interested members escorting a child or older adult.	-Children's Hospital of Philadelphia (CHOP) suggestions on environmental/ clinic modifications -Additional resources to help children with neurodiversity receiving painful interventions -Buzzy pain relief tool
People Who Are Homebound	• People who are homebound would benefit from in-home vaccine administration. • All in-home vaccinators need to receive training to effectively and safely provide the vaccine off-site. • For those who are at increased risk for anaphylaxis following vaccination, consider whether they can be vaccinated in a setting where medical care is immediately available. • Organize mobile vaccination services for people who are homebound while ensuring cold chain maintenance and limiting vaccine wastage. • Consider establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines. • Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile health care screenings.	-CDC vaccine storage and handling considerations -Vaccine strike teams
People Experiencing Homelessness	• Mobile health units are, perhaps, the best option to reach this population. • If mobile health units are not possible, convenient locations to offer an outreach clinic might include a homeless shelter, food bank, library, or other central community site. • Focus on building trust. Partner with members of communities such as community health outreach workers to build trust and provide consistent messaging with regard to vaccines. • Provide incentives for vaccination such as food, gift cards, clothing, or other necessary supplies. • At a systems level, work to decrease medical stigma against homelessness. • Use accelerated vaccination schedules (if available). • Vaccinate at the first appointment, regardless of whether a person's vaccination history or serological status is known (if clinically safe).	

Individuals Who Are Incarcerated	• Ensure inmates receive medical care without bias to incarcerated status. Individuals who are incarcerated should receive the same patient education, recommendations, care, and follow-up as any other individual coming to the clinic would. • Provide ample space for the inmate and their guard/escort to remain together before, during, and after the vaccination. • Ensure privacy. • After assessment of an inmate's vaccination record, offer to administer any other recommended vaccines at that appointment, even if they were not included in the original appointment.	

Language & Literacy		**Implementation Resources**
English as a Second Language	• Examine institutional barriers such as a lack of well-trained interpreters and culturally competent health care providers. Invest in hiring interpreters and culturally competent health care providers. • Ensure written vaccine information is available in languages spoken in the community being vaccinated. • Vaccine Information Statements (VISs) are required by law. Give the appropriate VIS to the patient (or parent or legal representative) prior to every dose of specific vaccines. • Ensure that interpreters, including American Sign Language interpreters, are available at the time of vaccination if needed or requested. • Use smart phone translation apps. • Undocumented persons might be reluctant to visit a POD. POD Directors/Managers should address the POD staff, particularly Greeters and Support staff, on how they will inform these clients that they will be provided medical countermeasures without regard to their legal status.	-The Immunization Action Coalition has VIS statements available in multiple languages for download. -For help finding ASL interpreters, try Montana Registry of Interpreters for the Deaf. -Great Falls Interpreting Services is also a helpful resource for finding ASL interpreters. -For language translation services: • Language Line • Montana Language Services

Health Literacy	• Use clear signage in and directions to health care facilities that have been tested with patients. • Use plain language health information available in commonly spoken languages that has been tested with your target audience for cultural sensitivity and reading level, so that people can understand the first time they read it. • Use simple forms that are easy to complete. • Offer assistance with completing forms. • Ensure vaccinators provide verbal patient education on the vaccine, especially potential side effects and any follow-up recommendations. • Assume that everyone may have difficulty understanding. Even highly educated people may have difficulty, especially if they are sick, scared, or tired. • Use jargon-free, everyday language, speaking slowly and using short sentences. • Supplement instruction with materials that aid learning, such as videos, models, and pictures. • Acknowledge that visual materials (graphics without text) might be the only materials some individuals can understand, and create materials accordingly. • Encourage questions by creating the expectation that patients will have questions. • Limit information to what patients need to know, emphasizing and repeating the most important points.	-National Action Plan to Improve Health Literacy

Cultural Considerations		Implementation Resources

Native Americans	• Partner with community-based organizations and local leaders to develop appropriate outreach resources, messages and support.
	  ▫ Identify any vaccine hesitancy.
	  ▫ Understand any cultural or historic reasons why there is hesitancy.
	  ▫ Help educate and promote a vaccine coming from trusted and known voices.
	• Avoid stereotyping based on cultural background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure you know how their values may impact their care.
	• Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.
		-Agency for Healthcare Research and Quality (AHRQ)'s Health Literacy Universal Precautions Toolkit
		
		-Key Ingredients for TIC is a quick fact sheet on TIC.
		
		-The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Other Populations of Color	• Partner with community-based organizations and local leaders to develop appropriate outreach resources, messages, and support.
	  ▫ Identify any vaccine hesitancy.
	  ▫ Understand any cultural or historic reasons why there is hesitancy.
	  ▫ Help educate and promote a vaccine coming from trusted and known voices.
	• The settings of vaccination sites should be convenient and trusted, such as churches, barbershops, and community sites.
	• Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.
	• Train staff in providing trauma-informed care (TIC).
		-Key Ingredients for TIC is a quick fact sheet on TIC.
		
		-The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Religious Groups	• Ask patients about their health beliefs and customs, and note their responses in their medical records. • Community organizations such as religious institutions and cultural organizations can often provide information and support to help make your practice more "culture-friendly." • Avoid stereotyping based on religious background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure you know how their values may impact their care. • Understand that religious faith and spiritual beliefs may affect health care–seeking behavior and people's willingness to accept specific treatments or behavior changes. • Remember that eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others. • Recognize that some religious beliefs may prohibit the use of certain components in a vaccine or prohibit a vaccine based on how it was researched/produced. • Respect that some members of religious communities may travel together for health care and other services; be prepared to offer vaccines to any and all interested members that travel with the person whom the appointment is for.	Essential Understanding of Montana Hutterites (OPI) Montana Public Health Institute has ideas and information on outreach to Hutterite and Amish communities within their MTPHI Vaccine Equity Tools (click on "Hutterite & Amish Population Outreach").

Equity Considerations for Points of Distribution (PODs)

Physical Space		Implementation Resources
Clinic Location	• Assess the proximity of the clinic to population centers and public transit routes/stops. • Are there adequate sidewalks, lighting, stair rails, and curb ramps? • If personal or public transportation is not available or lacking in a community, develop plans to increase accessible public transportation, through local community-based organizations, for individuals to travel to and from vaccination sites. • Does the POD neighborhood feel safe? After dark, are there functioning street lights and lighted paths to get into the POD? • Is the location of the POD safely accessible for all persons in need? (culturally accepted, neutral area, no military sites or armed checkpoints to cross)	-FEMA checklist of Civil Rights considerations for vaccination equity
POD Accessibility	• Some PODs are set up as a drive-thru vaccination site. If that is the case, is there an inside option for people who cannot or do not drive? • If held inside, does the inside POD area provide waiting areas accessible for persons with mobility restrictions? • If held outside, does the outside POD area provide a waiting area accessible for persons with mobility restrictions (resting spots, protection against rain/sun)? Ensure access to water and toilet facilities if possible. • Use the ADA Checklist to assess the POD's compliance with Americans with Disabilities Act (ADA) standards. • Are the doorways into the POD (and into any private areas) wide enough for a wheelchair? • Ensure accessibility to all three areas needed to safely receive a vaccine (pre-vaccination area, vaccination area, and post-vaccination waiting area).	Use the ADA Checklist to assess the clinic's compliance with Americans with Disabilities Act (ADA) standards.
Hours of Operation	• Offer appointments outside of a traditional M–F 9a–5p schedule. For example: evening and weekend hours. • Rotate location of PODs to allow a variety of sites within a community.	
Clinic Access		**Implementation Resources**
Transportation	• Assess the proximity of the POD to population centers and public transit routes/stops. • Is there a way to set up transportation for a specific group of people? What are the options for those with disabilities or carpool options for members of a community traveling together? • If personal or public transportation is not available or lacking in a community, develop plans to increase accessible public transportation, through local community-based organizations, for individuals to travel to and from vaccination sites.	-FEMA checklist of Civil Rights considerations for vaccination equity -DOT Transportation Equity

Appointments	• Ensure appointment times are offered outside of a traditional M–F 9a–5p schedule (evenings, weekends). • Offer both scheduled appointments AND walk-in (no appointment necessary) options. • Offer multiple avenues to schedule an appointment, including phone, online/website, and in-person.	-Test your website for accessibility using the W3C list of evaluation tools.
Technology	• Offer phone numbers (call centers) accessible for people to call and schedule vaccination appointments if they do not have internet access or are not able to navigate online vaccination appointment systems. • Actively engage diverse groups in the design and implementation of digital solutions that are appropriate for a community's needs. • Find and support community-based organizations to assist people with the appointment process. For example, have staff available at libraries or community centers that can assist older adults with making online appointments if they are not able to do this independently. • Use mobile technology, or text messages, to provide information and as a way for patients to schedule appointments or to connect with health care providers.	Various grants and funding opportunities might be available to assist rural residents' broadband infrastructure.
Special Populations		**Implementation Resources**
Disability	• Plan for accommodations that might be needed for the person receiving vaccination, including: ▫ Shorter lines for people who need extra assistance ▫ Extra time before and after the appointment ▫ Ample space for those using assistive devices ▫ Enough space for caregivers to also be present with patient • Provide information in a variety of accessible formats (e.g., American Sign Language, multiple languages, braille, large font, low literacy, materials with pictures or visual cues). • Allow vaccination of all interested members escorting a child or older adult.	-Complete ADA checklist -CDC guide on vaccinating older adults and people with disabilities -CDC information on materials for people with intellectual and developmental disabilities and care providers -Resource for Disability Etiquette -Key Ingredients for TIC is a quick fact sheet on TIC. -The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Populations With Chemical Sensitivities	• Avoid cleaning surfaces/windows with spray while providing vaccines. If necessary, opt for cleaners that are not aerosols. • Avoid use of fragrance in service location and use by staff (cologne, hand lotion, room fragrance). • Establish or maintain good ventilation or indoor air quality. • Follow and enforce no-smoking regulations.	
Populations That Are Neurodiverse	• Incorporate longer appointment times and enough trained staff to be able to maintain flow of the POD even with potentially lengthier patient contact times. • Ensure private settings, such as a room with a door or portable curtains/privacy screens. • Provide a separate, quiet area (away from crowded areas) to decrease noise before, during, and after vaccination. • Maintain less noise, bright lights, and other stimulation in the waiting area and quiet room/area. • Provide quiet toys and other age-appropriate distractions in the waiting area. • Consider the use of trained therapy animals on site for calming/distraction both before and during vaccination. • Invest in a non-medication pain-relief tool such as a Buzzy. • Allow vaccination of all interested members escorting a child or older adult.	-Children's Hospital of Philadelphia (CHOP) suggestions on environmental / clinic modifications: -Additional resources to help children with neurodiversity receiving painful interventions -Buzzy pain relief tool
People Who Are Homebound	• People who are homebound would benefit from in-home vaccine administration. • All in-home vaccinators need to receive training to effectively and safely provide the vaccine off-site. • For those who are at increased risk for anaphylaxis following vaccination, consider whether they can be vaccinated in a setting where medical care is immediately available. • Organize mobile vaccination services for people who are homebound while ensuring cold chain maintenance and limiting vaccine wastage. • Consider establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines. • Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile health care screenings.	-CDC vaccine storage and handling considerations -Vaccine strike teams
People Experiencing Homelessness	• Mobile health units are, perhaps, the best option to reach this population. • If mobile health units are not possible, look into hosting clinics at a homeless shelter, food bank, library, or other central community site. • Focus on building trust. Partner with members of communities such as community health outreach workers to build trust and provide consistent messaging with regard to vaccines. • Provide incentives for vaccination such as food, gift cards, clothing, or other necessary supplies. • At a systems level, work to decrease medical stigma against homelessness. • Use accelerated vaccination schedules (if available). • Vaccinate at the first appointment, regardless of whether a person's vaccination history or serological status is known (if clinically safe).	

Individuals Who Are Incarcerated	• Ensure inmates receive medical care without bias to incarcerated status. Individuals who are incarcerated should receive the same patient education, recommendations, care, and follow-up as any other individual coming to the clinic would. • Provide ample space for the inmate and their guard/escort to remain together before, during, and after the vaccination. • Ensure privacy. • If appropriate, consider organizing a POD at a prison or jail. Allow for vaccinating staff members at the same time.	
Language & Literacy		**Implementation Resources**
English as a Second Language	• Ensure written vaccine information is available in languages spoken in the community being vaccinated and that interpreters, including American Sign Language interpreters, are available at the time of vaccination. • Examine institutional barriers such as a lack of well-trained interpreters and culturally competent health care providers. When possible, invest in hiring interpreters and culturally competent health care providers. • Vaccine Information Statements (VISs) are required by law. Give the appropriate VIS to the patient (or parent or legal representative) prior to every dose of specific vaccines. • Ensure that interpreters, including American Sign Language interpreters, are available at the time of vaccination if needed or requested. • Use smart phone translation apps. • Partner with a community-based organization to hold a POD in an area where those who speak English as a second language might gather access resources. • Undocumented persons might be reluctant to visit a POD. POD Directors/Managers should address the POD staff, particularly Greeters and Support staff, on how they will inform these clients that they will be provided medical countermeasures without regard to their legal status.	-The Immunization Action Coalition has VIS statements available in multiple languages for download. -For help finding ASL interpreters, try Montana Registry of Interpreters for the Deaf. -Great Falls Interpreting Services is also a helpful resource for finding ASL interpreters. -For language translation services: • Language Line • Montana Language Services

Health Literacy	• Use clear signage in and directions to PODs that have been tested with patients. • Use plain language health information available in commonly spoken languages that has been tested with your target audience for cultural sensitivity and reading level, so that people can understand the first time they read it. • Use simple forms that are easy to complete. • Offer assistance with completing forms. • Ensure vaccinators provide verbal patient education on the vaccine, especially potential side effects and any follow-up recommendations. • Assume that everyone may have difficulty understanding. Even highly educated people may have difficulty, especially if they are sick, scared, or tired. • Use jargon-free, everyday language, speaking slowly and using short sentences. • Supplement instruction with materials that aid learning, such as videos, models, and pictures. • Acknowledge that visual materials (graphics without text) might be the only materials some individuals can understand, and create materials accordingly. • Encourage questions by creating the expectation that patients will have questions. • Limit information to what patients need to know, emphasizing and repeating the most important points.	National Action Plan to Improve Health Literacy
Cultural Considerations		**Implementation Resources**

Native Americans	• Partner with community-based organizations and local leaders to develop appropriate outreach resources, messages, and support.
	  ▫ Identify any vaccine hesitancy.
	  ▫ Understand any cultural or historic reasons why there is hesitancy.
	  ▫ Help educate and promote a vaccine coming from trusted and known voices.
	• Avoid stereotyping based on cultural background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure you know how their values may impact their care.
	• Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.
		-Agency for Healthcare Research and Quality (AHRQ)'s Health Literacy Universal Precautions Toolkit
		-Key Ingredients for TIC is a quick fact sheet on TIC.
		
		-The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Other Populations of Color	• Partner with community-based organizations and local leaders to develop appropriate outreach resources, messages, and support.
	  ▫ Identify any vaccine hesitancy.
	  ▫ Understand any cultural or historic reasons why there is hesitancy.
	  ▫ Help educate and promote a vaccine coming from trusted and known voices.
	• The settings of vaccination sites should be convenient and trusted, such as churches, barbershops, and community sites.
	• Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.
	• Train staff in providing trauma-informed care (TIC).
		-Key Ingredients for TIC is a quick fact sheet on TIC.
		
		-The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Religious Groups	• Community organizations such as religious institutions and cultural organizations can often provide information and support to help make your POD more "culture-friendly." • Partner with these community organizations to identify if it is appropriate or reasonable to hold a POD at their place of worship. • Avoid stereotyping based on religious background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure you know how their values may impact their care. • Understand that religious faith and spiritual beliefs may affect health care–seeking behavior and people's willingness to accept specific treatments or behavior changes. • Remember that eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others. • Recognize that some religious beliefs may prohibit a vaccine based on the use of certain components within the vaccine or on how it was researched/produced. • Respect that some members of religious communities may travel together for health care and other services; be prepared to offer vaccines to any and all interested members that travel with the person whom the appointment is for.	Essential Understanding of Montana Hutterites (OPI) Montana Public Health Institute has ideas and information on outreach to Hutterite and Amish communities within their MTPHI Vaccine Equity Tools (click on "Hutterite & Amish Population Outreach").

Equity Considerations for Off-Site/Outreach Clinics

Physical Space		Implementation Resources
Clinic Location	• Collaborate with the specific population in the community being served by the outreach site; identify community "vaccine champions" to assist with outreach and planning. • Site selection should be informed by input from health departments, emergency management agencies, and community leaders and constituents. • Temporary mobile pop-up vaccination clinics can be operated in indoor or outdoor settings to help reach isolated or rural communities. • Are there adequate sidewalks, lighting, stair rails, and curb ramps? • Is the location of the off-site clinic safely accessible for all persons in need? (culturally accepted, neutral area, no military sites or armed checkpoints to cross)	-FEMA checklist of Civil Rights considerations for vaccination equity
Site Accessibility	• If held inside, does the site provide waiting areas accessible for persons with mobility restrictions? • If held outside, does the site provide a waiting area accessible for persons with mobility restrictions (resting spots, protection against rain/sun)? Ensure access to water and toilet facilities if possible. • Are the doorways into the clinic (and into any private areas) wide enough for a wheelchair? • Ensure accessibility to all three areas needed to safely receive a vaccine (pre-vaccination area, vaccination area, and post-vaccination waiting area). • Provide materials in braille, using closed-caption TV, and with large text and pictures or visual cues to convey information about vaccines and vaccination clinics.	Use the ADA Checklist to assess the clinic's compliance with Americans with Disabilities Act (ADA) standards.
Hours of Operation	• If providing vaccines at an off-site business, ensure appointment times both during normal business hours and before/after normal business hours. • If providing vaccines at a school, ensure appointment times both during normal school hours (for staff) and before/after normal school hours (for students/families). • Consider increasing off-site offerings during traditionally busy times: August (before the start of the school year), and September/October/November for annual influenza vaccines.	
Clinic Access		**Implementation Resources**
Transportation	• Assess the proximity of the site to population centers and public transit routes/stops. • If a mobile clinic is being used, consider parking it next to or near these areas. • Is there a way to set up transportation for a specific group of people? What are the options for those with disabilities or carpool options for members of a community traveling together? • If personal or public transportation is not available or lacking in a community, develop plans to increase accessible public transportation, through local community-based organizations, for individuals to travel to and from vaccination sites.	-FEMA checklist of Civil Rights considerations for vaccination equity -DOT Transportation Equity

Appointments	• As above, ensure appointment times are offered outside of a traditional M–F 9a–5p schedule (evenings, weekends). • Offer both scheduled appointments AND walk-in (no appointment necessary) options. • Offer multiple avenues to schedule an appointment, including phone, online/website, and in-person.	-Test your website for accessibility using the W3C list of evaluation tools.
Technology	• Offer phone numbers (call centers) accessible for people to call and schedule vaccination appointments if they do not have internet access or are not able to navigate online vaccination appointment systems. • Actively engage diverse groups in the design and implementation of digital solutions that are appropriate for a community's needs. • Find and support community-based organizations to assist people with the appointment process. For example, have staff available at libraries or community centers that can assist older adults with making online appointments if they are not able to do this independently. • Use mobile technology, or text messages, to provide information and as a way for patients to schedule appointments or to connect with health care providers.	Various grants and funding opportunities might be available to assist rural residents' broadband infrastructure.
Special Populations		**Implementation Resources**
Disability	• Use off-site and outreach locations in the community that are more convenient for older adults and people with disabilities. Examples include: ▫ Senior centers and community centers ▫ Adult day services centers ▫ Senior nutrition program locations ▫ Group homes ▫ Tribal or cultural centers ▫ Independent living facilities for older adults ▫ Centers for independent living ▫ Residential care facilities ▫ Other board and care homes or other locations where seniors or people with disabilities may live or seek services • Use the ADA Checklist to assess the clinic's compliance with Americans with Disabilities Act (ADA) standards. • Plan for accommodations that might be needed for the person receiving vaccination, including: ▫ Special hours for people who need extra assistance ▫ Extra time before and after the appointment ▫ Ample space for those using assistive devices ▫ Enough space for caregivers to also be present in the room • Provide information in a variety of accessible formats (e.g., American Sign Language, multiple languages, braille, large font, low literacy, materials with pictures or visual cues). • Allow vaccination of all interested members escorting a child or older adult.	-Complete ADA checklist -CDC guide on vaccinating older adults and people with disabilities -CDC information on materials for people with intellectual and developmental disabilities and care providers -Resource for Disability Etiquette -Key Ingredients for TIC is a quick fact sheet on TIC. -The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Populations With Chemical Sensitivities	• Avoid cleaning surfaces/windows with spray while providing vaccines. If necessary, opt for cleaners that are not aerosols. • Avoid use of fragrance in service location and use by staff (cologne, hand lotion, room fragrance). • Establish or maintain good ventilation or indoor air quality. • Follow and enforce no-smoking regulations.	
Populations That Are Neurodiverse	• Incorporate longer appointment times and enough trained staff to be able to maintain flow of the clinic even with potentially lengthier patient contact times. • Ensure private settings, such as a room with a door or portable curtains/privacy screens. • Provide a separate, quiet area (away from crowded areas) to decrease noise before, during, and after vaccination. • Maintain less noise, bright lights, and other stimulation in the waiting area and quiet room/area. • Provide quiet toys and other age-appropriate distractions in the waiting area. • Use trained therapy animals on site for calming/distraction both before and during vaccination. • Invest in a non-medication pain relief tool such as a Buzzy. • Allow vaccination of all interested members escorting a child or older adult.	-Children's Hospital of Philadelphia (CHOP) suggestions on environmental/clinic modifications -Additional resources to help children with neurodiversity receiving painful interventions -Buzzy pain relief tool
People Who Are Homebound	• People who are homebound would benefit from in-home vaccine administration. • All in-home vaccinators need to receive training to effectively and safely provide the vaccine off-site. • For those who are at increased risk for anaphylaxis following vaccination, consider whether they can be vaccinated in a setting where medical care is immediately available. • Organize mobile vaccination services for people who are homebound while ensuring cold chain maintenance and limiting vaccine wastage. • Consider establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines. • Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile health care screenings.	-CDC vaccine storage and handling considerations -Vaccine strike teams
People Experiencing Homelessness	• Mobile health units are, perhaps, the best option to reach this population. • If mobile health units are not possible, convenient locations to offer an outreach clinic might include a homeless shelter, food bank, library, or other central community site. • Focus on building trust. Partner with members of communities such as community health outreach workers to build trust and provide consistent messaging with regard to vaccines. • Provide incentives for vaccination such as food, gift cards, clothing, or other necessary supplies. • At a systems level, work to decrease medical stigma against homelessness. • Use accelerated vaccination schedules (if available). • Vaccinate at the first appointment, regardless of whether a person's vaccination history or serological status is known (if clinically safe).	

Individuals Who Are Incarcerated	• Ensure inmates receive medical care without bias to incarcerated status. Individuals who are incarcerated should receive the same patient education, recommendations, care, and follow-up as any other individual coming to the clinic would. • Provide ample space for the inmate and their guard/escort to remain together before, during, and after the vaccination. • Ensure privacy. • If appropriate, consider organizing an outreach clinic at a prison or jail. Allow for vaccinating staff members at the same time.	
Language & Literacy		**Implementation Resources**
English as a Second Language	• Ensure written vaccine information is available in languages spoken in the community being vaccinated and that interpreters, including American Sign Language interpreters, are available at the time of vaccination. • Examine institutional barriers such as a lack of well-trained interpreters and culturally competent health care providers. When possible, invest in hiring interpreters and culturally competent health care providers. • Vaccine Information Statements (VISs) are required by law. Give the appropriate VIS to the patient (or parent or legal representative) prior to every dose of specific vaccines. • Ensure that interpreters, including American Sign Language interpreters, are available at the time of vaccination if needed or requested. • Use smart phone translation apps. • Partner with a community-based organization to hold an outreach clinic in an area where those who speak English as a second language might gather access resources. • Undocumented persons might be reluctant to visit an outreach clinic. Clinic Directors/Managers should ensure staff are trained on how they will inform these clients that they will be provided medical countermeasures without regard to their legal status.	-The Immunization Action Coalition has VIS statements available in multiple languages for download. -For help finding ASL interpreters, try Montana Registry of Interpreters for the Deaf. -Great Falls Interpreting Services is also a helpful resource for finding ASL interpreters. -For language translation services: • Language Line • Montana Language Services

Health Literacy	• Use clear signage in and directions to health care facilities that have been tested with patients. • Use plain language health information available in commonly spoken languages that has been tested with your target audience for cultural sensitivity and reading level, so that people can understand the first time they read it. • Use simple forms that are easy to complete. • Offer assistance with completing forms. • Ensure vaccinators provide verbal patient education on the vaccine, especially potential side effects and any follow-up recommendations. • Assume that everyone may have difficulty understanding. Even highly educated people may have difficulty, especially if they are sick, scared, or tired. • Use jargon-free, everyday language, speaking slowly and using short sentences. • Supplement instruction with materials that aid learning, such as videos, models, and pictures. • Acknowledge that visual materials (graphics without text) might be the only materials some individuals can understand, and create materials accordingly. • Encourage questions by creating the expectation that patients will have questions. • Limit information to what patients need to know, emphasizing and repeating the most important points.	National Action Plan to Improve Health Literacy
Cultural Considerations		**Implementation Resources**

Native Americans	• Partner with community-based organizations and local leaders to develop appropriate outreach resources, messages, and support.
	  ▫ Identify any vaccine hesitancy.
	  ▫ Understand any cultural or historic reasons why there is hesitancy.
	  ▫ Help educate and promote a vaccine coming from trusted and known voices.
	• Avoid stereotyping based on cultural background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure you know how their values may impact their care.
	• Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.
		-Agency for Healthcare Research and Quality (AHRQ)'s Health Literacy Universal Precautions Toolkit
		
		-Key Ingredients for TIC is a quick fact sheet on TIC.
		
		-The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Other Populations of Color	• Partner with community-based organizations and local leaders to develop appropriate outreach resources, messages, and support.
	  ▫ Identify any vaccine hesitancy.
	  ▫ Understand any cultural or historic reasons why there is hesitancy.
	  ▫ Help educate and promote a vaccine coming from trusted and known voices.
	• The settings of vaccination sites should be convenient and trusted, such as churches, barbershops, and community sites.
	• Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.
	• Train staff in providing trauma-informed care (TIC).
		-Key Ingredients for TIC is a quick fact sheet on TIC.
		
		-The National Child Traumatic Stress Network has excellent information on trauma-informed care and on creating trauma-informed systems.

Religious Groups	• Respectfully ask patients about their health beliefs and customs, and note their responses in their medical records. • Community organizations such as religious institutions and cultural organizations can often provide information and support to help make your practice more "culture-friendly." • Avoid stereotyping based on religious background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure you know how their values may impact their care. • Understand that religious faith and spiritual beliefs may affect health care–seeking behavior and people's willingness to accept specific treatments or behavior changes. • Remember that eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others. • Recognize that some religious beliefs may prohibit the use of certain components in a vaccine or prohibit a vaccine based on how it was researched/produced. • Respect that some members of religious communities may travel together for health care and other services; be prepared to offer vaccines to any and all interested members that travel with the person whom the appointment is for.	Essential Understanding of Montana Hutterites (OPI) Montana Public Health Institute has ideas and information on outreach to Hutterite and Amish communities within their MTPHI Vaccine Equity Tools (click on "Hutterite & Amish Population Outreach").

Implementation Resources

The web addresses of all linked implementation resources from the Quick Reference Guide are listed here for easy access.

Physical Space of the Clinic

- Clinic Location
  - Use the FEMA checklist of Civil Rights considerations for transportation equity: https://www.fema.gov/sites/default/files/documents/fema_civil-rights-covid-19_vaccine_checklist_02-11-2021.pdf
- Building Accessibility
  - Use the complete ADA checklist found here: https://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf

Clinic Access

- Transportation
  - Use the FEMA checklist of Civil Rights considerations for transportation equity: https://www.fema.gov/sites/default/files/documents/fema_civil-rights-covid-19_vaccine_checklist_02-11-2021.pdf
  - DOT transportation equity and governance: https://www.planning.dot.gov/planning/topic_transportationequity.aspx
- Appointments
  - Online: test your website for accessibility using the W3C list of evaluation tools found here: https://www.w3.org/WAI/ER/tools/
  - Telephone: ensure public access to a TTY for those who are deaf or hard of hearing
- Technology
  - Various grants and funding opportunities might be available to assist rural residents' broadband infrastructure. Check out ConnectMT at https://connectmt.mt.gov/

Special Populations

- Disability considerations
  - Use the complete ADA checklist found here: https://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf
  - A CDC guide on vaccinating older adults and people with disabilities can be found here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/older-adults-and-disability/access.html
  - Resource for Disability Etiquette are here: https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf
  - A quick fact sheet on TIC can be found here: https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Fact-Sheet-Key-Ingredients-for-TIC.pdf
  - Additional information on creating trauma-informed systems is available at the National Child Traumatic Stress Network at https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems

- Populations that are neurodiverse
  - Children's Hospital of Philadelphia (CHOP) suggestions on environmental/clinic modifications: https://www.chop.edu/clinical-pathway/supporting-children-challenging-behaviors-environmental-modifications
  - Additional resources to help children with neurodiversity receiving painful interventions: https://www.chop.edu/clinical-pathway/supporting-children-challenging-behaviors-provider-resources
  - Buzzy pain relief tool information is found here: https://paincarelabs.com/pages/buzzy
- People Who Are Homebound
  - Vaccinating Homebound Persons with COVID-19 Vaccine: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html
  - Deployment of Health Equity Strike Teams to Address COVID-19 Vaccine Disparities in Arkansas, 2021: https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306564

Language & Literacy

- English as a Second Language
  - The Immunization Action Coalition has VIS statements available in multiple languages for download : https://www.immunize.org/vis/
  - American Sign Language (ASL) interpreters
    - For help finding ASL interpreters, try Montana Registry of Interpreters for the Deaf: https://www.montanarid.org/
    - Great Falls Interpreting Services is also a helpful resource for finding ASL interpreters: https://gfinterpreting.com/
  - Language translation services
    - Language Line https://www.languageline.com/
    - Montana Language Services https://mtlanguageservices.com/

Health Literacy

- National Action Plan to Improve Health Literacy: https://health.gov/sites/default/files/2019-09/Health_Literacy_Action_Plan.pdf

Cultural Considerations

- Train staff on cultural awareness
  - Agency for Healthcare Research and Quality (AHRQ)'s Health Literacy Universal Precautions Toolkit can be accessed here: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2_tool10.pdf
- A quick fact sheet on TIC can be found here: https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Fact-Sheet-Key-Ingredients-for-TIC.pdf
- Additional information on creating trauma-informed systems is available at the National Child Traumatic Stress Network at https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems

Potential Implementation Funding

Putting ideas into action can cost money. To assist with implementing some of the ideas, tips, or resources found in this toolkit, the following list has been created for your information.

Please note that the following list is not exhaustive but is meant to provide ideas on connections for further conversations about funding opportunities.

Montana Healthcare Foundation (MHCF) can assist with grants and other specific funding opportunities. Reach out to them at https://mthcf.org/ to learn more.

Montana DPHHS Grants fund a variety of public health programming and infrastructure improvement. Often, these opportunities are put out for "bid" on the electronic Montana Acquisition and Contracting System (eMACS). You can register to apply for and keep up-to-date on various opportunities through the eMACS. More about the eMACS procurement portal is here https://spb.mt.gov/eMACS-Resources.

Headwaters Foundation *(only Western MT, specifically 15 counties and the Salish Kootenai Tribes)* funds projects that reduce health disparities in Western Montana with a focus on Native American health. More can be found at https://www.headwatersmt.org/.

Public Health Emergency Preparedness (PHEP) funds originate from the Centers for Disease Control and Prevention (CDC) and are disbursed to states to distribute to local public health departments across the nation. "Preparedness activities funded by the PHEP cooperative agreement specifically target the development of emergency-ready public health departments that are flexible and adaptable." Their website provides additional information about these funds at https://www.cdc.gov/cpr/readiness/phep/.

Federal Grants from a variety of sources such as the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), Office of Minority Health (OMH), and many others. Search for opportunities at https://www.grants.gov/ to find available opportunities.

Rural Health Information Hub is a resource where funding opportunities from the federal government, national public health institutions, and state-based organizations are organized and consistently updated. You can find more information at https://www.ruralhealthinfo.org/funding.

Advancing Access to Montana Vaccination Programs Assessment Tool

The following tables are intended to help your health department consider both short term and long term actions you can take in order to advance access to vaccination program / immunization efforts. Depending on the type of clinic (POD, off-site, or in-house), review the considerations listed and take note of short term and long term actions that can help increase action. Think of short term actions as things your health department has the ability to implement right away and long term actions as items needing more time, resources, etc. in order to implement.

Refer to the Advancing Access to Montana Vaccination Programs Toolkit for detailed descriptions of important considerations, questions to consider, as well as implementation resources.

MONTANA
PUBLIC HEALTH INSTITUTE

In-House Clinics Considerations

Physical Space

- Clinic location
- Building accessibility
- Hours of operation

Short Term Action Items

Long Term Action Items

Clinic Access

- Transportation
- Appointment scheduling
- Technology

Short Term Action Items

Long Term Action Items

Special Populations

- Disability
- Populations with chemical sensitivities
- Populations that are neurodiverse
- People who are homebound
- People experiencing homelessness
- Individuals who are incarcerated

Short Term Action Items

Long Term Action Items

Language & Literacy

- English as a second language
- Health literacy

Short Term Action Items

Long Term Action Items

Cultural Considerations

- Native Americans
- Other populations of color
- Religious groups

Short Term Action Items

Long Term Action Items

PODs Considerations

Physical Space

- Clinic location
- POD accessibility
- Hours of operation

Short Term Action Items

Long Term Action Items

Clinic Access

- Transportation
- Appointment scheduling
- Technology

Short Term Action Items

Long Term Action Items

Special Populations

- Disability
- Populations with chemical sensitivities
- Populations that are neurodiverse
- People who are homebound
- People experiencing homelessness
- Individuals who are incarcerated

Short Term Action Items

Long Term Action Items

Language & Literacy

- English as a second language
- Health literacy

Short Term Action Items

Long Term Action Items

Cultural Considerations

- Native Americans
- Other populations of color
- Religious groups

Short Term Action Items

Long Term Action Items

Off-Site/Outreach Clinics Considerations

Physical Space

- Clinic location
- Site accessibility
- Hours of operation

Short Term Action Items

Long Term Action Items

Clinic Access

- Transportation
- Appointment scheduling
- Technology

Short Term Action Items

Long Term Action Items

Special Populations

- Disability
- Populations with chemical sensitivities
- Populations that are neurodiverse
- People who are homebound
- People experiencing homelessness
- Individuals who are incarcerated

Short Term Action Items

Long Term Action Items

Language & Literacy

- English as a second language
- Health literacy

Short Term Action Items

Long Term Action Items

Cultural Considerations

- Native Americans
- Other populations of color
- Religious groups

Short Term Action Items

Long Term Action Items

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