Students Promoting Health Advocacy
S·PHASEC
Synchronized Engagement with Communities for Crisis Response

https://www.s-phasec.org/

hello@s-phasec.org

**Community-Centered Strategies for Expanding Vaccine Access Among At-Risk Populations in Connecticut**

In February 2021, Connecticut health officials released a memo prioritizing increased vaccine outreach for communities with the highest social vulnerability indexes (SVI), a Centers for Disease Control and Prevention (CDC) metric reflecting the community-level burden of disasters such as the COVID-19 pandemic. Yet in the same month, Connecticut Governor Ned Lamont announced an unexpected age-based vaccine rollout that contrasts federal and CDC guidance and faces criticism for its deprioritization of health equity. As of March 25, 2021, over 1.1 million first doses of the COVID-19 vaccine have been administered to 38% of Connecticut residents aged sixteen and older, placing the state at sixth nationwide for relative vaccine distribution. Despite this seeming lead in overall vaccine distribution, Connecticut has a 65% difference in vaccination rates between its least and most wealthy communities, leading the nation's ten states with the largest wealth gaps.

One contributing factor to the vaccine "gap" is the socioeconomic digital divide. The Pew Research Center reports that among individuals making less than $30,000, 18% lack consistent internet access and 29% lack smartphone access. In stark contrast, these rates fall to 2% and 5%, respectively, for people making over $75,000. Since Connecticut's main registration pathways require phone or Internet access, barriers to technological access affect vaccine registration as well. Furthermore, Connecticut guidelines for vaccine registration explicitly state insurance and identification as optional, but do not explicitly state whether a permanent address or phone number are necessary for registration. Although the Connecticut Department of Public Health has pledged resources to improve vaccine access for vulnerable populations, as of March 27, 2021, a parallel pledge has not been made for the state's updated age-based eligibility guidelines. Thus, community members who are uninsured, undocumented or have uncertain migratory status, or who are currently unhoused or experiencing homelessness, could face additional barriers to vaccine access that would only further compound the disproportionate social and health burdens of the COVID-19 pandemic.

Given Connecticut's inequities in vaccine allocation coupled with its barriers to vaccine registration, we pinpoint below roadblocks to each of the five major steps in vaccine registration in Connecticut and present a platform of community-centered solutions to overcome them while prioritizing equitable access.

Sincerely,

S-PHASEC

## Table of Contents

**Preface**

In Connecticut, individuals registering for a COVID-19 vaccine typically go through five steps:

1. Understanding when to register;
2. Deciding to register when eligible;
3. Understanding and accessing a registration platform;
4. Successfully completing the registration process; and
5. Successfully providing required proofs at a vaccine appointment.

Each step has particular barriers that could deter or prevent individuals from successfully registering for and receiving a COVID-19 vaccine. Recent scholars argue that effective approaches for dismantling barriers to health equity may arise from community-based approaches rather than institutional-based strategies. Such strategies, which emphasize trust, participatory efforts, and a respectful understanding of a community's values and practices, have been proposed as effective strategies for promoting COVID-19 vaccine confidence, and may dismantle barriers to COVID-19 vaccine registration as well.

**Step 1: Understanding when to register**

Before registering, individuals will first need to understand when they are eligible for the vaccine. Previously, Connecticut had prepared for a risk-based vaccine rollout, which followed the recommended model from the Federal Advisory Committee on Immunization Practices (ACIP) to prioritize essential workers and people with high-risk underlying health conditions. On February 22nd, 2021, in an unexpected reversal, Governor Lamont announced an age-based rollout that would supposedly decrease confusion on unclear eligibility guidelines, but has since been criticized by public health experts for its deprioritization of health equity. Most recently, in late March, Governor Lamont announced a rollout acceleration that made all residents over sixteen eligible for vaccination starting April 5th, and then accelerated the rollout to April 1st just ten days after the first March announcement.

Barriers:

- Governmental agencies and news outlets have been relying heavily on digital infrastructure to distribute information on COVID-19 vaccine eligibility and registration.
    - This contributes to underserved communities experiencing a digital divide as they may take longer to be fully aware of the rapid alterations to the eligibility timeline.
    - A Kaiser Family Foundation report from February 2021 found that "majorities of Black women and men who have not been vaccinated say they do not have

enough information about...when people like them will be able to get vaccinated (62% and 70%) and how their state is deciding priority groups (57% and 50%)."

- According to Tekisha Dwan Everette, member of Governor Lamont's COVID-19 Advisory Task Force and Executive Director of Health Equity Solutions, "People are traveling outside their own geographic region to get a vaccine in another place," meaning that vaccine allocation alone may not suffice in achieving equity in distribution.
    - We are seeing this in other states as well: Washington Heights in New York City is a predominantly Latino neighborhood and saw overwhelming numbers of white individuals book and show up to available vaccine appointments.
    - This site relied heavily on technology for the registration process and eligibility screening, which did not accommodate almost 40% of Washington Heights residents that "have limited english proficiency."

Connecticut's Response:

- On February 10th, 2021, Governor Lamont and Connecticut Acting Public Health Commissioner Dr. Deidre Gifford stated that communities with high SVI indexes will be prioritized in vaccine supply and pharmacy vaccination sites.
    - Other initiatives include expanding the Vaccine CT Assist Line hours to a 12-hour span, increasing bilingual community outreach specialists with existing community ties as vaccine ambassadors, and expanding the state's existing "Train the Trainer" program to encompass community-based COVID-19 outreach.
    - As of March 1st, the state's official goal is to allocate 25% of vaccines to high SVI neighborhoods; as of March 11th, 2021, they are allocating around 20%.

- On March 26th, 2021, the Connecticut Department of Public Health announced their new memorandum of agreement with Access Health CT to increase vaccine outreach in communities with high SVI indexes.
    - The agreement will focus on door-to-door canvassing, mobile and pop-up clinics, and virtual educational "vaccine house parties," run in collaboration with local civic and public health leaders.
    - Coupling both vaccine supply with vaccine outreach can help that local community members are aware of their eligibility and receiving their allocated vaccines.

Proposed Community-Centered Solutions

1. Create a database of community-based volunteer initiatives and build permanent partnerships with trusted local partners (eg. community leaders, grassroots advocacy organizations, health care sites, academic institutions).

- Organize partnerships between community organizations and leaders to create toolkits targeted towards specific groups of underserved individuals.
    - For example, at Yale University, the Students Promoting Health Advocacy and Synchronized Engagement with Communities (S-PHASEC) currently works to serve local communities through advocacy, community-academic partnership, and innovation.
    - This organization works with other community organizations to create materials that target specific subsets of Connecticut's underserved populations and adapts infographics with respect to language and target demographics. At Connecticut Community Health Centers, for example, more than 40% are best served in a language other than English.
    - Heightened synchronization with the state's academic institutions can be an effective way of utilizing a workforce more closely connected with their local communities and neighborhoods.

2. Create a state-level team specifically committed to engaging in education and informational outreach on the ground.
    - Pennsylvania is working with the Federal Emergency Management Agency (FEMA) and the city of Philadelphia to prepare and respond to vaccine inequity through a response headed by FEMA Region 3.
        - This response involves a comprehensive media campaign utilizing radio, print, and television. These outlets are specifically selected with factors such as general audience size and reach to underserved communities.
        - In order to reach individuals lacking technology, FEMA Region 3 created a dedicated "Street Team" to have boots on the floor and engage with local businesses and individuals throughout the city's most underserved neighborhood.
        - This approach represents a collaborative grassroots effort alongside federal and state-level stakeholders to spread information via a mechanism that does not depend on technology. Such a team should include. appropriate individuals that can translate materials into other languages as needed to surpass cultural barriers.

3. Implement an analogue to North Carolina's successful community education program.
    - North Carolina's Department of Health and Human services (DHHS) currently works with NC Central University to allow information about vaccines to reach historically marginalized communities in a targeted fashion by utilizing a focused network of community leaders.

- North Carolina hired regional health equity teams using federal COVID funding to support community-based organizations in outreach and education efforts to address vaccine hesitancy and outline registration processes.
- The state also partnered with *Healthier Together* in a public-private partnership to create strategies that address equitable access to information, providing on-site translation services, and coordinating local vaccine events at accessible locations.
- As of March 25, 2021, North Carolina has ranked in the top 10 states nationally for equitable vaccine coverage; two-thirds of its vaccinations from December 2020 to March 2021 were from "highly" or "moderately" vulnerable communities.

**Step 2: Deciding to register when eligible**

People who are or will soon be eligible for the vaccine may still experience vaccine hesitancy and choose not to register. The impact of vaccine hesitancy is especially stark among migrant, immigrant, and unhoused populations who are already experiencing structural health inequities leading to disproportionate COVID-19 burden. Eligible individuals might mistrust the science behind vaccines or have misconceptions about potential negative effects that have been highlighted by the media. An additional reason why individuals may not register when eligible is tied to mistrust of the government and the information it supplies and collects.

Barriers:

- The history of medical abuse against patients of color and of lower socioeconomic status is closely intertwined with a history of health inequity. The effects of violated community trust in the healthcare system are still felt today.
- In September 2020, the COVID Collaborative found that "Black people had… highest levels of trust in their personal healthcare provider (72%) but [placed less in] Fauci (53%)...Trump (4%)... [and] the Food and Drug Administration (29%)."
- Undocumented or mixed-status families may be concerned about potential deportation if their personal information is shared with U.S. Immigration and Customs Enforcement.
    - Research shows that immigrant families are increasingly reluctant to access health programs/services for both themselves and their children.
    - These concerns exist despite the fact that vaccine registration information is considered protected health information by federal health privacy regulations. Also, as of March 2021, The Department of Homeland Security recognizes that by Presidential Executive Order 14,012, the 2019 federal rule for public charge is inadmissible and cannot be extended to "medical treatment or preventive services for COVID-19, including vaccines…."

- A Kaiser Family Foundation report from February 2021 found that "majorities of Black women and men who have not been vaccinated say they do not have enough information about the potential side effects of the COVID-19 vaccine (69% and 65%)...[and] the effectiveness of the vaccine (63% and 59%)...."
- The informational outreach gap likely also impacts families who live in underserved neighborhoods and/or primarily speak another language, which aligns with disparities in vaccine allocation.

Connecticut's Response

- The Connecticut Department of Public Health's website contains special information and resources for HUSKY Health members regarding insurance coverage and suspension of co-payments, applications for HUSKY Health coverage, and testing coverage eligibility, with respect to COVID-19.
- In February 2021, the "No Barriers" program was instituted in Stamford.
    - The program blocks off time to ensure vaccination of those who booked through community groups.
- Hartford Healthcare has been vaccinating homeless residents through a mobile COVID-19 vaccination clinic.
    - The health system works in tandem with the Federal Emergency Management Agency (FEMA) to up-scale the mobile vaccination program.
        - It expects to vaccinate around 3400 residents across Bridgeport, Connecticut with J&J vaccine by April 10th, 2021 and will travel to New Haven afterwards.
    - Governor Lamont has stated that this program will "help prevent the increasing COVID rate from getting out of hand."
    - The program serves to prevent some of the uneasiness surrounding registration for certain target population groups, but still partially relies on making appointments, which can turn away individuals who may not have a permanent address or valid form of identification.

Proposed Community-Centered Solutions

There are two general categories that individuals within underserved communities can be placed into. Considering Step 2, Category 1 includes eligible individuals that have the capabilities necessary to register for vaccines but may not choose vaccination for a host of personal reasons. Category 2 applies to individuals who either do not have the technological capability to register or who have a limited ability to travel to vaccination sites. These factors prevent Category 2 individuals from registering as the inability to physically travel to an appointment can serve as a deterrent for registration.

1. Address Category 1 individuals by utilizing evidence-based strategies to deliver information through partnerships and community engagement programs.
    - Through their "Equity Flattens the Curve" initiative, the American Psychological Association (APA) recommends a focus on the utilization of evidence-based strategies to smoothen the flow of communication between varying stakeholders.
        - On the state level, unifying the vehicles through which information is conveyed will minimize redundancy and allow resources to generate higher value.
        - Educational materials from Connecticut-based public vaccination campaigns should not only span multiple preferred languages, but also take particular care and conscientiousness in attuning their content and explanations to diverse cultural and lived experiences.
        - Transparency regarding assessments of vaccine safety and efficacy is essential and necessary to sustain proactive two-way communication.
2. Address individuals in Category 2 who are facing access and transportation issues by combining ongoing grassroots campaigns with mobile delivery to bring shots directly to individuals in need.
    - Get Out The Vaccine (GOTVax) in Massachusetts and New York is a strong grassroots model focused on delivering the vaccine to target populations.
        - GOTVax utilizes electoral strategies such as phone banking, connecting with leaders, and knocking on doors to explain information.
        - Focusing on leveraging existing infrastructure serves to create a broader, more systemic dissemination of vaccine information and doses.
    - The GOTVax model is an important success story because its impact is twofold: Education and vaccine delivery straight to the doorstep of the needy.
        - This chain of operations takes much of the technological and digital barriers out of the equation, and meets the needy where they are in their communities to dispel mistrust of the state and federal government.
        - According to Boston Housing Authority's Chief of Staff Lydia Agro, "many nervous, unsure residents start to come around after seeing their neighbors get the shot."
    - Connecticut should continue to be proactive in developing partnerships and expanding funding to promote the success of mobile delivery clinics.
        - State utilization of FEMA vaccine vans is a big first step, and should continue to be expanded upon.
        - New Mexico's mobile vaccination clinics have proven to be efficient and successful, as deployment in remote areas of the state has resulted in around 200 shots being distributed each trip.
            - Community leaders highlight these vehicles as a "critical resource for the rural community."

- Success of mobile vaccination clinics will depend on:
    - Strong partnerships with local community leaders, who are better equipped to connect and provide information that residents will trust.

3. Support expansion of community-driven coalitions that are motivated to drive vaccine equity with their own efforts
    - For example, the "Vaccinate Fair Haven" campaign walks door-to-door with the purpose of educating and registering age-eligible residents for vaccine appointments.
        - This group hopes to "advance the level of vaccinations in underserved communities," given that Fair Haven is "densely populated and predominantly low income with significant numbers of essential workers and undocumented people...of color."
            - Within one weekend-long effort alone, 110 new appointments were made alongside countless phone calls generating interest in vaccination.
            - As of March 15, 2021, over 90% of Fair Haven doors had already been knocked on.
        - In a short amount of time this community-organized effort reached a vast majority of Eastern New Haven. This success is a key reason why increased state support is needed to organize similar movements on a larger scale in other underserved areas of Connecticut.
        - Fair Haven organizations have previously submitted letters of request for federal Community Development Block Grant Program (CDBG) money to be distributed throughout the city.
            - Considering prioritization of homegrown community initiatives for allocation of federal Community Development Block Grant Program (CDBG) funding will promote the growth and success of similar campaigns in other low-income neighborhoods on a state-wide level.
    - The Yale Community Health Care Van (CHCV) operated through Yale School of Medicine is a mobile initiative that works to increase vaccine access in communities that have difficulty getting to mass vaccination sites or are fearful of mass vaccination sites but would still like the vaccine.
        - Nearly everyone vaccinated through this group is a person of color, demonstrating its effectiveness at achieving health equity given its scale of operation. Anecdotally, clients have expressed that CHCV made them feel much more at ease with getting vaccinated and that this pop-up mobile vaccination site allowed family members to be vaccinated when they otherwise would not have been.

- They have been able to vaccinate about 90 individuals during pilot runs at Una Iglesia para la Ciudad and Walk of Faith Church and plan to vaccinate another 100 people at Una Iglesia para la Ciudad this week along with more individuals at the Second Star of Jacob Christian Church in Fair Haven.
- Negotiating increased supply of vaccine doses and increased funding to hire personnel to this initiative as well as other mobile clinics is an urgent matter given this lack of resources serves as a key bottleneck in their ability to vaccinate vulnerable communities.

**Step 3: Understanding and accessing a registration platform**

In Connecticut, eligible individuals can register for vaccine appointments by accessing the CDC's online Vaccine Administration Management System (VAMS) portal, calling the state's COVID-19 vaccine appointment assist line (CT Assist Line), or scheduling directly with a vaccine site by phone.

Barriers

All pathways require one of two service combinations: (a) wireless data/WiFi, smart device, and an email (for the first pathway); or (b) phone minutes/service, phone device, and a phone number (for the latter two pathways).

- Lack of internet access or consistent connectivity raise a problem for eligible individuals who are considering registering for vaccines.
- People who work essential or multiple jobs and know only of the more popular pathways also may not have the schedule flexibility to hold on the phone or continually search the online VAMS portal for extended periods of time.
- Because the CT Assist Line is set up as an alternative solution for those who "lack the internet access [for VAMS]," individuals who also lack consistent phone service or access will also face barriers to registration. This may affect community members who are facing financial and/or housing insecurity.

Although news outlets widely publicize pathways like VAMS, the CT Assist Line, and large university hospital systems, options like scheduling with small clinic sites are not openly listed on Connecticut's COVID-19 website or typically covered by local media.

- A Kaiser Family Foundation report from January 2021 stated that "about six in ten Black (62%) and Hispanic (63%) adults say they do not have enough information about where to get a COVID-19 vaccine, compared to about half of white adults…."

Connecticut's Response

In early 2021, Connecticut Governor Ned Lamont and state health officials pushed for local leaders to increase outreach in communities that currently face a wealth and/or digital gap.

- Prior to Connecticut's switch to an age-based vaccine distribution:
    - Hartford HealthCare ran a mobile clinic for residents in underserved neighborhoods, an extension of their mobile COVID-19 testing clinic. The model effectively outreached to people who are experiencing homelessness.
    - Stamford Hospital and the City of Stamford created the No Barriers program, seeking to increase vaccine access in the minority and undocumented communities by actively not requiring identification. The program received public support from Governor Lamont.
    - United Way of Connecticut operates state 211 information system and runs a toll-free vaccine appointment assistance line

Governor Lamont has pushed for special vaccine programs for congregate living spaces, such as emergency housing shelters, halfway houses, and homeless shelters.

- Individuals who reside stably at shelters that partner directly with a clinic or vaccine site can thus more easily register for and receive the vaccine, according to the CDC.
- But, in Connecticut, people who are experiencing homelessness and are seeking emergency shelter must call Connecticut's 2-1-1 Hotline and file an application with a Coordinated Access Network (CAN) to find emergency shelter, a process that could take up to 20 days.
    - People with rapidly changing housing situations, or who may be integrated with a shelter after a one-time shelter-wide vaccination event are at greater risk of being left behind.
    - Ongoing and constant shelter/clinic collaborations will be critical to ensure that all persons experiencing homelessness, whether acute or chronic, have access.

Proposed Community-Centered Solutions

1. Provide more financial or staff support, through policy changes or executive orders, to interweave new state efforts with ongoing grassroots work.
    - For example, Connecticut has been utilizing funds from the Federal Pharmacy Partnership Program to increase vaccine allocation to private pharmacies like CVS, Walgreens, and Walmart, in high SVI neighborhoods.
        - Given that Governor Lamont has recently advocated for a similar quasi-public model between Access Health CT and the state's Department of Health, private pharmacy vaccination clinics could be more strongly

tied with community-based door-to-door campaigns for registering residents, and allotted protected vaccine appointments and doses.

- Additional community-based models for increasing registration outreach include:
    - Partnering with soup kitchens or libraries providing food/spatial resources.
    - Working with mobile clinics to canvas public spaces where community members experiencing homelessness may pass through.
- Ensure that public vaccination campaign efforts dedicate materials or capacity to informing on other access options, especially for people who lack access to certain technology.
    - Example access options include:
        - Visiting public libraries with available computers.
        - Temporarily borrowing/sharing the phone and number of a trusted relative, neighbor, or friend.
        - Finding the local contact person of a vaccination registration campaign.
- Promote vaccine eligibility and registration by means of public transportation
    - Display key information on the sides of public buses and other modalities of transit

2. Evaluate and improve the design of appointment-distribution platforms.
    - Increased consultation with on-the-ground leaders within communities facing access issues.
        - For example, the Washington, D.C., Health Department recently partnered with religious organizations to stage vaccine clinics on church grounds, as faith leaders are trusted voices within their communities.
        - Similar partnerships could be more strongly linked with Connecticut's Department of Public Health to stage clinics at churches and create additional points of simultaneous registration and access.
    - Providing multilingual, offline options for vaccine registration by ensuring that programs which field multiple modalities of appointment registrations are properly staffed with contingency plans that can accommodate excess calls or excess in-person appointment requests.
        - Setting aside an appropriate number of appointments for offline booking still provides eligible individuals lacking internet connection with the opportunity to register.
        - The COVID-19 Vaccination FAQ listed on the state website states that the VAMS system requires an email address and that other platforms most likely require the same.
            - This highlights the necessity to set aside offline registration opportunities as this is a piece of information that some people do not possess.

- Integrate health equity experts within state-level discussions surrounding the construction and maintenance of appointment registration systems
    - Consistent dialogue between state officials, equity experts, and community leaders is imperative in order to create quality web interfaces that have anticipated and built-in solutions to health equity challenges.

**Step 4: Successfully completing the registration process**

Currently, the online VAMS portal and CT Assist Line ask similar questions to collect identifying information for individuals registering for their first dose. As of March 27th, 2021, this includes:

- Personal information, such as name, date of birth, and gender;
- Permanent address;
- Contact information, such as phone number and email address; and
- Insurance information, if applicable.

Individual clinics typically collect all of the information listed above. Prior to Connecticut's switch to age-based vaccine rollout, however, vaccination sites such as mobile clinics appeared to have the option to leave one of these fields blank as they deemed fit for their client population.

- On Connecticut's COVID-19 FAQ page for the public, it is currently unclear whether collecting all of the above identifying information is required by Connecticut policy, or if clinics can continue to ask for a fraction of the information at their discretion.
- In contrast, the Connecticut COVID-19 FAQ page does explicitly state that insurance and picture identification, if not applicable to an individual, are not required to register for a vaccine appointment or receive the vaccine on-site.

Barriers

If completing all information fields is required to successfully schedule an appointment through VAMS or the CT Assist line:

- Community members of certain at-risk populations would be disproportionately barred from registering for a vaccine.
    - Requiring a permanent address impacts people who are experiencing homelessness transiently, and may have missed mass-registration events from a local housing shelter.
    - Requiring a phone number impacts people who lack device or service access, including people who are experiencing homelessness or who cannot pay for associated costs.

- As discussed in Step 2, community members who are undocumented may be hesitant to share their personal information or contact information out of concern for health data privacy and potential deportation, if their health information were shared with federal immigration agencies.

Furthermore, while providing insurance information is not required in Connecticut if not applicable (due to eg. uninsured or undocumented status), residents may be hesitant to register due to the concern of having to pay out-of-pocket costs.

- Beginning late April 2021, medical providers can seek reimbursement from the federal Health Resources and Services Administration's COVID-19 Uninsured Program to cover the costs of COVID-19 vaccines and vaccine administration for uninsured individuals, provided that they do not bill said patients.
    - This program parallels federal Health and Human Services Provider Relief Funds, from which medical providers can seek reimbursement for the costs of COVID-19 vaccination, such as doses and administration fees, that have not been covered or reimbursed from other sources (eg. Medicaid) that are obligated to apply for federal reimbursement.
- If the administering provider chooses not to seek federal reimbursement, uninsured patients may indeed acquire out-of-pocket costs for both the vaccine itself and for vaccine administration, and thus remain hesitant to register for a vaccine if there continues to be a lack of transparent billing guidelines set forth by all providers.
    - As described in an April 2021 Medline article, a New York resident stated that while they understand that vaccines are supposedly free, they are scared of being charged anyway.
        - The issue is compounded by the fact that people whose primary language is not English may not feel comfortable with asking questions without staff who are fluent in their language.

Proposed Community-Centered Solutions

1. Formally publish state guidelines on what personal information is required versus optional during vaccine registration, and whether clinics have the discretion to opt out of collecting particular information.
    - In particular, it should be highlighted that individuals who do not provide a permanent address or phone number can still register for a vaccine.
        - Contra Costa County's Health Services Director published a memo stating, "Please follow the guideline below and do not turn away the patient [from COVID-19 vaccination]..." due to the lack of government-issued identification or a Social Security number.
        - Similar language can be used for permanent addresses or phone numbers.

- If Connecticut wishes to require a permanent address or phone number, these requirements should be published explicitly, alongside suggested alternative forms for the information.
    - The same Contra Costa Health Services memo introduced explicit alternatives to various information collected by the county health department. For example, utilities bills or a letter from an employer sufficed as alternative forms of documentation.
        - Similar frameworks can be used in Connecticut with respect to permanent addresses or phone numbers. For example:
            - For people who do not have a permanent address or access to vaccine registration through a shelter, providing the address of a shelter, relative, or friend one has recently contacted should be clearly stated as sufficient.
            - For people who do not have a personal phone, providing the phone number of a shelter, caseworker at a local organization or health clinic, relative, or friend should be clearly stated as sufficient.
    - In tandem, public vaccination campaigns such as S-PHASEC can work alongside government agencies to disseminate materials that detail alternative forms of information, as tailored for particular at-risk populations (eg. undocumented, uninsured, or unhoused individuals) in their design service.
        - Materials can also list other pathways to vaccine registration, such as local clinics who are choosing not to collect particular information or are tailored for specific populations.
- If clinics will have leeway from the state to decide what information to collect, it is important for Connecticut to mandate that clinics must explicitly declare and/or publish their clinic-specific guidelines on required information.

2. Modify state health data protocols to disaggregate or de-identify all stored health data.
    - Although the Connecticut COVID-19 FAQ page states that "Personal identifying information...will be treated as confidential health care information and will not be shared with law enforcement or the federal government without a court order or similar legal compulsion," health privacy concerns may still remain.
    - Currently, the CDC has instructed states to sign "data use and sharing agreements," which require vaccination partners to "facilitate the transmission of jurisdictional vaccine administration data...to CDC…" for purposes that include "identifying pockets of undervaccination…[or] helping to understand the impact of COVID-19 on the healthcare system and communities."

        - Four organizations representing state health officials, including the Association of State and Territorial Health Officials, wrote a letter to CDC Director Dr. Robert R. Redfield that advocated for increased federal commitment to health privacy. They argued that "requiring states and local jurisdictions to share identified data with the federal government as a condition of getting vaccinated may further erode patients' willingness to get [the] COVID-19 vaccine."
        - The state of Minnesota has publicly committed to "shar[ing] de-identified vaccine data with the federal government (CDC) every day. This means that the data could not be traced back to a specific person." The Minnesota Department of Health also states explicitly that the state "does not share any information with Immigrations and Customs Enforcement (ICE)."
        - Similarly, Connecticut can commit to sharing de identified vaccine data with the CDC, which both contributes to the CDC's data-driven health and vaccine equity projects while fostering vaccine confidence in otherwise hesitant communities.
    - Even if Connecticut does not fully commit to data disaggregation or deidentification, providing explicit guidelines that do not mandate the provision of all personal information during vaccine registration allow individuals who lack an address or phone number to register successfully.
        - In addition, working with trusted local organizations to increase awareness of such guidelines, modeled off of grassroots vaccine outreach efforts discussed in Steps 1 and 2, is crucial to effectively and equitably expand public knowledge about vaccine access in all communities.

3. Explicitly commit to ensuring that in the state of Connecticut, vaccines must be free for all individuals, regardless of insurance status.
    - Currently, it is written on the Connecticut COVID-19 vaccine FAQ page that "Vaccines are administered free of charge in Connecticut. No one should be charged an out of pocket fee for receiving the vaccine."
        - Vaccination sites, however, may not necessarily follow these guidelines.
    - The state of Connecticut should release a memo to all vaccination sites, outlining the importance, if not the requirement, of partnering with the federal Health Resources and Services Administration's COVID-19 Uninsured Program to reimburse the costs of vaccinating uninsured individuals and and prevent out-of-pocket billing for uninsured patients receiving a COVID-19 vaccine.
        - The Commissioner for the New Jersey Department of Health released a memorandum in January 2021 stating that "Your PODs [point of dispensing] must vaccinate individuals regardless of whether they have health insurance coverage or what type of coverage they have. PODs are

prohibited from balance billing or otherwise charging vaccine recipients (no out-of-pocket costs)."
        - The same memorandum also states that providers "may bill insurance to recoup administration costs and/or may seek reimbursement from the Health Resources & Services Administration for uninsured vaccine recipients [hyperlinked: more information here]."
- Connecticut should also require all medical providers to publish or declare transparent billing guidelines for uninsured individuals, including whether they would be billed out-of-pocket, in order to decrease vaccine hesitation stemming from concerns over cost.
- Collaborations between state agencies and public vaccination campaigns (such as S-PHASEC) or local grassroots organizations are crucial in bridging state-level policy with public awareness that the vaccine is free for all.
    - For example, Massachusetts released formal, but text-heavy flyers highlighting that the COVID-19 vaccine is free.
        - Similar flyers that are redesigned to be more accessible in terms of basic and health literacy and explicitly state how the vaccine is free can be created by trusted local organizations in conjunction with the state. The flyers can be posted in public locations such as bus stops and bus exteriors, grocery stores, billboards, and libraries, and can also include locally attuned resources for further questions.

**Step 5: Successfully providing required proofs at a vaccine appointment**

According to the State of Connecticut's COVID-19 FAQ Page, individuals are asked to bring picture identification and insurance card to their appointment, but only "if applicable." Thus, those who do not bring identification or proof of insurance to their appointment will not be barred from receiving a dose.

- As of March 27th, 2021, the page explicitly states the following regarding identification:
    - "No person will be turned away based on their ability to show ID. While sharing your contact information may not be required to get a vaccine, staff at the vaccination site may ask individuals for an ID, but this only applies to people who have one. Individuals should bring an ID, if they have one, to verify the name and eligibility information they submitted to the vaccination appointment system… Individuals can still get the COVID-19 vaccine without... an ID."
- As of March 27th, 2021, the page explicitly states the following regarding insurance:
    - "Individuals should bring...their insurance information if they have insurance… Individuals can still get the COVID-19 vaccine without insurance…"

Barriers

Since the state is not mandating the provision of picture identification or insurance information at vaccine appointments, barriers will likely stem from local vaccination site staff who are potentially unwilling to vaccinate individuals who do not bring either.

- An April 2021 article published on Medscape discusses how medical providers may not understand that certain items, such as picture identification, insurance, and/or a Social Security number, are not required to receive a vaccine.
    - In Maryland, patients of color have been turned away from some CVS pharmacy locations due to their lack of picture identification or a Social Security number, even though they would have been welcomed at other CVS pharmacy sites.
    - Providers may also ask for additional verification or documentation beyond what is explicitly required by states, meaning that patients may be turned away on-site even though they would have qualified otherwise at another vaccination site.

Proposed Community-Based Strategies

1. Release an official memorandum to vaccination clinic sites explicitly stating how all individuals, regardless of whether they bring picture identification or insurance, must receive the vaccine on the day of their appointment.
    - The memo can be modeled off of that published by the Health Services Director of Contra Costa County.

2. Provide state-supported contingency plans describing what individuals can do, if they were to face pushback from medical providers on the day of their vaccine appointments.
    - The state should establish an anonymous phone line, online portal, and/or physical mailbox, to collect statements or complaints from residents who have witnessed or experienced potential infractions during their appointments.
        - The contact information should also be explicitly published on state webpages, including the Connecticut COVID-19 FAQ page.
    - The state should curate and post "Know Your Rights" style materials, which walk individuals through what to expect and what they can say during tricky situations.
        - For example, if questioned about lack of ID or insurance, individuals can state, "I did not bring it, but I believe it is not required to get my vaccine today." If they continue to face pushback, they can ask the clinic staff to visit the Connecticut COVID-19 FAQ Page for an explicit statement.
        - These materials can also be created and distributed in tandem with grassroots organizations or public vaccination campaigns like S-PHASEC. This allows for curation of culturally appropriate materials, as well as materials tailored for individuals in certain vulnerable populations.

## Key Takeaways

1. Connecticut currently faces clear health inequities, aligning with pre-existing socioeconomic and digital barriers to health access, in the uptick of COVID-19 cases and the allocation and distribution of COVID-19 vaccines.

2. At-risk populations, particularly residents who are uninsured, undocumented, or unhoused or currently experiencing homelessness, are disproportionately impacted by and also face unique iterations of barriers to vaccine access and registration.

3. Dismantling health inequities may be effectively accomplished via grassroots and community-cententered efforts, which could prove effective in improving disparities among at-risk populations in accessing Connecticut's digital COVID-19 vaccine registration platforms. Connecticut must do a better job at identifying community organizations, partnering with them, and supporting their efforts.

4. Strategies to increase vaccine access through public vaccination/education campaigns may include:

a. Creating a statewide database of community organizations and volunteer efforts involved in the Covid-19 response, partnering with local organizations, and encouraging synergy among community-based efforts.

b. Improving digital and non-digital informational outreach, such as through town halls, printed materials, and op-eds, that are disseminated in collaboration with trusted local organizations and leaders, to improve resident understanding of the registration process and eligibility criteria.

c. Increasing educational materials that are distributed through local organizationns and tailored toward residents of diverse cultural and lived experiences, such as residents who are uninsured, undocumented, or unhoused or currently experiencing homelessness, to improve vaccine confidence.

d. Expanding the scope of informational materials, distributed with the help of local organizations, by including creative access solutions, community-based initiatives that are alternatives for registration, and acceptable alternative information to provide at registration, to increase community access to registration platforms and promote successful vaccine registration.

e. Supporting coalition-building and growing efforts to establish alternative access/registration pathways for at-risk populations and expand vaccine navigation capacity, to promote successful vaccine registration.

f. Creating and distributing “Know Your Rights” style materials for what individuals can expect at appointments and when they cannot be turned away from a vaccine, to ensure successful vaccination at the on-site appointment.

g. Requesting for vaccination educational campaigns and initiatives that blend federal, state, and community/grassroots efforts, to improve vaccine confidence and address vaccine hesitancy.

h. Calling for increased governmental financial or capacity-based support of community or grassroots initiatives that aim to increase vaccine supply or healthcare provider staff, in anticipation of improved community access to a vaccine registration platform.

i. Pushing for increased transparency in state-based guidelines for required vaccine registration materials and advocating for increased government support for community-based vaccine registration efforts in at-risk populations, to promote successful vaccine registration.

j. Advocating for an official health official memorandum that is addressed to vaccination sites and outlines when individuals cannot be turned away from appointments, to ensure successful vaccination at the on-site appointment.