



**UNIDOSUS**

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**ESPERANZA**  
HOPE FOR ALL

## SEIZING THE MOMENT: Recommended Approaches for Equitable Distribution of COVID-19 Vaccines in the Latino Community

As the Delta variant continues to heighten the risk of infection for the unvaccinated, it is critical to ensure that vaccines are available and accessible to all who want them.

Yet vaccines remain out-of-reach for too many Latinos, including [Latino parents](#) who continue to experience barriers vaccinating themselves and their children. State leaders should act with urgency, redouble their commitment to equity, and develop equitable vaccine distribution plans to close vaccination gaps in the Latino community. This is especially pressing as children under the age of 12, including many Latino children, will soon be eligible to receive a COVID-19 vaccine.

The following examples reflect novel approaches at the state and local levels that center on UnidosUS's [Principles for an Equitable Distribution](#) to reduce barriers and increase access to vaccines, the strongest and most critical protection against severe illness from COVID-19.



## LEADERS SHOULD:



### PARTNER WITH TRUSTED, COMMUNITY-BASED LEADERS.

- **CALIFORNIA's** [“Get Out the Vaccine”](#) campaign involved 70 community-based organizations to employ 2,000 individuals from communities most impacted by COVID-19 to reach out directly to their peers via phonebanks or canvasses about making a plan to receive a vaccine. As of July 13, the campaign reached more than [1.3 million people](#).
- The **COUNTY OF SANTA CLARA** Public Health Department partnered with [Mujeres Emprendedoras Tomando Acción \(META\)](#) and [SOMOS Mayfair](#) to launch a door-to-door canvass campaign that involved [promotores de salud](#), or lay community workers, to raise awareness about and encourage testing and vaccinations for COVID-19 in Latino communities.
- **ARIZONA'S DEPARTMENT OF HEALTH SERVICES (ADHS)** launched a [pilot program](#) to raise awareness about COVID-19 vaccines in a zip code with disproportionately high rates of COVID-19 infections and low vaccination rates. The pilot program included a coordinated grassroots campaign to raise awareness about COVID-19 vaccines in partnership with community-based organizations who canvassed, distributed yard signs, and phone-banked local Latino families. In one day, direct phone calls resulted in 400 people being transported directly to vaccination sites by community-based organizations. In addition, ADHS held virtual roundtables with county leaders and community-based organizations such as UnidosUS Affiliate [Chicanos Por La Causa](#) to seek input on targeted local outreach campaigns.

- **ADHS** also collaborated with the “[One Community Initiative](#),” led by the Equality Health Foundation and Herozona Foundation, in partnership with stakeholders such as UnidosUS Affiliate Arizona Hispanic Chamber of Commerce, to expand vaccination sites into other zip codes. A recent event geared toward 12- to 15-year-olds resulted in [700 children](#) receiving a vaccine in one day.
- **THE UNIVERSITY OF ARIZONA** partnered with the Mexican Consulate’s [Ventanillas De Salud \(VDS\)](#) program to deliver vaccines to Latino communities. To expand their reach, the University of Arizona and VDS established partnerships with trusted local organizations, such as UnidosUS Affiliate Promise Arizona, which made phone calls directly to their clients to offer transportation to local vaccination events. The partnership also involved UnidosUS Affiliate Campesinos Sin Fronteras, which worked with agricultural employers to set up on-site vaccination events for farmworkers to receive vaccines without missing work hours.
- **PRINCE GEORGE’S COUNTY HEALTH DEPARTMENT** [collaborated with UnidosUS Affiliate CASA de Maryland](#) to set up vaccination clinics to reach unvaccinated Latinos. CASA used its existing hotline to provide COVID-19 health and relief information in English and Spanish. According to CASA de Maryland, calls to the hotline [increased by 500%](#) during the pandemic in response to the high need for information. CASA de Maryland also trained and deployed 50 promotores to help monitor COVID-19 outbreaks and provide testing and bilingual vaccine information to Latinos.



## BRING VACCINES TO ACCESSIBLE, FAMILIAR AREAS.

- **THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)** replicated employee flu shot clinics to include COVID-19 vaccines for workers. CDPH developed an [Employer Vaccination Toolkit](#) with guidance to ease the process for employers to implement paid sick leave policies, request group vaccination appointments at nearby providers, or request mobile or pop-up vaccination clinics at their workplace.
  - The [Los Angeles Unified School District](#) leveraged its growing network of [wellness centers](#) to ensure that its 300,000 students and their family members who were eligible for a COVID-19 vaccine were able to receive it in their own neighborhoods.
- **NEW YORK** launched vaccination [pop-up sites](#) inside eight [public transit stations](#) across New York City, Westchester, and Long Island and provides free, one-week unlimited subway and rail cards to individuals who are vaccinated at one of the sites.

- **MASSACHUSETTS** funded [mobile and pop-up clinics](#) in neighborhoods disproportionately impacted by COVID-19 through grant funding for local municipalities, health departments, and community-based organizations.
- In **DELAWARE, MINNESOTA, AND WASHINGTON**, state and county officials [partnered with local organizations such as farms and homeless shelters](#) to bring [mobile vaccination clinics](#) to trusted community sites.



## MAKE INFORMATION ABOUT VACCINES EASILY ACCESSIBLE.

- **THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)** provided funds through the COVID-19 Disaster Relief Assistance for Immigrants to Mixteco/Indigena Community Organizing Project (MICOP). MICOP operates Radio Indigena, which provides indigenous Mexican farmworkers with information in their native languages about available health programs and labor rights. MICOP staff noted challenges communicating about COVID-19 because some indigenous languages, like Mixteco, do not have modern medical terminology or concepts. Still, they were able to find other ways to discuss the virus and provide information on symptoms and preventive measures. In another example, [Radio B'alam](#), a streaming audio program targeting Mayan Guatemalans who speak Mam, was set up in response to the pandemic to provide information on how to sign up for vaccinations.
- The **CITY OF CHICAGO** developed a [COVID-19 Latinx Response](#) webpage to disseminate information including language clarifying that vaccines are free to everyone regardless of immigration status.
- The **ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)** [developed fact sheets](#) based on federal guidance on vaccine eligibility to ensure providers in the state had accurate and up-to-date information.
- **MONTGOMERY COUNTY IN MARYLAND** launched a public service announcement campaign to encourage Latino residents to get a vaccine. The campaign featured “[Abuelina](#),” a Spanish-speaking grandmother who provided information to help Latino families stay healthy.



## STRENGTHEN DATA COLLECTION AND REPORTING BY RACE AND ETHNICITY.

- **NORTH CAROLINA'S DEPARTMENT OF HEALTH AND HUMAN SERVICES (NCDHHS)** required individuals to [provide their demographic data](#) in order to register for a COVID vaccine. As a result, NCDHHS was able to both collect race/ethnicity data for [99.6%](#) of individuals who received a vaccine and to identify vaccination gaps.

- **NEW MEXICO AND WASHINGTON** states [collected and reported robust race/ethnicity data](#) for individuals that received a COVID vaccine, including the shares of those partially vaccinated and fully vaccinated. Notably, Washington state collected and reported race/ethnicity data by age group to identify vaccination gaps and focus and reserve vaccines for those in most need.
- In **NORTH CAROLINA**, a portion of the state's vaccine allocation is set aside for vaccine events where appointments are often [reserved for individuals from historically marginalized populations](#). In addition, the state has reserved half of the appointments at a Federal Emergency Management Agency (FEMA) site for historically marginalized populations.
- **CALIFORNIA** officials shifted their vaccination allocation plan to [reserve 40% of vaccines for residents](#) in the most disadvantaged areas of the state. Officials made this adjustment after examining data [showing that 40%](#) of the state's COVID-19-related cases and deaths occurred in these areas, yet wealthier neighborhoods were receiving a [disproportionately high share of vaccines](#). The state used its Healthy Places Index (HPI)—a data tool similar to the Center for Disease Control and Prevention's (CDC's) [Social Vulnerability Index \(SVI\)](#) that measures community vulnerability—to target vaccine distribution.
  - [Certain counties](#) in California were required by the state to demonstrate that at least 40% of doses were made available to residents with the lowest incomes and the most highly impacted communities within a county. Like SVI, California's index does not take into account race or ethnicity. However, state [officials noted](#) the significant overlap between target areas and Latino communities and that this adjustment was made explicitly to address inequity.
- Protect **CHICAGO** Plus, an [initiative](#) of Mayor Lori Lightfoot, used [SVI data](#) to prioritize 15 high-need communities “to ensure that a significant part of the City's vaccine supply goes to these communities.”



## REDUCE STRUCTURAL BARRIERS TO VACCINE ACCESS.

- In March 2021, **NEW YORK** Governor Andrew Cuomo signed legislation [granting public and private employees paid leave](#) in order to get the vaccine.
- To address transportation barriers, **NEW JERSEY** state officials partnered with local public transportation agencies to [offer complimentary rides](#) to and from vaccination sites (e.g., the New Jersey VAXRIDE initiative).





## CONCLUSION

As the nation shifts focus to reopening, the lessons learned from the pandemic on ways that policymakers and stakeholders have targeted interventions should not be lost. These targeted interventions will go a long way to help ensure more Latinos have the opportunity to achieve good health and thrive.

Reaching equity in vaccine delivery is not only important to Latino health and well-being. It is vital to ensuring that that nation fully recovers from the pandemic. It is necessary to center equity in national conversations beyond the pandemic to help stop the pandemic and fully reopen the U.S. economy. As vaccines remain inequitably distributed, doubling down on proven efforts to reach more Latinos is urgent.

In addition to the examples above, we encourage innovative thinking about the role that schools can play as a neighborhood presence and trusted source. The eligibility for vaccination of those 12 and older provides an opportunity to reach the unvaccinated adults and caregivers in their lives.

Most importantly, these efforts can help inform policymakers and stakeholders about how to better serve Latinos in the future since the long-standing disparities magnified by COVID-19 will require long-term, bold investments to eliminate them.



## UNIDOSUS

UnidosUS, previously known as National Council of La Raza (NCLR), is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers that affect Latinos at the national and local levels.

For more than 50 years, UnidosUS has united communities and different groups seeking common ground through collaboration, and that share a desire to make our community stronger. For more information on UnidosUS, visit [www.unidosus.org](http://www.unidosus.org) or follow us on [Facebook](#) and [Twitter](#).

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