

VACCINATION FOR ADULTS



STRATEGY INTRO: Increase demand for, and access to flu, COVID-19, and other adult vaccinations via 40 pop-up community clinics at the places that cultural groups feel comfortable and connected, and increase regularity of vaccine promotion in priority communities; and increase the percentage of pan-Asian and pan-African seniors who are up-to-date with recommended adult vaccinations.

PREFACE: Since late last year, Asian Media Access has been actively interviewed BIPOC members for issues related to vaccination hesitancy, in order to better design our vaccination mobilization effort. Please follow us, we will have a new story every month.

And this time the Vaccine Hesitancy story is focused on the Low-income households. We have also seen a surge of COVID this winter, please consider update your 2024 – 2025 COVID Vaccine.

ADDRESSING BARRIERS TO COVID-19 VACCINATION IN LOW-INCOME COMMUNITIES



Photo Courtesy: [The Vaccine Equity Project - Guiding Principle 1](#)

The COVID-19 pandemic has highlighted deep inequalities in healthcare access, especially among low-income Americans. Despite the availability of vaccines, many individuals in poverty remain unvaccinated, not out of refusal but due to systemic barriers that prioritize day-to-day survival over preventive healthcare. To effectively improve vaccination rates in low-income communities, we must address the

underlying challenges they face while making vaccines more accessible and relevant to their needs. (1)

For many living in poverty, the daily struggle to secure food, shelter, and other necessities takes precedence over healthcare concerns, including vaccination. Self-preservation often means focusing on immediate needs rather than long-term health measures. (2) Additionally, limited access to information exacerbates the issue. Many low-income individuals lack reliable access to the internet, making it difficult to learn about the most updated vaccination opportunities. Even when they are aware, logistical challenges such as transportation, long distances to vaccination sites, and inflexible work schedules further hinder their ability to get vaccinated.

This leaves low-income communities disconnected from the resources they need to protect themselves from the virus. For many, the issue is not a lack of willingness to get vaccinated but the sheer difficulty of overcoming these barriers. (3)



Throughout AMA interviews, many suggested in order to increase vaccination rates in low-income communities, it is crucial to address the systemic issues that prevent access. Here are some actionable steps:

- **Foster Community Engagement.** Community-led approaches can bridge the gap between vaccine providers and underserved populations. Partnering with local grassroots organizations, faith-based groups, and trusted community leaders can increase outreach effectiveness. Engaging in direct, culturally relevant conversations ensures the low income community's needs are considered and addressed, not just simply – go get vaccine messages.

- **Meet People Where They Are.** Innovative strategies, such as mobile vaccination units, pop-up clinics, or co-located vaccination events at resource fairs, can help bring vaccines to hard-to-reach areas. These efforts should consider flexible scheduling, including evening and weekend hours, to accommodate individuals' work and life demands. Multiple attempts may be necessary to build trust, decreasing hesitancy for low income households.
- **Enhance Outreach and Awareness.** Clear, culturally/linguistically sensitive communication is vital to spreading accurate vaccine information. Local leaders and clinic physicians can foster trust by hosting educational events and distributing materials in various languages that reflect the community's cultural backgrounds.
- **Eliminate Cost Barriers.** While COVID-19 vaccines may not be free anymore, ensuring that recipients understand this fact is critical. Further, financial incentives or assistance for transportation and childcare during vaccination appointments can help reduce economic concerns.
- **Expand Local Vaccination Infrastructure.** Increasing the number of vaccination sites within low-income communities can reduce logistical challenges, such as travel distance, and not just one time pop-up event. Collaborating with community hubs like churches/temples and food pantries to host vaccination events regularly can make vaccines more accessible.

Clearly improving vaccination rates among low-income populations requires a multifaceted approach that goes beyond simply providing the vaccine. It involves addressing the structural inequalities that limit access, increasing education and awareness, and fostering trust within communities. By investing in the well-being of low-income individuals and creating equitable healthcare solutions, we can ensure a safer and healthier future for all.

REFERENCES

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- 2) Kaiser Family Foundation (KFF). (2021). *Vaccination rates by income level and barriers to access*. <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-october-2021/>
- 3) Richard Lu, MBA, Suhas Gondi, and Alister Martin, MD, MPP. *Inequity in vaccinations isn't always about hesitancy, it's about access*, April 12, 2021. AAMN News. <https://www.aamc.org/news/inequity-vaccinations-isn-t-always-about-hesitancy-it-s-about-access>

Educational Article

PATTERNS IN COVID-19 VACCINATION COVERAGE, BY SOCIAL VULNERABILITY AND URBANICITY — UNITED STATES



What is already known about this topic?

Counties with higher levels of social vulnerability have been disproportionately affected by COVID-19.

What is added by this report?

Disparities in county-level vaccination coverage by social vulnerability have increased as vaccine eligibility has expanded, especially in large fringe metropolitan (areas surrounding large cities, e.g., suburban) and nonmetropolitan counties. By May 1, 2021, vaccination coverage among adults was lower among those living in counties with lower socioeconomic status and with higher percentages of households with children, single parents, and persons with disabilities.

What are the implications for public health practice?

Outreach efforts, including expanding public health messaging tailored to local populations and increasing vaccination access, could help increase vaccination coverage in counties with high social vulnerability.

Disparities in vaccination coverage by social vulnerability, defined as social and structural factors associated with adverse health outcomes, were noted during the first 2.5 months of the U.S. COVID-19 vaccination campaign, which began during mid-December 2020. As vaccine eligibility and availability continue to expand, assuring equitable coverage for disproportionately affected communities remains a priority. CDC examined COVID-19 vaccine administration and 2018 CDC social vulnerability index (SVI) data to ascertain whether inequities in COVID-19 vaccination coverage with respect to county-level SVI have persisted, overall and by urbanicity. Vaccination coverage was defined as the number of persons aged ≥ 18 years (adults) who had received ≥ 1 dose of any Food and Drug Administration (FDA)-authorized COVID-19 vaccine divided by the total adult population in a specified SVI category.

View the full article at: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7022e1.htm>