



CCP Member Program Recap: Vaccines in CT – How Funders Can Improve Equity
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Challenges to Equitable Vaccine Access

- The challenges to the vaccination rollout are the same 4 challenges that the public health community regularly faces: technology, language, information, transportation.
- This was a missed opportunity to get equity right. Gaps and barriers were known and predictable, based on lessons learned from the experience of the pandemic over the last year. Yet policies failed to address them.
- The state adopted a technology-dependent appointment system, despite knowing that many Black, brown and poor families do not have reliable access to the required technology.
- Community health centers found themselves vaccinating people from the suburbs, who were gaining access through the state’s online system, while their own local patients and residents could not get appointments.
- By choosing to prioritize by age alone, the state failed to address the known disproportionately high impact of the pandemic on communities of color, who were more likely to be on the frontlines as essential workers, more likely to contract the illness, more likely to be hospitalized, and less likely to be able to isolate at home and to access testing.
- Known and predictable social health disparities, or “structural health disparities”, were not addressed. “The state went with what was the easiest. And equity was not going to be easy.”

Steps taken by the Hartford Department of Health and Human Services

- After 2 weeks of operating in the state’s vaccination system, the city of Hartford saw that only 10% of the people they vaccinated were from Hartford. They abandoned the system and began to work directly with local providers.
- To address technology, information, and language challenges: hired community health workers (many bilingual) and set up phone banking. Previously established language line was used to help those who spoke languages not supported in-house.
- Both answered and proactively made calls, using voter registration and rental rebate rolls. Helped make appointments and answered people’s questions about the vaccine.
- Recently began canvassing and are working to be able to schedule appointments on the spot.
- Will make a significant media push around the April 1 date. (Media buys are expensive, and changing eligibility dates made media push difficult until now.)



Steps taken by the Hartford Department of Health and Human Services, continued:

- To address transportation: leveraged the system they had in place to support testing – round-trip taxis for people needing help to get to and from vaccination appointments.
- Starting mobile clinics, going to where they know people will be. For example, they set up in a shopping plaza, on a bus line, over Easter weekend.

What Philanthropy Can Do

- Philanthropy can continue to be responsive, nimble and flexible. As during the first year of the pandemic, philanthropy can continue to help groups on the ground in a way other resources (municipalities, state and federal) cannot.
- Philanthropy can support focused outreach to communities hit hardest by the pandemic.
- Philanthropy must continue what it has done throughout the pandemic: listen to communities; build new partnerships with organizations; engage in conversations with community leaders on the ground to identify and address gaps.
- Philanthropy can use convening power to state bring decision makers to the table with community leaders, help give voice to what is needed on the ground.
- Philanthropy can use all of our tools: grant dollars, networks, partnerships, social capital, to advance policies that promote equity.
- Philanthropy can continue to build on these building blocks: listen to communities about what is needed, both in terms of covid and vaccines, and in terms of equity moving forward. Look at broader questions around equity and policy, and not lose momentum. Remember what covid illuminated, how we responded, and how we need to continue to respond as organizations. “This is just one pandemic, and we still need to face the persistent pandemic of health inequities in our state overall.”