

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

## Equity Considerations for In-House Clinics

Physical Space		Implementation Resources
<b>Clinic Location</b>	<ul style="list-style-type: none"><li>• Assess the proximity of the clinic to population centers and public transit routes/stops.</li><li>• Are there adequate sidewalks, lighting, stair rails, and curb ramps?</li><li>• 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.</li><li>• Does the clinic neighborhood feel safe? After dark, are there functioning street lights and lighted paths to get into the clinic?</li></ul>	<ul style="list-style-type: none"><li>-<a href="#">FEMA checklist of Civil Rights considerations for vaccination equity</a></li></ul>
<b>Building Accessibility</b>	<ul style="list-style-type: none"><li>• Are the doorways into the clinic (and into any private clinic rooms) wide enough for a wheelchair?</li><li>• Ensure accessibility to all three areas needed to safely receive a vaccine (pre-vaccination area, vaccination area, and post-vaccination waiting area).</li></ul>	<ul style="list-style-type: none"><li>-Use the <a href="#">ADA Checklist</a> to assess the clinic's compliance with Americans with Disabilities Act (ADA) standards.</li></ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>	
Clinic Access		Implementation Resources
<b>Transportation</b>	<ul style="list-style-type: none"><li>• Assess the proximity of the clinic to population centers and public transit routes/stops.</li><li>• 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?</li><li>• 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.</li></ul>	<ul style="list-style-type: none"><li>-<a href="#">FEMA checklist of Civil Rights considerations for vaccination equity</a></li><li>-<a href="#">DOT Transportation Equity</a></li></ul>
<b>Appointment Scheduling</b>	<ul style="list-style-type: none"><li>• Ensure appointment times are offered outside of a traditional M–F 9a–5p schedule (evenings, weekends).</li><li>• Offer both scheduled clinic appointments AND consistent walk-in clinic hours.</li><li>• Offer multiple avenues to schedule an appointment, including phone, online/website, and in-person.</li></ul>	<ul style="list-style-type: none"><li>-Test your website for accessibility using the <a href="#">W3C list of evaluation tools</a>.</li></ul>

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## 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.

<b>Populations With Chemical Sensitivities</b>	<ul style="list-style-type: none"> <li>• Avoid cleaning surfaces/windows with spray while providing vaccines. If necessary, opt for cleaners that are not aerosols.</li> <li>• Avoid use of fragrance in service location and use by staff (cologne, hand lotion, room fragrance).</li> <li>• Establish or maintain good ventilation or indoor air quality.</li> <li>• Follow and enforce no-smoking regulations.</li> </ul>	
<b>Populations That Are Neurodiverse</b>	<ul style="list-style-type: none"> <li>• Incorporate longer appointment times and enough trained staff to be able to maintain flow of the clinic even with potentially lengthier patient contact times.</li> <li>• Ensure private settings, such as a clinic room with a door.</li> <li>• Space clinic rooms out so that noise does not travel between rooms.</li> <li>• Maintain less noise, bright lights, and other stimulation in the waiting room and in the clinic room.</li> <li>• Provide quiet toys and other age-appropriate distractions in the waiting room.</li> <li>• Use trained therapy animals on site for calming/distraction both before and during vaccination.</li> <li>• Invest in a non-medication pain-relief tool such as a <a href="#">Buzzy</a>.</li> <li>• Allow vaccination of all interested members escorting a child or older adult.</li> </ul>	<p>-<a href="#">Children's Hospital of Philadelphia (CHOP) suggestions on environmental/clinic modifications</a></p> <p>-Additional <a href="#">resources to help children with neurodiversity receiving painful interventions</a></p> <p>-<a href="#">Buzzy pain relief tool</a></p>
<b>People Who Are Homebound</b>	<ul style="list-style-type: none"> <li>• People who are homebound would benefit from in-home vaccine administration.</li> <li>• All in-home vaccinators need to receive training to effectively and safely provide the vaccine off-site.</li> <li>• 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.</li> <li>• Organize mobile vaccination services for people who are homebound while ensuring cold chain maintenance and limiting vaccine wastage.</li> <li>• Consider establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines.</li> <li>• Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile health care screenings.</li> </ul>	<p>-<a href="#">CDC vaccine storage and handling considerations</a></p> <p>-<a href="#">Vaccine strike teams</a></p>
<b>People Experiencing Homelessness</b>	<ul style="list-style-type: none"> <li>• Mobile health units are, perhaps, the best option to reach this population.</li> <li>• 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.</li> <li>• 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.</li> <li>• Provide incentives for vaccination such as food, gift cards, clothing, or other necessary supplies.</li> <li>• At a systems level, work to decrease medical stigma against homelessness.</li> <li>• Use accelerated vaccination schedules (if available).</li> <li>• Vaccinate at the first appointment, regardless of whether a person's vaccination history or serological status is known (if clinically safe).</li> </ul>	

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**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.

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**Language & Literacy****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.

**Implementation Resources**

-[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

### 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.

## Implementation Resources

[-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.

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## 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.

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## 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
<b>Clinic Location</b>	<ul style="list-style-type: none"><li>• Assess the proximity of the clinic to population centers and public transit routes/stops.</li><li>• Are there adequate sidewalks, lighting, stair rails, and curb ramps?</li><li>• 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.</li><li>• Does the POD neighborhood feel safe? After dark, are there functioning street lights and lighted paths to get into the POD?</li><li>• 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)</li></ul>	<ul style="list-style-type: none"><li>-<a href="#">FEMA checklist of Civil Rights considerations for vaccination equity</a></li></ul>
<b>POD Accessibility</b>	<ul style="list-style-type: none"><li>• 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?</li><li>• If held inside, does the inside POD area provide waiting areas accessible for persons with mobility restrictions?</li><li>• 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.</li><li>• Use the <a href="#">ADA Checklist</a> to assess the POD's compliance with Americans with Disabilities Act (ADA) standards.</li><li>• Are the doorways into the POD (and into any private areas) wide enough for a wheelchair?</li><li>• Ensure accessibility to all three areas needed to safely receive a vaccine (pre-vaccination area, vaccination area, and post-vaccination waiting area).</li></ul>	<ul style="list-style-type: none"><li>Use the <a href="#">ADA Checklist</a> to assess the clinic's compliance with Americans with Disabilities Act (ADA) standards.</li></ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"><li>• Offer appointments outside of a traditional M–F 9a–5p schedule. For example: evening and weekend hours.</li><li>• Rotate location of PODs to allow a variety of sites within a community.</li></ul>	
Clinic Access		Implementation Resources
<b>Transportation</b>	<ul style="list-style-type: none"><li>• Assess the proximity of the POD to population centers and public transit routes/stops.</li><li>• 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?</li><li>• 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.</li></ul>	<ul style="list-style-type: none"><li>-<a href="#">FEMA checklist of Civil Rights considerations for vaccination equity</a></li><li>-<a href="#">DOT Transportation Equity</a></li></ul>

<b>Appointments</b>	<ul style="list-style-type: none"> <li>• Ensure appointment times are offered outside of a traditional M–F 9a–5p schedule (evenings, weekends).</li> <li>• Offer both scheduled appointments AND walk-in (no appointment necessary) options.</li> <li>• Offer multiple avenues to schedule an appointment, including phone, online/website, and in-person.</li> </ul>	<p>-Test your website for accessibility using the <a href="#">W3C list of evaluation tools</a>.</p>
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<b>Technology</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Actively engage diverse groups in the design and implementation of digital solutions that are appropriate for a community’s needs.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>Various grants and funding opportunities might be available to assist rural residents’ broadband infrastructure.</p>
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Special Populations	Implementation Resources
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<b>Disability</b>	<ul style="list-style-type: none"> <li>• Plan for accommodations that might be needed for the person receiving vaccination, including: <ul style="list-style-type: none"> <li>▫ Shorter lines for people who need extra assistance</li> <li>▫ Extra time before and after the appointment</li> <li>▫ Ample space for those using assistive devices</li> <li>▫ Enough space for caregivers to also be present with patient</li> </ul> </li> <li>• 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).</li> <li>• Allow vaccination of all interested members escorting a child or older adult.</li> </ul>	<p>-Complete <a href="#">ADA checklist</a></p> <p>-<a href="#">CDC guide on vaccinating older adults and people with disabilities</a></p> <p>-<a href="#">CDC information on materials for people with intellectual and developmental disabilities and care providers</a></p> <p>-Resource for <a href="#">Disability Etiquette</a></p> <p>-<a href="#">Key Ingredients for TIC</a> is a quick fact sheet on TIC.</p> <p>-The <a href="#">National Child Traumatic Stress Network</a> has excellent information on trauma-informed care and on creating trauma-informed systems.</p>
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<b>Populations With Chemical Sensitivities</b>	<ul style="list-style-type: none"> <li>• Avoid cleaning surfaces/windows with spray while providing vaccines. If necessary, opt for cleaners that are not aerosols.</li> <li>• Avoid use of fragrance in service location and use by staff (cologne, hand lotion, room fragrance).</li> <li>• Establish or maintain good ventilation or indoor air quality.</li> <li>• Follow and enforce no-smoking regulations.</li> </ul>	
<b>Populations That Are Neurodiverse</b>	<ul style="list-style-type: none"> <li>• Incorporate longer appointment times and enough trained staff to be able to maintain flow of the POD even with potentially lengthier patient contact times.</li> <li>• Ensure private settings, such as a room with a door or portable curtains/privacy screens.</li> <li>• Provide a separate, quiet area (away from crowded areas) to decrease noise before, during, and after vaccination.</li> <li>• Maintain less noise, bright lights, and other stimulation in the waiting area and quiet room/area.</li> <li>• Provide quiet toys and other age-appropriate distractions in the waiting area.</li> <li>• Consider the use of trained therapy animals on site for calming/distraction both before and during vaccination.</li> <li>• Invest in a non-medication pain-relief tool such as a <a href="#">Buzzy</a>.</li> <li>• Allow vaccination of all interested members escorting a child or older adult.</li> </ul>	<p>-<a href="#">Children's Hospital of Philadelphia (CHOP) suggestions on environmental / clinic modifications:</a></p> <p>-Additional <a href="#">resources to help children with neurodiversity receiving painful interventions</a></p> <p>-<a href="#">Buzzy pain relief tool</a></p>
<b>People Who Are Homebound</b>	<ul style="list-style-type: none"> <li>• People who are homebound would benefit from in-home vaccine administration.</li> <li>• All in-home vaccinators need to receive training to effectively and safely provide the vaccine off-site.</li> <li>• 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.</li> <li>• Organize mobile vaccination services for people who are homebound while ensuring cold chain maintenance and limiting vaccine wastage.</li> <li>• Consider establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines.</li> <li>• Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile health care screenings.</li> </ul>	<p>-<a href="#">CDC vaccine storage and handling considerations</a></p> <p>-<a href="#">Vaccine strike teams</a></p>
<b>People Experiencing Homelessness</b>	<ul style="list-style-type: none"> <li>• Mobile health units are, perhaps, the best option to reach this population.</li> <li>• If mobile health units are not possible, look into hosting clinics at a homeless shelter, food bank, library, or other central community site.</li> <li>• 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.</li> <li>• Provide incentives for vaccination such as food, gift cards, clothing, or other necessary supplies.</li> <li>• At a systems level, work to decrease medical stigma against homelessness.</li> <li>• Use accelerated vaccination schedules (if available).</li> <li>• Vaccinate at the first appointment, regardless of whether a person's vaccination history or serological status is known (if clinically safe).</li> </ul>	

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**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****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.

**Implementation Resources**

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-For help finding ASL interpreters, try [Montana Registry of Interpreters for the Deaf](#).

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- 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

### 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.

## Implementation Resources

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-[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.

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**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.

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**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
<b>Clinic Location</b>	<ul style="list-style-type: none"> <li>Collaborate with the specific population in the community being served by the outreach site; identify community “vaccine champions” to assist with outreach and planning.</li> <li>Site selection should be informed by input from health departments, emergency management agencies, and community leaders and constituents.</li> <li>Temporary mobile pop-up vaccination clinics can be operated in indoor or outdoor settings to help reach isolated or rural communities.</li> <li>Are there adequate sidewalks, lighting, stair rails, and curb ramps?</li> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>-<a href="#">FEMA checklist of Civil Rights considerations for vaccination equity</a></li> </ul>
<b>Site Accessibility</b>	<ul style="list-style-type: none"> <li>If held inside, does the site provide waiting areas accessible for persons with mobility restrictions?</li> <li>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.</li> <li>Are the doorways into the clinic (and into any private areas) wide enough for a wheelchair?</li> <li>Ensure accessibility to all three areas needed to safely receive a vaccine (pre-vaccination area, vaccination area, and post-vaccination waiting area).</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Use the <a href="#">ADA Checklist</a> to assess the clinic’s compliance with Americans with Disabilities Act (ADA) standards.</li> </ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>If providing vaccines at an off-site business, ensure appointment times both during normal business hours and before/after normal business hours.</li> <li>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).</li> <li>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.</li> </ul>	
Clinic Access		Implementation Resources
<b>Transportation</b>	<ul style="list-style-type: none"> <li>Assess the proximity of the site to population centers and public transit routes/stops.</li> <li>If a mobile clinic is being used, consider parking it next to or near these areas.</li> <li>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?</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>-<a href="#">FEMA checklist of Civil Rights considerations for vaccination equity</a></li> <li>-<a href="#">DOT Transportation Equity</a></li> </ul>

<b>Appointments</b>	<ul style="list-style-type: none"> <li>• As above, ensure appointment times are offered outside of a traditional M–F 9a–5p schedule (evenings, weekends).</li> <li>• Offer both scheduled appointments AND walk-in (no appointment necessary) options.</li> <li>• Offer multiple avenues to schedule an appointment, including phone, online/website, and in-person.</li> </ul>	<p>-Test your website for accessibility using the <a href="#">W3C list of evaluation tools</a>.</p>
<b>Technology</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Actively engage diverse groups in the design and implementation of digital solutions that are appropriate for a community’s needs.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>Various grants and funding opportunities might be available to assist rural residents’ broadband infrastructure.</p>
<b>Special Populations</b>		<b>Implementation Resources</b>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Use off-site and outreach locations in the community that are more convenient for older adults and people with disabilities. Examples include: <ul style="list-style-type: none"> <li>▫ Senior centers and community centers</li> <li>▫ Adult day services centers</li> <li>▫ Senior nutrition program locations</li> <li>▫ Group homes</li> <li>▫ Tribal or cultural centers</li> <li>▫ Independent living facilities for older adults</li> <li>▫ Centers for independent living</li> <li>▫ Residential care facilities</li> <li>▫ Other board and care homes or other locations where seniors or people with disabilities may live or seek services</li> </ul> </li> <li>• Use the <a href="#">ADA Checklist</a> to assess the clinic’s compliance with Americans with Disabilities Act (ADA) standards.</li> <li>• Plan for accommodations that might be needed for the person receiving vaccination, including: <ul style="list-style-type: none"> <li>▫ Special hours for people who need extra assistance</li> <li>▫ Extra time before and after the appointment</li> <li>▫ Ample space for those using assistive devices</li> <li>▫ Enough space for caregivers to also be present in the room</li> </ul> </li> <li>• 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).</li> <li>• Allow vaccination of all interested members escorting a child or older adult.</li> </ul>	<p>-Complete <a href="#">ADA checklist</a></p> <p>-<a href="#">CDC guide on vaccinating older adults and people with disabilities</a></p> <p>-<a href="#">CDC information on materials for people with intellectual and developmental disabilities and care providers</a></p> <p>-Resource for <a href="#">Disability Etiquette</a></p> <p>-<a href="#">Key Ingredients for TIC</a> is a quick fact sheet on TIC.</p> <p>-The <a href="#">National Child Traumatic Stress Network</a> has excellent information on trauma-informed care and on creating trauma-informed systems.</p>

<b>Populations With Chemical Sensitivities</b>	<ul style="list-style-type: none"> <li>• Avoid cleaning surfaces/windows with spray while providing vaccines. If necessary, opt for cleaners that are not aerosols.</li> <li>• Avoid use of fragrance in service location and use by staff (cologne, hand lotion, room fragrance).</li> <li>• Establish or maintain good ventilation or indoor air quality.</li> <li>• Follow and enforce no-smoking regulations.</li> </ul>	
<b>Populations That Are Neurodiverse</b>	<ul style="list-style-type: none"> <li>• Incorporate longer appointment times and enough trained staff to be able to maintain flow of the clinic even with potentially lengthier patient contact times.</li> <li>• Ensure private settings, such as a room with a door or portable curtains/privacy screens.</li> <li>• Provide a separate, quiet area (away from crowded areas) to decrease noise before, during, and after vaccination.</li> <li>• Maintain less noise, bright lights, and other stimulation in the waiting area and quiet room/area.</li> <li>• Provide quiet toys and other age-appropriate distractions in the waiting area.</li> <li>• Use trained therapy animals on site for calming/distraction both before and during vaccination.</li> <li>• Invest in a non-medication pain relief tool such as a <a href="#">Buzzy</a>.</li> <li>• Allow vaccination of all interested members escorting a child or older adult.</li> </ul>	<p>-<a href="#">Children's Hospital of Philadelphia (CHOP) suggestions on environmental/clinic modifications</a></p> <p>-Additional <a href="#">resources to help children with neurodiversity receiving painful interventions</a></p> <p>-<a href="#">Buzzy pain relief tool</a></p>
<b>People Who Are Homebound</b>	<ul style="list-style-type: none"> <li>• People who are homebound would benefit from in-home vaccine administration.</li> <li>• All in-home vaccinators need to receive training to effectively and safely provide the vaccine off-site.</li> <li>• 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.</li> <li>• Organize mobile vaccination services for people who are homebound while ensuring cold chain maintenance and limiting vaccine wastage.</li> <li>• Consider establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines.</li> <li>• Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile health care screenings.</li> </ul>	<p>-<a href="#">CDC vaccine storage and handling considerations</a></p> <p>-<a href="#">Vaccine strike teams</a></p>
<b>People Experiencing Homelessness</b>	<ul style="list-style-type: none"> <li>• Mobile health units are, perhaps, the best option to reach this population.</li> <li>• 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.</li> <li>• 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.</li> <li>• Provide incentives for vaccination such as food, gift cards, clothing, or other necessary supplies.</li> <li>• At a systems level, work to decrease medical stigma against homelessness.</li> <li>• Use accelerated vaccination schedules (if available).</li> <li>• Vaccinate at the first appointment, regardless of whether a person's vaccination history or serological status is known (if clinically safe).</li> </ul>	

## 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

### 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.

## Implementation Resources

-[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

### 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.

## Implementation Resources

-[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.

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**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.

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**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”).



# 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.



# 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