



GARRETT COUNTY
HEALTH DEPARTMENT

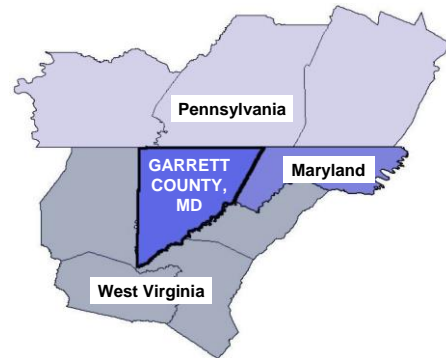
GARRETT COUNTY VACCINE EQUITY

COVID-19 VACCINE EQUITY PLAN

Garrett County Health Department COVID Vaccine Equity Plan 3/15/21

I. Introduction

Garrett County is geographically separated from the rest of Maryland by the Appalachian mountain chain and has historically been isolated and underserved compared to the rest of the state. Garrett County is Maryland's western most county and is home to a high concentration of vulnerable residents who lack access to many services available in all other parts of Maryland.



Located in the Appalachian Mountains of Western Maryland, the County is bordered by West Virginia to the south and west and Pennsylvania to the north. The entire county is classified as rural with less than 22% of the total population of 29,014 (2020 US Census) living within municipal boundaries. The mountainous topography, severe weather, and considerable distances are barriers to residents accessing health care, including substance abuse treatment outside the county. The sub-continental divide runs through the center of the county. The average yearly snowfall is over 100 inches.¹ The entire county (614 square miles) has been designated a Medically Underserved Area (MUA) with an “IMU” score of 42.4. In addition, the county has a “low income” designation as a Health Professional Shortage Area (HPSA) for primary care, as well as a HPSA designation for dental and mental health. The nearest State operated mass vaccine site is over 2 hours away (116 miles) and there is no public transportation to reach that site.

The population is 97.3% white followed by 1.1% black with other racial and ethnic groups making up less than 1% of the population. There are no neighborhoods or communities, churches or other institutions where there is a concentration of minority groups. The median household income is \$52,617 compared to \$84,805 in Maryland. The population density is 41 persons per square mile as compared to 594 for the State of Maryland.

The Garrett County Health Department (GCHD) began its rollout of its COVID-19 Vaccination Clinics on December 30, 2020 in accordance with the guidelines set forth by Governor Larry Hogan. In March 2021, Governor Hogan charged the Vaccine Equity Task Force (VETF) to break down barriers to expand access and save lives in underserved, vulnerable, and hard to reach areas. The Garrett County Health Department, like all other health departments in the State of Maryland, will serve as part of this task force.

¹ Maryland State Office of Climatology, 30 year average.

This plan will identify vulnerable populations within Garrett County as well as their barriers to vaccine access. It will also explore approaches and efforts to overcome these barriers. Additionally, this plan will identify the resources and partners with whom the Garrett County Health Department will work to promote equitable distribution of the COVID-19 vaccine.

II. Guiding Principles

Through conversations with the community, these principles will guide our approach to equitable vaccination. In partnership with the community, we will focus on these three principles:

- **Access:** Partner with communities disproportionately impacted by COVID-19 to identify and remove barriers to accessing the vaccine.
- **Communication:** Create and promote respectful and culturally responsive health education materials.
- **Engagement:** Include communities disproportionately impacted by COVID-19 and representatives of trusted community-based organizations in COVID-19 vaccine planning, implementation and after-action review.

III. Vulnerable / Hard to Reach Populations in Garrett County

Observations made throughout GCHD's vaccine response and GCHD's familiarity with the community that it serves has helped to define the following list of vulnerable / hard to reach populations that would benefit most from the vaccine equity task force. Additionally, data taken from Immunet and PrepMod was used to further define other populations that need extra support to be reached in SCHED's vaccine response.

- Ages 65+
- Minority Groups
- Homeless
- Mentally or Developmentally Disabled
- Deaf / Blind
- Extreme poverty
- More than 10 miles from a vaccination site

IV. Action Plan

Population Barriers Solutions

Ages 65+ - Lack of transportation

- Homebound

- Partner with GTA and GC Community Action to transport elderly population

- Set up on-site clinics at senior living communities

- Travel directly to homes of homebound patients to vaccinate

Minority Groups - Lack of trust in government

- Fear of vaccine
- Publicize key figures in minority groups receiving the vaccine
- Use community outreach workers to reach out to the Amish community that typically eschews vaccines of any sort.
- Distribute materials to educate about the vaccine
- Utilize MyGarrettCounty.com and other social media platforms to educate about the vaccine
- Have literature available in languages other than English
- Utilize interpreters at vaccination events
- Provide educational material and literature in Spanish for the very small Latino population in the county
- Consider using 1 dose vaccine

Population Barriers Solutions

Homeless - Lack of transportation

- Lack of trust in government
- Fear of vaccine
- Transient population
- Risk of losing track of patient before receiving 2nd dose
- Distribute materials to educate about the vaccine
- Utilize social media to educate about the vaccine.
- Utilize PATH outreach worker to educate about the vaccine
- Consider using 1 dose vaccine when available
- Utilize the EOC's Vulnerable Population Task Force to identify and reach out to the homeless population

Developmentally Disabled

- Accessibility - Ensure that vaccination clinics and registration process meet ADA guidelines by following MDH guidance
- Deaf / Blind - Accessibility - Ensure that vaccination clinics and registration process meet ADA guidelines by following MDH guidance (See Appendix 2)

Residential Treatment Centers

- Lack of transportation
- Lack of trust in government
- Risk of relapse
- Risk of losing track of patient before receiving 2nd dose
- Utilize peer support staff to transport to clinic
- Distribute materials to educate about the vaccine
- Utilize social media to educate about the vaccine

- Consider using 1 dose vaccine

IV. Partners

GCHD has had many partners since a vaccination effort has rolled out. Many of these partnerships have carried over and new partnerships have formed in an effort to vaccinate some of Garrett County's most vulnerable and hard to reach populations.

Garrett County Board of Education

- Provide volunteers to work at clinics
- Provided alternate location for vaccination clinic early on in vaccine response

Maintaining Active Citizens (MAC)

- Identify and contact elderly population to be vaccinated
- Provide transportation to vaccination clinics for elderly population

Garrett County Emergency Services

- Provide transportation of equipment to on-site clinics
- Provide staffing to vaccinate homebound residents

Outreach Workers

- Work with Equity Task Force to schedule vaccine clinics in isolated communities
- Work in the call center to register persons without internet connectivity or who find the PrepMod system challenging.
- Host a clinic for elderly residents

Sheriff's Office

- Provide security for vaccination clinics

Local Pastors Groups

- Reach out to congregations to determine need of vaccine
- Educate and provide example to congregation
- Provide locations for on-site clinics at churches

Mt. Laurel Medical Center

- Provide transportation of equipment to on-site clinics
- Provide staffing to vaccinate homebound residents with the use of the outreach van
- Will partner to assist in local vaccine outreach
- Receives vaccine as an FQHC

Garrett Regional Medical Center

- Will partner to assist in local vaccine outreach
- Receives vaccine as a hospital

MyGarrettcountry.com Volunteer Portal

- Use as an access point for registering volunteers through Maryland responds

V. Barriers

Garrett County is geographically isolated from Maryland

We do not expect to receive support for a Mass Vaccination Site from the State

The population has traditionally been vaccine hesitant

There are only two communities with a population of more than 1,000 making it difficult to have vaccine strike teams that will be able to vaccinate a large number of individuals in a specific community.

Resources

Maryland National Guard Vaccine Equity Task Force

The Maryland National Guard Vaccine Equity Task Force may be is a valuable resource for GCHD. They have the ability to set up a mission to conduct vaccination clinics for populations that are harder to reach. These missions can range in any size. For clinics that have 100 participants or more, the Maryland National Guard also has access to the Governor's Well Mobiles which are mobile units that can be set up as vaccination sites when and where they are needed. Additionally, the Maryland National Guard's vaccine supply is independent of the supply that GCHD receives and can be used to bolster GCHD's supply as needed. GCHD and community members can initiate a request for help by filling out a request form

Maryland Emergency Management Agency

The Maryland Emergency Management Agency (MEMA) can also be a valuable resource for standing up additional clinics in Garrett County. MEMA offers mobile clinics that can be set up anywhere in the county for groups of 250 or more. MEMA also has vaccination strike teams that are capable of setting up clinics on site for groups of 100.

These strike teams can be requested through Garrett Emergency Services and Web EOC.

Maryland (MD) Responds Medical Reserve Corps

MD Responds is a community-based, civilian, volunteer program that has been used during GCHD's COVID response to bolster its staff to support vaccination clinics. This resource is important in respect to equity because it can provide a larger base of staff with special skills that may not be normally found in GCHD's workforce. For example, in a clinic setting where more than one interpreter is needed, additional interpreters could be recruited through MD Responds.

APPENDICES

APPENDIX 1: Garrett County Social Vulnerability Index

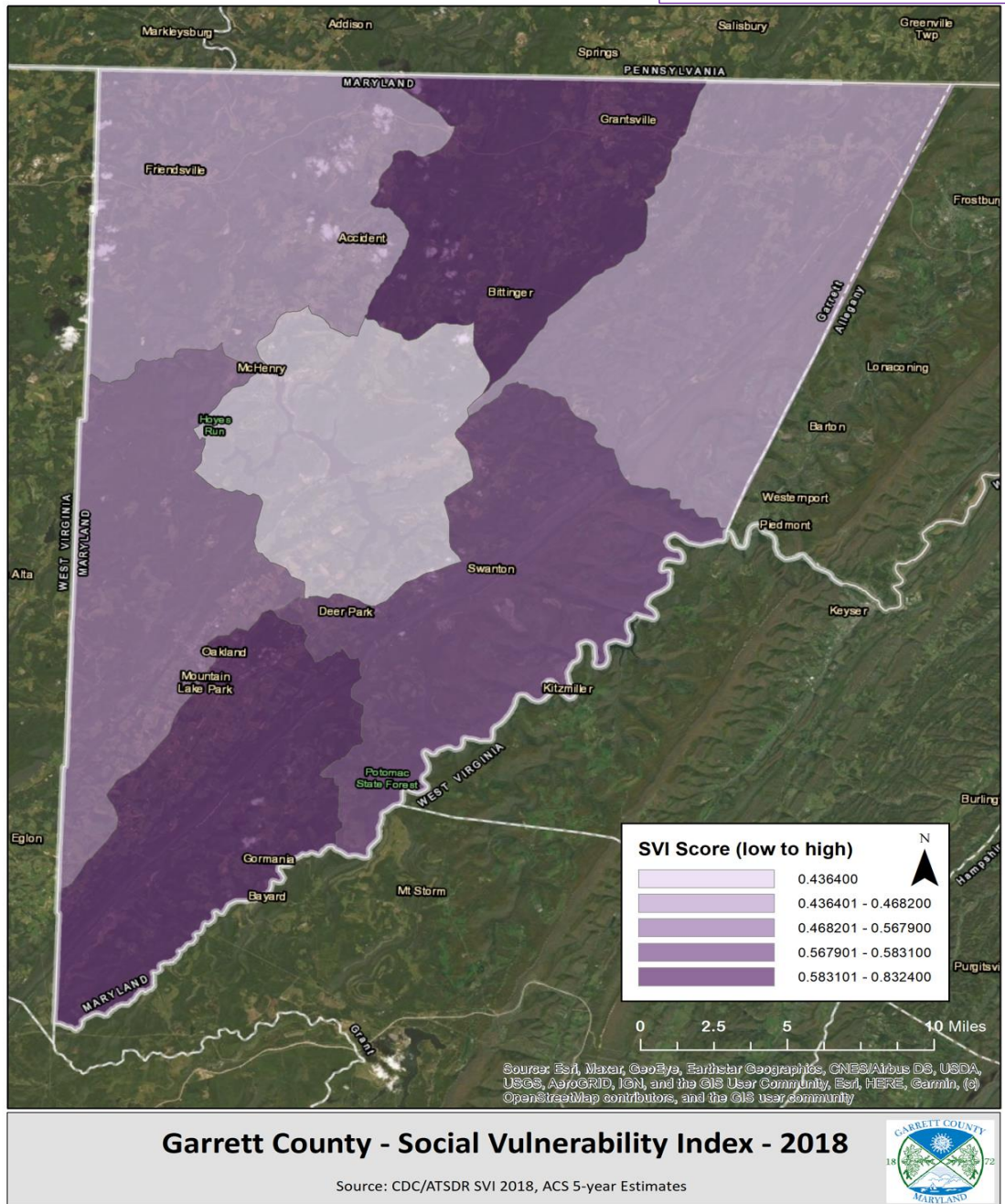
APPENDIX 2: MDH Guidance on ADA/AA Guidelines for the Deaf and Blind (Excerpt)

**APPENDIX 3: MD National Guard Vaccine Equity Task Force Request Form
(Request for Community-Sponsored COVID-19 Vaccine Events)**

APPENDIX I Garrett County Social Vulnerability Index

The Social Vulnerability Index (SVI) utilized was originally developed specifically for the Center for Disease Control (CDC) and is designed to aid public health officials and emergency response planners identify vulnerable populations that most likely need support before, during, or after a hazard event. The SVI is calculated for the County overall (by census tract). Currently, the existing SVI for Garrett County utilizes 2018 ACS 5-year estimate data. The SVI included below includes 2019 ACS data, which is currently the best available demographic data to work with for this type of analysis.

CDC SVI ranks each tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Each tract receives a separate ranking for each of the four themes, as well as an overall ranking.



APPENDIX 2: MDH Guidance on ADAAG Guidelines for the Deaf and Blind (Excerpt)

4. ADAAG

I. Effective Communications (auxiliary aides and services)

1. American Sign Language via Video Remote Interpreting (VRI)
2. Scheduling Deafblind interpreters in advance – hand over hand assistance, PPE shall be provided by site staff to patient and interpreter onsite.
3. Assistive Listening Devices -helps to amplify sound.
4. CART – Communication Access Real Time
 - a. Used onsite or remotely, captioner listens to what is being said and captions it on the listening device.
 - b. Alternatives at sites include speech to text software (Google assistant, Siri, Transcribe, Otter, etc.)
5. Magnifiers
6. Clipboards with pen and paper or whiteboards should be available as alternative methods of communication.
7. Allow a support person to join individuals who need assistance due to disability.
8. Use a clear mask where possible for deaf and hard of hearing patients.
9. Hot spots and Wi-Fi must be working, tablets and cell phones charged.
10. Large Print, Braille, Plain Text versions of documents
11. Picture charts for those with cognitive disabilities

II. Entrance

1. At each site, locate and indicate wheelchair accessible entrances.
2. A sign with the International Symbol of Accessibility should be on display to indicate the following:
 - a. Entrances, exits and accessible restrooms.
 - b. Be ready for unscheduled accommodation requests.
3. Signage is an important accessibility tool that may lessen the communication impact of masks.
 - a. Signs should be in large high-contrast characters to be accessible to people with visual impairment.
 - b. Signs showing where lines start/end and where patients should stand.
 - c. Include which direction “traffic” goes.
 - i. Signs showing location of waiting areas.
 - d. Signs showing Location of accessible bathrooms.
 - e. Location of the clinic and wheelchair accessible entrance
 - f. Signs should be laminated and displayed in highly visible areas.

III. Greeters and Check-In

1. Greeters should be present at entrances to assist patients with visual or cognitive disabilities.

IV. Waiting Areas/Lines

2. Accessible waiting areas for those who are unable to stand in long lines and/or chairs (at least 6 feet apart)
3. Wheelchair(s) should be available for those needing this mobility assistance.

V. Mobility Impairments

1. *Mobility impairments can cause access challenges for individuals with disabilities:*
 - a. *Wheelchair users will not be able to access sites that require the use of stairs. Elevators need to be operational at all times so the site is operational.*
 - b. *Those with reduced ability to walk may need places to rest. Provide clearly marked resting places to sit.*
 - c. *It is important to be aware of these and ensure the physical accessibility of sites.*

Additional issues include:

 - i. *Ensuring that hallways/walkways are greater than 4 feet wide for individuals using walkers or power chairs.*
 - ii. *Ensure patients are asked if they require assistance to receive*
 - iii. *Provide designated “accessible” wheelchair seating in the post vaccine “waiting area”.*

VI. Pulmonary Patients using supplemental Oxygen via nasal prongs.

1. *These persons may experience difficulties with mobility and with wearing a face mask. Offer (and provide) these persons face shields as an alternative to reduce risk of COVID-19 transmission.*

VII. Service Animals - is a dog or miniature horse that has been trained to perform disability-related tasks for someone with a physical or mental disability.

1. *Does not require service animals to be certified, licensed, or registered as a service animal. Nor are they required to wear service animal vests or patches, or to use a specific type of harness.*
2. *Requires that service animals be under the control of the handler at all times and be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents him from using these devices.*
3. *Public entities may exclude service animals only if:*
 - a. *the animal is out of control and the handler cannot or does not regain control; or*
 - b. *the animal is not housebroken. If a service animal is excluded, the individual must be allowed to enter the facility without the service animal.*
 - c. *Still must allow constituent opportunity to receive service without an unruly service animal during visit.*
4. *Public entities may not require documentation. In situations where it is not apparent that the dog is a service animal, a public entity may ask only two questions:*
 - a. *Is the animal required because of a disability?*
 - b. *What work or task has the animal been trained to perform? Public entities may not ask about the nature or extent of an individual's disability.*
 - c. *Emotional support or comfort animals are not considered service animals under the ADA.*

VIII. Other important points

1. *Entity staff shall not make decisions that negatively impact constituents with disabilities based on assumptions and preconceived notions. Each request shall be evaluated on a case-by-case basis.*
2. *Entities are not required to fundamentally alter the nature of the program, service, or activity.*

3. *Patient meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity, with or without reasonable modification/accommodations and removal of barriers.*
4. *Disabilities manifest differently for everyone.*
5. *Ask how you may assist rather than assuming (i.e., all deaf and hard of hearing cannot read lips)*
6. *Give primary consideration to the accommodation requested.*
7. *Entities cannot require special requirements to participate.*
8. *Although the site may be accessible, reasonable modifications may still be requested; obligations apply.*

**APPENDIX 3: MD National Guard Vaccine Equity Task Force Request Form
(Request for Community-Sponsored COVID-19 Vaccine Events)**

Communities requesting vaccine supply and other resources for COVID-19 vaccination events should complete the form below and submit to: ng.md.mdarng.list.vet-distro@mail.mil.

- 1) Requesting Organization:
- 2) Proposed Site for Vaccination Event:
- 3) Site Type (e.g. parking lot, auditorium, gymnasium, etc.):
- 4) Site Point of Contact
 - Name:
 - Phone Number:
 - Email:
- 5) Desired Start Date:
- 6) Projected Finish Date:
- 7) Number of individuals projected to be vaccinated:
- 8) Demographics of the individuals intended to be vaccinated:
- 9) What are the barriers to vaccine access and how will you address them?
 - Messaging:
 - Transportation:
 - Physical (mobility, hearing, vision, etc.):
 - Computer Access:
 - Hesitancy:
- 10) Existing Public and Private Partnerships (if any)
 - Local Health Department (POC name and phone number):
 - Pharmacy Support (POC name and phone number):
 - Medical Support (POC name and phone number):
- 11) Number of community personnel that can support the vaccination event:
- 12) Number of supporting community members with medical expertise (e.g. nurses, EMTs, etc.):
- 13) How will you identify and register individuals for vaccination?
- 14) Is interpreter support needed?
- 15) If so, what language (s)?
- 16) Will the community provide interpreter services?
- 17) What is the community's overall goal in supporting the vaccination event?