

Push is on to expand COVID-19 vaccine access in hardest-hit areas

APR 2, 2021

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What's the news: The Biden administration will spend \$10 billion to expand COVID-19 vaccine access to the “hardest-hit and highest-risk communities.”

According to a White House fact sheet, the plan includes using:

- \$6 billion from the American Rescue Plan to broaden vaccine access at nearly 1,400 community health centers to expand COVID-19 vaccinations, testing and treatment while delivering preventive and primary care services to people at high risk for COVID-19. Plans also call for increasing centers’ operational capacity “during the pandemic and beyond” through infrastructure modifications and the use of mobile units.
- \$3 billion to “strengthen vaccine confidence” by supporting local efforts to increase “access, acceptance and uptake.” More than half the money will come from American Rescue Plan appropriations and the program will be administered through the existing cooperative agreements the Centers for Disease Control and Prevention (CDC) has with 64 jurisdictions including states, large cities, U.S. territories and tribal governments.
- \$300 million for community health worker services to address disparities in COVID-19 testing, contact tracing and vaccinations; and to lower COVID-19 risk factors such as chronic disease and food insecurity. An additional \$32 million will go toward training, technical assistance and evaluation.

Related efforts include partnering with outpatient dialysis clinics to vaccinate patients and staff and expanding vaccine eligibility at community health centers to include front-line essential workers and anyone age 16 and older who has a medical condition that puts them at higher risk for COVID-19.

Why it's important: The administration explains that “equity is at the center” of this response and it aims to better serve Black, Hispanic, Indigenous, rural and low-income populations that have experienced a disproportionate impact by the pandemic.

“Building confidence will become increasingly important as we reach a point where the supply of vaccine outpaces demand,” AMA Chief Health and Science Officer Mira Irons, MD, said during an episode of the “AMA COVID-19 Update” discussing the White House plan to expand vaccine access to high-risk communities.

“When that happens, the chief concern will not be a shortage of vaccine, but convincing those who are skeptical of the vaccine to get the shots and deciding what to do with the growing stockpile,” Dr. Irons said. “It’s not just convincing people to get shots, it’s providing access to everybody to get the vaccines in a really easy manner.”

The initiative involves meeting patients “where they are,” Dr. Irons explained.

In a column she co-wrote for NPR, AMA Chief Health Equity Officer and Senior Vice President Aletha Maybank, MD, MPH noted the importance of this approach.

“Many people don’t have a reliable way to get to the health center or hospital,” Dr. Maybank wrote. “Having to drive two or three hours round-trip to see a doctor, or take two or three buses, can be a significant barrier to getting quality care.”

Examples of how the money may be used include supporting door-to-door outreach to schedule vaccination appointments or hiring staff or extending hours of operation at community health centers.

Dr. Maybank noted that such outreach efforts and having Black doctors staff 24-hour vaccination clinics have “not only helped get vaccine into communities, but have provided opportunities for listening to community members.”



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Learn more: April is National Minority Health Month and the Health and Human Services Office of Minority Health has adopted the theme #VaccineReady for its efforts focusing on the disproportionate impact COVID-19 has had on Black, Hispanic, American Indian and Alaska Native communities.



The AMA's COVID-19 vaccines guide for physicians contains evidence-based messaging guidance and best practices for consideration in external communications on COVID-19 vaccine topics. Examine the structural issues that contribute to and exacerbate existing inequities.