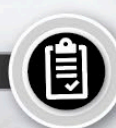**Cal OES**
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Inclusive Planning Blueprint for Addressing Access and Functional Needs at Mass Testing/Vaccination Sites

COVID-19 LESSONS LEARNED BY CAL OES OFFICE OF ACCESS AND FUNCTIONAL NEEDS

Preparedness & Planning

Outreach & Information Sharing

Registration & Scheduling

Site Setup

Assessing & Readapting Site

Transportation

ACCESSIBLE PARKING

INTERPRETERS

Cover Letter

GAVIN NEWSOM
GOVERNOR

MARK S. GHILARDUCCI
DIRECTOR

November 19, 2021

All,

This Inclusive Planning Blueprint for Addressing Access and Functional Needs at Mass Testing/Vaccination Sites document is a component of a broader post-event review/After Action process conducted by the California Governor's Office of Emergency Services (Cal OES) for the COVID-19 pandemic. It serves to highlight inclusive whole-of-community planning and lessons learned for access and functional needs following the state's mass vaccination project in Spring 2021.

California's COVID-19 vaccination efforts were led by state and local public health and medical experts, the private sector, federal partners, non-governmental organizations, community-based organizations, and the faith community, all of whom were united in the dynamic mission of protecting individuals from the detrimental effects of the disease and improving the wellness of our state. However, when it became clear that the pace of vaccination necessitated a scaled response, Cal OES and the Federal Emergency Management Agency (FEMA) were also called upon to deploy state and federal agency resources to implement two "mega" vaccination sites in underserved areas of Alameda and Los Angeles counties. These sites represented a first-of-its-kind partnership between federal and state agencies, local public health and public safety agencies, the private sector, and community leaders.

Cal OES' part in planning and setting up these vaccination sites resulted in guidance and improvements to all facets of the vaccination process. It is with gratitude and recognition to all our partners that we provide this document to aid future mass vaccination efforts as part of our overall review of the COVID-19 response.

Sincerely,

Mark S. Ghilarducci
Director

Acknowledgements

California Governor's Office of Emergency Services (Cal OES) Office of Access and Functional Needs (OAFN) would like to give sincere thanks to all the staff members and community partners that worked hard along us for ensuring that inclusive planning was a part of the Californian vaccination experience at the pilot test sites. We would also like to acknowledge the input and review of this blueprint document that made this compilation of lessons learned possible by the all the contributors listed below.

Interpreters from the combined efforts of the mobile site and at the Oakland Coliseum celebrating the 20,000 community members served milestone on April 16, 2021.

Cal OES Access and Functional Needs Community Advisory Committee:

- Andy Imparato, Executive Director, Disability Rights California
- Ana Acton, Executive Director, FREED Center for Independent Living
- Brian Snyder, FREED Center for Independent Living
- Aaron Carruthers, Executive Director, State Council of Developmental Disabilities (SCDD)
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- Christina Mills, Executive Director, California Foundation for Independent Living Center (CFILC)
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- Gina Biter-Mundt, Community Advocate
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This document was designed and compiled with the help of Constant Associates, an emergency management company in California that was contracted by Cal OES for this important effort.

Executive Summary

The leadership of the medical and health experts in our nation enabled California's state and county public health leaders to establish the foundation of California's vaccination plan and rollout. Partnerships with federal and state officials as well as with the private sector were critical in the success of the first state-run vaccination sites. Cal OES was an integral partner in this mission to employ a whole-of-community approach that focused on the underserved communities and those most affected by the coronavirus disease 2019 (COVID-19).

Cal OES' role of planning and setting up these vaccination sites gave guidance and improvement to all facets of the vaccination process, including simplifying eligibility, standardizing information and data, and addressing available supply by streamlining the process.

This **Inclusive Planning Blueprint for Mass Testing/Vaccination Sites** document (Blueprint) is a component of a broader after action process conducted by Cal OES post the California mass vaccination pilot project and serves to be lessons learned from the whole-of-community lens.

Table of Contents

Introduction

The emergence of COVID-19 reshaped the way public health emergencies are managed. Specifically influencing the way mass testing and vaccination sites are planned and run to mitigate the damaging spread of COVID-19 and its devastating impacts. While all disaster response activities must address the needs of the whole community, it became especially important that mass testing and vaccination activities were accessible and equitable for everyone to reduce the potentially life-threatening impacts of COVID-19.

The pilot project served many community groups from different socioeconomic and ethnic backgrounds. Between the pilot sites, about 720,000 vaccination shots were administered, with 60% of those served underrepresented communities.

Cal OES has had a strong history of adopting integrated approaches to managing disasters and is a global leader in inclusive planning. For instance, a key component of California's response to COVID-19 was the planning and opening of drive-through testing sites. Operating through the lens of inclusion and equity, Cal OES partnered with the Pacific Americans with Disabilities (ADA) Center to develop an ADA drive-through checklist and Fact Sheet. These documents provided information for jurisdictions designing testing operations to empower them to develop accessible sites. The resource also helped communities better understand the types of reasonable accommodations or programmatic modifications that could be necessary to ensure accessibility for all.

In February 2021, California state government and the Biden-Harris Administration announced the beginning of a pilot project to establish community vaccination centers. In partnership with the Federal Emergency Management Agency (FEMA), Cal OES launched a mass vaccination pilot project to reach people in underserved areas, starting in California. The pilot sites were based at the Oakland Coliseum, Oakland and California State University, Los Angeles to reach communities disproportionately impacted by COVID-19. The sites were situated in two of the most diverse and socioeconomically challenged communities within the nation. Additionally, two mobile vaccination clinics were deployed in each city to provide added advantage of reaching more neighborhoods.

Within the first eight weeks of pilot, Cal OES OAFN identified specific accessibility and inclusive planning lessons learned that were used to refine the vaccination process and sites. The findings from the pilot along with lessons identified during testing site design were translated into recommendations on how to conduct mass testing and vaccination activities in a manner that ensures greater equity and opportunity for Californians with disabilities, older adults, and anyone with an access or functional need. This document serves as a collection of those lessons learned and provides guidance that other jurisdictions can use when they establish testing/vaccination sites to ensure physical and programmatic accessibility.

Blueprint Overview

This Blueprint is written for emergency planners of governmental, private sector, and community based organizations (CBOs). The Blueprint provides a comprehensive list of lessons learned and guidance that can be used to integrate access and functional needs-related considerations when creating mass testing or vaccination plans at the state, regional, tribal, territorial, or local levels.

The Blueprint is based on:

- Access and functional needs-related lessons learned from 2020-2021 COVID-19 testing and vaccination activities
- Interviews with stakeholders in California's access and functional needs community
- Conversations with the Cal OES Office of Access and Functional Needs Community Advisory Committee
- Reference materials listed in 'Appendix B'

The Blueprint is organized by the following areas of focus:

Communications

Effective ways to communicate with and reach the whole community.

Physical Access

Steps to ensure sites are physically and programmatically accessible.

User Experience

Ways to provide the best overall experience during communicable disease testing and vaccination for people with disabilities and individuals with access and/or functional needs.

Community Engagement

Effective practices to engage people with disabilities and individuals with access and/or functional needs, and the organizations that serve them, during the planning and implementation of testing/vaccination sites.

In each area of focus, the Lessons Learned, guidance, and associated actions ("Blueprint for Success") are reported within one of the phases of mass testing or vaccination site development/implementation where access and functional needs should be addressed:

- **Preparedness and Planning** – What needs to be done on the access and functional needs side before setting up testing or vaccination sites.
- **Community Outreach and Information Sharing** – What is needed to reach the whole community before they come to the testing/vaccination site.
- **Registration and Scheduling** – What is important for inclusive registration processes.
- **Site Setup** – What are consistent planning principles to ensure all sites are accessible and meet the needs of all clients and visitors.
- **Transportation** – What is needed for everyone in the community to be able to get to and from the testing/vaccination sites.
- **Assessing and Adapting Sites** – What can be assessed during the testing/vaccination process to continuously adapt to meet the real-time needs of the community.

For ease of planning and implementation, 'Appendix C' is included with this Blueprint to include all the Lessons Learned and "Blueprint for Success" actions as a self-assessment guide. With the implementation of this Blueprint, citizens and their communities will be better prepared for, and able to respond to, any high consequence infectious disease.

Combination of signage and digital media was utilized at the pilot sites to offer more ways for people to obtain more vaccination information.

Communications

Introduction

Clear communication that can be accessed and understood by the public is an essential element of an effective communicable disease response. From the dissemination of public information, to appointments, to on-site communication, clear information will help community members navigate what could be an unfamiliar setting and experience.
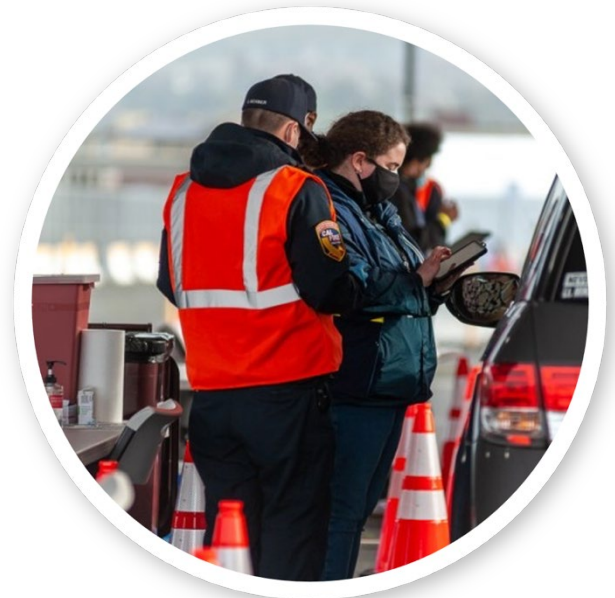
Partnerships and trained staffed stationed at different points within the mass vaccination site helped to ensure direction, instruction, and information were well received. At its busiest point 1,000 people were staffed at the Oakland Coliseum.

As Cal OES considered this need in anticipation of mass testing and vaccination, it identified and employed a variety of resources necessary to deliver effective communications. This entailed ensuring considerations for outreach and information with the whole community were included during the planning process, training and familiarizing staff on disability etiquette and technology that could be used for translation and accommodation, and designing sites to have as inclusive as possible communication.

This was especially important during the COVID-19 pandemic as much of the information being shared was new and potentially confusing. Medical terms, websites, the registration processes, etc., were unfamiliar or newly created. Add to that the stress of a communicable disease outbreak and the worry of getting a test or a vaccine and many people, particularly individuals with access or functional needs, may perceive the process as overwhelming. This makes communicating in a clear and understandable way an extremely important factor.

Lessons Learned

Preparedness & Planning

Contracting

Pre-existing contracts for language and interpreting services before disasters speeds up the availability of translation/interpretation and provides templates for just-in-time vendors. Cal OES regularly uses translation and interpretation services throughout the state before, during, and after disasters. Having contracts with vendors (translation services, Video Remote Interpreting [VRI] services, NorCal Services for Deaf & Hard of Hearing, etc.) that provide translation in the languages spoken throughout California allowed Cal OES to quickly engage translators for in-person verbal, written, and telephonic communication. These pre-existing contracts made it easier to determine the services needed and where to deploy them. They also provided templates that expedited this process. Cal OES was able to rapidly assess and provide translation and American Sign Language (ASL) interpreting services for anybody who needed it while at the testing or vaccination site using these existing relationships.

Staff Training

Staff members need training in reasonable accommodations relevant to mass testing and vaccination. Staff members need to have knowledge of potential reasonable

accommodation requests and reasonable accommodations are available to serve and support people with disabilities and individuals with access and/or functional needs.

Planners and staff need to be trained in cultural competency and on the etiquette of communicating and engaging with people with disabilities and individuals with access and/or functional needs. Having staff who understand the needs of the whole community and that are trained on how to respectfully communicate with a variety of people serves to increase everyone's comfort throughout the process. This includes training on disability etiquette, religious considerations, privacy, sensitivities surrounding immigration status, vaccine hesitancy, and more.

Technology

Language service-related technology needs to be updated, prepared, and tested before training staff on its use. Working with the Emergency Operations Center (EOC) Incident Commander and Logistics team, Cal OES supplied staff at mass vaccination sites with tablets pre-loaded with an app to provide VRI for ASL and a phone number to call for real-time foreign language translation services. This mobile technology was checked by the Logistics team to ensure it was updated, pre-loaded, logged in, and that the app was easy to find. Staff were introduced to the app and technology before they started working and were given log-in information in case they needed it. Making the technology as accessible and as easy as possible for all staff to use increased efficiency and reduced barriers.

Blueprint for Success – Preparedness & Planning

Contracting

✔ Pre-identify language and/or ASL service vendors who can translate and interpret the most commonly-spoken languages and sign language needs.

✔ Leverage existing translation and interpretation contracts. Use existing contracts as a template to expedite new vendor agreements.

Staff Training

✔ Provide training and education to staff and volunteers on communication etiquette and protocols for interacting with people with disabilities and individuals with access and/or functional needs. This includes staff and volunteers involved in all phases of the testing/vaccination process (e.g., planning, registration, on-site, etc.).

✔ Provide just-in-time training to all testing and/or vaccination site staff regarding cultural competency, preferably scenario-based, to identify vaccination or testing-specific considerations. Make this training available to organizations and agencies that are independently coordinating testing and vaccination sites.

✔ Ensure all staff are familiar with possible reasonable accommodation requests and the available reasonable accommodation services at all sites.

Technology

✔ Coordinate with Logistics team to arrange for language service-related technologies to be available, prepared for use, and tested before sending it to testing or vaccination sites. Include familiarization with the tools during orientation for staff.

Community Outreach & Information Sharing

Identifying High-Risk Populations

Engage with community based organizations (CBOs) on how to identify and communicate with high-risk populations. Identifying high risk populations, such as people with disabilities and individuals with access and/or functional needs, older adults, and individuals who are homebound, is essential. Local organizations such as Areas Agencies for Aging (AAAs), Independent Living Centers (ILCs) and Aging and Disability Resource Centers (ADRCs) have insight and guidance on how to reach the whole community.

Diverse Marketing and Images

Images in communication and outreach materials need to demonstrate diversity. When representing the overall population in graphics, people with disabilities and individuals with access and/or functional needs need to also be represented. Failing to do so can isolate and even discourage underrepresented populations from going to testing or vaccination sites. Along with inclusive language, diverse images and graphics need to be incorporated in messaging.

Accessible and Equitable Formats

Communication methods must be diverse and designed to reach the whole community. Providing information using multiple platforms and communication options provides more access and self-determination for people in the community. Messages need to

be translated into multiple languages. Planners and jurisdictions need to ensure that websites meet accessibility and Section 508 compliance. Consider those without web access and set up hotlines to ensure communities can determine which platform is best for them. Messages about testing or vaccination efforts as well as support services available for people accessing them need to be written in a manner that is understandable and informative while also accounting for culture and lived experience.

Blueprint for Success – Community Outreach & Information Sharing

Identifying High-Risk Populations

✔ Engage with CBOs that serve people with disabilities and individuals with access and/or functional needs to help construct communication strategies.

Diverse Marketing and Images

✔ Craft messages using clear, plain, and inclusive language to represent the whole community.

✔ Utilize diverse and inclusive photos and marketing materials inclusive of people with disabilities and individuals with access and/or functional needs.

✔ Design communications with the end user in mind. Whenever possible, test public communications with a small group of audience and ask for feedback.

Accessible and Equitable Formats

✔ Ensure multiple accessible communications and information sharing platforms, including website and phone hotline.

✔ Budget time and money for Section 508 compliance checks for websites, signage, and written messaging.

✔ Ensure documents use plain language. Work with Public Information Officers to establish a process whereby all written products are reviewed for accessibility before they are shared with the public. Identify areas to use plain language and increase clarity so the public, or specific audiences, can understand and take the desired actions necessary.

Registration & Scheduling

Electronic Registration

Electronic registration systems need to be Section 508 compliant, multilingual, and use plain and clear written language. The electronic system, MyTurn, allowed Californians to be notified when they were eligible to be vaccinated and to register for vaccination appointments. To ensure consistency and accessibility throughout the state, California began requiring all counties to adopt the MyTurn portal, which centralized the vaccination registration process. California continued to expand access and by March 2021, the MyTurn platform was Section 508 compliant and available in 12 languages (Armenian, Japanese, Khmer, Punjabi, Russian, Chinese (Simplified), Chinese (Traditional), Korean, Spanish, Tagalog, Vietnamese, and English).

Telephone Registration

Telephone registration systems need to have multilingual navigation menus. California's MyTurn telephone system was available in the six most commonly spoken languages in California (Chinese (Simplified), Chinese (Traditional), Korean, Spanish, Tagalog, Vietnamese, English). The navigation menu was also multilingual to ensure callers could understand how to choose a language other than English from the beginning.

Automated messages on phone systems need to be useful and clear, especially for messages when people are placed on hold. Cal OES found many people were placed on hold through the Interactive Voice Response System (IVRS) when they were trying to register for appointments. By working with the IVRS provider, holding messages were updated to include hold time and information, with an option to have someone return the call instead remaining on the line.

Reasonable Accommodation Language

Include reasonable accommodation language with suggested options during registration. Cal OES worked with Disability Rights California to develop language for reasonable accommodation and provided a suite of options that could be checked if needed while using MyTurn. The appropriate language was important and suggested options was vital so people understood what accommodations could be requested. This addition provided site staff with a better idea of who was scheduled to be at the vaccination site and gave administrators time to ensure resources were available.

Follow-Up Communication

Communication about appointments to people who are registered needs to be accessible (e.g., confirmations, second dose scheduling) and expected. Inform

residents how appointment confirmations and reminders will be provided (e.g., phone call, email, text) to help them anticipate potential calls from unlisted numbers or plan translation or communication needs (e.g., having voicemails translated to text or another language). If possible, provide options to choose the best method for follow-up notifications as it allows people to determine the best language and accessible format for them. Follow up notifications need to also be scheduled to leave ample time for response to any necessary action steps.

Follow up appointments are best if they are automatically at the same location as the first appointment. Some COVID-19 vaccination sites in California automatically scheduled people for their second dose after receiving their first. The consistency of navigating and coordinating the experience at the same site will help reduce stress for people who have cognitive disabilities or sensory integration concerns.

Blueprint for Success – Scheduling & Registration

Electronic Registration

- ✔ Ensure appointment registering systems (websites, phone, in-person) are accessible. Make sure existing systems meet website Section 508 compliance, use plain language, have options for multiple languages, and are accessible to screen readers. Each option should be available and usable for all people.

- ✔ Take time to test communication methods to ensure they are accessible for people who do not speak or read English, are deaf or hard of hearing, blind or have low vision, or have other access and functional needs.

Telephone Registration

- ✔ Anticipate and incorporate language needs into phone navigation menus on registration platforms.

- ✔ Check automatic messages for their usefulness and clarity. Have messages communicate what is happening and give information on expected wait times in languages and formats that community members can understand.

- ✔ Include the option for someone to call back when on hold to save cellphone minutes. Make sure that it is clear when to expect the call so people are willing to answer unknown numbers, or explore if/how to register number to display calling organization name.

Reasonable Accommodation Language

✓ Include an option during registration to indicate if reasonable accommodations are needed and provide examples to help people know what types of accommodations and resources are available.

Follow-up Communication

✓ Ensure appointment reminders, call back confirmations, or other follow-up communication is accessible. Have multiple options for getting follow-up information (e.g., email, phone call, text message in preferred language) so people can choose the best way for themselves.

✓ Offer the option to reserve second dose or follow-up visit dates and times at the vaccination site where the first dose was given. Provide information in accessible forms and ensure there is flexibility in rescheduling to the extent possible.

Site Setup

Written Communication

Handouts and documentation onsite need to be reviewed for comprehension and accessibility. The information provided at testing and vaccination sites need to be clear at all times to provide critical information about the process. Cal OES provided printed material that was available in multiple languages, large print, and Braille. There was also closed captioning and audio description for videos played.

Translation and Interpretation

In-person ASL interpretation services are more effective than virtual ASL interpretation. Although fewer people at a testing or vaccination site is better for physical distancing, Cal OES determined it was important to have ASL interpreters physically present at all state-run sites (fixed and mobile) with virtual services available as a backup. This was based on experience and input from consumers that in-person ASL interpretation is preferred.

Translators and interpreters need to be arranged well in-advance and cannot be last-minute requests. MyTurn asked registrants to identify language needs ahead of time to forecast needs. Doing so provided each site with the advance notification needed to provide better service to individuals needing accessible resources and helps avoid "last minute" situations when accommodations may be unavailable.

Onsite Technology

Strong wi-fi is required at testing and vaccination sites to ensure everyone can connect to personal communication devices and VRI services. Many people with disabilities rely on internet connectivity to operate their communication assistive devices or remote-interpreting services, as well as staff who may need virtual interpretation or access to videos to stream on video monitors. Sites required a strong wi-fi connection to successfully provide these services during appointments, and it is up to site planners to account for the necessary infrastructure.

Video monitors playing closed captioned messages with instructions for site visitors are a best practice. Cal OES placed instructional video displays at site entries in all formats, which helped provide strong messaging at sites and provided people with information on what to do and where to go, as well as how to ask for help.

Signage

Signage must be visible from all angles. Not all users and visitors to a site have the same line of sight, whether they are sitting, using a wheelchair, a mobile scooter, or driving through the site in a paratransit shuttle. Planners should not assume that signage posted at "eye level" for a walk-up visitor will be visible for someone in a vehicle. Having community partners and advocates visit sites to evaluate signage before opening a location helps to identify issues such as angles and barriers to signage visibility.

Strategically place staff around the site to assist with directing/re-enforcing posted. While sites provide signage in multiple languages and formats (e.g., graphic icons), using additional staff strategically placed in key areas to re-enforce where to go, what to do, and what services are described on signage ensures messages are understood by site visitors. Additionally, universal accessible "Just Ask" flyers can be placed within the site for staff to give visitors a list of the accessible services available.

Creating a detailed "Frequently Asked Questions" (FAQ) document to post on signage, websites, and provide to all site visitors helps address many issues before they arise. Site planners compiled FAQ documents outlining what resources were available at various site locations. Documents included questions such as – Will there be an area for service animals to relieve themselves? Is there access to wi-fi? Does the site provide wheelchairs/walkers? Will there be shade/covered areas to sit? These FAQs can be posted to communication channels, emailed to appointment registrants, and made available on-site.

Blueprint for Success – Site Setup

Written Communication

✔ Have auxiliary aides available on-site including printed materials in Braille and large print. Use closed captioning, audio describing videos, and onsite or remote interpreters.

Translation and Interpretation

✔ Prepare to have in-person ASL interpreters available at each site for each shift, or on-call upon request made during appointment scheduling.

✔ Solidify translator and interpreter services ahead of time with community partners and establish a clear process for identifying when they will be needed and how they will be notified (with appropriate lead time). This may include having translators or interpreters "on-call" as well for last minute requests, or on-site at all times.

Onsite Technology

✔ Ensure strong wi-fi connectivity is available at sites and signage providing visitors with information on how to connect or request assistance connecting.

✔ Setup video monitors near the entrance to the site with closed captioning for visitor instructions.

Signage

✔ Integrate community members and local CBOs, disability advocates, ILCs, and other organizations to assist in planning the setup of a site as well as to conduct a walk-through of the site.

✔ Have signage ready for each area of the site in the most common languages in the community as well as graphic icons.

✔ Set up staff in key areas near high visibility signage to re-enforce messaging and assist those who may have trouble seeing or understanding content.

✔ Create a tailored FAQ document for each site detailing layout and resources available. Post online, send to those who register for an appointment, post on site signage, and give site visitors a hard copy.

Transportation

Access to Transportation Information

Transportation services need to be promoted across multiple channels. A variety of transportation services were made available to ease access to vaccination sites. Bay Area Mass Transit (BART) and other mass transportation companies, paratransit, community organizations with owned vehicles, etc. provided options for people to get to and from vaccination sites. Promoting transportation resources accessible online, email, print, video, etc. formats is a best practice to reach the whole community. Promoting partnerships between jurisdictions and transit services or promotions for discounted/free transportation through a variety of channels helps reach a range of individuals and encourages equitable access to testing and vaccinations.

Blueprint for Success – Transportation

Access to Transportation Information

✔ Develop partnerships with CBOs, private companies, government agencies, etc. to develop a communication strategy for increasing awareness of transportation options to and from the testing/vaccination sites.

Assessing & Readapting Site

Site Language Needs

Daily review of translation needs per site shows trends and informs how to appropriately allocate services. Cal OES initially worked with community partners to determine which language and accommodation services may be needed at mobile sites throughout local communities. To ensure needs were being met, data was collected by on-the-ground staff at the fixed and mobile sites to assess services most frequently needed, and then adjusted the allocation of interpreters, if necessary.

Blueprint for Success – Assessing & Readapting Site

Site Language Needs

Track translation and interpretation needs at the testing and vaccination sites. Check with field staff to determine what services are being used the most often and assess if and how to reallocate services throughout the sites.

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Physical Access

Introduction

The ability to access technology or physical locations is different for everyone in the community. Some people may not have computers, phones or cellular plan minutes, consistent utilities, or personal vehicles. At testing and vaccination sites, the ability to physically navigate the setting from arrival to departure is also critical. In a communicable disease outbreak this means considering the needs of those with chronic health conditions and their ability to safely visit testing/vaccination sites. According to federal mandates, any federally-funded or supported entity must ensure that anyone immunocompromised can secure "greater social distancing than is typically required to navigate a vaccination site safely." Planners will need to consider how people can access information and sites, while also assessing the locations for compliance and accessibility. While the sites' physical characteristics may be limiting, planners and organizers can try to ensure that visitors are comfortable and protected during their appointment.

Lessons Learned

Preparedness & Planning

Choosing a Location

Locations with politically charged associations can limit accessibility of a site. Vaccination sites near faith-based organizations, law enforcement, or other regulatory

agencies may be less likely to be visited by some community members. People who associate these potentially politically charged locations with actions contrary to their cultural, religious, or legal history may choose to avoid visiting the testing or vaccination site. For instance, those with undocumented status or prior history with regulatory agencies may be hesitant to visit locations closely located near law enforcement agencies.

Partnering with CBOs and nationwide networks (e.g., the Aging Network) to select locations for sites can help solve accessibility issues. Site planners who partnered with an existing organization, such as the Aging Network, aimed at serving people with disabilities and individuals with access and/or functional needs had a higher probability of success in terms of site access. The Aging Network already works to reach older adults. Because of the full range of services and support they provide, these organizations can serve as a trusted entity and provide a variety of locations for vaccine or testing clinics targeted toward those who need additional help or encouragement in obtaining the vaccine or getting a test.

Identify transportation accessibility concerns and gaps at physical sites. As vaccine sites were being selected across jurisdictions, the ease to which people could reach the site was taken into consideration. Locations were chosen that could accommodate large groups in places that were near public transportation. Additional mobile sites were identified based on needs in the community and placed in locations that were easy to reach by multiple modes of transportation.

Blueprint for Success – Preparedness & Planning

Choosing a Location

✔ Screen selected locations for proximity to politically-charged agencies, organizations to encourage visitors to feel comfortable accessing the site.

✔ Partner with community-based networks and organizations such as the Aging Network to leverage their ability to reach hard-to-reach populations in site selection process.

✔ Allow CBOs, disability advocates, subject matter experts, and community members to provide input on the locations selected.

✔ Map out transportation routes to determine gaps to and from the site.

Site layout and physical access of a mass testing/vaccination site needs thorough planning and assessment to ensure that the whole community can have the best experience possible during their appointment.

Registration & Scheduling

Self-Determination

Community members deserve choices in how to register for testing or vaccinations. MyTurn was available through telephone and internet access. Vaccination sites also provided walk-in appointment opportunities for people to register in-person. These options allowed everyone in the community to choose the registration method that worked best for them.

Provide the choice to use a dedicated registration phone number for individuals considered most vulnerable (e.g., older adults and people with disabilities). Some California jurisdictions created specific phone lines for people with disabilities and individuals with access and/or functional needs to call for vaccination registration. However, all methods of scheduling continued to be accessible. An additional, separate phone number offered community members another choice on how to register and improve accessibility and self-determination.

Blueprint for Success – Registration & Scheduling

Self-Determination

✔ Provide multiple accessible ways for people to register for testing or vaccinations and let users select their preferred option. This includes telephone lines, websites, or having trusted CBOs help community members throughout the registration process.

✔ Do not limit people who are considered priority or vulnerable to using only one dedicated registration system. Ensure self-determination and independence in deciding if and how to schedule appointments.

A Site Setup

Location Assessment

All sites, including pop-up or mobile testing and vaccination sites, need to be evaluated for accessibility. Pop-up or mobile sites were wonderful for increasing access to testing or vaccination services. The location of these mobile clinics (e.g., established partner locations, geographically well-positioned outdoor spaces) also needs to be evaluated for ADA compliance and ease of physical access.

Parking lots, walkways, driving lanes, and any area being utilized for a testing or vaccination site must have even terrain from entrance to exit that is wide enough and flat enough for those in a wheelchair. Distances that people need to traverse to reach the site, what the ground is made of, the size of space within hallways, etc. are part of the site design that need to be considered for its accessibility. In compliance with ADA accessibility guidelines, there also must be clearance at drive-through sites for wheelchair-accessible vans to approach and pass through the site.

Public Health Measures

All site areas need to be able to accommodate up to double the normal social distancing protocols, if needed. Some visitors who may be immunocompromised needed additional protections to limit the risk of infection during their appointment. While sites can be limited by their physical layout, staff can implement policies to provide additional protection, whether that includes doubling social distancing measures or providing a separate area for the individual to wait for services.

Some individuals were unable to keep a mask on for long periods of time and needed reasonable modifications to site Personal Protective Equipment (PPE) policies. State-run sites allowed modifications, such as providing a separate waiting area, curbside services, or even in-home vaccination referrals. Individuals could also be prioritized to "skip the line" if they were identified early and were at greater risk of infection if they had to stand in line or wait in a general seating area.

Support Persons and/or Caregivers

Individuals need the ability to bring support personnel and/or caregiving staff with them to their appointment. Caregivers or support personnel traveling with someone who has a disability and/or access or functional needs also must have reasonable access to the site. Ensure that site visitors are not separated from their support person during their visit. Site setup includes considering that visitors may include units of more than one person (e.g., support person, caregiver, etc.).

Vehicle Access

Designating pickup and/or drop off areas can help to provide a safe space for those waiting for a ride or paratransit shuttle. Many individuals do not have their own car or other means of transportation other than public transit or a pick-up/drop-off arranged from a third-party vendor, paratransit, or other service. With this in mind, sites with designated pick-up and drop-off areas (separate) ensured that visitors had a comfortable, safe spot to wait for their ride without interfering with the site's operations. It is key to have these areas covered (if outdoor), temperature-controlled, with access to restrooms and water, as well as some staff supervision.

For drive-through sites, have a designated lane for paratransit and/or public transit buses. Drive-through locations can often set aside a specific lane to provide testing or vaccination services to those on a paratransit or public transit vehicle without requiring them to get off the shuttle at all during their visit. This makes their visit quicker, easier, and limits the risk of the paratransit shuttle needing to drop off individuals and schedule another time to pick them up (often leaving them to wait for hours at a time). Creating private lanes with clearly marked signage for these types of transportation also reduces confusion and traffic.

Blueprint for Success – Site Setup

Location Assessment

✔ Achieve minimum physical access requirements for ADA compliance.

✔ Evaluate all sites, including mobile sites, for accessibility, including proximity to public transit, walkability, ramps, accessible restrooms, covered areas available, and others as identified in this document.

✔ Coordinate site selection and setup with ADA coordinators to ensure that all lanes, walkways, hallways, parking lots and spaces in between are wide enough and flat enough for wheelchair users from entrance to exit (as well as to and from public transit systems).

Public Health Measures

✔ Ensure areas can accommodate up to double the normal social distancing protocols, if needed.

✔ Secure a "safe" space near the site where those who may be immunocompromised can wait for services without having to wait in line with the general public.

✔ Implement reasonable modifications to site procedures and layout for those who may not be able to adhere to visitor PPE requirements, such as a separate waiting area, curbside service, or a "skip the line" option. Ensure these modifications are communicated to the individual clearly, and address them on site FAQ documents.

Support Persons and/or Caregivers

✔ Allow individuals to bring support persons and/or caregivers with them to each area of the testing/vaccination site and allow room in the site's layout to accommodate parties of two or more.

Vehicle Access

✔ Designate pickup and drop off areas where visitors can wait comfortably for a ride. These areas should be covered, temperature-controlled, with access to restrooms and water as well as staff supervision.

✔ For drive-through locations, designate a specific lane especially for paratransit and public transit, with policies to provide testing/vaccination on or in the vehicle itself if possible.

✔ Incorporate paratransit or shuttle transport parking spots within the site.

Transportation

Transit Coordination

Alternate transportation options with paratransit providers are important to pre-arrange. It was anticipated that not many people would have access to private transportation. To provide transit options, arrangements were made with paratransit providers to provide free transportation to and from the sites. In Los Angeles, there was an agreement to have a full-service operation that would transport individuals from their home to the site, and vice-verse. In other jurisdictions, they had employed secondary vehicles to reduce on wait times given the post-vaccine observation period.

Expand shuttle services to and from the nearest public transportation point and/or parking lots. There can be several instances where the nearest public transportation stop is far away from the actual vaccine site. To reduce commute, leverage shuttle services to pick up individuals from their stops to and from the site. In the Bay Area, BART expanded access by leveraging its fleet to pick up passengers at stops to and from the sites. For sites with car parks, ensure there is staff available to assist individuals who may require transportation to the site from their vehicle or drop off point.

Blueprint for Success – Transportation

Transit Coordination

✔ Arrange Memorandum of Understanding (MOU) or framework agreements to engage with partners in transportation to ensure sufficient transport options.

✔ Engage with paratransit providers or shuttles to help mitigate travel from public transportation points to and from sites.

Assessing & Readapting Site

Ongoing Accessibility Checks

Pre-established assessment teams are a resource for evaluating and re-assessing site accessibility. An ADA compliance check during site set up is essential to ensuring accessibility, but ongoing reassessments also ensure that the layout, environment, or needs have not changed. Existing teams can make ongoing assessment easier. Functional Assessment Service Team (FAST) members can be deployed to provide

support on sites and can help report back any compliance or accessibility adaptations that are needed at a site.

Blueprint for Success – Assessing & Readapting Site

<u>Ongoing Accessibility Checks</u>

✔️ Incorporate existing access and functional needs support teams to provide support on site and report concerns to lead for re-adjustments or best practices to share with other sites.

✔️ Conduct surveys of sites with staff members, document what worked well and what needs to be improved incrementally, and disseminate findings to appropriate people to make change. Surveys at the end of first day of set-up, at the end of each week, and on last day of site closure all provide useful points-in-time information.

Resources & References

- Bay Area Urban Areas Security Initiative. (2019). Bay Area Paratransit Toolkit. https://www.bayareauasi.org/sites/default/files/resources/Paratransit%20Tookit%20Final.pdf

- Bay Area Urban Areas Security Initiative. (2019). Critical Transportation Planning Toolkit. https://www.bayareauasi.org/sites/default/files/resources/Critical%20Transp%20Planning%20Toolkit%20Final.pdf

- California Department of Health Services, Medi-Cal Managed Care Division. (Unknown). Site Review Guidelines.

- Pacific ADA Center. (2020). Checklist for Accessible Drive-Thru Medical Sites.

User Experience

Introduction

Never forget the power of a positive user experience. Individuals who are able to easily navigate the system and attain services will likely share their experience with their friends and networks. Every single interaction quickly becomes an opportunity to influence other individuals and gain community endorsement, which will encourage others in the community to take similar actions. Planners and staff, to the best of their ability, should try work to make the user experience a positive one and have a plan in place to identify gaps, note areas for improvements, and implement corrective actions if necessary.

Lessons Learned

Preparedness & Planning

Principles of Equity

An ongoing commitment to the principals of social justice, equity, and inclusion strengthens investment during a disaster. Cal OES OAFN ensures that people with disabilities and individuals with access and/or functional needs are not overlooked during each phase of the disaster cycle. The dedication to a whole community approach before the pandemic ensured there was a process in place to review all resources, services, and tools used in service to the public for equity and inclusion.

Avenues for Feedback

Community members readily provide their opinions on how to improve the vaccination experience and build more inclusive systems. CBOs, cultural associations, disability organizations, advocate groups, etc. frequently receive feedback from constituents, clients, and individual community members. The pre-established Access and Functional Needs Community Advisory Committee for Cal OES provided a Listening Session to hear the concerns of testing and vaccination sites from the community's perspective. Additionally, throughout California, local disability organizations and ILCs took action to share vaccine and testing experiences of people with disabilities and individuals with access and/or functional needs. These groups called, emailed, formally advocated (e.g., letters to appointed and elected officials), or influenced (e.g., posted on social media networks) to provide opinions on how to work towards improving the user experience and building a more inclusive system to address the needs of their community.

Blueprint for Success – Preparedness & Planning

Principles of Equity

✔ Incorporate the principles of social justice, equity, and inclusion into all areas of emergency management. Establish an internal agency or organization work group, task force, or department with this explicit focus.

Avenues for Feedback

✔ Establish an Access and Functional Needs Advisory Committee of external partners for involvement in and feedback on emergency management and public health initiatives.

The pilot test locations were chosen to serve the most vulnerable populations which made a real difference in saving lives of Californians.

Registration & Scheduling

Website Functions

Linking all vaccination provider locations in one system increases ease of registration for the user. Instead of navigating between multiple healthcare provider and pharmacy websites to find appointment options, Cal OES constituents and partners reported it would be easier, faster, and more efficient to have all appointment options in one place.

Usability Testing

Community members with varying types of access and functional needs provide valuable input into the design of technology and systems. Cal OES partnered with community stakeholders to continually test the MyTurn phone system and website. Using stakeholder feedback, continuous adjustments to address barriers for people with disabilities and individuals with access and/or functional needs were integrated into the system.

Timing of Appointments

Short-term appointment window created access issues. People with disabilities and individuals with access and/or functional needs can rely on transportation systems that require 24-48 hours of advance notice to schedule rides. Making sure vaccination appointments can be scheduled as far out as possible to ensure equal access for individuals who use paratransit and other public transportation resources.

Blueprint for Success – Registration & Scheduling

Website Functions

✔ Create a single registration system that includes all vaccination provider locations, information, and available appointments.

Usability Testing

✔ Ask community partners to provide usability testing for registration systems. Have them check if instructions are straight-forward, guide users through the process easily, or cause any confusion or stress.

Timing of Appointments

✔ Link scheduling systems with transportation and support service scheduling systems. Alternately, find ways to give more time between scheduling and the appointment for individuals who need it to coordinate their visit. For example, possibly prioritizing later dates for people who request it or indicate a need.

Site Setup

Sensory Overload

"Quiet" or sensory reduced spaces are important for lowering overwhelm during testing or vaccine administration. Vaccination and/or testing can be an overwhelming or frightening experience for some. Site planners need to consider visitor's fears and anxieties, as well as potential sensory integration challenges. Congregate testing/vaccination spaces should include optional private areas, sensory free and low stimuli spaces, and/or "quiet rooms" for individuals who may be overwhelmed by the site or would benefit from a private testing or vaccine administration area.

Private or semi-private post-test/vaccination areas help reduce stress and provide space for recovery. Individuals may experience severe stress reactions (e.g., panic

attacks, behavioral outbursts, emotional reactions) that require private areas to help with stress management and allow people to regain composure with help from a support person, support animal, or alone. If private areas are not available, privacy screens, designated quiet areas, or climate controlled tents available on request allow visitors choices that suit their needs.

For larger drive-through locations, traffic cones are typically used but can be visually disorienting and hard to follow. If cones are needed, sites need traffic control personnel to assist and provide additional guidance to help visitors navigate. Site planners can utilize other directional options, such as roping off lanes to make it more obvious how and where visitors are going to, along with clear and frequent signage.

The consent process can be confusing and challenging to complete without assistance. Some individuals may find giving informed consent difficult if they are unsure what the document is saying or what their signature means. Providing the space to request additional support, translated forms in plain or alternative languages, and allowing a medical proxy to sign can help simplify the process and reduce confusion.

Facilities and Amenities

The types of facilities and amenities provided for people who cannot stand in line can provide an opportunity to improve the user experience. For some, sitting in a chair with armrests, depending on size, could be a challenge. If a chair does not have armrests and individuals need to push down on armrests to get themselves up, this could present a challenge. In California, sites acquired multiple types of chairs and asked people which type they would prefer. This gave people more choice and agency to improve their experience based on personal needs.

Accessible bathrooms, washing stations, service animal relief areas, and private spaces were vital to improving user experience. Sites must have adequate physical resources on-site for visitors who may be there for long periods of time, such as bathrooms, washing stations, and animal relief sites for service animals. Each of these resources need to be accessible at the site location.

Climate controlled tents provide for weather variances throughout the day. For mass testing/vaccination sites that are outdoor, planners need to consider the potential for weather to change rapidly. California mass vaccination sites included climate controlled tents to provide protection from the cold, rain, and sun.

Blueprint for Success – Site Setup

Sensory Overload

✔ Provide private rooms, sensory-free and private quiet and climate controlled areas as part of the site layout to allow visitors to decompress or separate themselves from a potentially overwhelming situation or environment.

✔ Station traffic control personnel or volunteers to help visitors navigate drive-through locations. Avoid the use of cones if possible and opt for roped off lanes along with clear and frequent directional signage.

✔ Provide additional resources for informed consent at administration stations, such as a plain language versions of consent forms, alternative language copies, and signage about options for a medical proxy if needed.

Facilities and Amenities

✔ Support the independence of the individual user on-site by ensuring accessible bathrooms, wash stations, service animal relief areas, and equipment such as chairs in a variety of styles to promote options for the user to best suit their needs and to a low-stress experience.

✔ Offer climate controlled tents to accommodate for weather variances to protect sensitive individuals.

Transportation

Access Barriers

Utilize a journey map to identify the potential access barriers for site locations. Mapping not only include on-site but also arrival and pre-arrival transportation. Enhance efforts with local partners across multiple modes of private and public transport. These considerations promote universal design and a positive user experience guided by the principles of self-determination and dignity.

Blueprint for Success – Transportation

Access Barriers

✔ Utilize journey-mapping sequences to identify potential access barriers for multiple modes of private and public transport.

Assessing & Readapting Site

Pilot Testing

Pilot testing projects or modifications to the system provides opportunities to fix challenges without eroding confidence in the jurisdiction. By testing new systems on a smaller scale, they can be refined and perfected. The Cal OES and FEMA pilot of COVID-19 mass vaccination sites enabled the state to identify lessons learned before a wider roll-out.

Blueprint for Success – Assessing & Readapting Site
Pilot Testing
✔ Initiate pilots of new projects and systems with opportunities for user testing and feedback to improve services.

Resources & References

- Cal OES. (2021). Universal Access at Vaccination Sites.
- Cal OES. (2020). Integrating Access and Functional Needs within the Emergency Planning Process: Best Practices for Stakeholder Inclusion. Pages 7-8 provide short and easy to understand information on C-MIST.
- Pacific ADA Center. (2020). Accessibility at Drive-Thru Medical Sites.
- Western University of Health Sciences – Harris Family Center for Disability and Health Policy. (2014). Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Preparedness, Planning, Response & Recovery.

Community Engagement

Introduction

Community engagement is critical to the success of all vaccination efforts. In order to connect people with critical services and information, planners can "plug into" trusted networks, organizations, and messengers within the community. This includes CBOs, ILCs, faith-based organizations, veterans' groups, home healthcare agencies, senior nutrition programs, Federally Qualified Health Centers, independent pharmacies, small business associations, cultural organizations, and community leaders. CBO staff and volunteers are uniquely trusted messengers and have experience helping clients, consumers, and stakeholders navigate services and schedule appointments. Community outreach can help inform numerous ideas and objectives that could make a difference in the vaccine administration process. From registration, transportation, physical access, and user experience, it is important to reach out to the appropriate communities and advocates to ensure a process represents all populations.

Lessons Learned

 ### Preparedness & Planning

Ongoing Engagement

Organizations serving people with disabilities, older adults, and individuals with access and/or functional needs will inform pre-planning and long-term recovery efforts. Community partners traditionally serving underrepresented populations have the

knowledge and experience to inform planning to avoid costly or life-threatening mistakes. Cal OES engaged partners throughout the COVID-19 testing and vaccination campaigns. The Cal OES Access and Functional Needs Community Advisory Committee members and partner organizations contributed on numerous fronts, including hosting mobile vaccination sites and helping to ensure mass vaccination sites were accessible and inclusive.

Mobile Clinics

Community partners offer opportunities to reach vulnerable populations through mobile testing and vaccination sites. To address physical and online barriers for people with disabilities and individuals with access and/or functional needs, Cal OES worked with existing community partners to co-locate mobile testing and vaccination sites at the organization's property. This helped reduce the complexity of logistical planning and resources required for many of the community members who already use and go to these sites. Additionally, this strategy showed community members the vaccination clinics were supported by the organizations they know and trust.

Blueprint for Success – Preparedness & Planning

Ongoing Engagement

✔ Identify community-based organizations that can help inform planning considerations for individuals with disabilities, older adults, and all people with access and functional needs.

Mobile Clinics

✔ Leverage community-based partnerships to co-locate vaccination and testing at partner sites.

👥 Community Outreach & Information Sharing

Leveraging Community Partnerships

Aging and disability network organizations are trusted entities that are significantly integrated in their communities. Communities of need that were disproportionately impacted by COVID-19 (e.g., people who use home health services, older adults in independent/senior living environments, etc.) are often isolated or difficult to identify and engage. Jurisdictions in California found it beneficial to engage with CBOs to reach

underserved older adults, including people who are homebound, live in rural areas, or have limited English proficiency.

CBOs have existing data and knowledge that helps reach high-risk populations. Through engagement with CBOs, jurisdictions can plan for proper allocation and organization of vaccines to high-risk populations. Data can also be found with the social vulnerability index maps and identifies communities in a region. This includes specifics to location, density, and their needs. In other states, Medicaid agencies have shared data about those who receive home and community-based services to help improve vaccine outreach for all. For example, many CBOs can suggest and advocate for vaccine sites to be closer to accessible transportation or even at assisted living facilities in order to include harder to reach communities.

Enhancing Whole Community Partnerships

Local influencers or trusted messengers are beneficial to the overall process. In addition to helping inform appropriate and engaging messaging, these figures can also help decrease vaccine hesitancy in the community. Having people with disabilities share their experiences on social media also fosters trust within the community. It provides perspective to people who are hesitant or unsure how to navigate the process.

Some older adults, people with disabilities, and individuals with access and functional needs can rely on caregivers for communication and routine needs. As a result, it has become a necessity for these community members to have their caregivers included among the vaccine recipients. It has been noted there has been a significant vaccine hesitancy among caregivers. To truly reach all populations, communication and outreach will benefit from including direct engagement with caregivers.

Blueprint for Success – Community Outreach & Information Sharing

Leveraging Community Partnerships

✅ Utilize existing data to target vaccine allocation and administration services. This can be data gathered from CBOs, medical and health services providers, or grassroot social vulnerability indexes.

Enhancing Whole Community Partnerships

✅ Partner with local influencers to share experiences about vaccine process. Be sure to include people with disabilities and individuals with access and/or functional needs to help address hesitancy.

✅ Perform outreach to caregivers and involve them in the vaccine process.

Registration & Scheduling

Reaching Underrepresented Populations

Partnering with CBOs is an effective way to reach underrepresented populations and increases whole community registration for testing and vaccination services. Volunteers and staff at CBOs can act as trusted messengers and encourage testing and vaccination with their clients and constituents. They can also provide assistance with registration, especially if systems are confusing or require specific technology.

Cal OES and CBOs serving underrepresented populations worked together to prioritize registration for at-risk communities. Cal OES worked with CBOs to determine an anticipated number of people who wanted registration appointments and then provided each individual a unique single-use code. This process provided greater equity in the vaccine distribution and allocation operation.

Working with Partners

Community partners need to be involved in all phases of registration. California worked with CBOs to conduct outreach, provide case management, and support scheduling for underrepresented populations. With many COVID-19 vaccines requiring two doses, registration and scheduling is needed twice and it is therefore important to anticipate including CBOs in acute case management to schedule both first and second dose appointments for any people needing additional assistance.

Timely coordination with partners ensures resources are available when needed. Any requests for accommodations or needs noted during registration assisted Cal OES in ensuring resources were available ahead of time. Some scheduling options required fast turn-around times, often with next day appointments. Having established relationships, MOUs, and agreements in place with CBOs before the operation enabled the state to meet the support service requirements of people with disabilities and individuals with access and/or functional needs on an expedited, real-time basis.

Blueprint for Success – Registration & Scheduling

Reaching Underrepresented Populations

✔ Work with community partners to conduct outreach on scheduling appointments with hard-to-reach populations, people with disabilities and

individuals with access and/or functional needs, or underrepresented populations.

✔ Identify methods to engage and prioritize registration for individuals in underrepresented communities by partnering with the community partners that regularly serve them.

Working with Partners

✔ Create a coordinated system to have the registration process communicate with organizations providing support services efficiently so resources are available on site when they are needed.

✔ Integrate partner agencies into the follow-up registration process. For instance, have an option on consent forms that allows people to authorize a secondary contact receive their second dose scheduling information.

Site locations, messaging, and communication methods all played a part in the success of the pilot test with about 8,000 doses of vaccines administered per day at the Oakland Coliseum on the highest turnover days.

Transportation

Partnership with CBOs

Ongoing engagement with CBOs can help plan for the user experience. In order to expand the diverse transportation options for accessing vaccines, Cal OES heavily relied on CBOs for community engagement. These trusted community partners were able to share information and guidance about transportation considerations necessary for equitable access. Ongoing communication with CBOs was key to Cal OES for understanding the user experience, developing, and adapting options for transportation, and communicating these options.

Blueprint for Success – Transportation

Partnership with CBOs

✅ Engage with CBOs for guidance on transportation options and to help plan and understand the user experience.

Assessing & Readapting Site

Real Time User Experience

Established partners and advocates provide on-the-ground information on accessibility from the user perspective. Cal OES readily relies on its Advisory Board members to report back on their experiences as well as those of their clients, constituents, and consumers. Real-time feedback on specific site strengths and areas for improvement is used to adjust the site and improve experiences.

Blueprint for Success – Assessing & Readapting Site

Real Time User Experience

✅ Have multiple methods to receive feedback on how accessible sites are for all communities.

✅ Engage community groups in active evaluation of sites for disability and access and functional needs considerations and provide a forum to receive the feedback and address issues that may arise.

Resources & References

- Cal OES. (2020). Integrating Access and Functional Needs within the Emergency Planning Process: Best Practices for Stakeholder Inclusion. Pages 12-13 provide suggested list of partner agencies.
- California State Council on Developmental Disabilities; Disability Voices United. (2021). Vaccination Day for People with Disabilities: Tips for Family Advocates. (English and Spanish).
- California State Council on Developmental Disabilities; Disability Voices United. (2021). Vaccination Day for People with Disabilities: Tips for Medical Staff. (English and Spanish).

Appendices

Appendix A: Glossary of Acronyms

Acronym	Term
AAA	Area Agencies for Aging
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Centers
ASL	American Sign Language
BART	Bay Area Rapid Transit
Cal OES	California Office of Emergency Services
CBO	Community Based Organization
COVID-19	Coronavirus Disease 2019
EOC	Emergency Operation Center
FAST	Functional Assessment Service Team
FAQ	Frequently Asked Questions
FEMA	Federal Emergency Management Agency
ILC	Independent Living Centers
IVRS	Interactive Voice Response System
MOU	Memorandum of Understanding
OAFN	Office of Access and Functional Needs
PPE	Personal Protective Equipment
VRI	Video Remote Interpreting

Appendix B: Resources & References

Introduction

- Cal OES. (2020). Integrating Access and Functional Needs within the Emergency Planning Process: Best Practices for Stakeholder Inclusion.
- CBS SF Bay Area. (2021). COVID Recovery: Oakland Coliseum Mass Vaccination Site To Close After Giving Nearly 500,000 Shots.
- CDC Disability & Health U.S. State Profile
- Office of the Governor – California. (2021). Governor Newsom Announces Pilot Partnership with Biden Administration to Open Community Vaccination Sites in Los Angeles, Oakland.
- US Department of Health and Human Services Office for Civil Rights. HHS Office for Civil Rights Guidance on Federal Legal Standards Prohibiting Disability Discrimination in COVID-19 Vaccination Programs.

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- FEMA. (2021). Just Ask Flyer (English, Spanish, and multi-lingual).
- University of Wisconsin Oshkosh College of Nursing. (2011). Just in Time Training for Voluntary Vaccinations. https://www.uwosh.edu/phnursingstudentprojects/leap-projects/leap-project-saved-data/2011-10-24.4231281098

Physical Access

- Bay Area Urban Areas Security Initiative. (2019). Bay Area Paratransit Toolkit. https://www.bayareauasi.org/sites/default/files/resources/Paratransit%20Tookit%20Final.pdf
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User Experiences

- Cal OES. (2021). Universal Access at Vaccination Sites.
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Community Engagement

- Cal OES. (2020). Integrating Access and Functional Needs within the Emergency Planning Process: Best Practices for Stakeholder Inclusion. Pages 12-13 provide suggested list of partner agencies.
- California State Council on Developmental Disabilities; Disability Voices United. (2021). Vaccination Day for People with Disabilities: Tips for Family Advocates. (English and Spanish).
- California State Council on Developmental Disabilities; Disability Voices United. (2021). Vaccination Day for People with Disabilities: Tips for Medical Staff. (English and Spanish).

Appendix C: Blueprint for Success Actions Self-Assessment Form

The following tables provide the Lessons Learned in an abbreviated form with corresponding Blueprint for Success actions for quick reference. It also offers an opportunity to assess the extent to which actions have been completed during the planning for and implementation of a mass testing or vaccination site. It is organized by Area of Focus and Phase within the planning/implementation process. This way teams can divide the actions by having individuals with different roles review actions related to their responsibilities. For instance, teams may split actions by the phase of the process. Planners may be asked to focus on all the actions within the "planning and preparedness" phase). Alternately, teams may choose to split actions based on role/position. Public information officers might be tasked with reviewing all the actions listed within the "communications" Area of Focus. The table is adaptable for each jurisdictions' teams can be used to whatever extent is realistic for them.

Table Legend:

Add. = Addressed
Pt. Add. = Partially Addressed
N/Add. = Not Addressed

Communications – Preparedness & Planning

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Contracting					
Pre-existing contracts for language and interpreting services before disasters speeds up the availability of translation/interpretation and provides templates for just-in-time vendors.	Pre-identify language and/or ASL service vendors who can translate and interpret the most commonly-spoken languages and sign language needs.				
	Leverage existing translation and interpretation contracts. Use existing contracts as a template to expedite new vendor agreements.				
Staff Training					
Staff members need training in reasonable accommodations relevant to mass testing and vaccination.	Provide training and education to staff and volunteers on communication etiquette and protocols for interacting with people with disabilities and individuals with access and/or functional needs. This includes staff and volunteers involved in all phases of the testing/vaccination process (e.g., planning, registration, on-site, etc.).				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
	Ensure all staff are familiar with possible reasonable accommodation requests and the available reasonable accommodation services at all sites.				
Planners and staff need to be trained in cultural competency and on the etiquette of communicating and engaging with people with disabilities and individuals with access and/or functional needs.	Provide just-in-time training to all testing and/or vaccination site staff regarding cultural competency, preferably scenario-based, to identify vaccination or testing-specific considerations. Make this training available to organizations and agencies that are independently coordinating testing and vaccination sites.				

Technology

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Language service-related technology needs to be updated, prepared, and tested before training staff on its use.	Coordinate with Logistics team to arrange for language service-related technologies to be available, prepared for use, and tested before sending it to testing or vaccination sites. Include familiarization with the tools during orientation for staff.				

Communications – Community Outreach & Information Sharing

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Identifying High-Risk Populations					
Engage with community based organizations (CBOs) on how to identify and communicate with high-risk populations.	Engage with CBOs that serve people with disabilities and individuals with access and/or functional needs to help construct communication strategies.				
Diverse Marketing and Images					
Images in communication and outreach materials need to demonstrate diversity.	Craft messages using clear, plain, and inclusive language to represent the whole community.				
	Utilize diverse and inclusive photos and marketing materials inclusive of people with disabilities and individuals with access and/or functional needs.				
	Design communications with the end user in mind. Whenever possible, test public communications with a small group of audience and ask for feedback.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Accessible and Equitable Formats					
Communication methods must be diverse and designed to reach the whole community.	Ensure multiple accessible communications and information sharing platforms, including website and phone hotline.				
	Budget time and money for Section 508 compliance checks for websites, signage, and written messaging.				
	Ensure documents use plain language. Work with Public Information Officers to establish a process whereby all written products are reviewed for accessibility before they are shared with the public. Identify areas to use plain language and increase clarity so the public, or specific audiences, can understand and take the desired actions necessary.				

Communications – Registration & Scheduling

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Electronic Registration					
Electronic registration systems need to be ADA compliant, multilingual, and use plain and clear written language.	Ensure appointment registering systems (websites, phone, in-person) are accessible. Make sure existing systems meet website Section 508 compliance, use plain language, have options for multiple languages, and are accessible to screen readers. Each option should be available and usable for all people.				
	Take time to test communication methods to ensure they are accessible for people who do not speak or read English, are deaf or hard of hearing, blind or have low vision, or have other access and functional needs.				
Telephone Registration					
Telephone registration systems need to have multilingual navigation menus.	Anticipate and incorporate language needs into phone navigation menus on registration platforms.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Automated messages on phone systems need to be useful and clear, especially for messages when people are placed on hold.	Check automatic messages for their usefulness and clarity. Have messages communicate what is happening and give information on expected wait times in languages and formats that community members can understand.				
	Include the option for someone to call back when on hold to save cellphone minutes. Make sure that it is clear when to expect the call so people are willing to answer unknown numbers, or explore if/how to register number to display calling organization name.				
Reasonable Accommodation Language					
Include reasonable accommodation language with suggested options during registration.	Include an option during registration to indicate if reasonable accommodations are needed and provide examples to help people know what types of accommodations and resources are available.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Follow-Up Communication					
Communication about appointments to people who are registered needs to be accessible (e.g., confirmations, second dose scheduling) and expected.	Ensure appointment reminders, call back confirmations, or other follow-up communication is accessible. Have multiple options for getting follow-up information (e.g., email, phone call, text message in preferred language) so people can choose the best way for themselves.				
Follow up appointments are best if they are automatically at the same location as the first appointment.	Offer the option to reserve second dose or follow-up visit dates and times at the vaccination site where the first dose was given. Provide information in accessible forms and ensure there is flexibility in rescheduling to the extent possible.				

Communications – Site Setup

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Written Communication					
Handouts and documentation onsite need to be reviewed for comprehension and accessibility.	Have auxiliary aides available on-site including printed materials in Braille and large print. Use closed captioning, audio describing videos, and onsite or remote interpreters.				
Translation and Interpretation					
In-person ASL interpretation services are more effective than virtual ASL interpretation.	Prepare to have in-person ASL interpreters available at each site for each shift, or on-call upon request made during appointment scheduling.				
Translators and interpreters need to be arranged well in-advance and cannot be last-minute requests.	Solidify translator and interpreter services ahead of time with community partners and establish a clear process for identifying when they will be needed and how they will be notified (with appropriate lead time). This may include having translators or interpreters "on-call" as well for last minute requests, or on-site at all times.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Onsite Technology					
Strong wi-fi is required at testing and vaccination sites to ensure everyone can connect to personal communication devices and VRI services.	Ensure strong wi-fi connectivity is available at sites and signage providing visitors with information on how to connect or request assistance connecting.				
Video monitors playing closed captioned messages with instructions for site visitors are a best practice.	Setup video monitors near the entrance to the site with closed captioning for visitor instructions.				
Signage					
Signage must be visible from all angles.	Integrate community members and local CBOs, disability advocates, ILCs, and other organizations to assist in planning the setup of a site as well as to conduct a walk-through of the site.				
	Have signage ready for each area of the site in the most common languages in the community as well as graphic icons.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Strategically place staff around the site to assist with directing/re-enforcing posted.	Set up staff in key areas near high visibility signage to re-enforce messaging and assist those who may have trouble seeing or understanding content.				
Creating a detailed "Frequently Asked Questions" (FAQ) document to post on signage, websites, and provide to all site visitors helps address many issues before they arise.	Create a tailored FAQ document for each site detailing layout and resources available. Post online, send to those who register for an appointment, post on site signage, and give site visitors a hard copy.				

Communications – Transportation

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Access to Transportation Information					
Transportation services need to be promoted across multiple channels.	Develop partnerships with CBOs, private companies, government agencies, etc. to develop a communication strategy for increasing awareness of transportation options to and from the testing/ vaccination sites.				

Communications – Assessing & Readapting Site

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Site Language Needs					
Daily review of translation needs per site shows trends and informs how to appropriately allocate services.	Track translation and interpretation needs at the testing and vaccination sites. Check with field staff to determine what services are being used the most often and assess if and how to reallocate services throughout the sites.				

Physical Access – Preparedness & Planning

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Choosing a Location					
Locations with politically charged associations can limit accessibility of a site.	Screen selected locations for proximity to politically-charged agencies, organizations to encourage visitors to feel comfortable accessing the site.				
Partnering with CBOs and nationwide networks (e.g., the Aging Network) to select locations for sites can help solve accessibility issues.	Partner with community-based networks and organizations such as the Aging Network to leverage their ability to reach hard-to-reach populations in site selection process.				
	Allow CBOs, disability advocates, subject matter experts, and community members to provide input on the locations selected.				
Identify transportation accessibility concerns and gaps at physical sites.	Map out transportation routes to determine gaps to and from the site.				

Physical Access – Registration & Scheduling

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Self-Determination					
Community members deserve choices in how to register for testing or vaccinations.	Provide multiple accessible ways for people to register for testing or vaccinations and let users select their preferred option. This includes telephone lines, websites, or having trusted CBOs help community members throughout the registration process.				
Provide the choice to use a dedicated registration phone number for individuals considered most vulnerable (e.g., older adults and people with disabilities).	Do not limit people who are considered priority or vulnerable to using only one dedicated registration system. Ensure self-determination and independence in deciding if and how to schedule appointments.				

Physical Access – Site Setup

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Location Assessment					
All sites, including pop-up or mobile testing and vaccination sites, need to be evaluated for accessibility.	Achieve minimum physical access requirements for ADA compliance.				
	Evaluate all sites, including mobile sites, for accessibility, including proximity to public transit, walkability, ramps, accessible restrooms, covered areas available, and others as identified in this document.				
Parking lots, walkways, driving lanes, and any area being utilized for a testing or vaccination site must have even terrain from entrance to exit that is wide enough and flat enough for those in a wheelchair.	Coordinate site selection and setup with ADA coordinators to ensure that all lanes, walkways, hallways, parking lots and spaces in between are wide enough and flat enough for wheelchair users from entrance to exit (as well as to and from public transit systems).				
Public Health Measures					
All site areas need to be able to accommodate up to double the normal social distancing protocols, if needed.	Ensure areas can accommodate up to double the normal social distancing protocols, if needed.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
	Secure a "safe" space near the site where those who may be immunocompromised can wait for services without having to wait in line with the general public.				
Some individuals were unable to keep a mask on for long periods of time and needed reasonable modifications to site Personal Protective Equipment (PPE) policies.	Implement reasonable modifications to site procedures and layout for those who may not be able to adhere to visitor PPE requirements, such as a separate waiting area, curbside service, or a "skip the line" option. Ensure these modifications are communicated to the individual clearly, and address them on site FAQ documents.				
Support Persons and/or Caregivers					
Individuals need the ability to bring support personnel and/or caregiving staff with them to their appointment.	Allow individuals to bring support persons and/or caregivers with them to each area of the testing/vaccination site and allow room in the site's layout to accommodate parties of two or more.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Vehicle Access					
Designating pickup and/or drop off areas can help to provide a safe space for those waiting for a ride or paratransit shuttle.	Designate pickup and drop off areas where visitors can wait comfortably for a ride. These areas should be covered, temperature-controlled, with access to restrooms and water as well as staff supervision.				
For drive-through sites, have a designated lane for paratransit and/or public transit buses.	For drive-through locations, designate a specific lane especially for paratransit and public transit, with policies to provide testing/ vaccination on or in the vehicle itself if possible.				
	Incorporate paratransit or shuttle transport parking spots within the site.				

Physical Access – Transportation

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Transit Coordination					
Alternate transportation options with paratransit providers are important to pre-arrange.	Arrange Memorandum of Understanding (MOU) or framework agreements to engage with partners in transportation to ensure sufficient transport options.				
Expand shuttle services to and from the nearest public transportation point and/or parking lots.	Engage with paratransit providers or shuttles to help mitigate travel from public transportation points to and from sites.				

Physical Access – Assessing & Readapting Site

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Ongoing Accessibility Checks					
Pre-established assessment teams are a resource for evaluating and re-assessing site accessibility.	Incorporate existing access and functional needs support teams to provide support on site and report concerns to lead for re-adjustments or best practices to share with other sites.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
	Conduct surveys of sites with staff members, document what worked well and what needs to be improved incrementally, and disseminate findings to appropriate people to make change. Surveys at the end of first day of set-up, at the end of each week, and on last day of site closure all provide useful points-in-time information.				

User Experience – Preparedness & Planning

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Principles of Equity					
An ongoing commitment to the principals of social justice, equity, and inclusion strengthens investment during a disaster.	Incorporate the principles of social justice, equity, and inclusion into all areas of emergency management. Establish an internal agency or organization work group, task force, or department with this explicit focus.				
Avenues for Feedback					
Community members readily provide their opinions on how to improve the vaccination experience and build more inclusive systems.	Establish an Access and Functional Needs Advisory Committee of external partners for involvement in and feedback on emergency management and public health initiatives.				

User Experience – Registration & Scheduling

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Website Functions					
Linking all vaccination provider locations in one system increases ease of registration for the user.	Create a single registration system that includes all vaccination provider locations, information, and available appointments.				
Usability Testing					
Community members with varying types of access and functional needs provide valuable input into the design of technology and systems.	Ask community partners to provide usability testing for registration systems. Have them check if instructions are straight-forward, guide users through the process easily, or cause any confusion or stress.				
Timing of Appointments					
Short-term appointment windows create access issues.	Link scheduling systems with transportation and support service scheduling systems. Alternately, find ways to give more time between scheduling and the appointment for individuals who need it to coordinate their visit. For example, possibly prioritizing later dates for people who request it or indicate a need.				

User Experience – Site Setup

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Sensory Overload					
"Quiet" or sensory reduced spaces are important for lowering overwhelm during testing or vaccine administration.	Provide private rooms, sensory-free and private quiet and climate controlled areas as part of the site layout to allow visitors to decompress or separate themselves from a potentially overwhelming situation or environment.				
Private or semi-private post-test/vaccination areas help reduce stress and provide space for recovery.					
For larger drive-through locations, traffic cones are typically used but can be visually disorienting and hard to follow.	Station traffic control personnel or volunteers to help visitors navigate drive-through locations. Avoid the use of cones if possible and opt for roped off lanes along with clear and frequent directional signage.				
The consent process can be confusing and challenging to complete without assistance.	Provide additional resources for informed consent at administration stations, such as a plain language versions of consent forms, alternative language copies, and signage about options for a medical proxy if needed.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Facilities and Amenities					
The types of facilities and amenities provided for people who cannot stand in line can provide an opportunity to improve the user experience.	Support the independence of the individual user on-site by ensuring accessible bathrooms, wash stations, service animal relief areas, and equipment such as chairs in a variety of styles to promote options for the user to best suit their needs and to a low-stress experience.				
Accessible bathrooms, washing stations, service animal relief areas, and private spaces were vital to improving user experience.					
Climate controlled tents provide for weather variances throughout the day.	Offer climate controlled tents to accommodate for weather variances to protect sensitive individuals.				

User Experience – Transportation

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Access Barriers					
Utilize a journey map to identify the potential access barriers for site locations.	Utilize journey-mapping sequences to identify potential access barriers for multiple modes of private and public transport.				

User Experience – Assessing & Readapting Site

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Pilot Testing					
Pilot testing projects or modifications to the system provides opportunities to fix challenges without eroding confidence in the jurisdiction.	Initiate pilots of new projects and systems with opportunities for user testing and feedback to improve services.				

Community Engagement – Preparedness & Planning

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Ongoing Engagement					
Organizations serving people with disabilities, older adults, and individuals with access and/or functional needs will inform pre-planning and long-term recovery efforts.	Identify community-based organizations that can help inform planning considerations for individuals with disabilities, older adults, and all people with access and functional needs.				
Mobile Clinics					
Community partners offer opportunities to reach vulnerable populations through mobile testing and vaccination sites.	Leverage community-based partnerships to co-locate vaccination and testing at partner sites.				

Community Engagement – Community Outreach & Information Sharing

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Leveraging Community Partnerships					
Aging and disability network organizations are trusted entities that are significantly integrated in their communities.	Utilize existing data to target vaccine allocation and administration services. This can be data gathered from CBOs, medical and health services providers, or grassroot social vulnerability indexes.				
CBOs have existing data and knowledge that helps reach high-risk populations.					
Enhancing Whole Community Partnerships					
Local influencers or trusted messengers are beneficial to the overall process.	Partner with local influencers to share experiences about vaccine process. Be sure to include people with disabilities and individuals with access and/or functional needs to help address hesitancy.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Some older adults, people with disabilities, and individuals with access and functional needs can rely on caregivers for communication and routine needs.	Perform outreach to caregivers and involve them in the vaccine process.				

Community Engagement – Registration & Scheduling

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Reaching Underrepresented Populations					
Partnering with CBOs is an effective way to reach underrepresented populations and increases whole community registration for testing and vaccination services.	Work with community partners to conduct outreach on scheduling appointments with hard-to-reach populations, people with disabilities and individuals with access and/or functional needs, or underrepresented populations.				
Cal OES and CBOs serving underrepresented populations worked together to prioritize registration for at-risk communities.	Identify methods to engage and prioritize registration for individuals in underrepresented communities by partnering with the community partners that regularly serve them.				

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Working with Partners					
Community partners need to be involved in all phases of registration.	Create a coordinated system to have the registration process communicate with organizations providing support services efficiently so resources are available on site when they are needed.				
Timely coordination with partners ensures resources are available when needed.	Integrate partner agencies into the follow-up registration process. For instance, have an option on consent forms that allows people to authorize a secondary contact receive their second dose scheduling information.				

Community Engagement – Transportation

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Partnership with CBOs					
Ongoing engagement with CBOs can help plan for the user experience.	Engage with CBOs for guidance on transportation options and to help plan and understand the user experience.				

Community Engagement – Assessing & Readapting Site

Lessons Learned	Blueprint for Success	Add.	Pt. Add.	N/Add.	Comments
Real Time User Experience					
Established partners and advocates provide on-the-ground information on accessibility from the user perspective.	Have multiple methods to receive feedback on how accessible sites are for all communities.				
	Engage community groups in active evaluation of sites for disability and access and functional needs considerations and provide a forum to receive the feedback and address issues that may arise.				