How Can We Overcome Barriers to Vaccination?

The end of the COVID-19 pandemic and a return to normal life requires that a majority of the population get vaccinated. While those who are vaccine-hesitant present one set of challenges, another set of obstacles remains. How do we get more people to the vaccine center, especially the hard-to-reach and those who face socioeconomic barriers to access?

Some of the methods presented here are borrowed from methods used by political campaigns as part of a get-out-the-vote strategy, while others are based on insights by clergy and community organizers who have worked in economically struggling urban neighborhoods or culturally and geographically isolated rural areas.

Socioeconomic Barriers to Getting the Vaccine

Multiple barriers face low-income persons and immigrants as they consider how, when, or even whether to get the vaccine. Some hourly workers may fear the time (and wages) lost in missing work to get the vaccine, with the fear of side effects (and additional lost work) adding to that fear. Some without adequate health insurance may want to avoid the assumed expense, though in reality it is free. For those lacking smart phones or internet access, it may be difficult to schedule an appointment or receive reminders for a second dose. Language barriers present a problem for immigrants, and the undocumented in particular may be concerned about having their data shared with governmental authorities.

How to Find the Hard-to-Reach

Who are the hard-to-reach in your area? This information could be provided by a key informant, someone who makes it his or her business to know what is going on in the neighborhood. Lacking such a person, use the snowball technique common with social science researchers wishing to obtain a non-random sampling of the population. Ask someone to recommend two or three persons who have not received the vaccine and ask these individuals in turn to recommend two or three more, moving in an outward direction from friends and acquaintances. In densely populated urban areas, it may be possible to go door-to-door with a simple survey regarding how many in a household have received the vaccine or plan to do so. If no one is home, leave a flyer or door hanger with information on where the nearest vaccine center is located and a phone number so they can call you if they need assistance with making an appointment.

Have a Conversation

As with community organizing efforts or getting people out to vote, one-on-one conversations serve...
as the gold standard as they are proven to be far more fruitful, though more time-intensive, than phone calls or emails. Ask,

- Have you received the vaccine?
- Do you intend to?
- If not, why not? (This may open up a conversation on vaccine hesitancy.)
- Do you need information or assistance in making your decision? (You may learn that the desire to be vaccinated is present, but practical obstacles may stand in the way of getting it done.)

**Do You Have a Plan?**

Asking this simple question can be key to effective follow through. Research on voting shows that it’s better to assist people in creating a plan than simply encourage them to do it. Though it may not seem obvious, asking this question proved to be 9 percent more effective in getting people to vote in single-person households than it did in households with multiple individuals, because presumably those who live with others had already begun making plans to get out and vote.²

The question also offers an opening to explore with the person step-by-step what needs to happen in order to get it done. Is it a matter of not having enough time? If this is the case, a plan becomes even more important. In some cases, the person may work long or irregular hours that do not allow many opportunities to take a break to get the vaccine, particularly if the pharmacy or clinic is only open during regular weekday business hours.

**Getting Them There and Back**

If transportation is an issue, offer a ride to the pharmacy or clinic. After the appointment has been made, follow up with reminders via phone, email, or text. Research indicates that health clinics that engage in “sending relentless reminders” via text or phone are more effective in getting patients to take their meds. As one researcher put it, the strategy is “basically, nagging the heck out of them.”³

When providing transportation, think ahead about the following scenarios. Though the ride is presumably free, someone may offer a donation to defray fuel cost, which may give satisfaction to the rider and help to sustain the program. In another scenario, the rider may ask to be taken to a second destination, such as a grocery store, after the appointment. After all, it’s usually the lack of a car or adequate mass transit that necessitated the trip in the first place. Brainstorm with a team possible scenarios, think ahead about what is acceptable, and develop a policy.

**DIY or Collaboration?**

If organizing this on behalf of the church, offer a simple training and a one-page job description for volunteers, especially for middle class volunteers who may lack experience talking with someone from a different cultural or economic background. In some cases, it may be more effective to collaborate with a city, county, or nonprofit agency, finding ways to assist them such as recruiting volunteers, rather than attempting to go it alone.

**Big Gestures Not Necessary**

Getting a majority of the population vaccinated against the virus that causes COVID-19 protects the community as a whole. At a personal level, paying attention to the hard-to-reach and offering practical help to those who face socioeconomic barriers can be rewarding. Such actions hold promise for building relationships across race and class.

**Resources**


The Centers for Disease Control and Prevention provides the Social Vulnerability Index. Based on U. S. Census data, their interactive map charts factors leading to “social vulnerability,” including poverty, lack of access to transportation, and crowded housing, in each U. S. county.

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