

# COVID-19 Vaccines: Health Department and Vaccine Clinic Considerations to Reach Migrant and Immigrant Workers

Immigrant and migrant workers, including farmworkers, disproportionately work in industries that have been deemed essential during the COVID-19 pandemic. In many states, this population is eligible for vaccinations in the first phases of vaccine distribution. This is a hard-to-reach population due to barriers such as mobility, low levels of literacy and formal education, limited English proficiency, lack of transportation, geographic isolation, limited digital access, and fear due to immigration status and job loss. The federal government is committed to ensuring that safe, effective, cost-free vaccines are available to the entire US public—regardless of their immigration status. Below are important considerations for health departments and vaccine clinics to reach migrant and immigrant workers.

- **Always vaccinate!** Even if the patient may be moving, it is best to get the first dose started.
  - Migrant Clinicians Network can help with any patient on the move. Simply register the patient for [Health Network](#), a bridge case management program.
  - CDC has issued [guidance for exceptional situations](#) regarding potential delays in the second dose and cases where vaccine brands can be interchanged.
  
- **Address language needs**
  - Use local interpreters as they are essential to patient care and are often known and trusted by the immigrant community.

- Telephone-based translation lines are fine but not as good as in-person interpreters.
- Make sure forms, websites, call-in centers and marketing materials facilitate language access.
  - Be aware that programs like [Google Translate](#) are NOT appropriate substitutions. One state health department using such a translation program resulted in their website stating that “the vaccine was not necessary”.

### **□ Offer vaccination clinics in partnership with employers together with community organizations**

- While collaboration with employers is encouraged and often necessary to reach workers, many workers do not have a trusted relationship with their employers and in many cases, there is extreme mistrust.
- Linking employer-based vaccine clinics with trusted community groups and health centers is essential and a best practice in public health.
- Encourage employers of temporary workers to coordinate with health departments to plan ahead prior to arrival of workers.

### **□ Reduce or eliminate documentation requirements for workers**

- Ask the worker what name they would like presented on the vaccination record.
  - Avoid requiring proof of residency and driver’s licenses. Many workers do not have these documents.
- Avoid requiring letters from employers verifying employment. This creates unnecessary barriers to accessing vaccines.
- In some cases, the names workers use with employers is an alias and may not be the names they would like to use for the vaccine.



This resource was created in partnership with the Migrant Clinicians Network.

The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at [nrcrim.umn.edu](http://nrcrim.umn.edu). Last update: 02/08/2021.

- Be aware that many immigrant workers are classified as essential workers, qualifying for vaccines according to criteria in many states (phase 1 b and 1 c), but their place of employment may confuse those trying to verify such qualifications. For example, hospital staff qualify under these initial phases in certain states, but many workers are not employed directly by a hospital such as the case of many custodial workers who are employed for companies contracted by the hospital.

## **Reduce access barriers**

- Bring vaccines to the workers and not the workers to the vaccines
  - Set up mobile clinics or remote clinics in locations where workers feel safe – community centers, churches, schools.
  - Set up mobile clinics at labor camps and migrant worker housing.
  - Transportation is an important barrier and mobile clinics are essential.
- Partner with Community Health Centers
  - Federally qualified health centers have a long history of providing culturally competent care to immigrants and migrants. They have enabling services readily available including bilingual outreach workers and community health workers, interpreters, and transportation services.
  - They are often trusted by workers.
- Appointments
  - Internet access to make appointments is rarely feasible due to literacy levels or inability to access or navigate a website.
  - Reserve appointment slots that can only be made by phone.



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- Missed appointments do not always mean they do not want the appointment. There may be many reasons including lack of transportation, fear of losing their job, etc.
- Work with patient to make an appointment for the 2nd dose or to plan for the 2nd dose while they are receiving their 1st dose.
- Set the patient up with [MCN's Health Network](#) if they will be in another location for the 2nd dose.

### Offer vaccine education

- Use resources and public health messaging strategies that are culturally and linguistically appropriate.
- Educate workers about potential side effects, how the vaccines work and the importance of a 2nd dose (Pfizer and Moderna). This will help with vaccine hesitancy and promote completion of 2nd dose.
- Remind workers to keep wearing masks and to physically distance, as the spread of COVID-19 can still occur after vaccination.
- Encourage workers to take pictures of their vaccination cards in case of misplacement.
- Visit these websites for vaccine resources for migrant and immigrant workers:
  - [Migrant Clinicians Network COVID-19 page](#)
  - [National Resource Center for Refugee, Immigrant and Migrants](#)
  - [Centers for Disease Control and Prevention: Communication Resources](#)



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