

COVID-19 VACCINATION AN EQUITABLE RESPONSE

To curb the COVID-19 devastation on communities of color, vaccine plans must prioritize equity

The COVID-19 pandemic has disproportionately impacted communities of color with rates of illness and death that far exceed their representation in the population. The pandemic also has exposed and worsened pre-existing inequities in access and opportunities, which unfortunately includes access to COVID-19 testing, treatments and, now, vaccinations.

Since the initial rollout of COVID-19 vaccines in the United States in December 2020, more adults have become eligible for the vaccine over time. By May 1, 2021, all adults 18 years of age and older were eligible to receive the COVID-19 vaccine. However, vaccination disparities have continued to increase despite the expansion of eligibility. According to the [Centers for Disease Control and Prevention](#), vaccination rates were “lower among adults living in counties with per capita income less than the median” and in areas where “the percentage of mobile homes was at or above the median.”

According to the [Kaiser Family Foundation](#), which is tracking vaccination rates by race and ethnicity at the state level, vaccination rates for many communities of color are not matching the burden of the disease. In Colorado, for example, Latinx people comprise 22% of the state’s population, but they account for:

- 41% of COVID-19 cases;
- 25% of COVID-19 deaths; and
- only 11% of vaccinations.

Similarly, in Washington, D.C., Black people, who make up 46% of the population, represent:

- 55% of COVID-19 cases;
- 70% of COVID-19 deaths; and
- only 40% of vaccine recipients.

Yet, the inconsistency in data collection and reporting on race and ethnicity for vaccinations must be noted. Such inconsistency limits the ability to identify vaccination rates among many ethnic groups. According to the [Kaiser Family Foundation](#), as of May 24, 2021, 47 states and Washington, D.C., were reporting vaccination data by race/ethnicity. Of those who had received at least one COVID-19 vaccine dose:

- 62% were white.
- 14% were Latinx.
- 9% were Black.
- 6% were Asian.
- 1% were American Indian or Alaska Native.

Less than 1% were Native Hawaiian or Other Pacific Islander. Tremendous data gaps exist for vaccination rates among American Indian and Alaska Native people and Native Hawaiian and Other Pacific Islander people.

Prioritize high-risk populations and high-burden communities

As states and localities continue to promote vaccination, they must consider how to best reach those who are at the highest risk and the most vulnerable.

HEALTH-RISK A [KFF analysis](#) found wide variability in how states (and likely counties and cities within them) define high-risk medical groups. As states begin to expand vaccine eligibility, they should prioritize appointment availability and access for those who are at highest risk of serious illness and death as identified by the [CDC](#) and provide clear information to the public about who is considered high-risk. Some states have allocated various percentages of vaccines to communities that have been affected at a greater rate by COVID-19 than other areas. For example, [Massachusetts Gov. Charlie Baker](#) pledged to allocate 20% of all vaccines to communities with higher vulnerability. In the same manner, [North Carolina](#) vowed to allocate additional doses of the vaccine to counties whose makeup consists primarily of older individuals and those from marginalized groups.

PLACE-BASED Vaccine distribution should be prioritized to zip codes that have been most severely affected by COVID-19 and that have the highest economic burden. [Washington, D.C.](#), prioritized vaccinations for residents in the city wards with the highest COVID infection and mortality rates. This also includes placing vaccine sites in high-risk and high-burden communities to improve accessibility.

Due to the low percentage of individuals in certain communities being vaccinated against COVID-19, the prioritizing of certain groups went into effect. For example, in New Hampshire, 10% of the total vaccines within the state are now reserved for individuals residing in communities that have been impacted the most by the COVID-19 pandemic.

Work to build trust with communities

Building trust with communities is just as, if not more, important than addressing vaccine hesitancy. A legacy of and lived experiences of racism, discrimination and divestment has resulted in communities of color being distrustful of institutions.

Ways to build trust:

- Provide frequent, transparent communication and opportunities for the public to ask questions of trusted messengers or influencers. Virtual town halls, social media appearances and adequately staffed hotlines are strategies some states and localities are using to speak to communities and engage in dialogue. For example, Maryland developed a mobile public health education unit that provides information about getting vaccinated against COVID-19 and COVID-19 prevention strategies in both English and Spanish in communities that have been impacted the greatest by the pandemic. In [Ohio](#), virtual town halls are being televised weekly in order to address concerns regarding the vaccine from Black, Latinx, Asian, Pacific Islander, and rural residents. Listen to the concerns of participants and tailor messaging to provide science-based, un-biased information that addresses those concerns.
- Clearly communicate that there is no cost for the vaccine and that immigration status is not collected or a determining factor for eligibility. These are both key to addressing reluctance in undocumented communities.
- Partner with community health workers, community health centers, places of worship and other trusted community-based leaders and organizations to engage harder to reach populations. The [Black Doctors COVID-19 Consortium](#) in Philadelphia provides health education and resources and mobile COVID-19 testing and vaccination services, including a 24-hour vaccination clinic, in partnership with the City of Philadelphia.
- Entrust community leaders to develop tailored messaging and strategies for their communities. Preserving culture is one of the key messages leaders from the [Cherokee and Navajo Nations](#) have used to build vaccine acceptance. In addition, Tribal leaders have received their vaccines publicly and engaged Tribal language speakers as vaccine administrators.

Ensure registration and testing are accessible

- Provide a variety of registration options. For web-based registration, ensure instructions are easy to read. Offer non-internet registration options either via phone or in-person. To target individuals who are unable to effectively use online vaccination appointment software, various states have set up vaccination call centers, such as Mississippi and Alabama. In these states, people can call a hotline where the phone operator schedules the appointment for them. In addition, in Maryland, the Department of Health and Aging created a telephone-based support line to specifically assist those without internet access.
- Ensure all forms of registration are accessible for those with limited English proficiency and/or limited literacy; and have translators available. Refrain from requiring nonessential documentation, such as proof of citizenship, and clearly communicate that to the community.
- Offer vaccination walk-ins and other options that do not require pre-registration, including at local community centers, schools, faith-based sites, or other highly frequented and trusted places in the community.

Other recommendations to address access barriers include:

- *Providing transportation to vaccination sites;*
- *Deploying mobile vaccine units;*
- *Standing up vaccination sites near public transportation;*
- *Expanding hours to include evenings and weekends; and*
- *Ensuring the date and time for the second dose vaccine is confirmed during the first visit and appointment reminders are scheduled.*

Offer paid sick leave for workers to get vaccinated and also for those who may experience side effects

Concerns about missing work (and losing pay) due to vaccine side effects prevent some front-line workers from being vaccinated. This is especially true for workers who are [undocumented immigrants](#). Offering paid sick leave for employees to get vaccinated and take time off in the event of side effects helps to alleviate access issues for many low-income and service workers. As a result of a new section added to NY State Assembly Bill A3354B, [New York](#) now requires employers to provide every public employee a paid leave of absence of up to four hours for each COVID-19 vaccine injection they receive. At the national level, the American Rescue [Plan](#) provides “a paid leave tax credit” to businesses with less than 500 employees for up to 80 hours of work, specifically to cover time off needed for employees to receive the COVID-19 vaccine. This also allows employers to grant paid leave to employees who experience side effects from the vaccine.

Offer incentives to improve vaccine accessibility

For a final push to increase the number of people vaccinated, various organizations have begun [providing incentives](#). For example, according to [We Can Do This](#), YMCAs across the country are offering free childcare for caregivers during their vaccination appointments to allow those who care for a child full time to have the opportunity to be vaccinated. In addition, rideshare companies are providing free rides roundtrip to appointments for both doses of the COVID-19 vaccine. This eliminates the burden of transportation costs associated with travelling to and from a COVID-19 vaccination site. Ultimately, in order to increase vaccination rates, it is vital for states to consider and address some of the factors that can prevent individuals from receiving a COVID-19 vaccine.

RESOURCES

Better For It (American Lung Association/Center for Black Health & Equity) <https://www.lung.org/lung-health-diseases/lung-disease-lookup/covid-19/action-initiative/vaccine-toolkit>

Black Doctors COVID-19 Consortium <https://blackdoctorsconsortium.com/>

CDC COVID Data Tracker <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics>

CDC Morbidity and Mortality Weekly Report (MMWR) – Patterns in COVID-19 Vaccination Coverage, by Social Vulnerability and Urbanicity – United States, December 14, 2020 – May 1, 2021 https://www.cdc.gov/mmwr/volumes/70/wr/mm7022e1.htm?s_cid=mm7022e1_w

FACT SHEET: President Biden to Call on All Employers to Provide Paid Time Off for Employees to Get Vaccinated After Meeting Goal of 200 Million Shots in the First 100 Days <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/21/fact-sheet-president-biden-to-call-on-all-employers-to-provide-paid-time-off-for-employees-to-get-vaccinated-after-meeting-goal-of-200-million-shots-in-the-first-100-days/>

Immigrant Access to COVID-19 Vaccines: Key Issues to Consider <https://www.kff.org/racial-equity-and-health-policy/issue-brief/immigrant-access-to-covid-19-vaccines-key-issues-to-consider/>

Kaiser Family Foundation How are States Addressing Racial Equity in COVID-19 Vaccine Efforts? <https://www.kff.org/racial-equity-and-health-policy/issue-brief/how-are-states-addressing-racial-equity-in-covid-19-vaccine-efforts/>

Kaiser Family Foundation Latest Data on COVID-19 Vaccinations Race/Ethnicity <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/>

National Academy of Science and Medicine's (NASEM) Framework for Equitable Allocation of Vaccine for the Novel Coronavirus <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus>

National League of Cities: Why Equity in Vaccine Distribution is Critical: Four Areas to Prioritize <https://www.nlc.org/article/2021/03/03/why-equity-in-vaccine-distribution-is-critical-four-areas-to-prioritize/>

Supporting an Equitable Distribution of COVID-19 Vaccine: Key Themes, Strategies and Challenges Across State and Territorial COVID-19 Vaccination Plans <https://healthpolicy.duke.edu/publications/supporting-equitable-distribution-covid-19-vaccines>

THE CONVERSATION: Between Us, About Us <https://www.kff.org/coronavirus-covid-19/press-release/the-conversation-between-us-about-us-a-new-campaign-by-black-health-care-workers-for-black-people-about-the-covid-19-vaccines/>

The New York State Senate Assembly Bill A3354B <https://www.nysenate.gov/legislation/bills/2021/a3354/amendment/b>

Tribal Health Providers Have Figured out the Key to COVID-19 Vaccine Success. Here's Their Secret <https://www.cnn.com/2021/02/09/us/tribal-health-providers-covid-vaccine-trnd/index.html>

Vaccine Distribution—Equity Left Behind? <https://jamanetwork.com/journals/jama/fullarticle/2776053>

Vaccine Equity Toolkit (Kaiser Permanente) <https://about.kaiserpermanente.org/content/dam/kp/mykp/documents/instructions/covid-19-vaccine-equity-toolkit-external.pdf>

We Can Do This (U.S. Department of Health and Human Services) <https://wecandothis.hhs.gov/>

We Can Do This – COVID-19 Vaccine Incentives <https://www.vaccines.gov/incentives.html>

