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Office of Racial Equity and Social Justice Summer Fellow 2021

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About the Fellow

Iisis G. Chestnut is a first-generation Graduate
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This Summer, Iisis was the first Summer Fellow to work in the Office of Racial Equity and Social

Justice. She hopes the research from this report will be used to improve racial equity efforts in Montgomery County.

Acknowledgements

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Definitions

Community Engagement Model- a strategic process with the purpose of working collaboratively with groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their community or well-being.

Delta Variant- is the predominant strain of the virus in the United States as of August 2021.

Equity- providing the same level of opportunity, support, and assistance to all those in society.

Racial Equity- the distribution of resources and opportunities that is neither determined nor predicted by race, racial bias, or racial ideology.

Racial Justice- the systemic fair treatment of people of all races that results in equitable opportunities and outcomes.

Pandemic- the worldwide spread of a new disease.

Abbreviations

BIPOC - Black and Ingenious People of Color

CDC - Center for Disease Control

DHHS - Department of Health and Human Services

J&J - Johnson and Johnson

JHM - John Hopkins Medicine

WHO - World Health Organization

ECC - Emergency Coordination Center's

JVIC - Joint Volunteer Information Center

OEHR - Office of Equity and Human Rights

Executive Summary

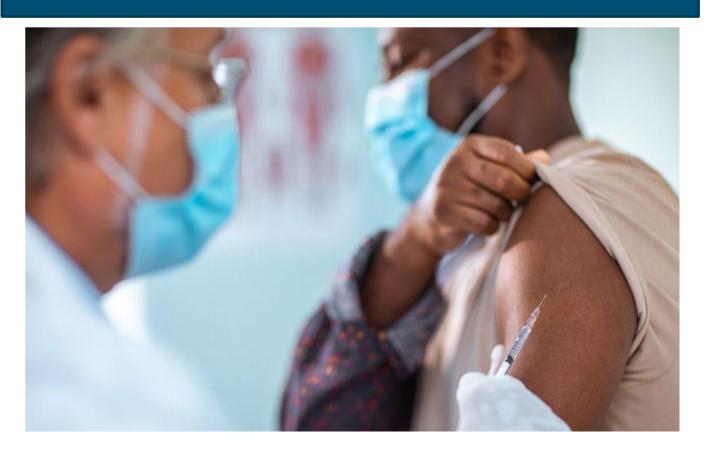
On December 31st, 2019, the first case of coronavirus was reported in Wuhan, China. Soon after, the virus was declared an international public health emergency spreading at alarming rates over a short period of time. First characterized as a "epidemic", its status was raised to an "pandemic" because it was discovered to easily spread from person to person in an efficient and sustained way. This caused countries to react quickly declaring lockdowns, travel bans and adapting social distancing protocols. Over the past year and a half, with the work of specialized agencies such as the World Health Organization (WHO) and the Center for Disease Control (CDC), jurisdictions were able to adapt by coordinating with experts, increasing supplies of tests and vaccines, and managing health protocols. In the United States from January 2020 to August 2021, there have been 35 million confirmed cases, and more than 600 thousand deaths. With the expectations of the world falling onto pharmaceutical companies and governments shoulders, the creation of the vaccine was years ahead of what was anticipated. As of August 2021, 186 million people have received at least one dose of the vaccine and 161 million people have been fully vaccinated. In Maryland 3.6 million people have been fully vaccinated and more specifically in Montgomery County, almost 700 thousand residents are fully vaccinated. With a population of 1.1 million residents, Montgomery County seems to have done its due diligence in providing vaccine information and resources to all its residents. However, broken down demographically, communities of color had the lowest pre-registration rates and continue to have the lowest vaccine rates compared to their counterparts.

The two research questions answered in this report are as follows:

- 1. Were there disparities in vaccine distribution for communities?
- 2. What can Montgomery County do to close those disparities as it relates to COVID-19 and other illness.

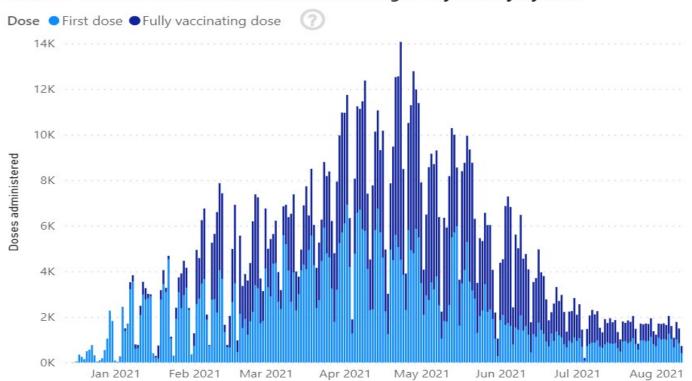
Summary of Policy Recommendations

• To prepare for current and future pandemic related policies and procedures, Montgomery County should develop a Racial Equity Took Kit for COVID19 Relief and Community Response.



Data Highlights

Number of vaccine doses administered in Montgomery County by date



Number of Montgomery County residents who have received their first vaccine dose

740,256

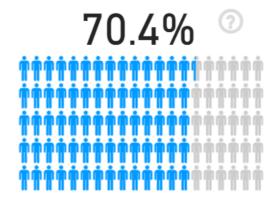
Number of Montgomery County residents who have completed their full dose schedule

672,966 _②

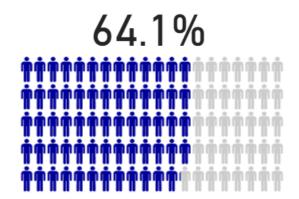


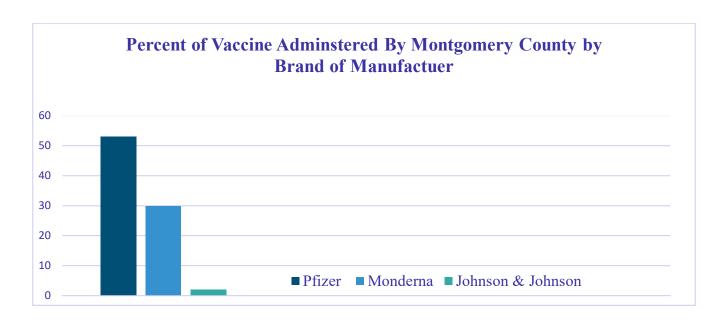
Data Highlights

Percent of Montgomery County residents who have received their first vaccine dose



Percent of Montgomery County residents who have completed their full dose schedule





Data from Montgomery County Government COVID-19 Information Portal

Research Introduction

Montgomery County 2020- 2021 COVID-19 Vaccination Timeline

December 2020

• The first round of COVID-19 vaccine doses manufactured by Moderna arrived in Montgomery County, and were delivered to the Department of Health and Human Services (DHHS).

January 2021

- The County launched an online survey to hear from residents and receive feedback on how residents were feeling about receiving the COVID-19 vaccine.
- DHHS began vaccinating residents in Phase 1A, which included frontline healthcare workers.
- The County began vaccinating residents 75 and older and continued providing appointment links to other Priority Group 1B (teachers, childcare workers, individuals with developmental disabilities) as vaccine supplies allowed.
- The County announced that Johns Hopkins Medicine (JHM) will begin vaccinating eligible residents and Montgomery County Public School (MCPS) employees.

February 2021

• The County announced the expansion of pre-registration to include Phase 1C. Vaccination locations now included Hospitals and Retail Partners. Telephone Assistance for pre-registering was also announced.

Montgomery County 2020- 2021 COVID- 19 Vaccination Timeline

March 2021

- Vaccination clinics operated by DHHS began to offer COVID-19 vaccine to residents 65 to 74 years old, as well as essential workers (transit workers, teachers, childcare workers and individuals with developmental disabilities) as vaccine supplies allowed.
- More than 165,000 Montgomery County residents received their first dose of the COVID-19 vaccine and more than 82,000 Montgomery County residents reported to be fully vaccinated.
- The County received 1,600 doses of the newly approved Johnson & Johnson vaccine.

April 2021

- All 16 and Over Residents became eligible for vaccines.
- More than 40% of residents received at least one COVID-19 vaccine and more than one-quarter of residents were fully vaccinated.

May 2021

- About 55 % of County residents received at least one dose of the vaccine.
- All 13-state operated Mass Vaccination Sites began accepting Walk-Ups.

June 2021

• Almost 65% of residents have received at least one dose of the COVID-19 vaccine and 56% of residents were fully vaccinated.

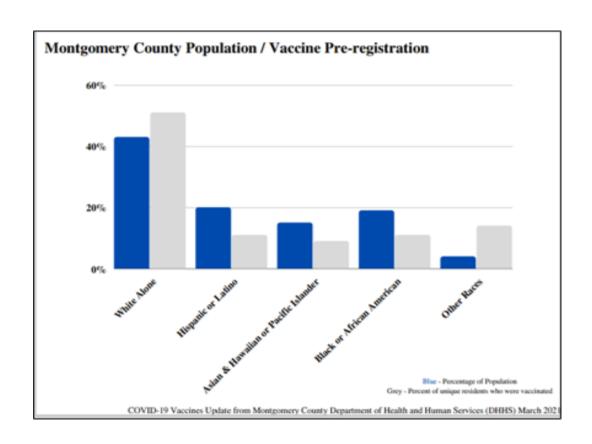
July 2021

- 70% of County residents received at least one dose of the vaccine and 64% of residents are full vaccinated.
- Youth ages 12 to 15 are no longer required to pre-register for appointments.

Research Introduction

Racial Disparities in Vaccine Distribution

In this graph you will see side by side data of Montgomery County's Population and Vaccine Pre-Registration Demographics. During the pre-registration phase in March 2021, out of all residents who received at least one dose of either the Pfizer or Modena vaccine, white residents had the highest pre-registration rates with 51% while only making up 43% of the population. This is compared to communities of color whose rates were significantly lower in both population and pre-registration.



Research Introduction

Vaccine Equity Framework

In the Framework for Equitable Access to COVID-19 Vaccination Report, the county identified disparities communities of color experienced during the pre-registration phase. These disparities included,

- 1. Language and Literacy Issues
 - Vaccine information had not been correctly translated or translated at all
- 2. Mobility Constraints and Location of Vaccines
 - Lack of transportation to Mass Vaccination Sites
- 3. And "First-come-first-serve" appointment process
 - Difficult for residents who do not have easy access to a computer or time to monitor when vaccine doses became available

"The purpose of the Equity Framework is to ensure increased access to vaccines, promote vaccination in communities hardest hit by Covid-19, and prevent a recurrence of the historic and continuing racial and ethnic healthcare disparities in Montgomery County."

- Framework for Equitable Access to COVID-19 Vaccination

To ensure equitable vaccine distribution, the County created core elements.

A. Leveraging preregistration and providing scheduling access

Since March 2021, after seeing such low pre-registration numbers, the County established a network to increase vaccine distribution and confidence for communities of color. The County created a Call Center to assist those who were having trouble with

both pre-registering and scheduling. The Call Center provides support in speak multiple languages and provides interpreter services. To further assist residents, the County coordinated with Community Partners who have already established trust and relationships to further assist culturally and linguistically. Community Partners include religious and faith community leaders, local multicultural organizations, regional teams coordinated by the Office of Community Partnerships and Regional Service Centers, the Minority Health Initiatives/Programs, and volunteer groups. Community Partners also provide pre-registration activities such as testing at host faith-based events, and food distributions.

B. Increasing the availability of vaccination opportunities

County efforts also included mass vaccination sites as well as targeted vaccination locations located in highly impacted regions within the county to increase availability for residents who had work or transportation limitations. The "Last Mile" initiative provided transportation to residents who could not drive to a designed vaccination site.

C. Coordination and partnership

The County continues to partner with local hospitals and pharmacies to share doses and prioritization lists to ensure residents who live in hotspots can receive the vaccine. The DHHS Public Health leadership has also been working with the State officials throughout the County to increase the availability of doses to local health office sites, hospitals, and State vaccination sites. As the County continues to advocate for the development and implementation of an equity framework by the State of Maryland, an Equity plan was announced to advocate for a better coordinated process.

Research Introduction

Best Practices of Community Health Partners and Minority Health Programs

DHHS established three minority health programs that use the Community Engagement Model to conduct outreach on how to achieve an equitable rollout for vaccines and other illnesses affecting communities of color.

African American Health Program

- COVID-19 Resorcues
 - Testing and Vaccination Dates and Locations
 - Health and Wellness Education and Guidance
 - Housing and Financial Assistance
 - Emotional Resiliency Resources

Latino Health Program

- Created *SaludyBienstar.org* that provides resources and services entirely in **SPANISH** to help those in the community directly and indirectly affected by the pandemic.
- COVID-19 Testing Calender

Asian American Health Initiative

- COVID-19 Vaccination Options
- COVID-19 Resoruce Guide
 - Food Access
 - Housing
 - Employment and Finiacal Assiatnce
 - Mental Health

Recommendation

Montgomery County should development and implement a Racial Equity

Toolkit specifically for COVID-19. This toolkit will be different from the previously mentioned Framework for Equitable Access to COVID-19 Vaccination Report as it will serve as a guide for County Departments making decisions regarding pandemic relief for communities for color. With the rise in cases for unvaccinated people in the country as well as the new threat to those vaccinated posed by the Delta Variant, this toolkit will provide County Departments with a list of questions to ensure racial equity is included in decision making practices.

Three Other Local Jurisdiction with Racial Equity Toolkits:

- Portland, OR
- Seattle, WA
- Madison, WI

The success of each jurisdiction's toolkit is associated with the creation of goals it focuses on. Collectivity the goals they share are:

- 1. Identifying populations with urgent needs and populations that will continue to be most impacted over time.
- 2. The establishment of expectations for the development of equity goals and performance measures.
- 3. Providing easy access to tools and technical assistance that can help inform priorities, strategy, and decision-making.

Other Local Jurisdictions

Portland, OR

The Office of Equity and Human Rights (OEHR) in Portland was created to not only promote equity and reduce disparities but to provide guidance, education, and technical assistance to Departments as they develop methods to achieve equitable outcomes and service. In 2020, the OEHR created an Equity Toolkit for COVID-19 Community Relief & Recovery Efforts. Recognizing that BIPOC, individuals with disabilities, immigrants, women, and individuals experiencing poverty are often disproportionately affected, Portland committed to pandemic response efforts that did not increase existing inequalities. The Toolkit was developed to serve as a guide and resource for various Departments responsible for pandemic response work. The document has since been built upon as new COVID-19 needs arose.

The goals of the COVID-19 focused Equity Toolkit are:

- 1. Reiterate the City of Portland values, commitments, and legal obligations
- 2. Identify populations with urgent needs and populations that will continue to be most impacted over time
- 3. Encourage COVID-19 relief and recovery initiatives, at the Emergency Coordination Center and City Bureaus, to adapt this toolkit for specific needs and establish expectations for the development of equity goals and performance measures
- 4. Provide easy access to tools and technical assistance that can help inform priorities, strategy, and decision-making

The Toolkit incorporated what community-based organizations were hearing from residents. The Emergency Coordination Center's (ECC) Joint Volunteer Information Center (JVIC) was tasked with outreach to community organizations located in high-risk and historically underserved populations. Having been in touch with over one hundred organizations, the recurring themes found in the community were food insecurity, lack of face mask and coverings, xenophobia, elderly support services, family assistance, etc. The Toolkit also included data on high-risk populations identified by the CDC as well as data on local disparities. Evidence showed that communities of color (indigenous groups, immigrants, refugees, migrants, and racial minorities), women, seniors, and persons with disabilities, experience the highest degree of health disparities and socio-economic marginalization, exposing them as most vulnerable to emergencies. The highlighted trends served as a foundation for the City's relief and recovery efforts and helped to center attention around populations experiencing severe illness or death if infected, and/or at higher risk of becoming economically burdened during and after the pandemic. Lastly, the Toolkit included a set of questions for Departments tasked with pandemic relief efforts to ask when making policies that may affect underserved comminutes. The questions were intended to help City efforts that are focused on frontline populations incorporate essential steps to provide meaningful and direct access to pandemic resources.

For "One-off" Decisions some questions were:

- 1. Is this relief prioritizing those most impacted by the COVID-19 health pandemic, considering the information in this toolkit, including:
 - CDC High-risk populations,
 - Local (Multnomah County and Oregon) Disparities Data, and
 - What We're Hearing from the Community

2. Is this relief going directly to the people and communities who need it? (addressing barriers in program/service delivery)

For questions regarding policy or programmatic design and decisions,

Departments were asked to follow a Results Based Accountability™ approach, and consider:

- 1. What communities (BIPOC and vulnerable communities disability, national origin, and gender) will be impacted by our recommendations?
- 2. What are the historical relationships with impacted communities? How do we work to rebuild broken trust?
- 3. In what ways have we authentically engaged and informed impacted communities? In particular, multicultural communities whose primary language is not English and/or undocumented community members.

Other Local Jurisdictions

Seattle, WA

Seattle's Race and Social Justice Initiative was created to serve out the commitment of not only eliminating racial disparities but to achieve racial equity throughout the city. Like Montgomery County, Seattle has a Racial Equity Toolkit designed to assist Departments with analyzing the impact racial equity would have on policies, programs, initiatives, and budget issues. The secondary toolkit, *Racial Equity Toolkit for COVID-19*, is used to assess the same polices, programs, initiatives, and budgets but from pandemic assessment framework. Along with step-by-step instructions, the toolkit starts with a set of questions to Departments to identify their purpose and set intentions for the outcomes and potential impacts their decision can have on racial inequity.

The Step-by-Step Instructions include:

- 1. Set racial equity outcomes for those most harmed by racism using an intersectional framework.
- 2. Involve stakeholders + analyze data.
- 3. Determine benefit and/or burden.
- 4. Advance Opportunity or Minimize Harm.
- 5. Evaluate. Raise Racial Awareness. Be Accountable.
- 6. Report Back.

The questions included:

1. Describe the policy, initiative, service, program, or budget issue you will be evaluating.

- 2. Why is your issue area and the decision you will make significant to communities of color? More specifically, which communities will be impacted by this decision?
- 3. Why is it necessary that you, as public servants, evaluate this decision using an explicit racial equity analysis?
- 4. How will you push back on white supremacy culture and center racial equity as a practice by cultivating relational culture (e.g., transparency, listening, both/and thinking, open-heartedness, shared leadership and other qualities that promote collaborative, informed and connected decision-making) throughout this process?

Along with their COVID-19 Toolkit, Seattle developed a second toolkit to serve as a Departmental resource list when identifying the response to COVID-19 in communities of color. The *Racially Equitable Decision-Making Data Tools for COVID-19**Responses*, acknowledges that the pandemic has and will continue to have subsequent economic effects on historically inequitable communities. This list states the best racially equitable practices that center around data collection and analysis. That includes, using racially disaggregated data with the understanding of how systemic racism has impacted communities of color and tracking how residents, communities, organizations, and small businesses are impacted by governmental responses to COVID-19. The list also includes fast track data sources such as the Racial and Social Equity Index and Map that combines race, ethnicity, and other related demographics with socioeconomic and health disparities to identify where disadvantage populations make up the largest proportions of residents.

Other Local Jurisdictions

Madison, WI

With the goal of prioritizing racial equity and social justice in The City of Madison Wisconsin, the Office of Civil Rights created a list Covid-19 Equity Questions. The City of Madison recognized the lack of urgency in responses and the disproportionate effects the pandemic had and continues to have on communities of color. The toolkit entitled, *Embedding Racial Equity in COVID-19 Response and Recovery*, was developed to help systems of power who are disconnected from communities of color and provide them with a list of questions to use to ensure racial equity in included in decision making practices. It is encouraged to use and reuse these questions during all COVID-19 related discussions, conversation, or public meetings.

The guiding questions include:

- 1. What do we know about how people of color and those most disconnected from systems of power are impacted?
 - a. Who is impacted by, cares about, or is already working on this issue? Have we asked for their perspectives directly? How will we continue to communicate with them in this process? Does the data we're using detail race, non-binary and transgender people, people with disabilities, those experiencing homelessness, or undocumented status?
- 2. Who is this COVID-19 response (or lack of response) going to help the most, who will it help the least, and who not at all? How can we address these limitations? For consideration: Not acting is also a "response" that will affect populations differently.

Montgomery County COVID-19 Toolkit Example Questions

1

• Describe the policy, program, or issue you will be evaluating.

2

• Are there ways this specifc COVID-19 response could harm certain populations or communities of color? And how can these unintended consequences be mitiagted?

3

• Why is your policy, program or issue area and the decision you make significant to communities of color?

4

• Why is it necessary that you, as representatives of the County, evaluate this decision using a racial equity analysis?

Concluding Remarks

Montgomery County had done a great job in providing COVID-19 related resources and information to its residents. In the Framework for Equitable Access to COVID-19 Vaccination Report, the County identified three main disparities that affected and continue to affect communities of color. With the support of Community Health Partners and Minority Health Programs, the county was able to mitigate some of those dipartites. With almost 700,000 Montgomery County residents having completed their full dose schedule, it is important for Montgomery County to develop and add it their equitable practices. Implementing **Racial Equity COVID-19 Toolkit** will ensure Montgomery County decision makers identify and evaluate the potential impact a policy or program will have on communities of color.



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