



MONTGOMERY COUNTY MARYLAND
ROCKVILLE, MARYLAND 20850

April 7, 2021

Marc Elrich, County Executive
Office of the County Executive
101 Monroe Street, 2nd Floor
Rockville, MD 20850

Dear County Executive Elrich:

As the first Racial Equity and Social Justice Advisory Committee of Montgomery County (Committee), we want to recognize the dedication and hard work that you and your team have put into addressing the COVID-19 crisis in our County. We appreciate that you and your team joined us a few weeks ago to share and educate us about your efforts to address this crisis. That being said, our Committee has very strong concerns regarding the disproportionate effect this pandemic has had on our vulnerable Black, Indigenous, and People of Color (BIPOC) communities.

We strongly urge you to take the following actions outlined below to ensure that the COVID-19 vaccine actually reaches Black and Brown populations who have been the most impacted by the pandemic in our County and whose current access to the vaccine is following all too familiar patterns of racial exclusion. Recently, our Committee sent a letter to the Governor expressing our deep concern and also strongly urged him to take the necessary actions to address these racial disparities. It is our hope that your office and the Governor's office will work together to address these critical issues.

- I. **Background:** Long standing social, economic and health inequities across our communities have recently manifested themselves in the disproportionate impact of the COVID-19 pandemic on communities of color. This is especially true in the Black and Latino communities where 31% and 45%, respectively, in Montgomery County are uninsured, and at present are far more likely to acquire the virus than any other racial or ethnic group. As this pandemic has wrought unprecedented levels of pain on Black and Latino communities, early vaccination distribution data indicate that we need to do much more to address these disparities or prioritize vaccination for those communities most at risk. Instead, we have seen these disparities exacerbated as the White population appears to be massively overrepresented in the early stages of vaccine distribution. We must act soon to reverse these trends.

Racial Equity and Social Justice Committee
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Blacks experience worse health outcomes than do other groups during and after epidemics, which has been further exacerbated by COVID-19. The evidence for this differential impact includes long term existing chronic health and social disparities:

- Higher rates of underlying health conditions in Blacks (e.g., hypertension, chronic lung conditions, asthma, diabetes, kidney disease, and others).
- Socioeconomic factors (decreased access to health care, poverty, and other multiple negative social determinants of health).

The extreme environmental disruption caused by COVID-19 has placed stressors that are unique to the Black community. These stressors exacerbate the unique difficulties Black people experience daily around reduced access and treatment options for mental health. The news surrounding the high death rates of Black community members with underlying health conditions associated with COVID-19 has caused fear and worry, especially since the Black community suffers disproportionately from COVID-19.

Both the Black and Latino communities are vastly overrepresented among the COVID-19 positive case data and yet represent the smallest racial and ethnic groups among those currently receiving vaccines. As of March 1, 2021, Montgomery County Health data indicate Black and Latino residents are nearly twice as likely to acquire COVID-19 as compared to any other racial or ethnic group. Nine percent (9%) of the entire Latino population residing in the County has already tested positive for COVID-19, representing over 30% of all known cases as opposed to only 4.4% of the total White population which has ever tested positive. Further, of the over 150,000 individuals in the County who have already received at least one dose of the vaccine, 53% are White, while only 11% are Black and 8% of those thus far vaccinated are Latino. Impacts to the American Indian/Alaskan Native community could not be assessed because neither Montgomery County nor the state government break out that data, while most states and counties around the country do break out the AI/AN data no matter how small.

In the past year, a national online hate tracker Stop AAPI Hate reported unprecedented increase in hate crimes against Asian Americans across the country because of the misguided and dangerous perception that the COVID-19 virus is somehow associated with Chinese Americans. The aggressive anti-China rhetoric further contributed to fostering an environment of fear among many in the Asian American communities. Although statistics are showing that Asian Americans in the County have the lowest COVID-19 infection rate and death rate, and have reached proportionate vaccination rates based on their share in the population, without the ability to further breakdown the Asian American statistics, there is no way to tell how each subgroup is actually faring. Asian Americans are not a monolithic community, there are great numbers of subgroups within the Asian diaspora that have experienced high levels of limited English proficiency, employed as front line workers in small businesses, have limited technological know-how to navigate the complex and highly decentralized pre-registration systems. The Asian American Pacific Islander (AAPI) community's needs should not be overlooked just because of a lack of disaggregated data.

Montgomery County COVID-19 and Vaccination Racial Disparities as of 3/19/2021

	African American	White	Latino	Asian
Percent of COVID-19 Cases*	15.3%	19.5%	30.2%	3.7%
Total COVID-19 Cases*	9,975	12,716	19,717	2,443
Percentage of deaths*	17.7%	48.1%	20.8%	10.1%
Total COVID-19 deaths*	250	678	293	143
Percent of Total County Population. US Census est. 2019 (Total population MoCo - 1,050,688)**	20.1%	42.9%	20.1%	15.6%
Percent of Total Population with COVID-19	5.3%	4.4%	9.0%	1.4%
Percent of Vaccinated Population to date*	12%	49%	10%	15%

Source: *Montgomery County Government COVID-19 Information Portal

**US Census Quick Facts, Montgomery County, Maryland

In order to reverse these worrying trends and implement a comprehensive vaccination strategy that prioritizes those most at risk, the Committee recommends that first and foremost, the County leverage resources already at its disposal in order to build an infrastructure capable of attaining equity in vaccine distribution. Among its most effective tools upon which to build a foundation is the community based network known as **Por Nuestra Salud y Bienestar** as well as the **African American Health Program** and **Asian American Health Initiative**, which addresses COVID-19 education, navigation and case management. Using those and similar partners we recommend the following components be implemented as part of a culturally and linguistically proficient vaccination campaign targeted at those most vulnerable to the virus:

- II. Geographic Focus:** In order to address these glaring disparities, there must be a commitment to target resources within the communities most impacted by the virus. Contact Tracing and COVID-19 case data clearly indicate where these geographies are located and not surprisingly these hotspots correlate to the zip codes where the Black and Latino share of the population is the highest, significantly higher than the county average of 20.1%. To address the racial disparities the virus has wrought, resources must be prioritized in the areas most impacted. As such physical vaccination sites must be located within these areas and made accessible to residents of these communities as well as effective partnerships established with trusted faith and community-based

organizations operating in these areas so outreach and education efforts could align with vaccination center operations.

Selected Demographics of Zip Codes with the Highest COVID-19 Infection Rates

- **20904 East County**
- **20906 Aspen Hill**
- **20902 Wheaton**
- **20877 Gaithersburg**

*According to MDH data as of 3/1/21

III. **Community Education/Awareness:** It is essential to build an integrated communication and awareness plan specifically targeting Latino, African American, Caribbean, and Asian immigrants in a culturally proficient manner to drive residents to vaccination. Building on Montgomery County's strength working with several organizations with deep roots in the community, and decades of expertise in grassroots outreach, we propose an approach combining canvassing accomplished by trained Community Health Workers/*Promotras de Salud*, media personalities, and our greatest asset – our network of grassroots community leaders – to serve as trusted messengers via information sessions, social media, in person and digital outreach. This multi-layer approach also builds on best practices in the civic engagement field, and is specifically designed based on the messages, messengers, and modalities that are proven to have the most impact in communities of color.

A media campaign should include both earned media, especially through Spanish-language outlets, as well as French and Amharic, and paid social media advertising. Very high portions of the African American, Latino and immigrant community utilize social media. On the other hand, Asian American and African American communities do rely on traditional media and their community network and community based organizations. Experts will design messages and printed and digital materials that directly speak to this target audience, and then use data to guide placement so that they reach the intended audience. This targeted approach would complement efforts to take place in the field.

IV. **Field Teams - Canvassing, Targeted Outreach and Appointment Navigation:** Building on the County census work, community engagement, and health education, we propose that the County engage community-based organizations that would conduct field canvassing efforts in heavily Black, Latino, Asian and immigrant neighborhoods. An example of the right approach on the immigrant community is utilizing the existing teams of Health Promoters and Community Health Workers currently conducting COVID-19 prevention education that would be leveraged and reinforced by additional field staff to promote vaccination in a culturally proficient manner while navigating community members to the appropriate vaccination center.

V. **Hotline and Telephonic Navigation:** We also recommend leveraging and expanding Montgomery County 311 and existing trilingual health hotline services in the County by community-based organizations (Spanish, French, Amharic, Chinese, Vietnamese,

Korean, and English) to include navigation and individualized enrollment assistance for vaccine appointments.

- VI. **Additional Components Necessary for Success: Access to Data/Leverage Contact Tracing Infrastructure** – To optimize targeted outreach to those most vulnerable, access to contact tracing data and information is key. While it is understood HIPAA restrictions may prohibit access to many aspects of State held Contact Tracing data, a practical method may be established to help identify those most at risk according to data received through contact tracing efforts. Leveraging the COVID LINK infrastructure and data collected through those means will prove to be a valuable tool in the fight to reduce disparities.

American Indian/Alaskan Native Data - The lack of data for American Indians/Alaskan Natives at both the state and county levels is an issue that is not limited to Maryland or Montgomery County's COVID-19 response. Both the county and state improperly aggregate American Indian/Alaskan Natives into "Other" categories, which in itself contributes to the invisibility of our American Indian/Alaskan Native communities. Invisibility of American Indian/Alaskan Native communities is racism in that it contributes to the cultural narrative that indigenous communities no longer exist. If we are to truly address the issues and impact of COVID-19 on BIPOC in Montgomery County, the county must take responsibility to break out that data, not only for COVID-19 but for all other demographic issues in county publications as well.

Mobile Vaccination Units – We strongly support the pilot project that HHS is implementing. We believe that all elements identified above may readily adapt themselves to support mobile vaccinations centers that rely on vehicles or other non-fixed means to vaccinate more individuals in the communities in which they actually live. A mobile approach will help address transportation issues many elderly Black and Brown community members currently face. Mobile units also allow for a more flexible approach and may easily adapt to the changing realities of the pandemic and can schedule vaccination events in the hotspots of the moment much more quickly than the time necessary to secure a fixed site.

Multigenerational and Mixed Households – A key issue that must be considered in our approach to combat these disparities is the composition of the Latino, Asian, and Black households themselves. Many people of color households are composed of multiple generations with grandparents caring for grandchildren and parents working multiple jobs. In addition, many reside with non-related individuals in the same household. Currently, vaccination priority groups do not consider the actual size or composition of households and do nothing to decrease the risk of community spread through prioritizing only the elderly who would be the least likely to contract the virus outside the household. A closer look at this situation and greater flexibility in carrying out vaccination priorities is warranted. We would suggest that in order to protect the elderly, not only would that individual be eligible for vaccination, but all in the shared household as well.

Partnership Coordination – The approach envisioned here relies on the participation of many entities to be successful. This will require coordination of partners, effective communication, sharing of data and information and dedicated project evaluation to ensure effective outcomes.

Thank you for your consideration and our Committee members remain available to assist you in any manner.

Sincerely,

Racial Equity and Social Justice Advisory Committee
Montgomery County



Partap Verma (Chair)



Shane Lloyd (Vice Chair), AA

Troy Boddy
Sonia Canzater
Pat Grant
Jared Hautamaki
Shuo (Jim) Huang
Sylvia Hernandez
Betty Lam
Willie Parker-Loan
Izola Shaw
Selena Mendy Singleton
Jim Stowe
Gustavo Torres

cc: Dr. Raymond L. Crowel, Director, Department of Health and Human Services
Dr. Travis Gayles, Health Officer, Department of Health and Human Services
Dr. James Bridgers, Deputy Health Officer, Department of Health and Human Services
Dr. Earl Stoddard, Director, Office of Emergency Management & Homeland Security