The purpose of this 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.
BACKGROUND

Local and national data over the past year, in concert with historic racial and ethnic health disparities, make it clear that those who are at greatest risk are once again in danger of being underserved during this pandemic. We must be deliberate in our efforts to increase access to lifesaving vaccines in vulnerable communities, especially communities of color, that have been hardest hit. This Equity Framework will help to ensure that those at greatest risk are fully informed about their vaccine options and have increased opportunities to receive the vaccine.

The County has identified three core elements essential to ensure that no community is left behind as we combat this disease. This plan is a partnership between County Government, providers and the residents of Montgomery County. It is also the intent of the County to leverage elements of this plan in partnership with the State and other sources of vaccination available to County residents. The County does not have authority over Federal, or State sponsored vaccination efforts, or a voice in the priorities and timelines set by the State. Nonetheless, while this plan is primarily focused on how Montgomery County will promote access through County sponsored vaccination efforts, we will make every possible effort to partner and coordinate with the State and others to increase the availability and equitable distribution of vaccines to communities that have been most severely impacted by the pandemic. Ending this threat to the health and wellbeing of all County residents will depend on the collective efforts of our partners and community members.

The County’s public vaccination dashboard provides real-time information on the progress of the County’s vaccination efforts.
CORE ELEMENTS OF THE MONTGOMERY COUNTY EQUITY FRAMEWORK

I. TRACKING THE VIRUS TO INFORM VACCINE ALLOCATION.

A. IDENTIFICATION OF HOT SPOTS THROUGH THE USE OF DATA AND LOCAL KNOWLEDGE

- The County will continuously assess COVID-19 case and death rates by zip code, Census tract, and race/ethnicity. Using data collected across the life of the pandemic and through continuous monitoring of case rates, we have an understanding of where COVID-19 is most active in Montgomery County, and which communities have and continue to face the greatest risk. We identify zip codes where the case rates are highest, and census tract areas within those zip codes where the coronavirus has been most active over the last 90 days. This monitoring process, made possible through the continued high volumes of testing the contact tracing, serves as our radar and guide our efforts to inform the public and allocate vaccines.

- Recognizing that data may not identify areas where the virus may be active, we rely on our community partners who have local and regional knowledge and access to communities that should be prioritized for vaccination. Partners in this effort include Regional Service Centers and their advisory communities, Consolidated Services Hubs, Minority Health Initiatives, Housing Authorities, health care and social service providers, the faith community and others.

B. ALLOCATION OF VACCINE AVAILABILITY BY ZIP CODE, RACE/ETHNICITY, AND COMMUNITY

- As hotspot zip codes are identified, the County will allocate a higher percentage of its available vaccine for distribution within those zip codes.

- The data is also used to identify census tracts where the virus is most active within a zip code and the degree to which communities of color have faced disproportionately higher rates of infection.

- Allocation of doses and priority zip codes will be reviewed and updated monthly based on changes in the case rates.

- Within each zip code, doses of vaccine are made available by race and ethnicity based on the relative rates of infection.

- For each County-supported vaccination site, invitations to schedule an appointment are allocated based on the data for each ‘hotspot’ zipcode.

- Vaccination rates in hotspot zip codes and Census tracts will be monitored to guide future prioritizations to halt and reverse growing gaps in vaccination rates across neighborhoods.

- As the County’s capacity to coordinate ‘localized’, targeted vaccinations to residents of high-risk communities increases, we may adjust the process for pre-registration to simplify scheduling.
II. ENSURING ACCESS TO VACCINATION.

A. LEVERAGING PREREGISTRATION AND PROVIDING SCHEDULING ACCESS

- Disparities in access to vaccination have been observed since the beginning of the State-wide vaccination effort and are the result of the ‘digital divide,’ language and literacy issues, mobility constraints and the location of vaccines, and a ‘first-come-first serve’ appointment process. Montgomery County created a pre-registration process for County residents as a means of ensuring the equitable distribution of opportunity to receive the vaccine. First-come-first-serve scheduling rewards those who have time to monitor when doses are available and easy access to a computer. Pre-registration, by contrast, is intended to ensure that residents do not have to chase a vaccine. Once pre-registered, individuals are assured that when vaccines are available, they will be contacted and given an opportunity to schedule an appointment. The County uses its allocation process as the basis for issuing appointment and scheduling from the pre-registration list.

- Recognizing that even with preregistration there will still be barriers, the County created a Call Center to assist persons with both preregistration and scheduling. The Call Center provides support for pre-registration in multiple languages with the assistance of interpreter services.

- To further assist community members facing obstacles to access, the County coordinates with Community Partners who have access to—and trusting relationships with—culturally and linguistically diverse communities to assist with preregistering and, as the time comes, scheduling an appointment. Our Community Partners include but are not limited to: 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 host preregistration activities tied to testing, faith-based events, and food distributions.

B. INCREASING THE AVAILABILITY OF VACCINATION OPPORTUNITIES

- County efforts include large-scale vaccination sites as well as targeted vaccination sites located in highly impacted regions of the county to increase availability for those who have work and transportation limitations. In addition, our “Last-Mile” efforts offer transportation to those who cannot drive to a vaccination site.

- In addition to moving our vaccination efforts into highly impacted regions such as East County and Germantown, Aging and Disability Services in Health and Human Services, together with the senior living and developmental disability communities, has identified independent living sites and low-cost housing communities at which to directly administer vaccinations to our older residents.

- Ensuring equity also requires a special focus on serving residents who are homebound. To reach this population, we are contracting with providers who will administer home-based vaccinations to those persons who have mobility and health issues that make travel difficult or impossible.

- We are working with our Minority Health Initiatives and Programs and other trusted and culturally experienced providers to expand localized opportunities for
vaccination in hard hit communities while also decreasing concerns about being vaccinated. As more vaccine becomes available, we will increasingly rely on this expanded, targeted capacity for vaccination.

C. COORDINATION AND PARTNERSHIP

- We will continue our efforts to partner with local hospitals, and pharmacies where possible, sharing doses and prioritization lists to ensure that we are working collectively to vaccinate individuals who live in hotspots.

- The DHHS Public Health leadership has been working with the State throughout this process to increase the availability of doses to local health office sites, hospitals, and State vaccination sites. Our shared objective is to expand the availability of vaccination opportunities within Montgomery County.

- We continue to advocate for the development and implementation of an equity framework by the State of Maryland as it expands its vaccination efforts. We are pleased to see their progress in announcing an Equity plan and will continue to advocate for a closer, better coordinated process. To facilitate this, we have added a County Liaison to the State equity Taskforce/Workgroup and have shared our initial Equity Framework and process.

- The State has announced and is moving ahead with plans to open a Mass Vaccination Site in Germantown in Partnership with DHHS, Holy Cross Hospital, Montgomery College, and the County’s Office of Emergency Management and Homeland Security. The site is scheduled to officially open on April 8th, 2021.

III. PROMOTING PUBLIC EDUCATION AND AWARENESS.

A. PUBLIC AWARENESS CAMPAIGN

- Making vaccines available through the County’s prioritization process and equity framework is an essential first step, but we must also work to make residents aware of the opportunity and encourage them to take advantage when it comes. Our public information campaign is a joint effort coordinated between the County Executive and County Council Public information Offices (PIO), DHHS PIO, and the Office of Community Partnerships. We are also aligning our efforts with the State’s “Go-Vax” campaign, drawing on their materials and resources.

- Our campaign is focused on providing information on the facts regarding the virus and the vaccines, as well as information on how to obtain a vaccine, while addressing hesitancy among members of the community who are undecided.

- To ensure cultural competency, we have engaged members of our Community Partners teams to develop and ‘own’ linguistically and culturally appropriate messages to be delivered through a variety of channels including social media, television and radio, print media, and public forums.
PRIORITIZATION NOTES AND UPDATES AS OF MARCH 15, 2021

- 50% of available doses will be allocated to priority zip codes and hotspot communities within those zip codes for the general population (75+, 65+, 16-64 with medical conditions, general population). 50% will be allocated to all other tiers.

- Within hotspot zip codes, we will increase the allocation of doses based on based disparities in case rates based on race and ethnicity. The Rate will be 1.5x the relative case rate.

- When the hotspot zip codes are exhausted for Black and Latino communities, invitations will expand to county-wide selection for those highly impacted populations.

- When those lists are exhausted for the current age range, invitations will be offered to communities in the next Phase - first from hotspots, then county-wide.

The equity framework, after progressing through subsequent phases, will follow the States timeline, resulting in eligibility for vaccination in all groups by the end of April. The County will continue to monitor and prioritize its dose distribution in zip codes and census tracts as described above.

This map shows the current priority zip codes ("tier 1") derived from public health data.
ADDENDUM: SUPPORTING DATA & ANALYTICS

I. CENSUS TRACT HOTSPOTS

GEOGRAPHIC DISPARITIES IN COVID CASE RATES: LAST 90 DAYS (FEB)

II. AGING & DISABILITY SERVICES: IDENTIFIED FACILITIES FOR OLDER ADULTS

TARGETED OUTREACH: FACILITIES FOR OLDER ADULTS
III. RELATIVE DEATH RATES BY AGE AND RACE/ETHNICITY

RELATIVE DEATH RATES BY AGE AND RACE/ETHNICITY (PER 100K)

- **75 TO 84**: Hispanic residents die at higher rates than White residents 75-84.
- **65 TO 74**: Black and Hispanic residents 55-64 are at comparable risk relative to White residents 65-74.
- **55 TO 64**: Black and Hispanic residents 45-54 are at comparable risk relative to White residents 55-64.

Detailed maps are made available to stakeholders online: bit.ly/mc-c19-omaps
COVID-19 VACCINATIONS IN MONTGOMERY COUNTY

TRACKING THE EQUITY FRAMEWORK IMPLEMENTATION

Note: For the most up-to-date information, please see: montgomerycountymd.gov/covid19/vaccine/#dashboard
1. Tracking How and Who the Virus has Hurt

A. Testing and contract tracing to know where virus hit hardest
   - Case rates past 90 days
   - Death rates across the life of the pandemic

B. Identifying zipcodes with the highest impacts by the virus

C. Within each zipcode identifying the census tract where the virus has hit

D. Looking at case rates by Race and Ethnicity within each zipcode

2. Allocation based on Impact

Allocating a higher percentage of doses based on case rates by race and ethnicity

3. Pre-Registration and Scheduling

A. Preregistering to ensure it’s not ‘first-come-first serve’

B. Pulling names based on allocations & zipcode-

C. Contacting people who have pre-registered to schedule an appointment
EQUITY FRAMEWORK—PRIORITY TIER-1 ZIP CODES

PRIORITIZATION BASED ON RELATIVE RISK PROFILE
GEOGRAPHIC DISPARITIES IN COVID CASE RATES: ALL TIME

COVID-19 Case Rate (All time)
BEFORE IMPLEMENTING FRAMEWORK (< 2/11)

The color coding denotes the share of vaccines going to residents in each Census Tract over the specified time frame.

AFTER IMPLEMENTING FRAMEWORK (>= 2/11)

Note the shift to high-impact areas after the implementation of the Equity framework.
The vaccination rate gap for Black and Hispanic residents peaked at 20% relative to White NH residents. The gap for Black residents has been reduced to 8% since the County government opened to 65+, but has closed more slowly for Hispanic residents.

Source: IMMUNET. Note 1: Last day may not include all records due to slight delay between vaccine administration and reporting. Note 2: Since 10-15% of records do not include complete race/ethnicity data, the actual vaccination rate by race/ethnicity is likely to be higher for each group than reported above.
GEOGRAPHY: PERCENT OF 65+ VACCINATED (AT LEAST ONE DOSE)

Source: Census ACS 2015-2019 and Immunet through 03.29.

Green = Above MC Avg
Red = Under MC Avg

* Tract experiencing data quality issues related to addresses, inflating numbers.
GEOGRAPHY: PERCENT OF UNDER 65 VACCINATED (AT LEAST ONE DOSE)

- **Green** = Above MC Avg
- **Red** = Under MC Avg

% OF UNDER 65 VACCINATED

Note: this group has primarily received vaccinations based on occupation.

Source: Census ACS 2015-2019 and Immunet through 03.29.
Note: Due to initial age restrictions, communities with high share of older adults are often overrepresented.
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Purple = Top 10