MEMORANDUM

June 9, 2021

To: Jennifer Bryant, Director
Office of Management and Budget

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice

Re: Supplemental Appropriation: Special Appropriation #21-529 COVID Mass Vaccination CARES Grant

I. **Finding:** The Office of Racial Equity and Social Justice finds that this supplemental appropriation advances racial equity in vaccine distribution in the County. The Department of Health and Human Services (DHHS) articulated vaccine distribution planning, implementation, and monitoring strategies center communities of color and immigrant residents and integrate non-profit and clinical partners with deep connections in communities facing the greatest Covid-19 risks. In this way, DHHS efforts reflect an understanding of and address (historical and current) inequities communities of color face in accessing healthcare information and services in the County.

II. **Background:** Supplemental Appropriation #21-529 COVID Mass Vaccination CARES Grant provides additional funding to the DHHS in the amount of $2,109,403 to implement services in accordance with the COVID Mass Vaccination CARES Grant the County has received from the Maryland Department of Health. This funding will provide targeted resources to DHHS safety-net providers, community health centers, and other non-profits and support agency staff and partners in identifying, communicating with and providing Covid-19 education and vaccinations to residents in the County facing the greatest barriers to accessing the vaccine and the most significant Covid-19 related risks.

DHHS has identified communities of color, particularly immigrant and undocumented residents as populations facing these inequities. The Department describes a localized approach for connecting with residents and using
supplemental funding to identify innovative ways to collaborate with non-profit partners to identify and provide access to residents, including those who may have vaccine hesitancy. DHHS describes the envisioned result of this effort as lowering the incidence of Covid-19 in communities facing the greatest risk and decreasing poor outcomes typically related to Covid-19.

This appropriation is a timely addition to the Covid-19 vaccine distribution efforts underway in Montgomery County and builds upon the County’s Framework for Equitable Access to Covid-19 Vaccination. The framework explains the County’s core elements of vaccine distribution: emphasizing the importance of tracking the virus to inform vaccine allocation; ensuring access through multiple, context-specific channels of distribution; and promoting public education and awareness using culturally and linguistically appropriate approaches carried out by trusted community partners. At this point in the vaccine distribution, DHHS has specifically identified lack of clear accessible information and mistrust of government as barriers affecting low-income communities of color, including immigrant and undocumented residents.

Research supports DHHS identification of inequities limiting vaccine uptake among communities of color. Historical and present-day systemic racism in public policy and in experiences of mistreatment and neglect in healthcare systems create deep mistrust of government vaccination efforts among communities of color. Authors of “Addressing Vaccine Hesitancy in BIPOC Communities — Toward Trustworthiness, Partnership, and Reciprocity” cite the following examples as contributing to vaccine hesitancy among communities of color: U.S. Public Health Service Syphilis Study at Tuskegee and a more recent case in which blood samples from members of the Havasupai Tribe were improperly used for research; lack of diversity among healthcare providers; and racial bias in treatment and quality of care. For immigrant and non-citizen residents, fears are related to concerns that obtaining the vaccine could have negative consequences on their immigration status and that data collected during the vaccination process may be improperly managed or used in ways that cause harm. These concerns, based on systemic mistreatment—limitations on use of public assistance and enhanced immigration enforcement at the Federal level—particularly in the past few years, have created a mistrust of government that dissuades many immigrants and non-citizens from getting the vaccine even when available.

Perceptions about costs and risks associated with vaccination are complicated by rates of health insurance coverage. Research from the Keiser Family Foundation

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explains that systemic barriers to insurance coverage and healthcare more generally have made low-income communities of color and non-citizens more likely to be uninsured. These residents, as a result, are less likely to have established relationships with health care providers and may therefore delay or forego healthcare because of cost. This, in turn, means that while there are resources available to make vaccines free, even for undocumented residents, residents may have concerns about cost. Providers therefore must contend with the perception that the vaccine is not free. In fact, on the Montgomery County Covid-19 landing page there is no mention of whether there are costs associated with getting the vaccine at a County site. In addition to concerns about cost, immigrant residents may have concerns about vaccine side effects and any associated unanticipated healthcare costs related to seeking care. Relatedly, because people of color are more likely to be employed in low-wage jobs, with greater Covid-19 exposure risks, and fewer if any sick leave benefits, residents of color may be especially concerned about side effects interfering with their employment and potentially lost wages.

Overcoming vaccine hesitancy and eliminating inequities in access requires building trust, which government and health care providers can do by listening to community voices, preparing providers to authentically engage with communities, and using more client-centered approaches in its communications and services. Providers can demonstrate commitments to communities’ well-being by eliminating inequities in access and “making the vaccine available in places and that can be easily accessed through multiple modes (e.g., car or walk-up) during hours that accommodate different work schedules.” As the County’s vaccine equity framework notes, accessibility also includes removing barriers for residents with disabilities and older residents.

DHHS’ work with the Latino Health Initiative, its clinical and non-profit partners, and their integration into the planning and implementation of the department’s vaccination efforts reflect a commitment to context-specific, culturally and linguistically relevant strategies that serve uninsured residents and residents facing other health-related inequities.

III. Analysis of data: Available data from Montgomery County’s Vaccine Distribution dashboard reveals disparities between the percentage of residents who are Black and Latino and their proportionality within the vaccinated population. The disproportionality is particularly noticeable when compared to the percent of Asian and white residents in Montgomery County and their representation within the vaccinated population.

4 https://montgomerycountymd.gov/covid19/vaccine/
In addition, there are disparities in the population of uninsured residents in Montgomery County. According to the 2019 Racial Equity Profile for Montgomery County, in 2017 black residents were almost twice as likely (192.1 percent) as white residents to not have health insurance. Latinos were more than five times as likely (510.5 percent) as White residents to not have health insurance. As outlined in the background section, disparities in access to insurance is a relevant inequity in vaccine distribution as cost may be a factor resident are concerned about, if they believe there will be a cost associated with receiving the vaccine. See table below:

<table>
<thead>
<tr>
<th>Racial/Ethnic group</th>
<th>% who are uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.8%</td>
</tr>
<tr>
<td>Black</td>
<td>7.3%</td>
</tr>
<tr>
<td>Latino</td>
<td>19.4%</td>
</tr>
<tr>
<td>Other</td>
<td>26.6%</td>
</tr>
</tbody>
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Analysis of this data suggests that additional resources and continued targeting of outreach and service strategies in communities of color and immigrant communities will be a necessary part of addressing disproportionality in Covid-19 cases and lower rates of vaccination.

cc: Dr. Raymond Crowell, Director, Department of Health and Human Services  
Dale Tibbits, Council Liaison, Office of the County Executive