MEMORANDUM

January 26, 2022

To: Jennifer Bryant, Director
   Office of Management and Budget

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

Re: Racial Equity Impact Assessment (REIA) for Special Appropriation #22-48
    (Special Appropriation #21-528 COVID FEMA Emergency Protective Measures Grant)

In June 2021, the Office of Racial Equity and Social Justice (ORESJ) submitted to the Office of Management and Budget (OMB) a Racial Equity Impact Assessment (REIA) for Special Appropriation #21-528 COVID FEMA Emergency Protective Measures Grant. Available information about Special Appropriation #22-48 indicates that the funding will be used to continue the efforts that began under Special Appropriation #21-528 and will do so using funds from the Maryland Department of Health. The continuation is needed to support the Department of Health and Human Services (DHHS) with safely and effectively administering COVID-19 vaccinations to residents. The funding will be used to engage community partners to promote, administer, and manage COVID-19 vaccines.

Because there are no significant differences between the plans and approaches outlined in Special Appropriation #22-48 and Special Appropriation #21-528 and because gaps in vaccination persist by race (despite a narrowing of gaps in the adult population over time) ORESJ’s findings statement remains unchanged. ORESJ, therefore, recommends that those considering Special Appropriation #22-48 do so by reviewing the REIA that was submitted for Special Appropriation #21-528 (copied below) and the following information about ongoing efforts to measure and address racial equity in Covid-19 vaccination:
As of December 27, 2021, in Montgomery County, the gap in first dose vaccination rate (among vaccine-eligible population 5+) between Black and White residents was estimated at 4%\(^1\). The first dose vaccination rate among Latino residents surpassed that of White residents in July 2021\(^2\). The population group with the highest first dose vaccination rate is among Asian residents. These patterns are similar to national trends, where differences between vaccination rates for Black, Hispanic, and White people have narrowed\(^3\). Despite narrowing gaps in first dose vaccination, The Kaiser Family Foundation (KFF) encourages continued vigilance\(^4\) so that early gaps in first dose vaccination—observed in the Spring and Summer of 2021—do not repeat in rates of full vaccination, boosters, or pediatric vaccination.

Related to booster shots, evidence from a November 2021 KFF analysis of community health center data suggests that fully vaccinated White people are more likely to have received a booster shot compared to other racial/ethnic groups\(^5\). KFF points to a number of factors that contribute to and complicate this early observation: boosters were originally recommended for populations 65+; in the US this population is overwhelmingly White. Around the same time, boosters were also recommended for individuals with increased risk of exposure, such as those working in essential industries; workers in these industries are disproportionately people of color. Further, differences in booster eligibility complicate the process of determining the population of booster eligible people and then tracking uptake. These factors along with the absence of disaggregated data at the state and local level, make it challenging to determine where there are gaps in booster coverage. Currently, in Montgomery County, publicly available data on full vaccination and booster shots is not disaggregated by race. Ensuring that this data is being analyzed under the County’s Framework for Equitable Access to Covid-19 Vaccination\(^6\) would support the County’s ability to equitably distribute resources under Special Appropriation #22-48.

Regarding pediatric\(^7\) vaccination, available data at the local level show disparities in first vaccine dose by race and ethnicity\(^8\). Since the reporting on this data began, consistently\(^9\) smaller shares of

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\(^4\) Nambi Ndugga, et al.


\(^7\) Pediatric refers to children ages 5-11.


\(^9\) Due to data reporting issues from the Maryland Department of Health, data on pediatric vaccination was not available for the December 15\(^{th}\) or December 22\(^{nd}\) DHHS Pulse Report.
Black and Latino children\textsuperscript{10}—compared to their representation in the population\textsuperscript{11}—have received their first dose of the vaccine. At the same time, larger shares of Asian and White children have received their first does compared to their representation in the population. Currently, the over representation of Asian and White children and under representation of Black and Latino children among the vaccinated first dose population (compared to their representation in the population overall) raises concerns about whether barriers to information and access have been fully addressed in pediatric vaccine roll out.

Overall, early disparities in pediatric vaccination along with the lack of disaggregated data in tracking of booster recipients indicates that additional resources as funded under this special appropriation are needed, particularly for activities that address Covid-19 related inequities disproportionately affecting communities of color in Montgomery County.

I. **FINDING:** The Office of Racial Equity and Social Justice finds that this special appropriation (\#21-528) advances racial equity in vaccine distribution in the County. 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:** Special Appropriation \#21-528 COVID FEMA Emergency Protective Measures Grant provides additional funding to the Department of Health and Human Services in the amount of $6,704,931 to implement services in accordance with the FEMA Emergency Protective Measures Grant that the County has received from the Maryland Department of Health. This appropriation will fund the purchasing of vaccine related equipment and supplies, and the administration of the COVID-19 vaccines safely and effectively to County residents. This funding will support DHHS in consistently delivering vaccines and related services to communities 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 provide services directly in communities where residents live. 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 related to Covid-19.

\textsuperscript{10} For the purposes of this assessment, children refer to ages 5-11 years old unless otherwise noted.

\textsuperscript{11} Population refers to the population of children in Montgomery County who are ages 5-11.
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 identified the need for additional funding to prevent delays in operationalizing the following approaches to allocating vaccines based on impact:

- Allocating a higher percentage of County assigned vaccines to highly impacted zip codes
- Allocating a higher percentage of doses based on case rates by race and ethnicity

DHHS’s equity considerations in vaccine allocation and access align closely with leading practices documented in Kaiser Permanente’s Covid-19 Vaccine Equity Toolkit. The toolkit describes the use of metrics related to age, CDC high-risk designation, available health and equity indices, race and ethnicity, and geography in planning, implementing, monitoring and adjusting vaccine allocation. Using insights generated from these metrics, the toolkit recommends allocating resources in ways that prioritize proximity and physical accessibility of vaccination sites in disadvantaged communities and for people with disabilities as well as the provision of transport to and from vaccine sites for populations facing the greatest risk.

Jurisdictions may do this by:

- understanding gaps in existing vaccine site distribution and determining whether existing locations are in under-resourced areas;
- identifying communities with limited access to vaccine sites due to socioeconomic status;
- determining most accessible and affordable modes of transportations; and
- establishing partnerships with transportation providers to address gaps in public transportation.

The County’s Equity Framework for Equitable Access to Covid-19 Vaccination incorporate these considerations. Research also explains the importance of equity considerations in the operations of vaccine sites, education and outreach, and development of community trust. Many of these considerations are articulated in Special Appropriation #21-529 COVID Mass Vaccination CARES Grant. Specifically related to vaccine site operations, additional funding, supporting personnel costs, costs associated with using facilities to administer the

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COVID-19 vaccines, storing and distributing vaccines, and emergency medical care associated with vaccine administration will allow DHHS to continue its strong partnership with non-profit and clinical partners who together develop strategies and deploy resources for providing healthcare services to residents facing the most significant Covid-19 related risks.

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.

DHHS’ Covid-19 Vaccination Equity Framework illustrates early results of using equity considerations and allocation of vaccines based on impact

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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: Ken Hartman, Director, Office of Strategic Partnerships, Office of the County Executive