



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director

MEMORANDUM

February 2, 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 #22-50 CARES Grant

- I. **FINDING:** Special Appropriation #22-50
- 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 #21-529 COVID Mass Vaccination CARES Grant. Available information about Special Appropriation #22-50 indicates that the funding will be used to continue the efforts that began under Special Appropriation #21-529 and will do so using funds from the Maryland Department of Health, Prevention and Health Promotion Administration. The continuation is needed to support the Department of Health and Human Services with expanding existing infrastructure, engaging with community partners, and implementing strategies that effectively reach communities most impacted by incidence of Covid-19.
- Because there are no significant differences between the plans and approaches outlined in Special Appropriation #22-50 and Special Appropriation #21-529 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 #22-50 do so by reviewing the REIA that ORESJ submitted for Special Appropriation #21-529 (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 2021². 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 narrowed³. Despite narrowing gaps in first dose vaccination, The Kaiser Family Foundation (KFF) encourages continued vigilance⁴ 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 groups⁵. 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 Vaccination⁶ would support the County's ability to equitably distribute resources under Special Appropriation #22-50.

Regarding pediatric⁷ vaccination, available data at the local level show disparities in first vaccine dose by race and ethnicity⁸. Since the reporting on this data began, consistently⁹

¹ DHHS Pulse Report Covid-19 Impact and Recovery. January 5, 2022. Available at: <https://montgomerycountymd.gov/covid19/Resources/Files/pulse/DHHS-Pulse-220105.pdf>.

² DHHS Pulse Report Covid-19 Impact and Recovery. January 5, 2022.

³ Nambi Ndugga, Latoya Hill, Samantha Artiga, and Sweta Haldar. Kaiser Family Foundation. "Latest Data on COVID-19 Vaccinations by Race/Ethnicity". January 12, 2022. Available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/>

⁴ Nambi Ndugga, et al.

⁵ Sweta Haldar and Samantha Artiga. Kaiser Family Foundation. "Overview of Data on Race/Ethnicity of COVID-19 Booster Shot Recipients". November 5, 2021. Available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/overview-of-data-on-race-ethnicity-of-covid-19-booster-shot-recipients/>

⁶ *Framework for Equitable Access to COVID-19 Vaccination*. Montgomery County Government. <https://montgomerycountymd.gov/covid19/Resources/Files/vaccine/mc-vaccine-equity-framework.pdf>.

⁷ Pediatric refers to children ages 5-11.

⁸ DHHS Pulse Report Covid-19 Impact and Recovery. January 5, 2022.

⁹ Due to data reporting issues from the Maryland Department of Health, data on pediatric vaccination was not available for the December 15th or December 22nd DHHS Pulse Report.

smaller shares of Black and Latino children¹⁰—compared to their representation in the population¹¹—have received their first dose of the vaccine. At the same time, larger shares of Asian and White children have received their first dose compared to their representation in the population. Currently, the overrepresentation of Asian and White children and underrepresentation 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.

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- 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 Department of Health and Human Services 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.

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

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 Vaccination¹². 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.¹³ 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 noncitizens 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 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 uninsured¹⁴. 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

¹² *Framework for Equitable Access to COVID-19 Vaccination*. Montgomery County Government. <https://montgomerycountymd.gov/covid19/Resources/Files/vaccine/mc-vaccine-equity-framework.pdf>. Accessed on May 28, 2021.

¹³ Samantha Artiga, Nambi Ndugga, and Olivia Pham. "Immigrant Access to COVID-19 Vaccines: Key Issues to Consider". Published January 13, 2021. Keiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/immigrant-access-to-covid-19-vaccines-key-issues-to-consider/>

¹⁴ Artiga and Kates, 2020.

landing page¹⁵ 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 wages¹⁶.

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."¹⁷ As the County's vaccine equity framework notes, accessibility also includes removing barriers for residents with disabilities and older residents.

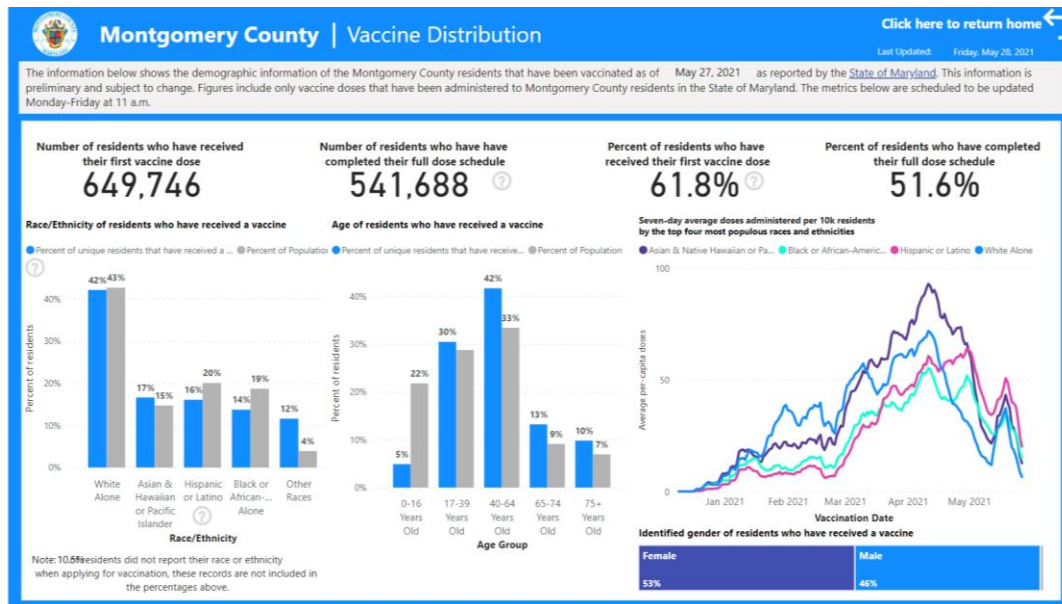
DHHS' work with the Latino Health Initiative, its clinical and non-profit partners, and their integration into the planning and implementation of the Department's vaccination efforts reflect a commitment to context-specific, culturally, and linguistically relevant strategies that serve uninsured residents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

¹⁵ <https://montgomerycountymd.gov/covid19/vaccine/>

¹⁶ Artiga and Kates, 2020.

¹⁷ Artiga and Kates, 2020.



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:

| Racial/ethnic group | % Who are uninsured |
|---------------------|---------------------|
| White | 3.8% |
| Asian | 5.8% |
| Black | 7.3 % |
| Latino | 19.4% |
| Other | 26.6% |

Source: Jupiter Independent Research Group. Racial Equity Profile Montgomery County. Report Number 2019-7. Office of Legislative Oversight. Published June 20, 2019. Accessed: https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OL02019-7-6_20_19.pdf

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