



Disability Rights Education & Defense Fund



December 21, 2020

Equity Considerations for COVID-19 Vaccine Distribution

Dear COVID-19 Vaccine Drafting Guidelines Workgroup:

We, the undersigned organizations and members of the Community Vaccine Advisory Committee, appreciate the Administration's commitment to equity throughout the vaccine distribution approach. The

tremendous diversity of representatives on the Community Vaccine Advisory Committee, including each of our organizations, exemplifies the state's desire to ensure that underrepresented voices are central to crafting our approach. To further this commitment, we believe that a place-based approach to vaccine prioritization and distribution is necessary. Furthermore, contemporaneous, robust, on-going education, outreach, and trust building is imperative to the success of this effort.

To ensure this, our recommendations are to:

1. Prioritize vaccine distribution for those Californians who live or work in congregate living settings and/or the most impacted areas of the state.

Considering equity as a primary factor for vaccine distribution provides us with an opportunity to begin to undo the generations of injustice that have led to the social conditions that result in people of color being more likely to both contract and die from COVID-19. Structural racism, homophobia, transphobia, ableism, ageism, and xenophobia are baked into the fabric of our state such that people of color, LGBTQ people, and people with disabilities are more likely to work in low-wage, frontline jobs, less likely to have access to needed health care, and more likely to be living with chronic health conditions. Furthermore, our communities often have limited opportunity to remain safe from the virus due to crowded housing conditions and limited or nonexistent financial safety nets. Low-income communities of color have suffered the greatest educational and economic impacts from the pandemic through job loss and the lack of in-person primary and secondary school. At the other end of the age continuum, [California's long-term care facilities with Black and Latinx residents](#) are more likely to experience an outbreak of COVID-19. Finally, the critical metric of available ICU capacity in a given region is correlated to both the baseline health infrastructure and the likelihood of the population to have more spread and need more severe infrastructure—it's noteworthy the first region to hit 0% ICU capacity was the Central Valley, given its income, demographics, and initial health system infrastructure.

California recognized that these factors are interconnected when the state made the decision to rely upon the Healthy Places Index (HPI) in the Blueprint for a Safer Economy. HPI aggregates many social determinants into a composite score that represents the health of a community. The Blueprint requires counties to invest resources into controlling the spread of COVID-19 within communities that fall into the lowest quartile of the HPI. An equitable approach to **vaccine distribution must follow a similar approach.**

- a. *Expand Phase 1a prioritization for skilled nursing and assisted living facilities to include all congregate living settings, including state prisons, state psychiatric hospitals, homeless and domestic violence shelters, and farmworker housing. Within Phase 1a, subprioritize by using a place-based approach.*

COVID-19 has had the greatest impact on congregate living settings that house primarily older, low-income people of color, including state prisons and nursing homes. While the availability of the vaccine is initially insufficient for all of the residents and workers of congregate care settings, we must utilize an intersectional equity lens and prioritize facilities with the largest populations of color. Because facilities with relatively high shares of Black and Latinx residents have been more likely to report COVID-19 cases and deaths, they should receive the first available doses. This recommendation is aligned with the sub prioritization process for nursing homes and assisted living facilities outlined in the November

30th CVAC meeting. In addition, we urge the state to expand this priority category to include state prisons, homeless shelters, domestic violence shelters, and farmworker housing.

Across the country, [Lafayette, IN](#), [Dallas, TX](#), [Portland, OR](#), and [Chicago, IL](#) have all reported recent outbreaks at homeless shelters. Here in California, [Santa Clara County](#) recently had a massive outbreak of 60 positive cases at one homeless shelter. People experiencing homelessness are more likely to be older, to be people of color, and to have underlying medical conditions. For those reasons, the CDC has stated that people experiencing homelessness are at an increased risk and a “particularly vulnerable group” for infection during community spread of COVID-19. [Research analyzing data from April-May 2020](#) shows that people who live in homeless shelters “experienced higher SARS-CoV-2 prevalence”.

H2A “guest” workers within the farmworker community are also at risk, as their employers control their workplace, transportation and lodging. H2A workers live in close quarters, often multiple to a room, in housing provided by their employer. [COVID-19 outbreaks among H2A workers](#) have impacted workers in Santa Barbara County (Rancho Nuevo Harvesting and Alco Harvesting), Monterey County (Elkhorn Packing), Ventura County (Villa Las Brisas, Magaña Services) and Fresno County (Wawona Packing). In Santa Maria (Santa Barbara County), where a high number of H2A workers reside, [farmworkers account for 20 percent](#) of the city’s COVID-19 positive cases.

Jails and prisons have also been a hot spot for the spread of COVID-19. While California has taken steps to reduce its population of inmates in prisons and jails, [approximately one-quarter of incarcerated Californians have been infected with coronavirus and 95 have died](#). Given the density, inadequate health resources, and high mortality among people who are incarcerated, the [National Commission on COVID-19 and Criminal Justice](#) recommends that prisoners and guards be included in the first phases of vaccine rollout. Additionally, we know people of color and LGBTQ people, who have been hardest hit by the COVID-19 pandemic, are disproportionately represented in our criminal justice system. Prioritizing these communities is a critical step in acting on the equity principles that the state has identified for its vaccine dissemination planning.

The effort to include a broader range of congregate facilities is in the interest of all Californians in preserving access to care in the health system on which we all rely. One major outbreak in a nursing home, prison, shelter, or other congregate facility could exceed the hospital and ICU capacity in that region, making it harder for others outside to get needed care for COVID or other emergencies or treatment, and more likely, that people with disabilities will be triaged out of COVID-19 treatment. Preventing such mass outbreaks needs to be a top priority, in the interest of the health of all Californians.

b. Expand the definition of the emergency response sector to include workers at non-profit and social service entities that are involved in direct service provision including but not limited to: food distribution, testing, counseling, transportation, and community outreach.

The list of types of emergency response workers presented at the December 16th CVAC meeting appears to exclude some non-traditional emergency response workers who serve the most vulnerable communities in our state. We urge the state to expand this category to include non-profit and social services entities (beyond those serving people who are older adults or living with a disability) that are involved in direct service provision such as community-based COVID-19 testing, food distribution, counseling, transportation, and community outreach.

c. Distribute the vaccine directly to residents and workers in geographic areas with the lowest HPI rankings first

Within the phase 1a and 1b essential worker sector prioritization (education and child care, emergency response, and food and agriculture), Californians who live or work in areas of the state that are most negatively impacted by social determinants of health must be first in line for the COVID-19 vaccine. It is most important from an equity perspective, for example, for school staff in neighborhoods with the largest number of low-income children of color (such as those with large farmworker populations), to be vaccinated early so that these students are most negatively impacted by remote learning can get back into the classroom. This prioritization can utilize the HPI or a similar mapping tool.

Furthermore, for future phases, rather than (or at least alongside) prioritizing vaccination by industry, which is logistically difficult and may leave out many of our most vulnerable residents, the state should employ mapping tools such as HPI to develop prioritization guidelines. Californians who either live OR work in these areas should have the first opportunity to receive the vaccine in the immediately next phase. Depending on how many doses of the vaccine are available and when, the state can place different ZIP codes into tiers for distribution. Residents of these areas are most likely to have exposure at work – in industries such as agriculture, child care, or food processing – and to have exposure at home as a result of other members of the household who work in frontline occupations. In addition, residents of these neighborhoods are more likely to live with a chronic health condition, although many do not have a formal diagnosis due to lack of access to medical care. We would be concerned if future phases of vaccine distribution require individuals to produce evidence of a health condition or to rely on outreach from a health care provider. Many of those most at risk for COVID-19 do not have a usual source of health care and communities of color are most often misdiagnosed due to racism in health care. While we strongly recommend a place-based approach, we also recognize that there are some people with disabilities who do have long-term formal diagnoses, living in the community with significant levels of care needs and receiving home and community-based services through Medicaid waivers or In-Home Supportive Services. These individuals should not be precluded from vaccination because they do not live or work in precisely designated areas.

This dual approach will make it easier to distribute the vaccine through sites that are local and known to the community, and to ensure compliance with priority groupings. Depending on which vaccine is being used, distribution can occur via mobile vehicle in specific neighborhoods or at local clinics or pharmacies. A place-based strategy would also be logistically easier to administer. It would be much easier for people to give proof of their address than their industry or occupation, and easier for a pharmacy or clinic to adjudicate or administer.

2. Distribute vaccine doses based on an equity analysis of the state as a whole and ensure robust state oversight of distribution and compliance.

Counties have a fundamental role to play in vaccine distribution and controlling the pandemic. However, certain counties, particularly in the Central Valley, have endured a much heavier burden from the pandemic than others and must receive a larger share of the first available doses of the vaccine. In fact, due to the rapid spread of COVID-19 and weak health care infrastructure, the ICU capacity in the central and southern regions of the state recently dropped to zero. It is clear that we must deploy additional resources in these regions as well as others that are continually underserved and devastated by social and economic determinants. While some doses should be distributed to all counties,

California should reserve a portion to be allocated directly to the most impacted regions of the state, as determined by HPI, ICU capacity, and COVID-19 transmission rates.

Furthermore, the state should play a more active role in distribution in these regions, particularly where there is a weak public health infrastructure or limited resources. The state should work directly with community providers in the most impacted counties and ZIP codes to equitably distribute the vaccine.

Finally, we remain concerned about the impact of considerable discretion for implementation of the prioritization guidelines being left to counties or even to individual providers. Providers affirming that they will abide by state and federal laws and guidance is, by itself, insufficient. The unrelenting stress of the pandemic and the expedited timeline of the vaccine rollout can allow implicit biases to fester in a way that cuts against those most at-risk. The state must ensure that priority guidelines are followed or we risk further embedding distrust into the process, which will have an immense negative impact on our goal of vaccinating all Californians.

3. Begin outreach and education immediately and invest dollars in effective strategies to build trust in historically marginalized communities

Regardless of the approach to prioritization, we must immediately invest resources into strategies that are designed to build trust and overcome vaccine hesitancy in low-income communities of color, LGBTQ communities, Deaf communities, and especially those who share two or more of these characteristics. We must provide scientifically accurate, culturally and linguistically competent information to communities. At the same time, we must continue to encourage risk-minimizing behaviors such as mask wearing and social distancing and we must continue to vigorously enforce worker protections to minimize worksite COVID-19 transmission. We recommend:

- Equip trusted community messengers, including community health workers, community faith leaders, community advocates, and community-based organizations with the resources and tools to be the frontline advocates and educators.
- Following the lead of diverse communities, develop and implement a culturally and linguistically competent media outreach plan.
- Engage stakeholders and survey impacted communities to understand barriers and facilitators to vaccine acceptance and proactively address community concerns as a part of communications efforts.
- Prioritize communications and education to keep impacted communities safe, including promoting vaccine acceptance, helping communities understand how to access vaccines, and emphasizing the importance of continued adherence to public health guidelines such as mask wearing and social distancing.

We applaud California's efforts to vaccinate the most at-risk individuals by prioritizing residents of long-term care facilities in phase 1a. Such prioritization, however, is meaningless if the state, in partnership with CVS and Walgreens, does not engage with residents to learn their concerns about the vaccine and incorporate those concerns into its outreach and education strategy.

4. Facilitate working groups to identify and address the access and logistical challenges associated with vaccine distribution.

It is important to acknowledge that identifying priority populations, setting guidelines, and conducting outreach is essential but not sufficient for a successful vaccine rollout. Our most impacted communities lack basic access to medical care and these barriers must be addressed. We recommend that the state convene smaller working groups to address these issues, perhaps on a regional or population basis.

Thank you for your attention to these recommendations. We hope they can further the productive discussion in the CVAC as well as the Drafting Guidelines Workgroup. If you have any questions, please contact CPEHN Executive Director Kiran Savage-Sangwan at ksavage@cpehn.org or 916-447-1299.

Sincerely,

California Black Health Network
California Consortium of Urban Indian Health
California LGBTQ Health and Human Services Network
California Pan-Ethnic Health Network
The Children's Partnership
California Rural Legal Assistance
Disability Rights Education & Defense Fund
Health Access California
Housing California
Justice in Aging
Latino Coalition for a Health California
Mixteco Indígena Community Organizing Project

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