To: Zoe Lofgren, Dianne Feinstein  
From: , HSC-335 Fall 2020  
Re: Prioritizing Racial/Ethnic Minority Groups in COVID-19 Vaccine Allocation

Background

● Between February 12-October 15, 2020 coronavirus had reached approximately 7,900,000 reported cases and 216,000 deaths. Data between February 12- May 18 further showed that people over the age of 65 and members of racial and ethnic minority groups were disproportionately represented. These numbers have risen again as we approach the end of the year.¹

● According to NVSS data on 114,411 people who died of COVID-19 in the United States during May-August 2020, the majority of deaths occurred among white people (51.3%). However, Black and Hispanic populations were disproportionately represented. There was a small decrease between May and August in descendants who were black, but they still accounted for 18.7% of overall deaths despite only representing 12.5% of the U.S. population. Hispanic descendants accounted for 24.2% compared with 18.5% of the U.S population.²

● Similarly based on mortality rates through November 10, 2020, Asian Americans have experienced 3.7% of all deaths while they represent 5.6% of the population, Indigenous Americans have experienced 1.4% of all deaths but represent 0.8% of the population, and Pacific Islander Americans have experiences at least 0.5% of all deaths but represent 0.3% of the population²

● These death rates are unlikely because of biological differences rather influenced by social determinants of health which include multigenerational and multifamily households, congregate living conditions, holding jobs requiring in-person work, having limited access to healthcare or experiencing discrimination.³

Impact of Early Vaccination on Racial/Ethnic Minority Groups

● Chronic conditions that are associated with worse COVID-19 outcomes such as diabetes mellites, asthma, hypertension, kidney disease and obesity are more common in Black and Hispanic or Latinx populations than in white populations. Native Hawaiian and Pacific Islander communities are one of the highest-risk populations for cardiometabolic diseases. In addition, Indigenous Americans tend to have higher rates of diabetes, obesity and hypertension compared to white populations in the United states. Despite being most at risk for chronic medical conditions, such populations tend to have limited access to health care and are less likely to be insured. Early vaccination for these groups would help improve COVID-19 outcomes for these populations and in turn help reduce illness, hospitalization, and death for communities at higher risk⁴

● In addition, minority groups also compromise a greater percentage of essential workers. This results in an increased disproportionate likelihood of contracting COVID-19 due to their inability to work from home, congregate living settings, and low-paying jobs. All of these tie in with categorical risk factors associated with increased negative health outcomes. Early vaccinations for these populations not only would be beneficial because of their disproportionate experiences with COVID-19 but also benefit all of us because of their role in our society.⁵

● It is also important to note any negative impacts of early vaccination of such populations if done incorrectly. For one, such populations, especially Black communities may be hesitant to become the first to get a vaccine due to the history of mistreatment of black patients in medical research. Early vaccination based on racial and ethnic groups can have a negative effect if early immunization gives such populations the perception that they’re being experimented on.⁵

Impact of Early Vaccination on Other Groups, State/Local Community

● Early Vaccination has shown to be important and a priority among health care workers who face potential COVID-19 exposure. Data shows at least 200,000 health care workers infected as of November 2020. Similarly, people of color

¹https://www.cdc.gov/mmwr/volumes/69/wr/mm6942e1.htm
²https://www.apmresearchlab.org/covid/deaths-by-race#age
³https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7439982/
⁴https://www.ncbi.nlm.nih.gov/books/NBK564095/
account for the majority of COVID-19 cases and or deaths among health care workers. Therefore, early vaccination for healthcare workers is imperative, seeing how racial and ethnic minorities are among the most affected even within this group is telling.\(^6\)

- We’ve also seen that early vaccination for the elderly is extremely important because they are a population highly at risk. Elderly living in congregated areas such as nursing homes are to be of concern. Data has shown that COVID related deaths are more common in nursing homes across the county where Black or Hispanic people make up at least 20 percent of the resident population. This is another reason why prioritizing such racial and ethnic groups can be imperative to reduce poor health outcomes. Even within other at risk groups ethnic minorities are disproportionately represented.\(^7\)

**Congressional Activity**

- H.R 6201- Families First Coronavirus Response Act: Provided sick leave, tax credits, and free COVID-19 testing; expanded food assistance and unemployment benefits as well as increasing Medical Funding\(^8\)
- H.R 748 CARES Act: Emergency Assistance and healthcare response for individuals, families, and businesses affected by COVID-19.\(^9\)
- H.R.6199 - Emergency Unemployment Insurance Stabilization and Access Act of 2020 - Bill responds to the coronavirus outbreak by extending unemployment benefits and providing grants to states for processing and paying claims.\(^10\)
- S.3499 - Free COVID-19 Testing Act: This bill would require health care programs and private health insurance to cover testing for COVID-19 for the duration of the public health emergency declared on January 31,2020\(^11\)

**Policy Recommendation**

- The biggest challenge with putting forth prioritization of ethnic and racial minorities are the legal challenges. There is the possibility of this framework not being accepted within conservative policy makers and reaching the supreme court.\(^12\) This would be detrimental because it would delay access to the vaccine. A way to ensure these communities are protected without implicitly involving race is to allocate vaccines by considering income, education, employment, and housing quality which are all factors intertwined with race and ethnicity. Considering such factors would help identify vulnerable populations and prioritize them.

- We also saw with COVID-19 testing that accessibility is just as important as allocation. A plan can not be set in place if there is no plan for implementation. In order to ensure these at-risk populations are getting the vaccine health care setting that serves these at risk communities need to be prepared to store and distribute the vaccines. Resources should be allocated to community health centers and clinics to educate them on how to properly distribute the vaccine. Due to a lot of mistrust in health care a lot of these minorities turn to local health settings to receive care therefore it is crucial that these settings are given the right tools and education to supply everyone that wants to get the vaccine in these communities.

- As mentioned previously, if done incorrectly, prioritizing racial and ethnic minorities could have a negative effect on these populations. Many minorities are hesitant to take the vaccine due to the history of mistreatment and discrimination in medical research. It is going to be imperative to invest in holding conversations with community leaders and community groups to increase the understanding of safety and efficacy of vaccines. One way of doing this is by partnering up and working alongside churches. By doing so, conversations can be made to better address concerns members of these communities may have.

- Before anything else COVID relief is imperative and another stimulus check is necessary. Those who are suffering the most and are struggling to not only stay healthy but also losing their jobs, their homes and their financial security. People of color face social disparities the most and should be provided with relief in their greatest time of need. We understand that while a vaccine is a step-forward it is not going to solve our issues overnight. Racial and ethnic minorities will continue to struggle if some form of relief is not provided.

\(^8\) https://www.congress.gov/bill/116th-congress/house-bill/6201
\(^9\) https://www.congress.gov/bill/116th-congress/house-bill/748?q=%7B%22search%22%3A%5B%22cares%22%5D%7D&r=6&s=8
\(^12\) https://jamanetwork.com/journals/jama/fullarticle/2771874