

COVID-19 Vaccine Equitable Distribution

COVID-19 VACCINE ETHICAL DISTRIBUTION STATEMENT

Public health crises have the potential to affect all populations but typically have more severe impacts on underserved populations, making those populations more vulnerable to severe illness and death. The Centers for Disease Control and Prevention (CDC) has found “long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19”¹ The Department of Health (DOH) has worked throughout the COVID-19 pandemic to address these disparities within not only racial and ethnic minority groups, but other marginalized populations. Addressing COVID-19 through a health equity lens is just as critical for the next phase of the response: [vaccine distribution](#).

The CDC Advisory Committee on Immunization Practices (ACIP) identified four ethical principles to guide the decision-making process if vaccine supply is limited. The commonwealth has adopted their following principles:

- Maximize benefits and minimize harms — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
- Mitigate health inequities — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.
- Promote justice — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
- Promote transparency — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.

ACTIONS TAKEN TO DEVELOP A PLAN FOR EQUITABLE DISTRIBUTION

A first step in developing an equitable vaccine distribution plan is to understand and identify populations most at risk of contracting COVID-19 and severe illness. DOH has worked across state agencies and with external partners to identify vulnerable populations for whom receiving the COVID-19 vaccine is especially critical. Estimates of the number of these identified vulnerable populations are derived from the 2019 U.S. Census, the Behavioral Risk Factor Surveillance System (BRFSS), and health systems patient databases (Medicaid, IBX), and Tiberius.

1 [1] Centers for Disease Control and Prevention. Health Equity Considerations and Racial and Ethnic Minority Groups [online]. 2020 [cited 2020 Jun 20]. available from: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html#:~:text=Long%2Dstanding%20systemic%20health%20and,variety%20of%20backgrounds%20and%20experiences.>

The commonwealth's approach for **Pennsylvania's COVID-19 Interim Vaccination Plan** utilized a health equity lens to proactively mitigate the disparities in the risks associated with COVID-19. For example, while racial and ethnic minorities tend to be underrepresented as clinicians, they are overrepresented as other low wage health care personnel. By including a broad definition of health care personnel in Phase 1A, the Interim Plan incorporates racial and ethnic minorities who are in COVID-19-facing roles who might not otherwise have been included in Phase 1A if health care personnel had been defined solely to focus on clinicians.

- DOH reviewed **preparedness reports** to obtain estimates of vulnerable populations that have been geocoded and presented by census tract. Reports include those provided by Drexel University's Center for Public Health Readiness & Communication and School of Public Health.
- Cases of COVID-19 in the **commonwealth's disease surveillance database (PA-NEDSS)**: Demographic information and residence status in congregate living facilities are available for many of the state's cases. These data have helped to identify individuals who are likely to contract the disease and to suffer severe outcomes.
- DOH utilized existing data sources to capture population estimates for several **health care associated priority groups**. These include hospital reports and nursing home reports that include counts of licensed health professionals by specialty, number of licensed beds, and numbers of staff.
- The **DOH COVID-19 Health Equity Response Team**, made up of state agencies and over 300 community partners, has worked closely with the Governor's COVID-19 Taskforce on Health Disparities throughout all phases of the pandemic response.
 - 11 different committee leaders played essential roles in helping with contact tracing and testing plans, and now with vaccine distribution strategies.
 - Health Equity Response Team leaders most recently provided insight, specific to their areas of expertise, on the vaccination plan to ensure inclusion of vulnerable populations.
- **DOH established community-based sites and mobile unit routes** when developing the COVID-19 testing strategy. This included an initiative to partner and implement testing sites at faith-based locations, which are still in place and will be leveraged to deploy vaccines, reaching populations otherwise hesitant to engage with traditional health care providers.

NEW DEVELOPMENTS AND IMMEDIATE NEXT STEPS

Building on the existing public health infrastructure outlined above, DOH will take the following actions to continue prioritizing an equitable vaccine distribution:

- DOH will coordinate with its **county and municipal health departments** to share locations of vulnerable populations for vaccine distribution planning. As part of routine public health

preparedness work, all county and municipal health departments identify and estimate counts of people in their jurisdictions that live with health and social risks that may make them more susceptible to COVID-19.

- **DOH** will review the **State Health Assessment** to identify poor health status, populations in need, and social factors that are creating health disparities, that may make certain Pennsylvanians more susceptible to COVID-19 than others.
- DOH will use the **American Communities Survey data** to compile demographic information and map racial and ethnic minority population density, allowing it to geographically focus on racial and ethnic minority populated areas to assist with vaccine distribution planning.
- DOH will create a **population vulnerability index**. DOH is able to look at social factors, demographics, diseases, health risks, and cross reference COVID-19 data while overlaying the data sets to identify potential areas that are most in need of the vaccine.
- Language barriers may often impact access to health care. In response, DOH identified [limited English proficiency and frequency of languages spoken by county](#). Information was developed into a handout made available to COVID-19 test sites and county and municipal health departments to assist with COVID-19 response and improved customer service.
- The **Health Equity Response Team** continues to provide insight on communication strategies and vaccine rollout logistics for their areas of expertise. For example, “65 and over population” subject matter experts identified service rollout and communication campaign gaps that may exist for older populations. This reinforces public-private partnerships between the commonwealth and stakeholders.
- DOH, in conjunction with the Pennsylvania Emergency Management Agency (PEMA), will utilize **Geographic Information Systems (GIS)** to identify vulnerable populations in proximity to mass vaccination clinics, pharmacies, and vaccine provider locations.
- **Race, ethnicity, sexual orientation and gender identification data enrichment services** will serve as a tool to improve the commonwealth’s ability to collect complete case information, leading to improved reporting across different public health data systems, to inform immunization distribution decisions.

PARTNERSHIPS

Robust internal and external partnerships have been paramount to Pennsylvania’s COVID-19 pandemic response to date. As DOH looks to the next phase of the response, partnerships – both existing and new – will be equally important.

- DOH’s Office of Health Equity will team with the **Governor’s commissions** in developing consistent and appropriate messaging, access, and delivery model strategies.

- DOH has engaged partners in **vaccine educational activities, acceptance messaging, and distribution strategies**. Partners include, but are not limited to, the Black COVID-19 Equity Coalition, CHOP-Policy Lab Philadelphia Department of Health, All Youth Access, Harrisburg Area YMCA, Latino Connection, Black Doctors COVID Consortium, Harrisburg University, University of Pittsburgh, 211, Penn State REACH, HAP, Capital Blue Cross, PACHC faith-based organizations, and community action agencies.