# Vaccine Equity: Looking ahead Stephanie Kang, DrPH, MS

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The Vaccine Equity Initiative works to increase vaccination rates across the populations and communities hardest hit by COVID-19 by:

- Increasing awareness and acceptance of the vaccine, increasing access to vaccination locations, and increasing administration rates
- Building trust and understanding of the importance of vaccination.
- This approach is driven by community needs, based on data, and is centered on equity.

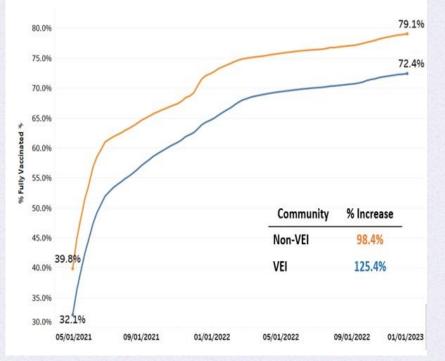
Since the COVID-19 Vaccine Equity Initiative launched in February 2021, **nearly 1.9 million residents in the VEI communities have been vaccinated with a first dose** (through February 2023).

In May 2021, there was a ~10% gap between first dose vaccination rates in VEI and non-VEI communities. By February 2023, VEI communities had closed this gap to 4%.

Through VEI, DPH has awarded **\$58 million to 198 community organizations and over \$4.7 million to prioritized municipalities and local boards of health** for vaccine access, education, and outreach and to help build local health capacity.

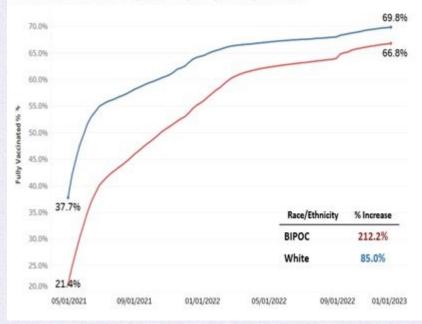
Since May 2021, VEI communities have increased their fully vaccinated population by 125.4%, outpacing non-VEI communities at 98.4%, reducing the gap between them from 7.7% to 6.7%.

VEI and Non-VEI Vaccination Rates Over Time



From May 2021 through December 2022, the fully vaccinated rate among **BIPOC** populations in the VEI communities increased 212%. The gap between VEI and non-VEI communities' fully vaccinated BIPOC populations shrank from 16.3% to 3.0%.

Vaccination Rates in VEI Communities by Race/Ethnicity Over Time



#### Shift from clinic-based to community-based

- In April 2023, DPH announced it was integrating its equity-centered COVID-19 response into DPH Bureaus, emphasizing sustainability and community capacity.
- Building sustainability and community capacity involves increasing community access in primary care settings, pharmacies, and through Local Boards of Health.
- Focused on identifying and addressing gaps where no vaccines are available.
- As needs arise, DPH is prepared to ramp up vaccination clinics in communities with demonstrated inequities and access issues.

# **DPH Mobile clinics**

Mobile vaccination services are available to fill a gap when vaccination is not accessible to a community.

Priority populations include people who are:

- residing in rural areas
- members of State or federally recognized Tribes or Tribal Nations
- living with disabilities
- residing in municipalities with low rates of vaccination
- experiencing homelessness or housing instability
- other individuals and populations challenged to access vaccine in other settings

#### Shifting to a community-driven model

The long-term goal is to have permanent, trusted community vaccination sites that are responsive to community needs.

This may take many forms, including:

- Raising awareness of existing vaccination locations
- Addressing linguistic and cultural barriers to those locations
- Partnering with vaccinators to hold special clinics or dedicated hours for specific groups
- Identifying locations with no vaccinators

# **Massachusetts Vaccination Rates** (December 2023)

Vaccination rates in the state's 50 largest communities have an "almost perfect" correlation to income levels.

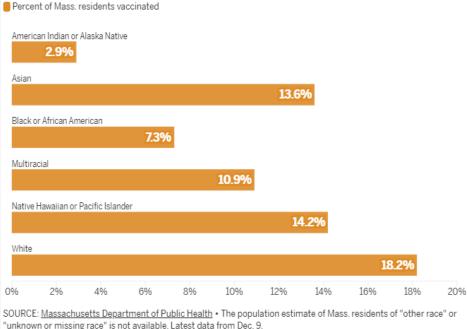
The highest updated rates are in wealthier communities: Arlington, at 35 percent, followed by Lexington, Newton, and Needham.

The lowest rates were in Lawrence, with just 3 percent, and Brockton, Fall River, and New Bedford each at 6 percent, according to recent state figures.

About 15.7 percent of Bostonians have received the updated COVID-19 vaccine.

#### Statewide COVID-19 vaccination rate by race

See the percentage of people who are up to date with their COVID vaccinations.



# **Health Equity**

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." Robert Wood Johnson Foundation (2017)

Continue listening to community members' needs and concerns, acknowledge uncertainties on vaccines and institutional distrust, and hear members' healthcare priorities and interests to inform initiatives and practices built on locally gathered data;

Continue addressing mis/disinformation to dispel myths through culturally informed messaging and communication based on listening and tailoring messaging to community concerns, and to ensure consistent messaging, delivered by trusted community leaders, either in-person or via virtual town halls, public education campaigns, and discussions

Continue taking interventions and vaccine distribution to where residents live (e.g., pop-up clinics, recreational parks, grocery stores, community centers, and churches) delivered by trusted community members and partners, tailoring education and communication campaigns to the needs of these distinct communities

Translate the lessons learned and relationships built to create task forces aimed at developing sustainable structures, policies, programs, and practices to address the myriad structural issues underlying vaccine and health inequities within communities of color

Continue to invest in a structurally responsive infrastructure for healthcare education and delivery, essential for responding effectively to the ongoing healthcare and other emergency crises that impact BIPOC (Black, Indigenous, People of Color) communities to achieve racial justice and health equity in the US.