AGN. NO.

MOTION BY SUPERVISOR HILDA L. SOLIS FEBRUARY 23, 2021

Ensuring COVID Vaccines Get to Our Most Vulnerable Communities

Over this past year, we have seen the disproportionate impacts COVID-19 has had on the health and wellness in our Latinx, African American, and American Indian communities, and it is unacceptable that vaccination rates in Los Angeles County (County) are only reinforcing this inequity, with significantly lower rates of vaccination among eligible Latinx, African American, and American Indians. Physical distancing, infection control practices, hand washing, and mask wearing continue to be essential tools to stop disease spread, and now that two highly effective COVID-19 vaccines are available, we must make sure that they are getting to communities that need them most. Supply of vaccine doses continues to be very limited at the state and local level due to national shortage and production obstacles. As described in the Department of Public Health Equity Committee Report, we must act now to prevent our vaccine distribution plans from magnifying the already inexcusable inequities highlighted by COVID-19.

These vaccines must be offered to everyone residing in Los Angeles County and distributed with equity at the heart of distribution plans. Equitable allotment of the

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COVID-19 vaccines is vital to curb the spread of this deadly pandemic, especially in the most densely populated and vulnerable neighborhoods that have been particularly hard-hit. These neighborhoods have higher percentages of Latinx, African American, and American Indian residents and are home to our essential workers who cannot stay home. They have fewer resources, including less access to healthcare, and are home to people with overall worse health outcomes due to longstanding social/historical inequities.

In order to make sure vaccines get to these underserved communities, we must continue to utilize appropriate data sources to guide distribution efforts, and connect with community pharmacies and other local healthcare providers to make sure that no community is underserved when it comes to COVID-19 vaccine delivery. Only with mass access and uptake of this vaccine will it reach its intended effect: to stop severe illness and death from COVID-19 so people can again safely visit loved ones, gather with people outside their household, and return to work and school.

Los Angeles County has kept equity at the forefront of its mass COVID-19 vaccination campaign. Crucial to achieving this goal is identifying what characteristics can contribute to a neighborhood's healthcare access vulnerability. There are over four million Los Angeles County residents who are best served in a language other than English. Early reports from COVID-19 vaccination sites indicate that language barriers are among the challenges that prevent effective vaccine administration. Speaking multiple languages or primarily languages other than English is one of the characteristics that makes Los Angeles County's tapestry so unique and robust, but it also creates barriers to healthcare provision, health literacy, and access to care. For this

reason, language should be a key component of our equitable vaccine distribution campaign.

Los Angeles County is diverse not only in language, but in the many races and ethnicities that call Los Angeles County home. We know that COVID-19 has not impacted all races equally; daily COVID-19 case rates for Latino/Latinx people have been two to four times that of White residents. Hospitalizations show a similar trend: Latino/Latinx residents are hospitalized at two to three times the rate of White and Asian residents, and they die at three times the rate of White residents. Similarly, high rates of infection and mortality are seen among African Americans, Native Hawaiians/Pacific Islanders, and American Indians in our county. Because COVID-19 has varying impacts on different races and ethnicities, race and ethnicity are other key components to an equitable distribution campaign.

However, the data sources guiding current vaccine distribution do not adequately report on the race/ethnicity, exposure risk, ability, language, or other relevant characteristics of Los Angeles County residents. Essential work, which prevents residents from working from home and includes repeated or significant interaction with others, must also be part of the plan determining equitable vaccination. Improving our data sources will also allow us to meet the goals in the National Strategy for COVID-19 Response and Pandemic Preparedness, especially regarding Goal 6 to “Protect those most at risk and advance equity, including across racial, ethnic and rural/urban lines”.

Another important layer in equitable distribution includes what types of dispensing points are utilized. For instance, if we focus only on large chain pharmacies as a major source of vaccine distribution, neighborhoods lacking chain pharmacies will

be overlooked. For this reason, we must utilize other options, such as community and independent pharmacies. In the County of Los Angeles, there are 930 independent pharmacies, and each serves an estimated average of 4,700 patients. These numbers, based on a survey done last year by the National Community Pharmacy Association, mean that over 4.3 million people could be served by tapping into our independent pharmacies, many of which exist in areas considered food deserts and otherwise underserved neighborhoods. These pharmacies are already adept at administering vaccinations, and they are accustomed to communicating with their patients in their preferred languages and are a trusted partner for health.

If we are going to beat this pandemic, we must get vaccines to our most vulnerable communities. We have to use the best information we can, and we must bring in appropriate and capable community partners that know these communities best. Vaccinations must be distributed quickly and equitably. We must ensure that all people in Los Angeles County, regardless of race, language, documentation status, income, or zip code, can get vaccinated if we hope to ever achieve a truly healthy Los Angeles. And although current vaccine supplies remain limited, in the coming months it is anticipated that supply will begin to outstrip demand, and it is critical that we are providing important outreach to overcome any misinformation, vaccine refusal, or vaccine hesitancy in our communities impacted the most.

I, THEREFORE, MOVE that the Board of Supervisors:

1. Direct the Department of Public Health, working with stakeholders to utilize metrics including language and race in planning for vaccination distribution, as

well as consider the specific needs of essential workers and the unique characteristics of highly mobile populations such as persons experiencing homelessness, in alignment with the State's eligibility framework.

2. Direct the Department of Public Health to increase allocation to the extent feasible given supply constraints and state/federal requirements, to trusted partners who are registered with the State and work with the most vulnerable populations using safety net providers, independent pharmacies, faith-based community partnerships and schools/clinical partnerships by the end of February, 2021.
3. Direct the Department of Public Health to develop an effective communications strategy, in partnership with trusted community-based organizations (CBOs), to address and try to overcome misinformation, vaccine refusal, and/or vaccine hesitancy in communities with insufficient vaccination rates once supply allows.
4. Direct the Department of Public Health to provide a training for CBOs so that organizations can assist registering residents for a COVID-19 vaccine appointment.

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