Equity and the COVID-19 Vaccine

A commentary by the
National Alliance to Impact the Social Determinants of Health
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EXECUTIVE SUMMARY

Current vaccination efforts are not effectively reaching individuals and communities most at risk for COVID-19 infection, serious illness, and death. This disparity is driven in large part by social determinants of health, including but specifically the embedded structural racism, biases, and other inequities that affect access to, and availability of, health services. Aggressive steps are needed to integrate a social determinants framework into our nation's vaccination program.

SOCIAL NEEDS: The immediate non-medical needs of an individual. Efforts to address social needs provide invaluable assistance to individuals – for example, providing food, housing, and transportation to a person or their family – but not the underlying economic or social conditions that lead to social needs.[1]

SOCIAL DETERMINANTS OF HEALTH: The conditions in the environments where people are born, grow, live, work, and age that affect health outcomes and risks; and the broader systems that shape those conditions, including social, political, and economic programs, and policies.[2] Efforts to address SDOH prioritize the underlying social and economic conditions in which people live, rather than the immediate needs of any one individual.[3]

About NASDOH

NASDOH is a non-partisan, multi-sector alliance of leading individuals and organizations working to build a common understanding of the importance of addressing SDOH as part of an overall approach to improving health outcomes. We recognize that addressing SDOH in a sustainable and successful way will take multisector partnerships that assess what individual communities need, find ways to deliver services, and seek sustainable financing. Please visit our website (http://www.nasdoh.org/) for more information.

[1] Castrucci, B., & Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. Health Affairs Blog, 10.
[2] World Health Organization. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. World Health Organization.
[3] Castrucci, B., & Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. Health Affairs Blog, 10.

EQUITY IN VACCINATIONS IS AN IMPERATIVE

COVID-19 has ravaged those whose social and economic circumstances that placed them at elevated risk. As NASDOH has previously written, these factors included crowded congregate or multigenerational housing; unstable housing or homelessness; front-line and essential employment status; higher-density nursing homes; pre-existing health conditions; and inadequate access to health care which is affected by ability to take time off, transportation, internet access and/or aptitude, and even child care issues at a time when many health care facilities are allowing entry only to those scheduled for an appointment. For people of color, who are disproportionately affected by social determinants, there has also been the barriers to good health resulting from racial discrimination.

Focusing on these groups is a critical element of a strategy for protecting everyone. The US will not return to a semblance of "normal" without vaccinating between 70 and 85 percent of the population. This "herd immunity" cannot be achieved without overcoming the challenges in vaccinating those with social and economic disadvantages, including access to the vaccines themselves, barriers to travel, lack of paid time off from work to be vaccinated, and hesitancy based on a warranted distrust of health care caused by a history of discriminatory an unequal treatment.

In short: failing to vaccinate large proportions of vulnerable and/or hesitant populations undermines efforts to achieve herd immunity and risks a grim future. Even those vaccinated early will continue to be vulnerable to economic disruption, as well as infection risk from mutations that we do not yet fully understand but could diminish the protection they thought they had achieved.

NASDOH Reinforces Short-Term Priorities

Vaccinating our most vulnerable means overcoming unique challenges. Focused efforts to address challenges in our current approaches to ramp up vaccine administration include:

1) Rapid scale-up to achieve maximum population coverage should not come at the expense of equity, even while vaccine supply remains limited. Equity and effectiveness are not in conflict, since those facing the worst outcomes are the very people most at risk and therefore most likely to benefit from vaccines. States and health systems should renew their focus on achieving equitable scheduling as well as access, including in the placement of, and transit to, mass vaccination clinics. This should also include strategies and processes that ensure that the people who sign up for vaccines in sites targeted for vulnerable populations are from those neighborhoods they are intended to serve.
2) Efforts to build trust in the vaccine in targeted communities need to be accelerated, with initiatives that involve and, when possible, fund organizations within those communities that are trusted and credible. This is a ground game that requires the methods and techniques of community organizers and local conveners.
3) Efforts should be redoubled to improve data systems to better understand race, ethnicity, and social and economic factors of those who are vaccinated to better inform planning, outreach, and follow-up. At the same time, we can better use existing data on social, economic and health risk (such as in the social vulnerability index) to inform identification of neighborhoods and individuals most at risk, and guide outreach or triage access to scheduling.

NASDOH's Focus: Long-Term Challenges in Vaccine Equity

Achieving equity requires a focus well beyond our struggle to allocate the limited initial supply. We need to think forward to what happens after the current scramble to administer doses of the vaccine. It is likely we will fail to meet prioritization goals in the initial rollout, as states expand the pool of eligible individuals despite supply limitations. As supply increases, we will need ways to compensate. In particular, federal, state, and local public health leaders and health care providers should look at the social determinants of health that make some populations less likely to receive the vaccine early on and build plans that address these underlying barriers.

Similarly, the possibility that we will need additional waves of vaccinations (boosters to address emerging strains, even annual vaccinations if COVID-19 is endemic) amplifies the need for systems that can be sustained for a long COVID-19 fight as well as for addressing the gaps it reveals. In the long run, the systems we build now to address COVID-19 can support local health networks beyond the pandemic. We know that we have underinvested in public health as a country; COVID-19 gives us an opportunity to build a public health infrastructure that will create a more equitable landscape for health and well-being.

NASDOH'S Recommendations

1) Plan for long-term, sustainable, and accessible locations for high-volume vaccinations. Current efforts to scale up (e.g., football stadium drive-through sites) will need to be augmented or replaced by sites more accessible—and trusted—by those we need to reach. We will need both large-scale vaccination sites and "pop up" sites; these pop-ups can be in non-traditional venues that might be easier to access than the larger forums.
2) Prioritize the use of community health workers, peer counselors, LPNs, medical assistants, receptionists, community health centers, or other trusted health care providers in outreach and follow-up. Pharmacists and pharmacies in local communities will also play a crucial role in reaching people and often have close pre-existing relationships with individuals seeking care.
3) Increase reliance on information already contained in patient records of health systems to identify individuals for priority outreach, including information about race and ethnicity, social needs assessment, and health conditions.
4) Move beyond health systems to reach communities and individuals, building on existing relationships where at-risk individuals are already being served. This can include churches, housing authorities, food banks and other social service agencies, employers, schools, or other trusted community-based institutions. Similarly, states can turn to those trained in outreach (*e.g.,* former Census enumerators, get-out-the-vote networks). Many of these efforts will require funding as well as data systems to support outreach and follow-up.
5) Promote the use of incentives to encourage uptake by at-risk individuals. This may include paid time off from employers, added public benefits for those vaccinated, or other appropriate inducements.
6) Monitor emerging issues in vaccination and their equity implications. For example, as vaccines of differing efficacy are available, how will they be equitably distributed? What steps are needed to minimize the disproportionate impact of variant strains on vulnerable and under-vaccinated populations?

7) As NASDOH has previously advocated, position the public health sector to promote equity through the vaccination process, and on an ongoing basis to do so by addressing the intersection of public health, social needs, and social determinants of health.

CONCLUSION

COVID-19 has shined a light on the implications of our failure to address SDOH in society and the health systems we have built. These failures are repeated in our experience with vaccines: gaps in information, the importance of routine sources of care, the inadequacy of data systems, and the importance addressing factors that made us so vulnerable (*e.g.,* social and economic conditions, inadequate public health infrastructure, access to care). NASDOH urges a focus on long-term strategies for achieving equity in vaccination, as well as a commitment to learning from COVID-19 and addressing these underlying issues.

ABOUT US

The National Alliance to impact the Social Determinants of Health (NASDOH) is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement and economic vitality of families and communities. The Alliance brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts.

We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships within the national system of health, to advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. To learn more, visit us at NASDOH.org.

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