Joint Public Hearing of the Senate Health and Human Services & Senate Aging and Youth Committees
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Testimony submitted by:
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COVID-19 Vaccine Distribution Plan (V5): Recommendations for Achieving Equity

1. Introduction

This written testimony was prepared Dr. Carmen Guerra, Associate Professor of Medicine at the Perelman School of Medicine at University of Pennsylvania and a Senior Fellow of the Leonard Davis Institute of Health Economics, for Senators Michelle Brooks, Art Haywood, Judy Ward and Maria Collete, as well as members Senate Health and Human Services and Aging and Youth Committees. This testimony is intended to aid in their review of the Pennsylvania COVID-19 distribution plan (v5) during a Joint Public Hearing of the Senate Health and Human Services & Senate Aging and Youth Committees to be held on Thursday, February 4, 2021.

As a researcher and expert in health inequities, I design, implement and evaluate programs and strategies that aim to eliminate health disparities. I have reviewed the Pennsylvania COVID-19 vaccine distribution plan v. 5. And humbly submit this testimony with five recommendations (in bold) to assist in reducing the risk of exacerbating COVID-19 inequities during the distribution of the COVID-19 vaccine.

1. Collection of race and ethnicity data during the COVID-19 vaccine distribution

Collection of race and ethnicity data will be critical to understanding if there is inequitable distribution of the COVID-19 vaccine. The PA DOH requires registration via a system, 'PrepMod,' for vaccine scheduling and has created race and ethnicity required fields for PrepMod. However, there is a menu choice for "Decline to Answer" which, if chosen at high rates, will prevent the DOH, elected officials and the public from identifying and mitigating disparities in vaccine access if they occur. **Ideally, this "Decline to Answer" option should be removed. However, if there is a compelling reason to keep this option, the data will have to be monitored closely and regularly, and, if this option is selected by a significant portion of the population, removal of this option may need to be considered at a later time (e.g. if >10% of the respondents choose this option).**

2. Pharmacy Partnerships to establish vaccine access within walking distance

According to the National Equity Atlas, 19.7% of Black, 12% of Latinx and 11.3% of Asian households do not own a vehicle, compared to 6.5% of White households. Consequently, disparities in vaccine access may occur as a result of lack of transportation if vaccines are not provided at settings that are within walking distance.

The plan cites 1098 pharmacies Rite Aid and TopCo pharmacies will enter into a partnership with the state to distribute the vaccine. **To allow as many Pennsylvanians as possible the opportunity to be vaccinated at their closest pharmacy, the network of pharmacy partners should be expanded to include other pharmacy chains. Other potential pharmacy partners include CVS, Walmart, Walgreens, pharmacies located in supermarkets chains (e.g. Giant, Costco, etc.), and others.**

3. **"Pharmacy desserts"**

Public health experts have identified "pharmacy deserts" as areas where a substantial number of residents have limited access to retail or independent pharmacies. Pharmacy deserts are largely found in areas with low-income residents who have barriers to transportation.

Researchers at the University of the Sciences in Philadelphia found in a 2016 study Racial Disparities In Access To Pharmacy And Its Services In Pennsylvania - Value in Health (valueinhealthjournal.com) that there were fewer pharmacies in the five counties with the highest percentage of Black people in the state compared with the five counties with the highest percentage of White people in Pennsylvania. There was one pharmacy per square mile in the five counties with the highest percentage of Black people compared to 24 pharmacies per square mile in the five counties with the highest percentage of White people.

It is commendable that the plan includes Mobile Units which can help overcome the challenges of vaccine in pharmacy desserts. However, what criteria will the DOH use to decide which communities will be offered mobile vaccination? Will it be based on geographic (rural counties) criteria? Will the DOH account for number of pharmacies for the size of the population and distance to pharmacies as in the Pendekar and Peterson study cited above? Will it account for transportation infrastructure to nearest vaccination area? **A set of criteria for deployment of Mobile Units that can be consistently applied will reduce rather than exacerbate COVID-19 disparities in vaccine access in Pennsylvania.**

4. **The Digital Divide**

According to the U.S. Census, in 2019, 89.0% of Pennsylvanians had access to Broadband. However, Pennsylvania's seniors, or those age 65 years and over, had lower access to broadband in comparison at 74.3%. In addition, low income families have lower access to Broadband. If access to the COVID-19 vaccine will require use of an online registration system such as 'PrepMod,' then this will prevent the very people who are at highest risk of severe outcomes from COVID-19 (hospitalization and death) from accessing the vaccine. To prevent this inadvertent disparity, **all vaccination sites and partners should consider allowing and facilitating onsite registration and using a portion of their vaccine allotment for those "walk-in" individuals.**

5. **Communication Plan to address vaccine hesitancy**

Finally, although vaccine hesitancy is decreasing over time among all racial groups, there remain stark differences in the reasons for individuals remain hesitant to receive the COVID-19 vaccine. These reasons are shown below stratified by age and by race.

Among those who would DEFINITELY NOT OR PROBABLY NOT GET VACCINATED: % who say each of the following is a**major reason** why:

Reason	Total	18-49	50+	Black	White
Worried about possible side effects	59	58	63	71	56
Do not trust govt to make sure the vaccine is safe and effective	55	55	53	58	54
Vaccine is too new and want to wait and see how it works on other people	53	57	46	71	48
Politics has played too much of a role in the vaccine development process	51	47	59	54	49
Risks of COVID are being exaggerated	43	40	51	33	49
Do not trust vaccines in general	37	37	38	47	36
Don't trust the health care system	35	32	42	28	36
Worried might get COVID from the vaccine	27	26	26	50	21
Don't think they are at risk of getting sick from COVID	20	18	26	20	19

Reference: KFF COVID-19 Vaccine Monitor: December 2020 | KFF

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Given the different reasons for vaccine hesitancy expressed by different populations, **the creation and implementation of a culturally-tailored and personalized communication strategy informed by experts including members of the community and medical experts and delivered by trained, trusted messengers (such as leaders of faith based and community organizations, doctors, nurses and others) is recommended** to reach individuals who have greater vaccine hesitancy.