DRAFT Letter to State Officials
20210105

The Boulder City Council would like to extend our gratitude to everyone in the Colorado state government and, especially, to CDPHE staff for your hard work and thoughtful consideration regarding the process of COVID-19 vaccine distribution.

We appreciate that preventing illness and death and ending the pandemic are the key principles guiding the vaccination program and that an equitable approach to vaccine access must be a top state priority. We strongly support initial provision of vaccinations to those at the very highest level of risk: health care and front-line workers, residents of congregate care facilities, and the elderly. As the vaccine becomes targeted towards a more general population, we believe that equitable access that minimizes harm becomes a critical moral consideration to address.

Individuals who are Black, Indigenous and People of Color (BIPOC) are experiencing disproportionate impacts from COVID-19 disease throughout the United States, and Colorado is no exception. Hispanics in Colorado, including in Boulder County, experience the largest differences between the percent deaths due to COVID-19 and the population distribution compared to whites and other BIPOC; this is true for all age groups.[i] Much has been written about how social, economic and environmental inequities contribute to disproportionate suffering within these marginalized communities.[ii] [iii] [iv]

A recent article in the New England Journal of Medicine[v] stressed the importance of contextualizing data that are collected on COVID-19 racial disparities in order to avoid causing additional harm through the unintended perpetuation of persistent cultural myths and stereotypes.

Below, we summarize some of the authors' key recommended guidelines:

1. Avoid explanations of disparate impacts that posit inherent biological characteristics due to race. There is no evidence that this effect exists. [ii]
2. Avoid explanations that are grounded in racial stereotypes about behavioral patterns.
3. Exercise caution when conducting geographic disaggregation to avoid place-based stigma. For example, prioritization of congregate living facilities should prioritize *all* forms of congregate living regardless of place.
4. Avoid conclusions that the experiences of marginalized groups are strictly "racial". Keep in mind that the disproportionate impact of COVID-19 on

> BIPOC communities is systemic, structural and largely attributable to historical discrimination.

To implement the advice above, the authors of the article suggest that COVID-19 disparities be understood in the context of material resource deprivation caused by low socioeconomic status, chronic stress brought on by racial discrimination, and/or place-based risk. To provide a vaccination program that is equitable to all requires assessing factors including income, education, employment, housing quality, and access to healthcare as well as risk of disease exposure.

To accomplish this assessment, the Area Deprivation Index (ADI) and the CDC Social Vulnerability (CDC-SVI) Index provide guidance on how to equitably prioritize vaccine distribution based on social determinants of health. It is recommended that the ADI be modeled against the CDC-SVI[vi] to compare the efficacy of each in assessing equity for the purposes of vaccine access. One important difference between the two methods is that the ADI runs less of a risk of negative Supreme Court scrutiny.

The City of Boulder promotes use of a health equity framework throughout COVID-19 response and recovery. The city defines health equity as the absence of systematic health disparities based on socio-economic factors, and the ability of all residents to reach their full health potential, regardless of their life circumstances. Further, the city is working to ensure that all Boulder community members have the potential to experience successful personal and community-level COVID-19 recovery, regardless of race, ethnicity, other personal identities, health or socio-economic circumstances.

In alignment with these health equity and racial equity goals, the Boulder City Council supports the approach that groups who have experienced measurably higher detrimental impacts from COVID-19 than the norm be offered shares of vaccines in priority of the assessed level of impact.[vii] This approach will likely give precedence to BIPOC communities as well as communities that are otherwise disadvantaged in terms of economic, educational, health care access and other factors. Principles of social justice and equity require performing this assessment as early in the vaccination program development as possible. Any delay in designing the vaccine distribution plan to address social and economic inequities will likely result in even greater disproportionate harms to BIPOC communities

and other historically excluded people in Colorado. Failure to prevent these harms is a failure of vision, and a failure of justice.

We encourage the CDPHE and the Governor's Office to place equity at the center of the COVID-19 vaccination planning process. Specifically, we encourage state agencies to consult with CDPHE's Office of Health Equity, the Colorado Public Health Association's Health Equity Plan and other COVID-19 health equity platforms as appropriate to ensure the vaccination process is aligned with equity outcomes and best practices.

Thank you again for the opportunity to provide input into the vaccine prioritization component of the distribution plan for the wider Colorado population. Your hard work and attention to this critical issue of justice are greatly appreciated.

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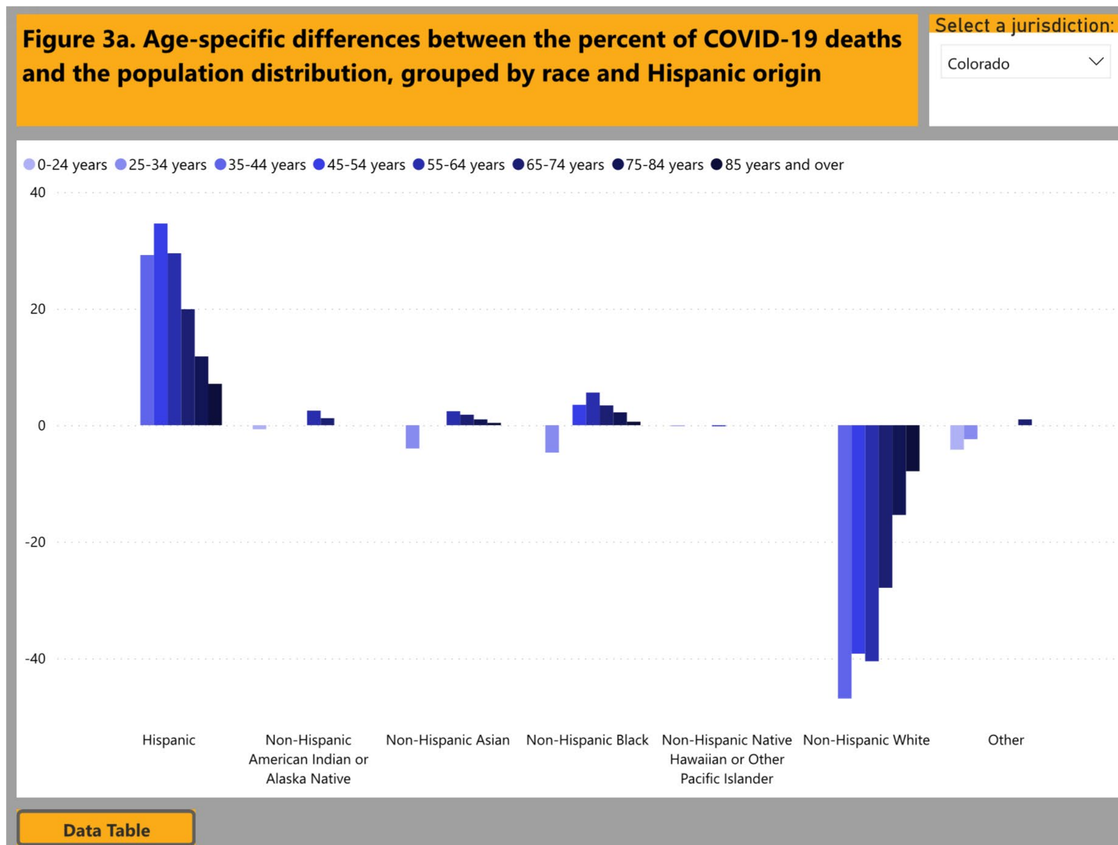
[i] Center for Disease Control, https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm, accessed January 2, 2021.



[ii] Kolata G. (2020, December 9). 'Social Inequities Explain Racial Gaps in Pandemic, Studies Find', *New York Times*, https://www.nytimes.com/2020/12/09/health/coronavirus-black-hispanic.html

[iii] Tsai J. (2020, September 8). 'COVID-19's Disparate Impacts Are Not a Story about Race – They are a story about racism', *Scientific American*, https://www.scientificamerican.com/article/covid-19s-disparate-impacts-are-not-a-story-about-race/#:~:text=Data%20show%20that%20Black%20Americans,rates%20of%20medical%20insurance%20coverage.

[iv] Gu T., Mack J.A., Salvatore M., et al., (2020). Characteristics Associated with Racial/Ethnic Disparities in COVID-19 Outcomes in an Academic Health Care System, *JAMA Network Open*. 3(10): e2025197. doi:10.1001/jamanetworkopen.2020.25197 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771935

[v] Chowkwanyun M., Reed Jr. A.L. (2020). Racial Health Disparities and Covid-19 — Caution and Context, *New England Journal of Medicine*, 383(3):201-203. https://www.nejm.org/doi/10.1056/NEJMp2012910

[vi] Schmidt H., Gostin L.O., Williams M.A. (2020). Is It Lawful and Ethical to Prioritize Racial Minorities for COVID-19 Vaccines? *Journal of the American Medical Association*. 324(20):2023–2024. doi:10.1001/jama.2020.20571 https://jamanetwork.com/journals/jama/fullarticle/2771874#jvp200221r8

[vii] Schmidt H., Pathak P., Sönmez T., Ünver M.U. (2020). Covid-19: how to prioritize worse-off populations in allocating safe and effective vaccines. *British Medical Journal,* 371:m3795 https://www.bmj.com/content/371/bmj.m3795