



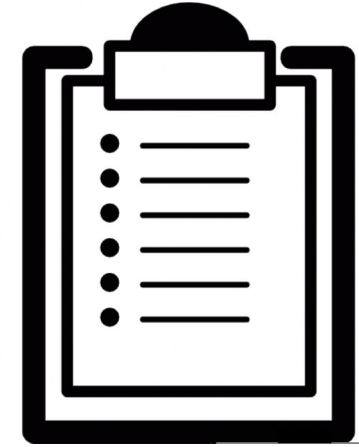
Vaccine Rationing and The Urgency of Social Justice

February 25, 2021

We will get started shortly. Your lines are muted upon entry. This event will be recorded.

Welcome!

- Today's event is being recorded
- All participants are muted on entry
- Ask questions using the Q&A Box
- Please fill out satisfaction survey



About Oregon Health Forum



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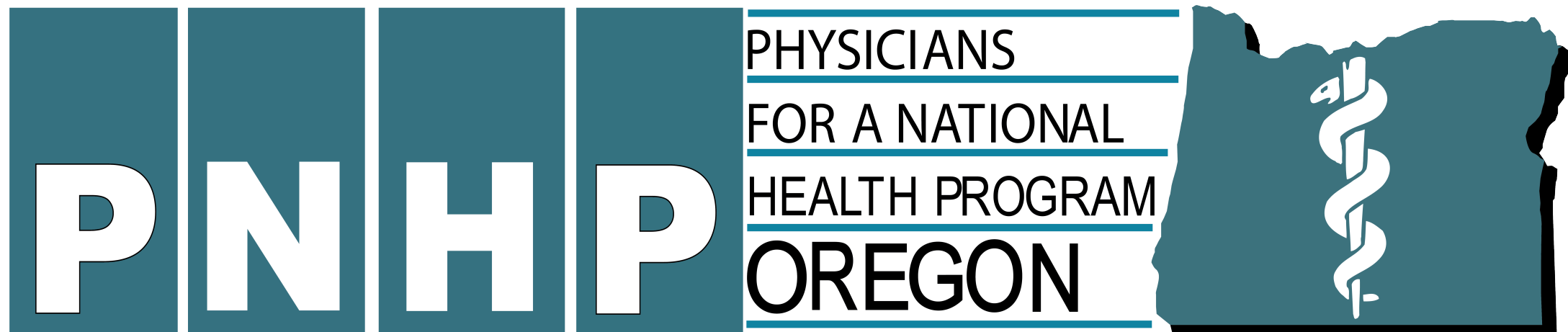


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Vaccine Rationing And The Urgency of Social Justice

Moderator: Kalpana

Krishnamurthy, National Field and Policy Director, Forward Together, Portland

Speaker: Harald Schmidt, PhD, Assistant Professor of Medical Ethics & Health Policy, University of Pennsylvania



Kalpana Krishnamurthy

National Field & Policy Director
Forward Together, Portland



MISSION

Forward Together transforms policy and culture so all families can thrive.

We work at the intersections of race, sexuality, and gender. We work on healthcare, recognizing families of all kinds, and ensuring individuals and communities in Oregon are not harmed by state based violence.

Today, we build courage and foster connection among Black, Indigenous, Women of Color and NonBinary people of color to secure rights, recognition and resources for all families.





History

- Founded as a white's only territory
- Black exclusion built into the Constitution
- Poll tax on Black, Asian, and mixed race people
- State tolerance of violence toward communities of color

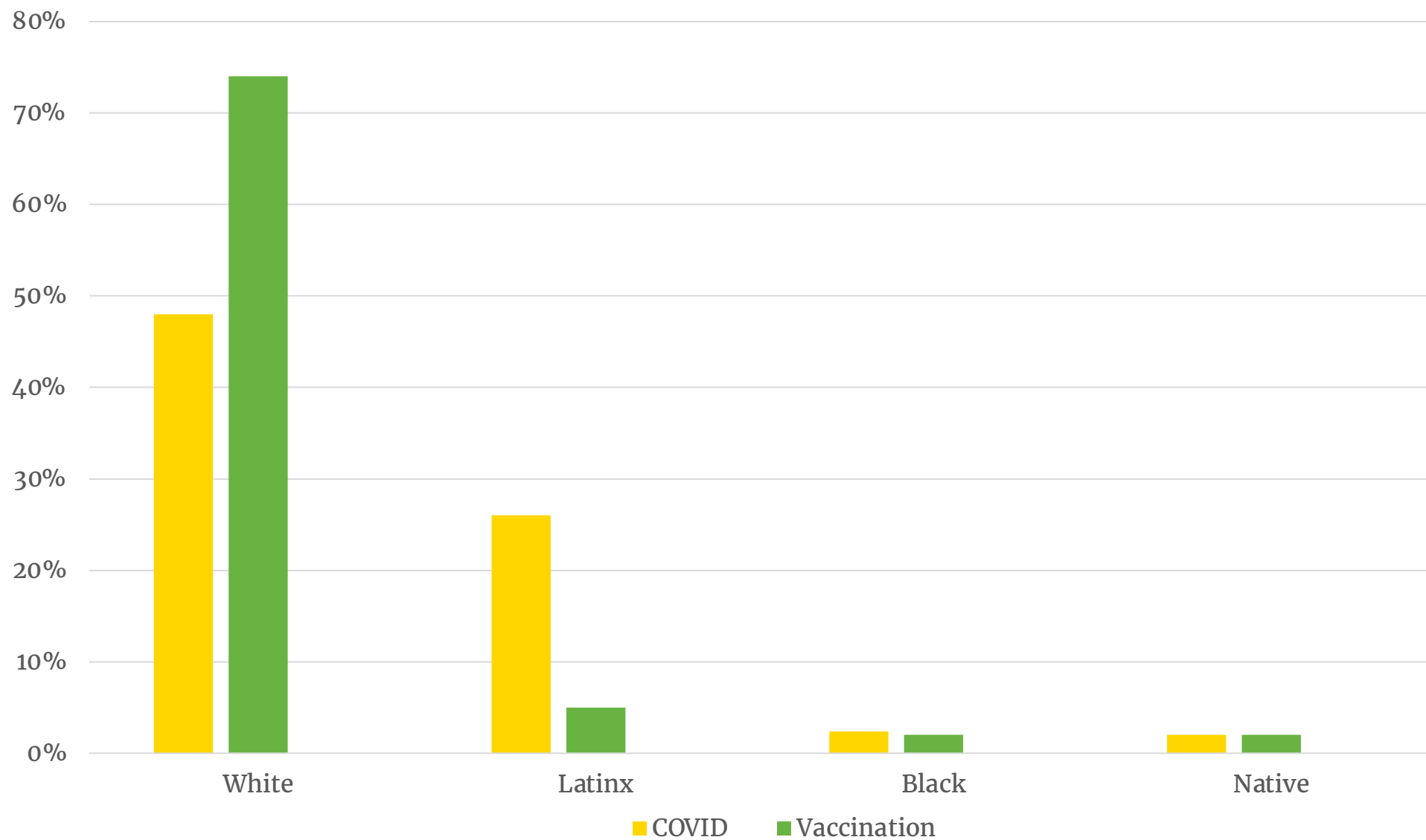
Medical Experimentation



Oregon Eugenics Board forcibly sterilized more than 2,600 Oregon residents between 1917–1981.

Sterilized prisoners, patients in mental institutions, orphans, and other wards of the state.

Oregon Population, COVID and Vaccination rates by Race



Source: Oregon Health Authority

Harald Schmidt, PhD

Assistant Professor
Medical Ethics & Health Policy
University of Pennsylvania



Vaccine allocation and social justice:

How disadvantage indices can help allocate vaccines in ways that reduce, rather than maintain or increase, disparities

Harald Schmidt, PhD*

(*with multiple collaborators)



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Main point(s):

- (In Covid-19) Vaccine allocation needs to be guided by public health as much as social justice.
- I.e: reduce, rather than maintain, or increase, disparities across income, and *especially* also racial and ethnic groups

NYC, March 2020

They Can't Afford to Quarantine. So They Brave the Subway.

Subway use has plummeted in recent weeks, but in poorer areas of New York City, many people are still riding.



- Manhattan, median HHI: \$80,000, morning commute ridership down by 75% percent.
- Bronx, median HHI \$38,000, down by 55%.
- So: people differ in their abilities to prioritize their health over their income opportunities

Low wage workers' risks

Get/spread covid:

- During commute
- At work
- Housing (crowding, multigenerational)

Risks compounded for minority population, which account for larger share of disadvantaged groups due to structural racism, esp:

- Reduced economic mobility,
- Healthcare access

COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH ³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

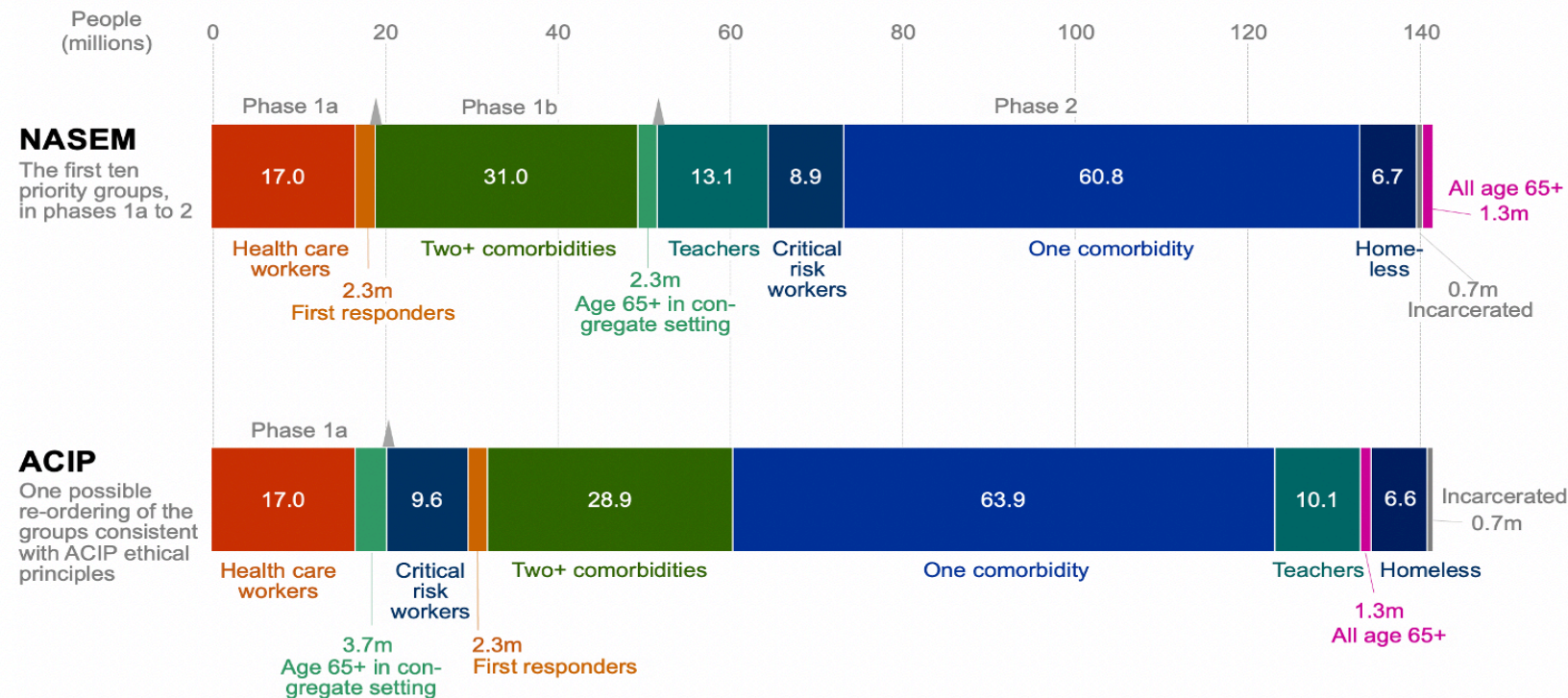
The path from here on

- Disadvantaged groups—esp. disadvantaged racial and ethnic minorities experienced disproportionate burden, esp. unemployment, illness and death.
- 3 Options: compound further, maintain, or reduce inequities?

Equity – via priority sequence and other ways

Figure 1: Priority groups under NASEM and ACIP frameworks

First 144m people in the first 10 NASEM priority groups, accounting for overlap (note: ACIP framework still evolving, showing 1/multiple options. Depiction: Ariadne Labs)



Other ways of promoting equity

- Allocations *to states*: by population or recognizing disadvantage?
- *Within* states' phases and populations: recognize disadvantage or not?

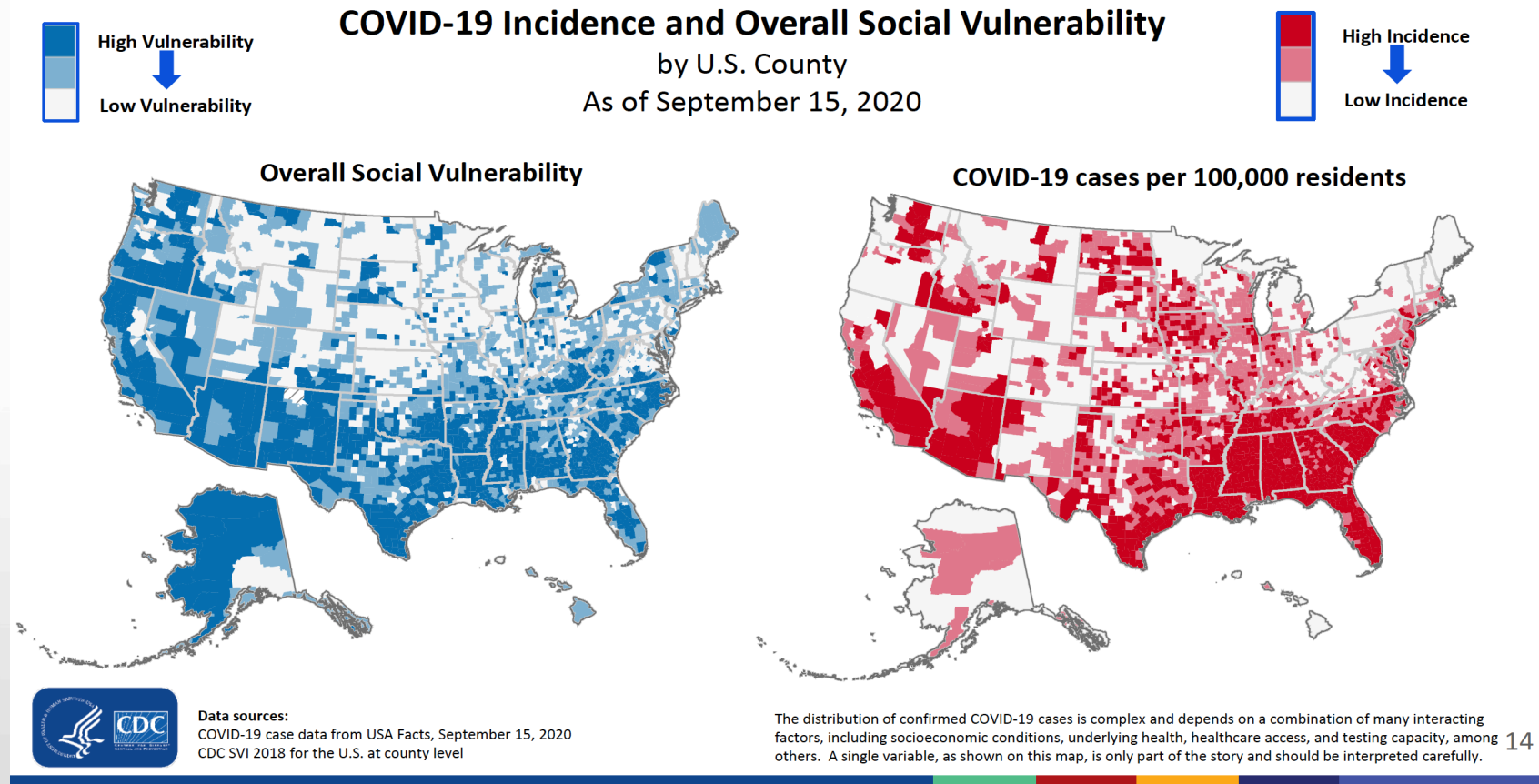
Allocations to states

- By population: “fair, simple and consistent” (Secr. Azar)

vs.

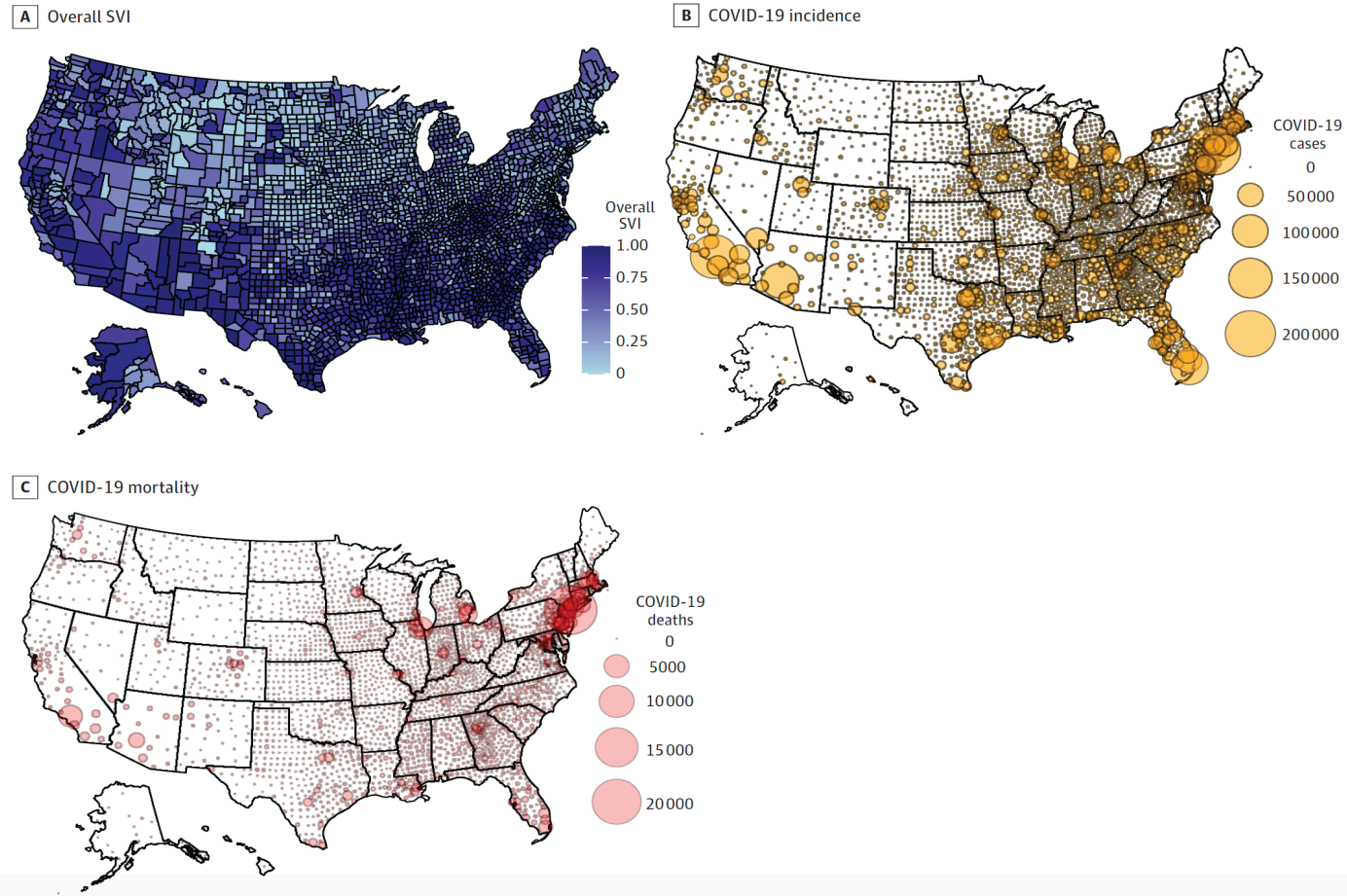
- Recognizing differences in disadvantage

Variation across states in C19 cases and disadvantage

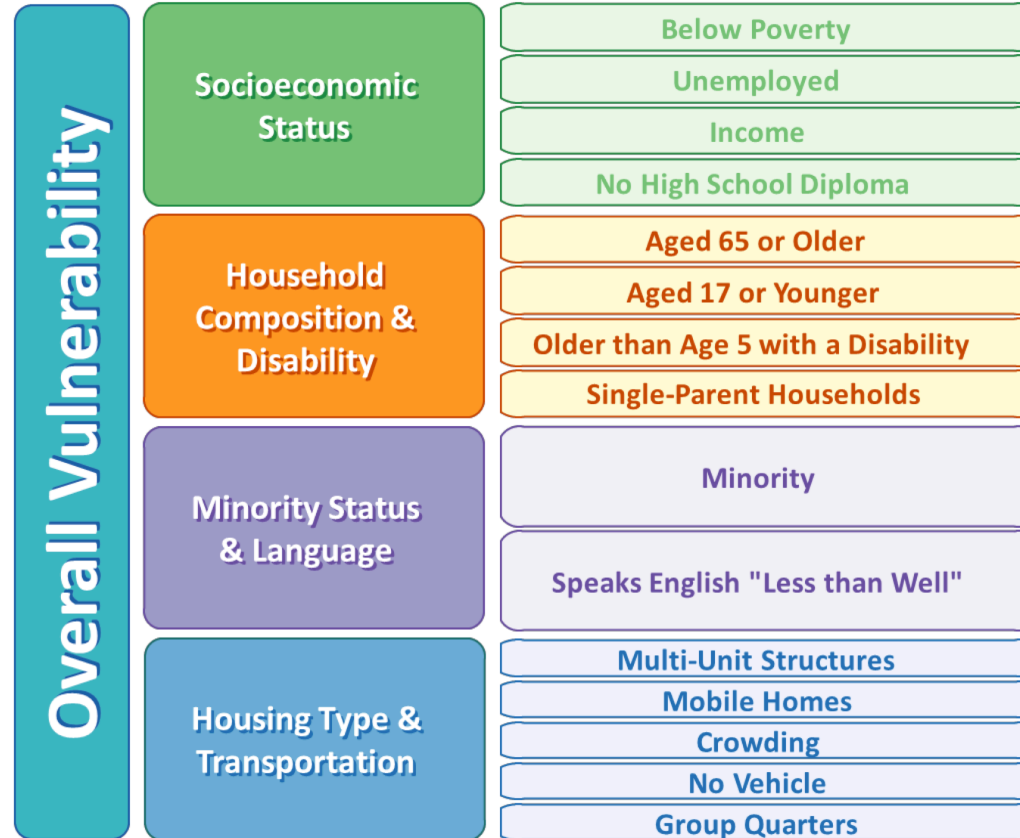


C19 Incidence, mortality and SVI

Figure 1. Heat Map of US Counties Showing Coronavirus Disease 2019 (COVID-19) Incidence and Mortality by Social Vulnerability Index (SVI)

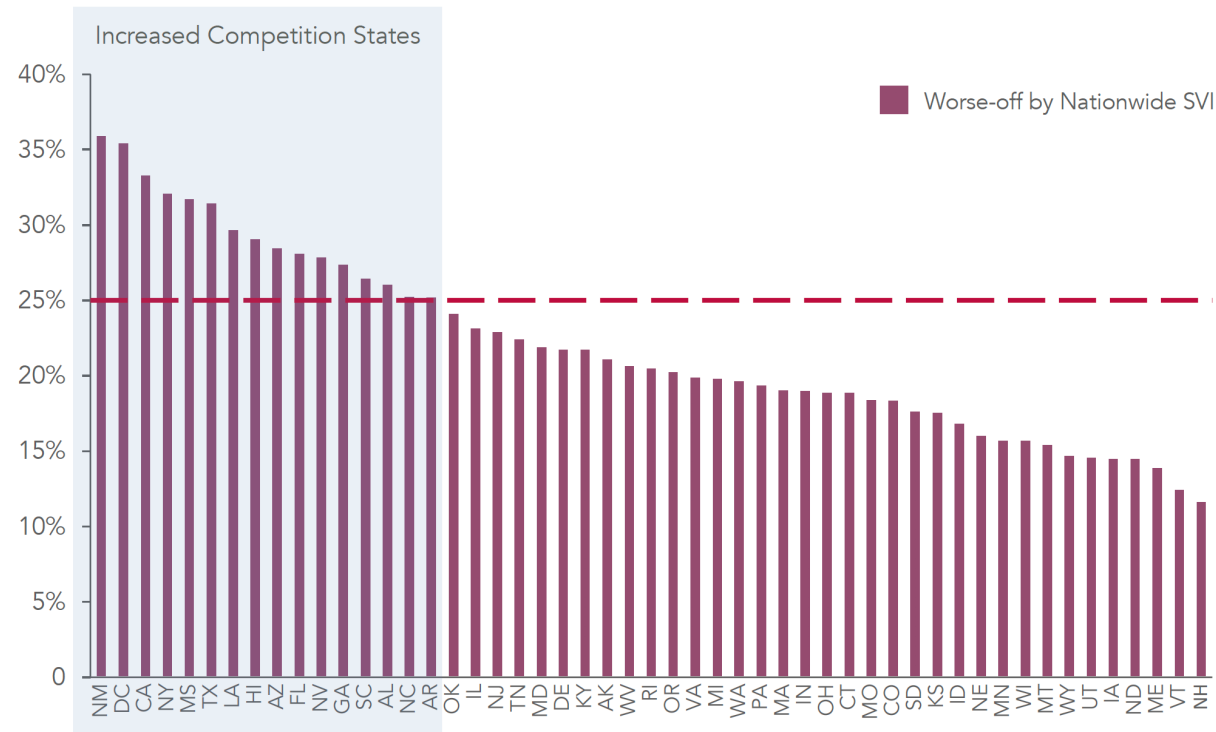


Social Vulnerability Index



States differ in their shares of disadvantaged populations (SVI)

Figure 1: Share of each state's population falling under the worse-off quartile nationally (SVI)



Improving equity in allocations *across* states/jurisdictions

- Adjust by disadvantage, e.g. in proportion to share of worse-off (more to states with more disadvantaged, less to states with fewer disadvantaged)
- Note: States with largest shares of disadvantaged: 8 blue, 8 red

Improving equity in allocations *within* states/jurisdictions

1. Dispensing site locations
2. Outreach and communication
3. Larger shares of vaccines to more disadvantaged areas
4. Monitor, course-correct

Promoting equity - Dispensing site locations

- Locations should be *easy to reach* (esp. re working hours, caring obligations, transport options). NJ doing this.
- Matters for planning nontraditional sites: school gyms, sports stadiums, community centers, mobile clinics
- Note: pharmacy role (SVI vs ADI)

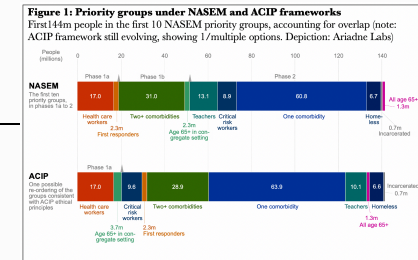
Promoting equity - Outreach and communication

- Vaccine ‘hesitancy’, messaging matters, avoid hasty/false respect for individual preferences
- Sign up options: what works (better than online)?
- Adequately spaced dispensing sites worth nothing if people don’t use them (trust)
- For all: work with key communities in disadvantaged area (AZ, VT, WA)

Promoting equity – More vaccines to disadvantaged areas

- Larger shares of vaccines, each time a state or city-level jurisdiction receives a new batch
- 5-20%, set aside for addl. allocations to worse-off groups, over/above population quota: CO, NH, MA, TN

Promoting equity - Monitor, *course-correct*



- Disadvantage indices: the constant overall flux, variation
- Goal Six, National Covid strategy, CDC to “work with states and localities to update their pandemic plans to describe how they have or will provide equitable access to Covid-19 resources within highly vulnerable communities, including Tribal communities, using CDC’s Social Vulnerability Index [SVI] or other indices as appropriate.”

Race and disadvantage

- Communities of color hit harder as larger share of US' disadvantaged people (reduced economic mobility, odds of leading long and healthy life)

Generalized concept of disadvantage (ADI, SVI-):

- Directly addresses needs of worse-off minorities
- Not limited to race-based justice
- Avoids legal challenges
- Recognizes that disadvantage can take many different forms that matter independently

Conclusion

- Vaccine rollout in choppy waters, but need to keep eyes on horizon.
- Disadvantage index: serve as compass
- Unique moment now: Dovetail federal level commitment with state-level activity, to systematically plan, track, and adjust vaccine coverage rates along the disadvantage spectrum
- Longer term: when we look back at our Covid-19 response, did we fail (again) or start to turn a page?

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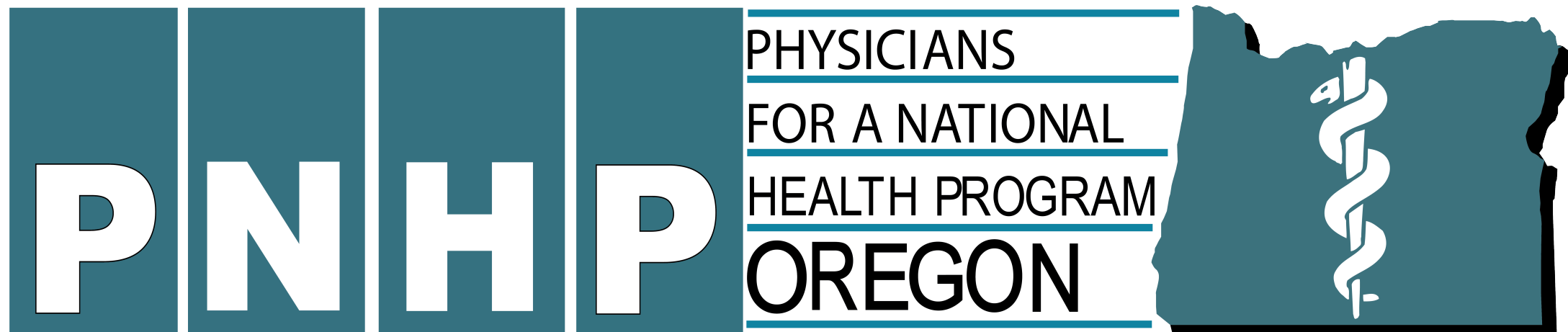


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Audience Q&A

Thank you for attending!