



Closing the Vaccination Gap: A 6-Point Plan to Reduce Racial Inequity by Targeting Hot Spots

California, like the rest of the world, has a huge undertaking – to vaccinate its population as efficiently, quickly, and equitably as possible. The initial plan for vaccine distribution – phased access to vaccination on the basis of risk tiers and a passive approach to distribution – is producing alarming racial disparities.

This document describes a strategy to address the racial gap in vaccination rates by partnering with trusted, local institutions and hot-spotting the highest-incidence communities for a universal, pro-active, neighborhood-level vaccination campaign.

The current system has failed to achieve equity or efficiency

The Covid-19 death rate for Latinos in Los Angeles County has increased by 1000% since November. Blacks, Latinos, and Asians are all more likely to die than white residents. People living in the poorest neighborhoods are more than three times as likely to die as the residents of the wealthiest neighborhoods.

The initial vaccination plan developed at the national, state, and local levels was based on good-faith efforts to prioritize high-risk groups, reduce transmission, and promote health equity. It is time to acknowledge, however, that this plan has failed to achieve efficiency or equity.

Maps produced by LA County show staggering levels of spatial inequality. We can see how Covid-19 disproportionately impacts poor and minority neighborhoods where essential workers are forced to live in overcrowded conditions. For example, 9 people have died from Covid-19 in Brentwood, while 202 people have died in Westlake, near MacArthur Park. The rate of transmission in neighborhoods such as Boyle Heights, Pico Union, Compton, Inglewood, Pacoima, El Monte, and Pomona are much higher than the county as a whole.

The neighborhoods with the greatest need are not getting the vaccine

Despite these glaring inequities, LA County is not distributing the vaccine to the neighborhoods that need it the most. Initial data shows that vaccination rates are higher among whites and people from wealthier neighborhoods.

There is no mystery why this vaccination gap has emerged. The current model for vaccine distribution contains multiple barriers to access for low-income people. The system for getting appointment is through clunky online portals. Access to sites often requires a car. The messaging about eligibility is confusing and has changed several times, compounding issues of trust.

The end result is that vaccine access is often determined on the basis of whether you have connections, internet savvy, and the time to figure out how to navigate the system.

The solution: target the hardest-hit neighborhoods with a multi-pronged approach

LA County should supplement its strategy with a campaign to prioritize the neighborhoods and census tracts with the highest incidence of infections (hot spots). Epidemiologists have pointed out that targeting hot spots is the most effective way to reduce the number of new cases and subsequently, the number of deaths. (Soe-Lin and Hecht, Yale University)

It also advances equity goals by vaccinating the neighborhoods with the greatest need. These are precisely the neighborhoods inhabited by low-income, essential workers who have to leave their homes to earn an income. This exposes them to infection, which then spreads rapidly when they return to overcrowded homes.

Targeting hot spots will:

- Decrease the death toll in impacted communities;
- Decrease community transmission both within these neighborhoods and in LA County as a whole;
- Relieve pressure on overburdened hospitals and clinics;
- Allow the local economy to open more safely and quickly.

The concept is simple, but the implementation is hard. To succeed, we must:

- 1) **Target the hardest-hit neighborhoods** by identifying the census tracts with the highest-incidence of Covid-19 and lowest rates of vaccination.
- 2) **Partner with trusted, local institutions** – congregations, neighborhood organizations, schools – which are better suited to provide information, dispel fears and myths, and guide people through the process of registering for an appointment.
- 3) **Invest in mobile vaccination teams** that can set up temporary neighborhood-level vaccination sites in the hardest-hit neighborhoods.
- 4) **Simplify the sign-up process** with multiple methods to register and a large base of volunteers from trusted community institutions to do outreach.
- 5) **Use a pro-active model**, rather than a passive approach, that includes door-to-door canvassing in the hardest-hit areas and hardest-to-reach populations.
- 6) **Saturate hot spots** until they have achieved 60-70% vaccination rates. This will break the chain of transmission and demonstrate that vaccination works, which will promote public confidence and reduce vaccine hesitancy.

One LA-IAF is a network of 25 churches, synagogues, schools, and nonprofits who stand ready to partner with health officials to implement a plan that targets the hardest-hit neighborhoods. There are hundreds of other community-based

organizations across Los Angeles with thousands of volunteers who would also be willing to help. What is needed is the political will, resources, and focus to bring the vaccine to the neighborhoods with the greatest need. Doing so will save lives, promote health equity, and bring hope to the people of Los Angeles.

###