

September 4, 2020

Re: Public Comment on the Discussion Draft *Preliminary Framework for Equitable Allocation of COVID-19 Vaccine*

To the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus:

Howard Brown Health would like to thank you for the opportunity to provide comment on the draft *Preliminary Framework for Equitable Allocation of COVID-19 Vaccine*. Howard Brown is the largest LGBTQ health center in the Midwest, serving over 38,000 patients across twelve clinic locations in Chicago. As a Federally Qualified Health Center (FQHC), Howard Brown provides care to LGBTQ communities through primary care, behavioral health, research, mental health services, HIV/STI prevention, elder services and community outreach initiatives regardless of ability to pay. Through these programs, Howard Brown fulfills its mission of eliminating health disparities and improving health outcomes experienced by LGBTQ individuals.

We are pleased to see that mitigation of health inequities is one of the key foundational principles of the preliminary framework, and that the definition for health inequities acknowledges structural inequities due to differences in “race, ethnicity, gender or gender identity, class, sexual orientation, and other domains.” As noted in the discussion draft, data has shown that Black, Latinx, and Native American people are at higher risk for both acquiring COVID-19 and experiencing worse health outcomes if infected. In order to ensure equitable allocation of COVID-19 vaccines to communities that are most disproportionately affected by the disease, it is critical to be intentional and explicit about how structural racism could affect the implementation of any vaccine allotment strategy.

As a LGBTQ health center, we want to emphasize that research does suggest that LGBTQ people are at increased risk for acquiring COVID-19 and experiencing worse health outcomes. According to data from the 2018 General Social Survey, LGBTQ people are disproportionately represented in industries that are considered essential during the pandemic—such as food service, health care, education, and retail—and may therefore be at increased risk for exposure to COVID-19.¹ Research also shows that LGBTQ people are more likely to live in poverty compared to straight, cisgender people,² and this can contribute to reliance on public transportation, group housing arrangements, and other situations that make it difficult to maintain social distancing. This is especially concerning considering that an estimated 65% of LGBTQ adults have chronic conditions—such as

¹ Whittington C, Hadfield K, Calderón C (2020, March). The lives and livelihoods of many in the LGBTQ community are at risk amidst COVID-19 crisis. Washington, DC: Human Rights Campaign Foundation.

² Badgett, Choi, Wilson (2019). LGBT poverty in the United States: A study of differences between sexual orientation and gender identity groups. UCLA School of Law, The Williams Institute.

asthma, diabetes, heart disease, and HIV/AIDS—which elevates the risk for more severe complications from COVID-19.³ As such, a framework for the equitable allotment of COVID-19 vaccines should seek to prioritize LGBTQ populations as well. To that end, the collection of sexual orientation and gender identity data—as well as race/ethnicity data and other demographics—during vaccine trials would be important for ensuring efficacy and acceptability for all populations, especially those that might be included in the first phases of vaccine allotment.

While health inequities were explicitly named in the foundational principles of the framework, in translating the foundational principles into the risk-based criteria for determining allocation phases, health inequities were only indirectly included. Risk of acquiring infection, risk of severe morbidity and mortality, and risk of transmitting disease to others all indirectly include populations that experience health inequities. This, in theory, would result in these populations being prioritized in the early phases of vaccine allotment. However, without addressing barriers specific to these populations that experience health inequities, including LGBTQ people and people of color, these populations still may not have access to the vaccine despite being classified among earlier allocation phases. If this is the approach that is adopted, we have the following suggestions for the section “Ensuring Equity” so that the intended effect of mitigating health inequities is achieved:

- **Address medical mistrust stemming from structural racism:** People of color, and especially Black people, have been historically isolated and also targeted within healthcare systems. This has led to a healthcare system where Black patients are systematically undertreated for pain compared to White patients;⁴ where nearly half of surveyed medical trainees believed racial stereotypes like “Black people’s skin is thicker than white people’s”;⁵ and where algorithms used by hospitals to determine courses of care are built to systematically favor care for White patients.⁶ This has led to widespread medical mistrust among Black Americans, which will be a major barrier to ensuring equity and should be specifically addressed within the final framework. According to the Pew Research Center, only 54% of Black Americans say that they would “definitely/probably get the COVID-19 vaccine if it

³ Gruberg S. (April 9, 2020). An Effective Response to the Coronavirus Requires Targeted Assistance for LGBTQ People. Washington, DC: Center for American Progress.

⁴ Meghani S, Byun E, Gallagher R. (Feb 2012). Time to take stock: A meta-analysis and systematic review of analgesic treatment disparities for pain in the United States. *Pain Med.* 13(2): 150-74.

⁵ Hoffman K, Trawalter S, Axt J, Oliver N. (April 19, 2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America.* 113(16): 4296-4301.

⁶ Obermeyer Z, Powers B, Vogeli C, Mullainathan S. (October 25, 2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science.* 366(6464): 447-453.

were available today,” compared to 74% of White Americans.⁷ In order for the vaccine allotment strategy to be equitable, it will be critical to address mistrust in the Black community around the COVID-19 vaccine and medical science in general. Black people should be accurately represented in clinical trials for the vaccine to ensure acceptability and efficacy, and data related to the safety and efficacy of the vaccine should be widely distributed. Partnering with trusted community leaders within the Black community might be an effective strategy for disseminating educational resources about the vaccine to combat misinformation.

- **Consider using other models instead of or in addition to SVI:** The preliminary framework uses the CDC’s Social Vulnerability Index (SVI) rather than discrete measures of demographic factors like race/ethnicity, age, sex, sexual orientation, or gender identity to determine high priority areas for vaccine allotment. The SVI is based on Census data, so it does encompass some demographic factors and indicators of social determinants of health. However, it is important to consider that many of the populations that are most disproportionately burdened by the COVID-19 pandemic are also often undercounted on the Census. Further, the Census does not collect data on sexual orientation or gender identity. A recent study that compared actual outcomes of Hurricane Sandy to predicted outcomes based on the SVI model found that the construct validity of the SVI model was poor.⁸ Because this model is a key component of ensuring equity in the preliminary framework, it might be worth considering if other models would be more accurate, or if the use of multiple models would be better.
- **Provide education around cost and legal status:** We agree with the Cost and Legal Status sections and believe that it is imperative for ensuring equity in the final framework that the vaccine is offered at an affordable cost and regardless of legal status. As noted in the draft document, many options exist for acquiring the vaccine affordably, but navigating these options can be difficult, especially for people who are uninsured. It will be important to provide educational resources that clearly and easily explain how to cover the cost of the vaccine for people whether or not they are insured so that cost is not a barrier to vaccination. It will also be important to provide educational resources explaining that receipt of the vaccine will not lead to deportation or be used in the public charge test in immigration proceedings. Again, these educational resources may be best delivered through partnerships with trusted community members and organizations.
- **Provide LGBTQ competency training:** According to this draft framework, LGBTQ people will be overrepresented in the first phases of vaccine allocation due to the

⁷ Gramlich J and Funk C. (June 4, 2020). Black Americans face higher COVID-19 risks, are more hesitant to trust medical scientists, get vaccinated. Washington, DC: Pew Research Center.

⁸ Rufat S, Tate E, Emrich C, Antolini F. (March 1, 2019). How Valid Are Social Vulnerability Models? *Annals of the American Association of Geographers*. 2469-4452.

increased risk that the populations experience due to structural health inequities. However, LGBTQ people may not access the vaccine even if they are prioritized in earlier phases if the healthcare workers providing the vaccine are not welcoming and affirming of LGBTQ people. Unfortunately, anti-LGBTQ discrimination is still common in healthcare settings, and experiences of discrimination or anticipation of discrimination acts as a barrier to accessing healthcare. In a survey conducted by the Center for American Progress, 17% of LGBTQ respondents reported avoiding preventative healthcare, such as vaccinations, in the past year due to previous experiences of discrimination based on sexual orientation or gender identity.⁹ In order to ensure that LGBTQ people are able to access the COVID-19 vaccines, it is important that proper education and training is in place to prevent discriminatory behavior.

We would like to thank you for the opportunity to provide comment on the Discussion Draft *Preliminary Framework for Equitable Allocation of COVID-19 Vaccine*. If you have any questions or feedback about this comment, please feel free to contact Tim Wang, Director of Policy and Advocacy, at timothyw@howardbrown.org.

Sincerely,

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⁹ Mirza S and Rooney C. (January 18, 2018). Discrimination Prevents LGBTQ People From Accessing Health Care. Washington, DC: Center for American Progress.