



# **Health Equity Task Force**

**December 16, 2020 Meeting**

# Welcome

*This is the tenth meeting of the legislative task force established by Chapter 93 of the Acts of 2020 (referred to as the “Health Equity Task Force”) to study and make recommendations to the General Court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.*

# Health Equity Task Force Members

## Senate Appointees

**Senator Sonia Chang-Diaz**

**Senator Julian Cyr**

**Task Force Co-Chair, Michael Curry, Esq.**, Deputy CEO and General Counsel at Massachusetts League of Community Health Centers

**Dr. Milagros Abreu**, Executive Director, President and Founder of The Latino Health Insurance Program

**Dr. Cassandra Pierre**, infectious diseases physician and Assistant Professor of Medicine at Boston University

**Dr. Frank Robinson**, Vice President, Public Health and Community Relations, Baystate Health

**Hirak Shah**, Legal Counsel for Senate Minority Leader Bruce Tarr

## House Appointees

**Representative Chynah Tyler**

**Representative José F. Tosado**

**Task Force Co-Chair, Dr. Assaad Sayah**, CEO, Cambridge Health Alliance; Commissioner of Public Health, City of Cambridge; Assistant Professor, Harvard Medical School

**Dr. Kiame Mahaniah**, CEO, Lynn Community Health Center

**Dr. Myechia Minter-Jordan**, President & CEO, DentaQuest Partnership for Oral Health Advancement and Catalyst Institute

**Jeffrey Sanchez**, Lecturer, Center for Public Health Leadership, TH Chan School of Public Health; Senior Advisor, Rasky Partners

**Beverly Stables**, Health Care Policy Analyst for House Minority Leader Bradley H. Jones, Jr.

**Chair of the MA Black and Latino Legislative Caucus**

**Representative Carlos González**

**Chair of the MA Asian-American Legislative Caucus**

**Representative Donald H. Wong**

# Agenda

1. Welcome and Introductions of Task Force Members & Approval of November 18 Meeting Minutes
2. COVID-19 Vaccine Presentation and Equity Considerations
3. Updates: (A) New Commonwealth Fund on Racial Equity and (B) Health Equity Task Force Resources
4. Presentation and Dialogue with the Office of Attorney General on their report “Building Toward Racial Justice and Equity in Health: A Call to Action”
5. Future Meetings

# Presentation and Dialogue

COVID-19 Vaccine:  
State COVID-19 Vaccine  
Presentation &  
Survey by MassInc/Museum of  
Science in partnership with  
MA League of CHCs,  
and Equity Considerations

**Michael Curry, Esq.,  
Incoming CEO, MA  
League of Community  
Health Centers and  
Member, MA COVID-19  
Vaccine Advisory Group**

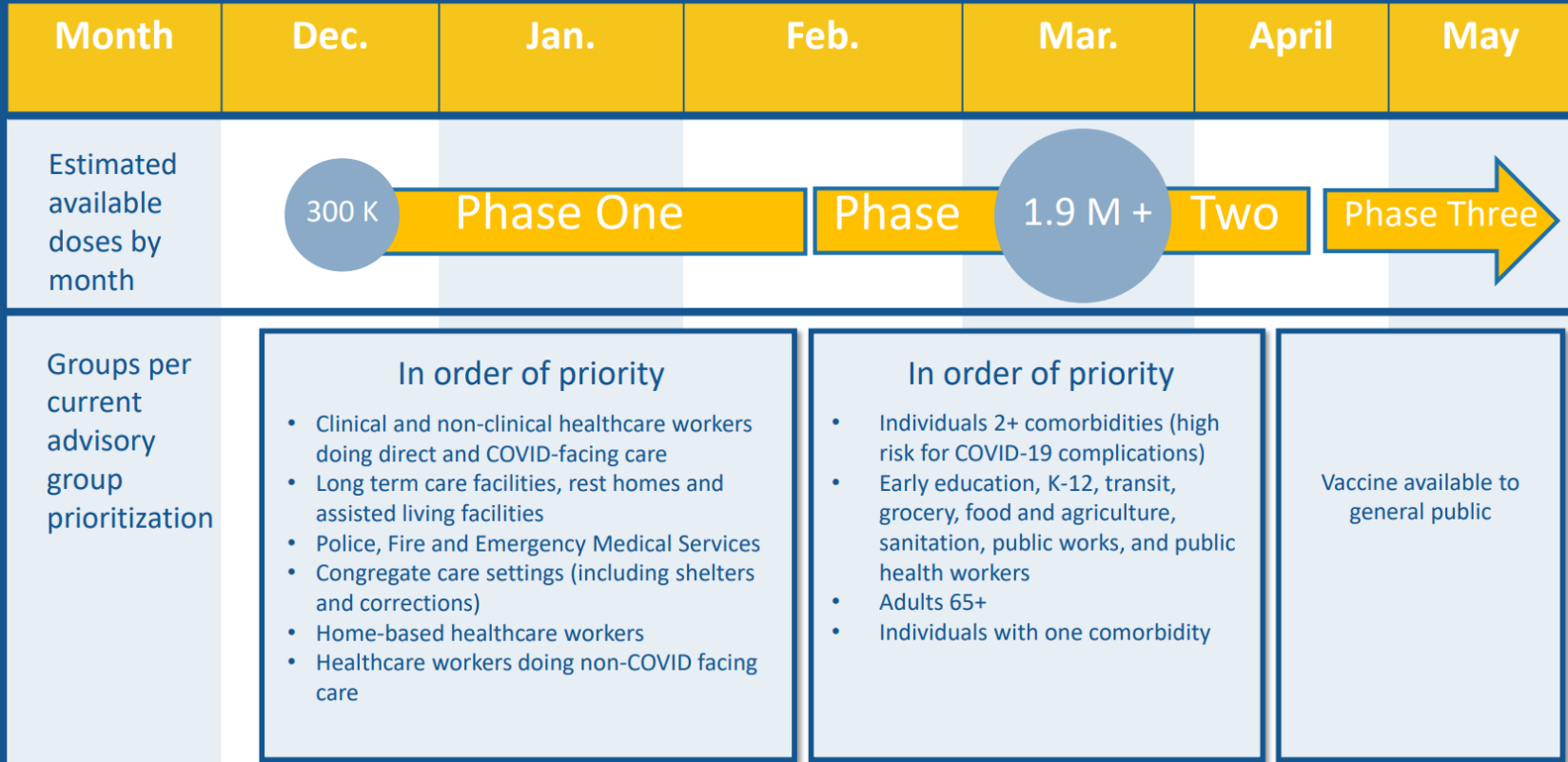
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# COVID-19 Vaccine Presentation

Baker-Polito Administration  
December 9, 2020

# Estimated COVID-19 Vaccine Timeline



# When can I get a **COVID-19** vaccine in MA?



## PHASE ONE

In order of priority

- Clinical and non-clinical healthcare workers doing direct and COVID-facing care
- Long term care facilities, rest homes and assisted living facilities
- Police, Fire and Emergency Medical Services
- Congregate care settings (including corrections and shelters)
- Home-based healthcare workers
- Healthcare workers doing non-COVID-facing care



## PHASE TWO

In order of priority

- Individuals with 2+ comorbidities (high risk for COVID-19 complications)
- Early education, K-12, transit, grocery, utility, food and agriculture, sanitation, public works and public health workers
- Adults 65+
- Individuals with one comorbidity



## PHASE THREE

Vaccine available to general public

**December - February**

Estimated timeframes

**February - April**

**April - June**

For more information on vaccine distribution visit [Mass.gov/COVIDvaccine](https://www.mass.gov/COVIDvaccine)





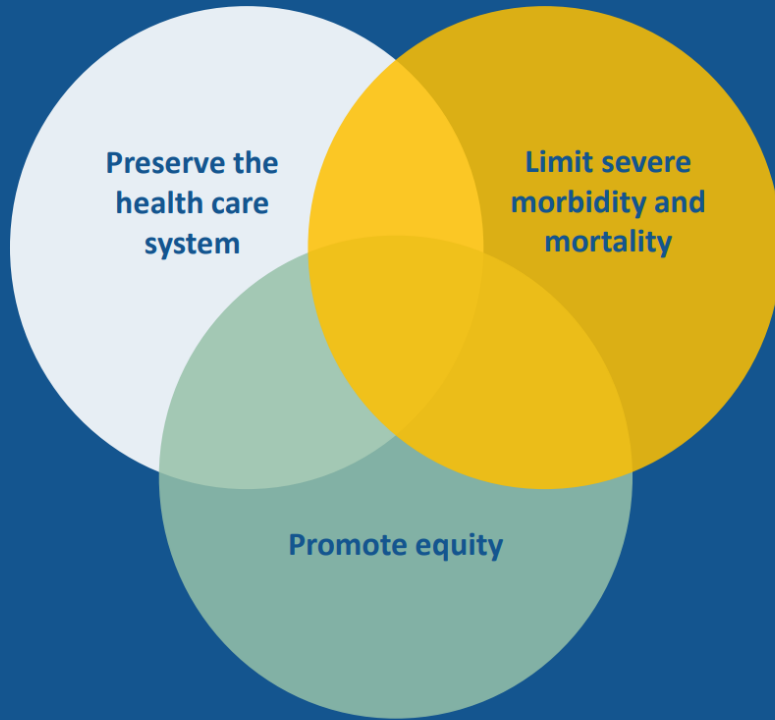
# COVID-19 Vaccine Safety



- Vaccine will not be distributed in Massachusetts until the FDA determines the vaccine is safe
- Vaccines go through more testing than any other pharmaceuticals, including extensive testing in clinical trials
- The FDA and the CDC's Advisory Committee on Immunization Practices (ACIP) ensure any vaccine is both safe and effective
- Infectious disease leads in Massachusetts' academic medical centers plan to review the EUA data and provide an independent opinion about their safety and efficacy
- COVID-19 Vaccination Provider Agreement requires reporting moderate and severe adverse event to the Vaccine Adverse Event Reporting System (VAERS)



# Equitable Distribution of COVID-19 Vaccine



The Advisory Group took a strong stance on equity:

- Prioritizes all COVID-facing individuals in healthcare settings, including food service and environmental (not just doctors and nurses) as well as home health workers
- 20% additional vaccine allocated to communities that have experienced disproportionate COVID burden and high social vulnerability



# More Information

View the COVID-19 vaccine plan,  
FAQs and more at:  
[mass.gov/covidvaccine](https://mass.gov/covidvaccine)



# Massachusetts COVID-19 Advisory Group

- Dr. Paul Biddinger, Chair - Mass General Brigham
- State Senator Cindy Friedman - Chairperson of the Joint Committee on Health Care Financing
- State Representative Ronald Mariano – House Majority Leader
- Mayor Daniel Rivera - City of Lawrence
- Dr. Vincent Chiang - Boston Children’s Hospital
- Dr. Robert Finberg - University of Massachusetts Medical School
- Dr. Simone Wildes - South Shore Hospital
- Dr. Sharon Wright - Beth Israel Lahey Health
- Dr. Asif Merchant - Mass Medical Society
- Dr. Barry Bloom - Harvard T.H. Chan School of Public Health
- Dr. Marc Lipsitch - Harvard T.H. Chan School of Public Health
- Dr. John Rocchio - CVS Health
- Dr. David Twitchell - Boston Medical Center
- Michael Curry, Esq. - Massachusetts League of Community Health Centers
- Rev. Liz Walker - Roxbury Presbyterian Church
- Wanda McClain - Brigham and Women’s Hospital
- Phoebe Walker - Franklin Regional Council of Governments





# **Rolling out the vaccine**

**A survey of Massachusetts residents on COVID vaccine issues**

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**December 8, 2020**

**Steve Koczela, President of The MassINC Polling Group**

**This project was sponsored by the Museum of Science and conducted in partnership with the Massachusetts League of Community Health Centers**

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# Survey Background

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- Results based on a statewide survey of 1,180 residents of Massachusetts including the following.
  - A base sample of 800 residents statewide.
  - Oversamples to reach ~250 each of Black and Latino residents.
- Conducted November 18-25, 2020 via live telephone and online survey interviewing in English and Spanish.
- Data was weighted first within race groupings by gender, age, education, and region, and then to known population parameters by gender, age, race, education level, and region for the state's population.
- This project was sponsored by the Museum of Science and conducted in partnership with the Massachusetts League of Community Health Centers.

# Key findings

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- The large majority say they plan to get the vaccine, but many are not eager to be first in line.
  - Many who say they are less likely to take it mean they want to wait for others to go first.
  - There is a risk of inequities if the most willing go first. There are differences by race and socioeconomic status in who wants to take it earlier.
- The key hesitations are questions about whether the vaccine has been thoroughly tested and distrust of the government on healthcare issues.
- Those who are most hesitant include Black and Latino residents, along with Republicans and regular churchgoers.

# Key findings

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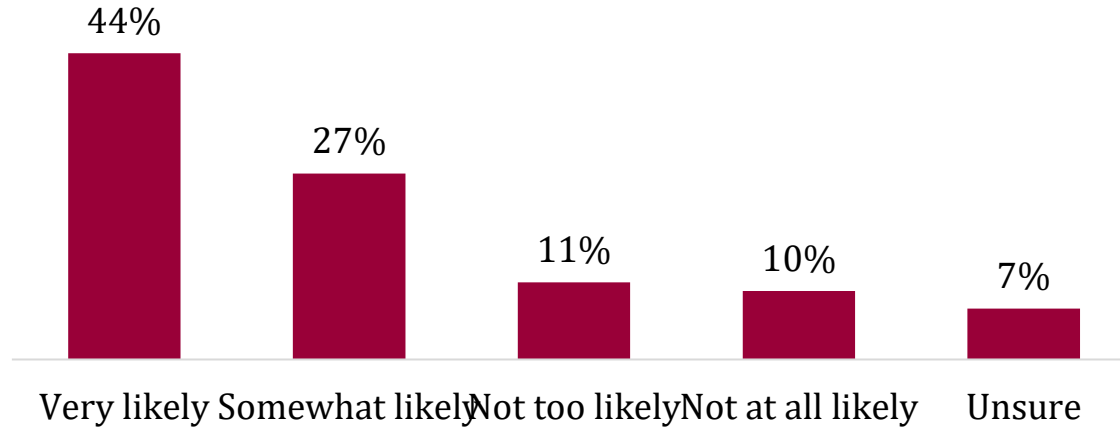
- Boosting vaccine uptake is a matter both of communications and showing proof. Many appear likely to participate once they see it working safely for others.
- People's own doctors are the most trusted messengers, particularly for the most hesitant groups.
- While people trust their own doctors, the medical system as a whole is viewed with less trust by those most hesitant to take vaccines.
- Political and religious leaders are less trusted on these issues, as are friends and family.



# Take a vaccine - likelihood

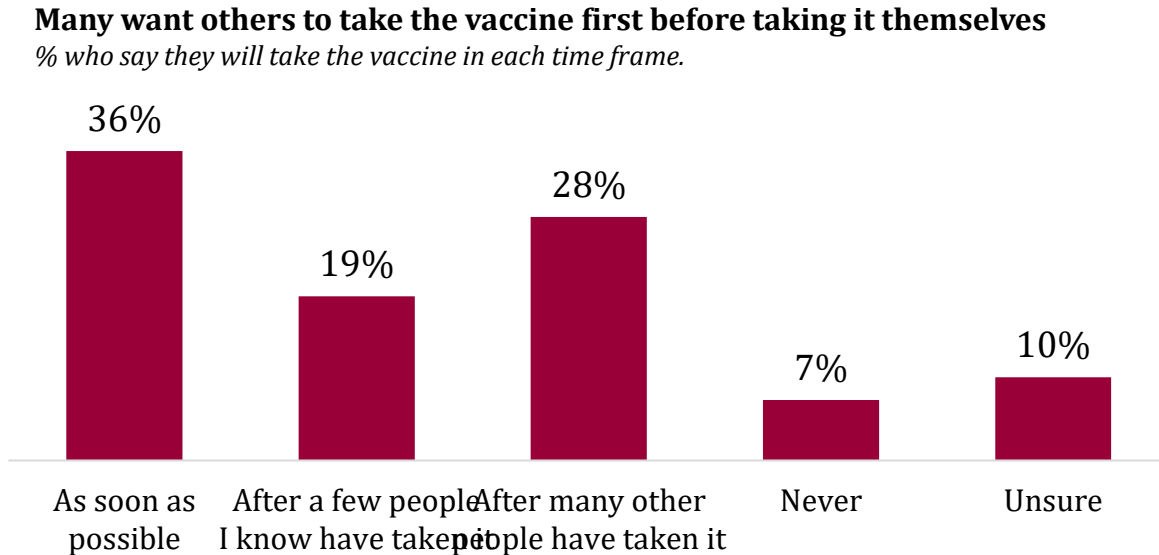
- Most say they are at least somewhat likely to take the vaccine. Those who say they are less likely often mean they want to take it later.

**Most say they are at least “somewhat likely” to take a vaccine when it is available**  
*% who say they are \_\_\_\_\_ to take a vaccine when it is available*



# Take a vaccine - timing

- Few say they will “never” take the vaccine, but many want others to go first and say they would take it later.

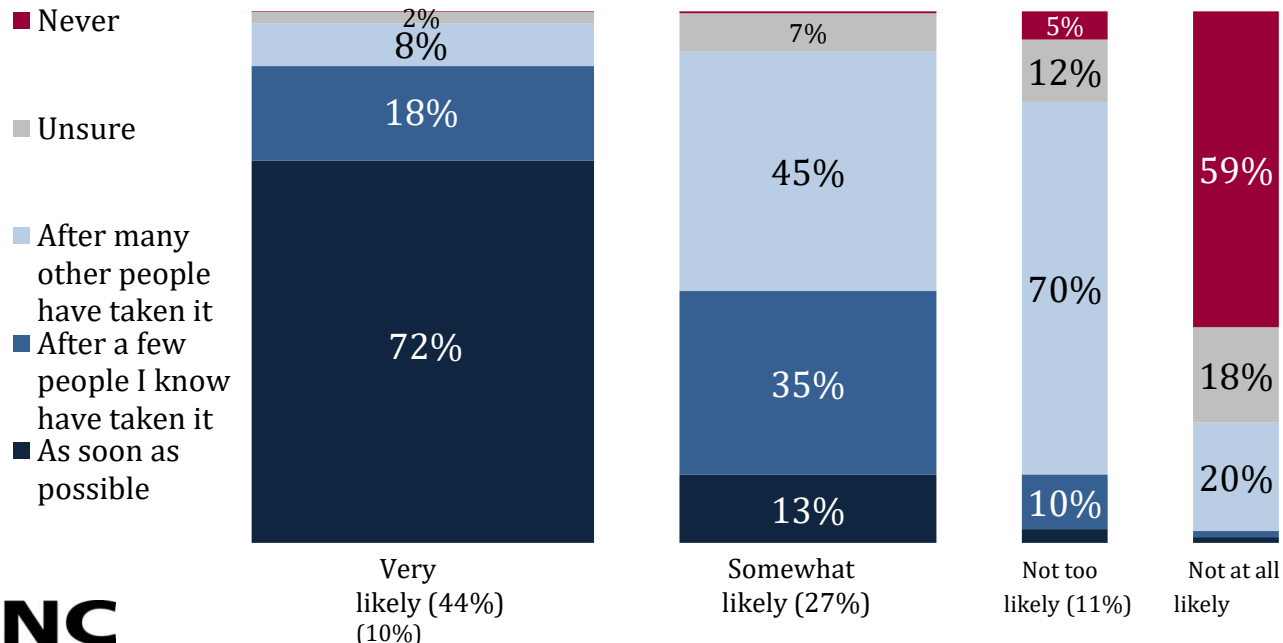


# Who will take it and when?

- Many who say they are less likely to take it mean they will take it later or are unsure, not that they won't take it.

## Those who say they are less likely very often mean they want to take it later

% in each likelihood group who say they will take the vaccine in each timing (scaled to group size)



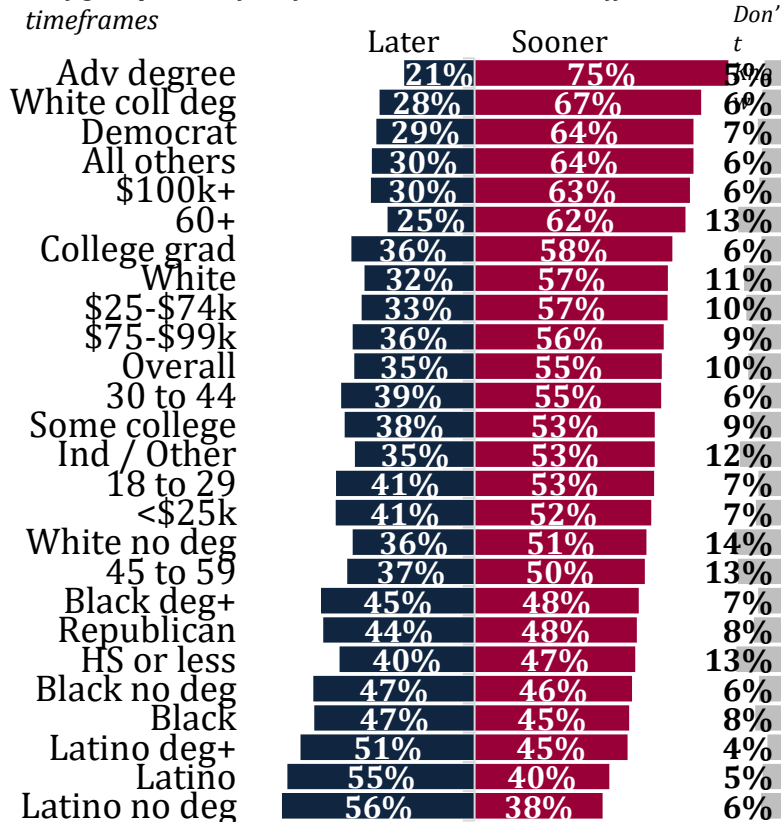
# Who will take the vaccine when?

- Major differences in who plans to be first in line when vaccines are available.
  - Sooner = ASAP / After a few others have taken
  - Later = After many others / never
- Could add to inequities as the economy reopens.

*Q: When an FDA-approved vaccine for COVID is made available, when do you think you would be most likely to take it?*

## Who plans to take the vaccine at different times

*% of group who say they will take the vaccine in different timeframes*

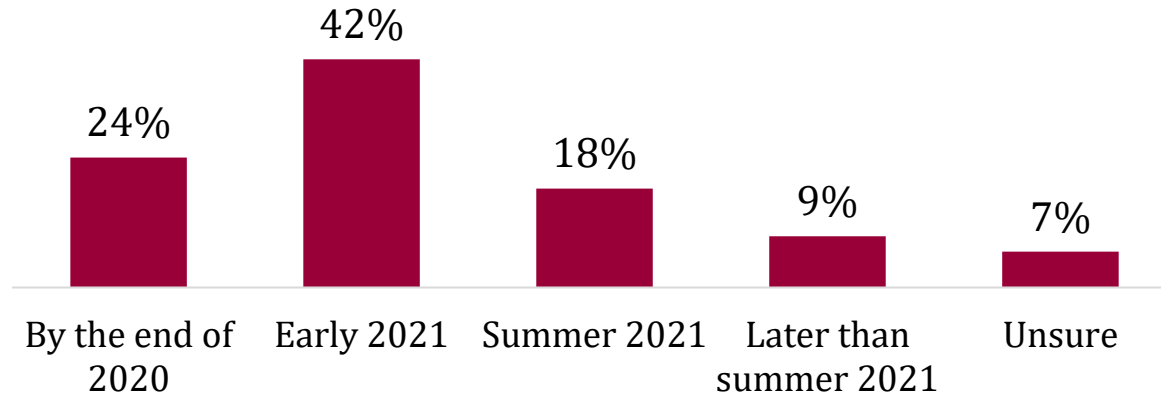


# Vaccine – coming soon

- When the survey was taken in late November, few expected vaccine approval in December, though most saw it coming fairly soon.

## Few expected rapid vaccine approval when the survey was taken

*% who say they expected the vaccine to be approved in each time frame*

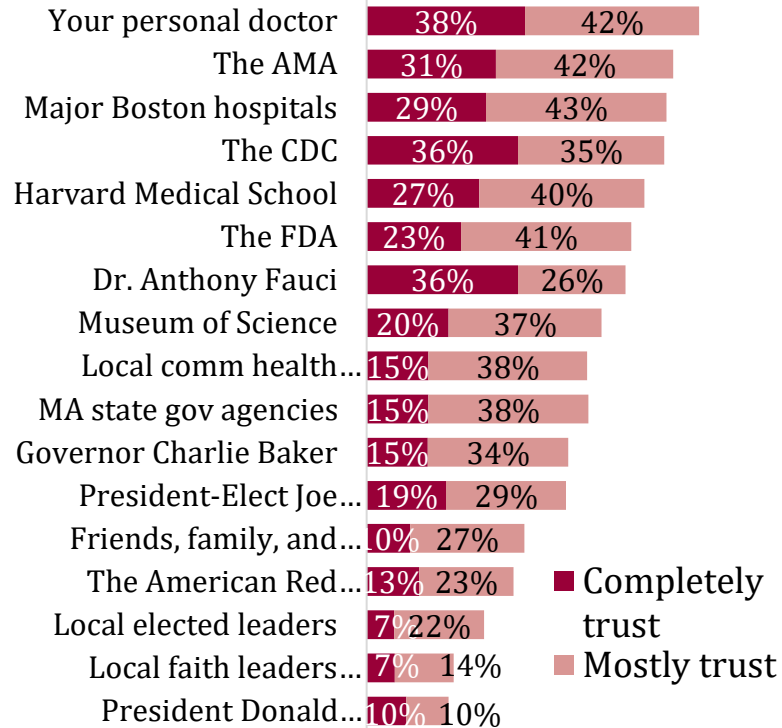


# Trusted communicators

- Personal doctors top the list of trusted info sources, followed by a range of institutions.
- Elected leaders should not be the main source of information on the vaccine, given their lower trust levels on this specific topic.

## Who is most trusted on vaccine info

*% who say they completely or mostly trust each person or group about the COVID vaccine*



*Q: How much do you trust each of the following people or organizations to tell you a COVID vaccine works and is safe?*

# Trust in personal doctors

- Black and Latino residents are more likely to say they trust their own doctors, followed by major hospitals and the CDC.

## Testing, government trust are 2 top hesitations about taking the vaccine

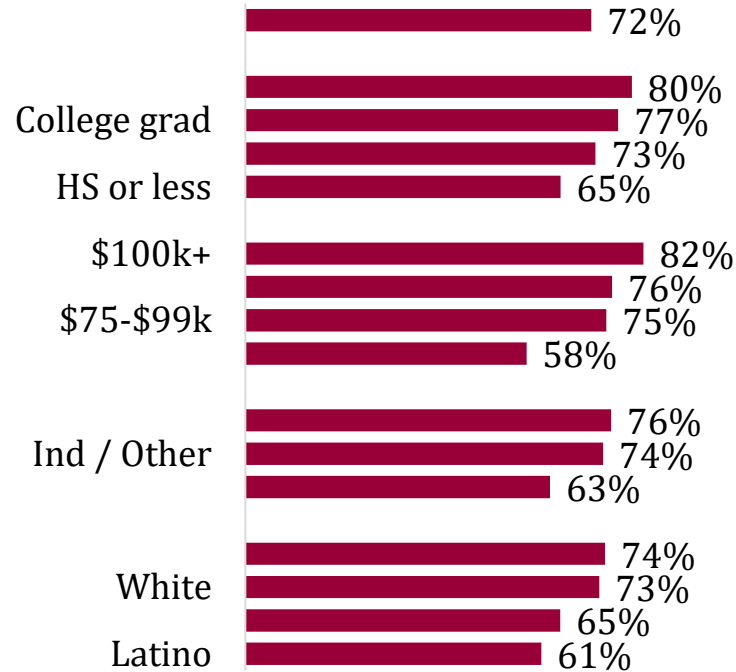
*% who say they completely or mostly trust each person or group about the COVID vaccine*

	Black	Latino	White	All others
Your personal doctor	72%	74%	82%	74%
Major Boston hospitals	63%	63%	74%	67%
The Centers for Disease Control and Prevention (CDC)	62%	59%	73%	80%
The American Medical Association (AMA)	59%	56%	77%	74%
Harvard Medical School	55%	55%	68%	74%
Dr. Anthony Fauci	55%	45%	65%	58%
President-Elect Joe Biden	55%	44%	47%	50%
Your local community health center	52%	53%	53%	55%
The Food and Drug Administration (FDA)	51%	52%	65%	69%
The American Red Cross	46%	51%	30%	48%
Governor Charlie Baker	46%	38%	50%	48%
Massachusetts state government agencies	45%	43%	54%	61%
Friends, family, and neighbors	42%	42%	36%	45%
The Museum of Science, Boston	41%	44%	59%	60%
Local elected leaders	33%	27%	27%	35%
Local faith leaders such as pastors, rabbis, and imams	28%	27%	18%	33%
President Donald Trump	11%	17%	21%	17%

# Trust in the MA healthcare system

- Trust levels in the healthcare system vary by demographic and political factors.
- Those most hesitant to take the vaccine are also least likely to trust the system as a whole

**Trust in the Massachusetts healthcare system**  
*% who trust "a great deal" or "somewhat"*





# Concerns about vaccine

- Concerns about how thoroughly the vaccine has been tested top the list of issues people mention.

## Testing, government trust are 2 top hesitations about taking the vaccine

*% who say each reservation about the vaccine applies strongly or somewhat*

	Applies strongly	Applies somewhat	Total
Concerned the vaccine has not been thoroughly tested	26%	40%	65%
Do not trust the government on health care issues	21%	40%	61%
Do not believe the vaccine will be developed safely	16%	29%	45%
Not convinced the benefits outweigh the risks	15%	24%	39%
Do not believe the vaccine will be affordable	13%	25%	37%
Wouldn't know where to get the vaccine	8%	23%	32%
Prefer natural remedies to vaccines	12%	19%	31%
Do not trust vaccines	10%	19%	29%
Do not believe COVID is real	10%	7%	17%
I have religious objections to this vaccine	6%	7%	14%

# Who is most worried and why?

- The most resistant groups share a set of concerns focused on testing and trust in government.
- Specific groups have some additional and unique concerns.

## Hesitant groups express common concerns and reservations about the vaccine

*% who say each reservation about the vaccine applies strongly or somewhat*

	Overall	Black	Latino	Men age 18-44	Republican	Religious Service Weekly
Concerned the vaccine has not been thoroughly tested	65%	62%	74%	67%	75%	67%
Do not trust the government on health care issues	61%	66%	70%	63%	67%	64%
Do not believe the vaccine will be developed safely	45%	54%	59%	51%	54%	54%
Not convinced the benefits outweigh the risks	39%	49%	54%	46%	54%	55%
Do not believe the vaccine will be affordable	37%	44%	49%	45%	44%	43%
Wouldn't know where to get the vaccine	32%	36%	34%	43%	35%	42%
Prefer natural remedies to vaccines	31%	41%	59%	41%	39%	51%
Do not trust vaccines	29%	43%	47%	35%	44%	46%
Do not believe COVID is real	17%	29%	19%	21%	26%	31%
I have religious objections to this vaccine	14%	21%	24%	28%	23%	33%

## Preparation for COVID-19 Vaccine Second Doses

- Pfizer and Moderna vaccines require 2 doses:
  - **The 2<sup>nd</sup> dose must be the same product as the first dose**
  - Schedule the 2<sup>nd</sup> dose when administering the first dose
  - Develop a system for recalling vaccinees for 2<sup>nd</sup> dose
    - **Pfizer doses: at least 21 days apart**
    - **Moderna doses: at least 28 days apart**
  - Provide 2<sup>nd</sup> dose reminders:
    - Personal vaccination card, email, text or calls
  - **Do not plan to hold COVID-19 vaccine in reserve for 2<sup>nd</sup> doses**
    - 2<sup>nd</sup> doses are being withheld by the federal government and will be shipped as needed for the 2<sup>nd</sup> dose

# Pfizer COVID-19 Vaccine

- Shipped in 975-dose increments
  - Comes with Ancillary Supply Kit
- Ultra-cold storage (-80° to -60° C)
- Requires reconstitution with a diluent
- 5-dose multidose vial
- 0.3mL dose volume
- 2 doses, at least 21 days apart



Source: Product Information Guide for COVID-19 Vaccines and Associated Products

Image credit: Pfizer

# Pfizer COVID-19 – Product Packaging

## Vials

- 2mL Type 1 glass preservative-free
- MDV has 0.45 mL frozen liquid product
- 5 doses per vial after dilution

## Trays

- Single tray holds 195 vials
- 975 doses per tray



# Moderna COVID-19 Vaccine

- Shipped in 100-dose increments
  - Comes with Ancillary Supply Kit
- Does not require reconstitution
- 10-dose multidose vial
- 2 doses, at least 28 days apart

Source: Product Information Guide for COVID-19 Vaccines and Associated Products

# Moderna COVID-19 Vaccine

Manufacturer: Moderna

Carton Dimensions: 53mm x 53mmX137mm (2in x 2in X 5 3/8in)

Minimum Order: 100 doses

Presentation: 10-dose multidose vial/10 MDV per carton

Distribution: Centrally distributed, will come from CDC distributor McKesson

On Site Vaccine Storage for **unopened (non-punctured)** vials:

- -25°C to -15°C in vaccine storage unit up to 6 months.
- 2°C to 8°C in vaccine storage unit for up to 30 days as long vial has not been entered.
- 15°C to 25°C for 12 hours after removed from refrigeration.

On Site Vaccine Storage for **Open (needle-punctured) multi-dose vials:**

- 2°C to 25°C for a maximum of 6 hours. **Discard any punctured vial after 6 hours.**

Considerations: Freezer temperature settings will require adjustment if this vaccine and varicella-containing vaccines are in the same unit. The temperature range for this vaccine is limited compared to varicella-containing vaccines.



## Post-vaccination symptoms in Health Care Personnel (HCP)

- Based on available data, COVID-19 vaccination is expected to elicit systemic post-vaccination symptoms, such as fever, headache, and myalgias.
- While the incidence and timing of post-vaccination symptoms will be further informed by phase III clinical trial data, strategies are needed to mitigate possible HCP absenteeism and resulting personnel shortages due to the occurrence of these symptoms.
- Considerations might include:
  - Staggering delivery of vaccine to HCP in the facility so that personnel from a single department or unit are not all vaccinated at the same time. Based on greater reactogenicity observed following the second vaccine dose in phase I/II clinical trials, staggering considerations may be more important following the second dose.
  - Planning for personnel to have time away from work if they develop systemic symptoms following COVID-19 vaccination.
- Further considerations on the management of post-COVID-19 vaccination symptoms among healthcare personnel is under development.

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html>



# Updates

(A) New Commonwealth Racial Equity and Social Justice Fund (Dr. Minter-Jordan)

(B) Health Equity Task Force Resources (Sen. Cyr – all)

# Presentation and Dialogue

Attorney General Healey's  
"Building Toward Racial  
Justice and Equity in Health"  
Report

**Sandra Wolitzky**  
**Deputy Chief, Health  
Care Division**

**Noam Yossefy**  
**Health Care Analyst,  
Health Care Division**  
**Office of MA Attorney  
General Maura Healey**

# Future Meetings - Tentative

**Upcoming Health Equity Task Force Meetings (Tentative):** Task Force Member scheduling poll favored Tuesday dates

- January 19 (3:30 – 5PM)
- February 2 and 16 (3:30 – 5PM) and February 23 (3 – 4:30 PM)
- Developing mid-January 2021 Task Force Meeting on Telehealth, Digital Divide, and Equity

**Potential Public Hearing Date(s):** Task Force Member scheduling poll favored the Monday hearing dates. Consider confirming 1 hearing now and 1 additional hearing later as work progresses. Options for consideration:

- January 11 between 12 - 5PM or
- February 1 between 11AM – 5 PM or
- February 8 between 12 - 5PM.