The Daily Dish

# Equity and COVID-19 Vaccination

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**Eakinomics: Equity and COVID-19 Vaccination**

The Biden Administration has trumpeted its interest in promoting greater equity across income classes, communities of color, and geography. This interest pops up everywhere. For example, in his executive order on modernizing the regulatory state, President Biden argued that the regulatory apparatus should "…promote public health and safety, economic growth, social welfare, racial justice, environmental stewardship, human dignity, equity, and the interests of future generations."

Not surprisingly, the issue has arisen regarding the COVID-19 pandemic, and the administration has responded by setting up a COVID-19 Health Equity Task Force that is intended to "provide specific recommendations to the President of the United States for mitigating inequities caused or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future." Still, AAF's Tara O'Neill Hayes notes in her most recent insight that "Many are understandably concerned that the COVID-19 vaccines are not being distributed equitably among racial groups, leaving non-White populations without equal protection from a disease that has taken a disproportionately large toll on many of them."

This immediately raises the question: "What is a fair distribution of the vaccines?" A little reflection suggests that this is a devilishly difficult question. For example, one might argue that at each point in time each racial group get a share of the vaccine equal to its share in the overall population. Unfortunately, states have prioritized some groups of people to receive vaccines. Hayes points out, "Data show that hospital workers, LTC [Long Term Care] staff, and LTC residents are disproportionately White, accounting for 72.3 percent of hospital workers, 67.2 percent of LTC staff, and, according to the latest estimates (from 2009-2011), 81 percent of LTC residents. Further, 55 percent of vaccinated individuals were aged 50 or older, and Whites make up 81.6 percent of that population." One cannot simultaneously provide vaccines to the same share as the overall population and the same share as the eligible population.

But that is far from the end of it. Notice that the share of minorities in the eligible populations may be lower because of the legacy effects of race on education and income. How should that figure into equitable distribution? But, I'm not done. One might instead aim for the same share as those who have been infected, or even died, of COVID-19. As is well known, minorities are overrepresented in those populations. But just to make things harder again, note that being offered a vaccine does not guarantee that individuals will take it, so the fairness of the outcomes could reflect low take-up rates in some communities of color.

In short, this is a tough issue to definitively address. Hayes, however, patiently wades through the data and concludes: "Accusations of widespread inequitable vaccine distribution are difficult to verify based on the limited available data. The data do indicate lower vaccination rates for Black and Hispanic Americans, but with known racial data for only two-fifths of vaccine recipients, conclusions are difficult to draw. Data suggest White Americans have received vaccines in proportion with their share of the population, deaths, and eligible groups. When analyzing just those populations who were initially eligible for the vaccine—hospital workers directly caring for COVID-19 patients and LTC residents and staff—Whites appear to have been vaccinated at a rate

lower than what would be expected.”

I learned recently that John F. Kennedy once said: “Too often we enjoy the comfort of opinion without the discomfort of thought.” Thinking it through seems appropriate for the difficult issue of a fair distribution of vaccines.