

Congress of the United States
House of Representatives
Washington, DC 20515-3302

May 5, 2021

Rochelle Walensky
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Jeff Zients
COVID-19 Coordinator
The White House
1600 Pennsylvania Ave. NW
Washington, D.C. 20500

Dear Dr. Walensky and Mr. Zients:

Thank you for your work thus far to ensure an equitable response to the COVID-19 pandemic.

As you are aware, Black, Indigenous, and People of Color (BIPOC) individuals have been disproportionately harmed by the pandemic, experiencing higher rates of exposure, transmission, cases, severity of illness, and mortality. Unfortunately, these inequities are now compounded by disparities in COVID-19 vaccination across the country. With this in mind, North Carolina has developed an innovative strategy to ensure equitable vaccine allocation, providing an allocation equity bump to counties with larger populations of historically marginalized communities. As you continue to refine the COVID-19 response, I urge you to consider how this approach has supported equity in vaccine distribution in North Carolina. I believe North Carolina's COVID-19 response can serve as a model in health equity for other states and for the federal government as we continue to battle this pandemic and prepare for future public health crises.

North Carolina was recently featured in a report from the Duke-Margolis Center for Health Policy and the National Governors Association entitled "[Prioritizing Equity in COVID-19 Vaccinations: Promising Practices from States to Reduce Racial and Ethnic Disparities](#)," which highlights measures states have implemented to encourage equitable vaccination within historically marginalized communities, reduce systemic barriers to vaccine access, and improve race and ethnicity data to inform vaccine distribution. The report recognizes efforts made by North Carolina to promote equitable vaccine distribution and access, and notes that North Carolina's COVID-19 vaccination race and ethnicity data are the most complete among all states reviewed—data that is made public on the state's COVID-19 dashboard and updated daily.

Because of this high-quality data, North Carolina has been able to determine which counties have faced the greatest obstacles to vaccination and has provided an equity bump based on population as well as on the availability of providers who can help meet equity-based COVID-19 vaccination targets. Providers in the state also receive weekly reports on whether they are reaching historically marginalized populations at appropriate rates. After three weeks of using these advanced data and allocation strategies, 93 percent of North Carolina counties that

received an equity bump in allocation showed improvement in the share of vaccines provided to individuals from historically marginalized populations. North Carolina has also set aside a portion of the state's vaccine allocation for events where appointments are reserved for individuals from historically marginalized populations.

In addition, North Carolina is taking action to ensure not only equitable distribution but also equitable access to vaccination, including funding community health workers and community-based organizations to host vaccination events through partnerships with local churches, health systems, food banks, and Historically Black Colleges and Universities (HBCUs). Further, because BIPOC individuals are likely to live further from vaccination sites than other Americans, North Carolina has also allocated funding to local transit authorities to help these individuals reach locations where the vaccine is being offered.

Eliminating systemic barriers to vaccine access is crucial to bringing the COVID-19 pandemic under control. I strongly believe North Carolina's efforts to improve vaccine equity among BIPOC and other historically marginalized communities can serve as a model for the nation as we continue to counter this pandemic and prepare for future public health challenges. As some states lag behind in vaccinating their populations and new variants that might require booster shots emerge, I urge you to review our state's approach to this challenge, consult with the North Carolina Department of Health and Human Services, and consider wide-scale adoption of the strategies that North Carolina has effectively piloted to ensure an equitable response to public health crises going forward.

Thank you for your consideration, and I look forward to your response.

Very truly yours,

A handwritten signature in black ink, appearing to read "Deborah K. Ross". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deborah K. Ross
Member of Congress