



## For economic and racial justice

67 E. Madison St., Suite 2000, Chicago, IL 60603  
312.263.3830 | povertylaw.org

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Dr. Ngozi Ezike  
Director, Illinois Department of Public Health  
via [Gov.COVID19stakeholder@Illinois.gov](mailto:Gov.COVID19stakeholder@Illinois.gov)

Dear Dr. Ezike,

We appreciate your continued leadership during this public health crisis and want to thank you for the opportunity to provide input on the [State of Illinois' COVID-19 vaccine distribution plan](#). We believe that providing equitable access to a vaccine will be paramount for reducing the disproportionate effects of Covid-19 on communities of color in Illinois, particularly Black and Latino/a/x communities and preventing widening health disparities going forward.

We applaud your commitment to specific allocation of vaccine distribution through an “Equity Lens” (as stated in your [Restore Illinois “Vaccine Distribution: Phase 1A” December 4, 2020 fact sheet](#)). Based on the Shriver Center on Poverty Law’s decades of experience working with and advocating for communities of color in Illinois, we believe that utilizing targeted and culturally/linguistically appropriate and respectful outreach and communications will help reduce barriers to vaccination for people of color. At the same time, we are cognizant that asking for personal information from specific groups who are distrustful of government (e.g., undocumented immigrants) could cause some people to be dissuaded from taking the vaccine.

Below are some specific recommendations and questions as you consider Illinois’s vaccine allocation and distribution:

### **1. Equitable allocation of vaccine while maintaining protection of people’s health data**

Data for existing vaccinations show people of color, particularly Black Americans, are less likely to be vaccinated compared to their white counterparts and a range of barriers to vaccination disproportionately affects people of color.<sup>1</sup> According to a survey on race and health by The Undeclared and the Kaiser Family Foundation (KFF), [half of Black adults are not planning to take a coronavirus vaccine](#) once one becomes available, even if scientists declare it safe, and it’s available for free. In addition, many immigrants in Illinois are distrustful of government programs, which have caused a chilling effect on accessing health care services over the past four years in particular. That being said, we understand that some sort of vaccine administration tracking is essential to the COVID-19 vaccine campaign.

**We recommend that the state prioritize Black and Latino/a/x communities within the priority groups outlined in all phases of the state plan.** Given that we know the health

disparities in Illinois by zip code/community level, we recommend that priority be given to zip codes with high health disparities (especially after Phase 1a).

**We recommend that low wage essential workers and temporary workers, including domestic workers, be prioritized for vaccine receipt.** These individuals have had no choice but to work throughout the pandemic, outside the home, often for employers who took no or minimal steps to protect against COVID-19 infection. This population, which is disproportionately Black and Latino/a/x, needs to be vaccinated urgently in order to protect their own health, the health of their family members, and the health of their communities – vaccination should dramatically decrease community spread from workers who are infected while on the job and then return home to their families and their neighborhoods.

In order to ensure that these priority populations are actually able to be vaccinated, even after being prioritized, some key steps must be taken. This is especially true since the currently approved vaccines require two doses, and both produce symptoms in some cases which could require people to take a day or more off from work after being vaccinated. To address this issue, **employers must be required to provide workers paid time off to obtain the vaccine and paid sick time in order to recuperate from vaccine side effects.** Employers must be prohibited from taking any adverse action against workers, including terminating workers, for taking time off to be vaccinated and for taking time off to recover from vaccine side effects. No worker should be forced to choose between vaccination and the loss of income from taking unpaid time off or from permanent job loss. If that is the choice available to people, too many will choose work in order to provide their families with food and pay rent. This will have a strongly harmful effect on their health, the health of their families, and overall public health and the ability to ensure herd immunity from COVID-19.

**We recommend that families experiencing homelessness, homeless services providers, and individuals living in group home facilities be prioritized for vaccine receipt.** People living in congregate settings are at heightened risk of infection and this population is disproportionately at risk of severe complications from COVID-19 infection due to the many health impacts of homelessness. We commend the steps the Governor's office has taken to mitigate the increase in homelessness by extending Executive Order 2020-72 and recommend extending it until all people at risk of homelessness can receive the vaccine.

We noticed that on the [IDPH Vaccination Plan \(page 14\)](#), incarcerated people and staff do not have a priority designation yet. **We encourage that both incarcerated people and correctional staff receive a high priority.** A June 2020 study found that almost 16% of all COVID-19 cases in Chicago were connected to Cook County Jail and there has been a significant number of people connected to the Illinois Department of Corrections who have tested positive for COVID-19. Illinois would not be an outlier in prioritizing incarcerated people and correctional staff: six states have included incarcerated people in their first phase of vaccine distribution and 13 states have included correctional staff in their first phase. However, Illinois should not consider vaccination of staff as sufficient to stop the spread of COVID-19 in correctional facilities and surrounding communities. If incarcerated people are not prioritized in the early phases, every prisoner with an impending release date from an IDOC facility should receive a vaccination before they are released. **We**

**also strongly encourage IDPH to engage criminal legal system stakeholders as soon as possible.**

**We recommend that when tracking vaccine administration, Illinois does not require an individual's Social Security number, passport number, or driver's license number.** The Shriver Center is concerned that collection of identifiable information would be a deterrent for immigrants and other communities impacted by disparities. Federal, state and local health agencies must be required to safeguard all personally identifiable information necessary for public health purposes, such as address or date of birth. No identifiable information should be collected, stored or transmitted by any level of government beyond what is needed to ensure completion of second doses of a vaccine, monitor vaccine safety, and to analyze and report high level demographic disparities data. Clear, in-language, consumer-facing information must be given to individuals receiving the vaccine about how their data will be used. Any existing or future agreements that share unnecessary data should be terminated or modified to ensure such identifying information is not transmitted.

**We recommend that the state provide aggregate data to the Federal government and to the extent medically necessary, de-identified, dose administered data.** In addition, we recommend that the state get confirmation from the Federal government that vaccination identification information is private as with any other health matter, and agree not to share it with any non-health agency for any other purpose. Federal, state, and local health agency guidance and data sharing agreements must explicitly state that any data collected from vaccine recipients will not be shared with law or immigration enforcement agencies under any circumstances, nor with public or private entities that provide data to those agencies. These standards should be publicly available, to address vaccine hesitancy among immigrants for fear of enforcement purposes.

Additional questions for consideration:

- Long Term Care Facility residents and personnel are included in Phase 1a. Where do home health aides fit into the prioritization plan?
- What happens if someone does not want to get vaccinated? Will the state make it mandatory for accessing certain public services? We recommend that the state issue guidance around vaccine compliance as the vaccine gets distributed throughout 2021.

**2. Deploy a focused communication and outreach plan about access to a free vaccine**

Prior experience with outreach, enrollment, and communications efforts around the Affordable Care Act (ACA) in IL illustrate that **a robust in-person assistance outreach and education program from trusted community partners is essential for reaching Black and Latino/a/x consumers.** We recommend the following strategies:

- Make use of established and trusted community organizers and community organizations to encourage vaccine adherence among communities who might otherwise be reluctant to take the vaccine and compensate such partners for their organizing. Leverage already established groups (ACA enrollment assisters,

community health workers, census workers etc.) to get the word out about the vaccine and to encourage vaccine compliance (with the second dose).

- Utilize key locations and trusted partners such as churches, barber shops, multifamily public and subsidized housing, Workers' Centers and the Alliance for Welcoming Health Care.
- Make the vaccine available in places that can be easily accessed through multiple modes (e.g., car or walk-up) during hours that accommodate different work schedules.
- Allow low wage workers to take time off to get the vaccine and manage any vaccine side effects.

Although the government has indicated that the COVID-19 vaccine will be made available **at no cost**, **it will be important for people to know how they can access it for free in order to reduce potential cost concerns as a barrier, particularly for people who are uninsured and those who have no established relationship with a health care provider.**

Additional questions for consideration:

- How will the state communicate with Black/Latino/a/x communities about the availability of the vaccine, vaccine safety, vaccine side-effects? We recommend that outreach should be in the top five (at least) languages.
- Will those with insurance be asked to provide an insurance in order to get a vaccine?
- What will the language access requirements be for vaccine distribution information?

The pandemic cannot be stopped if cost and lack of coverage are a barrier to vaccination. Illinois should clarify that Emergency Medicaid coverage can and should be used to cover COVID-19 vaccination and ensure that provider reimbursement programs are not designed in a way to discourage vaccinations for non-citizens.

Thank you for your consideration of our recommendations. We know that the Illinois Department of Public Health has a monumental task ahead to protect the health of the residents of Illinois. We look forward to working with you.

Sincerely,



Audra Wilson  
President & CEO

Cc: Ramon Gardenhire, Deputy Chief of Staff for Policy, Office of Governor Pritzker