



THE CHICAGO COMMUNITY TRUST

Written Statement for 7/1/21 Congressional Briefing
Strategies for Increasing Vaccine Confidence and Uptake

Introduction

I would like to thank Chairman Clyburn and other members of the sub-committee for the opportunity to submit written testimony regarding the status of COVID-19 vaccination rates. My name is Helene Gayle. I am the president and CEO of The Chicago Community Trust, one of the oldest and largest community foundations in the U.S. Prior to my role at the Trust, I led the international humanitarian organization CARE for nearly a decade, worked at the Bill & Melinda Gates Foundation, directing programs on HIV/AIDS and other global health issues, and served at the Centers for Disease Control and Prevention for 20 years. In 2020, I had the great privilege of serving as the co-chair on the National Academies of Science, Engineering & Medicine's Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, which released a preliminary framework of recommendations for distributing the COVID-19 vaccines equitably. While my current work and previous roles have focused on economic equity, I am a pediatrician and public health physician. And today, I am providing testimony because the data on COVID-19 vaccination rates show that we still have work to do in order to get to the finish line and stem the health and economic impact of this pandemic.

Statement

The Chicago Community Trust has a strategic focus on closing the Chicago region's racial and ethnic wealth gap. Our big bet is that by narrowing the economic divide that has resulted from a long history of systemic racism and segregation, the Chicago region will be a more connected, equitable, and thriving community for all residents. We understand that closing the racial and ethnic wealth gap will require a long-term, sustained effort and result in better long-term outcomes in education, employment, and health.

We must act now. In Chicago, the life expectancy gap is the largest in the nation at 30 years based on the zip code where you live. Of the 10 largest metropolitan areas, the Chicago region has experienced the greatest population loss—most notably the loss of Black residents. These key indicators, among others, demonstrate the cost of segregation and how Chicago is a tale of two cities. They also indicate that the overall wellbeing of the region is precarious and must be strengthened by an inclusive economy.

The COVID-19 pandemic has further uncovered disparities for Black and Latinx residents. When examining the COVID-19 data—from confirmed cases, detrimental economic impacts, and severe outcomes including death—Black and Latinx residents are disproportionately impacted. The same is true for disparities in vaccination rates for Black and Latinx residents when compared to white Chicagoans. To mitigate these disturbing trends, the Chicago region is working across sectors to reach those most at risk of continued negative impacts of COVID-19 by bolstering community mobilization efforts and removing barriers to the vaccines. To protect the entire population from further impacts of COVID-19 and build back a more inclusive economy, the total number of fully vaccinated residents must track in an upward trajectory regardless of one's zip code.

Since mid-December, the City of Chicago, in close coordination with the State of Illinois, rolled out its phased approach to distribute the COVID-19 vaccine. In the first week, vaccinations were distributed in Chicago, they were only available to health care workers. Of those vaccinated, only 18 percent of COVID vaccines went to Black or Latinx Chicagoans, yet they make up 59 percent of the total population.

- As of June 29, 2021, over 1.3 million or 49.5 percent of Chicago residents ages 12+ have completed the vaccine series. However, further examination of the disaggregated data shows that only 40.7 percent of Latinx and 33.1 percent of Black residents have been fully vaccinated compared to 56.6 percent of the white population.
- These trends are consistent when looking at zip codes.¹ For instance, of two communities with roughly equivalent populations, 68.8 percent of residents (22,866 people) in predominately white 60611 (Loop/Downtown) have been fully vaccinated. In contrast, only 27.6 percent of the residents (7,726 people) in mostly Black 60621 (Englewood) have been fully vaccinated.

While the Chicago region is fortunate to have leaders at the local, county, and state levels committed to applying an equity lens in distributing the COVID-19 vaccines and other related resources, vaccination uptake rates still do not correlate with the demographics. The disparities may be due to tangible barriers such as lack of transportation, inability to access broadband, unmet needs for translation services, inadequate childcare, or the absence of paid sick leave benefits. Many residents of color in the Chicago region, and communities across the country, may also experience an overall distrust in government and the health system due to generations of predatory and harmful practices. While Chicago has many targeted, data-driven strategies to mitigate for some of the existing barriers, the antidote for the distrust and

¹ <https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html>

misinformation is education, outreach, and culturally competent communication from trusted messengers.

The Chicago Community Trust is fortunate to serve as an anchor organization for the Rockefeller Foundation's Equity-First Vaccination Initiative (EVI)². The initiative focuses on scaling hyperlocal, community-led programs to improve vaccine access and disseminate accurate information across five cities. To support these efforts, the Trust is funding 27 community-based organizations across the region to provide targeted outreach, engage trusted messengers, host local vaccine events, and develop youth-led campaigns.

One grant recipient highlighted the challenging issues that undocumented residents are facing:

- **Challenge:** "Inequities such as quality and consistency of care lead to (the) uninsured being at higher risk of disease. Because we serve a largely undocumented population, many of our patients are apprehensive about accessing health care somewhere other than Community Health."
- **Approach:** "From our experience, patients are more likely to follow medical advice when it comes from a trusted source like their long-time primary care provider. Recognizing the critical need for vaccine access in our community, we engaged dozens of volunteers to schedule and administer vaccines. Our focus on this community's needs through cultural humility and language interpreters means patients can ensure that providers understand their health concerns, leading to more positive outcomes."

A youth-directed approach being implemented through the EVI describes a peer-to-peer initiative to increase knowledge and vaccine confidence:

- **Challenge:** "Teens and their communities were disproportionately impacted by the pandemic and are experiencing ongoing hardship and trauma. One in three After School Matters (ASM) teens reported experiencing food insecurity, 40 percent reported their households lost income, and 56 percent of ASM instructors were aware of teens coping with loved ones' deaths."
- **Approach:** "Invite teens in 10 summer programs to participate in a contest to create original work that promotes their communities' vaccine confidence, access, and uptake. While teens may be considered non-traditional messengers for public health or vaccine promotion, they are vital messengers for their communities. ASM [will promote] teens' messages by printing flyers and/or swag featuring their thoughts, artwork, and designs."

² <https://www.rockefellerfoundation.org/covid-19-response/achieving-vaccine-equity/>

The partnership with Rockefeller aligns with the on-the-ground approach of the Chicagoland Vaccine Partnership,³ which supports community-led solutions that respond to the immediate needs of our communities and strengthens the public health infrastructure. A longer-term goal of the Chicagoland Vaccine Partnership (CVP) is to bolster a more diverse workforce and create more opportunities for economic stability. The CVP is a cross-sector collaboration of more than 135 organizations dedicated to building a healthier, more resilient Chicago region with the goal of greater health equity beyond the current pandemic. The partnership is a diverse coalition that includes local health departments, community-based organizations, local funders, and health systems. CVP is managed by Partners in Health, experts in responding to public health crises while building a public health infrastructure. The strategic focus of the CVP is to amplify hyperlocal, community-led, culturally responsive strategies for equitable distribution of the COVID-19 vaccines, providing a more just way of ensuring health across the Chicago region. The core activities include:

- Mobilizing trusted community leaders to share quality information about vaccines in the communities hit hardest by COVID-19.
- Educating community members about the latest COVID-19 science and opportunities to grow their public health skills.
- Elevating coordination between community-based organizations, government, health care, and philanthropy to improve vaccination efforts and public health workforce development.

The funding partners of the CVP have already committed nearly \$450,000 for grants to support grassroots organizations who serve as trusted messengers in predominantly Black and Latinx communities, with the goal to educate and empower unvaccinated residents to have a clear, direct path to a COVID-19 vaccine. Another \$1 million has been committed to support more grassroots organizations through an open, low-barrier, competitive process to mobilize community-led efforts in promoting the vaccine, hosting vaccine events, and/or launching hyperlocal campaigns to dispel misinformation. These efforts build the necessary trust to reach residents where the vaccination rates lag. Simultaneously, CVP is empowering community leaders in creating a pipeline of ready, skilled public health workers.

Conclusion

The COVID-19 public health crisis is also an economic crisis and one that has devastated our communities of color. It is imperative that our public health and economic responses reflect this reality and that they meet people where they are. The hardest work is still ahead of us. While we are not in the crisis moment we were a year ago, we must act urgently to decrease

³ <https://chicagolandvp.org/>

disparities in who is left to receive the vaccine, and we must take a racial equity approach in doing so.

To increase the vaccination rates in areas where vaccinations lag, we must educate and equip communities to recognize that the path to an inclusive economy encompasses a population protected from COVID-19. We need to invest in building a strong, community-connected, public health infrastructure that will make us more resilient for the next health or economic shock. Our work with the Chicagoland Vaccine Partnership enables community-based leaders and public health workers to do just this. We urge Congress and the Biden Administration to enable a similar approach in communities across the country.