BILL 24-0423

RACIAL EQUITY IMPACT ASSESSMENT

CORONAVIRUS IMMUNIZATION OF SCHOOL STUDENTS AND EARLY CHILDHOOD WORKERS AMENDMENT ACT OF 2021

TO: The Honorable Phil Mendelson, Chairman, Council of the District of Columbia

FROM: Brian McClure, Director, Council Office of Racial Equity

DATE: December 7, 2021

COMMITTEE

Committee of the Whole

BILL SUMMARY

Bill 24-0423 requires all students enrolled in DC Public Schools or DC Public Charter Schools to receive the COVID-19 vaccine by March 1, 2022. The bill also requires staff at any childcare center in the District to receive the COVID-19 vaccine.

CONCLUSION

Bill 24-0423 has the potential to improve health outcomes for Black residents. However, enforcement of the bill will exacerbate racial inequity by disproportionately removing Black students from school. This may result in increased learning loss, additional negative social and educational outcomes, and in blocking students from vital school resources.

The Council Office of Racial Equity is focusing our conclusion on Black residents. The racial equity impact on Indigenous students is inconclusive because DC Health does not report vaccination data for Indigenous residents. Finally, the available data does not show racial inequities in current vaccination rates for residents who identify as Hispanic or Latino and Asian or Pacific Islanders. In addition, rates for these groups appear to be trending upwards.

Content Warning: The document you are about to read is a Racial Equity Impact Assessment, which is a careful and organized examination of how Bill 24-0423 will likely affect different racial and ethnic groups in the District of Columbia. Our intent is to spark a conversation that is brave, empathetic, thoughtful, and open-minded.

The content will touch on sickness, loss of life, and historical trauma, which may trigger a strong emotional response. We encourage you to use this knowledge in the way that is most helpful to you.

BACKGROUND

- **Bill 24-0423 requires all students enrolled in DC Public Schools or DC Public Charter School to receive the COVID-19 vaccine.**
- **The bill also requires all staff working at licensed childcare centers in the District to receive the COVID-19 vaccine.**
- **In the District, there are racial and neighborhood-level inequities in vaccination rates.**

Bill 24-0423, the Coronavirus Immunization of School Students and Early Childhood Workers Amendment Act of 2021, requires all students enrolled in DC Public Schools (DCPS) or DC Public Charter Schools (DCPCS) to receive the COVID-19 vaccine (that has been fully authorized and approved by the Federal Drug Administration) by March 1, 2022.[1]

Beginning that following 2022-2023 academic school year, unvaccinated students would not be allowed to remain in school.[2] According to DC Law, "No student shall be admitted by a school unless the school has certification of immunization for that student.."[3]

The bill also adds the COVID-19 vaccination to the existing list of immunizations DCPS and DCPCS students must receive to be admitted into school.[4] Finally, the bill requires all staff working at childcare centers in the District of Columbia to receive the COVID-19 vaccine.[5] This is also a requirement from a Mayor's Executive Order already in place.[6]

COVID Mandates for School Age Groups

Mandatory vaccines for school aged children are not new. Historically, school vaccination requirements have played an important role in controlling vaccine preventable diseases in the United States.[7] From smallpox vaccines in the 1800s to vaccine mandates for measles in the 1960s, states and local jurisdictions have instituted a range of mandatory vaccinations for school aged children.[8] By 1999, all states had adopted immunization requirements for students entering school. And all but four states (Louisiana, Michigan, South Carolina, and West Virginia) had mandatory requirements for all grades from kindergarten through twelfth grade by 1999.[9]

In DC, students must be immunized (meaning having received the appropriate vaccination to prevent against a disease) against several illnesses including diphtheria, poliomyelitis, tetanus, rubella, measles, and the mumps.[10]

While there are currently no mandates for school aged children to be vaccinated against COVID-19, Mayor Muriel Bowser issued an Executive Order requiring COVID-19 vaccinations for all students aged twelve and older to participate in school based sports.[11]

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[1] See the Committee of the Whole's Committee Print for Bill 24-0423.
[2] By law, a school may allow a student to continue being enrolled in school for up to twenty days while the school does not have certification of immunization for that student on file.
[3] See DC Official Code § 38-502 Certification Of Immunization Required.
[4] See DC Official Code § 38-502 Certification Of Immunization Required; and DC Official Code § 38-501 – Definitions.
[5] See the Committee Print for Bill 24-0423. Also, In September of 2021, the Mayor signed an Executive Order requiring all adults who are regularly in schools and child care center facilities in the District to be vaccinated against COVID-19. That order also required students twelve and older to be fully vaccinated against COVID-19 to participate in school based extracurricular athletics.
[6] In September of 2021, the Mayor signed an Executive Order, requiring all adults who are regularly in schools and child care center facilities in the District to be vaccinated against COVID-19.
[7] CDC, Vaccination Mandates: The Public Health Imperative and Individual Rights.
[8] According to the CDC, Massachusetts enacted school vaccination requirements in the 1850s to prevent the spread of smallpox in schools. There are other resources that point to possibly an even earlier requirement in Massachusetts for school aged children as early as 1827. Also see: Edward Savage, *A Chronological History of the Boston Watch and Police From 1631 to 1865,* page 67. It states, "No child to be admitted at school unless vaccinated."
[9] Ibid.
[10] DC Official Code § 38-501.
[11] Mayor's Order 2021-109, Issued September 20, 2021. Subject: COVID-19 Vaccination Requirement for Adults Regularly in Schools or Child Care Facilities, and for Student Athletes.

Vaccination Trends in the District

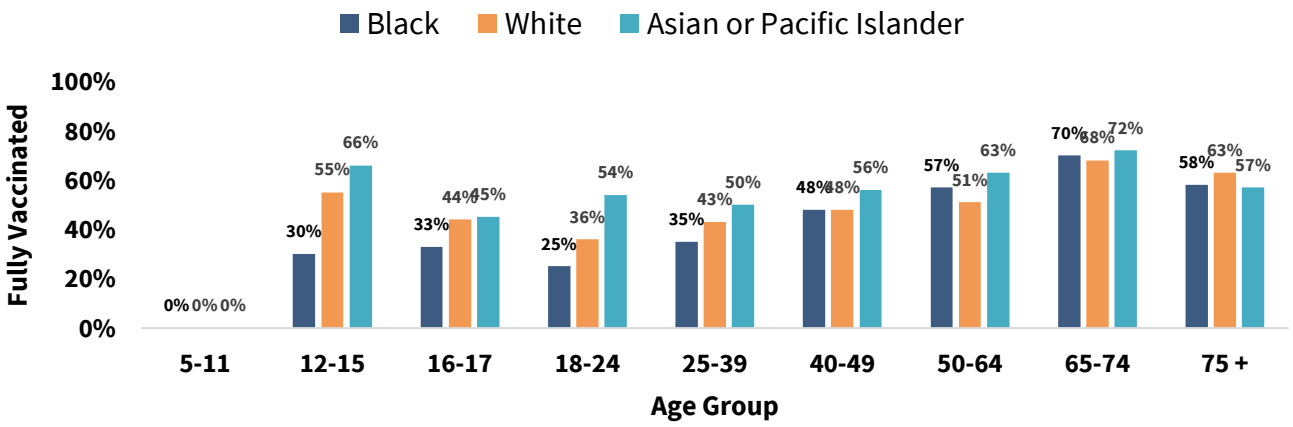
In early 2021, the District began rolling out the COVID-19 vaccine.[12] As of November 22, 2021, the District has administered over 1.1 million vaccination doses (DC residents and non residents)[13] and, DC Health reports that over 340,000 residents have been fully vaccinated. Given the transient nature of the District, approximately 99,180 non-DC residents have also been fully vaccinated in DC.[14]

The District began vaccinating residents under the age of sixteen in April 2021 and residents between twelve and fifteen in May 2021.

In November 2021, the FDA issued emergency approval for a vaccination for children ages five through eleven. Therefore, data is limited in assessing vaccination rates for residents ages five through eleven, because that age group has only received a partial dose. However, Figures A and B illustrate what we know about vaccination rates across race and age group to date:

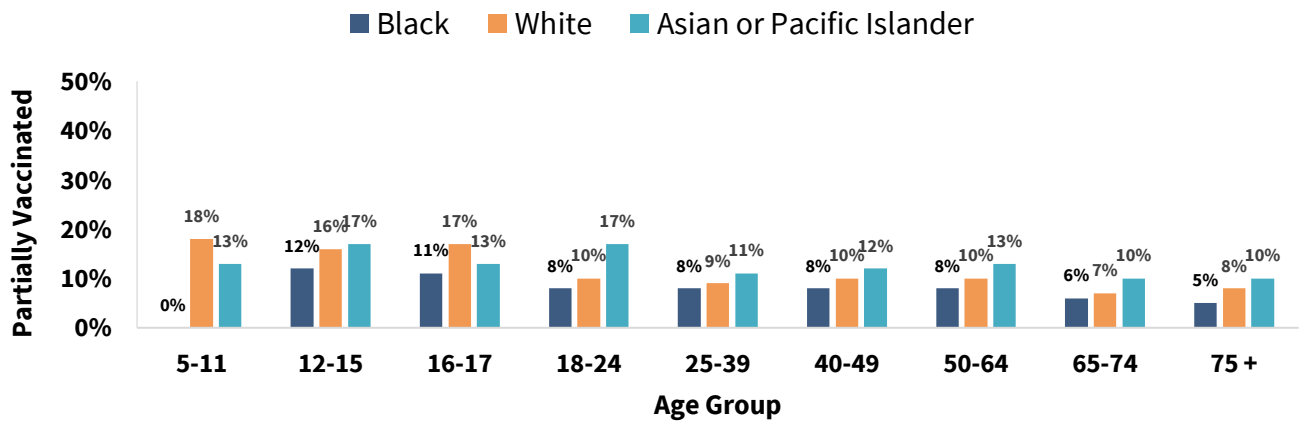
1) Younger age groups face larger racial inequities in full vaccination rates. Black residents ages 12-15 are fully vaccinated at less than half the rate of Asian and Pacific Islander residents.
2) Black residents have the lowest rates of partial vaccination across all age groups.

FIGURE A Younger age groups face larger racial inequities in full vaccination rates.
Source: DC Health, as of December 1, 2021[15]



[12] "DC Health Continues Rollout of Vaccinations for DC's Teachers and Police," January 19, 2021. DC followed guidance from the Center for Disease Control and used a phased rollout. The vaccine was first offered to health care workers and first responders; then essential workers and "at-risk" residents; then it was offered to the general public.
[13] For context, the COVID-19 vaccine is administered in two doses. For the purposes of this Racial Equity Impact Assessment, individuals that have received both doses will be referred to as *fully vaccinated*.
[14] DC Coronavirus Dashboard.
[15] Unfortunately, DC Health does not make data available about Indigenous residents.

FIGURE B **Black residents have the lowest rates of partial vaccination across all age groups.**
Source: DC Health, as of December 1, 2021



When the vaccines were first rolled out, just three percent of residents that identified as Hispanic had received the vaccine.[16] Since that time, the gap in vaccination rates by ethnicity has narrowed. Figures C shows that Hispanic or Latino[17] residents have higher rates of full vaccination across age groups. Figure D shows that Hispanic or Latino residents have higher partial vaccination rates across all age groups except ages 5-11.

[16] See CORE, "Toward a Racially Equitable Vaccine Distribution," page 2 Table 2.
[17] CORE is using "Latino" to mirror the data collected by DC Health, though it is not gender inclusive.

FIGURE C **Hispanic or Latino residents have higher full vaccination rates across all age groups when compared to all other residents.**
Source: DC Health, as of December 1, 2021

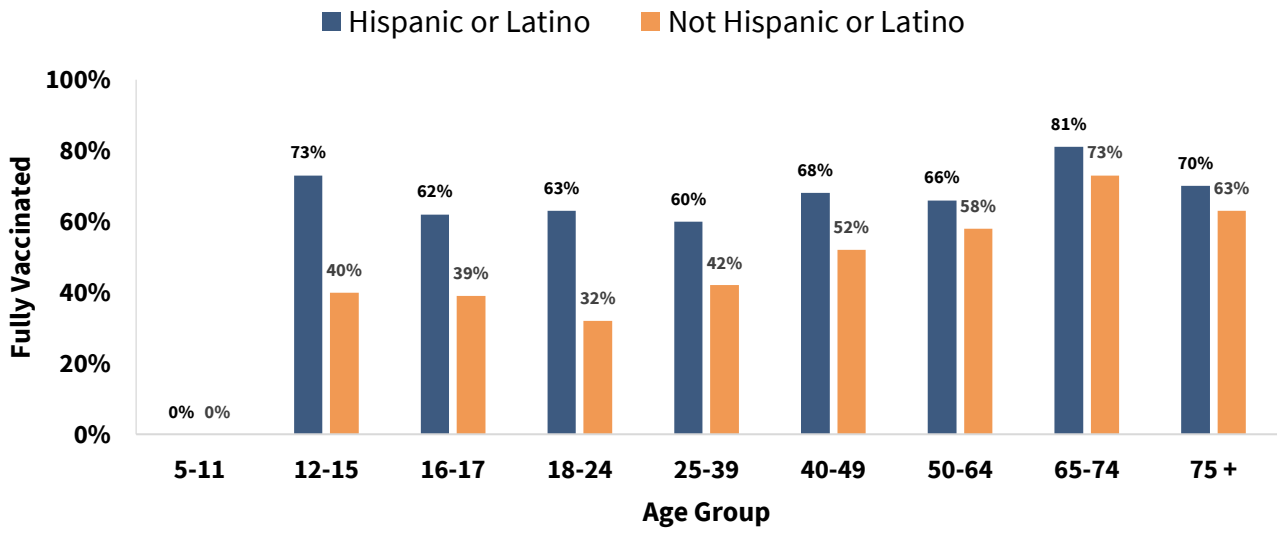
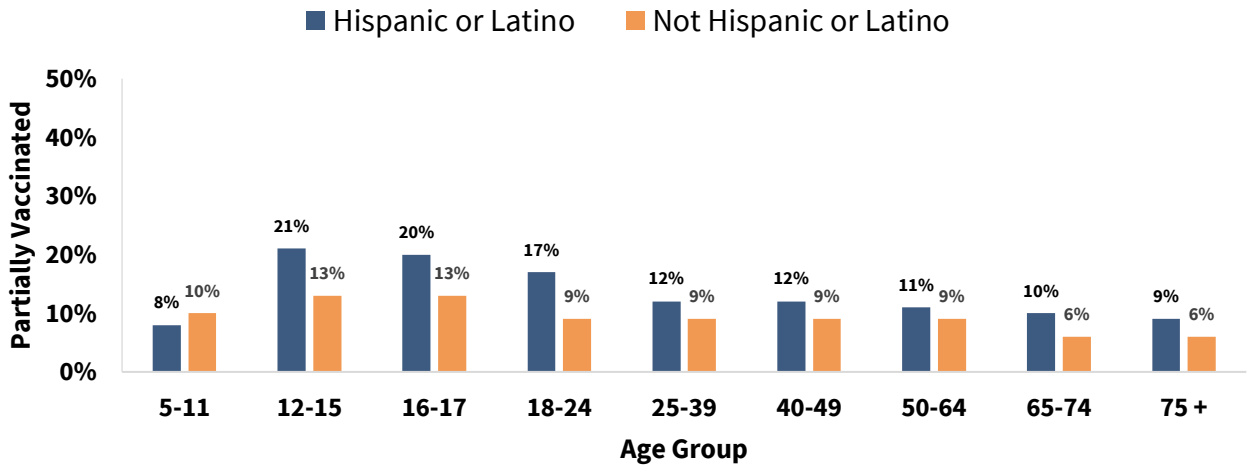


FIGURE D **Hispanic and Latino residents have higher partial vaccination rates across all age groups except ages 5-11.**
Source: DC Health, as of December 1, 2021

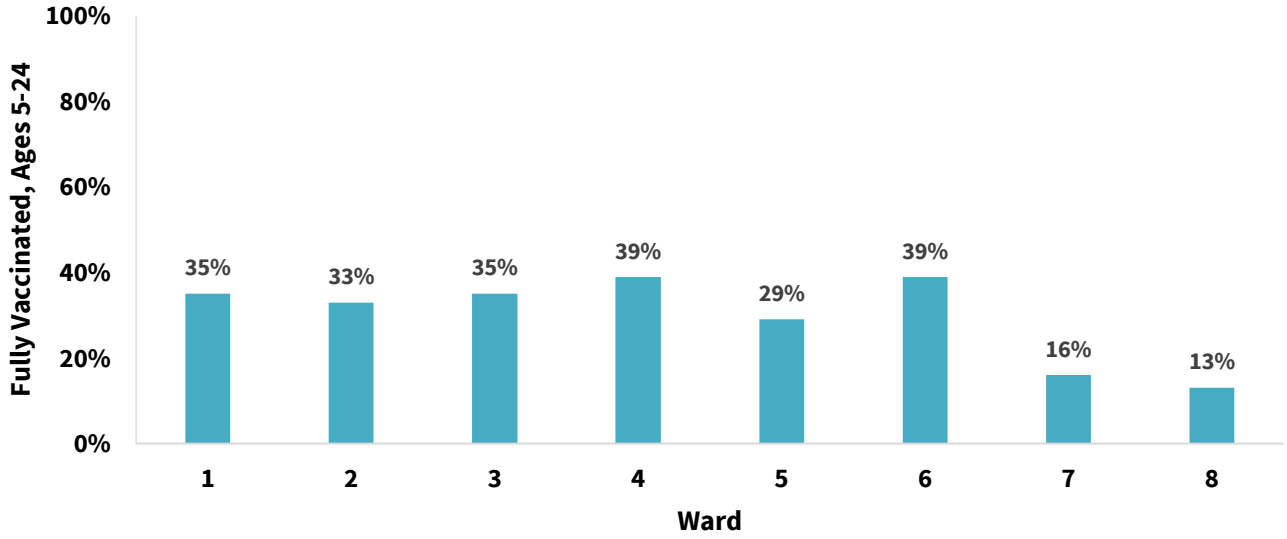


Racial inequity reemerges when looking at ward-level data. As seen in Figure E, Wards 7 and 8 have the lowest rates of fully vaccinated residents aged 5-24. Figure E also shows the size of the inequity—Ward 6 residents in this age range are fully vaccinated at a rate *three times* that of Ward 8 residents. In Ward 6, about 40% of residents are Black.[18] In Ward 8, over 90% of residents are Black.[19]

[18] DC HealthMatters. "DC Health Matters :: Demographics :: Ward :: Ward 6."
[19] DC HealthMatters. "DC Health Matters :: Demographics :: Ward :: Ward 7."

FIGURE E **Less than 20% of residents ages 5-24 are fully vaccinated in Wards 7 and 8, where over 90% of the residents are Black.**

Source: DC Health, as of December 3, 2021



Low Vaccination Rates and High Cases

Despite the vaccine being available for nearly a year (although not equitably available), the District's Black residents continue to have the lowest vaccination rates. They are also the most likely to contract—and die—from the virus.[20]

The Council Office of Racial Equity has written at length about some of the structural and institutional barriers keeping vaccination rates low among Black residents.[21] There is also an abundance of research that speaks to how the social determinants of health, structural racism, and institutional racism play an outsized role in COVID-19 vaccination and death rates.[22] Some of these factors are listed below:

- Discrimination[23]
- Healthcare access and use[24]
- Employment and unemployment[25]
- Educational attainment and experience

[20] According to DC Health, Wards 5 (9,842), 7 (9,955), and 8 (10,838) have the highest number of positive cases. Those same Wards also have the highest number of lives lost: Ward 5 (220), Ward 7 (188), and Ward 8 (237).
[21] See CORE, "Toward a Racially Equitable Vaccine Distribution".
[22] CDC, "Health Equity Considerations and Racial and Ethnic Minority Groups", November 2021.
[23] Y. Paradies, "A systematic review of empirical research on self-reported racism and health." *International Journal of Epidemiol*; and Simons, Lei, Beach, Barr, Simons, Gibbons, + Philibert, "Discrimination, segregation, and chronic inflammation: Testing the weathering explanation for the poor health of Black Americans." *Developmental Psychology*.
[24] Stern, "Sterilized in the name of public health: race, immigration, and reproductive control in modern California"; Prather, Fuller, Jeffries, "Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity."
[25] See Doni Crawford and Kamolika Das, "Black Workers Matter: How the District's History of Exploitation + Discrimination Continues to Harm Black Workers." DCFPI, January 28, 2020.

- Housing[26]
- Income and wealth disparities[27]

A list does not do justice to the trauma of each of these factors and consequences.

RACIAL EQUITY IMPACTS

Given the available data on vaccination rates by race, ward, and age group, it is likely that Black residents would be disproportionately impacted by a vaccine mandate. As noted above, even with the vaccine being available for residents twelve and older for roughly eight months, the District still has a concerningly high racial disparity in vaccination rates for that age group.

This inequity signals that the same initial barriers and challenges remain present, if not more pronounced. There is little evidence or indication that a mandate would result in parents getting their children vaccinated before the start of the next academic school year begins.[28] It may be true that over time Black resident vaccination rates will match the rates of other residents, but it is unclear when that may be.

Further, given the low vaccination rates of Black young people under the age of twenty four, that approach would result in a disproportionate number of Black students not being allowed in school.

Concerningly, any education disruption to Black students would have short term and long term consequences. The CDC has consistently warned about disruptions to student learning.[29] In the District, Black students disproportionately experienced learning loss, missed days of school, lacked access to virtual learning, and fell further behind in school during the public health emergency.[30] Another disruption, even if temporary, would compound the learning loss that has already taken place.

An article on pandemic-related racial and ethnic education disparities argued that jurisdictions should reduce disparities and avoid unintended negative consequences such as the "disruption of in-person schooling." The authors called for broad based community collaborations and nuanced approaches.[31]

The authors also underscore that education is a major social determinant of health and "essential to achieving health equity." In fact, they note how educational attainment and disparities in health are closely linked.

Further, they discuss how children of color should be in school given the importance schools play as community institutions and key resource providers.[32] They note, "besides education, schools provide facility-based services on which many students and families rely, including academic intervention supports, food and nutrition programs, childcare, after school support, and social, physical and mental health services." In addition, schools provide services to "communities made vulnerable by systemic racism, inadequate insurance, family instability, environmental toxicity, and poorly paid jobs."[33] These are essential

[26] Sandro Galea and Salma Abdalla, "COVID-19 Pandemic, Unemployment, and Civil Unrest: Underlying Deep Racial and Socioeconomic Divides," 2020. Jama Network.
[27] CDC, Introduction to COVID-19 Racial and Ethnic Health Disparities.
[28] Dolores Albarracin, Haesung Jung, Wen Song, Andy Tan and Jessica Fisherman, "Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations." October 2021
[29] CDC, Guidance for COVID-19 Prevention in K-12 Schools.
[30] Nicole Asbury, "DC Students' learning loss continued in 2020-2021, widening gaps for at-risk kids, report finds." *Washington Post*, November 16, 2021.
[31] Arica White, Leandris Liburd, and Fatima Coronado, entitled, "Addressing Racial and Ethnic Disparities in COVID-19 Among School Aged Children: Are We Doing Enough?".
[32] Ibid.
[33] Ibid.

to the overall wellbeing and psychological health of Black students, particularly those experiencing poverty and systemic disinvestment.

Concerningly, a vaccine mandate is a punitive approach. Most guidance offered by the CDC on addressing racial disparities in vaccine distribution emphasizes intentional community-based approaches and strategic partnerships.[34] Black residents continuing to have the lowest vaccination rates while also having the highest death rates signals that current approaches are not meeting the mark.

Unfortunately, the bill does not address the underlying causes and structural barriers to equitable vaccine coverage, ensure a robust rollout plan, or target resources in new and creative ways. Instead, the bill puts the onus solely on families.

FURTHER CONSIDERATIONS

- **The Council may consider ways to ensure the Mayor develops and submits (to Council), a detailed plan for reducing vaccine disparities across age groups.** If Bill 24-0423 passes, and steps are not taken to increase the vaccination rate before enforcement begins, Black youth will be disproportionately affected.
- **To ensure transparency and to ensure that milestones are met, the Council may also consider requiring the Mayor to submit monthly progress reports on vaccine distributions across age groups.**
- **It is unclear how differences in school population size may present unique challenges for implementing a vaccine mandate across DC schools.**
- **It is unclear if the District currently enforces (and consistently enforces) immunization requirements for other diseases.** In the future, the District may consider ways to better assess and understand the data and potential lessons that can be learned around existing vaccination mandates and outcomes.

ASSESSMENT LIMITATIONS

Alongside the analysis provided above, the Council Office of Racial Equity encourages readers to keep the following limitations in mind:

Assessing legislation's potential racial equity impacts is a rigorous, analytical, and uncertain undertaking. Assessing policy for racial equity is a rigorous and organized exercise but also one with constraints. It is impossible for anyone to predict the future, implementation does not always match the intent of the law, critical data may be unavailable, and today's circumstances may change tomorrow. Our assessment is our most educated and critical hypothesis of the bill's racial equity impacts.

This assessment intends to inform the public, Councilmembers, and Council staff about the legislation through a racial equity lens. As a reminder, a REIA is not binding. Regardless of the Council Office of Racial Equity's final assessment, the legislation can still pass.

This assessment aims to be accurate and useful, but omissions may exist. Given the density of racial equity issues, it is unlikely that we will raise *all* relevant racial equity issues present in a bill. In addition, an omission from our assessment should not: 1) be interpreted as a provision having no racial equity impact or 2) invalidate another party's racial equity concern.

[34] Centers for Disease Control and Prevention. "A Guide for Community Partners-Increasing COVID-19 Vaccine Uptake Among Racial and Ethnic Minority Communities," November 12, 2021. Also see the CDC, "Ways Health Departments Can Help Increase COVID-10 Vaccinations"; and the CDC "How Schools Can Support COVID-19 Vaccination".