











Vaccine Equity Now! Coalition's REPORT CARD ON THE BAKER ADMINISTRATION'S COVID-19 VACCINE ROLLOUT: EVALUATION ACCORDING TO EQUITY PRINCIPLES

COVID-19 Overall Response		Grade	
Equity Criteria	Intent	Outcome	
 Addressing Historical and Present-day Context	C	D	
 Community Collaboration	B	C	
 Accountability	F	F	
 Implementation	B	D	

EQUITY CRITERIA

- 
Addressing Historical and Present-day Context: The plan recognized the legacy of racism in our national and state policies and how it shapes present-day realities and integrated this awareness to advance racial and social justice.
- 
Community Collaboration: Benchmarks, policies, programs, resources, and practices were developed in partnership with communities of color, low-income communities, and immigrant communities.
- 
Accountability: Created goals that were specific, measurable, achievable, ambitious, relevant, time-bound, and equitable (SMART-E). The public had access to updates on the process and implementation of vaccination policies, programs, and practices.
- 
Implementation: Meaningful collaboration, access and information, accountability, and quality continued throughout the implementation phases as goals are accomplished.

KEY TAKEAWAYS

ADDRESSING HISTORICAL & PRESENT-DAY CONTEXT



INTENT: C — The state's initial vaccine distribution plan was developed with genuine input from community leaders and content experts through the COVID-19 Advisory Group, which considered the impacts of structural inequities among communities of color, low-income communities, and immigrant communities, such as higher chronic disease burden and disparities in life expectancies.

OUTCOME: D — The Baker administration failed to follow through on critical aspects of the COVID-19 Advisory Group's plan, such as the promised 20% additional vaccine dose allocation for hardest-hit communities beginning in Phase 2, when vaccines were scarce. As a result, racial gaps in vaccinations widened, leading to an excess of preventable infections and deaths in communities of color, low-income communities, and immigrant communities.

COMMUNITY COLLABORATION



INTENT: B — In February 2021, the Baker administration launched its [Vaccine Equity Initiative](#) in the 20 cities and towns most disproportionately impacted by COVID-19.

OUTCOME: C — To date, the Department of Public Health (DPH) has awarded 196 community organizations in the 20 communities over \$51.1 million. However, collaboration with and investment in community-based organizations came late to the State's vaccine distribution plan. Additionally, its requirements for data reporting and use of state-developed communication materials undermined the program's effectiveness and impact.

ACCOUNTABILITY



INTENT: F — The Baker administration lacked the intent to ensure accountability in the vaccination rollout. The Baker administration has failed to establish interim goals and benchmarks mandated under state law. Additionally, it has failed to comply with a law that requires the collection and reporting of data by multiple demographics, including primary language, occupation, and disability status.

OUTCOME: F — Because the Baker administration has not collected statutorily required data, Massachusetts is unable to assess the disparate impact of COVID-19 by language, occupation, or disability status. For example, DPH ceased reporting demographic data on COVID-19 hospitalization rates in July 2021. Once DPH reinstated reporting, it did so using a different methodology. As a result, hospitalization rates cannot be tracked back by any demographic variables, including age, gender, race, and ethnicity. However, the State has never collected nor reported data on any of these demographics.

IMPLEMENTATION



INTENT: B — The COVID-19 Advisory Group's initial vaccination distribution plan recognized: the way that historical and present-day racism has shaped communities, the important role of community-based organizations, establishing goals, and public accountability through goal setting.

OUTCOME: D — Agencies such as the Massachusetts Emergency Management Agency and the state and local health departments developed mass vaccination plans pre-COVID. Rather than building on these protocols, the Baker administration discarded these plans and placed a heavy reliance on mass vaccination sites that favored those who had access to private transportation, disproportionately harming people of color, immigrant communities, and low-income workers. Additionally, the MA Vax website experienced delays, long wait times and multiple site crashes, while presenting few options for non-English speaking residents.