Anne Arundel County’s goal is to equitably and efficiently provide the COVID-19 vaccine to everyone who lives and works here. The COVID-19 vaccines are safe, effective and our path out of the pandemic. Getting everyone vaccinated will save lives, allow us to fully reopen schools and get businesses back on track.

The County and the State have both made equity in vaccination a priority. This is critical because in our county, and across the country, COVID-19 has had disproportionate impacts on specific populations based on race, ethnicity and age. Data for our county shows:

- Some racial and ethnic minorities have disproportionately higher rates of COVID-19 compared to White residents
  - Blacks are 1.4 times more likely to get COVID-19.
  - Hispanics are 2.4 times more likely to get COVID-19.
- Blacks in the county are 1.3 times more likely to die from COVID-19.
- People aged 65 and older of all races and ethnicities account for over 85% of all COVID-19 deaths but only 12% of all cases.
- Vaccination rates are lower for Blacks and Hispanics despite the disproportionate impact COVID-19 has had on these communities.

Through the COVID-19 Health Equity Initiative, we have heard from many residents about the barriers to equitable vaccination for minority communities and older adults. Repairing trust and addressing structural racism are the foundation of our approach. To address these inequities, the county is partnering with community members, organizations and health care providers to ensure equitable access to the COVID-19 vaccine.

**Guiding Principles**

Through conversations with the community, these principles will guide our approach to equitable vaccination. In partnership with the community, we will focus on these three principles:

- **Access**: Partner with communities disproportionately impacted by COVID-19 to identify and remove barriers to accessing the vaccine.
- **Communication**: Create and promote respectful and culturally responsive health education materials.
- **Engagement**: Include communities disproportionately impacted by COVID-19 and representatives of trusted community-based organizations in COVID-19 vaccine planning, implementation and after-action review.
Principles in Action: Improving Access

Focus on Highest Risk and Most Impacted

- Appointment invites adjusted to prevent underrepresentation of racial and ethnic minorities.
- Appointment invites randomly selected from individuals within a category to increase equity so that when a person signs up does not determine when that individual gets the vaccine.

Make Registration Easy

- Preregistration and appointments available online and by phone.
- Drive-through and walk-up community preregistration sign-up events co-hosted with community leaders, faith leaders and non-profits working with populations disproportionately impacted by COVID-19.

Make Vaccine Available When and Where People are Available

- Ensure appointment availability outside of regular business hours, on evenings and weekends.
- Community vaccination clinics in partnership with organizations serving communities disproportionately impacted by COVID-19.
- Deploy mobile vaccine teams for individuals in congregate settings, homebound or otherwise unable to easily travel to get vaccinated.

Principles in Action: Communication

Focus on Highest Risk and Most Impacted

- Launch a media campaign that includes print, radio, television and social media to reach targeted populations disproportionately impacted by COVID-19.
- Utilize culturally competent and tailored materials for different communities.
- Post daily health education and informational messages in English and Spanish.

Data Transparency

- Prepare and post weekly vaccine report on vaccine administration and preregistration broken down by race/ethnicity and age.

Language Access

- Offer written materials in the three most commonly spoken languages in the county: English, Spanish and Korean.
- Ensure bilingual employees who speak English and Spanish staff COVID-19 information lines and vaccination clinics.

Principles in Action: Community Engagement

Work with Community

- Launch the Community Health Ambassador Program to fund community organizations to engage with disproportionately impacted communities to increase vaccination rates.
- Sponsor Weekly “Community Question and Answer Sessions” to address community members’ questions and concerns.
Data-Driven and Community Informed
Equitable vaccine delivery will be data-driven and informed by continuous engagement to understand and respond to community needs and preferences. The data indicates that older adults and racial/ethnic minorities are at greater risk of illness and death from COVID-19.

Anne Arundel County is committed to open access to data through public-facing dashboards, including the COVID-19 Key Indicators Dashboard, updated every Tuesday and posted on the Anne Arundel County Department of Health website, aahealth.org.

The following charts and map reflect data as of March 1, 2021 and demonstrate the disproportionate impact of COVID-19 on racial and ethnic minorities.

Deaths from COVID-19 by Race/Ethnicity

![Bar Chart of COVID-19 Deaths by Race/Ethnicity, Anne Arundel County]
COVID-19 Death Rates by Race/Ethnicity

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Population in Anne Arundel County</th>
<th>Number of Deaths from COVID-19</th>
<th>Deaths per 100,000 people</th>
<th>Rate Compared to White, NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian, NH</td>
<td>21,583</td>
<td>7</td>
<td>32.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Black, NH</td>
<td>98,563</td>
<td>126</td>
<td>127.8</td>
<td>1.3</td>
</tr>
<tr>
<td>White, NH</td>
<td>384,083</td>
<td>365</td>
<td>95.0</td>
<td>1.0 (ref)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>48,798</td>
<td>19</td>
<td>38.9</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Cases by Race/Ethnicity

**Confirmed COVID-19 Cases by Race/Ethnicity, Anne Arundel County**

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Population in Anne Arundel County</th>
<th>Number of COVID-19 Cases</th>
<th>Cases per 100,000 people</th>
<th>Rate Compared to White, NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian, NH</td>
<td>21,583</td>
<td>408</td>
<td>1,890.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Black, NH</td>
<td>98,563</td>
<td>3,611</td>
<td>3,663.6</td>
<td>1.4</td>
</tr>
<tr>
<td>White, NH</td>
<td>384,083</td>
<td>9,899</td>
<td>2,577.3</td>
<td>1.0 (ref)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>48,798</td>
<td>2,980</td>
<td>6106.8</td>
<td>2.4</td>
</tr>
</tbody>
</table>
COVID-19 Vaccinations by Race/Ethnicity

March 1, 2021