By appointment only

All aspects of the vaccine distribution - including the website, call center, print materials, staff at vaccine sites, and media campaigns - must be inclusive of residents who speak Spanish, Portuguese, Haitian Creole, Cape Verdean Creole, Vietnamese, Khmer, & Mandarin, among other languages. Health care professionals and residents of color, as well as those from diverse language backgrounds, should be engaged in the production of the state's mass media campaign.

DIRECT $10 MILLION TO TRUSTED COMMUNITY ORGANIZATIONS FOR OUTREACH & ENGAGEMENT IN COMMUNITIES OF COLOR

Historical and contemporary experiences of racism and discrimination have led to higher levels of earned distrust in Black, Latinx, immigrant, and low-income communities, and among people who are incarcerated. Funds should be immediately dedicated to trusted community organizations in these communities to engage residents, provide accurate information, and address concerns. These organizations have trusting relationships and know how to reach and effectively engage residents.

IMMEDIATELY IMPLEMENT THE PROMISED 20% ADDITIONAL DOSES FOR THE MOST IMPACTED COMMUNITIES

The Baker Administration has promised this enhanced vaccine allocation for communities most impacted by COVID-19 - but has failed to deliver. This must be implemented immediately and should be defined by the zip code of residents receiving the vaccine, not the location of the clinic. These additional allocations must be available in all regions of the state and should be distributed through partnerships with community organizations and mobile vaccination programs, among other methods.

SET CLEAR GOALS & TRACK VACCINE BENCHMARKS THAT MIRROR THE DISPROPORTIONATE IMPACT ON BLACK & LATINX RESIDENTS

Black and Latinx residents have been disproportionately impacted by COVID-19, yet are receiving vaccines at far lower rates than White residents. In order to change this, the Baker Administration must establish and monitor clear goals to provide vaccines that mirror the proportion of hospitalizations experienced by each racial group - meaning at least 10% & 15% of doses for Black and Latinx residents, respectively - larger than their share of the population. To date, the vaccine rates of Latinx and Black residents have been alarmingly low, at only 3.9% & 5.1%, respectively. For transparency, de-identified raw data must be available for public analysis, with strong privacy protections in place.

IMPROVE LANGUAGE ACCESS & CULTURAL COMPETENCE ACROSS ALL ASPECTS OF VACCINE OUTREACH & ADMINISTRATION

All aspects of the vaccine distribution - including the website, call center, print materials, staff at vaccine sites, and media campaigns - must be inclusive of residents who speak Spanish, Portuguese, Haitian Creole, Cape Verdean Creole, Vietnamese, Khmer, & Mandarin, among other languages. Health care professionals and residents of color, as well as those from diverse language backgrounds, should be engaged in the production of the state’s mass media campaign.

APPOINT A VACCINE CZAR WITH AUTHORITY & ACCOUNTABILITY TO ADDRESS VACCINE INEQUITIES

Governor Baker should immediately appoint a senior-level director of COVID-19 vaccination equity and outreach whose sole focus will be eliminating inequities in COVID-19 vaccination rates rooted in racism and discrimination, distrust of government, and differential access to information, transportation, and other resources.