

Strategies to Address COVID-19 Vaccine Hesitancy in the Black Community and Promote Health Equity

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ISSUE BRIEF

Executive Summary

The COVID-19 pandemic reignited Black Americans' distrust of public health officials through high levels of vaccine hesitancy. The distrust towards public health officials and healthcare providers by the Black community in the United States continues to raise great concern both for public health and economic growth. Research shows that 70% of the Black community believe Black people are usually treated based on their race or ethnicity when they seek and access medical assistance to meet their basic health needs.¹ This level of distrust emerged from the Tuskegee Syphilis Study scandal in 1932, when Black men were manipulated into receiving treatment for syphilis, leading to many of them losing their lives.² Furthermore, the increasingly concerning rate of Black women dying in the maternity wards, among other circumstances

where these underrepresented communities are treated in doctor's offices and hospital rooms have further contributed to this lack of trust and increased level of vaccine hesitancy.³

This issue brief seeks to dismantle the high rate of COVID-19 vaccine hesitancy among the Black community and provide strategies to assist public health professionals, clinicians, and other healthcare providers to avoid common pitfalls in caring for Black individuals and reduce vaccine distrust. This information can be used to enhance or develop innovative and culturally competent strategies aimed at reducing the COVID-19 vaccination disparity gap in the Black community and advance health equity.

Background

The global COVID-19 pandemic hit the United States in March 2020 and has since further exposed the persistent health disparities assailing the Black community. Such disparities continue to undermine African Americans' and other underrepresented communities' trust in public health officials.⁴ The racism, discrimination, and mistreatment that these communities face every day within the health care system makes it hard to trust medical institutions, health care providers, and biomedical scientists. Along with pervasive inequality in health care, it is hard to choose whether to accept the COVID-19 vaccine when access to it is also unequal.⁵ Unfortunately, many misconceptions and myths have flourished around the COVID-19 vaccine, leading to an increase in already resistant attitudes towards accepting the vaccine. These myths include sayings such as "Black communities are immune to viruses, and they do not really need to be vaccinated."

Vaccine development usually involves a long and complex process that lasts around 10 to 15 years.⁶ For many Black Americans, the rapid development and distribution of the COVID-19 vaccine brought these existing concerns to the surface and added to their distrust in public health officials. Many individuals questioned and continue to worry about the authenticity of the COVID-19 virus, with greater concern being raised by the Black community. They live with the fear of being targeted and used for scientific experiments without their knowledge and consent.

Certainly, poverty and associated factors such as crowded living conditions and poor nutrition amplify the spread and severity of infectious respiratory diseases among

vulnerable populations. As a result, unvaccinated Black people are at higher risk for infection, severe illness, and death.⁷ The Black community already faces various challenges that negatively impact their health.⁸ For instance, many have difficulties affording quality housing and food. This limits their options to neighborhoods and residences with mostly crowded and poor environmental conditions. Research shows that individuals who live under such conditions experience greater mental and emotional distress.⁹

“The racism, discrimination, and mistreatment Black people face every day at different stages within the health care system makes it hard to trust medical institutions and health professionals.”

They are less likely to experience quality of life, access to good health care, quality education, and employment that pays a living wage. These conditions have adverse effects on the lives of individuals and their families and hinder community development and overall economic growth. Additionally, these inadequate living conditions lead to faster spread of infectious diseases, which are likely to be easily transferable from one family or community member to another. Furthermore, because most Black communities are used to severe illness or harbor a sense of hopelessness, they may not pay much attention and seriousness to the severity of the COVID-19 virus.¹⁰

Impact of the COVID-19 Pandemic on the Black Community

The COVID-19 pandemic has perilously affected human life, with more than 360 million infections and 6.24 million deaths worldwide as of April 2022.¹¹ The United States accounts for approximately one-fifth of the global burden, with more than 80.8 million infections and almost 1 million deaths as of April 21, 2022.¹² Dealing with the pandemic has been difficult for everyone, physically, emotionally, and economically but it hit some groups harder than others. According to recent studies, the Black community has experienced higher rates of economic and mental health hardships compared to Whites¹³ —which is a result of persisting disparities they face.

The Black community already has higher rates of underlying health conditions including diabetes, asthma, hypertension, obesity, and cardiovascular disease which may have resulted in the increased mortality and mortality rate during the pandemic. They also tend to have lower rates of health insurance than the White community. Being uninsured constitutes a major barrier to accessing health services, including COVID-19 testing and treatment.¹⁴ The COVID-19 death rate among the Black community was almost double compared to the White population.¹⁵ The Black community experienced 14.3% of all deaths which made them the racial/ethnic group with the highest mortality rate since COVID-19 death data were reported.¹⁶

The COVID-19 pandemic not only affected housing and food, it also majorly affected employment status with many Black people losing their jobs or having to work reduced hours. This resulted in less income and raised many uncertainties about maintaining basic standards of living. The U.S. Census Bureau reported that the debt carried by the Black community grew because of their increased reliance on credit cards, loans, or borrowed money to cover living expenses including higher rent, gas, and food.¹⁷

According to the Centers for Disease Control and Prevention (CDC), as of April 2022, only 10% of the Black community had received at least one dose of the COVID-19 vaccine compared to 77% of the total population in the United States who have received at

least one dose.¹⁸ The data provides useful insights; however, they remain subject to limitations, gaps, and inconsistencies that may limit the ability to get a complete picture of individuals being vaccinated or not in the U.S. The CDC reports that some states still have relatively high shares of vaccinations among people classified with “unknown” race/ethnicity, whereas some do not report or have stopped reporting vaccination data by race/ethnicity.¹⁹ The CDC relies on data from The Covid Racial Data Tracker and the U.S. Census Bureau. Race categories may overlap with Hispanic/Latinx ethnicity. Rates are not age-adjusted, and some rates are underestimated due to lack of reporting of race and ethnicity categories for COVID-19 deaths.

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Strategies to Increase Vaccination Rates Among the Black Community

A CDC update from April 2022, on vaccination rates nationwide indicated that the proportion of Black individuals vaccinated (10%) is below their proportion of the US population (14%). Based on their total representation among the U.S. population, Black individuals are the ones more frequently infected by COVID-19. These facts, combined with COVID-19 mortality rates (13.8%) among the Black community, make the preventative measures of vaccine distribution and uptake even more crucial.²⁰

The Black community has little trust in the healthcare system and related institutions due to the disparities they have faced for decades. Increasing or building back that trust is vital to increasing vaccination rates. Public health officials must work to restore the Black community's faith in healthcare institutions and professionals.²¹ This can be achieved by ensuring no discrimination towards the Black community and other communities of

color and creating equal access to healthcare and treatment through cultural humility, transparency, and open-mindedness.²²

To rebuild trust, past trauma experienced by the Black community through systemic racism, as well as at the hands of individual health care professionals needs to be re-evaluated with an open-to-change mindset. There is also the need to empathize with the community, acknowledge their opinions, respect their culture and beliefs, and understand the impact that social injustice and implicit bias can have on people's attitudes. Acknowledging the disparity amongst the black community within the healthcare system and creating self-awareness among our healthcare professionals will help reveal unknown areas in terms of healthcare inequalities and foster the dynamics involved in restoring trust.²³

More thoughtfully conceived research must be conducted to understand the Black community's hesitancy and mistrust. Research cannot be fruitful without a complete picture of racial breakdown of vaccine distribution. Frontline vaccinators must accurately report race and ethnicity for each COVID-19 vaccination encounter and these data must be housed in statewide immunization registries where it is accessible to public health professionals and researchers. In this way, early signs of racial inequalities in vaccination distribution and uptake can be detected and early interventions employed.

If unequal vaccination distribution practices among races are not measured, they cannot be effectively managed and racial injustice will inevitably creep into vaccination distribution efforts completely undetected. Public health and health care systems must be held accountable when advocating for distributive justice in vaccination efforts among our population's most vulnerable.

In addition, vaccine hesitancy should be recognized as complex and multifactorial. It might not result from one single issue but may be engrained in multiple factors including age, ethnicity, socioeconomic status, health literacy, geographic location, immigration status, and

source of information. New research will help address the population in the manner they deserve and provide the right information to meet their needs. Research that is unbiased, transparent and of high quality will help enhance the understanding of black communities about the methods utilized for vaccine development, mechanisms, and benefits.²⁴ Health institutions, professionals, and systems must use a multifaceted approach to build vaccine confidence in ethnically diverse communities and focus on both message delivery and the messengers. This could include adopting an approach of non-prescriptive, bidirectional listening and learning, and sharing respect for and empathy with communities' cultural beliefs and norms.²⁵

Finally, health institutions and the government must work together to identify and rectify knowledge gaps about the pandemic's trajectory and the COVID-19 vaccine trial results. A condescending or dismissive approach will be ineffective, particularly in the context of conspiracy theories or misinformation that are often prevalent and significantly influence attitudes toward vaccination. Public health officials and healthcare professionals should openly address past and ongoing injustices with empathy and reassurance based on scientific evidence.²⁶

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Policy Recommendations

Increasing vaccination rates is one of the first interventions proven to contain pandemics, and the COVID-19 pandemic is no exception.²⁷ In the U.S., the Black community has a total population of 14%. However, they faced a COVID-19 mortality rate of 13.8% which is higher than their COVID-19 infection rate of 12.5%. As a result, the government, health officials, and community leaders should make this group a priority when distributing, creating access to, and administering the COVID-19 vaccine.²⁸ This is essential for decreasing death rates from the virus among the Black community. A 2022 study from the CDC cites higher rates of COVID-19 deaths in the Black community due to living with pre-existing conditions that put them at higher risk such as heart disease, hypertension, and diabetes.²⁹ According to new data from the CDC, out of those who have received at least one dose of the COVID-19 vaccine, 10% are Black people, while 55% are White people.³⁰

A Call to Action:

Invest in vaccination programs to assure complete surveillance of race and ethnicity when distributing vaccinations: To prevent and reduce COVID-19 vaccine hesitancy among the Black community, the government must invest in surveillance methods that accurately capture race and ethnicity at all vaccination encounters, develop effective strategies that enhance access and equity, and focus on rebuilding trust.

Understand and address structural barriers that reduce access to COVID vaccinations: On access and equity, measures must be put in place to ensure no structural barriers prevent Black people from getting vaccinated.³¹ COVID-19 vaccination sites must be placed in proximity to Black communities or means to travel to designated vaccination sites should be readily accessible.

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Due to the Black community dying at a higher rate, they should be prioritized by the government, health officials, and community leaders when distributing, creating access to, and administering the COVID-19 vaccine.

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Unproven medical assumptions concerning Black communities should be discarded: This action will assist in terms of gaining the trust of the Black community and the nation at large. The assumption that Black communities must be coerced before they take the vaccine due to their skepticism towards science and technology is a misguided approach. According to Dorothy Roberts, “The approach should be how medicine and science are made more deserving of Black people’s trust.”³²

Identify and work with individuals in the community who can serve as trusted messengers: This act has been shown to increase community engagement and participation.³³ When social problems arise, people seek information from trusted leaders or individuals to make decisions. People are more inclined to act or change their thoughts and behaviors on issues when the information they receive is from individuals deemed honest, consistent, informed, and unbiased. Irrespective of the nature of a social issue, people trust close family and friends first, followed by doctors and scientists, and academic and religious leaders; this pattern held true when applied to COVID-19.³⁴ It was found that social media influencers were viewed as less trustworthy, although they have a high social media presence, which may be used as a channel to create awareness.³⁵ Therefore, to change individuals’ hesitancy toward the COVID-19 vaccine, it is essential to identify the environment, educational level, culture, beliefs, and other key social characteristics of the Black and other underrepresented communities to create the right message and find culturally competent messengers to help address the issue effectively.

Surveillance data should be easily accessible and public health and health care systems should be held immediately accountable for the first sign of racial inequity: As misconceptions surrounding COVID-19 and other vaccines flourish, there is a need to differentiate myths from facts. Leaders and health professionals need to create more opportunities to educate people on the facts to increase COVID-19 vaccine uptake among the Black and other underrepresented communities. This is necessary to rebuild confidence, repair emotional damage, and restore trust in health professionals and the health system.³⁶ Health professionals must make an effort to gather and present factual data from trusted sources that communicate accurate and up-to-date information about vaccines to increase patient confidence. The information concerning COVID-19 is evolving and requires health professionals to stay current and make information readily available to the public to increase awareness of the facts, debunk the myths about the vaccine’s safety and efficacy, and renew trust.³⁷

Conclusion

The COVID-19 pandemic has posed many challenges worldwide and the U.S ranks among those countries with some of the most tragic outcomes. The healthcare system, education system, economy, and individuals have all faced terrible situations because of the pandemic. As of April 21, 2022, the U.S. reported more than 80.8 million infections and almost 1 million deaths.³⁸ Compared to other racial and ethnic groups in the U.S., the Black community has been the most affected by COVID-19.³⁹ This is an outcome of persisting disparities faced by the Black community in terms of health inequities, meaning less accessibility to health resources and timely treatments.⁴⁰ The rapid development and dissemination of the COVID-19 vaccine stirred the Black community's fear that they might be targeted and used for scientific experiments without their knowledge and consent, an underlying factor that helps to explain the Black community's vaccine hesitancy.⁴¹ It is essential for the government, health institutions, and professionals to make a conscious effort to build and rebuild trust and work to increase vaccine uptake among Black people. After all, COVID-19 vaccination is one of the most effective, evidence-based preventive measures to prevent severe illness and death. This can be achieved by diligently surveilling race and ethnicity at vaccination frontlines, monitoring racial injustices as they begin to emerge, creating a sense of belonging for all communities, communicating up-to-date information with transparency, reaching out with empathy, and using multifaceted approaches to reach ethnically diverse communities. The focus should be on both the messages and the messengers. Conducting well-conceived research on the origins and multifactorial reasons for hesitancy will also provide insights into potential solutions. All people should be educated, and provided with accurate, transparent, and scientifically proven information on the reality of the COVID-19 pandemic, offered the same opportunities to maintain or achieve optimum health, and together contribute to building a better America and a better world for the next generations.⁴² There is a need for greater investment in public health to assure vaccination programs are providing complete surveillance data and are held immediately accountable when racial disparities begin to emerge.⁴³

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