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Vaccine Hesitancy in the Black Community - It's a Matter of Trust

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Editorial

It should be no surprise that Black Americans who face disparities in the US healthcare systems are disproportionately impacted by Coronavirus Disease (COVID-19) [1]. While Blacks represent only 13.4% of the US population, 14.8% of all COVID-19 deaths impacted Blacks in the USA. This disparate outcome can be attributed to the influence of structural racism on institutions, laws, and social policies that gave rise to an uneven distribution of the social determinants of health [1,2].

While the availability of COVID-19 vaccines is positioned to change health inequalities, decades of institutional distrust coupled with crowded living conditions, overrepresentation in high-risk occupations (e.g., essential workers), inadequate access to health care, lack of private transportation, lower health knowledge, and chronic health conditions leave Black communities at a severe disadvantage [1-3].

Recently, three preventative vaccines were approved by the Food and Drug Administration (FDA); yet some Black residents indicate that they do not plan to be vaccinated. A study conducted in 1,056 individuals by the Center for Public Affairs at the University of Chicago (Chicago, IL, USA) reported that 422 (40%) of Black participants surveyed did not plan to be vaccinated compared to only 1,169 (16%) of white individuals [4]. This 'hesitancy' or reluctance identified in Blacks surveyed may be due to mistrust primarily driven by historical injustices (e.g., Tuskegee Syphilis Study, eugenics sterilization movement), distrust of the political administration in power at the start of the pandemic, fears about the potential long-term side effects, and mistreatment experienced within the healthcare community [5].

The inequities of medical care for Blacks in our country can be traced back over 400 years dating from the time of slavery where Black slaves were used for dissection, surgery, and bedside demonstrations. Historical discrimination has resulted in scepticism and suspicion of health care systems, which are deeply embedded in the consciousness of the community. Unfortunately, many health care providers are still unaware of the social injustices their Black patients face today in our society and may display prejudicial behaviors that create communication barriers and an erosion of trust. However, it has been shown that the medical education is well received from health care providers with similar identities to patients and leads to improved communication and trusting relationships [6].

To reach the Black community more effectively, the Wisconsin Department of Health and Services provided the African American Health Network (AAHN) of Dane County, a non-profit organization, with funding to provide education about COVID-19 to Blacks in underserved communities. The AAHN which is comprised of Black health professionals and community leaders used a three-tiered approach to establish a mobile education and vaccination clinic [7]. This approach included the engagement of faith-based organizations and community centers serving low-income neighborhoods, the delivery of education about COVID-19 vaccinations by Black health care professionals and community leaders, and mobile vaccination clinics held at churches and community centers.

Church leaders, community center directors and staff recruited community members for the education and mobile vaccine clinics through word of mouth, radio announcements, and door to door canvassing. The community partners also distributed registration paperwork and managed appointment lists for community members before they attended the vaccination clinic. These community leaders were vital to the success of this project because they were well known and trusted leaders within the Black community.

AAHN members representing public health, nursing, social work, and pharmacy provided

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several COVID-19 education sessions to the members of the Black community on the fears and facts associated with the COVID-19 vaccine. In most instances, these sessions occurred before the mobile vaccination clinic date.

Limited access to the internet, a computer, and transportation, make it difficult for many Blacks to attend vaccine clinics. The AAHN mobile education and vaccination clinic was held at churches and community center sites, providing a location close to the residential homes of Black community members being vaccinated. Residents were able to call the community center to register for the mobile vaccine clinic. Black pharmacists transported the vaccines to the mobile clinic, drew up the vaccine dose from the vials, and along with Black nurses, administered the vaccine to community members during the mobile clinic. Obtaining health education and services from health care professionals with similar attributes to themselves provided a sense of ease and trust among the Black faith leaders, community leaders, and members.

Identifying existing disparities in our nation is insufficient if we do not overturn the policies and laws that create health inequalities by promoting an unequal distribution of the social determinants of health. While achieving the health equity for all citizens will take time, we can strive toward justice by mending relationships in Black and Brown communities during this pandemic. Addressing the specific needs of the Black and Brown communities is necessary to quell vaccine hesitancy and stop the rapid spread of COVID-19. Efforts to create partnerships between academic health centers and community organizations can enhance public health efforts to narrow the health disparity gap. The late Robert F. Kennedy's words from more than 50 years ago are still appropriate today, "Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples build a current which can sweep down the mightiest walls of oppression and resistance" [8].

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