Overcoming Vaccine Hesitancy: An Opportune Time to Address Health Equity

SUGGESTIONS FOR PHYSICIANS AND HEALTH SYSTEMS TO BUILD TRUST AMONG AFRICAN AMERICAN COMMUNITIES

By Qiana Thomason

The COVID-19 vaccines offer an important opportunity to support and protect those who have been—and stand to be—most harmed by the virus. But vaccines won't protect us unless they are broadly accepted and received. Nationally, it is estimated that 60-70% of population immunity is necessary for us to resume normal activities. Based on this threshold, one might say it is fair to consider receiving the COVID-19 vaccination both as a service to ourselves ***and*** as a community service.

More than 100 million Americans have become fully vaccinated as of May 1. While the pace of vaccine uptake has grown, there's still a gap between the number of people who say they will get vaccinated and the numbers needed to achieve population immunity.

According to the Kaiser Family Foundation, enthusiasm may be reaching a plateau. The share of adults who say they've gotten at least one dose of a vaccine or intend to do so as soon as possible inched up from 61% in March to 64% in April, while the share who want to "wait and see" before getting vaccinated—a group that had been steadily decreasing in size since over several months—remained about the same.[1]

The rationale behind this "wait and see" approach among Black Americans spans concerns about the speed in which the vaccines were developed and their efficacy, along with deep-seated cultural distrust of the vaccine due to historical medical abuses and lived experience with health injustice in medical spaces.

RACIAL INJUSTICE AND DISTRUST FUEL VACCINE HESITANCY

There are far too many historical examples[2] in our country of gross medical abuse toward Black people. In the name of scientific progress, medical pioneers ran experiments and tests without regard for privacy, safety, dignity or consent:

- In the 19th century, Dr. James Marion Sims, widely held as the founder of U.S. gynecology, came to many of his discoveries by experimenting on enslaved women without use of anesthesia.
- The infamous Tuskegee Study of Untreated Syphilis in the Negro Male was a 40-year study that began in 1932 and involved hundreds of Black men without their informed consent. Treatments for syphilis, including penicillin, were intentionally withheld from these men.
- Henrietta Lacks passed away in 1951 from cervical cancer. Samples of her cells were taken during her treatment and were experimented on, reproduced and disseminated without her knowledge or consent.

As painful as the legacy of mistrust is from these historical experiences, Black people are still experiencing discrimination, bias, interpersonal and structural racism in health care today.

These injustices are apparent in the assessment and treatment of pain. A pediatric study in *JAMA Pediatrics*[3] studied nearly a million emergency room visits and found Black children in severe pain from acute appendicitis had just one-fifth the odds of receiving opioid painkillers as white children. A National Academy of Sciences[4] study found one-third of medical students and residents surveyed held the false belief that Black people have a greater tolerance for pain based on a history of enslavement.

A key indicator of racial and ethnic injustice can also be found in pregnancy-related deaths. According to the Centers for Disease Control and Prevention,[5] Black, American Indian and Alaskan Native women are two to three times more likely to die from pregnancy-related causes than white women. Pregnancy-related deaths for Black women with at least a college degree are more than five times that of their white counterparts.

America is now reaping what it has sowed for hundreds of years. Now is a critical time when everyone is needed to do their part in service to self and community. As we begin to more widely distribute the COVID-19 vaccine, we must work to restore and instill a trust in the medical field that transcends acceptance of vaccines, while simultaneously promoting inoculation. A tall order, but one that can be achieved. Those in the fields of medicine—with the support of philanthropic partners—will need to demonstrate an understanding of the

history, current lived experience and stories behind the distrust in order to address vaccine hesitancy successfully.

COMBATING VACCINE EQUITY AND RACIAL DISPARITIES

Physicians and systems can help combat vaccine hesitancy and address systemic racism as a contributing factor to health disparities through the following:

- **Conversations should target distrust.** Conversations with patients will play an important role in restoring and instilling trust, managing expectations, overcoming hesitancy and reinforcing safety protocols. Communicating reassurance through established research and scientific facts will be necessary components to achieve population immunity. Beyond those universal concerns, physicians should also commit to listening and seeking to understand patients fully, and acknowledge that personal experience and medical training may not have prepared them to properly identify bias, discrimination and structural racism in medicine before now.
- **Trusted messengers are essential.** A study from the NAACP and Unidos[6] showed communities of color are twice as likely to trust a messenger of their own racial/ethnic group. Physicians and researchers of color are unique messengers in this vaccination effort. Their perspectives, experience and voices should be centered to translate the science and share facts concerning the vaccine's safety and efficacy and address questions concerning the participation of people of color in COVID-19 vaccine studies. When people are presented with clear, accurate and quality information concerning their choices, we can trust them to choose well.
- **Record race and ethnicity data.** Hospitals, systems and physician practices must commit to collecting, standardizing, measuring and sharing COVID-19 vaccination race and ethnicity data as rigorously as clinical measures. These data are necessary to move past systemic racism and bias, and to inform organizational and governmental decision makers on how to develop culturally responsive interventions and direct resources to ensure equitable distribution and access. Early data examined by the Kaiser Family Foundation[7] show early warning signs about potential racial disparities in access to and uptake of the vaccine. It is obvious that more comprehensive, standardized data across states are vital to monitor and ensure equitable access.
- **Equity-centered engagement.** As high throughput providers, some hospitals have initially received a large share of vaccines. To whom much is given, much is required. Hospitals and systems must pursue equity-centered vaccination strategies with urgency. This includes partnership with federally qualified health centers and public health departments, establishing neighborhood and community-based vaccination sites in partnership with local government and social sector organizations, use of paid and volunteer bilingual staff, and ensuring that informed consent and other patient-facing documents are translated in multiple languages. Further, making vaccines accessible means being able to schedule via phone versus online, and arranging transportation to facilities or community vaccination sites should be considered, perhaps as part of community benefit expenditures among nonprofit hospitals.

MOVING HEALTH FORWARD

If there is a bright side to the challenges we face, it is the opportunity to emerge anew. In 2021 and beyond, our health care ecosystem can build upon the enhanced awareness of injustice illuminated by the pandemic to do more than recover. Medical programs can better prepare students through equity-centered curriculum and equip them to enter the field, identifying and addressing racial injustices in medical practice. Beyond COVID-19, hospitals, systems and physician practices must integrate race, ethnicity and ZIP code data with clinical quality, process and administrative measures—in order to

detect and address bias and structural racism as key performance and quality improvement strategies. Unconscious bias and equity training for all employees should occur annually; application of an equity lens to all policies, practices and procedures should become a part of organizational culture. The time is now to work together to build trust with all patients and improve the health and outcomes of those we serve.

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Spearheading Vaccine Education Among African Americans

On a February webinar are Councilwoman Melissa Robinson, left, and Traci Johnson, MD, of Truman Medical Centers.

Kansas City's Black Health Care Coalition and the local chapter of the National Medical Association have been working to educate African Americans in Kansas City about the science behind the COVID-19 vaccines and their safety.

Earlier this year, they held weekly Facebook live sessions around the theme, "Is the Science Safe?" Speakers have included local members of the National Medical Association, which represents African American physicians, along with various local and national experts.

The effort is led by Melissa Robinson, who is executive director of the BHCC and serves on the City Council of Kansas City representing the Third District. The Black Health Care Coalition is a 30-year-old nonprofit organization dedicated to eradicating health disparities in the Kansas City area.

Among the local physicians appearing on the webinars have been Leslie Fields, MD; Jasper Fullard, MD; Karla Houston Gray, MD; Traci Johnson, MD; Nevada Lee, MD; and Michael Weaver, MD.