

QUICK TAKE

PROMOTING EQUITABLE COVID-19 VACCINE ACCESS

THE COVID-19 PANDEMIC SPREAD RAPIDLY, HAS BEEN ACCOMPANIED BY EVER-CHANGING VARIANTS, AND HAS LED TO A HIGH DEATH COUNT AND A MULTITUDE OF OTHER SEVERE HEALTH OUTCOMES. The development of safe and effective vaccines for adults and children ages 5 and up, combined with strong evidence for various mitigation measures, including high-quality masks and readily accessible testing, has provided opportunities for living more safely throughout this pandemic and its emerging variants. Nonetheless, more must be done to increase vaccine uptake and address persisting racial inequities.

Per the Centers for Disease Control and Prevention (CDC), during the first month of the U.S. COVID-19 vaccination program, white people accounted for 60.4% of vaccinated people, roughly in line with their share of the overall U.S. population; Black people accounted for just 5.4%, which is less than half of their share of the population. Although Latinx individuals have closed the gap in vaccination rates since the beginning of the pandemic, the disparity of rates between Black people and white people, despite narrowing, still remains significant. There are also persons, such as those living with HIV, who are at a heightened risk for adverse outcomes, including death from COVID-19.

Disparities in who has been most impacted by COVID-19 mirror longstanding and entrenched disparities in who is most impacted by HIV. Nationwide, as of November 15, 2021, Black people have died from COVID-19 at 1.9 times the rate of white people. This mirrors the disproportionate impact of HIV in Black communities. In 2019, Black people made up an estimated 40% of the 1.2 million people living with HIV, even though they comprise only 13% of the overall U.S. population. As we enter the third year of the COVID-19 pandemic, it is crucial we recognize the reasons why Black people and other marginalized groups experience worse COVID-19 outcomes and are less likely to be vaccinated, as well as pursue more equitable access to current and future boosters. These are often the same factors that drive HIV-related disparities. Thus, effectively supporting Black communities' responses to COVID-19 can potentially strengthen responses to HIV and other related conditions.

A starting point to improving the health of people who are underserved is bolstering trust in public officials, health care providers, and other services providers. Trust is crucial for people to accept public health guidance and it is especially critical in patient-provider relationships. When some non-Black providers are shocked by the lack of trust that some Black patients have in them, it can incite victim blaming, placing the fault on individuals and the community instead of the medical system and a history of entrenched racism that produced such distrust. The experience with fighting HIV, although imperfect and not free from racism, offers a path forward. Serving as key messengers, many community-based and institutional services providers have been able to bolster trust in ways that are reducing or eliminating inequitable HIV outcomes.

Trust in health care providers and systems, particularly people's willingness to follow clinical recommendations and get vaccinated against COVID-19, was quite low in 2020: 18% of Black Americans and 40% of Latinx Americans trusted that a COVID-19 vaccine would be effective, and even fewer thought that it would be safe. After widespread dissemination of vaccines began in March 2021, hesitancy among Black people persisted, even among some frontline health care providers. Although some studies show Black people's hesitancy decreasing over time, vaccination rates of Black people remain below that of white individuals. This emphasizes the ongoing need to address not only continued

IN AN OCTOBER 2020 POLL, 7 OF 10 BLACK AMERICANS SAY THEY ARE **TREATED UNFAIRLY** BY THE HEALTH CARE SYSTEM AND 55% SAY THEY DISTRUST IT!¹

PEOPLE WHO SAY THEY MISTRUST HEALTH CARE ORGANIZATIONS ARE **LESS LIKELY** TO TAKE MEDICAL ADVICE, KEEP FOLLOW-UP APPOINTMENTS, OR FILL PRESCRIPTIONS.²

INDIVIDUALS WHO DON'T TRUST THEIR HEALTH CARE PROVIDERS ARE LABELED AS **NON-COMPLIANT AND BLAMED** FOR THEIR FAILURE TO BENEFIT FROM TREATMENT.³

PEOPLE WHO SAY THEY MISTRUST THE SYSTEM ARE **MUCH MORE LIKELY** TO REPORT BEING IN POOR HEALTH.⁴

1. Michael A. Fletcher, *Black Americans see a health-care system infected by racism, new poll shows*, NATIONAL GEOGRAPHIC (Oct. 16, 2020).
2. Thomas A. LaVeist, Lydia A. Isaac & Karen P. Williams, *Mistrust of Health Care Organizations Is Associated with Underutilization of Health Services*, 44 HEALTH SERV RES. 2093-2105 (Dec. 2009).
3. Martha Hostetter & Sarah Klein, *Understanding and Ameliorating Medical Mistrust Among Black Americans*, THE COMMONWEALTH FUND (Jan. 14, 2021).
4. Katrina Armstrong, et al., *Distrust of the Health Care System and Self-Reported Health in the United States*, 21 J GEN INTERN MED. 292-97 (Apr. 2006).

WAYS TO IMPROVE EQUITY AND TRUST

Reach Racial Minorities and People with Increased Risk for HIV and COVID-19 Through Trusted Messengers

Trusted community-based organizations, faith groups, and civic institutions, as well as community leaders, can be leveraged to share scientific, evidence-based information, encourage participation in clinical trials, offer economic and social support, and serve as settings for testing and vaccination.

Use Empathy, Science, and Transparency, Not Dogmatic Arguments

Providers should correct misinformation and acknowledge institutional racism's impact on mistrust. They should listen to those they serve and be responsive to preferences and concerns related to care coordination, ease of access to services, and other factors. This will allow providers to view those they are treating more holistically and improve visits.

Ensure Appropriate and Evidence-Based Prioritization of People Living with HIV and the Co-Location of COVID-19 and HIV Services

Clinical guidelines recommend that some people with HIV receive an additional COVID-19 vaccine dose and that all eligible individuals receive a booster. COVID-19 and flu vaccines and testing should be made available at all clinics where people with HIV receive services, and providers should be equipped to answer questions about COVID-19 and the relationship between COVID-19 and HIV. Additionally, COVID-19 services should be integrated into non-medical office environments, such as pharmacies, to increase access, especially in rural areas.

Address Affordability and Access Barriers

Lack of insurance or concerns over the cost of care can lead people to delay or not access needed services. Free COVID-19 vaccination and testing are available, and other barriers (such as immigration status) do not restrict access to these services. Equitable access must be prioritized and increased; it must include ensuring access to the most marginalized populations and through methods such as self-testing, telemedicine, and mobile vaccination services.

Develop Workforce Diversity in the Health Professions

A diverse healthcare workforce, including pharmacists, nurses, and doctors, will help care for an increasingly diverse patient population. This will increase cultural humility and understanding for underserved populations. Funding earmarked for the inclusion of minority individuals in the space may spawn diversity and providing cultural humility training will help educate professionals about existing health disparities.

hesitancy, but other vaccination barriers as well. It is also important to develop trusting relationships between individuals and their providers and improve equitable access. While building trust is often predicated on removing inequities, the experience of fighting HIV offers some strategies that can be deployed.

COVID-19 has disrupted lives and caused widespread distress. We can save lives starting right now by recognizing historical trauma, establishing an anti-racism approach for patient care, employing honesty and transparency to bolster trust, and highlighting how communities can come together as a whole to improve health.

TO LEARN MORE

The **CDC** and **Partnership for Health-Medication Adherence** have identified core components to establishing effective communication and trusting relationships between patients and their health care providers, available at <https://www.cdc.gov/hiv/effective-interventions/library/partnership-for-health-medication-adherence/implementation-materials/cdc-hiv-ei-pfh-ma-ways-to-build-trust.pdf>.

Deloitte conducted focus group studies on what consumers want—and need—organizations to do to rebuild trust in health care, available at <https://www2.deloitte.com/us/en/insights/industry/health-care/trust-in-health-care-system.html>.

The Commonwealth Fund published a January 2021 article focused on understanding and ameliorating medical mistrust among Black Americans, available at <https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans>.