



International Journal of Nursing and Health Care Science

Brief Report

Bonhomme J, et al. J Int J Nurs & Healt Car Scie 01: 2021-22

Addressing COVID Vaccine Hesitancy among African Americans

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Submission Date: 13 April, 2021

Accepted Date: 26 June, 2021

Published Online: 30 June, 2021

How to cite this article: Bonhomme J, Diallo K, Allen T, Braithwaite R (2021) Addressing COVID Vaccine Hesitancy among African Americans. Int J Nurs & Healt Car Scie 01(08): 2021-22.

Defining the Scope of the Problem

Throughout the course of the COVID19 pandemic, the world has endured unprecedented adversity with added mortality and morbidity, major hindrances to essential economic activity, widespread anxiety, depression, bereavement and interruption of regular social activity [1]. The recent arrival of a number of effective COVID19 vaccines approved for safety by the U.S. Food and Drug Administration remains the singular and best hope of stemming the explosive growth of this disease and enabling life to return to some semblance of normality. Within the United States, African Americans as a demographic group have been impacted by COVID19 well out of proportion to their numbers in the population, but paradoxically are one of the groups most resistant to acceptance of these lifesaving vaccines, in large measure for historical reasons [2].

The magnitude of the increased risk of adverse outcomes for people of color is striking. One study of multiple counties and zip codes in Illinois and New York City found that counties where 62% to 100% of the population consisted of people of color experience a COVID19 death rate 4.9 times that of counties where 0% to 17.2 % were people of color [3]. Some of this disparity was attributable to socioeconomic gradients, with financial disadvantage being associated with household crowding, having to take work in close-quarter environments where social distancing is difficult to practice and more limited access to personal protective equipment [3]. Another factor contributing to a significantly higher frequency of adverse outcomes among African Americans is a longstanding higher prevalence of comorbidities that increase the risks associated with COVID19 infection. African Americans have suffered significantly higher rates of diabetes, cardiovascular diseases, cancer, HIV, and other health challenges for decades before the onset of the COVID19 pandemic [4].

In fact, the disproportionate impact of COVID19 on African Americans can be thought of as reinforcing existing health disparities both of historical and contemporary origin. Marginalized and disenfranchised persons in jails, prisons or otherwise institutionalized, immigrants, individuals with disabilities and the homeless routinely experience widespread and longstanding structural barriers to prevention and treatment, such as limited health care access and stigmas uniquely impacting racial and ethnic minorities [5]. In late November 2020 the National Association for the Advancement of Colored People (NAACP) in concert with partners conducted a survey on attitudes towards COVID19 vaccination in the African American community. Remarkably, even in the face of markedly greater risk in this demographic, the survey findings showed that only 14% of Black survey respondents believed in the safety of the vaccine and only 18% stated that they would definitely receive the vaccine [6].

Causes of Vaccine Distrust

Historical atrocities in health care inflicted on African Americans are cited commonly to explain an atmosphere of distrust. J. Marion Sims conducted painful, unethical medical experiments on black slave women. More recently, the cancer cells of Henrietta Lacks were used for decades in medical experimentation without permission. The infamous Tuskegee syphilis trials are a frequently cited example. However, many African Americans, particularly the young, may not even be aware of these outrages. Present-day events weigh heavily in this picture as well. African Americans often face having their complaints of pain dismissed. In one striking example, a 63-year-old African American woman visited an emergency department with a chief complaint of continuous headaches. However, instead of addressing her pain, a white doctor suspected her of being a drug addict trying to acquire narcotics in an illicit manner. That doctor attempted to send her home, but subsequently she had a stroke while in the hospital [6]. It is distressingly common for Black health conditions to be misdiagnosed. For reasons related to prejudice, physicians may withhold vital treatment. Only 5% of physicians in the United States are African American, and receiving health care from persons who clearly do not share the patient's life experience does not promote mutual understanding or confidence. On a daily basis and in many respects, healthcare institutions have failed and continue to fail African Americans [7].

Trust in a vaccine as a product reflects the level of trust in the systems that manufacture and administer it. Pharmaceutical companies, governmental agencies, and the healthcare system itself are all contributors to their own public perception. In comparing White and African American adults relating level of trust in these institutions specifically concerning influenza vaccination, distinct differences by race were revealed. Interviewees were sampled from Maryland and Washington DC. Most expressed distrust in pharmaceutical companies, which they considered to be motivated by profit. Whites voiced inherent trust of federal institutions but were not confident of their competency. African Americans expressed less trust in government and also more frequently doubted its motives [8]. While both historical and present-day factors propagated at both the individual and governmental policy level have resulted in lower levels of trust in the healthcare system among African Americans, there are some common factors contributing to vaccine distrust not specific to African Americans. There can be fear of serious immediate or long term vaccine side effects, questions about the purity of the vaccine, and objections to the process by which the vaccine is manufactured, for instance if it uses by-products of aborted fetuses. There are well-educated and highly vocal individuals and social groups, sometimes known as Anti-Vaxxers, who question the safety of vaccines of any kind, some even claiming that the current pandemic is just a globalist hoax. A 2015 report on vaccine confidence from the U.S. National Vaccine Advisory Committee, up to 85% of physicians at some point faced guardians of children preparing to refuse at least one recommended childhood vaccination over concerns about possible untoward effects or misguided beliefs about vaccine safety. However, as in other studies, African Americans report mistrust of government as a prominent motive for vaccine hesitancy [9]. Owing to the general atmosphere of distrust in government and the healthcare system, some people, likely a higher proportion in the African American community, have adopted complementary, dietary, lifestyle and holistic prevention methods in lieu of vaccination. However, NIH has not found scientific evidence of their effectiveness, instead recommending simple social distancing, hand washing and masking [10].

Addressing Vaccine Hesitancy among African Americans

If African Americans do not trust the government or the vaccine, they must be reached through those they do trust. Polling has demonstrated that as much as 85% of African Americans trust their personal healthcare provider, and about 79% trust their local health department. This level of trust exceeds the level expressed in governmental figures and the pharmaceutical industry. Other trusted figures, such as community leaders, may be enlisted to help prepare people to receive these lifesaving interventions [11]. A specific set of well regarded figures in the African American community that may help bridge the gap in trust are religious leaders. Historically, church has played a role of singular importance for African Americans, earning trust and devotion based on years of community guidance and service. As practiced orators, pastors already possess the skillset to understand the need to address questions, to help allay fears and to create a faith-based framework for the community to understand that vaccination can help people to help themselves while helping others [12].

Transparency concerning emerging vaccine information is of critical importance. Public health advocates need to communicate updates promptly, refute commonly held misunderstandings, and create realistic expectations about vaccine side effects while maximizing vaccine availability. When someone finally makes a decision to take the vaccine, it is imperative that they not run into a wall of frustration, not knowing where to go or not being able to get an appointment. Offering vaccination in both traditional and nontraditional settings such as sports arenas and mobile units will help maximize availability. Some misunderstanding comes from lack of information on how vaccines are developed and how they actually work, which contributes to unwarranted fears that people can get COVID19, infertility or some other virus from the vaccine itself [13]. Persons who exhibit vaccine hesitancy need to be met with empathy. There are plenty of good reasons for African Americans to be suspicious, an outlook that will likely only be aggravated by attacks and shaming. Vaccination is a personal decision, and even a decision to refuse vaccination must be respected with the hope that an individual not feeling coerced will eventually reconsider [11]. African American physicians have mobilized to help their communities grasp the importance of the vaccine in slowing the pandemic as well as improving vaccine access. The National Medical Association, a professional association of African American physicians actively reviews emerging data on COVID19 to ascertain its accuracy and relevance to communities of color. A common myth they encounter is that the vaccine will cause infertility. The organization works to build and maintain confidence in vaccine safety and efficacy through webinars and meetings in churches, universities, fraternities and sororities [13].

In addition, the American Medical Association has recognized the problem of vaccine hesitancy among African Americans. The Journal of the American Medical Association references a 2002 study “Distrust, Race and Research,” reporting that African Americans were more likely than whites “to believe that physicians would ask them to participate in harmful research, expose them to unnecessary risks, not fully explain the research, or treat them as part of an experiment without their consent.” Public information campaigns were developed targeting the African American Community such as “Prioritizing Equity: Trustworthiness & Vaccines.” The appointment of African American physician Marcella Nunez-Smith MD, MHS as chair of President Joe Biden’s COVID Equity Task Force and co-chair of the Administration’s COVID Advisory Board suggests that there may be reason for cautious optimism [14].

Acknowledgement

Funding for this paper was provided in part by the Substance Abuse and Mental Health Services Administration (SAMHSA), grant # SM083261.

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