

# Barrier to acquiring COVID-19 Vaccines in Communities of Color

## Natalie Baker

### Abstract

For decades, communities of color have undoubtedly struggled with acquiring health care that is accessible, equal, affordable, and for most part, decent. During their quest for equality, people in communities such as these have faced many barriers. Barriers that have made it difficult or impossible to acquire the care they need and deserve. History has taught us that health care have not been created equally for all Americans especially for people of color. During the heat of COVID-19 pandemic in 2020, communities of color were hardest hit and suffered tremendously on many levels. Although the pandemic is not over, people in these communities continue to face high hospitalization rates, deaths and barriers that often make it impossible to access the COVID-19 vaccine. Barrier that were not taken into consideration when the vaccines were made available for all to acquire. The focus of this paper is to provide a review of the COVID-19 timeline barriers that communities of color experienced and continue to experience while trying to achieve a vaccine that could possibly save their life. In addition, recommendations as to how to reduce or remove the barriers that continue to be an obstruction to acquiring the COVID-19 vaccines for individuals living in communities of color. I choose this topic because of its importance to public health. The COVID-19 pandemic has made it clear how important insurance coverage and health care for every person living in this country is. The accessibility to health care should be guaranteed to all regardless of financial status, neighborhood, education, and race. Covid-19 has shown us that our health care system is fragile and the health of one group or community affects the health of all groups.

**Keyword:** communities of color, barriers, COVID-19, pandemic, WHO, vaccine hesitancy

### Methods

Articles pertaining to the timeline, and barriers to COVID-19 vaccines were researched as well as articles related to vaccine hesitancy in communities of color. In Dror, et al.'s (2020), article, it was determined that vaccine hesitancy remains a barrier to fight against infectious disease. This paper examines published articles that reports on the barriers to acquiring COVID-19 vaccines. PubMed data base, World Health Organization (WHO), Centers for Disease Control (CDC) were used along with various authors who examined the barriers to acquiring COVID-19 vaccines. These consists of comparative data of African American, Hispanics, Asians and Whites in the U.S. and their access or lack of access to the COVID-19 vaccine. This paper also examines review articles that relates to barriers in health care and how those barriers can influence the low vaccine rates in communities of color. It also reviews how people of color are more likely to be hospitalized with COVID-19 than whites.

### Objectives

The Objective of this paper is to identify the barriers that people living in community face when trying to acquire the COVID-19 vaccine. Barriers that have created health inequity for decades continue to impact the health of people living in communities such as these

### Results

#### BARRIERS TO ACQUIRING COVID-19 VACCINES

For communities of color the access to the vaccine was extremely limited. Yet they were and continue to be the communities that are hardest impacted by the disease both by hospitalization and deaths. According to the CDC, communities of color disproportionately accounted for hospitalization and deaths cause by COVID-19, with 14.8% of all COVID-19 mortalities occurring in black people. However, they represent 13.4% of the population in the U.S. This is due to the inequities and disadvantages they face. The problematic healthcare system in the U.S is plagued with issues that significantly affect communities color. Racial health inequities, racial disparities, overcrowded emergency rooms and hospitals, underfunding of hospital in communities of color, lower quality of care, lack of healthcare facilities and healthcare workers in hard to reach regions, cultural differences and misunderstandings all create barriers. For those who live in poor and underserved communities of color they face financial inequality, polluted neighborhoods, education inequality, housing inequality, high crime, poverty and for many, early onset health issues. These issues contribute to barriers when trying to gain access to the COVID-19 vaccine. When the COVID-19 vaccine became available in December of 2020, the CDC submitted their recommendations as to who should be at the top of the list to receive the vaccination. It was suggested that healthcare workers have priority as they were on the front lines taking care of patients and were at the greatest risk for acquiring and transmitting the disease. Also, at the top of the list were elderly Americans living in long term care facilities as they were amongst the most vulnerable (CDC, 2020).

#### Child Care

Child care issues and family responsibilities presented another barrier for people in communities of color who were trying to get the vaccine. It was difficult to find child care since day care centers were closed, schools were closed and remote learning was recommended.

#### Mistrust of Health Care System

Experiments have been conducted on people of color to acquire medical breakthroughs and treatment to cure diseases for decades. Yet they continue to experience lack of access and good care when needed. Henrietta Lax cancer cells were removed and used without her consent. Share world wide to develop treatments, vaccine and study viruses. These cells are still being used in medical research. The beneficiaries of these researches are primarily not of communities of color.

#### Financial Barriers

With many unemployed due to the shutdown mandate, their financial struggle increased making it difficult to afford the cost food and shelter. To get to a vaccine site it may be necessary to take private transportation, taxi, bus or train to get to the closest location. The closest location may be miles away. The fare may be unattainable to people who are already struggling financially. In cities where the nearest hospital or vaccine location is miles away from home yet transportation is not accessible, the choice is not to go. This is a barrier seen across the country. Another financial barrier is not getting paid for the time off to acquire the vaccine. Some hourly wage earners, do not get paid unless they work. Faced with financial difficulties, it became unreasonable for them to lose a few hours or a days' pay to get the vaccine. They often place their financial needs over their health. Once again placing their entire family at risk for developing COVID-19.

#### Vaccine Hesitancy

Mistrust regarding the quick development of the vaccine, the testing, approval, and its' efficacy. Many chose to wait and see what happens with the first group of individuals who took the vaccine. Hesitancy can also be contributed to the side affects others describe post vaccination which might have caused them to miss work for a few days. Additionally, the notion that the vaccine is dangerous because it contained a chip in which the government will be able to track every movement of the person who take it.

#### Language Barriers

Difficulties in understanding the information being transmitted creates a barrier to get the vaccine. Physicians also reported difficulties with language barriers. Language barriers decrease understanding regarding appointment availability, location, requirements and importance of acquiring the vaccine. Language barriers reduces the clarity and satisfaction patients deserve when seeking care. The study showed patients had difficulties understanding the information regarding treatment they received from nurses who did not speak their language. Thirty percent did not understand the medical instructions given, 30% did not believe the information was reliable, and 50% of the patients believed language barriers contributed to errors. Their finding indicated that patient who had limited English speaking and understanding capabilities reported that they missed appointments, and had difficulties making appointments because of the language barrier. (Shamsi, et al., 2020). They believed their patients held back on information about their health. Language barriers decrease understanding regarding appointment availability, location, requirements and importance of acquiring the vaccine. Language barriers reduces the clarity and satisfaction patients deserve when seeking care. Shamsi, et al. article contained information collected from various countries across the world regarding language barriers in healthcare. The participants were from several hospitals, and medical centers. There were 14 studies including over of 300,000 participants. This included nurses, doctors and patients. Nine of the studies were cross sectional, two used a prospective design, two were qualitative and one was a report. Information was collected from interviews, questionnaires. Their finding indicated that patient who had limited English speaking and understanding capabilities reported that they missed appointments, and had difficulties making appointments because of the language barrier. Patients reported having difficulties understanding instructions and believed that the language barrier created the opportunities for error. The ability for patients to communicate with their healthcare provider, helps to builds trust, provide continuity of care, and builds patient satisfaction.

Table 1

Percentage of COVID-19 Deaths by Race & Hispanic Origin			
Data as of 8/4/2021	Total	2021	2020
Non-Hispanic White	61% (368,609 deaths)	18% (110,957 deaths)	15% (91,784 deaths)
Non-Hispanic Black	4% (23,063 deaths)	1% (6,836 deaths)	0.2% (1,138 deaths)
Non-Hispanic Asian			
NH American Indian/Alaskan Native			
NH Native Hawaiian/Pacific Islanders			

NOTE: This is the distribution of all COVID-19 deaths according to race and Hispanic origin. The non-Hispanic white population accounts for the majority of deaths overall which is reflected in this percentage distribution. When compared to their own race and Hispanic sub-population, COVID-19 deaths disproportionately affect Hispanic, non-Hispanic black, and non-Hispanic American Indian/Alaskan Native populations. Please see the [Health Disparities page](#) for more information.

Most Frequently Listed Comorbidities with COVID-19 Deaths

Most Frequently Listed Comorbidities with COVID-19 Deaths			
Data as of 8/11/2021	Total	2021	2020
Influenza & Pneumonia	46.2% (279,260 deaths)	19.6% (118,560 deaths)	15.9% (96,299 deaths)
Hypertension			
Diabetes			
Alzheimer disease and other Dementias	13.1% (79,256 deaths)	9.7% (58,527 deaths)	
Sepsis			

NOTE: There were co-morbidities or other conditions listed on the death certificate for as many as 90% of all COVID-19 deaths (Table 3, WebEx). The other 5% of death certificates in which COVID-19 was the only condition listed was likely related to a lack of detail listed about other conditions present at the time of death.

Table 2

Barriers to Acquiring COVID-19 Vaccines in Communities of Color			
Weekly Highs and Lows of COVID-19 Deaths			
Data as of 8/4/2021	Total	2021	2020
Most Current (incomplete) Weekly Total, week ending 7/31/2021	677	25,889	1,376
Highest Weekly Number of Deaths, week ending 1/9/2021			
Lowest Weekly Number of Deaths, week ending 7/3/2021			

NOTE: Lowest weekly number is selected based on weeks after the initial first wave peak (4/1/2020) and not within the last 5 weeks. Data for the most recent 5 weeks are typically less than 90% complete, with lower levels of completeness in more recent weeks.

  

Place of Death			
Data as of 8/4/2021	Total	2021	2020
Hospital or Other Inpatient Health-Care Setting	65.6% (397,828 deaths)	18.7% (113,550 deaths)	
Nursing Home or Long-Term Care Facility			

  

Death by Age Group			
Data as of 8/4/2021	Total	2021	2020
65-and-over age group	79.2% (480,143 deaths)	18.0% (109,068 deaths)	2.8% (17,178 deaths)
45-64 age group			
Under 45 age group			

### Discussion/Conclusion

In conclusion, barriers block communities of color access to the COVID-19 vaccine. They have help to contribute to the spread of the corona virus disease and death in the U.S. They also affect the success of the vaccine program. These barriers have a history in the structure of the healthcare system. They include financial, transportation, lack of healthcare facilities in communities of color, long lines to acquire vaccine, and the lack of convenient appointment times. These barriers also include how the government respond to the needs of the communities that are severely affected. Funding by government agency to hard hit communities will help to provide better hospitals and clinics that are so desperately needed. Having a successful vaccine compliance is dependent on the removal of structural barriers that prevents people from acquiring it. It should be easily accessed in the communities that people live in and not restricted by barriers. For example, placing educational information regarding COVID-19 disease, the vaccine and providing access in these businesses for vaccines would increase the number of people who would most likely to take it. It would also help to reduce the false and misleading information that influence people not to take the vaccine. Providing information regarding COVID-19 vaccination, location and benefits in various languages will help to bridge the gap for non-English speaker. We are a country with people who speak various languages, our health care information should be presented in the language we understand. All communities regardless of their race, color or origin should have an opportunity to reduce the disparities caused by diseases, such as COVID-19.

### Acknowledgement

Special thank you to Dr. Ehlke, and Dr. LaRosa for all of their support during this education journey. I would also like to thank all the faculty and staff of the School of Public health for sharing their educational expertise. I will cherish it for the rest of my life.

### References

Center for Disease Control and Prevention. the U. S. public health service syphilis study at Tuskegee. Retrieve from: <https://www.cdc.gov/tuskegee/faq.htm>

Dror, A.A., Eisenbach, N., Taiber, S. et al. Vaccine hesitancy: the next challenge in the fight against COVID-19. *Eur J Epidemiol* **35**, 775–779 (2020). Retrieved from <https://doi.org/10.1007/s10654-020-00671-y>

Savoia, E., Piltch-Loeb, R., Goldberg, B., Miller-Idriss, C., Hughes, B., Montrond, A., ... Testa, M. A. (2021). Predictors of COVID-19 Vaccine Hesitancy: Socio-Demographics, Co-Morbidity, and Past Experience of Racial Discrimination. *Vaccines*, *9*(7), 767. doi:10.3390/vaccines9070767