

Mitigating COVID-19 Vaccination Disparities in Communities of Color

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Due to systemic racism and inequities in health care delivery, mounting data indicates that BIPOC and immigrant communities have been hardest-hit by COVID-19, with heightened risk of both contracting and dying from the virus compared to White Americans.

Though race/ethnicity data is only available for roughly half (53%) of the distributed vaccines, considerable logistical and cultural barriers have been documented in distributing and accessing the vaccine for immigrant communities and communities of color. (Doherty & Kenen, 2021).

WHAT WE KNOW:

- **Hardest-hit communities of color, who are disproportionately at risk of contracting and dying from COVID-19, have significantly less access to the COVID-19 vaccine.** Black, Indigenous, and Pacific Islander Americans are twice as likely to die from COVID-19 than White Americans (APM Research Lab, 2021). While the risks and consequences of dying from COVID are greater for communities of color, as of February 2021, of the 13 million people who have been vaccinated against COVID-19, only 5% were Black and 11% were Latinx.
- **Immigrants face additional potential barriers to accessing the COVID vaccine.** Approximately 22 million non-citizen immigrants in the U.S. may lack health insurance, reliable transportation or flexibility in work hours, and face language/literacy challenges. Data collection around vaccinations may also be a deterrent for this population due to fears of potential negative immigration-related consequences, as potentially identifiable information may be collected (Artiga et al., 2021).
- **Communities with limited access to transportation and technology are facing considerable barriers to getting the vaccine.** A lack of pharmacies, hospitals and transportation that exist in communities of color have exacerbated the struggles around vaccine distribution and access (Johnson, 2021). As of 2019, 10,571,819 Americans who have housing did not have a vehicle (U.S. Census Bureau, 2019). Additionally, most States are relying heavily on government websites to make vaccination appointments (Wall Street Journal, 2021). In 2019, approximately 8 million Americans had no computer access and nearly 16.5 million Americans had no internet subscription (U.S. Census Bureau, 2019).
- **The historical traumas that communities of color have experienced further fuels distrust of the vaccine.** Some of the roots of distrust in the COVID vaccine stem from unethical medical experiments and procedures that BIPOC have participated in without fully informed consent. In a recent survey, only 35% of Black adults reported that they definitely or probably would not get vaccinated, and were more likely than other groups to cite concerns about side effects and the newness of the vaccine (Kum, 2020). Similarly, a survey from 1,300 Latinx registered voters in October 2020 indicated that 28% were not interested in getting a vaccine when it became available (Unidos US, 2020).

POLICY SUGGESTIONS TO ENSURE EQUITABLE AND EFFICIENT VACCINE DISTRIBUTION:

1. **Address logistical barriers to accessing the vaccine.** This may include providing transportation options and making the vaccine available in local pharmacies and community centers that have been hard-hit by COVID.
2. **Simplify registration procedures that don't require internet or digital platforms.** Create in-person registration options. Offer alternatives to using personally identifying information at registration, such as randomly-generated numerical tracking IDs.
3. **Require all States to report race and ethnicity data for vaccination rates to understand the demographics of who is receiving the vaccine and identify disparities early-on.** Standardizing demographic data reporting procedures across all States will facilitate a more accurate understanding of disparities in access and inform efforts to equitably distribute the vaccine.
4. **Public health information about the vaccine needs to be disseminated to immigrant communities in their ethnic languages and in a culturally sensitive manner.** Leverage existing community networks and co-create accessible educational resources about the COVID vaccine with community leaders.
5. **Ensure accurate information about the vaccine is circulated, while actively managing vaccine misinformation.** The government must allocate resources in both disseminating accurate and accessible health information while also addressing myths regarding the COVID vaccine.

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