

Communities of color struggling to get vaccines to those in need

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(HealthDay)—The greatest threat from COVID-19 has been for Black

and Hispanic Americans, who are three times more likely to be hospitalized and about twice as likely to die from an infection with the novel coronavirus, compared with white people.

Now, street-level community groups are stepping in with innovative ways to overcome longstanding racial disparities in health care and help step up vaccinations for [vulnerable groups](#).

These include [call centers](#) to help sign people up for vaccination, transportation to get folks to distant vaccination sites, and mobile clinics that will bring the vaccine into the communities that need it most.

"Before we had COVID-19, we've always had health disparity issues in our community. All it has done is compound that issue," Tasha Clark-Amar, CEO of the East Baton Rouge Council on Aging, said in a recent HD Live! interview.

New life expectancy projections released this week by the U.S. Centers for Disease Control and Prevention provided fresh evidence of the toll that the COVID-19 pandemic has had on Black and Hispanic communities.

Average life expectancy decreased 2.7 years for Blacks and 1.9 for Hispanics between 2019 and the first half of 2020, according to the CDC's National Center for Health Statistics. That's compared to a life expectancy decline of 0.8 years, on average.

These numbers reflect the "chickens coming home to roost," in terms of health care inequities that have been left unaddressed for decades, Jill Ramirez, executive director for the Latino HealthCare Forum in Austin, Texas, said during the same HD Live! interview.

COVID-19 has spread more easily throughout [minority communities](#)

because folks often are frontline essential workers holding jobs that expose them to infection, and they often live in crowded conditions where any virus brought home will easily pass through extended families, said Vickie Mays. She's a professor of health policy and director of the UCLA Center on Research, Education, Training and Strategic Communication on Minority Health Disparities.

People who test positive for COVID-19 typically aren't given options for living in quarantine away from their family to prevent further spread, Mays added during the HD Live! interview.

Minorities struggle to quarantine

When public health officials arrive, "they don't come with quarantine resources: They don't come with the hotel keys. They don't come with trailers," Mays said. And when someone in a crowded family home becomes infected with [coronavirus](#), "you don't send a person back into the same environment," she said.

Minority groups also face care inequities when they show up to the hospital, Mays said, citing the recent, highly publicized death of Indianapolis physician Dr. Susan Moore.

Prior to her death, Moore posted a video to Facebook stating that she was not receiving proper [medical care](#) for her COVID-19 infection because she was Black. She described arguments with white doctors to get needed CT scans, pain medication and treatment with the antiviral drug remdesivir.

Moore was a "black physician that was begging to be treated with equity. She knew what the treatment should be," Mays said. "Those images are pretty powerful when they're out there."

Instances like this have heightened mistrust among ethnic groups, which has grown in recent years thanks to stepped-up immigration enforcement and police abuses that triggered the Black Lives Matter protests.

Ramirez pointed out that "for the last four years, a lot of immigrants had a target on their back. That did not create a good environment for our people to trust the government."

Structural racism further contributes to the dilemma of getting people vaccinated. These communities often are located in places where there are no hospitals, clinics or other [health care](#) services, which means people have to travel across town to get vaccinated, Clark-Amar and Ramirez said.

Worse, whatever small clinics that are there do not have the sort of ultracold refrigeration units needed to properly store the fragile COVID-19 vaccines currently available, Mays said.

"We have community clinics that were needing to buy these ultracold freezers. Right now, it's weeks to get them. Until you can meet the requirement, you can't have it. So, who had it first? Major academic medical centers and hospitals, because they had an infrastructure," Mays said.

Technology has set up another barrier to vaccination, since vaccination clinics often require online sign-up, Ramirez and Clark-Amar said.

Online sign-ups a hurdle

Many older adults "don't have the skills" to sign up online, Ramirez said. "They might not even have a computer," she added.

"Just the insistence that our elected officials and the people who set up

the vaccine distribution for them to use technology as the first way to access vaccine, that in itself is a huge barrier," Ramirez said.

In Austin, the technology barrier is such that vaccination clinics that do get set up in minority communities are often overwhelmed by white people coming in from other areas hoping to get a shot, Ramirez said.

"Because the portal where people access is for everyone, we see that a lot of people from other areas of town that are more affluent are coming into our community and using the majority of the vaccine," Ramirez said. "When you look at the statistics, only about 9% of Latinos are getting the vaccine, 2.2% of African Americans, and the rest are white."

Many people also are reluctant to get vaccinated due to misinformation that has spread due to a lack of public health information targeted to Black and Hispanic communities, the experts said.

"There has been a lack of information regarding vaccines, their safety and why people should take it," Ramirez said. "In the absence of good information, we have a lot of misinformation taking root."

Faced with all this, community groups have taken matters into their own hands.

Clark-Amar's group set up a call center to help seniors get signed up for vaccination.

"We have care managers, social workers, on the phones that are filling out the online process for them, scheduling it for them, printing all the pre-consent forms, prefilling those," Clark-Amar said. "We have buses, our own transportation, so we go pick them up and make sure they get vaccinated, wherever it is."

Call centers, churches and ice cream trucks

By the end of February, the health authority in Austin is expected to open a multilingual call center, Ramirez said.

The community groups also are taking it upon themselves to spread the word about vaccine safety.

"While our seniors are waiting, we do phone calls, text messages and videos every day, just explaining to them here's why you should be vaccinated, here's why it's important to you," Clark-Amar said. "We focused on educating our seniors and beating back every myth and every misinformation they brought to us. We said, tell it to us and we'll tell you the reason why that's incorrect."

The groups also are coming up with innovative ways to bring COVID-19 vaccination into their communities.

For example, Clark-Amar's group is working with pharmacies to set up community vaccine clinics in which the activists do all the leg work and paperwork.

"All [medical staff] have to do is put needles in arms," Clark-Amar said.

Clark-Amar has also floated the idea of having vaccination clinics in neighborhood churches.

"The churches are the pillar of our community. We should take the vaccine to the church," Clark-Amar said. "Let the clinicians come to the church, and you'll be surprised how many people you can get in one day. There's churches on every other corner. We got to use them for Jesus and for vaccination."

Ramirez has another idea that would utilize a beloved neighborhood institution—the ice cream truck.

"I thought, why don't we use an ice cream truck as a mobile place to keep the vaccine?" Ramirez said. "The children get ice cream and the adults get their shots. We're just thinking outside the box."

More information: The U.S. Centers for Disease Control and Prevention has more about [COVID-19 racial and ethnic health disparities](#).

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