

COVID-19 vaccines in hand, experts tackle issues of equity in distribution

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One year ago, California State Epidemiologist Erica Pan recalled, she was discussing the worrying spread of COVID-19 with Bay Area health officers in advance of the region's decision to issue one of the nation's first stay-at-home orders on March 16. Now, as the number of fully vaccinated individuals in California passes 4 million, Han said that the "light at the end of the tunnel" may finally be coming into view.

"We've come such a long way," Pan said at a Berkeley Conversations event on Monday. "To have three excellent vaccines and more on the horizon is really, really exciting."

With safe and effective vaccines in hand, policy makers and [public health officials](#) are now grappling with the monumental task of getting the nation's limited number of doses into the arms of those who need it most. At Monday's event, Pan joined three campus [public health experts](#) to discuss the current state of the vaccine rollout, what can be done to ensure that distribution is equitable and what they hope the U.S. [public health](#) system learns from the past year.

"California is really doing amazing as a state, and we're getting more and more vaccines into arms," Pan said. "I want us to continue to get vaccinated as quickly as possible to hopefully stay one step ahead of this virus. Because, as we start to reopen ... if people let their guard down, it could get ahead of us again."

When news of an effective vaccine first broke last fall, many feared that historic medical abuses like the Tuskegee syphilis study might lead communities of color to avoid getting the inoculation. However, willingness to take the vaccine among these groups is now approaching or on par with that of [white people](#), said Osagie Obasogie, Haas Distinguished Chair and professor of bioethics in the Joint Medical Program and School of Public Health.

"There are many people in the Black community and other [minority communities](#) who are just as anxious to get access to the vaccine as anyone else," Obasogie said. "We have to think carefully about how these framings about hesitancy might unduly limit the ability of these communities to have access to these medicines."

Instead of focusing on how vaccine hesitancy might lead these groups to

not want the vaccine, we should turn our attention to addressing the many access issues that may prevent people who need the vaccine from getting it, Obasogie said. For example, though initial doses of the vaccine have been reserved for older people, many people in this demographic may not have the technological know-how to make an appointment online.

Colette (Coco) Auerswald, an associate professor of community health sciences, pointed out that other disadvantages, such as being disabled and housebound, working an unpredictable schedule or being unhoused, can also create potentially insurmountable barriers to accessing the vaccine. To ensure that everyone gets vaccinated, Auerswald suggested that public health officers think less like clinicians and instead imagine how a community organizer like Stacey Abrams might approach the problem.

"[Vaccination] should be like voting, where you can go in your neighborhood, you can walk up, you don't need an I.D., you don't need an appointment, and it doesn't compete with getting your [basic needs](#) met—it doesn't compete with going to work right or taking care of your kids," Auerswald said.

Balancing the demand for consistency at the state and national levels with this need to target some communities at the local level may be one reason that the vaccine distribution can appear haphazard, especially in large, diverse states like California—but that doesn't mean that progress isn't being made, Han said.

"I think people need to be patient with the process, in the sense that we have been very decentralized (in California)," Pan said. "We're trying to balance meeting the needs of people where they are, but also have some consistency statewide."

Moving forward, Obasogie hopes that COVID-19 pandemic helps

people in the U.S. come to a better understanding of health as a public good, rather than just an individual experience.

"I hope that as the vaccine gets distributed, there are chances to talk to people and have them understand that getting a [vaccine](#) is not about your individual health, but about your participation in the broader goal of community health ... so that, when the next pandemic comes up, people have a better foundation for thinking about, what are the actions or steps that I can take to not only protect myself, but the people around us?" Obasogie said. "With that strong foundation, hopefully, we can be better prepared to deal with future public health challenges."

Provided by University of California - Berkeley

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