COVID-19 Vaccines: Why Some Don't Want it

The rollout of COVID-19 vaccines was heralded by many. But in some communities of color, the event was met with skepticism, if not outright distrust.

This worries public health officials because it threatens to slow or prevent the mission to achieve herd immunity — and a return to the semblance of normalcy.

Various polls have shown that a sizable number of African-Americans and Latinos are not planning to get vaccinated, with refusal percentages ranging between 25 to almost 45%.

“We align vaccine hesitancy with health literacy, but it’s much more based on issues of trust, and it’s happening across the different demographic groups,” said Roderick King, M.D., M.P.H., director of the University of Miami Miller School of Medicine’s M.D./M.P.H. Program in Public Health Sciences. “I’ve found it in all educational levels, income levels, social levels. There’s simply a distrust of government and public health. Period.”

In a December Kaiser Family Foundation poll, 35% of Black adults said they “definitely or probably” would not get vaccinated. Though high, that’s actually a drop from the recorded resistance six months earlier, when a Pew Research Center report put that number at an alarming 44%. The percentage of Latinos who say they would refuse a vaccine is lower, but not by much.
However, Olveen Carrasquillo, M.D., M.P.H., chief of general internal medicine at the University of Miami Health System, believes this resistance can be overcome by countering social media disinformation and addressing safety concerns. “Much of the vaccine misinformation has targeted certain ethnic and racial groups,” he says. “Some of it is vicious, some of it is not. Some of it is just people passing along something they heard from a cousin of a brother of a friend.”

The good news?

This resistance to receiving the COVID-19 vaccines may not be permanent. Some people say they’re content to sit out the first round of vaccination, which implies the right kind of persuasion could change their minds. “What I hear is people saying, I don’t want to be a guinea pig,” says Dr. Carrasquillo. “I want to see how it goes.” He reminds them that tens of thousands of people received the vaccine last year as volunteers in the vaccine clinical trials. “It is thanks to those brave heroes we already have several months’ worth of very good data on the vaccines’ effectiveness and side effects,” he explains. In addition, after FDA approval in December, tens of thousands of health workers, including doctors and nurses, received the first and second doses of the vaccines. The ones getting the vaccines now “are very far from being the guinea pigs.”

Yet, surveys confirm this wait-and-see attitude.

The Kaiser study found that while 36% of whites polled were choosing to hang back, for now, 52% of Blacks and 43% of Latinos were planning to do so. Much of the resistance can be traced back to historical wrongs. Often cited is the Tuskegee Syphilis Experiments, which began in 1932 and ended 40 years later. For this study, the U.S. Public Health Service recruited Black men in Macon County, Alabama, who had already contracted syphilis and told them they would be treated for the sexually transmitted disease. But the government never intended to provide
treatment. Researchers were actually studying how untreated syphilis progressed in Black people compared with White people. At least 28 men died, maybe more, and many went on to infect their wives.

Another well-known case is that of late Henrietta Lacks. Her cells were harvested without her consent when she died of cancer and have been used for millions of dollars in research during the past seven decades. Her family has received no financial benefit.

While discrimination may not be as blatant now, health disparities in treatment and access continue today. “There’s a growing body of literature that shows Blacks are treated differently in medical settings,” says Dr. King, who also serves as senior associate dean of Diversity, Inclusion, and Community Engagement at the Miller School. “There’s this feeling that if you’re black, you’re not taken seriously.”

Now, health experts realize that decades of distrust can’t, and won’t, be turned around quickly. “It’s going to take time and effort,” Dr. King adds.

“There’s no silver bullet.”

Dr. Carrasquillo agrees, adding that the speed and political rhetoric around the COVID-19 vaccines have served to heighten wariness. “There are legitimate concerns that we have to address to be able to move forward. We can’t just come in and tell people, ‘Vaccines are good. You should get them.’ That’s not going to work.”

Rebuilding trust is essential to achieve herd immunity. Public health experts estimate that at the minimum, 70 to 80% of the population must have some degree of protection, preferably through vaccination instead of infection and recovery. To get to that point, public health officials need the cooperation of a large percentage of minority communities. Even if all whites were to be vaccinated – an unlikely scenario – that alone would not get the country to herd immunity because whites make up only 60% of the U.S. population. (African Americans account for 13% and Latinos 18%.)
Those stats are flipped in Miami-Dade.

Latinos comprise almost 70% of the population, and African-Americans (or those self-identifying as blacks) come in at about 17%. This makes vaccinating those groups even more crucial.

Outreach and communication are critical for the success of the COVID vaccination effort. Dr. Carrasquillo is a principal investigator for the Community Engagement Alliance Against COVID-19 Disparities, or Florida CEAL Team. Collaborating with researchers from other state universities, he will be using federal grant money to devise strategies to counteract misinformation about COVID-19 while also working to understand — and overcome — barriers to care. CEAL also hopes to promote minority participation in vaccine and therapeutic clinical trials.

Other efforts to persuade communities of color to get vaccinated include:

- Promote trusted visual images and messengers to spread the importance of the COVID vaccines’ safety and efficacy. “If you see a black doctor or a black nurse getting the shot, that helps,” Dr. King says. That is probably one of the reasons a Black critical care nurse became the first American to receive the Pfizer vaccine, with a Black doctor administering it.

- Partner with community organizations. Church pastors, non-profits leaders, and grassroots organizers can help develop trust in the vaccines by going public with their own inoculations.

- Address people’s questions honestly and openly. Shaming or guilting people into action won’t help. Nor will judgmental or critical language. “You can’t shut them out or dismiss them,” Dr. Carrasquillo says. “You must ask open-ended questions: Why do you think that? What are you worried about? What makes you afraid?”
- Understand a community’s needs. Talk about the benefits, not just the consequences. One group might be more willing to roll up its collective sleeve if its members understand a vaccine might facilitate travel, or visits to grandparents, or landing a particular job.
- Focus on the early adopters, the pioneers in any group who are willing to try the novel, and then help them convince the rest of the population. There will always be those who believe the pandemic is a hoax or that the vaccine is part of a government conspiracy, of course.
- Deliver on promises. The current patchwork of vaccination site requirements, hours, and dose availability is very confusing and frustrating for the public. “We have too many inconsistencies. We need coordinated planning,” Dr. King says.

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