

Coronavirus

Covid-19 (United States): Black and Latino communities are left behind in Covid-19 vaccination efforts

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Although a few states have seen large increases in vaccination rates among Black and Latino Americans, most are still trailing behind.

When vaccines became increasingly available throughout America, US health officials moved quickly to try to convince large numbers of Americans to get vaccinated. But amid the mass vaccination rollout, Black and Latino communities, who are [disproportionately affected](#) by the pandemic, have been left behind in vaccination efforts, [creating racial disparities](#) about who was more likely to get a Covid-19 shot.

Amid [federal](#) and local efforts to address vaccine disparity, [vaccination rates](#) for Black Americans and Latinos lag behind the general population, leaving many communities of color still unprotected against the Covid-19 pandemic.

Among the 57% of Americans for which ethnicity data was available who have had at least one dose of the Covid-19 vaccine, the majority are white while only about 15% are Hispanic and 9% are Black: both lower rates than their proportion of the US population. Fewer than half of US states have vaccinated more than [a third of their Black populations](#), according to data provided by Bloomberg, while more than 40 states have done at least as well with white and Asian people.

While some states, like Mississippi, Georgia and Maryland, have seen large increases in vaccination rates among Black and Latino residents in the last week, most US states are still trailing behind on vaccinating communities of color.

The reasons behind continued disparities in vaccine distribution are complex, ranging from a waning hesitancy towards getting vaccinated to disparities in public health infrastructure that disproportionately impact communities of color. Amid various explanations and some steady progress towards closing the vaccination equity gap, disparity stubbornly remains.

“We have structural inequities in everything else, especially in healthcare. You don’t expect a thing like vaccinations to suddenly [make] that disappear,” said Dr Linda Rae Murray, a Chicago physician and former president of the American Public Health Association (APHA).

In many states, early fumbblings in the vaccination process have left lingering disparities in place. Missteps around providing accessible information on Covid-19 vaccines, combined with an [ongoing level of distrust in institutions](#), has created vast amounts of misinformation on the vaccines’ efficacy and safety, resulting in some hesitancy, especially early in the vaccination rollout.

“We still have people that still have not heard the information that they need to make an informed decision and we still have a range of misinformation out there and we still have some people that are purposely giving people the wrong information,” said Georges C Benjamin, executive director of the APHA.

But vaccine hesitancy is only one reason for why many Black and Latino people remain unvaccinated. Polls from the Kaiser Family Foundation found that hesitation to get vaccinated among Black Americans [has gone down in recent months](#) while interest in getting vaccinated among Latinos remained high. In fact, white Republicans are more likely to definitively refuse a vaccination. Similarly, even though Black Americans have [similar rates of vaccine hesitancy to white people](#), white people are more likely to get vaccinated.

Beyond individual attitudes, structural inequalities are stifling equitable vaccine access.

Transportation to and from vaccination sites has been an ongoing problem for many attempting to get vaccinated. Many low-income people of color don’t have [access to a car](#) or live near public transportation that could get them to vaccinations sites.

Work and family obligations are another barrier that make it difficult for some to access the vaccine. Early on in the vaccination scramble, even if a person could navigate technological difficulties to secure a long-sought vaccine appointment, getting vaccinated often depended on a person’s availability during the day.

For many frontline workers, the [majority of whom are people of color, taking time off](#) to get vaccinated is still not possible. Similarly, taking care of young children or elderly relatives can limit a person’s opportunity to go and get vaccinated.

“All of these structural conditions ... make it difficult to go out to these mass vaccination places,” said Murray.

Some communities of color also struggle with a lack of health infrastructure, resulting in limited access to information on the vaccine or how to schedule vaccine doses.

In many major US cities including [Chicago](#), Memphis and Los Angeles, “pharmacy deserts”, a term used to describe a neighborhood with limited pharmacy access, [disproportionately impact](#) Black and Latino residents, cutting off access to vaccine appointments at commercial pharmacies. Similarly, as Black and Latino people are [less likely to have insurance](#), they may have [irregular contact with a physician](#) who can provide greater information on how to get vaccinated.

Some states and municipalities have taken targeted steps to make the vaccination process accessible. Benjamin noted proposals such as [going door-to-door](#) to create vaccine appointments, [mobile vaccination clinics](#), and other attempts to create parity among vaccine distribution in many states. New federal initiatives to boost vaccination rates among minorities also include [using Black-owned barber shops and hair salons](#) as pop-up vaccination sites and to promote vaccinations as well as [providing free Uber and Lyft rides](#) to Covid-19 vaccination sites.

“It is important to take the vaccine to the community and not have the community [have] to come to the vaccine,” said Benjamin.

Benjamin also described how the federal government has plans in place to help achieve more equitable distribution. “We have states in the United States that historically do poorly on all health statistics. They’re at the bottom of our health outcomes for heart disease, cancer. They have high poverty rates. It’s going to take longer to get them,” said Benjamin.

But as Murray noted, in the absence of any US national health system, states, even ones that historically had poor health outcomes concerning minorities or ones that are still struggling to accurately [collect vaccine data on minorities](#), are tasked with closing the vaccine disparity gap.

Plus, stopgap proposals to boost vaccination rates, especially with a looming 4 July deadline, are temporary solutions in the face of structural issues – like lack of pharmacies in a community – that create and exacerbate vaccine disparity. The use of emergency Covid-19 funding to fund short-term proposals versus sustainable investment in public health infrastructure generally leaves structural inequalities unaddressed in the long-term.

“That’s like saying, ‘We’re going to hire a few more fire departments for the next year, but if you don’t have a fire department five years from now and there’s a fire, you’re still in trouble’,” said Murray.

Ultimately, despite some gains in vaccine rates among communities of color, more work needs to be done – now and in the future – to adequately address health inequities pertaining to the vaccine and beyond.

“There will be another [pandemic] and it won’t be 100 years from now. It will be sooner than that and if we don’t make these investments in our infrastructure now, if we don’t address the racial inequities that exist in our country ... then the next pandemic will see the same kinds of inequities,” said Murray.

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P.S.

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