

Transcript Details

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Concerns in the Community: Obstacles to Accessing the COVID-19 Vaccine

Dr. Chapa:

American's COVID-19 vaccine drive is failing to reach Black and Hispanic communities, despite pervasive warnings about their lack of health care access and heightened vaccine hesitancy rooted in traditional distrust of the government and historical episodes of medical exploitation. This cultural barrier to healthcare has now gained national attention.

Welcome to *Clinician's Roundtable* on ReachMD. This is Dr. Hector Chapa. And here to address these very real barriers to community health are my two guests, Dr. Robert Carpenter, who is a bariatric surgeon by training and the Director of Wellness at Texas A&M University College of Medicine, and Dr. Toni Keaton, Assistant Clinical Professor of Internal Medicine at Texas A&M College of Medicine. Drs. Carpenter and Keaton, welcome to the program.

Dr. Keaton:

Yes, Hector. Thanks for having me.

Dr. Carpenter:

Thank you for the opportunity, Dr. Chapa.

Dr. Chapa:

These are very, very important topics because success that we see on the media for COVID vaccination is a very broad term. But we know when we really bring it down, success can look very different to certain groups. So, I want to start off first by addressing something to Dr. Keaton. It's been reported that African Americans have nearly the lowest rates of vaccination among any ethnic group. In fact, white Americans are being vaccinated at a rate three times higher than black Americans. Now, Dr. Keaton, as an African American female physician, what can you tell us about fears or misconceptions regarding the COVID vaccine in the African American population?

Dr. Keaton:

Yes, thanks, Hector. Unfortunately, this is true. There is quite a bit of hesitancy that still exists within the African American community with regards to the COVID-19 vaccine. Some feel that the vaccine was too rapidly developed. Also, there were concerns that there could be infertility associated with receiving the COVID-19 vaccine. And then some people feel that the COVID-19 vaccine is actually delivering live virus. And I've heard some patients say that, "I would never let somebody inject me with anything, you know, such as this." And the African American population do not have an irrational fear of new medical technology. Instead, there is an awareness of a long history of being disrespected, mistreated, and even violated.

I'm sure everyone is aware of the Tuskegee syphilis study, which ran from 1932 up until 1972, in which researchers withheld treatment from hundreds of African American men for decades to allow doctors to see the natural history of syphilis in the human body. And this was without their consent. And once penicillin became available in 1947, the patients in the study were not offered this particular treatment, and they were not offered the option of withdrawing from the study.

And then also there's the case of Henrietta Lacks, who was a patient that was being treated at the Johns Hopkins University back in 1951. This lady was a 31-year-old female who died of advanced cervical cancer. And her cells were taken without her knowledge and then also without her consent. They were used to develop one of the most famous cell lines, which is the HeLa cell lines, which is used even up until this day.

So these are some of the reasons that there is mistrust within the African American community with regards to the healthcare system in the United States. And when there is mistrust, then a lot of times there is lack of treatment. So when a patient feels that they've been

mistreated and they're not respected and they're not really seen as an equal within the healthcare community, then a lot of times, unfortunately, these patients will not seek treatment.

Dr. Chapa:

You know, that's very interesting. I remember when I was still a resident, had a very prominent physician, African American, very well known, and very well published in obstetrics and gynecology, and I remember a quote that he said, and it's never left me because I thought was very, very powerful. So he said, you know, "medicine and scientific progress advances, but history never forgets." But since history doesn't forget, I think that is one of the things that we try to teach our medical students is that we can have advances but these social determinants of health are real. And so I agree with you, Dr. Keaton. I think these are good points.

And Dr. Carpenter, having said that, what do you think we can do as individuals, and more broadly as physicians and as a medical community, to better reach specifically these two populations, African Americans nationwide, and Hispanics? And I can tell you as a Hispanic physician myself, a lot of my family members have a lot of distrust for this, despite what I tell them. And they have more confidence in their great grandmother, you know, the abuelita, in the family, who's not medically trained than in our trained professionals. How can we fix this, Dr. Carpenter?

Dr. Carpenter:

I would say the first thing is that it's not actually our job to fix it. It's our job to actually go back in and reinstitute and repair, not fix but repair, that word that you mentioned, which was trust. We have to reach out not just to the individuals, but we have to reach out to the leaders in those communities. And you talked about the grandmothers, you talk about the pastors in churches, you talk about the people in the areas where people congregate. And that we actually reach out into those communities, not to tell them what to do, but to actually spend the time developing relationships with those individuals, their leaders, as well as the individual patients themselves and develop trust. It's through that trust that we're then able to not give people a hand-out. But to give people a hand-up. We're able to grab hands with them and actually give them not just information, but to help them make a more well-informed decision on what's right for them.

I think a big part of what we're actually doing right now is that we continue the very typical medical professional method of judging people. It's not our job to do that. It's our job to actually provide information, to give them the opportunity to make good decisions based upon what's right for them. And in many instances, over time, when they're presented with facts, when they're presented with truth, when they're presented with trust, they will go ahead and make the decision that provides themselves and their families the greatest degree of security, health, prosperity, and the like.

So that's our job as physicians that all too often I think we've missed, and especially in these difficult times of the pandemic, that is the case.

Dr. Keaton:

I would definitely agree with Dr. Carpenter that, you know, one of the main ways to dispel the mistrust in the African American communities and communities that have been disserved is to listen to their concerns and to validate their concerns that they've had in the past. Because until you validate some of the reality that these patients and these communities have endured, it's hard to move forward.

Dr. Chapa:

For those of you just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Dr. Hector Chapa, and I'm speaking with Dr. Robert Carpenter and Dr. Toni Keaton, about the COVID-19 vaccine, specifically about reaching the African American and the Hispanic communities in America.

So Dr. Keaton, do you see social media as an ally or a foe in the African American community regarding medical care in general, and specifically the COVID vaccine?

Dr. Keaton:

Well, that's an interesting question. I think that social media is truly a double-edged sword. On one end, social media has been known to spread kind of what you call infodemics, or information that that has just spread like wildfire, just like an epidemic. And sometimes this information can be misleading and even downright incorrect. And we also have to understand that when dealing with social media, we have to be aware that a lot of the social media platforms use algorithms, in such that if you are used to dealing with a certain population or depending on your activity on the web, it will get presented to you based on these algorithms, certain information that may reinforce these false beliefs. So in that way, the social media platforms can actually work against the African American community.

On the other hand, it can be very useful. You know, I have seen in certain instances where the social media platforms have delivered useful and accurate information. I have seen where certain organizations, if you're linked up within certain platforms within social media,

where there has actually been links within certain parts of the feed, where you can go directly to sign up for a vaccine, get an appointment through some of these feeds within the app and also giving you links to important and life-saving information.

So you know, once again, I think it's really a double edged sword, and it kind of depends on the hands of the user.

Dr. Chapa:

Now, Dr. Carpenter, it has been reported in the literature and the CDC is aware that for whatever reason, there are higher vaccination rates in higher income zip codes than those that, for example, are predominantly African American or Hispanics. My question to you, Dr. Carpenter, is how can we get around this? How can we again remedy this, turn this around to make vaccination and education just more widespread, so they can have better access, specifically in the Hispanic and African American communities?

Dr. Carpenter:

I think that's an absolutely essential part of where the next phase of vaccination in this country, in our state, in our region is really key. Specifically, when you look at the rates of vaccine acceptance, having a tight taper to a degree, and the rates of new vaccination appointments oftentimes going unfilled in many centers, it has to do not only with the location where those centers are located, but also the awareness that they even exist. And so whether it's having access to the internet in a very timely fashion so that you can identify a place near you to have the vaccine. Or even in some instances, having access to technology at all, such as one area that we haven't talked about, which is individuals who are in more rural, or underserved areas. That's incredibly important. And the reality of the situation is that all too often our rural communities become a compounding factor when you then look at socio and economic status, at ethnicity, at race, and at opportunities to be able to get basic healthcare, basic information.

So what we have to do, in my opinion, is to actually reach out into those communities, whether it is an underserved, smaller part of a very large city, or if it's going out into a very rural portion of a state. For instance, in Texas out into West Texas, or perhaps into the deeper piney woods of East Texas, the opportunity for us to go and meet these individuals on their home turf, answer their questions where they feel most comfortable, develop that level of trust, give them information not just once, but to be able to come back and be a resource for them. And then when the time is right for them, keep coming back and offering them those resources, including vaccine, if that is something that they want to have. Again, not in a judgmental fashion, but rather in a partnership, a collaboration that is lasting over time.

Dr. Chapa:

And you know, Dr. Carpenter, one thing you said is meeting them at their need or their location. I think something that's very important that we have to discuss not just for ourselves, but for the listeners obviously, as well, is things we take for granted. It was out of Arizona where a lot of the vaccination information was actually published and released saying where to go, a lot of printed material, and it was all in English. And so I think that's another issue, specifically, obviously, in the Hispanic population is making it accessible in their language. Tell us a little bit more about that, Dr. Carpenter. How can we address that in Spanish?

Dr. Carpenter:

Well, I think that having those materials directly in Spanish is incredibly important both electronically, but also in printed form. I think more particularly having individuals who are fluent not only in the language of Spanish, but also in the cultural aspects of the communities that these individuals are actually coming in. We all too often lump people together based upon the ethnicity or location, not realizing or not appreciating the fact that there are very significant and important subtleties within specific communities. I think that's also true even if English as a language is not a specific barrier. But we all too often speak as providers, and write as providers, and provide information as providers in a way that is either not interesting to, not accessible to, or demeaning to the exact populations that we are aiming to educate and to provide service for on a daily basis. And so we need to, again, meet people on their turf, not just physically, not just socially, not just emotionally, but intellectually as well. Then again, that level of trust can be developed.

Dr. Chapa:

So those are great comments for us to stop and actually come to the end of today's program. So I want to thank my guests for joining me to discuss this very important topic on COVID-19 vaccination, and honestly are failing short to reach African Americans and Hispanic communities, who are the hardest hit in this situation. So Dr. Keaton, Dr. Carpenter, it's been great having you on the program. Any last words from either one of you?

Dr. Keaton:

Well, from my point of view, I think it would be important to get the information out to the African American community that Black scientists played a major role in the development of both the Pfizer and the Moderna vaccine, both in creating it and the approval process. And we're important at every phase and level of the development of the vaccine. And I think that would help to dispel any mistrust that they may feel with regards to the vaccine.

Dr. Carpenter:

My advice would be patience. It would be that in our haste and in our excitement to vaccinate as many people in this country as quickly as we can, that we should not be so eager, that we move too quickly and then miss the people that are most vulnerable within our population. Irrespective of who or where they are, but that we have the opportunity to bring all Americans who want to be protected into the fold and have that opportunity. And it doesn't have to happen immediately. It can happen at a time that is appropriate for them.

Dr. Chapa:

Great words of wisdom from two physicians that are at the front lines of this issue. I'm Dr. Hector Chapa. To access this and other episodes in our series, visit ReachMD.com/CliniciansRoundtable, where you can Be Part of the Knowledge. Thanks for listening.