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### Breaking Down Barriers to COVID-19 Vaccine Access

Dr. Chapa:

While many people across the country have access to COVID-19 vaccines, there are certain communities where access is not as easy. That's why today we're zeroing in on those populations and what we can do to address the vaccination gaps and barriers to care during the COVID-19 pandemic and beyond.

Coming to you from the ReachMD studios, you're listening to *COVID-19: On The Frontlines*. I'm Dr. Hector Chapa, and joining me in this discussion is Dr. Linda Bradley, Professor of Surgery at the Cleveland Clinic Lerner College of Medicine at Case Western Reserve University. She's also the Vice-chair of the Obstetrics, Gynecology, and Women's Health Institute at the Cleveland Clinic.

Dr. Bradley, welcome to the program.

Dr. Bradley:

Thank you so much, Dr. Chapa. It's an honor to be here with you today.

Dr. Chapa:

I mean, I've known you as a leader in women's health but a leader in medicine overall, so it really is great to have you on the program. Now, Dr. Bradley, there's been a recent increase in publications regarding the reality of social determinants of health, or what we call SDHs, and their impact on population wellness. So with that being said, what are the most significant and persistent barriers you feel there are to medical care?

Dr. Bradley:

Well, I really think that the social determinants of health, sort of the way I look at it is where you live, you work, and you play can impact access to healthcare. One of the things I'd like to just clarify that the availability, the ease of getting vaccination in the US is pretty much robust. I like to say that for my patients and then those who I serve that I think there are a few myths that still are out there. Access is available. It's free. It's very important to let people know that it's free, that it's accessible, in some communities 24/7 that you can go in and within 15 to 20 minutes be in and out. Many places you do not need to schedule anymore. They are available at pharmacies.. And this is a time that I like to use Maya Angelou's quote that says something like, "When you know better, you do better." And that's where we are today that many of those early myths—and we'll talk about those—are really being shattered and that the importance of vaccination cannot be overstated.

Dr. Chapa:

Oh that's a great point because you led two things there that we have to discuss. One is this issue of myths, which are prevalent and widespread across all communities but tend to be some different myths based on certain populations. I'm Hispanic, and I know that in the Hispanic population we definitely have our own share of myths. But talking about those barriers to care, we know that there have been significant gaps in vaccination rates, although they are getting better, but specifically like we just talked about in these certain populations, primarily populations of color: African-American, Hispanic, and others. So can you tell us about this disparity in the context of the COVID-19 pandemic?

Dr. Bradley:

Right. Well, let's just admit, I'm an African-American physician and a woman and an American citizen, and for 400 years there's been trouble in America in terms of relationships to the healthcare system for people of color. So I first have to acknowledge where they are coming from, where my people are coming from, because there's a great history that makes us frightened about healthcare. One that still persists is the issue with the Tuskegee syphilis study that unfortunately went on for decades. And what I like to tell my family and

my friends and colleagues is that what we have right now is a treatment, a prevention. It's like putting on your seatbelt, meaning getting the COVID-19 vaccine. When patients and families say, "Oh, but you know about that Tuskegee syphilis study," what I remind them about is that sadly these were men who had syphilis, but there was a treatment, i.e. penicillin, and they were denied treatment, so these are two different things. One is knowing that you have something and not being offered the therapy versus the COVID-19 vaccine, is a therapeutic option.—What I tell my patients is 4 things they need to know. By getting the vaccination, it means that if you do get infected, it's less likely to be significant requiring intubation, ICU admission, even admission to the hospital, less likely to be a long-hauler in terms of long-term sequelae, and that it helps to just basically decrease your risk of death. If patients can sort of get those 4 or 5 things in their mind about how it works, that's the essential fund of knowledge if you ask me about this vaccination and to also get the booster when it's required.

Dr. Chapa:

For those just tuning in, you're listening to *COVID-19: On The Frontlines* on ReachMD. I'm Dr. Hector Chapa, and I'm speaking with Dr. Linda Bradley about Social Determinants of Health and their impact on the distribution and, really, utilization of COVID-19 vaccines. So as a follow-up, Dr. Bradley, do you see that this disparity in vaccination, and in overall care, is really based on distrust of the medical community, or are there other factors to consider?

Dr. Bradley:

Well, I think there are many factors, and really, what we are finding, and I think the issue now is letting people know that it's quick; it's efficient; these are well-oiled COVID vaccination sites wherever you go. And I really detest the terms that we used early on about emergency use. I think this was ramped up, and people felt that this was a vaccine that was rushed. It was wonderful that I got a chance myself personally to speak with someone, an African-American woman, a PhD, Dr. Corbett. Her life work is in the mRNA vaccine arena in particular, and she was kind of the right or left hand to Dr. Fauci. But when we look at just the basics of the mRNA vaccine, really it's being used and studied in so many other areas, right now in the studies looking at treatments and preventions for ovarian cancer, to be able for ear, nose, and throat tumors, and in melanoma. So what I tell my patients is that this mRNA vaccine, the science behind it has been there for decades, and the beauty of this is that you can just pivot and add something on to that vaccine that recognizes a new medical condition. This has been studied for decades and now has increasing roles.

So again, patients often don't know how it works. It basically helps your body recognize a foreign invader and basically put it to sleep, so to speak.

And also I tell my patients I've had it. I've had the vaccine, as did my 2 children. My mother is 90. She had her two. She's been boosted—my husband. So I try to give a personal anecdote and not to say what I do you should do, but I believe in the science, I believe in its validity, and I believe that we're blessed to be able to come up with the ability to get this produced and then to disseminate it. And I only wish that we could truly vaccinate the world so that we can all be protected.

Dr. Chapa:

Well, great advice from a great professional. And now, as we come to a close on today's program, I want to thank my guest, and I have to say my friend and my mentor, Dr. Linda Bradley, for joining me in this discussion. Dr. Bradley, it was great having you on the program.

Dr. Bradley:

Thank you so much.

Dr. Chapa:

Absolutely. I'm Dr. Hector Chapa. To access this and other episodes in our series, visit [reachmd.com/covid19onthefrontlines](https://reachmd.com/covid19onthefrontlines) where you can Be Part of the Knowledge. Thanks for listening.