JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

JOHNS HOPKINS UNIVERSITY Global mHealth Initiative

JHU National Pandemic Pulse – Policy Brief #3, February 2021

Willingness to Receive COVID-19 Vaccine: Racial Disparities & Lack of Trust

Policy Recommendations

When evaluating and adjusting the COVID-19 vaccine rollout, policymakers must consider deep rooted distrust in government and healthcare within minority communities in the US. We suggest policymakers focus on building trust in healthcare institutions and creating equitable access to the COVID-19 vaccines, leveraging strong community-based agencies and civil society leaders.

Build Trust

1. **Focused efforts are needed to communicate** vaccine safety and efficacy throughout minority communities. **Local champions such as religious, community, and government leaders are needed to encourage vaccine willingness**.

2. **Trusted healthcare providers are vital to strategic messaging that COVID-19 vaccines are safe**. Many Black Americans may be more willing to receive the vaccine from a trusted provider.

Create Access

3. **Vaccine distributions should be located within minority neighborhoods to target non-white communities and create access.**

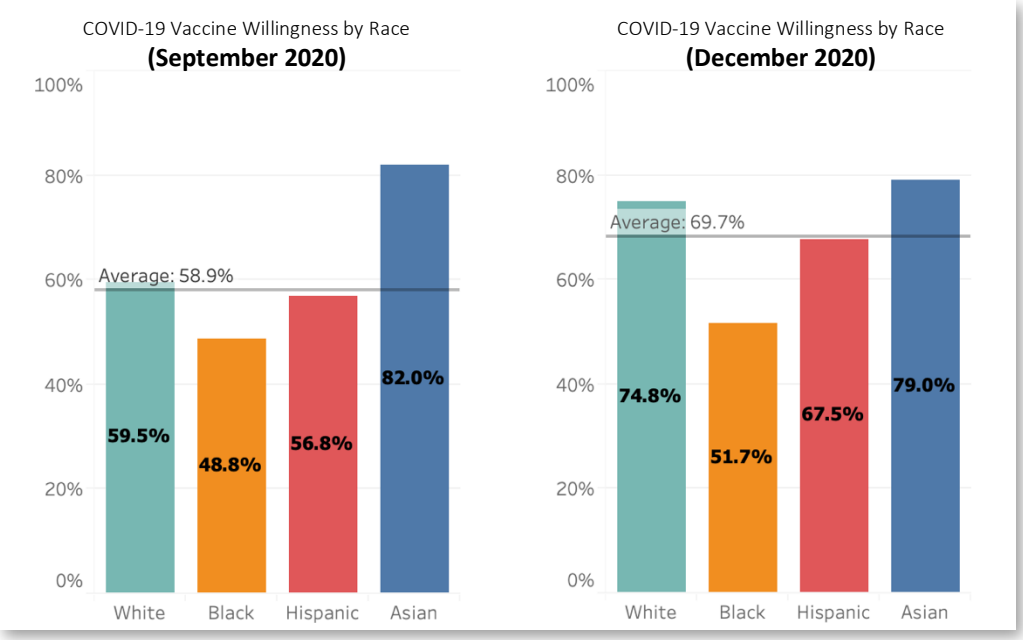
4. Policymakers in charge of rollout must understand the **disproportionate number of Black Americans dying from COVID-19** when considering who should receive the vaccine.

White Americans in December 2020 are more willing to receive COVID-19 vaccines than they were in September 2020 while Black Americans remain hesitant.

Overall willingness to receive the COVID-19 vaccine increased from 59% in September to 70% in December 2020. White Americans were mostly responsible for this population-level increase while Black Americans were only slightly more willing to receive the COVID-19 vaccine, suggesting persistent barriers to care-seeking.

Black Americans are 23% less willing to receive the COVID-19 vaccine than white Americans

(JHU National Pandemic Pulse Data 2020)



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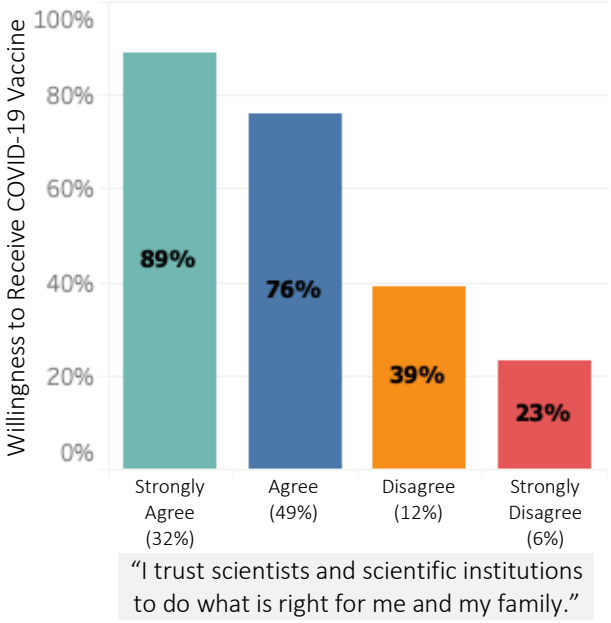
of respondents said they'd be willing to receive the COVID-19 vaccine but didn't want to be the first one.

Top 3 Reasons for Unwillingness to Receive the COVID-19 Vaccine:

1. Vaccine safety concerns (56.6% of respondents)
2. Long term health concerns (47.0% of respondents)
3. Vaccine efficacy concerns (41.2% of respondents)



"I trust scientists and scientific institutions to do what is right for me and my family."

Vaccine Willingness & Trust in Science

Those who were less willing to receive the COVID-19 vaccine also responded to questions about trust in science and scientific institutions. **Those who disagree or strongly disagree to trusting science also had substantially lower willingness to receive the vaccine.**

Willingness to Receive the COVID-19 Vaccine & Gender

Men were 15-18% more willing to receive the COVID-19 vaccine compared to women.

City Segregation & Unwillingness to Receive COVID-19 Vaccine May Worsen Disparities

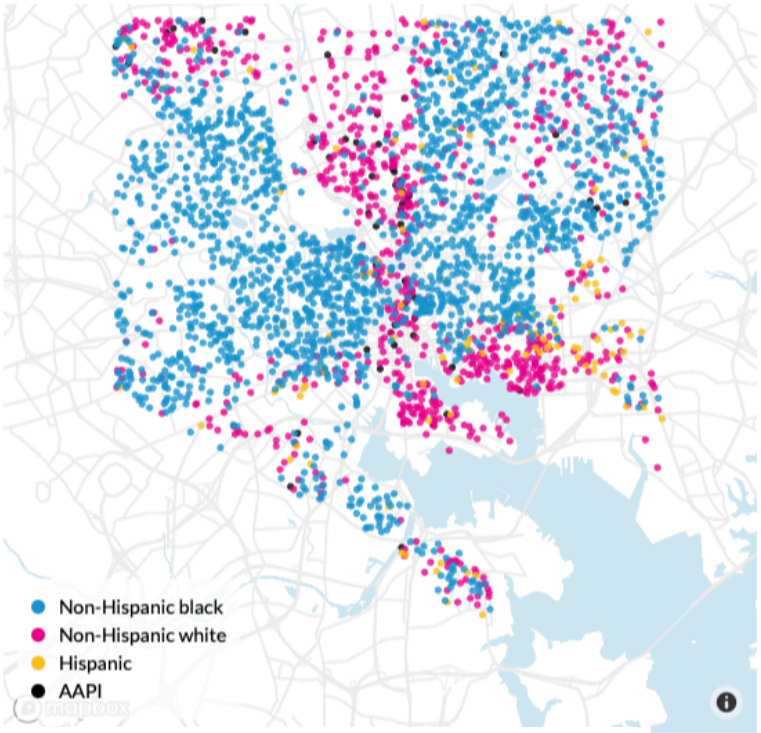
The map on the right shows the "Black Butterfly Effect" in Baltimore highlighting stark racial divisions in city neighborhoods. This uneven distribution of race is not unique to Baltimore but is common in many cities throughout America.[1] To achieve herd immunity (the point where we prevent more transmission of COVID-19 because of widespread immunity), experts estimate that 75% of the population needs to have either been infected by COVID-19 or received the vaccine.[2]

Predominantly Black neighborhoods may continue to experience COVID-19 spread, while other (mostly white) neighborhoods will have reached herd immunity.

Because non-white Americans are suffering the disproportionate burden of illness and death from COVID-19, this is of extreme concern.

1. https://www.nytimes.com/interactive/2015/07/08/us/census-race-map.html
2. https://news.harvard.edu/gazette/story/2020/12/anthony-fauci-offers-a-timeline-for-ending-covid-19-pandemic/

Population Distribution of Residents by Race or Ethnicity



Data: 2012-16 American Community Survey data.
Notes: Each dot represents 200 residents. AAPI = Asian American and Pacific Islander.
Source: https://apps.urban.org/features/baltimore-investment-flows/

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About National Pandemic Pulse

To better understand the disproportionate effects of COVID-19 pandemic among low-income and minority communities in the United States, researchers at Johns Hopkins Blomberg School of Public Health launched the National Pandemic Pulse surveys. These population-representative surveys are administered across the United States, matching US Census estimates to gauge different aspects of population response to the pandemic – ranging from adherence to anxiety, access to testing and care, vaccine perceptions, food insecurity, among others. The sample was selected to be representative of the US population by age, gender, education, and income for each US Census region. The survey specifically oversampled Black/African American and Hispanic/Latinx populations to analyze the impacts of COVID-19 by race and ethnicity, where these classifications are seen as proxy socioeconomic constructs. Round 2 of the nationwide survey, implemented between 12/15/2020 – 12/23/2020, had 8,565 respondents. It covered the following modules: risk perceptions, pregnancy experiences, pandemic anger, trust in science, vaccine hesitancy, testing access, economic distress, food insecurity, and mental health.

Results are currently under peer-review.