HEALTH EQUITY

BUILDING TRUST FOR VACCINE ROLLOUT

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In early November there was, at last, a piece of good news about the coronavirus pandemic. Preliminary data from the first Phase III trial data for one of the four vaccines in the final stages of testing in the U.S. showed it to be more than 90% effective at protecting against COVID-19 infection. If these data hold up and no safety issues arise, it could be that some of you reading this column in January may have already been vaccinated. Can we begin to hope for a level of immunity soon that will help us get back to normal?

The news also reminds us we have a lot of work to do to get ready for COVID-19 vaccines. The prospect of having an effective COVID-19 vaccine highlights important equity issues for our nation and for the Catholic health care ministry. We all are familiar by now with the reality that racial and ethnic communities have suffered most severely from the coronavirus. Blacks, Hispanics and Native Americans are hospitalized with COVID-19 at four times the rate of whites.[1] People of color have higher mortality rates, with Black Americans dying at twice the rate of white Americans.[2] The existence of racial health disparities is nothing new, but the coronavirus has brought them into much sharper focus. Making sure that vaccines are available and accessible to people in these communities must be a priority.

A significant challenge is the lack of trust in vaccines. Black, Hispanic and Native American people are more likely to be skeptical of vaccines, more likely to think the risks outweigh the benefits, and less likely to get vaccines.[3] Distrust of the medical establishment is especially deep among African-Americans. When the presidents of two Historically Black Colleges and Universities encouraged students, faculty, staff and alumni to enroll in COVID-19 vaccine clinical trials, they were surprised at the strong negative feedback they received.[4] The reaction illustrates the legacy of abuses such as the Tuskegee Syphilis Study, as well as the ongoing injustices of racial disparities and inequities in the U.S. health care system.[5] We have a lot of work to do to build trust so that members of these communities are willing to be vaccinated when proven, effective vaccines are available.

Ensuring equity in access to COVID-19 testing, treatment and vaccination is a key focus area of an initiative that the Catholic Health Association is developing with our members to address racism and health equity. We must recommit to engaging with and listening to community groups and leaders trusted by communities of color to identify and address unmet health needs to ensure that COVID-19 testing, treatment and safe, effective vaccines actually reach those most at risk. State and local governments are mobilizing for COVID-19 vaccination program planning and implementation. Catholic health ministry members should seek to be part of the planning — many already are — and to make sure that those most affected by the coronavirus are included in decision-making.

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pandemic has highlighted and exacerbated the existing disparities in our health care system, because we have been aware of them for years. We know, for example, that racial and ethnic minority populations have less access to needed health care than whites. Hispanics, Blacks, and American Indians and Alaska Natives are more likely than whites to delay or go without needed care, and they are still more likely to be uninsured than whites, despite coverage expansions under the Affordable Care Act. They also suffer from poorer health and worse health outcomes. Hispanics, Blacks, and American Indians and Alaska Natives are more likely than whites to report a range of health conditions, including asthma and diabetes; American Indians and Alaska Natives also have higher rates of heart disease compared to whites.[6] The existence of these disparities is one reason minorities have been more vulnerable to the coronavirus, which takes a greater toll on people who already have poor health conditions.

In addition to disparate health impacts, economic hardship due to the coronavirus has hit minorities harder, as illustrated by a September survey of households by NPR, the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health, "The Impact of Coronavirus on Households, By Race/Ethnicity."[7] Millions of Americans across all demographics faced unemployment due to the shutdown of the economy. But as jobs have been restored, not everyone is recovering at the same pace. Significantly greater proportions of Hispanics, Blacks and Native Americans than whites have reported facing serious financial problems, including struggling to pay for food and housing costs, and depleting their savings.

This is not surprising, either. The racial wealth gap has been as persistent as racial disparities in health. In September 2020 the Federal Reserve's Board of Governors decried the "long-standing and substantial wealth disparities" between white families and Black or Hispanic families. In 2019, white families had a median wealth of $188,200 compared to $24,100 for Black families and $36,100 for Hispanic families.[8] And racial minorities are more likely than whites to be essential workers such as grocery store clerks, nursing aides, cleaners, day care workers, warehouse workers, and bus drivers – lower income jobs that also expose them to a greater risk of coronavirus infection.[9]

We face two pandemics — one new and one very old — that have converged in time. The police killings of George Floyd, Breonna Taylor, Ahmaud Arbery as the coronavirus spread, the calls for racial justice and the disparate impact of COVID-19 on people of color make it very clear: we are living in a time when racism and health disparities can no longer be ignored, or given merely perfunctory attention. Racism is more than a synonym for prejudice. We are coming to understand the implications of the deep roots of systemic racism in our society.

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The Catholic health ministry has a long history of caring for everyone regardless of race or socioeconomic status and a deep commitment to the social teachings and moral principles of the Catholic faith based upon the inherent dignity of each person. We are uniquely positioned to be leaders in a movement for systemic change in health care and our society. As Catholic health care, we are committed to achieving equity in health care: in the care we provide, in the communities we serve and in the nation as a whole. We recognize the profound effect racism has on the health and well-being of individuals and communities. We refuse to accept the existence of racial and ethnic health disparities because they stand in direction opposition to the mission of Catholic health care.

Thanks to the extraordinary investment of financial and human resources to produce vaccines in record time, we will soon have vaccines that will begin to get the coronavirus pandemic under control. No vaccine will help us end systemic racism. But it will take a similar commitment by

everyone — government, business, nonprofits, health care, communities — to make the personal, social and economic investments needed for change to happen. We can no longer afford to be immune to the suffering and injustice of systemic racism.

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NOTES

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