Community Engagement and COVID Vaccine - Perspectives from the Field

Janet Lin, MD, MPH, MBA
Professor of Emergency Medicine, University of Illinois at Chicago;
Attending Emergency Physician UI Health
Operational Lead for UI Health’s Implementation of Protect Chicago Plus

5 April 2021
Disclaimer

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,994,961.00 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
Financial Disclosure

- Receives funding from:
  - CDPH for Expanded HIV Testing and Linkage to Care
  - Gilead Sciences/FOCUS for HIV and HCV Testing and Linkage to Care
Learning Objectives

1. Discuss the relation of UI Health’s mission and Protect Chicago Plus

2. Describe the overall strategy and model of UI Health Implementation of Temporary Clinics and Special Events as part of PC+

3. Reinforce the importance of community-embedded approaches to COVID vaccination equity
Health Equity

• UI Health Mission
• COVID experience
• Vaccine distribution
UI Health

Compassion: kindness and strive to better understand and respond to needs

Accountability: act ethically and responsibly in everything we do

Respect: openness and honesty in our relationships and promote the well-being of the communities we serve

Excellence: provide the highest-quality care and continuously improve
Protect Chicago Plus Program

• Based on CCVI (COVID-19 Community Vulnerability Index)
• Bring most affected and vulnerable neighborhoods to a par level
<table>
<thead>
<tr>
<th>Community</th>
<th>Week ending 2/6/21</th>
<th>Week ending 3/20/21</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago</td>
<td>7.9%</td>
<td>21.9%</td>
<td>177.2%</td>
</tr>
<tr>
<td>Archer Heights</td>
<td>4.6%</td>
<td>23.5%</td>
<td>410.9%</td>
</tr>
<tr>
<td>Austin</td>
<td>5.2%</td>
<td>15.8%</td>
<td>203.8%</td>
</tr>
<tr>
<td>Belmont Cragin</td>
<td>4.8%</td>
<td>20.9%</td>
<td>335.4%</td>
</tr>
<tr>
<td>Chicago Lawn</td>
<td>3.6%</td>
<td>17.3%</td>
<td>380.6%</td>
</tr>
<tr>
<td>Englewood</td>
<td>3.2%</td>
<td>12.5%</td>
<td>290.6%</td>
</tr>
<tr>
<td>Gage Park</td>
<td>4.2%</td>
<td>23.5%</td>
<td>459.5%</td>
</tr>
<tr>
<td>Humboldt Park</td>
<td>4.6%</td>
<td>16.7%</td>
<td>263.0%</td>
</tr>
<tr>
<td>Montclare</td>
<td>5.8%</td>
<td>18.0%</td>
<td>210.3%</td>
</tr>
<tr>
<td>New City</td>
<td>3.8%</td>
<td>15.5%</td>
<td>307.9%</td>
</tr>
<tr>
<td>North Lawndale</td>
<td>4.2%</td>
<td>16.0%</td>
<td>281.0%</td>
</tr>
<tr>
<td>Roseland</td>
<td>4.7%</td>
<td>14.8%</td>
<td>214.9%</td>
</tr>
<tr>
<td>South Deering</td>
<td>4.7%</td>
<td>14.8%</td>
<td>214.9%</td>
</tr>
<tr>
<td>South Lawndale</td>
<td>4.8%</td>
<td>23.3%</td>
<td>385.4%</td>
</tr>
<tr>
<td>Washington Heights</td>
<td>5.0%</td>
<td>16.8%</td>
<td>236.0%</td>
</tr>
<tr>
<td>West Englewood</td>
<td>3.2%</td>
<td>13.5%</td>
<td>321.9%</td>
</tr>
</tbody>
</table>

Community Vaccination Efforts

- UI Health approach
  - Existing presence through FQHC and UCCN
  - Duty to care and access
    - MSHC Englewood
    - MSHC Back of the Yards
    - MSHC Humboldt Park
    - UCCN West Englewood
Challenges of Implementation

Access
• Representation
• Fairness
• Responsive
• Ease of use
• Transparent

Clinical
• Nimble
• Integrated
• Streamlined
• Balancing clinical service with community service
Vaccine Hesitancy vs Vaccine Access

• What is going on in each neighborhood?
• What people think – history, trust, others
• Human capability vs capacity
• Implications?
Future of COVID vaccination

• Dedicated efforts vs integrated into normal workflow

• For how long and how much?

• Adaptable models from history or practice?
The unknown

• More like flu...or more like measles
Parallels to HIV?

• Stigma
• Addressing equity and access
• Delivery models
Questions?

jlin7@uic.edu
[Exploring COVID-19 Vaccination Hesitancy Among Communities of Color]

[Terrance D. Weeden, DO]
[Adolescent Medicine Fellow, Associate Board Member of AIDS Foundation Chicago, Executive Board Member of Chicago Black Gay Men’s Caucus]

[April 5, 2021]
Disclaimer

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,994,961.00 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
Financial Disclosure

- I have no financial disclosures.
Learning Objectives

- Explore historical context behind mistrust of medical community and current health and healthcare disparities affecting minorities
- Discuss impact of COVID-19 on minority communities
- Discuss common misperceptions of COVID-19 vaccine
Exploring COVID-19 Vaccination Hesitancy Among Communities of Color

Terrance Weeden, DO (he/him/his)
Adolescent Medicine Fellow
Learning Objectives

• Explore historical context behind mistrust of medical community and current health and healthcare disparities affecting minorities

• Discuss impact of COVID-19 on minority communities

• Discuss common misperceptions of COVID-19 vaccine
Medical Mistrust: Medical experimentation during slavery

• **Anarcha Westcott** was a female slave who lived in Alabama during the mid-1840s. After suffering from severe complications of childbirth, she underwent at least 30 experimental surgical procedures of gynecological nature *(without consent or without anesthesia)* performed by Dr. James Marion Sims ("father of modern gynecology") between 1845-1849.

• As a surgeon, Dr. Sims performed other experimental surgeries on other enslaved women **without consent or anesthesia** - including a slave named Lucy who nearly died from sepsis after Dr. Sims left a sponge in her urethra and bladder.
Medical Mistrust: The Henrietta Lacks story

- **Henrietta Lacks**, an African American tobacco farmer from Virginia had been complaining of a “knot” in her womb months after giving birth to her fifth child. Biopsy of the mass on her cervix revealed **cervical cancer**.

- Less than nine months after her initial hospital visit, she **died at the age of 31**. During treatment for her cervical cancer, cells from her tumor were biopsied and harvested **WITHOUT her or her family’s consent**.

- Her cancer cells were cultured and have been used in scientific medical research – AIDS & cancer research and development of polio vaccine
Medical Mistrust: The Tuskegee Study of Untreated Syphilis in the Negro Male

- Also known as “Tuskegee Syphilis Experiment”
- Study conducted by the US Public Health Service and the CDC (1932-1972) with an intent to study the natural history of untreated syphilis
- 600 Black sharecroppers who were promised free healthcare were enrolled (399 had latent syphilis, 201 did not have the disease). 128 men died. 40 wives contracted syphilis. 19 children were born with congenital syphilis.
- Subjects were never informed of their diagnosis, were never told that they would not receive treatment and were never treated, despite the penicillin becoming widely available in 1947.
- This study was terminated after a whistleblower named Peter Buxtun leaked information about the unethical study to the Associated Press in 1972.
- The study was deemed unethical and eventually led to the requirement of institutional review boards (IRBs) serving to protect human subjects involved in research.
Medical Mistrust: Smallpox and Native Americans

- European settlers brought *diphtheria, measles, chickenpox, malaria, scarlet fever, bubonic plague, smallpox* – all of which brought on high rates of morbidity and mortality.

- Smallpox first arrived in Mexico in the 16th century but English settlers introduced the virus to Northeast with the landing of Plymouth Rock in the 1630s, first affecting the Mohawk and Iroquois tribes. It is estimated that on average Native American tribes lost up to 50% of its tribe members from smallpox.

- Smallpox would spread to the Great Lakes in the 1750s and the West Coast, *decimating up to 30% of Native American population on the West Coast.*
Medical Mistrust: Trail of Tears

• **Indian Removal Act (1830)** signed by President Andrew Jackson has been described as an act of genocide

• The U.S. Army **forced an expulsion of ~100,000 Native Americans and countless black slaves from their homelands** in the southeastern United States to new “Indian Territory” west of the Mississippi River in exchange for white settlement

• While traversing the Trail of Tears, **thousands of Native Americans died of dysentery, measles, malaria, cholera and malnutrition**
Medical Mistrust: Refugees & Immigrants

- A 2015 literature review study by Hacker et al listed the most common barriers to healthcare for refugees & immigrants which include:
  - **Fear of being deported or detained**
  - **Anti-immigration laws**
  - **Language barriers** (lack of translators, lack of transportation, complex paperwork to get access to healthcare)
  - **Physician implicit bias** (lack of cultural competency)
  - Dealing with **shame/stigma of refugees & immigrants** (not wanting to be a “burden”)
  - **Lack of knowledge about healthcare system** (patients’ rights)
  - These **barriers can lead to poor health outcomes** (low immunization rates, untreated mental illnesses, lack of follow up in chronic diseases)
Impact of COVID-19 on people of color

- The life expectancy in the US declined by a year in the first half of 2020 – 77.8 years

- The CDC attributes deaths from COVID-19 and drug overdoses as the main causes of decline in life expectancy

- **Black and Hispanic males saw the largest decrease in life expectancy in 2020** (~ three years of life in black Males, ~two and a half years of life in Hispanic males)

- The life expectancy gap between men and women widened in 2020 – 5.4 years
Impact of COVID-19 on communities of color

- COVID-19 has disproportionately affected (Black, Indigenous, People Of Color ) BIPOC communities of color across many different facets – employment, finances, mental well-being.
Moving beyond Anarcha, Tuskegee, Trail of Tears...

- Lack of access to healthcare (doctors, pharmacists, therapists, hospitals)
- Physician implicit bias
- Food insecurities
- High unemployment rates
- Transportation issues
- Gentrification
- Affordable housing

Our knowledge of the past can help us change the present and make an impact on the future.
COVID-19 vaccine myths: Facts, not fear

• Kaiser Family Foundation has an ongoing research project recording the general public’s experiences and attitudes of the COVID-19 vaccinations

• BIPOC communities demonstrated hesitation towards getting the COVID-19 vaccine and were very concerned about the both side effects and long-term effects of the vaccine, as opposed to Caucasian adults.

• The initial hesitation among BIPOC communities appears to be fading away as more people are becoming vaccinated.
COVID-19 vaccine myths: Facts, not fear

- “COVID-19 vaccine will give you COVID-19 virus.”
  - The vaccines **DO NOT** contain the live virus. The vaccines help our body recognize the virus and fight against the virus (a process that can take a few weeks and the body can develop fevers and aches as a result)

- “I already COVID-19…. I don’t need to get vaccinated.”
  - **YES, YOU DO!** It is possible to be re-infected with COVID-19 after recovery. We do not know how long you will be protected from the virus after you have recovered from having COVID-19.
COVID-19 vaccine myths: Facts, not fear

• “COVID-19 vaccine will alter my DNA.”
  - None of the COVID-19 vaccines have been proven to alter a person’s DNA. Pfizer & Moderna are types of mRNA vaccines that teach our cells to prevent COVID-19 from entering our cells. Johnson & Johnson is a viral vector vaccine that uses harmless genetic material that teaches our cells to build protection against COVID-19 virus. Not a microchip!

• “Is the vaccine safe for pregnant women?”
  - Currently, there has been no evidence that any of the COVID-19 vaccines can cause problems with pregnancy or fertility.
COVID-19 vaccine myths: Facts, not fear

- “The vaccine contains cells from aborted fetuses.”
  - Cells from aborted fetal tissue **WERE NOT** required to develop the Pfizer & Moderna vaccines; however, they were used to develop the Johnson & Johnson vaccine. (Historically, cells from aborted fetuses have been used to produce vaccines against Hepatitis A, Rubella and rabies in the 1960s and 1970s.) The Johnson & Johnson vaccine itself **DOES NOT** contain any cells from aborted fetuses.

- “The vaccine isn’t effective.”
  - A recent study by the CDC of 4,000 essential health care workers in AZ, FL, MN, OR, TX, and UT showed **80% decrease risk of COVID-19 infection** after first dose of either Moderna or Pfizer vaccine and a **90% decrease risk of COVID-19 infection** after second dose of either Moderna or Pfizer vaccine.
Summary

• Throughout history, people of color have been subjected to health and healthcare inequities which may contribute to their hesitancy toward COVID-19 vaccination.

• “It’s not just Tuskegee…” We must educate ourselves on past and current injustices/barriers in order to educate, uplift, and empower individuals who identify as BIPOC.

• COVID-19 has made a tremendous impact on the lives of all people however it has disproportionately affected communities of color – decrease in life expectancy, rise in unemployment and economic hardship and mental illness

• COVID-19 vaccine is safe!
Trust me, I’m a doctor...
References

• https://allthatsonline.com/j-marion-sims


• https://en.wikipedia.org/wiki/Henrietta_Lacks


References

- https://fortune.com/2020/06/08/may-unemployment-rate-black-women-2/
References


• https://www.atkinsoncenter.org/historical_library/sioux-photo-smallpox-tin-cup/

• Dutch Children's Disease Kills Thousands of Mohawks Archived 2007-12-17 at the Wayback Machine. Paulkeeslerbooks.com

• http://henriettalacksfoundation.org/about/
References

• https://www.urbanfarm.org/2019/03/15/food-insecurity/


• https://www.cdc.gov/media/releases/2021/p0329-COVID-19-Vaccines.html

• https://www.voicesforfathers.org/
