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Commentary

COVID-19 vaccination: Helping the latinx community to come forward

Alejandro A. Diaz[a,*], Juan C. Celedón[b]

[a] Division of Pulmonary and Critical Care Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, United States
[b] Division of Pulmonary Medicine, Department of Pediatrics, UPMC Children's Hospital of Pittsburgh, University of Pittsburgh, Pittsburgh, PA, United States

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Latinx, the largest minority in the United States (US), have been disproportionally affected by the COVID-19 pandemic. Compared with non-Latinx whites, Latinx have a nearly fourfold higher rate of COVID-19 infection and 1.42 times greater risk of hospitalization [1]. Despite such a disease burden, relatively few Latinx individuals have been vaccinated against COVID-19. Among US adults who had received at least one dose of a COVID-19 vaccine by mid-March 2021, 65% were non-Latinx whites, while only 9% were Latinx [2]. And in 40 states this minority has received a share of vaccinations that is much smaller than their disease burden [3]. We believe that vaccination rates in the Latinx community could be substantially improved by addressing key reasons for hesitation while improving access to vaccination sites.

In a recent survey, 27% of Latinx participants reported that they probably or definitively would not get vaccinated, with another 43% stating that they would "wait and see" [4]. Unfortunately, thoughts and positions on vaccines have recently become politicized, mainly as a result of exposure to false statements about severe side effects of COVID-19 vaccines (e.g., DNA changes, harmful effects on reproduction, and breast cancer) and ill intentions of vaccination campaigns (e.g., they will "put a chip in you to control your thoughts"). Perhaps surprisingly, some of the concerns shared by Latinx patients are related to potential “sloppiness” in the process of rapidly developing new vaccines.

Vaccination is an act of trust in science and the healthcare system. Such trust is more easily gained by providing reliable information in the context of long-term relationships with trusted messengers. As is the case for other ethnic groups, Latinx patients trust their healthcare providers to a greater degree than other information sources. For example, in Massachusetts, the Mass General Brigham healthcare network has developed and implemented a “trusted messengers” program to engage communities, such as Latinx, in vaccination campaigns [5]. Also, medical societies have developed bilingual information on COVID-19 available for health care providers and patients, including brief videos (www.ForMyLungHealth.com).

Approximately 65% of Latinx immigrants need an interpreter for medical encounters. Thus, having bilingual and bicultural healthcare providers as “trusted messengers” can be most effective when promoting vaccinations targeting Latinx people. Moreover, healthcare providers should also consider low health literacy as a barrier to appropriate communication in Latinx communities. 74% of Spanish-speaking Latinx have less-than-adequate health literacy [6]. Health literacy refers to one's ability to obtain, process, and understand health information and make their own decisions. An example of adequate health literacy is to make a vaccination appointment online. Spanish-speaking Latinx adults may not easily make an appointment for vaccination in English-only websites or in vaccination sites where only English is spoken. These barriers can be overcome by having bilingual websites for online appointments and bilingual personnel at vaccination sites. Other actions might include developing programs to provide electronic devices (e.g., notebooks) and digital technology education.

Latinx are disproportionately represented among the poor and are more likely to be frontline workers with low-paying jobs, leading to high levels of exposure to COVID-19 but limited job-sponsored benefits. Among Latinx female healthcare workers, nearly half earn less than $15 per hour, 11.8% receive food stamps, 16% are on Medicaid, and 10.2% are uninsured [7]. Thus, Latinx frontline workers may not be given permission or time off to attend a vaccination appointment and be unable to pay for transportation to distant vaccination sites. Vaccination campaigns should educate and encourage employers to grant their employees time for vaccination (which may prevent loss of personnel time) and ensure that vaccination sites are easily accessible to underserved communities. Moreover, healthcare providers should inform their patients that COVID-19 vaccines in the US are free and that no insurance is required.

Immigration status may be another barrier to COVID-19 vaccination for Latinx immigrants in the U.S., as ~16% are undocumented and may fear deportation [8]. Vaccination often requires documenting personal information. Thus, healthcare providers and healthcare organizations should assure Latinx immigrants that their personal information will be kept confidential and not shared with immigration authorities. Moreover, leaders of vaccination campaigns should make clear being vaccinated is not a “public charge”. A public charge

* Corresponding author at: Harvard Medical School, Division of Pulmonary and Critical Care Medicine, Brigham and Women's Hospital, 75 Francis Street, Boston, MA 02115, United States.
E-mail address: ADiaz6@bwh.harvard.edu (A.A. Diaz).

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is broadly defined as using federal, state, and local public benefits such as food stamps, housing vouchers, and Medicaid. Unfortunately, the "public charge" theme and the Trump administration's anti-immigration rhetoric have contributed to immigrants' fears of their permanent residency status or visas requests being denied [9].

Addressing vaccine hesitancy of the Latinx community is feasible and will help to increase their vaccination rates, helping the entire U.S. population to reach immunity.

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Declaration of Competing Interest

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