How Did Vaccine Hesitancy Vary for Black, White, US-born and Foreign-born Hispanic Adults During Early Covid-19 Rollout Efforts?

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INTRODUCTION

During the ongoing Covid-19 pandemic, Hispanic and Black adults in the United States have faced a greater burden of Covid-19 infections, hospitalizations, and deaths than White adults. Yet, recent national studies have found that Black adults were consistently more vaccine hesitant (typically defined as those who plan to delay or refuse to get the vaccine) than White adults.

On the other hand, evidence is mixed about Hispanic-White disparities in vaccine hesitancy. Some studies have found more vaccine hesitancy among Hispanic adults, some have found less, and others have found no differences between Hispanic and White adults. Studies have also not typically explored differences among US-born and foreign-born Hispanic populations, groups which differ in ways that may influence vaccine hesitancy, including their socioeconomic status and levels of acculturation.

Also missing are nationally representative studies that seek to explain *why* racial/ethnic disparities in vaccine hesitancy exist. Factors that may explain these differences include medical distrust due to the legacy of racism in health care and medical research, which affect Black and Hispanic adults more acutely. Indeed, in general, there is skepticism among underrepresented, racialized minority groups about the safety and efficacy of new products of medical research, including vaccines. In addition, some foreign-born Hispanic adults, particularly those who are undocumented, may avoid vaccination due to fear of deportation. Other foreign-born adults may face fear of being labeled as “public charges” if they received free vaccines, limiting their ability to obtain lawful permanent residency or U.S. citizenship.

In contrast, Black and Hispanic adults have experienced a heavier death toll of friends and family members from Covid-19 than White adults. Black and Hispanic adults, and Hispanic foreign-born adults, in particular, are also more likely than White adults to work in occupations that increase their risk of and experiences with Covid-19 disease, hospitalization, and death. These factors may have led some Black and Hispanic adults to be more willing to be vaccinated for protection against Covid-19.

Finally, socioeconomic status and political attitudes are associated with vaccine hesitancy. Black and Hispanic adults are more likely than White adults to experience socioeconomic disadvantage; people with low incomes and/or low levels of educational attainment are more likely to be vaccine hesitant. People with conservative political attitudes are also more likely to express vaccine hesitancy, but Black and Hispanic adults are less likely to be politically conservative. As such, socioeconomic status may be a factor that increases racial/ethnic disparities in vaccine hesitancy whereas political attitudes may decrease them.

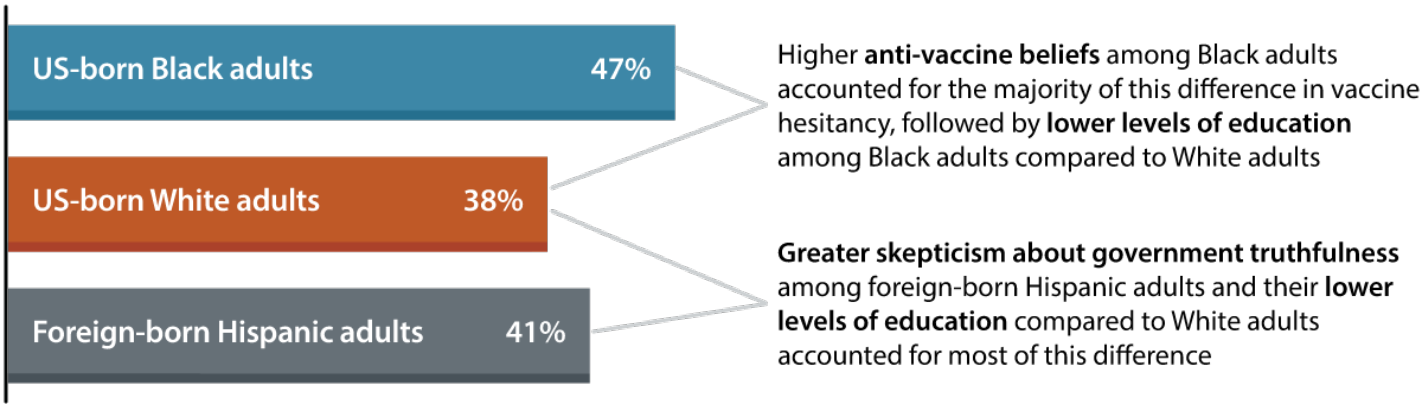
INTRODUCTION, CONTINUED

This brief reports on a recent study [1] that analyzed nationally representative data from adults ages 18–65 collected early in vaccine rollout efforts (February 12-March 3, 2021) and prior to the time of universal adult eligibility for Covid-19 vaccination (April 19, 2021). The survey captured Covid-19 experiences including diagnosis, prevention behaviors, vaccine hesitancy, and whether participants had friends or family members who had or died from Covid-19. The authors focus their analysis on 2,603 respondents who were US-born White and US-born Black adults (for brevity, "White" and "Black"), US-born Hispanic and foreign-born Hispanic adults.

KEY FINDINGS

- Among adults ages 18 and 65 surveyed during early Covid-19 vaccine rollout efforts (February-March 2021), 39% reported that they were less likely or did not plan on Covid-19 vaccination (i.e., were vaccine hesitant). *See figure*.
  - 47% of US-born Black adults reported vaccine hesitancy, compared to:
  - 41% of foreign-born Hispanic adults;
  - 38% of US-born White adults; and
  - 35% of US-born Hispanic adults.
- Anti-vaccine beliefs accounted for about 70% of the Black-White difference in vaccine hesitancy. Lower levels of education (which is associated with vaccine hesitancy more generally) among Black adults compared to White adults accounted for another part of the Black-White disparity in vaccine hesitancy.
- Differences between foreign-born Hispanic and White adults were mainly due to foreign-born Hispanic adults' greater skepticism about whether the government was truthful about vaccine risks as well as their lower levels of education compared to White adults.
- Personal experiences of Covid-19 among US-born Hispanic adults mainly accounted for their lower vaccine hesitancy compared to White adults.

During early Covid-19 rollout efforts, vaccine hesitancy was higher for Black and foreign-born Hispanic adults compared to White adults



Vaccine hesitancy is defined as adults who reported that they were less likely or did not plan on Covid-19 vaccination.

POLICY IMPLICATIONS

Public education to combat anti-vaccine beliefs is a critical public health approach for alleviating Black-White inequity in vaccine hesitancy. The long history of medical mistrust among Black people appeared to have contributed to their high levels of hesitancy during the vaccine roll out. If not addressed, vaccine hesitancy could affect future attempts to roll out booster shots.

Study results also suggest that the disparity between foreign-born Hispanic and White adults is less of a national problem. This finding calls for more localized efforts to reduce vaccine hesitancy among foreign-born Hispanic people in communities where it is most prevalent.

REFERENCE

[1] Frisco, M.L. Van Hook, J., & Thomas, K.J.A. (2022). Racial/ethnic and nativity disparities in U.S. Covid-19 vaccination hesitancy during vaccine rollout and factors that explain them. *Social Science & Medicine 307*:115183. https://doi.org/10.1016/j.socscimed.2022.115183

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