

## Lifting Up the Voices of Older Black and Hispanic Adults vis-à-vis COVID-19 Vaccine A Research Initiative: Early Insights

### Why This Research?

Black and Hispanic adults 60+ years of age have been the hardest hit by COVID-19, with fatality rates five and six times that of Whites. Yet as COVID-19 vaccines have rolled out, these adults have been inoculated at significantly lower rates than their White counterparts. Attention is being rightly focused on access barriers, such as technological inequities or density of neighborhood vaccination. However, much less attention has been given to attitudinal barriers, an important gap since these older adults are not represented in most public opinion research. With many older Black and Hispanic adults still to be inoculated, it is essential to understand what influences their decision to receive the vaccination or not, to help public health officials and community organizations tailor strategies so these communities are properly informed.

### Overall Objective and Approach

The overall objective of the research is to shed light on the experience of older Black and Hispanic adults and explore what is important to them in the decision whether to receive the vaccine. The following considerations guided our approach to this research.

- *In-depth versus superficial understanding.* We want to understand the “why” behind older people’s opinions, as well as explore underlying beliefs and values that influence attitudes.
- *The greater context of the pandemic.* Rather than only focusing on attitudes to the vaccine, we seek to understand the broader context of the pandemic and its impact on them personally.
- *Geography and income.* To create our sample, we sought geographic representation, e.g., different regions in the U.S., urban vs. rural. In addition, we chose to focus on lower-income older adults, who have been hardest hit by COVID-19 and whose views are less likely to be represented in public opinion research.
- *Black and Hispanic community co-researchers.* We engaged members of the community being studied to co-lead the research and have other community members participate in the synthesis of the findings, since the intent of the research is to lift up their voices.
- *Include a range of attitudes towards the vaccine.* We want to hear from older adults that fit the race/ethnicity and income criteria but not exclude based on their attitude towards the vaccine. Instead, we wanted those attitudes to help inform about what factors predisposed someone one way or another.
- *Community-based organizations as partners.* We recognized the importance of working with community-based organizations for two reasons. First, they are trusted intermediaries that assist in recruiting research participants. Second, our community-based partners can play an essential role in implementing recommendations from the research.

Our primary research method is qualitative in-depth phone interviews and listening sessions with older Black and Hispanic adults in Washington, DC, Chicago, Atlanta, the Bay Area, and select rural communities.<sup>1</sup> This is being supplemented by an analysis of secondary data; and interviews with experts in health disparities, sociocultural norms, health literacy and vaccine ethics.

The research is being conducted from mid-January to mid-March 2021, to capture the attitudes and experiences of older Black and Hispanic adults during the time that the COVID-19 vaccine is rolling out. ***This “early insights” report, based on findings from in-depth phone interviews and a listening session with older Black adults, primarily in Washington, DC, is intended to shed light on the factors that are influencing them in real time.***

Further findings, which will include the voices of older Hispanic adults, will be provided at a later date.

Our goal is to help public health officials and community organizations better understand what is important to these older adults who are the hardest hit by COVID-19 but the least researched. Ultimately, we want to make sure that these older people have what they need to make an informed decision for themselves.

The older adults interviewed thus far have been eager to share their opinions. As one older Black man shared, “those with the most experience, most knowledge, most historical context are the ones you want to ask.”

HelpAge USA did, and this is what we are hearing thus far.

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<sup>1</sup> Qualitative research can provide a rich view of the opinions of a small number of people. The value lies in revealing the range of opinions held and the intensity with which some people hold those opinions. The results from this research cannot, however, be used to project opinions of older Black and Hispanic adults as a whole.

## Early Insights and Hypotheses

The following themes emerged from research among older Black adults to date.

- 1. *The pandemic has been a difficult time for older Black adults, who have experienced feelings of fear, grief, depression, and isolation. In their view, if COVID-19 came alive as a person, it would be Donald Trump or the devil.***

Interviewees shared the stress and anxiety they have experienced during COVID-19, unable to see family members, fellow church congregants, and other members of their community. A few have lost multiple members of their family. One older interviewee said that in his community, most older people think “this is the last days in time.”

The interviewees associate COVID-19 with fear and death. When asked to personify the virus, two responses were uniformly offered: Donald Trump or the devil. Donald Trump was associated with the virus because “it has no feelings.”

- 2. *The opinions of older Black adults towards the COVID-19 vaccine vary widely, from vaccine acceptors to rejectors.***

There is a wide range of opinions among older Black adults interviewed about the vaccine. On one end of the continuum, there are those who celebrate the arrival of the vaccine to stop the scourge of COVID-19. On the other end are those who reject the vaccine outright, for reasons rooted in fear and distrust of vaccines in general. In the middle are those who have adopted a “wait and see” attitude. They are concerned about possible side effects and want to decide for themselves - *on their own terms* - when they have sufficient evidence that it will be safe for them.

- 3. *Older Black adults are largely keeping their own counsel regarding the COVID-19 vaccine.***

News and information about the vaccine is consumed primarily through TV news but also through radio and newspapers. Few of the interviewees use social media. Some said they find the information provided in the news to be confusing and contradictory, saying “You don’t know what to believe.” However, most do not seem to be discussing their decision about getting vaccine with others.

- 4. *Conversations with family members about the COVID-19 vaccine are limited.***

Few of the interviewees had had conversations with their adult children about getting the COVID-19 vaccine. Part of this is an aversion to crossing boundaries. For instance, one interviewee said she would not talk to her children about the vaccine because “they are adults.” Denial also plays a role. One interviewee said her children do not even want to consider that she could get sick.

- 5. *When discussions with family members about COVID-19 and the vaccine take place, they can be fraught with tension.***

Some interviewees shared their anger that younger family members are not wearing masks and are acting irresponsibly. One interviewee said she was upset about her daughter wanting to get the vaccine because she is of childbearing age. Another said her brother’s family had all been ill with the virus, including her niece, who was hospitalized. She blamed him for spreading it to his family.

**6. Older Black adults trust health care professionals, particularly their own physician, to give them good advice on the vaccine. This does not mean that they will act on that advice, however, as they still want to make their own decision.**

According to the interviewees, trust in their doctor has been gained over time. Several talked about how their doctor has explained medical topics to them or been available to them in the past. This has cultivated a belief that their doctor has their best interest at heart.

Many hold Dr. Fauci in high esteem. His legitimacy in their eyes is fostered by his track record (what he predicted has come to fruition) and a gut feel that “what he says makes sense.” However, this is not universal. One interviewee heard that he invented the AIDs epidemic and thought it could be true.

Some interviewees lamented that healthcare information, which they had received through their senior center, was halted during COVID-19.

**7. The Tuskegee experiment and other healthcare abuses are top-of-mind for older Black adults. However, it does not have the same meaning for all.**

Abuses such as Tuskegee are not abstract for older Black adults: they lived through this time. For some interviewees, these are cautionary tales with possible connections to COVID-19’s disproportionate impact on the Black community. Some have personally experienced healthcare disparities, and this has sensitized them to injustices. One older adult pointed out that just like George Floyd highlighted discrepancies in police treatment of Blacks, the virus has highlighted discrepancies in healthcare. These older adults tend to reject the idea of getting the COVID-19 vaccine or have a “wait and see” attitude.

However, other older Black adults see a link between the past and the present as problematic. They believe that the COVID-19 vaccine is different, and safe for them. Some say people in their community have been too careless and that is why it has disproportionately impacted them.

**8. Older Black adults who are “vaccine acceptors” are enthusiastic about the arrival of COVID-19 vaccines. They tend to believe in the health care system and in science. However, accessing the COVID-19 vaccine – for those who want to get it - can be frustrating. Technological barriers, mobility challenges, and feeling they are at the mercy of intermediaries puts them at a disadvantage.**

During the time that the research was conducted, the older adults interviewed learned through the media and other sources that some older people have been getting the vaccine more easily than them. One woman lamented that she had to depend on her dialysis center or her doctor’s office to let her know when it would be available. She was concerned that they were not advocating hard enough for her and other patients to get access.

She felt a lack of control to sign up herself, not only because she was not sure how to do it. Even if she was successful, she did not have the physical ability to wait in a long line to get the vaccine.

**9. Older Black adults who have a “wait and see” attitude are concerned that too much is unknown about the COVID-19 vaccine.**

There are a wide range of unknowns that keep some interviewees from being confident about getting the vaccine. These include: uncertainty about possible side effects, which will not be evident for some time; the perception that the vaccine clinical trial was rushed; the fact that different companies making the vaccine have different protocols, such as when a

second shot is administered; uncertainty about how the virus mutates; and news that some people have died from the vaccine. In addition, there is suspicion about why the COVID-19 vaccine was developed so quickly, while there is still no cure for other diseases. One interviewee said she heard it is like the polio vaccine, meaning a little of the virus is introduced, so “they’re giving you COVID.”

Information received from a healthcare provider can unintentionally reinforce uncertainty because it acknowledges that there are unknowns.

There is also some concern raised about the “big med” companies behind the vaccines and a belief that they make money pushing medications.

Not all of the vaccine hesitancy is rooted in distrust of the COVID-19 vaccine specifically. For instance, some uncertainty is rooted in their recall of thalidomide in the 1950s.

Knowing someone seriously ill from COVID-19 can influence them towards getting the vaccine. But uncertainty about how much good it will do – or even worse, how much harm it could do at the time or in the future – can reinforce a “wait and see” stance.

**10. *The “wait and see” older adults are not necessarily reassured by seeing someone else get vaccinated, even if it is someone they know and trust.***

Some of the interviewees shared their belief that people react differently to the vaccine, so seeing how one person reacts, even if it is someone they know and trust, has no bearing whether it would be right for them personally. For example, one interviewee said she would have been “first in line twenty years ago” but now she has allergies to different types of food.

**11. *A strategy of the “wait and see” adults is to ward off COVID-19 by building up their immune system.***

A common theme among the interviewees who want to “wait and see” is that they will stay healthy through alternate strategies. For some, it is taking a certain vitamin or a “COVID-19 drink.” However, the pandemic has disrupted routines. For instance, exercise habits have fallen by the wayside; some say they are eating more or smoking more.

**12. *Older Black women say they have been more emotionally resilient than older Black men during the pandemic because they are “more social beings.”***

Older Black women interviewed mourned that they have been isolated from others during the pandemic, and in some cases, lost track of people in their community. But they consider themselves better suited to navigate this time because they are “nurturers” and get strength from their connections to others. They say Black men keep their feelings to themselves and are too proud to show weakness, which hurts them in the long run.

**13. *Older Black adults have a strong sense of agency. They know their own mind and they want to be control of decisions that impact them. But advocating for themselves is not always easy.***

A common theme in the interviews was the sense of older Black adults being in control of their decisions. However, advocating for themselves with authority is a complex topic. One interviewee expressed frustration that members of her community tend to be passive and complain. She feels that this results in the needs and desires of seniors not being considered when decisions are made.