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Title

Black Patient Perceptions of COVID-19 Vaccine, Treatment, and Testing

Priority 1 (Research Category)

COVID-19

Presenters

Gisselle De Leon, Donna Zulman, MD, MS, Juliana Baratta, MS, Cati Brown-Johnson, PhD, Raquel Garcia, Taylor Hollis, Joy Cox

Abstract

Context: The Presence for Racial Justice project leverages the Stanford Presence 5 framework to present anti-racism communication practices that promote clinician trust-building for Black patients in primary care. With the racial/ethnic disparities in COVID-19 infection rates, an assessment of Black patients' perspectives around COVID-19 care is required to promote health equity in current and future health crises. Objective: To compile clinician communication strategies for promotion of patient understanding and agency concerning Black patients' perceptions of COVID-19 vaccine, treatment and testing. Study design: Qualitative study employing inductive and deductive thematic analysis. Setting: Four primary care clinics primarily serving Black patients in Oakland, CA; Rochester, NY; Leeds, AL; and Memphis, TN. Population Studied: 37 Black patients, recruited through convenience sampling by their primary care clinician for 45-minute semi-structured audio-recorded interviews. Outcome Measures: Emergent themes around Black patient perceptions and motivations for seeking/delaying COVID-19 vaccine, treatment, and testing, and their ideal medical guidance on COVID-19 care. Results: Due to historic mistreatment of Black patients within the healthcare system, medicine, and research, there is a high prevalence of mistrust amongst the Black patient interviewees towards the safety, efficacy, and equitable distribution of the COVID-19 vaccine compared to existing vaccines. Patients feared racial discriminatory treatment and intended to wait for the general population, authority figures, and White patients to receive the vaccine first. Many patients believed personal protective behaviors (e.g., mask wearing, staying home, taking supplements) would be more effective than receiving the COVID-19 vaccine. They expressed a preference for receiving COVID-19 medical care in the comfort of their homes due to high costs and risks of maltreatment, death, and loneliness. Conclusion: Black patients hinged their vaccination decisions on having enough time to observe vaccine rollout and discussion with their clinicians. Relating new medical interventions (ie., COVID-19 vaccine) to accepted medical approaches (ie., Flu vaccine) and being aware of historical distrust in medicine can inform clinician efforts to empower and provide excellent care for Black patients moving forward.