

Addressing Vaccine Hesitancy in the African American Community

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Background

It is no secret how important the doctor-patient relationship is to patients' health outcomes. When the relationship isn't built on trust, there is usually a decline in patients' health. This unfortunate outcome is commonly seen in the African American community and what is not very well known is why there is so much mistrust in the African American community when it comes to the medical field. It's important for physicians, especially ones serving the African American community to know what has led to medical distrust over the years. Given the current state of the pandemic, it is important to assess why COVID-19 vaccination rates are so low in the African American population. This project assessed the current knowledge and confidence level of Family Medicine Resident Physicians to address COVID-19 vaccine hesitancy in African American patients.

Methods

Resident physicians were taught the history of vaccine hesitancy in the African American community and the historical relationship between the medical community and African American community. Residents participated in two lectures that were 60- 90 minutes long and were presented methods and interventions that may be utilized to address COVID-19 vaccine hesitancy. A 10-item pre- and post-didactic survey was administered to assess Resident Physician knowledge about the history of vaccine hesitancy in the black community and their confidence in addressing COVID 19 vaccine hesitancy with black patients. Descriptive statistics including frequency counts and percentages were calculated for all quantitative survey items, and the Wilcoxon Signed Rank Test was used to detect pre- to post-curriculum gains.

Results

Seventeen resident physicians attended the didactic session and completed the pre- and post-didactic evaluation survey (100% response rate). At baseline, 88.2% (15/17) of residents indicated they experienced vaccine refusal in clinical encounters with African American patients, however only 52.9% (9/17) were fairly or completely confident discussing vaccine hesitancy. Following the didactic presentations, residents reported a better understanding of the causes of medical distrust among the black community ($z=2.873$, $p=.004$), and felt more confident addressing issues of vaccine hesitancy ($z=3.176$, $p=.001$) with the ultimate goal of improving vaccination rates.

Conclusions

Overall, the didactic presentations were well received. Given the improvement documented with residents, we hope this study can serve as a blueprint to further educate other medical physicians so that the medical relationship with the black community will improve along with health outcomes.