

The Impact of Vaccination on Lives and Livelihoods



A People's Dialogue

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VACCINE LIVES AND LIVELIHOODS

With the arrival of millions of doses of vaccine, the nation may be on the road to recovery from the pandemic, but the emotional and economic wreckage may require a longer recovery process. Last year, Americans suddenly faced an environment that put their lives and livelihoods beyond their control. They now struggle to “right their ships” and make decisions about trusting a world that has failed them. Rarely in our history have we been asked to stay home and avoid our neighbors and colleagues for such an extended period of time. The impact on our lives and livelihoods has been nothing less than cataclysmic.

GENERAL EFFECT ON MENTAL HEALTH

Humans are, by nature, social beings. The pandemic, with its social distancing mandate, has had severe consequences on mental health. By last summer a “majority of U.S. adults 18 and older (53%) said that worry and stress related to coronavirus has had a negative impact on their mental health” (1). Research has shown the connection between “loneliness and increased risk of premature death, dementia, stroke, depression, anxiety, and suicide” in older adults.” Younger adults are reporting a much higher rate of anxiety and depression than people over 65 (24% vs 40%) (2).

For the very young, the school closures and disruption to the educational routine, fear of sickness of family members, and social isolation from peers all have contributed to a degradation of their mental health (3). Adults shift roles between parent, teacher, counselor and play-mate. Millions of caregivers focus on the care of loved ones, young and old, while other Americans fret about postponed weddings, a missed collegiate experience or senior year, canceled cruises, cultural events, and sports events. The mandate to stop life as we know it has left deep emotional scars.

Overnight, the earth tilted slightly as millions of Americans shifted their work from office cubicles to dining tables. There is suddenly no boundary

between the workspace and home space (4), leaving many feeling confused as to whether they are living at work or working at home.

Telecommuting is an option only for the more educated - "62% of workers with a bachelor's degree or more say their work can be done from home." This compares with only 23% of those without a four-year college degree. Many businesses closed offices, but even if open, a number of workers (57%) opted to work at home to avoid exposure to the virus. But working at home has not been a panacea for all. "Younger teleworkers are more likely to say they've had a hard time feeling motivated to do their work since the coronavirus outbreak started." Pew Research reports, "Parents who are teleworking are having a harder time getting their work done without interruptions" (5).

IMPACT ON WORK LIVES

As if the disruption to social lives has not been devastating enough, the impact of millions of job losses has compounded the national malaise. Under this pandemic "the unemployment rate for every state ... surpassed levels seen during the Great Recession" (6).

The Bureau of Labor Statistics reports more than 2.3 million women have lost their jobs since last February, along with nearly 1 million mothers who have left their jobs. For comparison, nearly 1.8 million men have left the labor force since February 2020 (7).

Among women, "the pandemic has exacerbated existing inequalities, falling heavily on single mothers, low-income women, and women of color — who are often those least able to afford child care. Mothers appear to be taking on a larger role supervising the children at home "in part because men tend to have higher salaries. According to census research released in August, among those not working, women age 25-44 were nearly three times as likely as men not to be working because COVID had disrupted their child care arrangements." Women of color have experienced the biggest drops in employment," (8).

Called the “shecession” by some economists, “the coronavirus pandemic is unlike other modern recessions in that job losses are greatest among women, who dominate jobs that cannot be done remotely, like food service, retail and hospitality.” The five business sectors most affected by the pandemic -- leisure and hospitality, retail trade, construction and transportation -- generate “almost 50 percent of the revenues of Hispanic- and Latino-owned businesses, and 65 percent of Hispanics and Latinos work in those sectors” (9).

According to Rakesh Kochhar of the Pew Research Center, “the share of men overall who are working is at a record low (60.5%) since 1976.” Black and Hispanic fathers have suffered high levels of job loss. Pre-pandemic “in September 2019, 81.6% of Black fathers and 92.2% of Hispanic fathers were employed.” One year later, the percentages had dropped to 75.3% for Black fathers and 85% for Hispanic fathers (10).

College students face unfulfilled expectations for the holistic college experience. Opportunities for internships have dried up and career guidance has been scaled back leaving students wondering about their future prospects (11). Low-income students depending on wages from on-campus work-study jobs are the most affected (12).

VACCINE DISTRIBUTION

In planning for the deployment of the COVID 19 vaccine, leaders face dozens of practical distribution realities. Questions surrounding fair distribution of vaccines have been long debated, but this recent pandemic makes these questions particularly urgent as world leaders and medical communities prepare to inoculate 8 billion people worldwide. There are several approaches to distribution.

Egalitarian distribution might take the form of a lottery, however lotteries do not “take into account groups who are most vulnerable to illness or those who contribute most to transmission” (13). Although fairer, this may not yield the optimal outcome.

A utilitarian approach would distribute vaccines to create the greatest good for the greatest number. This model saves both lives and life years (14). Health care workers would be among the first vaccinated (15).

Through the utilitarian approach vaccines are distributed to help address the economic and social health of the country, thus restoring livelihoods.

A third approach to vaccine distribution suggests prioritizing the disadvantaged. The coronavirus has impacted Black, Hispanic, and Native Americans, and the poor disproportionately. Disparities result from work in front line jobs, complex medical conditions, higher rates of poverty, poor access to health care and multi-generational living situations (16).

Scholars question whether equitable distribution is even possible in this pandemic with “limited supply and mass demand.” Medical scholars caution about vaccine nationalism which results in distribution based on “citizenship and a country’s ability to pay” (17). Other voices counter that it is ethical for governments to have the right to national partiality, favoring its own citizens (18).

Seeking to maximize benefit while being attentive to questions of equity, the CDC based its vaccine distribution recommendations on these goals:

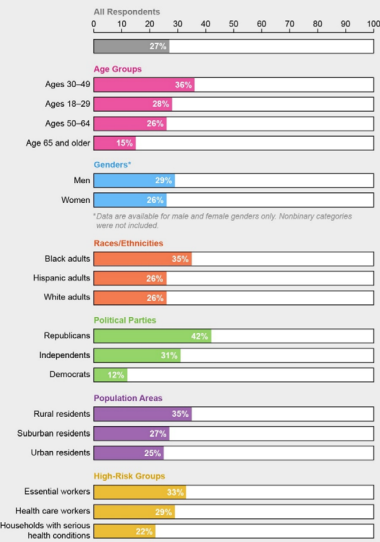
- Decrease death and serious disease as much as possible.
- Preserve the functioning of society.
- Reduce the extra burden COVID-19 is having on people already facing disparities. (19).

ACCEPTANCE OF THE VACCINE

Which Groups Are Most Resistant to Getting the COVID-19 Vaccine?

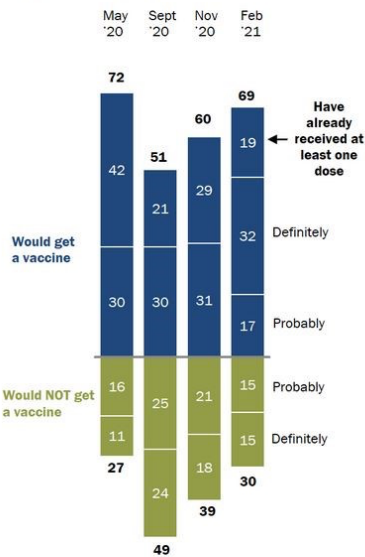
Different subgroups of the U.S. population have varying reasons for distrusting the COVID-19 vaccine. This means that public health messages will need to be targeted to specific groups—a one-size-fits-all approach will not work. In December 2020 the Kaiser Family Foundation conducted a survey of 1,676 adults, asking them whether they would likely get a vaccine against COVID-19 if it was freely available and deemed safe by scientists. A breakdown of those who said they would “probably not” or “definitely not” be vaccinated is below.

Percent of Respondents Who Expressed Vaccine Hesitancy by Demographic Group



Half of Americans intend to get a COVID-19 vaccine; 19% already have

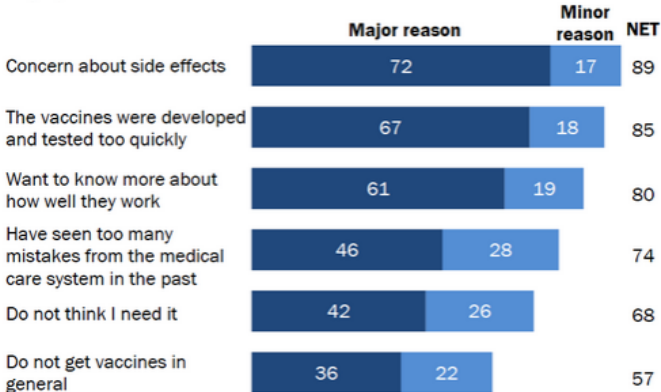
% of U.S. adults who say, thinking about vaccines to prevent COVID-19, they ...



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Those disinclined to be vaccinated cite concerns about side effects, pace of vaccine development and desire for more information as top reasons why

Among the U.S. adults who say they probably/definitely will NOT get a vaccine to prevent COVID-19, % who say each of the following is a major/minor reason



Note: Based on those who say they definitely/probably will NOT get a vaccine to prevent COVID-19. Respondents who gave other responses or did not give an answer are not shown.

Source: Survey conducted Feb. 16-21, 2021.

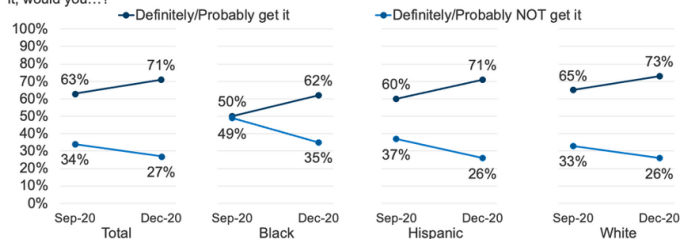
"Growing Share of Americans Say They Plan To Get a COVID-19 Vaccine – or Already Have"

PEW RESEARCH CENTER

<https://www.pewresearch.org/fact-tank/2021/03/23/10-facts-about-americans-and-coronavirus-vaccines/>

Willingness To Get COVID-19 Vaccine Has Increased Across Racial/Ethnic Groups

If a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you...?



SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020); KFF/The Undeclared Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.

KFF COVID-19
Vaccine Monitor

Hamel, Liz, Ashley Kirzinger, Cailey Munana and Mollyann Brodie. (2020, December 15). KFF COVID-19 Vaccine Monitor. <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

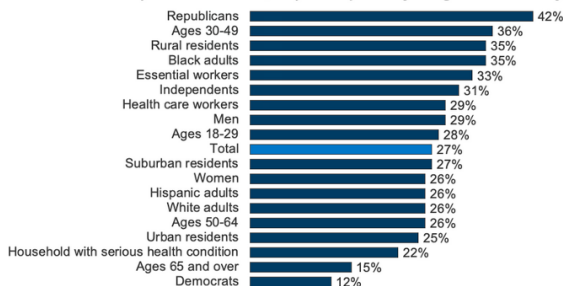
Having gone to Herculean lengths to produce vaccine, the question is, if we make it, will they come? Public health officials caution, “public health moves at the speed of trust” (20). Vaccine resistance is still fairly strong, although attitudes are softening. “Knowing someone who has been vaccinated and seeing that the vaccine does not produce any significant adverse effects is emerging as the leading reason people are willing to get vaccinated themselves” (21).

In a survey conducted February 16-21 2021, 19% of Americans report having received the vaccine and “another 50% say they definitely or probably plan to get vaccinated. Taken together, 69% of the public intends to get a vaccine – or already has.” This is a 9% increase in willingness to be vaccinated compared to data collected from a survey done in November 2020 (22).

Nationally, 22% of the population prefer the “wait and see” approach. Blacks comprise the largest number (34%) of this “wait and see” group. Compare this to 26% of Hispanics and 18% of Whites. Higher numbers of the young fall into this “wait and see” group, gradually declining by age groups. Thirty-three percent of the young (18-29 year of age), 24% (30-49 years of age), 20% (50-64 years of age) and 10% of the over-65 age bracket prefer to wait and see how the vaccines go for others (23).

Which Groups Are Most Likely To Be COVID-19 Vaccine Hesitant?

Percent within each group who say, if a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, they would **probably not get it or definitely not get it**:



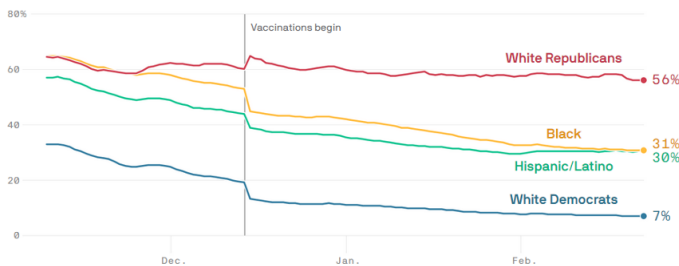
SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.

KFF COVID-19
Vaccine Monitor

Hamel, Liz, Ashley Kirzinger, Cailey Munana and Mollyann Brodie. (2020, December 15). KFF COVID-19 Vaccine Monitor. <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

Percent who say they are unsure or will not take the COVID-19 vaccine

Survey of U.S. registered voters, Nov. 9, 2020, to Feb. 23, 2021



Reproduced from *Civitas*; Chart: Axios Visuals

Owens, Caitlin. (2021, February 25). [Republicans are least likely to want the coronavirus vaccine](#). Axios.

Attitudes toward vaccination also follow political parties. Eighty-six percent of Democrats will “probably or definitely” get the vaccine while only 56% of Republicans will. Sixty-seven percent of Independents are willing to be vaccinated (24).

Table 1: Reasons For Vaccine Hesitancy By Party Identification, Age, and Race/Ethnicity

| AMONG THOSE WHO WOULD DEFINITELY NOT OR PROBABLY NOT GET VACCINATED: Percent who say each of the following is a major reason why: | Total | Party ID | | Age | | Race/Ethnicity | |
|--|-------|-------------|------------|-------|-----|----------------|-------|
| | | Independent | Republican | 18-49 | 50+ | Black | White |
| Worried about possible side effects | 59% | 59% | 54% | 58% | 63% | 71% | 56% |
| Do not trust the government to make sure the vaccine is safe and effective | 55 | 52 | 56 | 55 | 53 | 58 | 54 |
| Vaccine is too new and want to wait and see how it works for other people | 53 | 54 | 41 | 57 | 46 | 71 | 48 |
| Politics has played too much of a role in the vaccine development process | 51 | 46 | 53 | 47 | 59 | 54 | 49 |
| The risks of COVID-19 are being exaggerated | 43 | 40 | 57 | 40 | 51 | 33 | 49 |
| Don't trust vaccines in general | 37 | 43 | 31 | 37 | 38 | 47 | 36 |
| Do not trust the health care system | 35 | 34 | 36 | 32 | 42 | 28 | 36 |
| Worried that they may get COVID-19 from the vaccine | 27 | 30 | 18 | 26 | 26 | 50 | 21 |
| Don't think they are at risk of getting sick from COVID-19 | 20 | 18 | 23 | 18 | 26 | 20 | 19 |

NOTE: Sample size too small to report separately among Democrats and Hispanics who say they definitely or probably won't get vaccinated. See Appendix A for tables based on total.

Hamel, Liz, Ashley Kirzinger, Cailey Munana and Mollyann Brodie. (2020, December 15). [KFF COVID-19 Vaccine Monitor](#). Kaiser Family Foundation.

Missouri Governor Parsons announced in March that 40% of Missourians are disinclined to receive the vaccine (25).

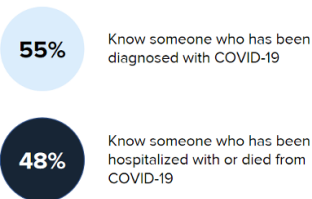
There are a multitude of reasons various segments of the population are reluctant to be vaccinated. Below are a few of the more common reasons. (Percentages vary by date of survey, sample size, and by variations in the question posed).

› **Trust**

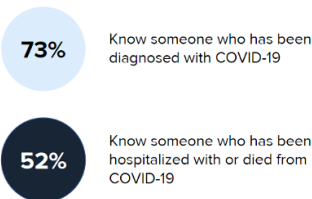
- » There are several elements of trust – trust in the safety of the vaccine; trust in the speed of the development process; trust in the government; trust in the health care system.
- » Trust levels vary by ethnic and racial group. Last fall, only 14% of Blacks and 34% of Latinx reported trust in the vaccine (26).

Black and Latinx Americans have been disproportionately affected by pandemic morbidity and mortality, and this experience is reflected in hesitancy attitudes and behavior.

Among Black Americans



Among Latinx Americans



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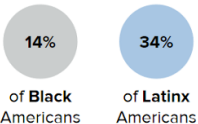
UNIDOSUS
COMMUNITY HEALTH ENGAGEMENT

NAACP
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

COVID Collaborative 3

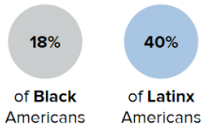
While vaccination is a vital strategy for stopping the virus, a significant majority mistrust the safety and efficacy of a COVID-19 vaccine, particularly among Black Americans.

Trust in Vaccine Safety



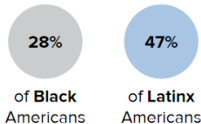
Mostly or completely trust that a vaccine will be safe

Trust in Vaccine Effectiveness



Mostly or completely trust that a vaccine will be effective

Trust in Culturally Specific Testing and Safety



Are confident that a vaccine will be tested specifically for safety in their racial/ethnic group

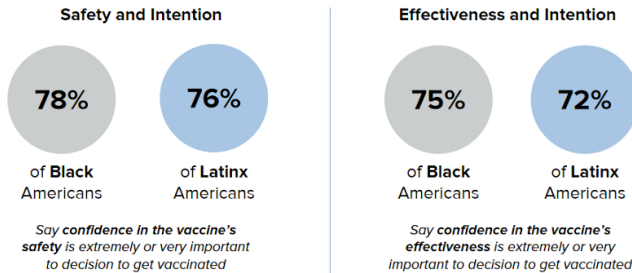
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UNIDOSUS
COMMUNITY HEALTH ENGAGEMENT

NAACP
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

COVID Collaborative 4

For both Black and Latinx Americans, confidence in vaccine safety and effectiveness are the number one predictors of vaccine intention, making trust building on these fronts vital.



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COMMUNITY-LED RESEARCH

NAACP

COVID Collaborative 5

[Coronavirus Vaccine Hesitancy in Black and Latinx Communities](#), Research Conducted Fall 2020. UNIDOS US, NAACP.

- » People express concern about the ingredients of the vaccine including fear of being injected with the actual virus (27).
- » Most surprisingly, a high level of vaccine hesitancy is found among health care workers (29%) and essential workers (33%), people who are highly exposed on a daily basis (28). Again, there is a matter of trust.

» Fear

- » Hispanics in particular fear revealing their undocumented status (29).
- » Fear of needles - Trypanophobia (30).
- » Fear of side effects.
- » General fear of Covid-19. Blacks and Latinx have been "disproportionately affected by pandemic morbidity and mortality" resulting in "hesitancy attitudes and behavior." Of these minority populations 48% of Blacks and 52% of Latinx know someone who was hospitalized or died of Covid-19 (31).

› Experience with the Health Care System

- » Among ethnic groups in particular, there is a misunderstanding about the need for health insurance (32).
- » There is a lack of linguistically and culturally compatible healthcare providers for ethnic and racial groups (33).
- » Concern by Blacks that they were not well represented in trials (34).
- » Shared memory by the Black community of historical medical abuses by the U.S. government such as the Tuskegee study; general skepticism of the government (35). This number has improved since September.

› Religious Reasons

- » Diverse interpretations regarding the use of cell lines and aborted fetal cells in vaccine testing and development – (36)(37).

› Political Reasons

- » Concern that the vaccine is too political (38).

› Other barriers:

- » Lack of transportation,
- » Unable to identify a location to receive vaccine
- » Unable to get time off from work

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