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## **A Message from Our CEO: Communities Most at Risk from COVID Still Least Likely to Get Vaccinated**

**ARLINGTON, Va. (March 15, 2021)** – The American Diabetes Association® (ADA) Chief Executive Officer, Tracey D. Brown, made the following statement regarding the urgent need for Black communities to gain access to the vaccine distribution currently underway in communities across the country:

COVID-19 vaccines, which have dominated American news cycles, are a good news/bad news story for America: on one hand, medical science—defying even its own wildest expectations—[gave us three](#) vaccines within a year of the outbreak of the disease, with other promising candidates on the way, rollout speed of the vaccines have improved, and the recent White House announcement of [an agreement](#) for millions of additional doses.

Now the bad news: despite this progress, vaccine distribution still isn't getting shots where they're most needed, compounding the danger for those low-income, or minority Americans who face outside risk in the pandemic's wake and widening our vast [health equity divide](#).

CDC's vaccine access data are even more disheartening: [just 5 percent](#) of vaccine doses administered so far have gone to Black Americans, who represent over 2.5 times that portion of the population. Latino Americans are also underrepresented in vaccine access: they have gotten 11 percent of shots but are 17 percent of our population. Low-income Americans are [less than half as likely](#) to have been vaccinated or know someone who's been vaccinated as high income individuals. And across the country, communities hit hardest by COVID-19—most often economically disadvantaged citizens and people of color—are being [vaccinated at lower, slower rates](#) than their whiter, wealthier counterparts.

It gets more complicated when we are reminded that these very same communities over-index on diabetes and other chronic diseases, which make *not* getting a vaccine all the more dangerous, since those very underlying conditions can make catching COVID-19 perilous, if not fatal. Simply put, it is not okay that those at highest risk are also the least likely to get a shot anytime soon.

With more federal spending on vaccines happening, and as states and localities roll them out, there are better ways to deliver services to underrepresented, over-exposed communities. Yes, it is convenient for those of us with resources to sign up online for a vaccine, but the [more than 14 million Americans](#) who still lack internet access need a better system. Yes, it is exciting to have pharmacies

take part in the roll out, but where do we send low-income Americans who are **increasingly likely** to live in 'pharmacy deserts' where there is no convenient access to drug stores for miles?

We applaud **ride-sharing companies helping** to transport some people to vaccination sites, and we should also ask whether locating the sites closer within reach of targeted communities isn't also an efficient approach. With resources and intent, more can be done to scale vaccine access through community health and recreation centers and churches, to create door-to-door vaccine sign-up efforts like those deployed during the census, to create phone and text sign-ups for people who cannot Google search.

As rollouts continue in states and localities, we implore leaders at all levels to keep these challenges and needed responses top of mind and to fund them fully with federal, state, and private resources.

This is not to suggest that upping our logistics game will solve all current inequities of vaccine distribution. Our **medical system's history** of mistreating people of color makes it no surprise that Black Americans are **20 percent less likely** to want the COVID-19 vaccine, and that vaccine refusal is particularly pronounced in **sectors** like nursing homes and the military that employ outsize numbers of people of color. Wealth is also not a clear correlate: high-profile celebrities like NBA players are declining to participate in vaccine promotional campaigns, doubtless because they—like many of us—have long heard stories of how our communities have been subject to terrible medical experimentation through history. We must make vaccine access not merely about logistics, but also about rebuilding trust between government, the medical establishment and people of color through active dialogue and open, aggressive communication. And it is imperative that we prioritize the dissemination of the data we have on COVID-19 vaccines in real time so that everyone can trust that they're making decisions informed by the best and latest science.

Yes, let us celebrate the progress made on vaccines so far. But let us not be complacent. Doing more to bring resources and trust to those who have been ignored is vital. It is not too late to begin bridging the disparities that divide us—but we have to start today.