The United States reached a once-unfathomable milestone on Feb. 22, 2021, surpassing 500,000 confirmed coronavirus-related deaths—more than any other country and higher than even the worst case scenario predictions.

US life expectancy saw its biggest drop since World War II, with widening racial disparities. The COVID-19 crisis is hurting all our communities, but not equally. The data that would allow us to document the pandemic’s uneven toll has been incomplete. But it is apparent that communities of color continue to be the most vulnerable.

The US has historically struggled to vaccinate adults. In the past decade, the rate of seasonal influenza vaccination among U.S. adults has never exceeded 50%. Coverage rates for seasonal influenza have been even lower for Black, Asian and Latinx Americans and high-risk adults between the ages of 18 and 49 years. During the last pandemic for which there was a vaccine—the 2009 H1N1 pandemic—only 22.7% of American adults were vaccinated per CDC records.

After months of wariness, recent polls show that interest in receiving COVID-19 vaccines is finally rising among Americans, including people of color, in part because clinical trials showed the Pfizer/BioNTech and Moderna vaccines to be highly effective.

About 72.8 million Americans have already been vaccinated and about 1.3 million doses are being administered across the country each day. President Biden has pledged to administer 100 million vaccines in his first 100 days in office. There has been some confusion about the multi-tiered system of vaccine access, and unabated concerns that certain marginalized groups and people of color will likely receive substandard care.

However, it is essential to state some facts based on good science, such as: a) The COVID-19 vaccine will not affect fertility; b) People who have gotten sick with COVID-19 may still benefit from getting vaccinated; c) Individuals who get the COVID-19 vaccination still need to practice infection prevention precautions; d) The vaccine cannot and will not give you COVID-19; e) The COVID-19 vaccine can have side effects, but the vast majority are very short term and typically not dangerous; and, f) The mRNA technology behind the new coronavirus vaccines has been in development for almost two decades.

After vaccination, the most commonly reported side effects, which typically lasted several days, were pain at the injection site, tiredness, headache, muscle pain, chills, joint pain, swollen lymph nodes in the same arm as the injection, nausea and vomiting, and fever.

Some confusion has existed regarding the phased roll out of the vaccinations. Colorado recently announced that Phase 1B.3 would be split and will begin on March 5. Those in this phase now include people over age 60, people with two or more health factors and workers in frontline grocery and agriculture positions. This is expected to be about 1 million people. The new Phase 1B.4 is expected to begin around March 21. As currently structured, it will include people over age 50, people with high risk conditions and frontline workers in the following fields: higher education, restaurants and food service, essential manufacturing, the United States Postal Service, faith leaders, public health workers, human service workers, and essential journalists. So far, nearly 70% of people over the age of 70 have been vaccinated, based on data from the Colorado Department of Public Health and Environment and additional details in the diagram dated Feb. 26 (next page).

Despite a strong desire of public health institutions to implement an equitable delivery system for these vaccines, the data shows that disparities are present. For example, 1.76% of those vaccinated in Colorado are Asian Pacific Islanders (APIs); APIs comprise 3.2% of the state population. 2.1% of all vaccinated Coloradans are African Americans, a group that represents...
3.95% of the state population; and 4.99% are Hispanic representing the largest gap with the Hispanic population making up 21.8% of Colorado’s population.

1.76% of those vaccinated in Colorado are Asian Pacific Islanders (APIs) while APIs compose 3.2% of the state’s population.

Building trust and getting vaccines to accessible community-run locations are key to addressing these disparities. Community based clinics such as Family Medicine Clinic for Health Equity and the Colorado Primary Care Clinic have stepped up to host a large equity vaccine clinic event.

On Feb. 27 at The Stampede in Aurora, in partnership with: Colorado Primary Care Clinic, Havana Business Improvement District, City of Aurora, NAACP, and Aurora Sister Cities International, 400 vaccines were administered with the support of CD-PHE and medical providers/doctors and observers, who were present to provide guidance, monitoring, first aid services, and data collection support.

This event was remarkable in that it had a strong community footprint. Over ten multi-ethnic communities were represented. Language and cultural barriers were addressed with the help of multilingual interpreters from the Korean Committee of Aurora Sister Cities, NAACP, Western Centers, the Ethiopian Community, Colorado Event Traffic, Arc Document Solutions, Falck Rocky Mountain Ambulance, City of Aurora, City of Aurora’s Business Advisory Board, Aurora Asian Pacific Community Partnership, Lee, Myers and O’Connell, LLP, H-Mart, Second Chance Center, CMe Catering & Events, and the Havana Business Improvement District – On Havana Street.

More than 65 volunteers dedicated their time and their efforts. Chris Swank with The Stampede donated the space. The event served as a model for future equity clinics and will go a long way in addressing disparities for vaccine delivery.

Source: Colorado Department of Public Health and Environment (CDPHE) from February 21, 2021.