



VISIONSERIES

**TRANSFORMING NURSING EDUCATION
LEADING THE CALL TO REFORM**

THE EQUITABLE DETERMINANTS OF ACCESS TO VACCINE DISTRIBUTION AND VACCINATIONS FOR ALL

A LIVING DOCUMENT FROM THE NATIONAL LEAGUE FOR NURSING BOARD OF GOVERNORS

MAY 2021

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MISSION

Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community.

CORE VALUES

Caring, Integrity, Diversity, Excellence

INTRODUCTION

Based on our Core Values – caring, integrity, diversity, and excellence – we, the National League for Nursing, in keeping with our mission to promote excellence in nursing education ... to advance the health of the nation and the global community (www.nln.org), and in collaboration with our professional colleagues, civic leaders, and fellow citizens, embrace our moral responsibility for assuring human dignity, protecting freedom of choice, and promoting human flourishing in caring for all persons. We call for the equitable distribution and administration of all vaccines, including the COVID-19 vaccines, to every person regardless of age, color, creed, gender, ethnicity, health status, disability, financial need, documented citizenship, immigrant status, and geographical location. This statement has implications for communicable diseases, future pandemics, and disasters.

Many intersecting social, cultural, legal, and historical factors shaped the landscape and ultimate launch of the COVID-19 vaccine. In the Consensus Study Report, Framework for Equitable Allocation of COVID-19 Vaccine, written by the National Academy of Medicine (Kahn et al., 2020), a salient point was made that while all individuals have equal worth, all individuals do not have equal risk, nor do they pose equal risk to others, and clarity and respect are needed.

The challenges caused by assumptions, the belief that treating everyone the same is treating everyone fairly, systemic racism, culturally insensitive communication plans, the history of this country and its allocation of resources. and most of all, lack of respect for the impact of social determinants of health (SDOH), prevent many people from accessing vaccines. These issues have led to more than 500,000 COVID-19 deaths so far in the United States (Centers for Disease Control and Prevention [CDC], 2021; Worldometers, 2021). Community-and people-centered considerations pave the way forward. The starting point to making vaccine access a reality is to examine more closely the determinants that will lead to getting vaccines to all members of humanity with the goal of protecting life, liberty, and the pursuit of happiness.

STRUCTURAL DETERMINANTS OF HEALTH, SOCIAL DETERMINANTS OF HEALTH AND STRUCTURAL RACISM

Social determinants of health (SDOH), informed by structural determinants of health, control the amount of access and equity to health care that individuals and communities receive. Too often, structural racism and racist policies determine the allocation of resources, resulting in unequal distribution, inadequate funding for administration and education, insufficient support, and harmful exclusion for communities of color. SDOH include economic stability, education access and quality, health care access quality, neighborhood and environment, and social and community context (Healthy People, 2030). Structural racism and structural determinants of health, as well as antiracist policies, must be addressed to close the gap in disparities in health care and pave the path for improved population health of the future.

While the proportion of Americans who will receive the vaccine is projected to increase, a sizable number of Americans lack vaccine confidence. Conditions of mistrust, inadequate access to health care, and systemic and structural racism preexist. File and Mohanty (2021), reporting on research conducted by the CDC and US Census Bureau, state that only 26 percent of respondents would likely receive a COVID-19 vaccination, and 24 percent of respondents would probably not or definitely would not receive a vaccination. People of color are more reluctant to obtain the COVID-19 vaccine although an increased incidence and mortality rates among Black and Latinx communities exist. In a recent survey conducted by the Kaiser Family Foundation, Artiga & Kates (2020) stated that Black people were reported to be less likely than any other group to say they would not get the coronavirus vaccine, even if it were free and established to be safe by scientists. The respondents cited safety and mistrust as contributing factors.

Research on social structures, such as social determinants of health and structural racism, and implicit bias training across the board are critical to counter the effects of mistrust and disinformation that influence vaccination decision-making and understanding who will be unlikely to exercise mitigation behaviors, such as social distancing, hand hygiene, and mask-wearing, that can alleviate the disease burden among those who identify as people of color. The COVID-19 pandemic has illuminated the need for research on the impact of social structures on vaccination decision-making and health-promoting behaviors to mitigate COVID-19 disease burden and health disparities. In addition to research focused on operations management for massive distribution of health care services and vaccination decision-making, a need for nurses is evident. Nurses must contribute to public health research that influences population-level behaviors. This will include use of emerging methods to triangulate unconventional source data (e.g., geospatial data, digital proximity tracking, social media activity, and app-based restaurant reservations). Conventional epidemiologic methods of surveillance inform the implementation of broad-scale or community-level interventions, as well as health policy.

All these challenges and health disparities that must be overcome during the COVID-19 vaccine distribution call attention to long-standing inequities that pervade the health care system and society at large. These disparities are indicative of underlying social issues that have roots in our nation's public health history. Many policies and practices have origins from slavery in the US and are often known as the structural racism. They include legal and illegal segregation and disenfranchisement

laws, known as “Jim Crow” practices; limited access or refusal of the use of the GI Bill; the use of redlining, an illegal discriminatory practice to prevent or limit homeownership in geographic areas; and an increase in mass incarcerations (Crear-Perry et al., 2020). Additionally, mistrust of medical care is long rooted, with past research founded in poor ethical principles such as those used in the Tuskegee experiment in which Black males unknowingly participated in a syphilis study without being treated or informed that they had the disease. These unfair and unethical practices continue to influence acceptance and decision-making to choose vaccination in our current society.

BARRIERS TO ACCESS

Health equity for a diverse nation requires health care providers who can respond to patients with cultural sensitivity, which ultimately impacts health outcomes. To instill trust in the health care system, all health care providers are responsible for demonstrating empathy and understanding toward the historical roots surrounding vaccine hesitancy. Failure to demonstrate an understanding of the many systemic racial barriers within health care will further alienate and deepen concerns with vaccine administration. Providers must evaluate how inequities are perpetuated. These include insurance plans accepted, quality of care provided, and diversity of the health care workforce. With the increasing diversity of the nation, there is a societal responsibility as well as an expectation of health care providers to deliver culturally appropriate, high-quality, person-centered care. Understanding the barriers, underlying issues, and behavioral determinants that influence vaccination acceptance is critical to a successful COVID-19 vaccine program.

Health Insurance

Individuals who are underinsured or uninsured have less access to care and are also more likely to go without the vaccine (Artiga & Kates, 2020). The uninsured rate is 20 percent among the nonelderly Latinx community and 11.4 percent in the nonelderly Black community (Artiga & Kates, 2020). As a result, millions of uninsured individuals are likely not to have a medical home to access health care or a provider to help them make an informed decision about vaccinations.

A lack of access to health insurance and the presence of economic hardship during the pandemic also pose a threat to noncitizen immigrants who have lost their jobs; are not eligible for economic relief and services; and even when eligible for assistance, may be reluctant to access services due to fear of immigration-related consequences. Increased risk exposure includes living in multigenerational households or larger households with extended family or even nonfamily members, making social distancing difficult. Thirty-three percent (33%) of noncitizen immigrants live in households with more than four people compared to 21 percent of citizens (Artiga & Rae, 2020). Regardless of citizenship status, living situations that place individuals and others at increased risk of communicable disease exposure should be assessed and prioritized for vaccine distribution.

Technology

Technology not only enhances communication between necessary entities, but also poses significant navigation challenges for many and can add to vaccine access barriers regardless of race, ethnicity, gender, economic status, and geographical location. According to the Pew Research Center (2021), access to home broadband service is less likely for racial-ethnic minorities (Hispanic 65% and Black 71% compared to 80% White) and decreases according to number of years of education (59% with high school or less compared to 80% with some college and 94% of college graduates). Complex registration processes that are mostly internet-based limit access to pathways to the vaccine. Both public health departments and retail pharmacies

have required online advance registration to become inoculated. Vaccination registration processes have been riddled with website issues, and time slots are quickly filled. Thus, online registration has created yet another bottleneck for older adults and people of color becoming inoculated. Bridging the technology divide with groups that have low health literacy levels is critical in providing information about any vaccine.

Health Literacy

Health literacy should be assessed and appropriate resources provided in a timely manner in people's predominant language to ensure individuals have the necessary tools to make health decisions. Contributing factors that may influence an individual's health literacy level include living in poverty, educational level, race/ethnicity, age, and disability (Sentell et al., 2021). Health care providers are responsible for providing intentional messaging and education about the COVID-19 vaccine to increase health literacy. The Kaiser Family Foundation (2021) found 43 percent of Americans reported receiving vaccine information from cable news, 41 percent from local news, and 31 percent from social media. The survey found those who received more vaccination information from the news were more enthusiastic about receiving the vaccine. Therefore, health care providers must provide strategic education in the modalities that reach diverse communities, including the utilization of social media platforms.

To expand health literacy approaches, dissemination of patient-centered, culturally inclusive information will support dispelling misinformation and reinforce vaccine confidence. Racial ethnic groups, and those who do not speak English as the predominant language, have some of the largest disparities in health literacy, with Latinx adults found to have the lowest average health literacy (Becerra et al., 2017). Thus, linguistically appropriate health information (in written, audio, and visual forms) and translators must be available for non-English speakers or people with disabilities. When providing education about vaccines, nurses should follow the established practice of using simple communication and confirming understanding of teaching.

PREPARING FOR THE FUTURE

Academic and Practice Partnerships

The COVID-19 pandemic highlighted what has always been known: nurses play a pivotal role in care delivery. The pandemic illustrated how vital nurses are to every aspect of care delivery. Now nurses need to be acknowledged as significant revenue drivers on the business side of delivering health care. As trusted advocates, they drive value, decrease health care costs, and promote quality through preventive measures, such as the administration of vaccines, and thereby lower hospitalization rates. Academic and practice partnerships provide the opportunity to better prepare our workforce for the changing health care landscape. The need to invest in future nurses is evident to have an inclusive workforce and carry on the practice of mentoring the next generation. Historically, relational coordination between practice and academia has resulted in positively disruptive innovation, enabling care redesign in service to all, particularly the vulnerable and underserved. These partnerships are essential to bridging practice and education with a common agenda and a shared commitment, resulting in a powerful force for transformational change (McBride, 2020). Through harnessing shared vision and enthusiasm, innovation and excellence will be achieved.

The area where nursing most needs vision is in bringing nursing practice and nursing education back together in new ways to craft a common agenda that builds excellence (McBride, 2020). Clinical experiences in various acute, ambulatory, community, and home care settings provide experiential learning

opportunities for students to understand the interconnection among diversity, equity, and health outcomes. The clinical experience (either in person or through telementoring) provides clinicians and students, in partnership with one another, the opportunity to impact health. Administration of vaccines is one such example. Future endeavors will focus on new models of care, innovative technology, and public health approaches that affect societal factors of health.

Public Policy Advocacy

The nation and health care providers must prioritize health and racial equity. Nurses are leaders who have the direct experience, knowledge, and distinct position to create and promote innovative and sustainable models to improve our current health care system. Policymakers should collaborate with nursing organizations across the country to disseminate vaccine-confident messaging and work with ethnically/racially diverse nurse leaders specifically to formulate plans to effectively reach our most vulnerable populations, including ethnic people of color, and increase vaccine uptake. Policymakers should include nurses with different specialties, both clinical and academic, who work with diverse populations, especially underserved and vulnerable populations, in federal agencies and advisory boards. The direct, frontline perspective that nurses have related to public health closes the gap between policymakers and communities. Nurses must be involved whenever decisions are made that impact our profession and, more importantly, the health and well-being of the communities we serve.

Community Engagement

Building confidence and ultimately a culture of trust is essential (Cohn, 2020), as is building vaccine confidence through community engagement (American Psychological Association, 2020). Trusted community advocates, health-related groups, and nursing organizations such as the National Coalition of Ethnic Minority Nurse Associations (NCEMNA) play a pivotal role in reaching vulnerable, under-resourced communities. Faith-based organizations and other local trusted service providers create a venue to connect with Black and Brown communities (Sussman et al., 2020). Churches, beauty salons, and barbershops are also trusted entities in communities of color. Research data have suggested that churches and barbershops play an important role in improving the health status of individuals in the Black community. Community partnerships between schools of nursing and these traditional social and religious places of community interaction position nurse academics to create new models for health care delivery targeted at vaccine acceptance. These innovative strategies also foster trust among community members of color for institutions and health care systems.

Although diverse partnerships exist in certain geographical locations, a gap in these types of relationships may exist in areas such as rural communities or inner cities (Kahn et al., 2020). According to Kahn et al., "all community partners must imbed ethics, equity, and cultural competence into their activities" (p. 168). Providers in the community serve an important role in extending themselves to people in communities. Kahn et al. (2020), state that traditional "public health partners exist, such as federally qualified health centers, hospitals, and pharmacies (including community pharmacies)." They note other entities that can serve as community partners in a vaccination campaign: community centers, schools, universities, Historically Black Colleges and Universities, the Hispanic Association of Colleges and Universities, Tribal Colleges and Universities, faith-based organizations (e.g., churches, synagogues, mosques, and temples), public safety organizations, philanthropic organizations, and employers. Increasing accessibility requires placing vaccination clinics at schools, workplaces" (p. 168-169). In addition, Kahn et al. mention nontraditional locations in the community including nail salons, barber shops, and hair salons.

New policy initiatives are required to increase pathways, addressing transportation and vaccine registration barriers as well as increasing essential services such as access to broadband within technology deserts. Educating individuals, with trusted representatives of the community and providing information and case study reports, helps build confidence in the health care system and public acceptance. Lower socioeconomic status, lower educational levels, limited or no health insurance, and mistrust in health care providers are barriers for vaccine acceptance (Reiter et al., 2020). Health care providers' recommendations for the COVID-19 vaccine have a significant association with vaccine acceptance.

Rebuilding the Public Health Infrastructure

The COVID-19 pandemic taught us many lessons about gaps in the public health infrastructure. According to Bailey (2021), as we assess lessons learned, careful consideration should be given "to the overall capacity of our nation's public health system – the federal, state, local, tribal and territorial health agencies that work to protect and promote the health of all communities" (p. 1).

Furthermore, the "pandemic has demonstrated repeatedly the need for increased federal, state, and local funding to modernize our nation's public health system. Public health infrastructure enables every level of government to prevent disease, promote health, and prepare for and respond to both emergency situations and ongoing challenges" (Bailey, 2021, p. 1). Brownson et al., 2020 identified three key ingredients required to rebuild the public health infrastructure: 1) leadership and political will, 2) how we categorize and address population-level risk to have a better calculus for allocating resources, and 3) examination and reinvention of core public health systems including the public health workforce. Proactive strategic planning is critical to be prepared for future pandemics and disasters as well as challenging ongoing public health problems.

RECOMMENDATIONS:

A. Strategic Initiatives for the National League for Nursing

The National League for Nursing will use a strategic systems approach to implement this NLN Vision Statement, "*The Equitable Determinants of Access to Vaccine Distribution and Vaccinations for All*" by:

1. Facilitating the application of nursing science to improve nursing education and practice that promotes health equity and social justice among diverse populations.
2. Providing institutional and faculty resources to promote the implementation and replication of best practices for vaccine and vaccination distribution among populations at risk.
3. Disseminating research findings, inclusive of culturally relevant teaching-learning modalities, to address changing population health needs.
4. Using technology to promote curricula, educational strategies, and nursing practice competencies that prepare members to collaborate with inter- and intradisciplinary teams and committees to design and help shape policies, procedures, and initiatives consistent with NLN core values in response to community needs.
5. Supporting legislation that increases the availability and access to vaccines and their appropriate distribution.

B. Strategic Initiative for Dean and Directors

Support faculty and student research and evidence-based education and practice approaches that promote effective and equitable distribution of vaccines and vaccine administration by:

- 1.** Co-creating, strengthening, and monitoring sustained partnerships with community agencies, health systems and services, and industry to implement evidence-based strategies on how to effectively deliver nursing care to individuals, communities, and populations at risk during and following the COVID-19 pandemic.
- 2.** Establishing and maintaining communication and accountability pathways with key stakeholders (e.g., politicians, business leaders, religious leaders, ethicists, agency staff, patients, and families) about the critical need for funding in support of the science of nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community.
- 3.** Conducting continuous quality community assessments of populations served and creating action plans to partner with grassroots and community organizations.
- 4.** Forming coalitions and advisory groups with clinical partners, community agencies, ethicists, and organizations to address social determinants of health and health care.
- 5.** Providing support to under-resourced communities by developing and providing technology education programs/workshops in collaboration with community partners.
- 6.** Providing faculty development in the areas of prevention, management, transformational leadership, and collaboration with the community before and during times of crises.
- 7.** Incorporating implicit bias and antiracist training into the culture of schools of nursing and in leadership and faculty development offerings.

C. Strategic Initiative for Faculty

Explore opportunities to systematically apply clinical, operational, and scientific expertise to generate new knowledge and promote the implementation of evidence-based strategies to aid the equitable distribution of vaccines and vaccinations by:

- 1.** Implementing the National League for Nursing's evidence-based approaches to teaching and competency-based learning outcomes determined by social determinants of health and health services.
- 2.** Providing opportunities for students to assess and implement strategies to improve the ethical distribution of vaccines and vaccination acceptance.
- 3.** Incorporating health policy and advocacy strategies into the curriculum that are aligned with the NLN's Mission and Core Values and the American Nurses Association's Code of Ethics.
- 4.** Integrating antiracist, culturally appropriate care, cultural sensitivity, and implicit bias education throughout the nursing curriculum.
- 5.** Providing research priorities focused on nursing leadership, disaster or pandemic preparedness, and resilience to build capacity and moral courage in the nursing workforce (Pereira et al., 2020; Rosa et al., 2020).
- 6.** Designing and implementing learning strategies and competency outcomes that prepare students to care for individuals, communities, and populations at risk of suffering from the

immediate and long-term effects of pandemics and other social viruses.

7. Developing educational curricula that prepare nursing students for public health crises with a necessary focus on their own well-being.

8. Continuing to build and actively engage in clinical and academic partnerships to support nurses in advancing their degrees in nursing education, practice, leadership, and research.

9. Serving as mentors and role models for working with diversity and inclusion during and after the pandemic.

D. Strategic Initiative for Policy Makers

Participate in the formulation of legislative initiatives with requisite funding and a database that is sufficiently robust to ensure the equitable distribution and administration of vaccines and continuing care for those suffering from the COVID-19 virus and other new and emerging diseases by:

1. Providing appropriate funding to federal, state, and local agencies for strategic proactive planning for vaccine distribution and vaccine administration.

2. Advocating and supporting legislation and funding efforts that expand accurate and consistent data collection and tracking.

3. Appointing ethicists and nurses on appropriate advisory groups and boards.

4. Advocating for funding for the Centers for Disease Control and Prevention.

5. Participating in the review and the establishment of local, state, and federal standards for distribution of vaccines and other health services among communities and populations at risk.

E. Strategic Initiative for Nursing in Our World

Nurses, as formative leaders, have the direct, frontline perspectives and experience, knowledge, and distinct position to create and advocate for innovative and sustainable models to improve global health systems built on the NLN Core Values of caring, integrity, diversity, and excellence by:

1. Designing and implementing programs, resources, and services that respond to ethical and clinical decision-making and the immediate long-term effects of the COVID-19 pandemic on health care professionals and first responders.

2. Providing guidance in establishing dissemination strategies that focus on equitable accessibility and geographic location.

3. Developing strategies to build trust through sustained education, competencies in clinical practice, critical thinking, and communication.

4. Seeking appointments to legislative committees that influence the development of health policies and global activity.

5. Participating in local, state, and professional organizations that influence health care policy to support equity and diversity in the health care system.

6. Enhancing telehealth education and remote learning to expand telehealth services among all persons, families, communities, and diverse populations.

7. Assuring nurse fitness and wellness through employer incentive programs to support nurses in pursuit of advanced degrees in nursing.

8. Providing guidance to establish dissemination strategies that focus on equitable accessibility and reaching all urban, underserved, and remote geographical locations.

CONCLUSION

As the U.S. has embarked upon one of the largest public health initiatives in history during 2020-2021, we must assure that no person, group, or community be left behind regardless of age, color, creed, diversity, gender, ethnicity, health status, disability, financial need, undocumented citizenship, immigrant status, and geographical location. The NLN tenaciously embraces the moral responsibility for assuring human dignity, protecting freedom of choice, and promoting human flourishing in caring for all persons. Therefore, this Vision Statement outlines the barriers to vaccine distribution and provides guidance and recommendations for the nursing profession, the NLN, health care providers, public health officials, and policymakers.

In a preferred future, which is how many define the term vision, a procedural justice and equity lens should be used in all aspects of our lives including vaccine administration. Equitable access should be integrated in the design discovery process related to the delivery of care. An individual's inability to access care will lead to further increase in disparities, chronic diseases, and an overall increase in health care costs. Intrinsic biases and behavioral habits inhibit innovation, the respect and incorporation of insights about human behavior, and protect unspoken assumptions about what will or will not work. We, as members of humanity, can and must do better.

The safety of vaccines and their importance in preventing communicable diseases must be effectively communicated and the messaging must address the diversity of the US population. Culturally sensitive communication must consider the contextual history of past incidents that fostered mistrust. Effective education includes a plethora of methods to address language barriers, hearing and vision disabilities, individuals who cannot read, and those with no access to a computer. All of this must be done with the goal of dispelling misinformation and reinforcing vaccine confidence.

Access to the vaccine presents many challenges, and numerous strategies are needed to ensure equal and timely access for vulnerable, disadvantaged populations as well as those in medically underserved areas. Special attention should be given to bringing the vaccine to individuals in remote areas; individuals who are disabled, homebound, do not own a car, or have limited or no access to public transportation; and individuals who live in provider shortage areas and/or have no access to a pharmacy.

Community engagement is essential. People must work together to support the vaccine initiative. Messaging, educational materials, and distribution plans should be reviewed by individual communities and multi-cultural groups to ensure they address the needs of the community and eliminate any inherent bias or systemic racism.

Nurses play a vital leadership role in this process. They are the surveillance and delivery system for patients in the health care system. Nurses are needed to advocate for vaccine acceptance and assist in developing plans for the distribution of vaccines. The direct, frontline perspectives that nurses bring close the gap between policymakers and communities. Nurses have long addressed the social determinants of health and will be cognizant of how to disseminate educational materials and bring the vaccine into the communities they serve.

By working together, addressing the determinants of equitable vaccine distribution, and maximizing the number of people receiving the vaccine, our nation will not only overcome COVID-19, but also will turn one of our country's darkest moments into one of its greatest achievements.

The work and leadership of nursing does not end with the COVID-19 pandemic. The pandemic has highlighted nurses' contributions to the delivery of health care and, to a lesser extent, the influence of nursing science, which must be given equal attention. In the early months of the COVID-19 pandemic, the scientific community's research agenda was principally focused on disease detection, surveillance, vaccine development, and fundamental mitigation strategies. However, to enhance the effectiveness of nursing and the public health response, nurses must continue with the science of nursing education, epidemiological investigations, vaccinology research, and exploration into phenomena that have been shown to influence our nation's health during the COVID-19 pandemic. In this way, we will be prepared for fortifying the day-to-day issues of healthy living as well as future health care crises.

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Vision Statement: The Equitable Determinants of Access to Vaccine Distribution and Vaccinations for All

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