The COVID-19 pandemic has placed a spotlight on health care disparities in the United States. The SARS-CoV-2 virus swept across the country resulting in severe disease outcomes, including hospitalization and death. These consequences have manifested differently across communities based on race, ethnicity, socioeconomic status, and location. The disparities are grimly familiar to those involved in work addressing HIV, where the epidemic has been clearly driven by issues such as structural racism, racial segregation, and poverty. In many ways both diseases have traveled along the same faultlines in our society; in a series of published papers, Gregorio Millett of amfAR recently highlighted the parallels between disparities in HIV and COVID-19.

In an effort to capture these tensions with COVID-19 research, Treatment Action Group (TAG), Black AIDS Institute (BAI), and COVID-19 Prevention Network (CoVPN) designed an online survey that garnered feedback on community experience with COVID-19, as well as the communities’ knowledge of the vaccine development process and perceptions of COVID-19 vaccines (prior to their availability). By better understanding community perspectives, we hoped to inform efforts to bridge the gap between community and research.

The survey received 306 responses. Respondents were composed of (as self-identified) 59.4% cisgender women, 23.8% cisgender men, 1% transgender women, 1.9% transgender men, and 4.2% transmen.

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nonbinary people (9.4% of respondents opted not to share their gender identity). Forty-one percent identified as White; 40% as Black, African American or African, 7% as Hispanic, Latinx, or Spanish, 6% as Asian; 3% as American Indian or Alaska Native, and 1% as Native Hawaiian or Pacific Islander. The average age for participants was 50 (range 21 to 79).

With nearly equal responses from African Americans and White participants, we focused primarily on differences in responses between the two groups. The report ends with recommendations on how the survey might inform community-facing messaging going forward.

**Key Takeaways:**

- 61% of African American respondents strongly disagreed that African Americans are well represented in clinical research.

- Nearly half of African American respondents (48%) reported that they have experienced racial discrimination in a health care setting.

- Only 29% of participants reported that they were moderately familiar with the vaccine development process.

- 60% of African Americans reported having no familiarity with the vaccine development process, compared to 34% of White respondents.

- 36% of African American respondents said they would wait at least six months, or until many others had been vaccinated, to see how safe and effective the vaccination was.

**Selected Recommendations from the Report:**

- Structural barriers including racism and racial inequities must be considered when addressing the COVID-19 pandemic.

- Community engagement is an integral part of the scientific research process and vaccine development. Successfully engaging the community in these processes increases knowledge, resulting in community trust and buy-in.

- Community-based organizations should be funded to foster community engagement on vaccine development and the scientific research process. This includes the development and dissemination of educational materials for communities.

- Public health messages developed with the intent to educate communities on vaccine development, or for recruitment of community members, should feature real people from the community.


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**CONTACTS:**

- Terrell Jackson (tjackso2@fredhutch.org)
- Richard Jefferys (richard.jefferys@treatmentactiongroup.org)
- Abraham Johnson (abraham.johnson@treatmentactiongroup.org)
- Myriam Johnstone (MyriamJ@blackaids.org)
- Louis Shackelford (lshackel@fredhutch.org)
- Emily Ward (emw2192@columbia.edu)