



June 29, 2021

The Honorable James Clyburn  
Chairman, Select Subcommittee on the Coronavirus Crisis  
U.S. House of Representatives  
2157 Rayburn Office Building  
Washington, DC 20515

The Honorable Steve Scalise  
Ranking Member  
Select Subcommittee on the Coronavirus Crisis  
2105 Rayburn House Office Building  
Washington, DC 20515

It is a great honor to write this letter to be entered into the Congressional record at Select Committee's hearing "Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy." My name is Dr. Armando De Alba, I am a faculty member in the Department of Family Medicine and an Assistant Dean of Diversity, Equity, and Inclusion at the University of Nebraska Medical Center (UNMC), College of Medicine and am speaking for myself as a health professional with special expertise on this subject.

I am a clinician, public health practitioner, and a researcher. In 2013, I was the national Health Disparities Research Fellow for the U.S. Food & Drug Administration, Office of Minority Health. My research expertise includes policies and interventions that address health care disparities and access to primary care, chronic disease prevention, health literacy, and clinical translational research. My most recent publication examines the perceptions of Spanish language health information among Hispanics living in the United States. At UNMC when the first patients with COVID-19 arrived in the U.S. from the Diamond Princess cruise ship in Asia, I was one of the first physicians to inform in Spanish through national and social media about how to prevent the spread of the COVID-19. I've also translated medical protocols in Spanish and culturally adapted several educational materials for COVID-19. Also, I created a YouTube channel for Hispanics about how to take care of family members with COVID-19 at home. Through these videos, I have engaged with audiences in the U.S., Latin America, and Spain.

Nationally, Hispanics experience significant COVID-related health disparities as reflected in the high incidence and mortality of COVID-19 and low vaccination rates among children compared to other racial and ethnic groups. As part of a research study that I am leading, this May 2021, I interviewed 300 Hispanic adults at the Mexican consulate in Nebraska to assess health information dissemination and factors that influence COVID-19 vaccination among Hispanics. Preliminary results from our study show that **1 in 4 people who have children 19 years old and younger (n=190) are not planning to vaccinate their children against COVID-19. Almost 50% of these parents indicated that they do not intend to vaccinate their children because they "do not have enough information to make that decision."** Hispanic households in the U.S. are known to have numerous family members, including multiple children. Therefore, our results underscore the importance of creating strategies that empower and educate the parents to have more children vaccinated against COVID-19 in the U.S.

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As we know, COVID-19 is not selective of one race or ethnic group. To protect our nation's health in a sustainable way, we need to implement strategies that address the social determinants of health. Having vaccines available, free of cost, and without asking for legal status is a great step forward, but we can do

more. While on the front lines of the diagnosis, treatment, and prevention of COVID-19 in our community, I identify three main factors preventing our Hispanic community from getting vaccinated.

1. The historical lack of trust and intimidation between a large sector of the Hispanic community (particularly those of recent arrival) and the healthcare services.
2. The navigation of the COVID-19 vaccination system. National reports indicate that Hispanics have the lowest levels of health literacy. Asking them to register on a website or telling them to search the internet for vaccine clinics puts them at a significant disadvantage. Also, it is well-known that there is a significant percentage of undocumented Hispanics, who fear that disclosing personal information on the internet may jeopardize their stay in this country.
3. The platforms and services for Hispanics to ask healthcare experts questions in-person beyond the hospitals and clinics is limited. The misinformation circulating among our communities generates questions and raises doubts about the risks and benefits of the vaccines. Some information may come from anti-vaxxer groups dedicated to creating panic among our community. Other information may come from other countries that are offering different COVID-19 vaccines or have different protocols, like Mexico, where vaccines from China and Russia are being applied. It is essential to highlight that our Spanish-speaking communities in the U.S. are obtaining Spanish health information from Latin-American countries through social media and the internet much faster than the Spanish information that we disseminate in the U.S. Therefore, it is crucial that we, the U.S. healthcare providers, are well informed about the vaccines and vaccination plans from other countries, like nations from Latin America, to be able to explain the differences.

In general, I propose creating strategies and investing in building the capacity to help families marginalized by the structural challenges of our healthcare system. For example:

1. To help people get their questions answered and improve confidence in health, invest in outreach programs that put Spanish speaking public health workers, nurses, or clinicians at places where Hispanics typically gather (like in places of worship).
2. Invest in research that promotes community engagement with a special focus on underserved populations.
3. Review and analyze the distribution of resources during this pandemic, such as research funding based on geography (rural or urban), gender, age, race, and ethnicity. Consider adjusting the distribution of resources to support those populations that have been underserved.
4. Invest and support programs or interventions that promote the collaboration with community members and organizations to create culturally and linguistically appropriate health information for the community.
5. Invest in pipeline educational programs that aim to increase diversity in the healthcare professions. We need more doctors, nurses, researchers, public health experts from underrepresented minorities in the U.S. to help fix the structural challenges within our healthcare system which are causing the enormous disparities exposed during COVID-19. Doing so will make sure that we are better prepared for a future pandemic.

As an immediate action, I believe it is time to empower families to make informed decisions about the preventive measures. Vaccinating the children and their families will not only bring us closer to achieving the desired herd immunity needed to end this pandemic but will also allow us to safely bring children back to the places where they learn, play, and interact with society; fundamental elements for children to thrive and prepare our country for a healthy future.

Thank you.



Armando De Alba Rosales, MD, MPH.  
Assistant Dean for Diversity, Equity, and Inclusion (DEI) Student Programs, College of Medicine.