**Applying Lessons Learned from COVID-19 Vaccine Uptake to Improve Cancer Health Equity Among Vulnerable Populations Nationwide**

Like most of the nation’s leading chronic diseases, cancer affects the livelihood of millions of Americans throughout communities from the smallest rural towns to the largest metropolitan areas or cities. According to the American Cancer Society’s most recent statistics, approximately 5,250 Americans are diagnosed with cancer (new cases) and approximately 1,670 Americans lose their lives to cancer each day.

The relaunch of the 2022 Cancer Moonshot national initiative is timely. Key findings from the 2022 American Association for Cancer Research (AACR) report revealed that nearly 10 million Americans missed their cancer screenings in a 7-month period. This report also noted a projected increase in patients diagnosed with a late-stage metastatic or inoperable cancer as well as cancer treatment delays.

However, every day is an opportunity to fundamentally change the trajectory of cancer in every state and region. Every day that a family member, loved one, neighbor, friend or employee is diagnosed with cancer (including breast cancer, colorectal cancer, lung cancer, prostate cancer, pancreatic cancer), possibilities exist to fundamentally change the trajectory of cancer by “closing gaps” in survivorship, even if means extending life for one more year or sustaining their quality of life for a few years longer than anticipated.

COVID-19 has affected populations across the lifespan greatly nationwide. And as noted in the Journal of the American Medical Association (JAMA) article “The COVID-19 pandemic has shone a spotlight on health disparities and created an opportunity to address the causes underlying these inequities. The COVID-19 pandemic presents a window of opportunity for achieving greater equity in the healthcare of all vulnerable populations.”

Vulnerable populations including low-income populations, populations with lower levels of educational attainment, uninsured populations, populations with lower levels of health literacy, as well as populations residing in medically underserved areas (MUAs)-rural and metropolitan and other socioeconomically disadvantaged communities, communities with limited broadband access) may not know how to identify credible scientific, medical or health sources. And even prior to the onset of the COVID-19 pandemic, populations with no regular or routine source medical care were also and are still considered vulnerable populations.

Some of the nation’s leading and costly chronic diseases include: heart disease, cancer, diabetes, stroke, and other conditions exacerbated by tobacco use such as: chronic obstructive pulmonary disease (COPD).2 And increasing COVID-19 vaccination efforts (including a COVID-19 booster) especially among adults diagnosed with these chronic diseases and associated risk factors also, would assist with improving health outcomes associated with health equity (including cancer health equity). COVID-19 vaccines save lives and reduce the onset of severe complications. And as a nation aiming to build bridges across sectors to improve health equity; it remains important to continue identifying and resolving underlying factors of significant health disparities such as: social determinants of health (SDOH) while increasing COVID-19 vaccination and booster uptake, especially among low-income populations and other vulnerable populations.

Local factors influence health disparities, including vaccination rates. Vulnerable populations (including low-income populations, populations with lower levels of educational attainment, uninsured populations, populations with lower level of health literacy, as well as populations residing in medically underserved areas (MUAs)-rural and metropolitan and other socioeconomically disadvantaged communities, communities with limited broadband access) may not know how to identify credible scientific, medical or health sources. And prior to the onset of the COVID-19 pandemic, populations with no source of regular or routine medical care were also considered vulnerable populations. COVID-19 vaccines are lifesavers, but as a nation and across sectors; we must continue to resolve underlying factors of significant health disparities such as: social determinants of health (SDOH) to increase COVID-19 vaccination and booster uptake.

In the United States, millions of lives have been affected by the COVID-19 pandemic.[[1]](#footnote-1) For example, in our state, approximately [x ppl have been diagnosed, hospitalized, died from Covid-19 (insert state-specific COVID-19 incidence, hospitalization, and mortality estimates or rates)]. Further, this pandemic-related vulnerability is compounded by low vaccination uptake: nationally, mortality rates in low-vaccination counties were approximately double compared to counties with 80% or more of their population vaccinated. Within [our state], COVID-19 levels mirror those national trends.

The COVID-19 pandemic has also revealed the importance of addressing county or community-level factors that create disparities in chronic diseases, including cancer. These social determinants of health (SDoH), which can include chronic or situation poverty (including the newly unemployed, uninsured, and temporary homeless populations due to COVID-19), low education levels, food and pharmacy deserts, affect so many things--COVID-19 risk and vaccination rates, cancer rates, and tobacco use, to name a few. As the COVID-19 pandemic tide gradually begins to recede, some of our country’s most vulnerable populations and communities remain at risk and susceptible to COVID-19-related health disparities. In our state, [insert state specific cancer data, data on the prevalence of chronic disease(s) among cancer survivors or tobacco/smoking rate among adult population with disabilities] We are also seeing [state specific data trends on populations without health insurance or considered uninsured]

Compounding SDoH is consumer confusion. *Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment* notes that “Without sufficient communication that provides clarity and context, many people have had trouble figuring out what to believe, which sources to trust, and how to keep up with changing knowledge and guidance. And health misinformation has also reduced the willingness of people to seek effective treatment for cancer, heart disease, and other conditions.”[[2]](#footnote-2) In addition, as noted in the American Medical Association article *Addressing Social Determinants of Health: Beyond the Clinic Walls*, the lack of broadband internet access is a social determinant of health. The absence of broadband internet access and digital literacy have the potential to worsen existing health disparities among populations already disproportionately affected because it results in minimal access to credible scientific information and health-promoting resources or services, including those related to COVID-19 vaccines.[[3]](#footnote-3)

The concerted efforts to get free FDA-approved COVID-19 vaccines nationwide to populations who need them have proven to be historic. We know that the vaccines greatly reduce the risk of COVID-19-related severe complications, hospitalizations, and death—they truly are gamechangers. By applying some lessons learned within our state during the COVID-19 pandemic planning and vaccine rollout phases, along with the establishment of public-private-community partnerships centered around health equity, we [insert state, state cancer or tobacco control program here] are committed and well-positioned to identify collaborative solutions that can lead to broader, sustainable, and favorable transformation. This transformation involves addressing root causes of health disparities, such as SDoH, to enhance policies, systems, healthcare access, data collection, and community resilience that go beyond responses to the COVID-19 pandemic and reduce cancer and some tobacco-related disparities.[[4]](#footnote-4) [insert examples of state specific successes, milestones, partnerships or lessons learned]

The progress in getting people vaccinated shows that a sustained, public health emphasis on a specific area is working, even if it is gradual or slower in some counties or communities than we would like. Using the lessons learned from vaccination programs offers hope that we can continue to make progress toward our Healthy People 2030 goals as a nation, state, county, metropolitan statistical area, and constellation of rural communities.[[5]](#footnote-5) We can’t do it alone--everyone can listen, practice empathy, and share credible information as we work together to cultivate healthier communities across the lifespan.

To obtain information about COVID-19 vaccinations available in your county, please contact [insert state or national website information here].

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1. CDC. [COVID-19 Integrated County View](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=) [↑](#footnote-ref-1)
2. 1 Ahmad FB, Anderson RN. The Leading Causes of Death in the US for 2020. JAMA. 2021;325(18):1829–1830. doi:10.1001/jama.2021.5469

2 Shiels MS, Haque AT, Berrington de González A, Freedman ND. Leading Causes of Death in the US During the COVID-19 Pandemic, March 2020 to October 2021. JAMA Intern Med. Published online July 05, 2022.

2 Office of the Surgeon General (OSG). [Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment [Internet](https://www.hhs.gov/surgeongeneral/priorities/health-misinformation/index.html)]. Washington (DC): US Department of Health and Human Services; 2021. PMID: 34283416. [↑](#footnote-ref-2)
3. Bennett NM, Brown MT, Green T, Hall LL, Winkler AM. [Addressing social determinants of health (SDOH): beyond the clinic walls.](https://edhub.ama-assn.org/steps-forward/module/2702762) 2018. [↑](#footnote-ref-3)
4. SelfMade Health Network (SMHN) Coronavirus (COVID-19) [Fact Sheet Series](https://selfmadehealth.org/educate/determinants-of-health-fact-sheets/) [↑](#footnote-ref-4)
5. Office of Disease Prevention and Health Promotion. [Healthy People 2030](https://health.gov/healthypeople). U.S. Department of Health and Human Services. [↑](#footnote-ref-5)