

COVID-19 and the Vulnerable

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Today's global pandemic (COVID-19) is still with us and it will continue to disrupt the normalcy of life for everyone regardless of race, culture, or socioeconomic status until a treatment or vaccine is found.¹ How to manage pandemics is recorded in textbooks and taught in public health classes throughout the world. As public health professionals, we know the history of public health and understand the many advances that have been made over centuries. Yet, the United States reached two million positive cases in just four months, serving as the epicenter of the pandemic leading the world in cases and deaths.^{1,2} Among those most affected by COVID-19 in the U.S. are older individuals and racial and ethnic minorities.

With an understanding of disease transmission, more coordinated efforts from federal, state, and local officials, plus a collaboration between public health entities and local businesses, non-profits, and faith communities, cases can begin to level off.

Who is Vulnerable?

People Living in Close Quarters

Elderly individuals living in nursing or veteran's homes, prisoners in jails, and people living in urban centers have been dying of COVID-19 at rates that far surpass statewide rates.^{3,4} This is because COVID-19 infects people at a greater rate when they live in close proximity and have more exposure to the virus.

People with Underlying Health and Medical Conditions

Individuals with heart conditions, diabetes, lung problems, obesity, immune system difficulties, and other chronic conditions die of COVID-19 at the highest rates.⁵ Poor health conditions are often related to socio-economic conditions, such as limited access to healthy foods, health care, health information or insurance; higher stress or depression; and fewer economic resources.

Essential Workers

Healthcare workers, grocery store workers, postal workers, social service providers, and factory workers (all "essential workers") have become infected with COVID-19 at higher rates from higher exposure to the virus.⁶ Many of these workers die when they don't have access to personal protective equipment, have underlying conditions, are older, have high-stress levels, or can't afford health care. In some states, health care personnel account for up to 20% of known coronavirus cases.⁷

These vulnerabilities, among others, have led to death from COVID-19 at a rate approximately 2.4 times higher for Black Americans than White Americans,⁵ with a similarly high rate for people who are over the age of 65 years.^{2,3} To protect these populations, governments must

consider the reasons why COVID-19 is infecting these groups at higher rates and communicate action plans to help.

Trust vs. Distrust in the Government

While public health is built on three pillars: to prevent, protect, and promote health for all, addressing a pandemic is a slippery-slope.⁸ Throughout this pandemic, local governments and vulnerable populations have been detached from the resources they need to respond with robust testing and tracing programs. However, since public health principles consider many layers of protection, even limited resources can be activated to protect the vulnerable, including simple, evidence-based steps to prevent the spread of disease.

When considering a public health plan of action, a balance must be struck between individual rights vs. societal rights (delivering the most good for the most people).⁸ The White House offers general guidelines to manage this pandemic but suggests that each state should do what is best for their own. The Constitution provides the general framework that guides state “powers,”⁹ but state governors hold the authority to regulate the health and safety of their residents.^{8,9} Within state guidelines, locally run agencies are allowed to determine additional guidelines if they have more vulnerable people, based on their resources to actively administer public health services at the local level. Additionally, media and social media services play a major role in generating truthful information and dispersing clear public health guidelines among the disinformation that may persist. With all of these layers, delivering carefully considered public health guidelines can be difficult, especially as the COVID-19 virus knows no boundaries.

Even with these complicating factors, all individuals should find trust in the CDC’s guidelines, which remains our most reliable resource. When Federal, State, and local information conflicts, you can find trust in a few basic evidence-based principles that the CDC promotes to prevent the spread of disease: clean your hands often, do not touch your face, wear a mask, and stay at least six feet – if not more – from others, stay home if you can, and avoid crowds.^{2,8}

Empowering Localities When A Coordinated Approach is Absent

Consistent communication and modeling safe behaviors by local community leaders are essential practices for infectious disease management. Local authorities and leaders should do everything they can to communicate the importance of wearing a mask while in public spaces to protect the mask wearer, and more importantly, protect others. Cloth masks have been found to help reduce the spread of coronavirus by people who have COVID-19 but don’t know it.¹⁰ Countries that have required facemasks, testing, isolation, and social distancing early in the pandemic have had more success slowing the spread of this coronavirus than we have so far in the United States.^{11,12} It is critical for local officials to collaborate with trusted local nonprofit service providers, business leaders, faith leaders, and local public health professionals to reach vulnerable populations and offer them accurate information to prevent the spread of COVID-19.

When resources are low, local governments and businesses can put greater emphasis on gain-framed communication messages (what can the community gain?)⁸ to explain the benefits of wearing a mask, cleaning hands, or keeping proper social distance. This strategy is used to explain how the community can play a role in preventing the spread of this virus, or how preventing the spread of the virus can help the economy and jobs. This is an essential component in public health, with much to be gained.^{2,4,8}

As more local officials and their constituents understand the value of upstream public health interventions,⁸ the more we can do both individually and together to prevent a potentially disastrous second wave of COVID-19, especially within the vulnerable communities impacted the most during these initial months.

Conclusion

In ideal cases, localities could rely on a coordinated government response with Federal and State investment in testing and contact tracing. In the absence of that, local authorities should be encouraged and supported in using trust-worthy information from the CDC to create powerful local public health messages based on prevention and self-care. Being prepared and informed is the best approach to help protect vulnerable populations.¹³

The Maryland Public Health Association (MdPHA) stepped-in to help local authorities in Maryland with the Public Health Action Alliance (PHAA). This newly created volunteer force coordinates highly skilled public health professionals and students residing in Maryland to aid local community leaders, faith communities, school leaders, and nonprofit organizations. Volunteer public health professionals can help reach vulnerable populations with accurate, culturally appropriate, targeted information and resources; teach local leaders and service providers how to offer evidence-based prevention strategies; support contact tracing efforts; aid in employee training and risk communications. They can offer a wide range of public health services, as needed.

As we face a likely “second wave” of this virus, local authorities must communicate, frequently, that seemingly simple public health measures outlined by the CDC help protect the economy and the vulnerable.¹³ Local authorities can continue to create a network of resources to help their constituents practice preventive measures and limit the spread of COVID-19 or even stop it, even in the face of disinformation and forgetfulness.

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