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COVID-19 Pandemic Experience:

A Collaborative Approach to Eliminate Health Disparities

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Since the onset of the global COVID-19 pandemic, there have been 609,247,113 confirmed cases globally as of September 2022. The USA has registered 94,237,260 confirmed cases.[1] Delaware has registered a total of 306,264 confirmed cases of COVID-19, with 3,086 deaths reported.[2] According to 2019 data, Delaware has a population of 957,249 people, of which about 22% are Blacks who form part of medically underserved communities.[2] Medically underserved communities that include African Americans have been worst hit by the COVID-19 pandemic in terms of morbidity and mortality, socioeconomic impact, and limited vaccine uptake. The onset and course of the COVID-19 pandemic revealed an underlying disparity in health when it comes to the underserved populations. Is this a new development? Or simply an unmasking of underlying issues that have always faced people in the underserved communities? For instance, the latest data from the Centers for Disease Control and Prevention (CDC) on the risk for COVID-19 infection, hospitalization, and death are, respectively, 1.1, 2.3 and 1.7 times higher among African American non-Hispanic persons compared to the White population.[3]

The CDC also postulates that ethnicity is a risk factor for the social determinants of health that impact an exposure to the COVID-19 virus. The social determinants of health refer to the conditions in which people are born, grow, live, work and age.[4] The determinants include race, ethnicity, social class, immigrant status, employment status or level of education.

There have been great challenges in building and maintaining trust with the Black, indigenous and people of color (BIPOC) populations when it comes to combating COVID-19, especially through vaccination. Vaccine hesitancy has been a major drawback among these communities, either as a result of distrust of the vaccine or sheer reluctance. The distrust could be due to historic systemic maltreatment and racism by governments and the health sector in delivery of healthcare, and in previous vaccine trials as well.[5] This racial discrimination when seeking healthcare still persists to present day.[6]

Historically, the majority of the work within these communities is not done in collaboration with the local community leaders and trusted healthcare partners. There is a need to involve the local champions during the planning and development stages of strategies to distribute more vaccines to these populations. It is not merely about availability of COVID-19 vaccines that matters, but the actual number of people vaccinated.

Several approaches can be used to address the challenges and build on collaboration with the communities. These include active collaboration with trusted partners within the community. Health inequities result from generational burdens of structural and systemic disparities. To address social and economic barriers requires a comprehensive and holistic plan of action. In our case, our approach has been unique, purposeful, and very intentional working in the community, establishing relationships that are built on trust and listening to the people living in these communities, and engaging the community leaders who understand the community's needs and

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are willing to roll up their sleeves. We provide a network of support (human and financial) to facilitate community stewardship.

Through collaboration, we have partnered intentionally with trusted diverse, minority and Black owned agencies and practitioners to build a team of dedicated healthcare professionals drawn from these communities. This team promotes practical and acceptable ways of health education, disease screening, and vaccine accessibility, and assists in the creation of comprehensive health communication campaigns. We are engaging the community in meaningful ways – vaccine access, immunization education, nutrition and exercise, medication management, and mental health—mind, body and spirit—it all counts! Based on our collaboration and partnership, we conducted 70 health education sessions, over 150 vaccines, and connected community partners to three primary care healthcare providers in New Castle and Sussex Counties between March and August 2022.

We are also keeping in mind that developing and designing protocols has to be sensitive to the communities' ways of life—taking into the account the legacy and history of medical treatment in Black and Brown communities while recognizing contemporary challenges. This process is very organic and not a one-size-fits-all because of the diversity within the communities and in the environment, hence the processes need to be fluid, using a cultural competence lens in which services are effectively delivered in a manner that is responsive to the unique cultural needs of a specific population. We confront the challenges with a problem-solving mindset. There is power in the community voice that must be acknowledged. COVID-19 prevention and vaccine education messages should be culturally appropriate and in acceptable language within the culture. The messengers should be entrusted with the responsibility of managing community projects and they must be properly resourced.

To effectively address the gap in healthcare disparities among the underserved populations, we need to make deliberate efforts in establishing active collaboration with the local leaders within these communities. These local leaders should be at the forefront during planning, designing, communication, community education, service delivery, and receiving feedback. This will enhance trust in the process, build capacity and improve on the uptake of these services by these communities. The active involvement of locals will also enhance independence of operations and sustainability once the supporting organizations stop being actively involved.

For these collaborative works to be sustainable, the issue of equitable distribution of—and access to—resources must also be addressed, since the small grants that the small agencies get are insufficient to sustain and expand the initiatives. By sharing this experience during COVID-19 pandemic, it is our hope that policy makers and institutional agencies will understand the significance of engaging traditional and non-traditional practitioners with a proven track record of results. We should allow initiatives time to take root. The greatest lessons are learned when we stumble and sometimes have to restart. Sustained support is critical to this process and collaboration is vital to our mutual success. Let's place the financial investment in the hands of those trusted health professionals, institutional partners, and subject matter experts who have the knowledge and expertise to build healthy families, healthy communities, institutional and human capacity—we will eliminate the health disparities. It can be done!

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