

## Addressing COVID-19 Health Disparities Through Community Engagement

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The COVID-19 pandemic has disproportionately affected racial and ethnic minority communities across the world. Early in the pandemic, many minority communities were receiving conflicting messaging regarding COVID-19, which contributed to much uncertainty regarding effective COVID-19 preventative strategies and risk factors for contracting the disease.<sup>1</sup> Despite initial efforts to decrease the spread of COVID-19, many health professionals began anecdotally reporting that they were caring for a larger than representative number of minority patients who had contracted COVID-19. This was largely supported by early data showing a high incidence of comorbid conditions such as diabetes and hypertension among COVID-19 hospitalized patients.<sup>2</sup> Once COVID-19 demographic data became more readily available, clear trends emerged which proved that certain populations were indeed contracting COVID-19 at higher rates and accounted for a disproportionate share of COVID-19 deaths. More specifically, African Americans and other racial and ethnic minorities were accounting for a disproportionate share of COVID-19 cases and deaths in the United States.<sup>3,4</sup> A similar trend also emerged in Delaware which revealed that African Americans and Latinos were not only comprising a disproportionate share of COVID-19 cases but also had a lower rate of testing.

On April 24, 2020, the Delaware Department of Public Health (DPH) released COVID-19 infection rates and demographic data stratified by race. The rate of COVID-19 cases among Hispanic and Black Delawareans was 60.1 per 10,000 people and 46.1 per 10,000 people, respectively, while the infection rate among white Delawareans was 13.9 per 10,000.<sup>5</sup> In addition to the impacts of structural racism and other social determinant of health inequities, other factors – such as challenges adhering to social distancing guidelines, testing access disparities, lack of trust, and the need for tailored messaging and interventions – were thought to largely contribute to these COVID-19 disparities.<sup>6,7</sup> Thus emerged the need for non-traditional outreach programs to more effectively reach large segments of COVID-19 high-risk populations who less regularly engage with the healthcare system.

In efforts to combat COVID-19 health disparities in Delaware, the ChristianaCare Value Institute's team of public health researchers and community health educators and the Office of Health Equity partnered to develop an effective community engagement plan to reach local African American communities who were at higher risk for contracting COVID-19. This plan involved targeted outreach to trusted institutions in the community that could act as network-based sources for trusted information and social support, accelerating the transmission of accurate information on strategies to lower contagion. Two of these traditionally important institutions are the network of African American churches and the multiple barbershops and hair salons located throughout lower income, underserved neighborhoods.

In order to better inform their COVID-19 community engagement plan, we obtained feedback from many of the previously existing partnerships that had been established in the African American community prior to the COVID-19 pandemic. Prior to COVID-19, the Value Institute team members were meeting regularly with a community advisory board (Frank Hawkins, Darryl Chambers, and Richard Parson) and local barbers to develop and launch the BarbeRshop Outreach (BRO) Project which is a community embedded initiative geared towards addressing hypertension disparities in African American men in Wilmington, Delaware. Earlier in the year, the Value Institute team members had also strengthened their relationship with local churches with predominantly African American congregants when they partnered to increase the response rate for the Voices of Community Survey. The survey was the health system's attempt to better understand the healthcare access barriers that local underserved communities faced. The Office of Health Equity team members had also previously partnered with many of the same community organizations in the past to develop effective community outreach programming.

There was a consensus among stakeholders about the need for more accurate and culturally tailored COVID-19 educational materials, access to testing, and access to safety supplies. With this knowledge in mind, our team developed a 2-pronged strategy for addressing COVID-19 health disparities within African American communities which focused on outreach to barbershops, salons, and church in New Castle County, Delaware. This strategy was based upon the proven effectiveness of church and barbershop/salon-based health initiatives with addressing health disparities among the African American communities.<sup>8,9</sup> Faith leaders, barbers, and stylists are popular opinion leaders who have the ability to influence their networks to adopt healthy behaviors.<sup>10,11</sup> With adequate training and support, faith leaders and shop owners can serve as effective frontline public health workers similar to community health workers. Their trusting relationships enable them to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural responsiveness of health care.

In addition to conducting specialized COVID-19 training webinars for the faith leaders, barbers, and stylists, our team also provided them with educational resources and print materials which included images and content that was culturally relevant and appropriate for a broad array of health literacy levels to share with their networks. The Barbershop and Salon Conversations training webinar series provided barbers and stylist with detailed information regarding COVID-19 symptoms, transmission routes, risk factors, community testing sites, and actionable steps that the community could take in order to prevent transmission. Executive level African American physician leaders presented the information, adding a personal framework to make the health information both more relatable and more relevant to the Wilmington community. A similar webinar series was conducted for faith leaders. In efforts to reach a larger number of people, webinar participants were also provided with resources and messaging to share with their congregants and clients. A collateral benefit of the webinar series was to expand and strengthen the relationship between the physician leaders and members of the community.

As the State of Delaware reopens, our team has continued its community engagement efforts to reduce health disparities among African American communities. Most recently, our team conducted a new safety workshop for barbers and stylists and provided them with additional guidance for steps that they can take to reduce the spread of COVID-19 in their shops. In light of significant financial burdens facing shop owners secondary to recent shop closures, our team distributed fifty COVID-19 safety kits which contain many of the items such as masks, face

shields, sanitizer, screening forms, and educational posters which were recommended in the safety workshop. The goal of the barbershop and salon COVID-19 safety workshop and kits which was sponsored by ChristianaCare's Harrington Value Institute Community Partnership Fund were to provide local barbershops and salons with tools and resources necessary to safely reopen and minimize the communal spread of COVID-19 and reduce the burden on local health systems in New Castle County Delaware. Without these supplies, some of these shops may have been forced to provide services without the ability to adhere to recommended safety guidelines. This could have potentially worsened the COVID-19 disparities in our local communities. In order to obtain a kit (Figure 1), shops were required to attend a safety training conducted by ChristianaCare Infection Prevention nursing educators (Figure 2) and complete a survey to assess their understanding of COVID-19 disease transmission and safety precautions (Figure 3).

Figure 1. ChristianaCare's Barbershop and Salon Safety Kit



Figure 2. ChristianaCare's Kit Distribution held on June 16, 2020 in Wilmington, DE



Figure 3. Completion of the Safety Training



The impact of COVID-19 to mental health is becoming increasingly more evident.<sup>12</sup> Despite the lack of statistics regarding COVID-19 related mental health effects, African American communities are facing unique COVID-19 and societal stressors that will have lasting effects if not addressed effectively. During the second half of June, the team partnered with Dr. Rayvann Kee, a licensed clinical psychologist who works actively with the African American faith community in Philadelphia, to address the stigma of applying evidence-based strategies for mental health within faith-based organizations. This month-long educational series provides faith leaders with education on advancing a psychological approach to mental health that is

compatible with faith, improving self-care to better serve in times of heightened stress and evidence-based approaches to leading congregants to better coping mechanisms. The series also covers handling crisis scenarios involving suicidality and reportable abuse with a discussion of behavioral health resources in Delaware.

Our team understands the importance of community engagement and is committed to continuing sustainable partnerships with community members to develop effective initiatives geared towards addressing COVID-19 and other health disparities. Only time will tell us if our safety kits, training webinars, and educational resources were effective in reducing the transmission of COVID-19 and the burden that the disease has had among African American communities in Delaware. We are confident that these efforts are enhancing our relationship with community partners and, therefore, our ability to advance improved health outcomes. Our team is hopeful that we have laid the groundwork for an effective strategy that will allow us to minimize the disparities and negative effects of the 2<sup>nd</sup> wave of the COVID-19 pandemic.

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