

Facilitating COVID-19 Testing in Historically Marginalized Populations by Leveraging Community Partnerships

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To the Editor—COVID-19 has exposed and amplified health disparities and inequalities among historically marginalized populations (HMPs). As of April 10, 2021, African Americans account for 21% of COVID-19 cases and 25% of COVID-19 deaths in North Carolina [1]. While only 9.8% of North Carolina's population is Hispanic, Hispanics account for 20% of COVID-19 cases [1, 2]. Higher incidence and mortality rates for chronic diseases as well as access to health care and social inequalities contribute to the disproportionate burden of COVID-19 experienced by HMPs.

Minority populations are close-knit with deep ties within their communities, and due to historical racism and distrust, are less likely to trust organizations outside their local communities. This can create difficult challenges even for well-meaning efforts designed to provide essential care to underserved populations, including implementation of COVID-19 management and vaccination strategies.

North Carolina Central University's Advanced Center for COVID-19 Related Disparities (ACCORD) has been conducting multidisciplinary research to better understand the public health impact of COVID-19 on HMPs in North Carolina.

Since August 2020, NCCU ACCORD has provided COVID-19 testing at 56 sites in 11 counties, including six Tier 1 (Anson, Halifax, Robeson, Rowan, Vance, Warren), one Tier 2 (Granville), and four Tier 3 (Cabarrus, Durham, New Hanover, Wake) counties. During this time, ACCORD has tested over 3500 individuals and collected over 1600 surveys on attitudes and impact of COVID-19 among the underserved. ACCORD was able to accomplish this largely through assistance from community facilitators and various community partners, such as churches, nonprofits, and local health departments. Much of ACCORD's success can be attributed to the enlistment and engagement of community facilitators who were highly trusted local residents. These community facilitators coordinated testing events with community partners as well as conducting survey distribution and collection in their home counties. The community partners shared the common goal of understanding the impact of COVID-19 in order to design strategies and assist their communities.

ACCORD represents a model in which a community-engaged and trusted institution like NCCU was able to lever-

age its community partners to provide COVID-19 testing and collect data for the management and implementation of vaccination strategies in historically marginalized populations of North Carolina. *NCMJ*

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References

1. North Carolina Department of Health and Human Services. COVID-19 Cases Demographics. NCDHHS website. <https://covid19.ncdhhs.gov/dashboard/cases-demographics>. Updated weekly. Accessed April 14, 2021.
2. United States Census Bureau. North Carolina. US Census Bureau website. <https://data.census.gov/cedsci/profile?g=0400000US37>. Published 2019. Accessed April 5, 2021.

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