OUTREACH AND ENGAGEMENT OF VULNERABLE POPULATIONS
COVID-19 RELATED ACTIVITIES

According to the Centers for Disease Control and Prevention (CDC), the conditions in which people live, learn, work, and play contribute to their health. Over time, these conditions lead to different levels of health risks, needs, and outcomes among some people in certain racial and ethnic minority groups. This results in health disparities, which are preventable differences in the burden of disease, injury, violence, or opportunities to reach your best health that are experienced by socially disadvantaged populations.

In Alabama, African Americans tend to live in poorer communities, have less access to healthcare services, and have higher instances of chronic disease. These and other social and socioeconomic risk factors contribute to a disproportionately higher risk of morbidity and mortality related to COVID-19.

Individuals from other racial and ethnic minority groups are also at greater risk, along with those who are elderly, immunocompromised, and those living with chronic conditions such as diabetes, cardiovascular disease, asthma, HIV/AIDS, etc. Individuals with disabilities and those experiencing homelessness are also at increased risk.

According to information available on the Alabama COVID-19 Data and Surveillance Dashboard, it appears that the state’s rural counties and Black population have been harder hit. Tabs 1 and 2 on the Dashboard, “Confirmed Rate,” shows the rates per 100,000 population for cases by county. You will notice most counties in the Black Belt are experiencing the highest rates. Tabs 12 and 13 on the Dashboard provide case and death percentages by race. Per that data, African Americans in Alabama are experiencing infection and deaths at a disproportionate rate.

Beginning in early March of 2020, the Alabama Department of Public Health (ADPH) has actively provided information and updates to groups to reduce disparities and increase the uptake of preventive actions to provide accurate information in the hope of lowering COVID-19 disease, mortality, and vaccine hesitancy within rural and Black populations.

Outreach and engagement have taken multiple forms, including Town Hall meetings convened by Congresswoman Terri Sewell, and the AARP, ZOOM meetings with partners and stakeholders, social media posts, posters, yard signs, letters to faith leaders, local news releases, PSAs, weekly conference calls with the Alabama Conference of Black Mayors (ACBM), a multi-organization task force convened by Now Included in collaboration with ACBM, and resources developed and posted on the ADPH Coronavirus Vulnerable populations webpage at https://www.alabamapublichealth.gov/covid19/populations.html.

Outreach continues through expanded partnerships with Historically Black Colleges and Universities (HBCUs), faith-based organizations, community colleges, the CDC Foundation, UAB, UA, and others.

The distribution of accurate and culturally appropriate information has been a critical focus in reaching the most vulnerable. We continue to pursue solutions that will address barriers identified, such as transportation issues and a lack of providers in some communities.