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ARTICLE COMMENTARY

Community based participatory research as a promising practice for addressing vaccine hesitancy, rebuilding trust and addressing health disparities among racial and ethnic minority communities

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ABSTRACT

The COVID-19 pandemic disproportionately affected racial and ethnic minority communities across the United States (U.S.). Despite the disproportionate burden of COVID-19 faced by communities of color, Black and Hispanic communities are less likely to be fully vaccinated than White non-Hispanic Persons. Health inequity and vaccine hesitancy are complex phenomena that require multilevel responses tailored to the unique needs of each community, a process that inherently necessitates a high level of community engagement in order to develop the most effective health interventions. Building on the principles of community based participatory research (CBPR) and with the support of the National Institutes of Health (NIH), *Project 2VIDA!* was born. A multidisciplinary collaborative of academic researchers, community members, and clinicians whose aim is to foster sustainable partnerships to reduce the burden of COVID-19 in Hispanic and Black communities across Southern California. Our model was designed to meet our community members where they were – whether on their lunch break or picking their children from school. This CBPR model has been well received by community members. Future health interventions focused on reducing health disparities should prioritize the role of the community, leverage the voices of key community partners, and be grounded in equitable power sharing.

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The disproportionate impact of COVID-19 on racial and ethnic minority groups

The COVID-19 pandemic has disproportionately affected racial and ethnic minority communities across the United States (U.S.). Today, Hispanic and Black Americans are hospitalized from COVID-19 at 1.8 and 2.1 times the rate of White Non-Hispanic persons, and continue to have a COVID-19 death rate that is 1.7 and 1.6 times higher, respectively.[1] The COVID-19 pandemic reinforced our understanding that disease does not discriminate, but our social, medical, and economic systems do, with minority communities being more likely to experience social determinant of health (SDOH) risk factors including lower socioeconomic status and lower access to health services.

Despite the disproportionate burden of COVID-19 faced by communities of color, Black and Hispanic communities are less likely to be fully vaccinated than White non-Hispanic Persons.[2,3] Hispanic individuals are more likely to have vaccination distrust and hesitancy for various reasons including unequal access to health care and the lack of reliable culturally and linguistically competent information. Black individuals are more likely to have a lack of trust in medical establishments as a result of past medical racism and experimentations. Further, Black and Hispanic individuals have reported higher levels of perceived discrimination and medical mistrust than White Non-Hispanic persons.[4] These high levels of generalized mistrust are rooted in the historical exploitation and persecution of people of color within the U.S. healthcare system, all contributing to vaccine hesitancy.

CBPR to emend health disparities

Health inequity and vaccine hesitancy are complex phenomena that require multilevel responses tailored to the unique needs of each community – a process that inherently necessitates a high level of community engagement, input, and participation in order to develop the most effective health interventions. We think a Community Based Participatory Research (CBPR) approach could be most effective in reducing health disparities and vaccine hesitancy. CBPR represents a shift from traditional researcher-driven practices and prioritizes community involvement and equitable power sharing between community members, academic researchers, and clinicians in all aspects of the research process, from identification of key needs and barriers to intervention development and delivery.[5]

During the COVID-19 pandemic, the importance of community has become even more accentuated in our daily lives.

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People relied on their local health care providers for care, friends and families for emotional support, and local stores for food and personal protective equipment. Such community-based efforts provide an enormous opportunity to improve health. For example, partnerships between academic institutions, health centers and community-based organizations (CBOs) represent an invaluable opportunity to translate evidence-based interventions and integrate health resources into accepted community spaces, foster trust, and disseminate health information and resources in a culturally competent manner.

Project 2VIDA: combating vaccine hesitancy through community mobilization

Utilizing CBPR principles and with the support of the National Institutes of Health (NIH) we organized *Project 2VIDA!* (Project 2VIDA! SARS-CoV-**2** **V**accine **I**ntervention **D**elivery for **A**dults in Southern California)[6] a multidisciplinary collaborative of academic researchers, community members, and clinicians whose aim is to foster sustainable partnerships to reduce the burden of COVID-19 in Hispanic and Black communities across San Diego County. We successfully collaborated with local groceries stores, farmers markets, CBOs, schools, and faith-based organizations to host free pop-up community clinics providing equitable access to COVID-19 vaccines and other health services. Our model was designed to meet our community members where they were – whether on their lunch break, shopping for groceries or picking their kids up from school. Such ease of access reduced the structural and temporal barriers to care while simultaneously showing communities respect and care about what works best for their needs. This community-based, pop-up clinic model has been well received by community members, many who are still skeptical of the U.S. healthcare system. Throughout this project, we saw notable increases in requests from CBOs and community members for collaboration, building trust and empowerment in CBPR activities.

Guided by the principles of CBPR, we designed *Project 2VIDA!* a multilevel intervention informed by the National Institute on Minority Health and Health Disparities (NIMHD) research framework[7] that centers on providing COVID-19 individual awareness and education, COVID-19 Community Outreach and Health Promotion, linkage to medical and supportive services, and offering the COVID-19 vaccine through community pop-up clinics across predominantly Black and Hispanic communities in Southern California. This has facilitated multiple health resources into trusted community spaces. On site, *Project 2VIDA!* is staffed by bilingual clinicians, *promotoras*, and health educators who provide information on health care coverage, affordable transportation, food security programs, and housing resources. Although the main goal of our pop-up community clinics is to provide equitable access to the COVID-19 vaccine, when a community member visits, we strive to provide as many resources as possible. We shifted our focus from preventative health services in a traditional clinical setting to delivery of comprehensive health resources in trusted community spaces. Creating compassionate and nonjudgmental spaces for patients to voice concerns further enhanced our understanding of individual and community needs. To date, we have conducted 118 pop-up community clinics, recruited 1052 participants in the study, and provided 2, 210 COVID-19 vaccines. Through the COVID-19 individual awareness and education and the COVID-19 Community Health Outreach and Health Promotion efforts, we have reached over 20, 000 individuals across the targeted communities. Additionally, *Project 2VIDA!* connected community members to over 5,676 health services, ranging from free provider visits, blood pressure and diabetes screenings, to HIV testing and behavioral health resources. Community members are grateful and keen to contribute health data to improve understanding of community health and SDOH on outcomes.

Though one of the greatest public health threats in modern times, the COVID-19 pandemic presented an invaluable opportunity to design and implement interventions aimed at understanding and addressing health inequities and SDOH. We learned that sustainable community partnerships are vital to address the disproportionate burden of COVID-19 on underserved communities. We also learned that CBPR represents an opportunity to reduce health care inequities by amplifying the voices of underserved communities. We call on academic intuitions to recognize the powerful role communities play in reducing health disparities and encourage them to play an active role in developing robust and sustainable partnerships. As the pandemic evolves, the challenge will shift from designing and implementing the CBPR framework to address health care inequities related to COVID-19, to adapting and sustaining the framework to address future infectious diseases and public health issues. Future health interventions focused on reducing racial and ethnic health disparities should prioritize the role of the community, leverage the voices of key community partners, and be grounded in equitable power sharing.

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Disclosure statement

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Ethics statement

The study protocol was submitted, reviewed, and approved by the Human Research Protections Program (HRPP) at the University of California, San Diego (UCSD) (Project #: 210630S) and the *Ad hoc* Institutional Review Board (IRB) reliant IRB from San Ysidro Health (SYH) (SYH Registration Project Number: RHP-R-041221-56). Approval is sought from all ethics committees for amendments and annual reviews, which are currently approved through April 3, 2024. All individuals provided verbal consent prior participation in this study. Any modifications to this protocol will be reported to and approved by all ethics committees, updated in the trial registry, and disclosed during dissemination of results.

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