



Exploring the disparities in the reaction and treatment of COVID-19 between the White and Black Irish populations

Introduction

The COVID-19 pandemic has affected populations worldwide and has highlighted existing disparities in health and healthcare access. A growing body of research has indicated that there are disparities in the reaction and treatment of COVID-19 between White and Black populations. This disparity is likely due to a combination of social, economic, and historical factors that impact not only access to health care but its quality and subsequently health outcomes. “In this study of nearly 700,000 COVID-19 patients who sought medical care, the proportion who were treated with an outpatient COVID-19 medication increased substantially over time, primarily driven by increased Paxlovid use; however, treatment gaps exist among racial and ethnic minority groups.” “During April–July 2022, Paxlovid treatment was 35.8% lower among Black patients relative to White patients” (*Boehmer et al, Morbidity and Mortality weekly report, 2022*)

I aim to examine the differences in the reaction and treatment of COVID-19 between White and Black populations to identify and investigate factors that contribute to the disparities including but not limited to access to health care, socio-economic status, and other social determinants of health. Evaluate the quality of COVID-19 treatment received by White and Black patients and identify any disparities in the administration of medications and treatments. This information can pave the way to new conversations and interventions into the broader issue of health inequalities in the country. Health inequalities “refer to the unfair or unjust nature of health differences between social groups, generated by social conditions” (*Farrell et al, Combat poverty agency, 2008*)

Project methodology and timeline

The study will be observational and utilize data from existing records like patient surveys and publicly accessible data sources, like the Central Statistics Office. The study will include 1000 White and 1000 black individuals who have been diagnosed with and treated for COVID-19.



Data will be collected via medical records to collect information on demographic statistics & treatment received, and patient surveys to gather information on social determinants of health and access to health care, for example, employment, income, transport, housing conditions, etc

Statistical analysis can then be used to examine the differences in COVID-19 reaction and treatment between Black and White populations, as well as examine the association between demographic characteristics and COVID-19 treatment received.

Week 1-2: Development of study protocols and recruitment of study participants. This will include the development of the study design, selection of participants, approval of consent forms, and obtaining GDPR-regulated access to medical records and patient contacts.

Week 3-4: Data collection through medical records, patient surveys, and public databases. The survey participants will be asked to complete a survey about their treatment and experience with COVID-19

Week 5-6: Data cleaning and analysis. The data will be cleaned, analyzed, and organized to clearly identify disparities in the reaction and treatment of COVID-19 between White and Black populations. The handling of data will comply with all regulations, while the statistical analysis will be performed with R Studio.

Intended Outcomes

To define and identify the existence of any possible health inequities in ethnic minority groups in Ireland in the context of COVID-19. These findings will then be translated into new policies to mitigate health inequities and bring about better health equality for all in Ireland.

Identification of Contributing Factors: The study aims to examine the factors (particularly social) that contribute to these disparities in the reaction and treatment of COVID-19 between these populations. These may include access to health care, socioeconomic status, and other social determinants of health. By identifying these factors, we can build a foundation to develop policies and other interventions to bridge these gaps.



Evaluation of Treatment Quality: The study will evaluate the quality of treatment received by White and Black participants and identify any gaps in the administration of medication, vaccination, and treatments. This information will be obtained through the use of data in the context of COVID-19, and be used in leading efforts to improve the quality of access for all populations and subsequently

open up other avenues for discussion concerning medical inequalities (e.g. how ethnic minorities can engage with Irish healthcare going forward) My project in Kenya, combined with the findings of this project can then be further used to improve and reform healthcare for people with sickle cell anemia in Ireland.

Contribution to Policy and Intervention Development. The results of this study will contribute to the development of policies aimed at addressing health inequities between White, Black populations and other ethnic minorities in Ireland.