

THE TALE OF TWO PANDEMICS: SYSTEMIC RACISM + COVID-19

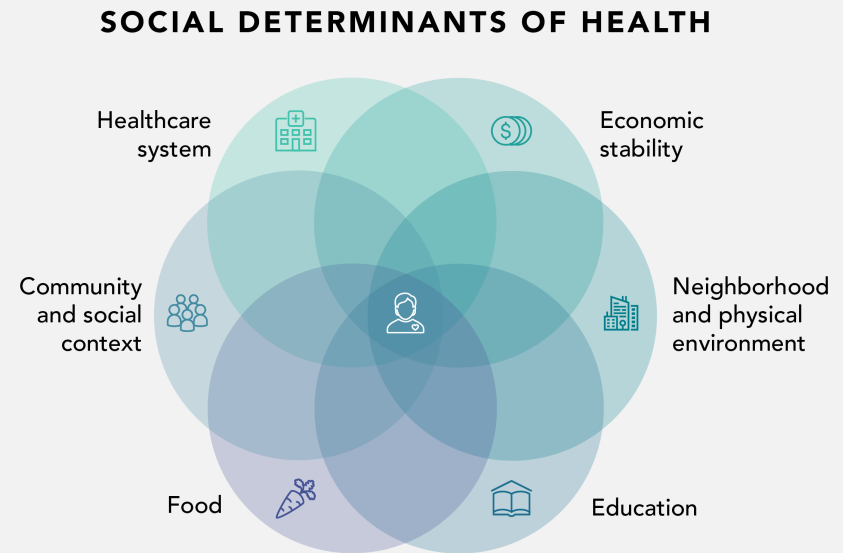
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SOCIAL DETERMINANTS OF HEALTH

Factors of where people live, learn, work and play affect a wide range of health risks and outcomes

- Housing
- Employment
- Income
- Education
- Neighborhood
 - Characteristics and location
- Access



HEALTH EQUITY AND HEALTH DISPARITIES

- **Health equity** – When everyone has the opportunity to be as healthy as possible.
- **Health disparities** – Differences in health outcomes and their causes among groups of people.
- When we look we look at life expectancy and infant mortality (two common indicators of the health equity of a country or community), we see that it has improved in the U.S.
 - Disproportionate burden of preventable diseases, death and disability among minority groups when compared to non-minorities.

COVID-19 + RACIAL AND ETHNIC MINORITIES

- What the COVID-19 pandemic did is shine a bright light on what always existed – the *pandemic* that is systemic racism.
 - Two pandemics in one.
- We are still in the midst of this and collecting data and adjusting our learnings as we go.
- Current COVID-19 data suggests disproportionate burden of illness and disease among racial and ethnic minority groups.
 - Trend of health inequities with many other health outcomes:
 - Black women are 2–6 times more likely to die from complications of pregnancy.
 - Native Americans and Alaska Natives have an infant mortality rate that is 60% higher.
 - Black men are twice as likely as whites to die prematurely from stroke

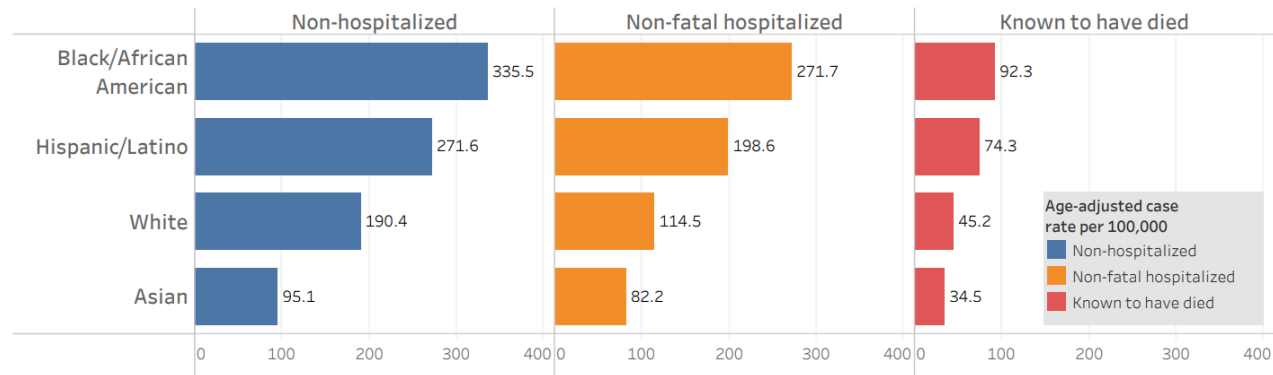
CDC Morbidity and Mortality Weekly Report (MMWR) of April 8

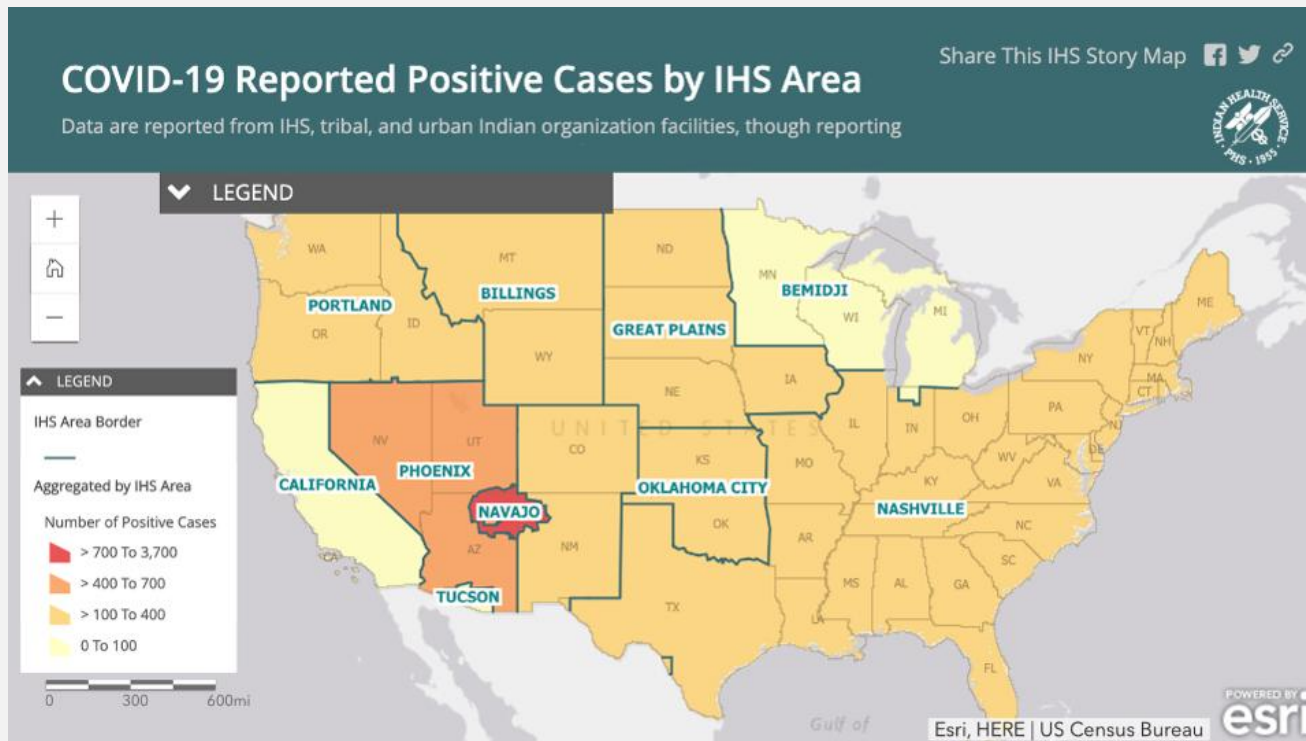
- 33% hospitalized patients were Black, compared to 18% of community.

COVID-19 deaths data from New York City from April 16

- Death rate per 100,000 population
 - 92.3 Black
 - 74.3 Latinx (all races)
 - 45.2 White
 - 34.5 Asian

Age-adjusted rates of lab confirmed COVID-19 non hospitalized cases, estimated non-fatal hospitalized cases, and patients known to have died 100,000 by race/ethnicity group as of April 16, 2020





Navajo Nation with population of around 175,000 over three states

- 3,100+ cases (mid-May)
 - Rate of 18 per 1,000
- At least 100 deaths
- Systemically disenfranchised by U.S. government
- Densely populated
- Limited access
 - Medical personnel and hospitals
 - Food insecurity
- Inadequate health and social services
- Limited reliable electricity
- Prevention methods particularly challenging in this context
 - Densely populated
 - 1/3 homes do not have running water
 - Isolation is both physically and culturally challenging

WHAT IS AT THE ROOT?

- Society was built that way
 - Health differences between racial groups are often due to economic and social conditions – **social determinants of health**.
- During public health emergencies, the emergency can further isolate certain people from the resources they need to prepare for and respond to the crisis.



WHERE DO I BEGIN?

Don't be afraid to be wrong

BIPOC people do not owe you

Do the work

Get uncomfortable

What is your contribution?

Use your privilege

Destroy the myth

How you spend your money matters?

Amplify

Listen to people who are actively organizing

Advocate

Vote

DO YOUR PART TO SLOW THE SPREAD OF COVID-19

- Practice good hygiene
 - Wash your hands
 - Avoid touching your face
 - Sneeze or cough into a tissue or the inside of your elbow
 - Disinfect frequently
- Wear face covers in public
 - Not for children under 2 or anyone who has significant trouble with face covers
 - Do not use a face mask meant for healthcare workers
- Continue physical distancing
- Avoid unnecessary travel
- If you feel sick, stay home. If your children feel sick, keep them at home.

Listen and follow direction of your state and local authorities.

