



# Impacts of COVID-19 & Structural Racism



A Brain Health Forum for the African American  
Faith Communities & Public Health Partners



# WELCOME & GREETINGS



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# Acknowledgements



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## HISTORY & MISSION

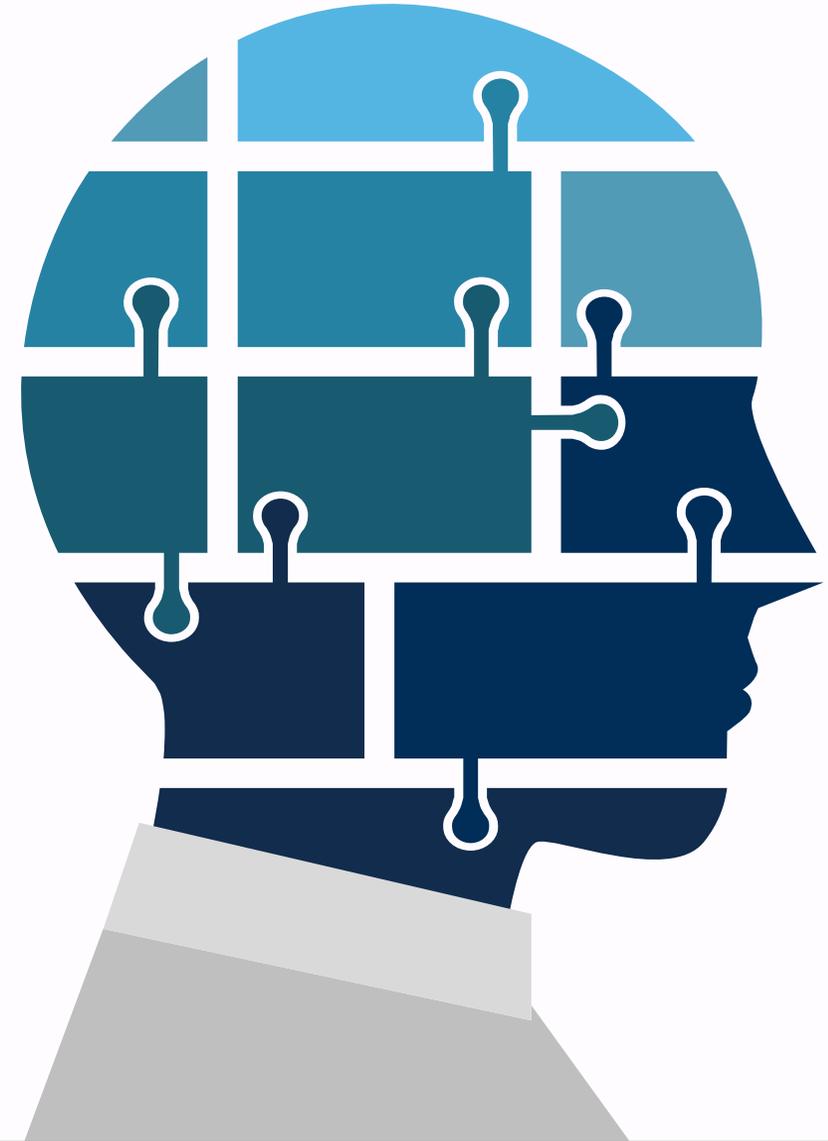
# THE BALM IN GILEAD INC.

Celebrating over 30 years of service, the mission of The Balm In Gilead is to prevent diseases and to improve the health status of people of the African Diaspora by providing support to faith and other institutions in areas of program design, implementation and evaluation which strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities.



## So WHAT DOES COVID-19 & RACISM HAVE TO DO WITH BRAIN HEALTH

- Studies and reports have shown that COVID-19 impacts some brain and nervous system functions
- Studies and reports have shown blood clotting in persons with COVID-19 that significantly increases the risk for stroke which is also increases risk for dementia
- The need to practice social distancing and staying at home increases the stress and burdens of caregivers
- Studies have shown that African Americans experience chronic levels of stress and anxiety due to racism; Higher levels of chronic stress & fatigue increase the risk for dementia and impact cognitive function

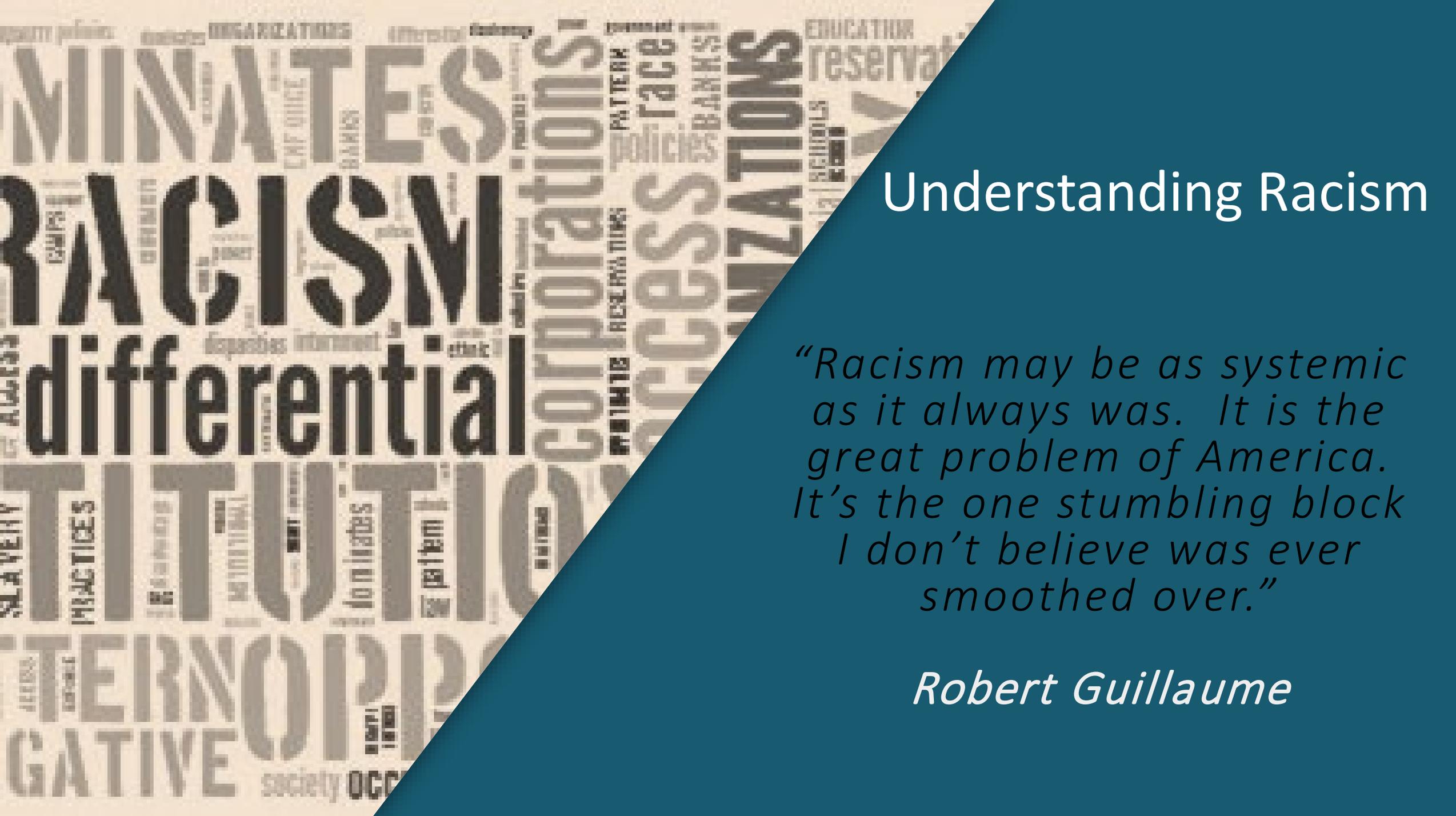


# History of Medical Mistreatment of African Americans in the United States

## Before we had Tuskegee there was....

- **During Antebellum period in American**
  - Drapetomania or “Runaway Slave Syndrome” in 1851
  - Robbing of black graves to use dead bodies for experiments
- **J. Marion Sims – Father of Gynecology**
  - Bought black female slaves to conduct gynecological experiments without anesthesia or antiseptics
- **During the Civil Rights era,**
  - white doctors & psychiatrists used diagnoses and characteristics of schizophrenia to paint black protestors as violent, hostile, and paranoid





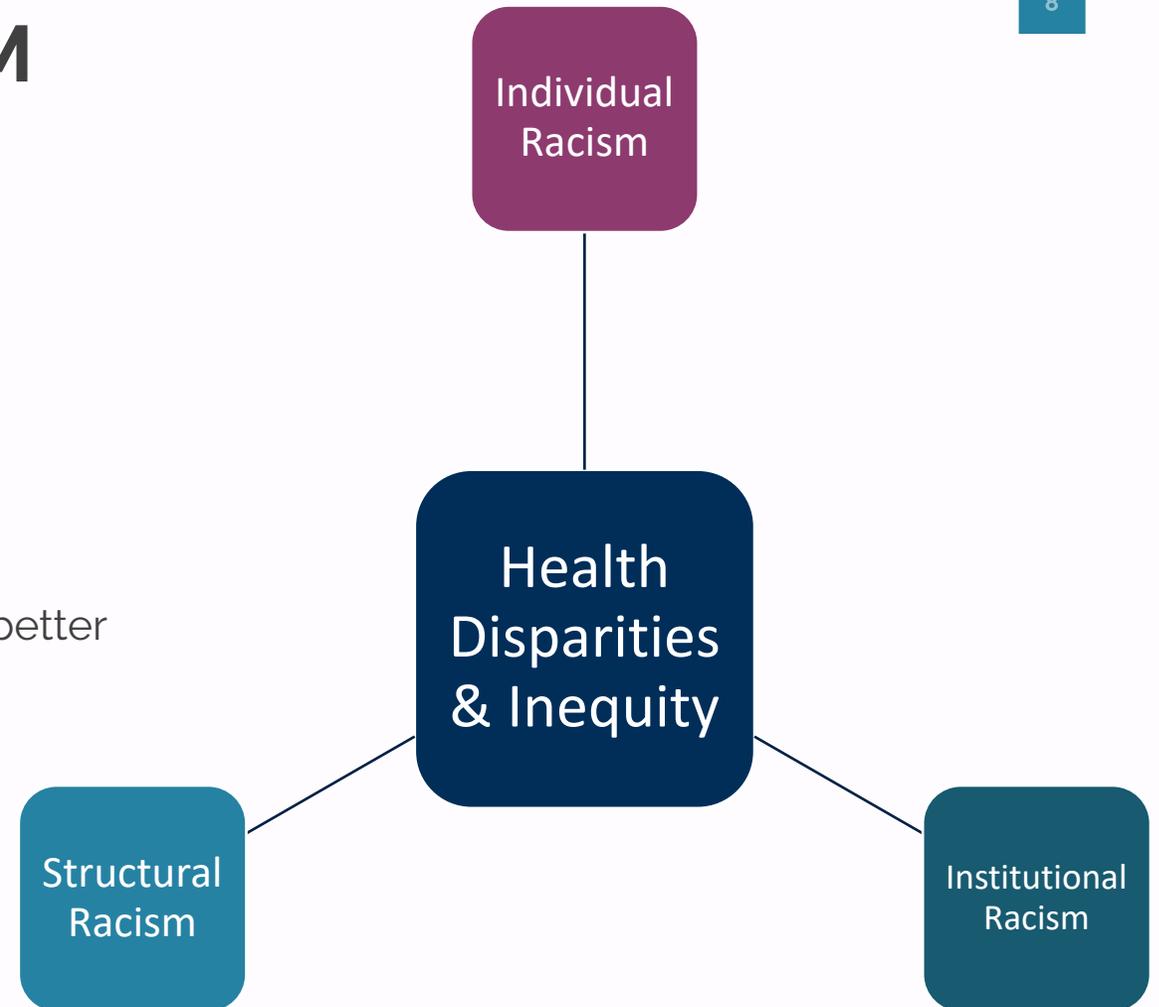
# Understanding Racism

*“Racism may be as systemic as it always was. It is the great problem of America. It’s the one stumbling block I don’t believe was ever smoothed over.”*

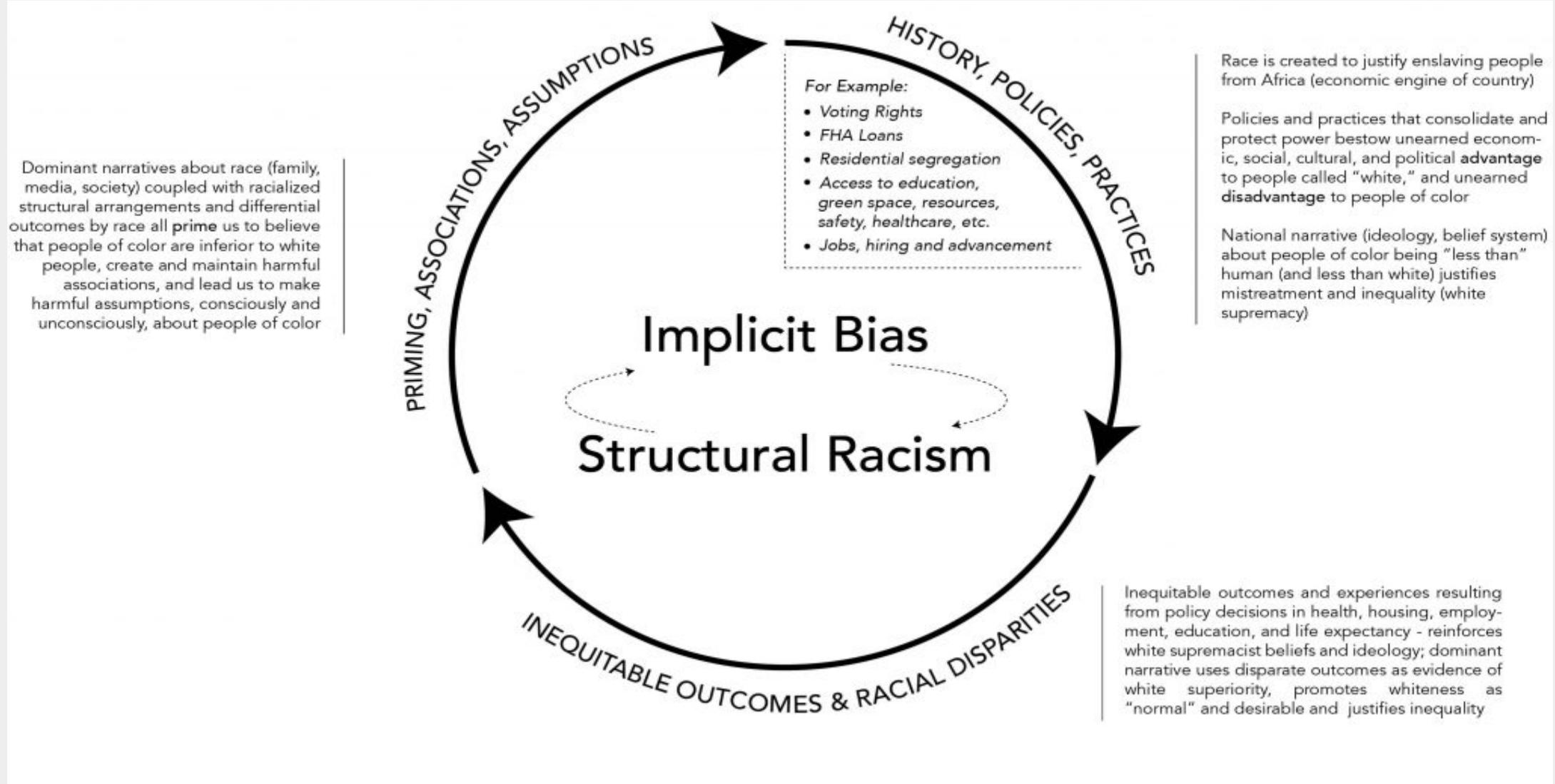
*Robert Guillaume*

# DIFFERENT TYPES OF RACISM

- **Individual Racism –**
  - Prejudgment, bias, or discrimination by an individual based on race
- **Institutional Racism –**
  - Policies, procedures, practices that benefit or work better for the majority (white people) than for the minority (people of color)
- **Structural Racism –**
  - A historical and present-day operation of institutional racism across all systems adversely & disproportionately affecting people of color



# The Cycle of Implicit Bias & Structural Racism



# African American Brain Health Disparities

## COVID-19

Nia Reed, PhD

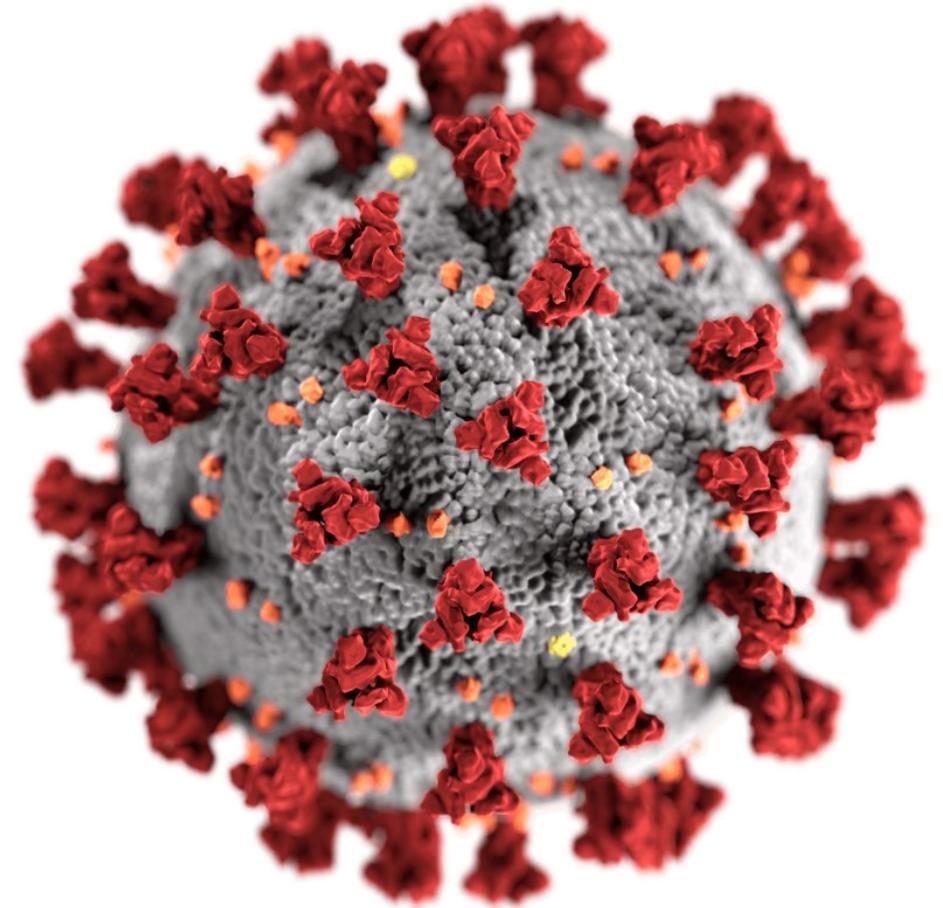
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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Health Equity Considerations and Racial and Ethnic Minority Groups

- Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19.
- The term “racial and ethnic minority groups” includes people of color with a wide variety of backgrounds and experiences.
  - But some experiences are common to many people within these groups, and [social determinants of health](#) have historically prevented them from having fair opportunities for economic, physical, and emotional health. [\[1\]](#)



# Racial and Ethnic Minority Groups and COVID-19

- There is increasing evidence that some racial and ethnic minority groups are being disproportionately affected by COVID-19. [\[2\]](#), [\[3\]](#), [\[4\]](#), [\[5\]](#), [\[6\]](#)
- Inequities in the social determinants of health, such as poverty and healthcare access, affecting these groups are interrelated and influence a wide range of health and quality-of-life outcomes and risks. [\[1\]](#)
  - To achieve health equity, barriers must be removed so that everyone has a fair opportunity to be as healthy as possible.



# What is CDC Doing?

1. Providing assistance to public health agencies and others to expand testing, contact tracing, isolation options, and medical care to reach groups at increased risk for getting COVID-19 and having severe illness.
2. Facilitating partnerships between public health agencies, tribes, scientific researchers, professional organizations, community organizations, and community members to share information and collaborate to prevent COVID-19 in racial and ethnic minority communities.



# What is CDC Doing?

3. Offering technical assistance to local communities with COVID-19 outbreaks in areas with disproportionate impact on workplaces that employ low wage workers (e.g., meat processing plants, agriculture, nursing homes).
4. Supporting essential and frontline workers to prevent spread of COVID-19 in critical workplaces, learning more about their concerns and challenges and offering solutions to address them.
5. Developing guidance to implement programs and practices that are in different languages and are culturally tailored to diverse populations.



# What is CDC Doing?

6. Continuing to build an inclusive public health workforce equipped to understand and meet the unique needs of an increasingly diverse population.
7. Continuing to collect [data](#) to assess and track disparities related to COVID-19, working to expand completeness of the data, and developing new ways of communicating data to the public and other stakeholders.

Learn more about [CDC's work to promote health equity](#) in the COVID-19 response.





# Role of Educating the Next Generation of Public Health Professionals

Aileen Harris, MSA

Executive Director, Capital  
Area Health Education Center



**SHIFTING OUR ROLE IN  
SHAPING A CULTURE  
OF HEALTH**

*THANKS*

*THANKS*

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