



Trends and the Role of Healthcare Communicators

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Racial Bias and Systemic Racism is a Public Health Crisis

The Cycle: Bias, discrimination, and racism, along with socioeconomic factors, have long impacted the health of Black and brown communities in America, creating a cyclical pattern from which it can be hard to escape.

Socioeconomic Factors

- Shift jobs with no health insurance
- Lack of wealth
- Living in multigenerational households
- Living in food deserts
- Little access to transportation
- Living in disadvantaged areas with poorer quality education

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Poor Health and Higher Mortality Rates

- Lack of access to fresh produce and other healthy foods > poor diet > obesity and related health problems
- Lack of access to quality healthcare (because of insurance limitations, distance, other factors)
- Greater chance for community spread of sickness and disease
- Lack of awareness of warning signs of illness and importance of preventive

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Illness and poor health leads to lack of opportunity

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We Can Only Improve Outcomes by First Recognizing and Highlighting the Deep Inequities and Barriers to Treatment in the American Healthcare System

COVID-19 Rate Ratios Compared to White, Non-Hispanic Persons

	American Indian or Alaska Native, Non-Hispanic Persons	Black or African American, Non-Hispanic Persons	Hispanic or Latino Persons
Cases	1.8x	1.4x	1.7x
	4.0x	3.7x	4.1x
Death	2.6x	2.8x	2.8x



Source: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>, Nov. 30, 2020.

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Learning from Our History to Improve Future Outcomes

Many BIPOC, and in particular Black Americans, have historically been distrustful of the medical establishment after experiments were conducted on their own people, including:

- Henrietta Lacks
- United States public health Tuskegee syphilis study
- Gynecological experiments of Dr. J. Marion Sims on enslaved women
- Involuntary sterilizing Black women

This has resulted in a lack of trust in healthcare systems



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What will it take to transform a health care system that has a history of jeopardizing BIPOC lives and marginalizing BIPOC?

We should be prepared to be asked and to answer, as healthcare communicators, how are we addressing deep inequities and barriers to treatment to improve outcomes

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Recognizing the Impact and Empathy Alone is Not Enough

- Listen to the Community
- Do the Research
- Create Actionable Steps and a Culture of Accountability



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To Address the Toll Systemic Racism Has on the Health & Wellness of BIPOC Communities We Need to Be Committed to the Journey

WHAT CAN WE DO TODAY?

WHAT CAN WE DO LONG-TERM?

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What Does Action and Accountability Look Like? Doing>Talking

Dedicate resources to research and track the experience in marginalized communities

Prioritize the inclusion of BIPOC patients in clinical trials

Diversify staff to give BIPOC a voice in the system

Collaborate with medical schools or graduate science at historically black colleges

Listen to the community and adjust language in communications

Recognize the importance of representation in communications

Raise disease awareness and education among medically marginalized populations

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