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

**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 care

Illness and poor health leads to lack of opportunity
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

<table>
<thead>
<tr>
<th></th>
<th>American Indian or Alaska Native, Non-Hispanic Persons</th>
<th>Black or African American, Non-Hispanic Persons</th>
<th>Hispanic or Latino Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1.8x</td>
<td>1.4x</td>
<td>1.7x</td>
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<tr>
<td></td>
<td>4.0x</td>
<td>3.7x</td>
<td>4.1x</td>
</tr>
<tr>
<td>Death</td>
<td>2.6x</td>
<td>2.8x</td>
<td>2.8x</td>
</tr>
</tbody>
</table>


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
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.

Recognizing the Impact and Empathy Alone is Not Enough

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

- Diversify staff to give BIPOC a voice in the system
- Collaborate with medical schools or graduate science at historically black colleges
- Prioritize the inclusion of BIPOC patients in clinical trials

**WHAT CAN WE DO LONG-TERM?**

- Dedicate resources to research and track the experience in marginalized communities
- Recognize the importance of representation in communications
- Raise disease awareness and education among medically marginalized populations
- Listen to the community and adjust language in communications

What Does Action and Accountability Look Like?
Doing>Talking

- Recognize the importance of representation in communications
- Raise disease awareness and education among medically marginalized populations
- Listen to the community and adjust language in communications
Thank You