



### The Association of Black Nursing Faculty (ABNF), Inc

- Professional Development
- Encouragement
- Support
- Communication

The mission of ABNF is to address health issues of concern to the Black community through the scholarly activities of the Black Nursing Professoriate

## ABNF Statement on COVID-19 Disparate Impact on African Americans

### Policy Statement

The Association of Black Nursing Faculty (ABNF) acknowledges numerous reports that underscore the severe impact the novel coronavirus (COVID-19) is having on African Americans across the United States. The Centers for Disease Control and Prevention (CDC, 2020) states, to date, only 43% of COVID-19 case data is desegregated by race; however, African Americans represent nearly a third (28%) of these cases. Moreover, Johns Hopkins University (2020) data indicate that African Americans account for over a third (34%) of COVID-19 deaths in those states reporting by race. Notably, Yancy (2020) suggests that COVID-19 has caused a 6-times increase in the rate of death for African Americans living in predominately Black communities. ABNF strongly asserts these observations are deplorable and actionable. Therefore, ABNF supports the Centers for Disease Control and Prevention's (CDC, 2020) call for addressing the untoward, interrelated social and economic systems (i.e., social environment, physical environment, health services, and structural and societal factors) responsible for the spread of COVID-19 among minority populations. Effective COVID-19 outreach and support of these communities must incorporate strategies that draw on the inherent strength and resilience within these communities (CDC, 2020; "Structural and Social Determinants," n.d.).

### Overview

African Americans represent only 13.4% of the U.S. population, according to the U.S. Census Bureau (n.d.), yet predominately African American counties represent more than half of COVID-19 cases and nearly 60% of COVID-19 related deaths (Erdman, 2020). While these data are certainly disturbing, the fact remains that African Americans are often similarly disproportionately plagued by life-threatening comorbidities such as HIV, heart disease, diabetes, kidney disease, and some liver diseases (CDC, 2019; "Liver Disease Statistics," 2017; *National Diabetes Statistics Report 2020. Estimates of Diabetes and Its Burden in the United States.*, 2020; *Race, Ethnicity, & Kidney Disease*, 2016). The CDC has identified that African Americans diagnosed with these diseases are at increased risk for COVID-19 (CDC, 2020). African Americans in high-risk categories are urged to employ proper handwashing, wear facial coverings in public, and, when isolation is required in the home setting, maintain physical distancing. However while these measures have been shown to effectively slow the rate of disease and save lives, African Americans continue to contract and succumb to COVID-19 at higher rates than

any other group (Bouie, 2020). Unfortunately, these statistics illustrate the health disparities and health inequities existing in the U.S.

The literature has linked an increased disease burden in African American communities to historical and present-day social and economic systems deficits. Historically, the division of labor and resources we see today is shaped by slavery, Jim Crow laws, and the New Deal widening of education, income, employment and housing disparities (Bouie, 2020; Noonan et al., 2016). Bouie (2020) stated, "today's disparities of health flow directly from yesterday's disparities of wealth and opportunity." For example, African Americans are overrepresented in service-sector jobs (i.e., food service, grocery stores, postal services, etc.) and are more likely to rely upon public transportation and to rent their homes (Cilluffo, Geiger, & Fry, 2017; *Employed Persons by Detailed Industry, Sex, Race, and Hispanic or Latino Ethnicity*, n.d.; *U.S. Adults Using Public Transit by Race or Ethnicity and Transit Mode 2015*, n.d.). In other words, the lifestyle realities of some African Americans place them in close contact with people, further increasing their exposure to COVID-19 (Noonan et al., 2016). The initiation of the Affordable Care Act (*Patient Protection and Affordable Care Act - HealthCare.Gov Glossary*, n.d.) contributed to reducing some of the gaps in insurance coverage, access, and utilization; but, regrettably, many African Americans continue to have lower statistics in these areas and poorer health outcomes when compared to Whites (Artiga, Oregia, & Damico, 2020). Between the years of 2010 and 2018, African Americans remained 1.5 times more likely to be uninsured than Whites (Artiga et al., 2020), which severely hampers their ability to seek early diagnosis and receive early treatment—key aspects of secondary prevention for COVID-19.

### Recommendations

ABNF joins with the National Association for the Advancement of Colored People and the Kaiser Family Foundation and urges the CDC to widen its release of information on COVID-19 testing, cases, and outcomes, which are desegregated by race/ethnicity, gender and socioeconomic status. These data are essential tools in the steps toward providing equitable and accessible COVID-19 care for African Americans (*NAACP|NAACP Statement on White House Call Regarding COVID-19 Impact in African-American Community*, 2020; Artiga et al., 2020). Moreover, these data will allow health care providers and researchers to better understand the impact of COVID-19 on the health and economic profile of African Americans (Artiga et al., 2020).



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ABNF calls for bolstered access to testing and treatment for all citizens, including uninsured and underinsured, poverty-stricken communities, persons experiencing homelessness, immigrants and communities of color to assist with disassembling current COVID-19 health inequity trends in the U.S.

ABNF supports the grassroots public health efforts of groups such as the Black Doctors COVID-19 Consortium in Philadelphia. Doctors in the consortium have dedicated themselves to increasing access to COVID nasal swab testing, providing education and personal protective equipment to vulnerable and underserved communities of color in Philadelphia (*Coronavirus Philadelphia*, 2020).

ABNF supports measures to address the Coronavirus outbreak made by the American Association of Colleges of Nursing, the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid (CMS), and others in their call for objective and evidence-based approaches to the management of this public health concern.

ABNF joins with nursing and other healthcare organizations in the movement toward ensuring that only objective and scientific information will be utilized in the establishment of national guidelines and protocols in the management of the Coronavirus outbreak, both in national and global arenas.

### ABNF Acknowledgement

Complex, integrated and overlapping social structures and economic systems are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power and resources throughout local communities, nations and the world.

The ABNF strongly advocates for the continuous referencing of COVID -19 guidelines as developed by the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), in this evolving situation. We are closely monitoring the modifications to practice protocol, and will share our understanding of the most current revisions to the guidelines from authoritative sources, to keep the ABNF membership abreast of the safest manner by which care can be delivered to patients diagnosed with the Coronavirus. Public health and student safety are paramount as we appraise guidelines suggested for clinical placement in the academic setting.

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