Cardiovascular Disease and COVID-19 Risk Among Racial and Ethnic Groups of Color

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Cardiovascular disease is linked to higher risk of severe coronavirus disease (COVID-19). This poses a problem for racial and ethnic groups of color. Cardiovascular disease is the leading cause of death in the U.S. for all racial and ethnic groups, but it disproportionately impacts African-Americans, American Indians and Alaska Natives compared to Whites. Similarly, African-Americans, American Indians, Hispanics and Pacific Islanders have disproportionately died from COVID-19 compared to Whites.

In the COVID-19 era, hospitalizations for cardiovascular disease have significantly declined. Conversely, the death rate from cardiovascular disease has increased beyond expected levels in multiple states. Some of these deaths may be due to patients not seeking healthcare services during COVID-19.

Social Determinants of Health and Dual-risk

Pertinent social determinants include: underinsurance, inability to work from home, living in multi-generational households, residing in overcrowded communities, health literacy, and discrimination. Solutions that may reduce the burden of cardiovascular disease and COVID-19 include: expanding access to quality healthcare coverage, protecting the workforce, offering safe transportation, increasing access to quality, affordable housing, improving education and access to technology, partnering with community members, and changing government policy to eliminate structural inequalities (including systemic racism). (Read more: Haynes, et al. Circulation 2020;142:105–107.)

Immediate Steps to Reducing COVID-19 Risk

1. Activate your political voice. Participate in political advocacy throughout the year and vote!
2. Practice social distancing.
3. Wash hands with soap and water often.
4. Wear a mask and eye protection when leaving home.
5. Call your doctor if you fell ill. Don’t allow fear to prevent you from seeking care.
6. Get your influenza vaccine. Flu season is here.

COVID-19: One More Impact to the Mental Health of African Americans (AA)

By Marilyn Robinson

The fact that the current pandemic is affecting African American mental health as much as their physical health is no secret. America on any ordinary day poses varieties of challenges for African Americans. Well before Covid 19 was identified most People of color in America lived an altered native existence. On the face of things and theoretically everyone espouses the tenets of living and pursuing Life, Liberty and Happiness as a Constitutional guarantee.

According to the Mental Health America (MHA) historical dehumanization, oppression, and violence against Black and African American people has evolved into present day racism - structural, institutional, and individual – and cultivates a uniquely mistrustful and less affluent community experience, characterized by a myriad of disparities including inadequate access to and delivery of care in the health system. Processing and dealing with layers of individual trauma on top of new mass traumas from COVID-19 (uncertainty, isolation, grief from financial or human losses), police brutality and its fetishization in news media, and divisive political rhetoric adds compounding layers of complexity for these individuals to responsibly manage.

African Americans and certain other ethnic groups are facing a more severe and longer lasting mental health impact during COVID-19 which is due in part, to several significant factors (and those noted above); plus the stigma of mental health, a significant degree of marginalization and discrimination, the acknowledgement of mental health and access to appropriate mental healthcare. These are top risk factors which COVID-19 adds to the challenges of poor mental health outcomes for African Americans in the long term.
Dr. Colette Marie Sims was a remarkable woman with a wonderful heart of passion and compassion. She was a passionate advocate for the health and well-being of African Americans, women and all people in underserved communities. She had compassion for the working class, struggling daily to provide healthcare and necessities for their families and loved ones.

I met Colette through the Coalition for African American Health and Wellness, a grassroots 501c3 organization that was founded by the Pima County Health Department in 1997 to address the reasons why African Americans were not using the services of the Health Department and to increase participation.

I especially remember Colette’s infectious smile and her effervescent personality! She was one of the best event organizers I have ever met. It always amazed me how she was able to bring huge numbers of University of Arizona students to the Coalition’s Workshops to participate in the “Take Your Love One to the Doctor Day”, a health fair that was held on the third Saturday in September. Take Your Love One to the Doctor was a national initiative to encourage all African Americans to go to the doctor and take a love one for their annual checkup.

Colette fondly called the University students “University Scholars” instead of referring to them as students. She called them ‘Scholars’ because she expected them to be their very best.

Colette worked for the University of Arizona in the Department of Family and Community Medicine. She was an avid believer that research should be community based and participatory. Those were her famous words “community based participatory research”.

Colette’s life and mission was devoted to helping others. She spent her life serving the people of Tucson as an advocate for change, activist for health care disparities and anthropologist.

She received the Harriet Tubman Vanguard Award and other awards for her contributions as a Community Health Activist. We will always remember Colette and all she did to make Tucson and Southern Arizona a better place to live.

Teena Cross’s job had her traveling to nine different skilled nursing facilities doing case management work. Edith Batiste was part of a bubble of neighbors, that included 4 adults and 5 children. One of the adults broke the bubble to get a haircut. All but 2 children tested positive after they were alerted that someone broke protocol.

What warned them that they might be infected with the virus? It’s amazing the record keeping both had on paper and in the memory of the ladies I interviewed. Teena had general malaise, weakness and felt ill, had a temperature and noticed it was not better after taking medicine. She did not lose smell or taste.

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Next Steps? Teena was seen at the Banner COVID Clinic, where her lungs were clear and her oxygenation was good. The clinic allowed her to go home and kept monitoring her, including giving her specific instructions of what to do. Edith went to urgent care with shortness of breath and after taking her oxygen levels, she was transported to St. Mary’s Hospital where she spent the next 10 days in the COVID Unit.

Both of the ladies had a long road back to gaining their strength and will not know for a while if they will endure long term effects.

They attribute their success to not only the essential workers but to the church and sorority families that supported their basic needs, i.e. prayers and food. Dogs and grandchildren helped to keep their focus on themselves to stay on the road to recovery.
The COVID-19 pandemic has changed our normal life of meetings, greeting, church services, doctors’ appointments, and outreach education. We have moved from in-person meetings to virtual communication for all our gatherings. We must embrace these changes not only because of the unprecedented times we face but to connect, inspire, engage, and empower our community to activate and stay cognizant of the important events taking place.

The Sarver Heart Community Minority Outreach Program (CCHHE) provided basic Zoom classes to the committee and the community to assist in easing the challenges of virtual communications in the community. We recognize, encourage and support everyone to have safe access to important health information. We are inspired to see the creativity and innovation from our community groups engaging in virtual communications.
CCHHE members continue their Commitment to our community despite the Covid-19 challenges. By Katie Maass

COVID-19 has challenged everything and everyone during 2020, including how the University of Arizona Sarver Heart Center interacts with the community. However, Wanda F. Moore and Cheryl Alli, members of the Sarver Heart Minority Outreach program (CCHHE), both with seemingly endless energy to confront challenges, and maintain their commitment to community service during these times are not at a standstill due to COVID.

Each supports the Sarver Heart Center’s mission in many ways. Wanda Moore gives to Sarver Heart Center in every way possible – through her time, talents and treasures; plus, she connects Sarver Heart Center with numerous community partners. Wanda, as co-chair of the Women’s Heart Health Education Committee and chair of the Minority Outreach Program, utilizes her time in her home office, staying connected with the Sarver Heart Center, community partners, committee members, planning and writing grants for funds to support the outreach program, investigative research for the 2020-2021 year and providing educational awareness of the impact of COVID to this population.

Cheryl is equally as dedicated to the Sarver Heart Minority Outreach program, giving of her time, talents and treasures. She is utilizing her time during COVID in the community as the CEO of the Rising Star Baptist Church Bright Star Program assisting those families in need. The Bright Star program provided over 9,000 backpacks for kids and 24 tons of food to over 950 households.

Both Wanda and Cheryl have sincere commitments to the Sarver Heart Community Outreach program sharing a “Gift from the Heart” of giving back to their community with much success.