**Resolution HHH-21-19** 

#### A RESOLUTION ON SOCIAL DETERMINANTS OF HEALTH: THE DISPARATE IMPACT OF COVID-19 ON AFRICAN AMERICAN COMMUNITIES AND OTHER COMMUNITIES OF COLOR

WHEREAS, for as long as African Americans have been in the United States, they have suffered disproportionately from Chronic Diseases, Infectious and Immunological Diseases, Intended and Unintended Injuries, and Reproductive Health conditions;

WHEREAS, according to the U.S. Department of Health and Human Services, <u>Office of Minority</u> <u>Health</u>, even though African American adults are 40 percent more likely to have high blood pressure, they are less likely than their non-Hispanic white counterparts to have their blood pressure under control;

WHEREAS, <u>African Americans were 20 percent</u> more likely to die from heart disease than non-Hispanic whites and African-American women are 60 percent more likely to have high blood pressure;

WHEREAS, African Americans have a 50 percent higher rate of Hypertension;

WHEREAS, <u>African Americans have a 20 percent</u> rate of Asthma and an 80 percent higher mortality rate;

WHEREAS, <u>African Americans have a 60 percent</u> higher rate of Diabetes and a 110 percent higher death rate;

WHEREAS, African Americans have a 130 percent rate of Overweight and Obese;

WHEREAS, according to the <u>New England Journal of Medicine (NEJM)</u>, when the first case of the COVID-19 pandemic entered the United States on January 20, 2020, African-Americans were not more susceptible to contracting the virus than other demographic groups;

WHEREAS, African Americans are more likely to live in multi-generational households, making it impossible for older family members with co-morbid conditions to isolate from others socially;

WHEREAS, according to the US Centers for Disease Control and Prevention (CDC) hospitalization rates are 4.4 time higher for Latinos than whites;

WHEREAS, according to the CDC, Black and Latinos Americans comprise nearly 55% of coronavirus cases, nearly double the level that these communities make-up in the overall US population;

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WHEREAS, the CDC has also shown that 3.5 times more American Indians and Alaska Natives were infected with Covid-19 than whites;

WHEREAS, when Governors began shutting down their states to prevent the spread of the virus, many African Americans were unable to "stay home" because they were considered "essential workers" and efforts were required to help feed, care for, and support various communities throughout this country;

WHEREAS, being classified as an "essential worker" caused an increasing in members of communities of color to be exposed to the virus;

WHEREAS, according to the <u>Centers for Disease Control and Prevention (CDC)</u>, because African Americans have disproportionately higher medical conditions, incidences, and mortality rates due to Hypertension, Heart Disease, Diabetes, Cancer, Chronic Obstructive Lung Disease (COPD), Obesity, and many other social determinants of health, they were impacted by COVID-19 at a higher rate than other groups;

WHEREAS, the <u>Centers for Disease Control and Prevention</u> report shows that African Americans have a 2.6 times higher case, 4.7 times higher hospitalization, and 2.1 times higher COVID-19 death rate than non-Hispanic White persons;

WHEREAS, according to the <u>American Medical Association (AMA)</u>, the role of vital public health resources and infrastructure in a particular zip codes had a severe impact on the COVID-19 incidences and death rate experienced by African-Americans, play a substantial role;

WHEREAS, according to <u>RxAccord.com</u>, many African American zip codes suffer from Food Deserts, Primary Care Physician Deserts, Hospital Deserts, Pharmacy Deserts, Financial Services Deserts, and Activity Deserts, and other resources that make up a healthy community;

WHEREAS, the disparate supply of these resources directly impacts the quality of health in these communities, and thus, adversely impact African Americans who reside in these zip codes;

WHEREAS, the co-morbid health conditions that lead to the COVID-19 health disparities experienced in largely African American zip codes can be addressed by both changing behaviors and the allocation of appropriate health resources;

WHEREAS, the National Black Caucus of State Legislators (NBCSL) ratified <u>RESOLUTION HHS-20-54</u> that strove to find resources necessary to inform our legislators of an inventory of grocery stores, hospitals, places of worship, educational resources, and various financial service organizations initially to compare neighborhoods, even before the first case of COVID-19; and

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WHEREAS, NBCSL believes that adequate resources are required in every community to reduce chronic disease risk and to improve health outcomes.

BE IT THEREFORE RESOLVED, that the National Black Caucus of State Legislators (NBCSL) will expand our work with its partners to identify the social determinants of health by zip code for Chronic Diseases, Infectious and Immunological Diseases, Intended and Unintended Injuries, and Reproductive Health conditions;

BE IT FURTHER RESOLVED, that the NBCSL will work with our fellow legislators, all units of government, and various partners to identify and inform our legislators of how various zip codes are adversely impacted by social determinants of health;

BE IT FURTHER RESOLVED, that the NBCSL will work with our partners to identify and address the social determinants of health that caused African Americans to experience disproportionately higher rates of COVID-19, including but not limited to poverty, racism, availability of resources to meet daily needs, access to educational, economic, and job opportunities, access to health care services, availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities, transportation options, and other social restrictions;

BE IT FURTHER RESOLVED, that the NBCSL will encourage partnerships between faith, public, private, and non-profit sector organizations to identify and address Food Deserts, Primary Care Physician Deserts, Hospital Deserts, Pharmacy Deserts, Financial Services Deserts, and Activity Deserts in United States zip codes;

BE IT FURTHER RESOLVED, that the NBCSL will explore how programs, practices, and policies in these areas affect the health of individuals, families, and communities, establish common goals, complementary roles, and ongoing constructive relationships between the health sector and these areas, and maximize opportunities for collaboration among federal, state, and local government partners related to social determinants of health;

BE IT FURTHER RESOLVED, that the NBCSL encourages our legislators, all levels of government, other partners to inventory grocery stores, hospitals, pharmacies, educational resources, and various financial service organizations to compare neighborhoods;

BE IT FURTHER RESOLVED, that the NBCSL will continually reassess and help members, policymakers, governmental agencies, and the private sector identify areas that lack healthy resources;

BE IT FURTHER RESOLVED, that the NBCSL will work with communities to identify incentives like Opportunity Zones and others to encourage investment and resource allocation in communities that have negative outcomes; and

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BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials and agencies as appropriate.

SPONSOR: Representative Laura Hall (AL) Committee of Jurisdiction: Health and Human Services Policy Committee Certified by Committee Co-Chairs: Representative David J. Mack, III (SC) and Senator Marilyn Moore (CT) Ratified in Plenary Session: Ratification Date is December 3, 2020 Ratification is certified by: Representative Gilda Cobb-Hunter (SC), President