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From the Messenger:

Collectively as a nation, we are dealing with troubling and uncertain times as we struggle to find answers and solutions to three cataclysmic social disasters: COVID-19, racial injustice, and social unrest. These three disasters have contributed to tremendous political and social divisions across state lines, amongst community members, and even within the family unit. They have brought out our underlying distrust of public institutions and social programs. Within these

polarizing times, we do not trust the media, the politicians, or the police. Due to COVID-19, we are unsure if we should trust state leadership (Executive and Legislative Branches), our local health departments or our local school system. This distrust has also made transparent the hate

that still thrives in these United States. It has brought to the forefront the lack of understanding and humanity we have for the struggles of our brothers and sisters of color. How do we begin to heal a nation with such deep and infectious wounds? How do we reconcile the history of racism? How does that occur when there are some in power that consider the necessary conversation of reconciliation as “critical race theory” and divisive and contentious? How can those of us looking to liberate the institutions of our society that still support the legacy of slavery and Jim Crow, move the conversation forward in such contentious times? How do we continue the fight to dismantle the systematic oppression and depression of black and brown people? How do we profoundly move to equal justice and treatment for all? I believe the answer to these perplexing questions is threefold. As a united nation, we must develop a consciousness of race as a social construct. We must also acknowledge the role race has played in our history. Finally, we must commit to deconstruct all systems that inherently disadvantage minority populations. We will take a deeper look into each of these answers in upcoming issues so stay tuned for what I know will be an informative journey.

Did You Know?



Twelve-year-old Marley Dias made headlines last year when she put out a call to collect #1000BlackGirlBooks, books that featured black girl characters. She was tired of reading books that did not have characters that looked like her. She collected more than 8,000 books and has become an editor-at-large at Elle.com. where she is called Marley Mag. She signed a book deal with Scholastic Books to publish a social justice handbook to youth ages 10 and up. She is #BlackGirlMagic personified.

“The time is always right to do what is right.”

-Martin Luther King, Jr.

According to the CDC chart below, minority groups are experiencing the worst possible outcomes during COVID-19. The Social Determinants of Health framework provides an explanation for these poor outcomes. Social determinants refer to the environments in which people are born and live as well as where we are educated, socialize and work. The above inequities show a culmination of over 400 years of factors that have contributed to unequal access and distribution of resources, money, and power for people of color. These inequities directly impact minority populations access to health care and is related to poor social policies, economics, and politics. It is unfortunate that many systems meant to provide for the well-being of all people have discriminatory policies and practices which predispose black and brown people to disparate outcomes. Inequities in education, access to quality healthcare, criminal justice and economic opportunities are all contributing to the unequal impact of COVID-19 among minority populations-. People of color are most likely to be uninsured, most likely to have low wage jobs, most likely to be working in service industries, most likely not to have the advantage of working from home, and most likely not to have housing within the social distancing guidelines. What can we do? Communities must strive to build the necessary infrastructure to assure their social determinants of health allow for equal access to healthcare, mental/behavioral health services, pharmacies, grocery stores, and better opportunities for a strong community support structure. There must be a strong effort to increase access to the resources that will facilitate healthier lifestyles, more stable mental health and adequate employment opportunities, educational equity and stable and affordable housing. This can be accomplished through public policies that support the community infrastructure. Political leadership requires an investment in the community structure through banks, service organizations, grocery stores, and people. The best way to accomplish this is to elect those leaders who are courageous enough to advocate, fund, and build positive social and physical health for all communities.

| Rate ratios compared to White, Non-Hispanic Persons | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
|---|--|-----------------------------|---|----------------------------|
| CASES ¹ | 2.8x higher | 1.1x higher | 2.6x higher | 2.8x higher |
| HOSPITALIZATION ² | 5.3x higher | 1.3x higher | 4.7x higher | 4.6x higher |
| DEATH ³ | 1.4x higher | No Increase | 2.1x higher | 1.1x higher |

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

Guest Opinion

We Need Racial Bias and Anti-Racism Trainings



Rebecca L. Fix, PhD

The history of structural racism in the United States is long and multifaceted – it spans all of our history. Through racial discrimination in education, employment, earnings, benefits, credit, media, health care, and criminal justice, structural racism ultimately impacts the beliefs and values of all members of society.⁽¹⁾ Structural racism also contributes to racial inequities in mental health, physical health, and mortality.⁽²⁻⁵⁾ Accordingly, structural racism is garnering greater national attention and is now recognized as a public health crisis by professional organizations including the American Medical Association, the American Public Health Association, and the American Psychological Association.

In part, structural racism proliferates through individual acts of racial discrimination, which are rooted in our implicit racial biases. Data suggest implicit bias trainings have significant and meaningful impacts on attitudes, knowledge, and empathy for people from different racial backgrounds.^(6,7) For example, I conducted an empirical evaluation of Pastor Palmer's Implicit Bias training, and observed noteworthy improvements for

professionals in justice and non-justice settings alike.⁽⁷⁾

Research also suggests that by reducing or changing our implicit racial biases, we can change our behavior.⁽⁸⁾ Accordingly, long-term intervention including trainings focused on understanding implicit bias and learning skills to reduce levels and effects of implicit bias are needed.

Given the serious and sometimes lethal effects of structural racism on the public, trainings and research designed to understand and improve interventions reducing bias are needed. The recently signed Executive Order 13950 will hamper progress in this work. Briefly, this directive will seriously restrict federal “diversity trainings” including those addressing implicit bias and structural racism. In addition to limiting targeted trainings that name and address how to change systems that support privilege and oppression, the executive order could have adverse public health consequences.

The data are clear. Structural racism has dire consequences, particularly for non-white communities. Research demonstrates promising trainings/interventions have been developed that could meaningfully contribute to more equitable systems-level care. We must advocate against Executive Order 13950 and for continued trainings and research on implicit bias and structural racism. This line of work can be a matter of life or death.

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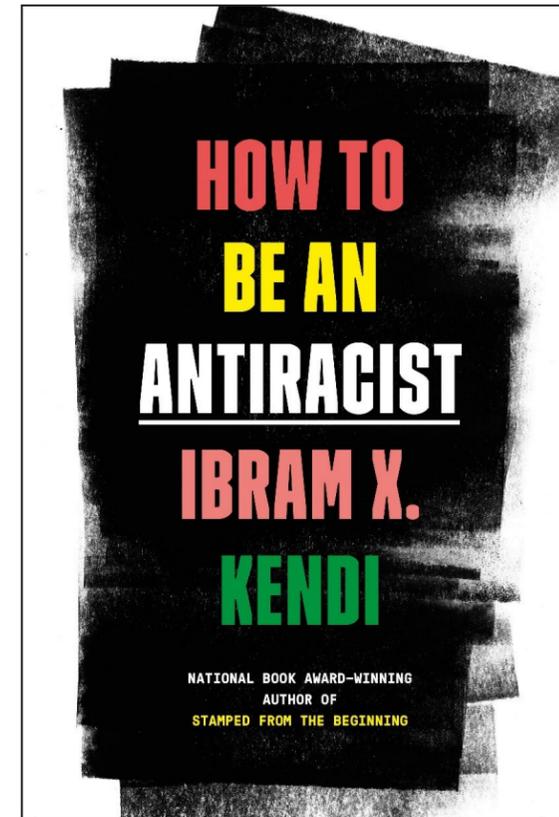
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THE MESSENGER™
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Book Club Corner



I encourage you to pick up a copy of “How To Be An Antiracist” by Ibram X. Kendi. This book takes on the challenging conversation of how to re-energize and re-orient the conversation around racism. The author states, “The only way to undo racism is to consistently identify and describe it and then dismantle it.” Within the pages of the book, racism is not only defined, but the author goes a step further and discusses one’s own complicity in the racism construct as well as the impact of racist ideas on people of color. Ibram defines racist, as one who is supporting a racist policy through their actions or inaction or expressing a racist idea. Racist ideas affect people of color in different ways than it affects whites. Ibram then goes on to define an antiracist as one who supports an antiracist policy through their actions or by expressing antiracist ideas. For those attempting to engage in conversations around institutional racism, these definitions go directly to the point of how policy influences ideas, and eventually the actions of those operating our systems. The dismantling of systemic structures, saturated with policies and norms that disadvantage minority populations, will require that we identify those nuances of systems that facilitate disparate outcomes for black and brown people in contrast to whites. Ibram does an amazing job walking us through this conversation and I encourage you to take the journey with me through Ibram’s book on “How to Be an Antiracist.”

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