

2022 REPORT



**Florida Council on the Social Status
of Black Men & Boys**

Acknowledgments

The Florida Council on the Social Status of Black Men and Boys would like to acknowledge Attorney General Ashley Moody and her office for administering our program. Thank you for your exceptional staff support with the development and production of the annual report.

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Message from the Chairman of The Florida Council on the Social Status of Black Men and Boys

On behalf of The Florida Council on the Social Status of Black Men and Boys (FCSSBMB), it is with tremendous pride that I present this year's annual report to Governor Ron DeSantis, Speaker of the House Chris Sprowls, Senate President Wilton Simpson, Attorney General Ashley Moody, members of the Florida State Legislature, state agency heads, community advocates and the citizens of the State of Florida.

At the end of 2021, the Council began strategizing a mentoring initiative that would bind existing mentorship organizations and programs throughout the state. The creation of this network is to focus on providing guidance, direction, opportunity, and exposure to Black males of all ages in order to elevate those mired in statistically low performing categories. This year we created the Mentors of Male African Americans Network! (M.M.A.A.N. Up!) to address this concern through an attainable coalition of like-minded organizations. After the establishment of M.M.A.A.N. Up!, the Council was delighted to learn Governor Ron DeSantis, Speaker of the House Chris Sprowls, and members of the Florida Legislature passed HB 7065, to address the fatherhood crisis. This groundbreaking funding initiative to help aid and create mentorship programs, support nonprofit organizations for parental education, at the Florida Department of Juvenile Justice (DJJ) and the Florida Department of Children and Families (DCF) was timely. These two initiatives will strengthen fathers across the state by enhancing their ability to manage obligations as engaged role models and create a platform for development. This is crucial in reversing adverse outcomes for African American males. The absence of fathers in the lives of young Black males has been identified as a precursor to behavioral problems, academic underachievement, and premature dropout.

For the first time since the creation of the Council in 2006, state legislative members passed our request for an increase in appropriations to hire a long-coveted research coordinator and executive director. The Honorable Governor Ron DeSantis approved of this funding, and it will serve as an investment to secure the Council, as it is constituted, and to fulfill its promise to provide research driven data to change the disparate impact affecting Black men and boys in our state. The funding has enabled the Council to fundamentally change stated goals, operations, and execute a different approach involving in-depth investigative research applications. We, the Council, will explore critical research methodologies to evaluate comprehensive data and recommend changes aimed at finding the solution to targeted problems through alliances with our state and national partners.

This year's annual report continues to explore the ongoing ramifications of COVID-19 and its impact on black males. The Council remained steadfast by sending public service announcements (PSA) to encourage the community to get COVID-19 vaccines to help protect against severe disease and death. The new year will launch our new interactive website which will feature an online presence unprecedented in our history. The website will present announcements, updates, collaborations, and serve as a research tool to extract relevant research.

However, I would be remised if I did not thank the following for their concerted efforts to help change the fortunes of the FCSSBMB like Representative James Bush, Representative Dana Trabulsy, Representative Chris Sprowls, Senator Dennis Baxley, Senator Perry Thurston, Senator Bobby Powell Jr., and Senator Wilton Simpson. These members of the Florida Legislature, past and present, along with members of the Florida Legislative Black Caucus, were the catalyst to propel us to our newfound standing. I want to thank General Moody and her well appointed staff, Director Howze, Bureau Chief Nuss, Assistant Attorney General Hill, Research Coordinator Caine, and Administrative Assistant Blanton for their professionalism and dedication to the Council. My deep gratitude goes out to my Executive Committee and all current and former members of the Council, including my predecessor, Dr. Regnier whose vision I continue to grow upon. Last, but not least, a warm special thank you goes to Governor Ron DeSantis for his vision and belief in the FCSSBMB. Well done Governor DeSantis.

In closing, I dedicate this report to the family of Reverend Dr. Shawn Thomas. FCSSBMB lost a great friend and former colleague early this year. We continue to send our deepest sympathies and condolences to his family, friends, and his parishioners. Please make sure to see the section In Memoriam to our beloved friend.

Sincerely,



Jerome Hill
Chairman



■ Mission

The mission of the Florida Council on the Social Status of Black Men and Boys is to research and propose measures that improve conditions affecting black men and boys.

Vision

*The Council commits to engaging, educating, equipping, and encouraging black men and boys to **SUCCESSFULLY** achieve their full potential.*

■ Our History

Inspired by the efforts in other states, Senator Frederica Wilson with the help of former Representative Frank Peterman, led the charge to create a statewide council to address socioeconomic and other factors affecting the lives of Black men and boys in Florida. In 2006, the Florida Legislature created the Florida Council on the Social Status of Black Men and Boys to be administratively housed within the Attorney General's Office. The Council is charged with proposing measures to alleviate and correct the underlying causes of the conditions affecting Black men and boys, including homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, health issues and school performance. The Council is responsible for presenting their findings, conclusions, and recommendations in an annual report.

As outlined in 16.615, F.S., the Council shall consist of 19 specific appointees. Each member of the Council is appointed up to a four – year term. The Council is required to meet quarterly with additional meetings to be held at the call of the chairperson or a majority of the Council members.

■ Enabling Legislation

FL Stat § 16.615 (2020) Council on the Social Status of Black Men and Boys.—

(1) The Council on the Social Status of Black Men and Boys is established within the Department of Legal Affairs and shall consist of 19 members appointed as follows:

- (a) Two members of the Senate who are not members of the same political party, appointed by the President of the Senate with the advice of the Minority Leader of the Senate.
- (b) Two members of the House of Representatives who are not members of the same political party, appointed by the Speaker of the House of Representatives with the advice of the Minority Leader of the House of Representatives.
- (c) The Secretary of Children and Families or his or her designee.
- (d) The director of the Mental Health Program Office within the Department of Children and Families or his or her designee.
- (e) The State Surgeon General or his or her designee.
- (f) The Commissioner of Education or his or her designee.
- (g) The Secretary of Corrections or his or her designee.
- (h) The Attorney General or his or her designee.
- (i) The Secretary of Management Services or his or her designee.
- (j) The Secretary of Economic Opportunity or his or her designee.
- (k) A businessperson who is an African American, as defined in s. 760.80(2)(a), appointed by the Governor.
- (l) Two persons appointed by the President of the Senate who are not members of the Legislature or employed by state government. One of the appointees must be a clinical psychologist.
- (m) Two persons appointed by the Speaker of the House of Representatives who are not members of the Legislature or employed by state government. One of the appointees must be an African studies professional.
- (n) The deputy secretary for Medicaid in the Agency for Health Care Administration or his or her designee.
- (o) The Secretary of Juvenile Justice or his or her designee.

(2) Each member of the council shall be appointed to a 4-year term; however, for the purpose of providing staggered terms, of the initial appointments, 9 members shall be appointed to 2-year terms and 10 members shall be appointed to 4-year terms. A member of the council may be removed at any time by the member's appointing authority who shall fill the vacancy on the council.

- (3)
 - (a) At the first meeting of the council each year, the members shall elect a chair and a vice chair.
 - (b) A vacancy in the office of chair or vice chair shall be filled by vote of the remaining members.
- (4)
 - (a) The council shall make a systematic study of the conditions affecting Black men and boys, including, but not limited to, homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, school performance in all grade levels including postsecondary levels, and health issues.
 - (b) The council shall propose measures to alleviate and correct the underlying causes of the conditions described in paragraph (a). These measures may consist of changes to the law or systematic changes that can be implemented without legislative action.
 - (c) The council may study other topics suggested by the Legislature or as directed by the chair of the council.
 - (d) The council shall receive suggestions or comments pertinent to the applicable issues

from members of the Legislature, governmental agencies, public and private organizations, and private citizens.

(e) The council shall develop a strategic program and funding initiative to establish local Councils on the Social Status of Black Men and Boys.

(5) The council may:

(a) Access data held by any state departments or agencies, which data is otherwise a public record.

(b) Make requests directly to the Joint Legislative Auditing Committee for assistance with research and monitoring of outcomes by the Office of Program Policy Analysis and Government Accountability.

(c) Request, through council members who are also legislators, research assistance from the Office of Economic and Demographic Research within the Florida Legislature.

(d) Request information and assistance from the state or any political subdivision, municipal corporation, public officer, or governmental department thereof.

(e) Apply for and accept funds, grants, gifts, and services from the state, the Federal Government or any of its agencies, or any other public or private source for the purpose of defraying clerical and administrative costs as may be necessary for carrying out its duties under this section.

(f) Work directly with, or request information and assistance on issues pertaining to education from, Florida's historically Black colleges and universities.

(6) The Office of the Attorney General shall provide staff and administrative support to the council.

(7) The council shall meet quarterly and at other times at the call of the chair or as determined by a majority of council members and approved by the Attorney General.

(8) Eleven of the members of the council constitute a quorum, and an affirmative vote of a majority of the members present is required for final action.

(9) The council shall issue its annual report by December 15 each year, stating the findings, conclusions, and recommendations of the council. The council shall submit the report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairpersons of the standing committees of jurisdiction in each chamber.

(10) Members of the council shall serve without compensation. Members are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061. State officers and employees shall be reimbursed from the budget of the agency through which they serve. Other members may be reimbursed by the Department of Legal Affairs.

(11) The council and any subcommittees it forms are subject to the provisions of chapter 119, related to public records, and the provisions of chapter 286, related to public meetings.

(12) Each member of the council who is not otherwise required to file a financial disclosure statement pursuant to s. 8, Art. II of the State Constitution or s. 112.3144, must file a disclosure of financial interests pursuant to s. 112.3145.

History.—s. 1, ch. 2006-123; s. 2, ch. 2008-6; s. 1, ch. 2008-130; s. 39, ch. 2011-142; s. 3, ch. 2014-19; s. 1, ch. 2019-3; s. 18, ch. 2019-4; s. 17, ch. 2021-25.

Assessing the Effects of COVID-19 on Black Men and Boys Utilizing the Social Determinants of Health



PURPOSE OF STUDY

There are over 640 million confirmed cases of COVID-19 globally, including 6.6 million people who have succumbed to the virus.¹ Since the onset of the COVID-19 pandemic, countless individuals and families have encountered unimaginable tragedy and hardships. Research confirms that many have been left at a severe disadvantage physically, mentally, emotionally, and financially. In the United States (U.S.) alone, the virus has claimed over 1.09 million lives.² Moreover, the COVID-19 virus is on track to be the third leading cause of death for the third consecutive year; only to be surpassed by heart disease and cancer.³

While the impact of this pandemic is still widely felt cross-country, the outcomes are most devastating for the socially vulnerable and proportionately higher minority populations. Research confirms that the COVID-19 virus has had a disproportionate impact on Black Americans. While other minorities are affected, this report examines the impact of the COVID-19 virus on Black males in the U.S with a primary focus on those in Florida.

It also identifies a useful framework, known as the social determinants of health model, to explain underlying conditions that cause the virus to affect core areas of life, including socioeconomic status, access to quality education, access to health care, and exposure to the virus related to occupation.

Lastly, for the State's consideration, we propose recommendations for practice and policy intervention to address the levels of virus transmission, alleviate negative outcomes and reduce the COVID-19 mortality rates of Black males.

THE PLIGHT OF BLACK MALES

In the U.S., Blacks are more likely to contract the virus than whites, more likely to be hospitalized and three times as likely to die should they contract the virus.⁴ Additionally, Blacks account for 17 percent of the U.S. population in

¹ World Health Organization. Who Coronavirus Dashboard. <https://covid19.who.int/>.

² John Hopkins University. Coronavirus Resource Center. U.S. Deaths. <https://coronavirus.jhu.edu/>.

³ Centers for Disease Control and Prevention. COVID-19 Was Third Leading Cause of Death in U.S. <https://www.cdc.gov/media/releases/2022/s0422-third-leading-cause.html>.

⁴ Perry, Andre M. et al. October 11, 2021. "Amid the pandemic, Black American Public Lab.

areas that released COVID-19 mortality data, but account for 25 percent of the deaths. In contrast, Whites represent 80 percent of the population, with a 50 percent death rate where race and ethnicity are known.⁵ When compared to other minorities, Blacks are still twice as likely to perish from the virus than Asian and Latinos. Researchers and physicians from the Mid-Atlantic Permanente Research Institute (MAPRI) and the Mid-Atlantic Permanente Medical Group predicted these disparities also existed in the early months the pandemic and were more likely to negatively impact Black and Hispanic men.⁶

When examining COVID-19 data by state, Florida is among those in the lead. Subsequent only to California and Texas, the state of Florida is the third leading state in COVID-19 cases and deaths reported by the Centers for Disease Control and Prevention.⁷ The fate of Blacks in Florida has mirrored that of the disproportionate rates at the national level. This year, there were 717,071 COVID-19 cases for Blacks and 681,566 for Whites. COVID-19 death cases for Blacks were at 4,736, while the number for Whites stood at 6,830. Blacks in Florida account for 16 percent of the population but account for 25 percent of all COVID-19 cases and 27 percent of COVID-19 related deaths. In contrast, Whites account for 72 percent of the population, but account for 24 percent of all COVID-19 cases and 39 percent.⁸

Table 1: COVID-19 Florida Resident Cases Per 100,000 Persons
Jan 1, 2022 - Dec 1, 2022

Race	Cases	Deaths
BLACKS	717,071	4,736
WHITES	681,566	6830

Source: Florida Department of Health. COVID-19 Florida resident cases per 100,000 persons from Jan 1, 2022 - Dec 1, 2022

Black males are unduly at a disadvantage when examining the data and outcomes. They experience COVID-19 death at higher rates and are more likely to be hospitalized due to the COVID-19 virus. Additionally, they are more likely than their female counterparts to die from the virus. Rates of preexisting conditions, such as hypertension, obesity and diabetes intensify disparities in mortality by class, race, and gender. Black males are at a significant disadvantage to be affected by the COVID-19 virus by their mere existence. The pandemic shed light on the discrimination and gendered forms of structural racism as the root causes of racial health inequalities that exist. These experiences have had a negative an impact on men's health, mental health, economic and social well-being.⁹

SOCIAL DETERMINANTS OF HEALTH

Utilizing the U.S. Department of Health's social determinants of health model, we investigate the extent to which the disproportionate increase in COVID-19 cases and deaths for black males can account for the plight of black males.

⁵ Florida Department of Health. COVID-19 Florida resident cases per 100,000 persons from Jan 1, 2022 - Dec 1, 2022.

United States Census Bureau. Quick Facts Florida. <https://www.census.gov/quickfacts/FL>.

⁶ Mid-Atlantic Permanente Medical Group.(2022). Black and Hispanic men saw worse COVID-19 outcomes, study shows. Medical Press. <https://medicalxpress.com/news/2022-11-black-hispanic-men-worse-covid-.html>.

⁷ Centers for Disease Control and Prevention.

⁸ Ibid.

⁹ Robeznieks, A. (Aug 4, 2021). What lies behind the pandemic's inequitable impact on Black men. American Medical Association. <https://www.ama-assn.org/delivering-care/population-care/what-lies-behind-pandemic-s-inequitable-impact-black-men>

Social determinants of health (SDOH) are defined as "the conditions in the contexts where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functional, and quality-of-life outcomes and hazards." They influence a person's health outcomes and quality of life. This framework is classified into five main groups: Economic Stability, Education Access and Quality, Healthcare Access and Quality, Neighborhood and Built Environment, and Social and Community Context.¹⁰



Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-healthfffs>

SDOH are an essential instrument for explaining life circumstances and people's capacity for successful living. They are fundamentally interconnected and influence our daily lives. Research indicates that SDOH account for approximately 30-55 percent of health outcomes. Health inequalities, or the unfair and preventable variations in health status are significantly influenced by SDOH. Low socioeconomic position is correlated with low health status.¹¹ This equality is not a natural phenomenon, but instead the result of "unequal distribution of power, income, goods, and services." As noted by Perry et al:

...social determinants are not natural, inevitable, or necessary and consequently neither are the health disparities they produce. We could collectively choose to change the policies, practices, and conditions that degrade people's quality of life. The failure to do so is a morally weighted choice.¹²

Economic Stability

While Blacks have made considerable social and economic progress, there is still much to be done. Behind the veil of progress hides the deep-rooted inequalities and disparities that impedes all from achieving the American Dream. Blacks experience far worse economic conditions than any other demographic group within the population. They are also more likely to experience homelessness, housing insecurity, poverty, and unemployment.¹³

¹⁰ Healthy People 2030. Social Determinants of Health <https://health.gov/healthypeople/priority-areas/social-determinants-health>

¹¹ World Health Organization. Social determinants of health.

¹² Perry, Andre M. et al. (2021). Amid the pandemic, Black and Latino men have experienced the largest drop in life expectancy. <https://www.brookings.edu/blog/how-we-rise/2022/02/18/the-pandemic-showed-why-social-and-structural-determinants-of-health-matter-now-its-time-for-policymakers-to-act/>

¹³ U.S. Interagency Council on Homelessness. Homeless Statistics by State.

On any given night, more than 500,000 Americans are sleeping on the streets.¹⁴ Research indicates that the four major contributing factors to homelessness are: lack of affordable housing, unemployment, poverty, and poor salaries.¹⁵ During the COVID-19 pandemic, Florida saw an increase in the number of homeless. With more than 27,000 homeless individuals living in Florida, it is ranked the third highest state in homelessness and only preceded by California and New York.¹⁶ Currently, Blacks comprise over 40 percent of those who are homeless in Florida and 52 percent of those homeless with children; though account for only 16 percent of the total population.¹⁷ Homelessness makes it virtually impossible to stay at home while sick with COVID-19. The homeless generally live in close quarters with others, have compromised immune systems, making it virtual impossible to make health a priority and not come into contact with the COVID-19 virus.¹⁸

In the U.S., Blacks are two times more likely than whites to live in poverty and be unemployed.¹⁹ Older and disabled Black males endure even higher rates of unemployment and a lack of economic opportunities. Research indicates that Black males have seen longer periods of unemployment than White males and have the slowest income increase of any demographic group in recent years.²⁰ In 2021, Black males experienced an average unemployment rate of 20.1 weeks, compared to 16.6 for white males. During the first quarter of 2022, the nation saw an unemployment rate of 3.8 percent, with a 6.5 percent rate for Blacks.²¹ Black men have not seen higher unemployment rates since the Great Depression.²² During this same period, Florida's unemployment was under the national rate at 3.3 percent; however, the rate for Blacks was at an all-time high of 5.3 percent. Yet, Black unemployment was still higher than the highest rates for White unemployment among other states, during this same period.²³ Even with such alarming rates, Florida held one of the lowest rates for Black unemployment among those states with samples large enough to analyze.

Table 2: First Quarter 2022 U.S. Unemployment Trends Among Black and White Workers by Percentage

BLACKS				WHITES			
Highest		Lowest		Highest		Lowest	
D.C.	12.5	Georgia	5.0	California	4.5	D.C.	1.7
Illinois	12.2	Florida	5.3	Maryland	4.4	Nebraska	1.7
New York	9.1	Alabama	5.4	Nevada	4.2	S. Dakota/Utah	1.9
Michigan	9.0	Maryland	5.5	Connecticut	4.1	Minnesota	2.0
Louisiana	8.2	Virginia	5.9	Hawaii, Mass, Pen	4.0		
National	6.5			National	3.0		

Source: EPI analysis of Bureau of Labor Statistics Local Area Unemployment Statistics (LAUS) and Current Population Survey (CPS) data

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ AMANDA ROSADO. The Florida Housing Coalition. Identifying and Addressing Racial Inequity in the Housing Crisis Response System Nov 2020. Housing News Network. Vol. 36 Number 3

¹⁸ Reyes, M. (2020). The Disproportional Impact of COVID-19 on African Americans. Health and Human Rights. 2020 Dec; 22(2): 299–307.

¹⁹ Olugbenga Ajilore. The Persistent Black-White Employment Gap Is Built into Labor Market Center for American Progress. September 28, 2020. Available at: <https://www.americanprogress.org/article/persistent-black-white-unemployment-gap-built-labormarket>.

²⁰ Reeves, Richard V., Ember Smith, and Ashleigh. (March 14, 2022). What should the new Commission on the Social Status of Black Boys propose? Here are 32 ideas for starters. Brookings. <https://www.brookings.edu/blog/up-front/2022/03/14/what-should-the-new-commission-on-the-social-status-of-black-men-and-boys-propose-here-are-32-ideas-for-starters/>

²¹ Moore, K. (May 2022). A strengthening labor market brings improvements for all groups, though disparities remain, Economic Policy Institute. 2022 Q1 & 2021 Q4, <https://www.epi.org/indicators/state-unemployment-race-ethnicity/>.

²² Algernon, A. et al. (2022) Assessing the First Year of Biden, in Graphs. Washing: Center for Economic and Policy Research. <https://cepr.net/report/sotu-2022/>.

²³ Moore, Kyle. (May 2022). A strengthening labor market brings improvements for all groups, though disparities remain, Economic Policy Institute. 2022 Q1 & 2021 Q4,

Table 3: First Quarter 2022: Florida Unemployment Trends by Race

Race	Percentage
All	3.3%
White	2.8%
Black	5.3%
Hispanic	3.2%
AAPI	NA

Source: EPI analysis of Bureau of Labor Statistics Local Area Unemployment Statistics (LAUS) and Current Population Survey (CPS) data

Black men are overrepresented in fields of employment that are considered low wage and do not offer paid sick leave. Research showed that Black and Hispanic men had the lowest labor force participation rate drop during the first year of the pandemic.²⁴ It further maintained that blacks are nearly twice as likely as whites to have their hours cut or be laid off due to the pandemic.²⁵ Workers who do not acquire sick leave are more likely to come to work while sick, to avoid missing pay. Sick employees who continue to work are likely to increase exposure if they are ill with COVID-19.²⁶ Employees who are required to work at in-person workplaces are also associated with higher excess mortality.²⁷ Low wage workers who are considered as essential workers such as food service, public transit, and healthcare workers are required to continue to interact with the public, despite outbreaks in their communities, which exposes them to higher risks of COVID-19 infection.²⁸ Twenty percent of employed Black and Hispanic men are service workers. The unemployed and essential workers are most vulnerable given their lower income, lack of health insurance, and differences across household structure.

A major contributing factor to the disproportionate gap in income and wealth for black men are the effects of racism. The wealth gap between black and white men can be traced back to the early 1990s.²⁹ At the beginning of the pandemic, Black men earned 75 cents for every dollar earned by white men.³⁰ Prior to this, Black households had a median income of \$45,438, compared to white household income of \$76,057.³¹ In addition, white families are more likely to acquire assets, such as stocks, high valued real estate, and family wealth. During this same period, white household wealth was nearly eight times the value of Black households. In a 2022 report issued by the Center for American Progress, the authors note,

*A long history of racial discrimination and exploitation—through over representation in the criminal justice system, unfair and firing practices, and a lack of economic opportunity and wealth building – has left too many Black men and communities impoverished and less resilient to overcoming economic health, and social disruptions.*³² -Roque et al.

The mere stress of poverty can lead to health problems, such as hypertension and diabetes which can make catching COVID-19 even more deadly. Furthermore, these events can lead to effects on mental health.³³

²⁴ Roque, L., Khattar, R. & Pathak, A. (2022) Black Men and the U.S. Economy: How the Economy Recovery Is Perpetuating Systemic Racism. Center for American Progress.

²⁵ USF-Nielsen Sunshine State COVID-19 Survey. Nielson University of South Florida 2020. <https://www.usf.edu/arts-sciences/departments/public-affairs/documents/news-items/sunshine-state-survey-report1-2019.pdf>.

²⁶ Simms, M., Fortuny, K. & Henderson, E. (2009). Racial and ethnic disparities among low-income families. Washington, D.C.: Urban Institute Publications. https://web.archive.urban.org/UploadedPDF/411936_racialandethnic.pdf.

²⁷ Ibid.

²⁸ Gaitens, J., Condon, M. Fernandes, E. et al. (2021). COVID-19 and Essential Workers: A Narrative Review of Health Outcomes and Moral Injury. Int J Environ Res Public Health. 2021 Feb; 18(4): 1446. Published online 2021 Feb 4. doi: 10.3390/ijerph18041446.

²⁹ Ibid.

³⁰ U.S. Census Bureau, "PINC-05. Work Experience-People 15 Years Old and Over, by Total Money Earnings, Age, Race, Hispanic Origin, Sex, and Disability Status: 2020," available at <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-05.html>.

³¹ Ibid.

³² Ibid.

³³ John Creamer, "Poverty Rates for Blacks and Hispanics Reached Historic Lows in 2019: Inequalities Persist Despite Decline in Poverty for All Major Race and Hispanic Origin Groups," U.S. Census Bureau, September 15, 2020, available at <https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html>.

Education Access and Quality

Since the COVID-19 pandemic began, school systems have had the unique challenge of continuing to educate our youth utilizing a distance learning approach. The impact has been traumatic and disproportionate for black students. Schools have served as a central location for students to receive other services that they so greatly need. For some students, school is the only place they can receive meals, mental-health counseling, and childcare. Research shows that one in four students was in jeopardy of hunger during the pandemic.³⁴ Additionally, students from low-income households frequently lack access to the internet, computers, and a quiet space to study at home.³⁵ Environments such as these make learning difficult and highly unlikely.

Students who entered the pandemic with the most academic challenges are likely to leave their educational career with the highest learning loss. Research that examined the 2020-2021 school year found racial disparities in learning and achievement. Black and Hispanic students were more likely to remain remote and less likely to have access to the prerequisites of learning- devices, internet access, and live contact with teachers. Moreover, the nations' high poverty schools lost a half-year of achievement during the school, almost twice the number of low-poverty schools within the same district. However, Florida, the first state to reopen its schools served an outlier in the study.³⁶

Research that analyzed the effects of distance learning on student's mental, physical and social health found widespread educational changes have been particularly detrimental to children who need special education services, are poor, or speak English as a second language.³⁷ Virtual learning has occasionally proved to be helpful for kids with attention deficit disorder and no co-morbid conditions.³⁸ For children with attention deficit disorder and no comorbidities, virtual learning has sometimes been advantageous. Pandemic adjustments are more likely to have an impact on math learning scores than they are on language arts scores. With the loss of traditional education, students have lost access to peers, scheduled activities, and school lunches.³⁹

Another analysis on perceptions of the impact on COVID-19 and systemic racism on Black education found that participants expressed a concern over the fact that schools are ill-equipped to meet the needs of black students or expectations of black parents. The results outline five key themes:

- The “disproportionate and traumatic” impact of COVID-19, racism, white supremacy and racial violence on Black families and communities,
- job insecurity and financial difficulty, and household members who are essential or frontline workers and employed in unsafe conditions,
- increased racial trauma and mental health issues for teaching and learning,
- erosion of trust in schools and institutions by the governmental and institutional response to COVID-19, police brutality, anti-Black violence and resulting uprisings, and the insurrection at the U.S. Capitol on January 6, 2021 and
- the inability of “ill-equipped schools” to respond to the needs of Black students socially, emotionally, and academically.⁴⁰

³⁴ The impact of coronavirus on food insecurity,” Feeding America, October 30, 2020, feedingamerica.org.

³⁵ Dorn, E., Hancock, B. Sarakatsannis, J. and Viruleg, E. (Dec. 2020). COVID-19 and learn loss- disparities grow and student need help. Public and Social Sector Practice. McKinsey & Company. <https://wasoaly.org/WASA/images/WASA/5.0%20Professional%20Development/4.2%20Conference%20Resources/Winter/2021/covid-19-and-learning-loss-disparities-grow-and-students-need-help-v3.pdf>.

³⁶ New Research Shows Impact of Covid & Systemic Racism on Black Students, Offers Policy Recommendations. Teachers College. Columbia University. July 2021.

Horsford, S., Cabral, L., Touloukian, C., Parks, S. et al. (2021). Black Education in the Wake of COVID-19 & Systemic Racism: Toward a Theory of Change & Action. July 2021. Black Education Research Collective. Teachers College. Columbia University.

³⁷ Hansen, D. Larden, M. (2011). School year length and student performance: quasi experimental evidence. Social Sci Res Netw Paper. 2011 doi: 10.2139/ssrn.2269846.

³⁸ Ibid.

³⁹ Hoofman, J. and Secord, E. (2021). The effects of COVID-19 on Education. *Pediatr Clin North Am.* 2021 Oct; 68(5): 1071–1079. Published online 2021 May 19. doi: 10.1016/j.pcl.2021.05.009.

⁴⁰ Ibid.

Health Access and Quality

According to the Centers for Disease Control and Prevention, the life expectancy for black men fell by three years, from 71.3 percent to 68.3 percent, between 2019 and the first half of 2020- further widening the gap between them and other racial, ethnic and gender demographic. By age 55, about 76% of Black men and women develop high blood pressure, versus 54% of white men and 40% of white women, which increases the risk of heart attacks and strokes.⁴¹ Historically, blacks have been predisposed to chronic diseases such as, heart disease, obesity, hypertension, and diabetes- underlying conditions that may make COVID-19 more lethal. Research shows that Blacks are twice as likely as whites to view COVID-19 as a threat to their health.⁴² Perhaps there has never been a pandemic that has brought these disparities so vividly into focus. Some researchers note how health problems with gendered forms of structural racism and class discrimination create chronic stress that can make people more vulnerable to chronic and infectious diseases.⁴³

Black men are more likely to face barriers to getting adequate health care. Since most people obtain health insurance via their employers, those without regular access to a main physician are more likely to have inadequate access to health. Additionally, when presented with early COVID-19 symptoms, people without health insurance are less likely to establish a relationship with a primary care physician or seek medical attention. This may result in dramatically increased medical expenses when treated, distrust of the healthcare system, or even death.⁴⁴

Black and Hispanic essential non-health care workers are four times as likely to report having no health insurance than white essential non-health care workers.⁴⁵ The absence of insurance is disturbing when considering their continued exposure to COVID-19. Many are forced to work without the proper protective equipment, further putting themselves and their families at risk.⁴⁶ It is crucial that all employees have access to quality healthcare given the pandemic's increasing demands on physical and mental health. Research on insurance rates reveals that COVID-19 cases and fatalities are strongly correlated at the county level. Thus, poor health before the pandemic is probably a factor in making individuals more susceptible to the harmful effects of the virus.⁴⁷ Additionally, not having insurance likely made the pandemic's bad effects worse. For instance, by deterring individuals from seeking care until their health necessitated hospitalization. Blacks are almost twice as likely than whites to require a hospital stay, due to COVID-19.⁴⁸

Men may exhibit behaviors that contribute to the spread of the COVID-19 virus, according to research.⁴⁹ Men are less likely than women to wash their hands, avoid social situations, wear masks, or efficiently and aggressively seek medical attention. It is crucial to think about how men's responses to COVID-19 are impacted by their tendency to hide their fears because many men have been taught to do so.⁵⁰

Neighborhood and Build Environment & Social and Community Context

During the COVID-19 pandemic, interpersonal violence saw a major increase in the United States. Much of this violence took place in neighborhoods where disparities are present and social and structural conditions perpetuate its existence. Although a complete picture is difficult to grasp due to changes in reporting

⁴¹ Thomas, S., T. Justin, J. Boothill, L. Xuelin, & N. Allen, et al. (2018). Cumulative Incidence of Hypertension by 55 Years of Age in Blacks and Whites: The CARDIA Study. *Journal of American Heart Association*. Jul 11;7(14):e007988. doi: 10.1161/JAHA.117.007988.

⁴² Chatter, L., Taylor, H., Taylor, R. & et al. (2020). Older Black Americans During COVID-19: Race and Age Double Jeopardy. *SOPHE*. (47) 6. <https://doi.org/10.1177/1090198120965513>.

⁴³ Haynard, M., Miles, T. & Crimmins, E. (2000). The Significance of Socioeconomic Status in Explaining the Racial Gap in Chronic Health Conditions. *American Sociological Review*. Vol. 65, No. 6 (Dec. 2000), pp. 910-930. <https://doi.org/10.2307/2657519>.

⁴⁴ Grooms, J. et al. (2020). The COVID-19 public health and economic crises leave vulnerable populations exposed. *Brookings*. Aug 13, <https://www.brookings.edu/blog/up-front/2020/08/13/the-covid-19-public-health-and-economic-crises-leave-vulnerable-populations-exposed/>.

⁴⁵ Ibid.

⁴⁶ Shortage of personal protective equipment endangering health workers worldwide. (2020). *World Health Organization*. <https://www.who.int/news/item/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>.

⁴⁷ Ibid.

⁴⁸ Renelus, B., Neil C. Khoury, N., & Chandrasekaran, K. (2020). Racial Disparities in COVID-19 Hospitalization and In-hospital Mortality at the Height of the New York City Pandemic. *J Racial Ethn Health Disparities*. 8(5): 1161–1167. doi: 10.1007/s40615-020-00872-x.

⁴⁹ Cornish, E.K., Griffith, D.M., Bergner, E.M., & Bruce, M.A. (2017). Using qualitative tools to develop messages to motivate African American men to engage in healthier behavior. *SAGE Research Methods Cases in Health*.

⁵⁰ Ibid.

methodology, the national rate for violent crime appears to be on the decline. In Florida, violent crime dropped 4.3 percent from the previous year. This could be attributed to quarantine regulations, which required individuals to remain inside their homes to avoid exposure or maintain prevention of the COVID-19 virus.

Neighborhoods that are predominately black are often subjected to poor and unsafe living conditions, such as exposure to environmental pollution, greater rates of incarceration and increased rates of violence.⁵¹ Research examined the associations between neighborhood racial and economic segregation and violence during the COVID-19 pandemic. It was determined that marginalized communities endure endemically high levels of violence. The pandemic intensified disparities in several forms of violence.⁵² Additional studies found that disadvantage in a neighborhood's mobility network had greater impact than its residents' socioeconomic characteristics.⁵³ These issues often come with other inequitable treatment and can lead to an increase in other health related issues.

Research indicates that blacks living in poor neighborhoods are often segregated and are far away from grocery stores, hospitals, and other industries of necessity.⁵⁴ These neighborhoods are often highly populated, making it extremely difficult to decrease potential exposure and prevention of the spread of the COVID-19 virus. These social and economic inequalities are what some researchers call "toxic inequality." It is further denoted that regardless of income or poverty level, Blacks are likely to live in neighborhoods riddled with these social and economic inequalities.⁵⁵ Additionally, the pandemic only worsened the lack of accountability for this continued discrimination and violence that blacks often face.⁵⁶

Blacks are being incarcerated in state prisons at five times the rate of their white counterparts.⁵⁷ Although limited data is available, like the homeless, they too are housed in close spaces, making it virtual impossible to stop the spread of COVID-19. Research examined the cognitive ideological factors known to create and maintain racial biases in the criminal system. Results indicated that participants were less in favor of the early release of Black convicts who had committed stereotypically Black crimes than White prisoners. As anticipated, for White prisoners, no correlation existed between crime, stereotypical behavior, and skin color.⁵⁸

The COVID-19 pandemic has altered relationships and the way in which humans interact. There are four key relational mechanisms that were impacted by the pandemic and associated restriction: social networks, social support, social interaction, and intimacy.⁵⁹ Social networks were reduced to those that were smaller and very limited. Face-to-face interaction was reduced to core network members such as partners, immediate family, or roommates. Physical forms of interaction, such as hugs or handshakes were no longer the norm. The pandemic disrupted the normal ways in which individuals interacted and obtained social support, causing many rely on more spontaneous interactions.⁶⁰

Earlier studies examining the social interactions during the COVID-19 pandemic found diversified reactions, experiences, and perceptions among the elderly. Responses reflected the "broader disparities, polarization and inequities that exist across the entire fabric of the United States."⁶¹

⁵¹ Walsh, C., (2020). Covid-19 target communities of color. Harvard Gazette. April 14, Available at <https://news.harvard.edu/gazette/story/2020/04/health-care-disparities-in-the-age-of-coronavirus/>.

⁵² Schlemer, J. (2022). Neighborhood Racial and Economic Segregation and Disparities in Violence During the Covid-19 Pandemic. AJPH. January 2022. Volume 112, No.1. <https://ajph.aphapublications.org/doi/epdf/10.2105/AJPH.2021.306540>.

⁵³ Levy, B. (2022). Neighborhood socioeconomic inequality based on everyday mobility predicts COVID-19 infection in San Francisco, Seattle, and Wisconsin. Science Advance. Feb 18; 8: eabl3825.

⁵⁴ Sampson, Robert. (2003). The neighborhood context of well-being. Perspectives in Biology and Medicine 46/3, pp. S53-S64. https://scholar.harvard.edu/files/sampson/files/2003_perspectives.pdf.

⁵⁵ Ibid.

⁵⁶ Solomon, D. & Hamilton, D. (2020). The Coronavirus Pandemic and the Racial Wealth Gap. Mar 19, <https://www.americanprogress.org/article/coronavirus-pandemic-racial-wealth-gap/>.

⁵⁷ Carrega, C. (2021). Black Americans are incarcerated at nearly five times the rate of Whites, new report on state prisons finds. Oct 13, <https://www.cnn.com/2021/10/13/politics/black-latinx-incarcerated-more/index.html>.

⁵⁸ Mariana, M. (2021). Early release from prison in time of COVID-19: Determinants of unfavorable decisions towards Black prisoners. PLoS One. May 27;16(5): e0252319. doi: 10.1371/journal.pone.0252319.

⁵⁹ Long, E., Patterson, S., Maxwell, K. (2022) COVID-19 pandemic and its impact on social relationships and health. 76 (2) <https://jech.bmj.com/content/76/2/128>.

⁶⁰ Ibid.

⁶¹ Finlay, J. & Metzler, G. (2020). Neighborhoods play important role in older adults' pandemic experience. The Gerontologist, Volume 62, Issue 4, May 2022, Pages 504, 518, <https://doi.org/10.1093/geront/gnab169>.

■ Conclusion

The COVID-19 pandemic is more than just a health crisis- it is disrupting and affecting every aspect of life, (including family life, education, finances, and agricultural production)- it requires a multi-sectoral approach. We need to build stronger partnerships among the health care sector and other social and economic sectors. Working collaboratively to address the interconnected issues that have emerged or become visible during this pandemic—particularly as they affect marginalized and vulnerable populations—offers a more effective strategy.

■ Recommendations

The COVID-19 epidemic affects many facets of life, including family, education, money, and family and social life. It is more than simply a health crisis and necessitates a multi-sectoral strategy. The health care industry has to collaborate more closely with other social and economic sectors. A more efficient approach is to jointly address the linked problems that have evolved or become apparent during this epidemic, especially as they affect people of color.

Recommendation I:

Decrease barriers and normalize COVID-19 testing by offering free community-wide testing in places where black males frequently visit within their respective communities, such as barber shops, community centers, and gyms.

Recommendation II:

Enhance future research and better understand COVID-19 prevalence, by expanding all data related to COVID-19 to include disaggregated data by race and ethnicity.

Recommendation III:

Include language in all essential legislation that promotes data collection, disaggregation, and dissemination by race, ethnicity, and sex.

Recommendation IV:

Continue research on the embodiment of structural racism to contribute our conceptualization of health disparities and the advancement of policies that promote equity and justice.

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A portrait of Reverend Shawn E.E. Thomas, a Black man with glasses, wearing a dark suit jacket over a light blue checkered shirt. He is smiling and looking slightly to the right. The background is dark and out of focus.

Reverend Shawn E.E. Thomas In Memorium



~MARCH 22, 1982 – MARCH 18, 2022~

Reverend Shawn E.E. Thomas was a humble servant of the Lord, who served in ministry for nearly 20 years. He was the Pastor at Galilee Missionary Baptist Church and served as Youth Pastor at Mt. Zion Progressive Missionary Baptist Church in St. Petersburg, Florida.

Reverend Thomas served a member of the Florida Council on the Social Status of Black Men and Boys from 2015 to 2021. He had a passion for helping transform the lives of youth and adults alike. Through ministry and missions, he sought to bring both spiritual and social change to the community. The Reverend Louis M. Murphy, Sr., senior pastor at Mt. Zion, recalled Thomas as being a “community-oriented” man attuned to issues of systemic racism and social justice. He is also described as a visionary who was well respected, loved and left behind a legacy of love.

“On behalf of the Council, we pay tribute to a wonderful friend, spiritual and social conscious advocate – Dr. Reverend Shawn E.E. Thomas. Central to his life were his family, faith, and community. He personified excellence and achievement. His gift to us was his wise council, sage advice for the concerns of his community and uplifting messages to inspire change amongst us and to all who could hear him. We miss him dearly and honor his eternal legacy.” – Chairman Jerome Hill

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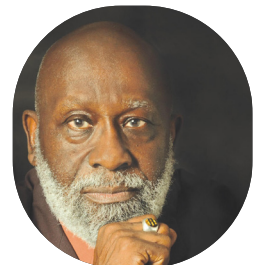
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