



Photo courtesy of Johns Hopkins, School of Public Health

## Communities Fighting COVID-19

By **Tabia Akintobi, PhD, MPH**

We are amid unprecedented times. The COVID-19 pandemic has reminded some and introduced to others what public health is and health disparities are. Health disparities are differences in quality of life and the chances of death from infectious and chronic diseases, among others. These disparities are connected to social, justice, policy, and economic inequities. They are amplified during times of public health crisis. The Morehouse School of Medicine (MSM), Prevention Research Center (PRC) community governance model was developed in 1998 to address health disparities through prioritizing community leadership in developing, carrying out and evaluating research and other programs (see description Community Coalition Board (CCB) [here](https://www.msm.edu/Research/research_centersandinstitutes/PRC/communityPartnerships/index.php) and [https://www.msm.edu/Research/research\\_centersandinstitutes/PRC/communityPartnerships/index.php](https://www.msm.edu/Research/research_centersandinstitutes/PRC/communityPartnerships/index.php)). The most recent MSM PRC community health needs and assets assessment (CHNA2), conducted with the community, showed us that diabetes, cardiovascular disease, and mental health were among top ranked issues. These conditions are related to increased COVID-19 hospitalization, illness, and death. Unfiltered information and miscommunication about the pandemic have also been the breeding ground for anxiety, unhealthy coping, and other maladaptive behaviors this year.

In response, both to the pandemic and the CHNA2, we convened a virtual forum, *Our Mental and Behavioral Health Matters*, during National Mental Health Awareness Month (May 2020). It addressed the culturally- bound stigma

in racial/ethnic minority communities related to mental health and how these issues are compounded by the stressors related to navigating the pandemic. We were also pleased to welcome Lynnette Allen (new CCB member representing Fulton County's Department of Behavioral Health and Developmental Disabilities). She helped us to develop an infographic that details local mental and behavioral health services for insured and uninsured residents (see next page).



July 2020, we launched FAM-STRONG20, a weekly community conversation on topics including but not limited to self-care, healthy eating, physically activity, racism, advocacy, and voting. This forum, ended on October 17th, and all the recordings can be viewed [here](https://www.youtube.com/channel/UC6kP8h2CZZDLPIDoInZo0Ag) and <https://www.youtube.com/channel/UC6kP8h2CZZDLPIDoInZo0Ag>. This series featured CCB members, local, and national health equity champions with a focus on resilience. Further, the series provided practical tools to live and strive to do our best now.

I trust that this edition will educate you and increase awareness about the MSM PRC towards how to successfully navigate the pandemic with credible information designed to support your mind and body. Through strong data (research or evaluation), strategic community engagement and action (policy, systems, and environmental change approaches) we can live in the best ways possible, now, and prepare for recovery, stronger than before.

## COVID-19 Corner

### COVID-19 TESTING SITES

Please visit [covid19.dph.ga.gov](https://covid19.dph.ga.gov) to schedule an appointment online. For appointments by phone call 404-613-8150. However, it is quicker to schedule an appointment online due to the volume of calls.

Calls are accepted during these times: 8 a.m. - 7 p.m. on weekdays and 8:30 a.m. - 5 p.m. on Saturdays. Testing site locations, dates, and/or times are subject to change.

Please check <https://www.coreresponse.org/covid19-atlanta> the day-of testing to confirm testing site information.

Testing sites are experiencing a high level of traffic. Residents should bring water and a chair if you are walking-up to a test site. Public restrooms may not be available at testing locations.

Results: Test results are currently available on average 48-72 hours. There are three ways to get COVID-19 testing results from the other locations:

1. Go to [Patient.labcorp.com](https://Patient.labcorp.com) and sign in or create an account
2. Email [fcboh.covid@dph.ga.gov](mailto:fcboh.covid@dph.ga.gov) with your name and date of birth
3. Call 404-613- 7295 Monday - Friday 8 a.m. - 5 p.m.

For Additional COVID-19 Resources, please visit:

<https://drive.google.com/drive/folders/1hDsg-QyPM4lAX8sjQfYANuoAAKCi7s11h?usp=s-haring>

# OUR MENTAL HEALTH MATTERS

**MORE MENTAL HEALTH RESOURCES ARE NEEDED TO CLOSE THE GAPS OF CARE FOR COMMUNITIES OF COLOR**

Morehouse School of Medicine's Prevention Research Center (MSM PRC) conducted a community health needs assessment specifically focused on residents in the Atlanta community

THE 2018 MSM PRC COMMUNITY HEALTH NEEDS ASSESSMENT REVEALED AN AVERAGE OF **5 DAYS IN 1 MONTH** WHERE MENTAL HEALTH WAS NOT GOOD

**87%** OF RESIDENTS IN SOUTHEAST ATLANTA ARE AFRICAN-AMERICAN OR BLACK

MENTAL AND BEHAVIORAL DISORDERS ARE ONE OF THE **TOP 5** CAUSES FOR HOSPITALIZATION FOR AFRICAN-AMERICANS IN FULTON COUNTY

MENTAL HEALTH RESOURCES & SERVICES ARE AVAILABLE TO THOSE **WITH & WITHOUT INSURANCE.**

THERE ARE **10+** PUBLIC MENTAL HEALTH RESOURCES IN FULTON COUNTY

Scan the QR code below for the full list of public mental health resources in Fulton County



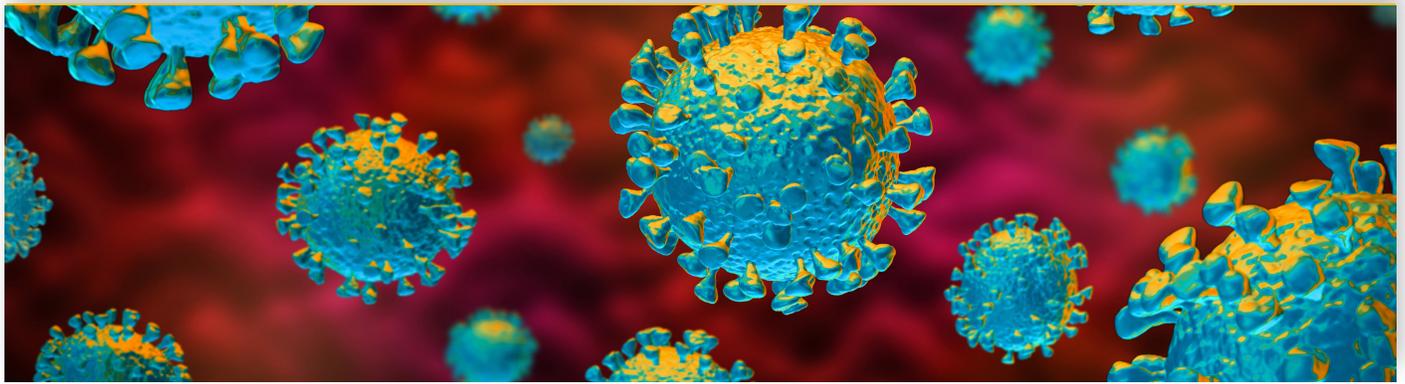
**MENTAL HEALTH EMERGENCY COVID-19 RESOURCES**

Georgia Crisis Line: 800-715-4225

Disaster Distress Helpline: 800-985-5990

Crisis Text line: (741741)

Immediate mental health crisis: 911



# Examining COVID-19 Concerns

By Dolapo Babalola, MD, FAAFP

“Knowledge is power. Information is liberating. Education is the premise of progress, in every society, in every family”. These words of Kofi Annan stand true now, more than ever, as we navigate the different hurdles of life during the COVID-19 Pandemic. Contrary to our greatest delight, the novel coronavirus continues to spread across the globe accompanied by the fears, myths, and facts associated with contracting the virus.



“Though there are a lot of things that are still unknown about this coronavirus, we are certain that COVID-19 has disproportionately impacted the African Americans and Hispanic community the most. The United States is mostly populated by whites with African Americans and Hispanics making up 30% of the population, according to the 2016 U.S Census Bureau. To our dismay, African Americans have a 2.1 times higher risk of dying from COVID-19 and Hispanics have a 1.1 times higher risk when compared to White Americans. The numbers of cases are also reflecting a higher risk for marginalized communities.

There are several reasons for this racial disparity, as illustrated in Diagram 1. Chronic illness such as diabetes and hypertension are prevalent in our communities because of our food choices, access, and genetic predisposition. According to data from the National Center for Health Statistics, 38% of African Americans and 31% of White Americans are obese. Hypertension is prevalent among 32.2% of African Americans and 23.9% of White Americans. In terms of diabetes 13.1%

of African Americans live with this chronic condition compared to 8.6% of White Americans.

Social distancing is a requirement to avoid the spread of the virus. Unfortunately, for many communities of lower socioeconomic status, people live in densely populated areas making it more challenging to social distance; if one person gets ill, so does everyone who lives in the house.

Minority communities also make up the bulk of the essential workers. Specifically, janitors, grocery staff, postal service staff, and health care workers are among the frontline of the frontline and cannot work from home

Higher uninsured rates in non-Hispanic African American populations is another reason for the increased prevalence of COVID-19 cases and deaths in marginalized communities. This prevents many from seeking care when they are ill or often waiting to the last minute when their medical condition has worsened, often resulting in death.

The disparity comes to light in view of the number of African Americans that are impoverished compared to White Americans. Several factors are at work here to include educational inequalities, workplace discrimination, neighborhood effects, access to credit, rates of incarceration and the list goes on and on. These factors significantly impact the understanding of the novel COVID-19.

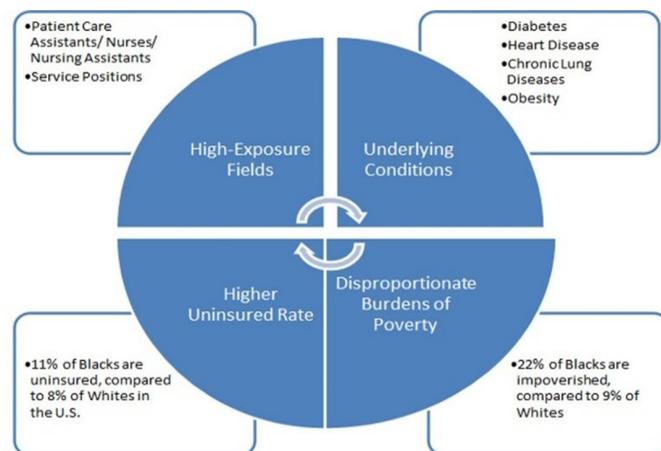
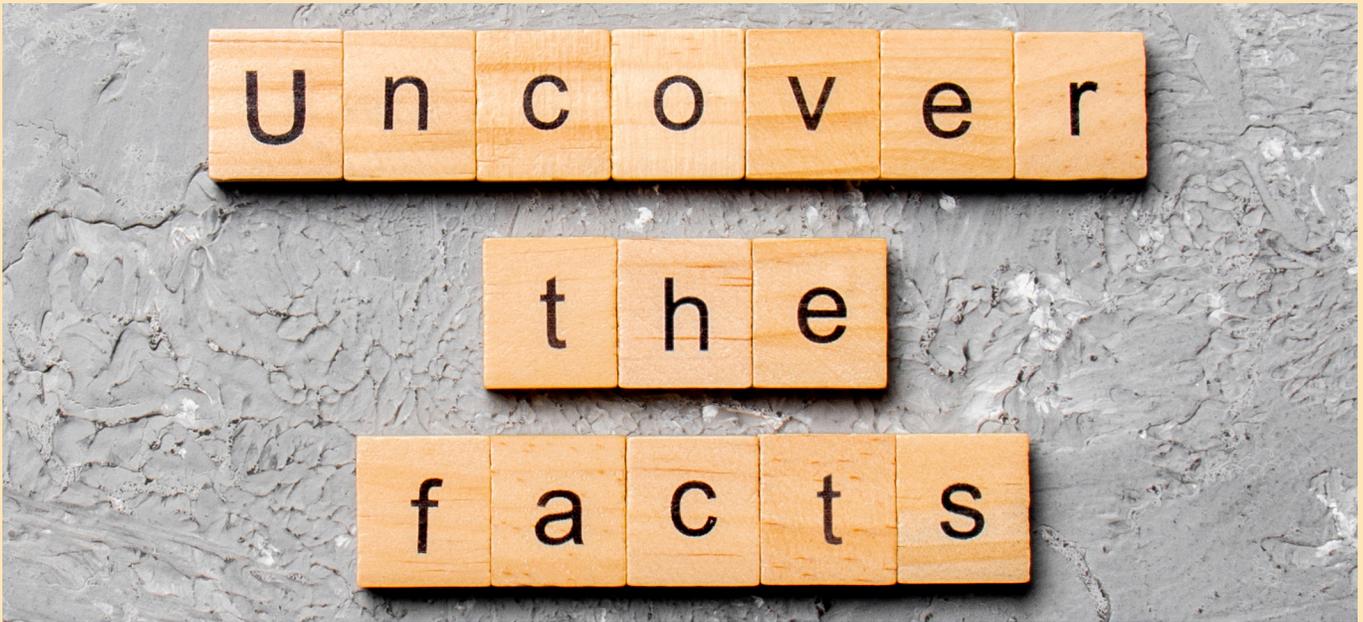


Diagram 1: COVID-19 risk factors impacting ethnic minorities

Diagram courtesy of Brttiney Newton, MPH and Sherilyn Francis, MPH, MSBT



# Lessons Learned: 5 COVID-19 Myths

By Dolapo Babalola, MD, FAAFP

Education and awareness are needed to debunk the myths from the facts, hence protecting our communities from the sequel of this disease. It is our hope that debunking these major COVID-19 myths and rumors will enable those most vulnerable to be empowered.

**Myth #1: Black people and children are immune to COVID-19.** We know now that this is a definite myth. At the beginning, we thought so because we did not see the evidence through the number of cases, but, very quickly, we understood that our beautiful melanin pigment has no protective covering over the novel coronavirus.

The same concept applies to children, because we now know that kids can and do contract COVID-19. We are currently seeing an increase in pediatric cases and death. Then there is the belief that even if children catch the coronavirus, they cannot spread it to adults. This may be partly true. A new South Korean study found that kids under age 10 transmitted the virus less often to adults, but children ages 10-19 spread the virus just like adults<sup>1</sup>. In fact, in Israel, the new daily cases rose from just 50, two months before schools reopened to more than 1,500 a day now that schools are open<sup>2</sup>.

**Myth #2: Centers for Disease Control and Prevention (CDC) guidelines are not necessary.** On the contrary, the CDC guidelines are necessary as we track the numbers of cases where communities were affected. These were crowded gatherings such as parties, churches, and bars.

The 3 Ws are our greatest weapons to prevent the spread of COVID-19: **Watch** your distance, **Wear** your mask, and **Wash** your hands. We are our brother's keeper when we wear our masks. Other associated myths related to masks is that people get sick with wearing a mask due to carbon dioxide poisoning is false.

**Myth #3: Asymptomatic people cannot spread COVID-19.** Data from the World Health Organization's (WHO) technical lead for COVID-19 shows there is asymptomatic transmission; a condition where there is a spread of the virus without symptoms such as fever, cough, or shortness of breath. This is very possible, even though it is rare. According to the science, when a person catches COVID-19, or any other virus, their viral load—which is the amount of the virus in their blood—builds up and peaks at the onset of symptoms. This means someone could have COVID-19 and spread it unknowingly as the virus builds up in their system.

**Myths #4: There is no correlation between a healthy lifestyle and contracting COVID-19.** COVID-19 causes a cascade of inflammation, which if not treated early, can lead to organ failure, especially in the presence of chronic disease. Given the impact of COVID-19 in Black and Hispanic communities, it behooves us to build a stronger immune system to protect against the inflammatory cascade of the novel virus. Chronic disease prevention and a strong immune system can be built on the foundation of a healthy lifestyle, which comprises of eating balanced meals, exercising 150 minutes a week, taking prescribed medications regularly and keeping follow-up appointments with doctors.

**Myth #5: Hydroxychloroquine prevents COVID-19.** Even though in the early period of the pandemic, hydroxychloroquine was used to treat patients with COVID-19 in the U.S and China with a few favorable outcomes, there has been a withdrawal of its emergency approval as a treatment due to serious or fatal side effects.

#### References:

1. <https://www.nytimes.com/2020/07/18/health/coronavirus-children-schools.html>
2. <https://www.wsj.com/articles/israelis-fear-schools-reopened-too-soon-as-covid-19-cases-climb-11594760001>

# Researcher Integrates Technology into Public Health

By **Aletha W. Livingston PhD, MPH, MBA**

Dr. Williams Livingston (Lizana) is Director of the Morehouse School of Medicine (MSM) Innovation Learning Laboratory for Population Health, Assistant Professor in the Department of Family Medicine, and recently appointed Assistant Director of Community Partnerships for the MSM PRC. She started working at Morehouse School of Medicine in May 2014 as a part of the Patient Centered Medical Home and Neighborhood (PCMHN) funded by the United Health Foundation.

Dr. Livingston is originally from Pittsburgh, PA and has lived in Southern New Jersey, Maryland, Los Angeles, and Costa Rica before making Georgia her home in 1999. She is a graduate of Spelman College, Temple University and Emory University. She is married to Attorney Arnold Lizana III. She has 3 daughters, two Spelman graduates and a sophomore at Spelman.

With 25+ years of experience in project management, health improvement, innovation strategy, research, curriculum design, training, technical assistance and evaluation at the international, federal, state, and local levels, Dr. Livingston has worked on various capacity-building projects for The National Institutes of Health, Oak Ridge Institute for Science and Education, Center for Medicare & Medicaid Innovation. The National Democratic Institute, the Department of Energy and the Centers for Disease Control and Prevention. She serves on the Board of Directors for several Community Based Organizations (CBOs) and has done extensive field work in Ghana, Nigeria, Kenya, Tanzania, Nicaragua, and Costa Rica.

Her life's work includes an emphasis on assisting CBOs, promoting community empowerment, commitment to social innovation, respect for cultural diversity and devotion to systems and policy change



as vehicles to promote health, prevent disease and address systemic societal problems. One of her most innovative programs is the High School Community Health Workers (CHW) Program & Digital curriculum for which she was featured as an Atlanta Healthcare Hero in the May 17th, 2020 issue of the Atlanta Business Chronicle.

Since coming to the MSM PRC, Dr. Livingston has envisioned a new virtual community program. The goal of FAMSTRONG20 was to test a family and community-level approach to mitigating health disparities considering the COVID-19 pandemic. Each week the MSM PRC went live with leaders in health to discuss the topics which matter most to families and to our communities. The 30-minute sessions are interactive and fun for the family. Sessions were each Saturday at 5pm from July to October 2020. After collaboration with the PRC for years, Dr. Livingston is excited

to officially be a part of the Center family and will lead innovation efforts relating to community partnerships.





## Tips for Staying Healthy During the COVID-19 Pandemic

By Wendy Bojnowski  
National Board-Certified Health & Wellness Coach  
MSM PRC, Community Coalition  
Board Member



Living in a pandemic has created challenges for healthy living. Most of us are at home a lot more. We are isolated from many of our friends and family members; unable to go to the gym or fitness classes. As a health and wellness coach, it is my job is to assist people in finding ways to live a healthier lifestyle so that they feel better and live longer. The following column contains some tips for staying healthy in the time of COVID-19.

### Helpful Links:

- <http://7minworkoutapp.net/#about>
- <https://7minuteworkout.jnj.com/>



Photo courtesy of <https://www.goodhousekeeping.com/health-products/g32433651/best-dumbbells/>

### Health Tips Checklist:

If you are at home more and find the snack cabinet calling your name, make sure to have easy, healthy snacks on hand, such as apples, grapes, cherry tomatoes, mini sweet peppers, and plain popcorn

- When you are tempted to grab a snack, try drinking a glass of water first and see if you still feel hungry.
- Make a shopping list and stick to it. Avoid the chip and cookie aisles.
- Get up and move every 60-90 minutes. Many of us are sitting a lot more now that we are at home more, and this is just as bad for our health as not getting regular exercise. Set reminders to get up and do at least 3-5 minutes of physical activity, whether it is a combination of a brisk walk to the mailbox, jumping jacks, squats, knee raises, or stretching... get your heart pumping. This will also curb your snack cravings.
- Engage a buddy in these activities, whether you do them together by phone, video chat, or do them on your own, hold each other accountable.
- Participate in free, live or recorded online fitness classes. Try YMCA 360, YouTube videos and phone apps like FitOn or My Fitness Pal Workout.
- Have a dance party with friends or family on Face-time, Google Duo, or another video chat app

Morehouse School of Medicine Prevention Research Center, 720 Westview Drive, SW Atlanta, GA 30310 | Phone: 404-752-1022 Fax: 404-765-9771 [prcinfo@msm.edu](mailto:prcinfo@msm.edu) | [www.msm.edu/prc](http://www.msm.edu/prc). The Morehouse School of Medicine Prevention Research Center is a member of the Prevention Research Centers Program, supported by the Centers for Disease Control and Prevention, under cooperative agreement #5U48DP005042-04.