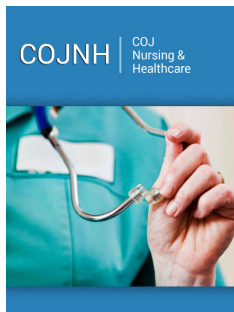


The Mapping and Analyses of the Defined and Classified Underlined Health Conditions and Life Expectancies among Blacks/African Americans in the US “COVID-19 Outbreak”

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Abstract

This comprehensive data driven evidence-based research study investigated, analyzed, explored, and mapped the roles “classified underlined or underlying health conditions” played in the “life expectancies” among Blacks/African Americans in the US before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. This study used “Social Construction of the Ideology of Reality Theory” as lens of analysis. This study selected quantitative “Non-Experimental Research Descriptive Statistics” as statistical measurements’ tool of analyzing collected secondary data as the option of methodology. This study collected secondary data from CDC in 2024 dealing with deaths among Blacks/African Americans in the US in 2018, 2019, 2020, and 2021. The study finds and concludes that the “classified underlined or underlying health conditions” played profound “SIGNIFICANT” roles in the “life expectancies” among Blacks/African Americans in the US during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. However, this study saw some kind of “BRIGHT LIGHTS” to all Blacks/African Americans in the US the needs to become more fundamentally equivocally used to a fairer “Healthcare Delivery Systems and Procedures” in the US, which should and will bring some POSITIVE SOCIAL CHANGES to all Blacks/African Americans in the US and possibly beyond.

Keywords: COVID-19 pandemics; Underlined conditions; Underlying conditions; High Blood Pressures (HPB), Diabetics; Obesities; Deaths; Discriminations; Blacks/African Americans in the US; Life-Expectancies

Introduction

The role of the COVID-19 epidemic and the global chronic disease epidemic may be of relevance to the “Life Expectancies” among Blacks/African Americans in the US. This comprehensive data driven evidence based research study investigated, analyzed, explored, and mapped the roles “classified underlined or underlying health conditions” played in the “life expectancies” among Blacks/African Americans in the US before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. Historically speaking, the deaths of

Blacks/African Americans (Children, Men, & Women) deaths in the US have been blamed and attributed to define classified preexisting underlined or underlying conditions among them which they all inherited challenging, difficult, unmanageable, and untreatable healthcare conditions from "Africa" their "Motherland." While these academics medical debates may be questionable in many avenues, areas, and components, the question now becomes were/was the causes deaths among Black/African Americans were/was magnified, minimized, under counted, and undermined during the infamous COVID-19 pandemic in the US in 2020 and 2021? That was the primary focus of this comprehensive, complex, and complicated research study.

Background of the Study and Literature Reviewed

It has been argued that classified underlined or underlying health conditions were either inherited from "Africa" their "Motherland", Self-Created, "Self-Induced" with their irresponsible lifestyles. Studies upon studies have shown that this was/is not case; but it was/is simply a convenient way of denying Blacks/African Americans in the US from addressing easily manageable health conditions such High Blood Pressure (HPB), diabetics (Types 1 & Types 2), obesity, weight gains, and many other just to mention a few [1-5]. For example The literatures reviewed in this study remained consistent with the previously reviewed literatures because the only new data statistics being analyzed in this study was to investigate, map, and explore different roles parent and their children play as to manage their BMI effectively, efficiently, proficiently, and proactively (see underlying condition 1, 2, 3, & 4 for more). This study longevity quasi-experiment research study continued to use the same literature reviewed because the components, complexities, and applications remain the same. The only significant changes in the follow-up research study are to measure item 7 of the raw data statistics collected from this pre-tests and post-tests quasi- experimental research study [1-5].

Additionally, Kisavi-Atatah et al. [1,2], Atatah et al. [3,4] and Atatah et al. [5] stipulated and pinpointed that; The American Heart Association [6] approximates those one out of every ten children are either overweight or obese. According to the same report, the prevalence of childhood obesity has more than tripled over the last three decades, with the health problem surpassing drug and substance abuse to become the number one childhood health concern. The excess weight places the children at the peril for development of serious health problems like diabetes, heart disease and asthma. Being overweight/obese in childhood is associated with a risk of obesity-related comorbidities in adulthood, adverse psychological problems, huge societal expenses and premature morbidity and mortality [7-10]. Childhood obesity predisposes children to other serious chronic and acute health problems, hence limiting the children from reaching their full potentials in childhood and adulthood [11]. Childhood obesity has remained a communal health issue that continues to affect children in their right to relish a long healthy life free of avertible diseases. According to the American Heart Association [6], childhood obesity is the number one trepidation for every parent, having surpassed

the issue of drug abuse and smoking as top public health problem for children [11-17].

Obesity among children and adolescents is described as a body condition in which the BMI figure exceeds 30. The most causes of the condition are identified as physical inactivity and unhealthy diets with high calorie content with the weight effects moderated by society and environment factors. Given that obesity is a health risk factor, there is a need to address its incidence with the focus on achieving and maintaining a healthy body weight. This is particularly true for children and adolescents since obesity first presents in this age group with the best management results achieved. Cochrane et al. [18] notes that obesity management is important, but it is not only concerned with weight management with input from different professionals required to achieve the desire outcome in terms of healthy weight loss. It further adds that a multidisciplinary approach is necessary to achieve the best outcomes. Foster et al. [8] similarly notes that the best outcomes are achieved by combining input from different stakeholders since the conditions has implications that exceed weight and could extend to dieting, family support, and exercising. Based on this awareness, the study recommends that family-centered approaches should be applied when addressing weight management needs of children and adolescents since they are easily influenced by their families.

Fonvig et al. [9] also mentions that a multidisciplinary approach reduced BMI. The article further added that the approach reduced liver fat, muscle fat and visceral adipose tissue volumes although these results were only noted after running the program for 1 year. The implication is that it presents positive metabolic effects [9]. The same sentiments are expressed by Martin et al. [14], mentioning that although obesity management is about weight control, it also has cognitive implications for children and adolescents since a healthy weight will typically be associated with good performance in school. This means that in addition to the weight, other professionals would be required to address the cognitive aspects of care.

Torti et al. [19] make similar when calling for a multidisciplinary approach by indicating that obesity management is all about lifestyle intervention and should be matched with support from the school and community. Carayol et al. [20] presents a novel perspective by indicating that although the weight management strategies have achieved some success in obesity control, the success is limited and could be improved by including proteomic factors since the condition has molecular mechanisms. The implication is that molecular biologists should also be included in obesity care provision since they can evaluate and interpret proteomic results. Swift et al. [21] mention that effective weight management to address obesity must include exercise programs along with calorific programs. The implication is that the medical personnel who manage the exercise program must work in concert with the personnel who work the calorific program since the two are different medical disciplines. Ogden et al. [13] faults the current obesity intervention measures by noting that they have been largely ineffective since surveillance data shows that obesity prevalence remains high. The article adds

that there is a need to for a multidisciplinary approach with input from different stakeholders to reverse the high prevalence noted.

Bocca et al. [22] validates the recommendations for a multidisciplinary approach in obesity management by reporting that multidisciplinary care produces better outcomes when compared to usual-care programs and if used for at least one year. Mameli et al. [17] expresses some reservations in using multidisciplinary weight management in children. The article notes that although a multidisciplinary approach is more effective when the whole program is followed, it is similarly accompanied by high dropout rates even before discernible results could be produced. The implication is that the approach might have positive effects, but it is demanding thereby causing high dropout rates [17]. The reviewed journal articles show that obesity among children and adolescents is best managed through a multidisciplinary approach although there could be a need to address dropouts to improve outcomes and effectiveness [5].

Besides the above historic researches, overwhelming evidence-based medical research have demonstrated that classified underlined or underlying health conditions were/are not singularly fundamental limited to Blacks/African Americans in the US alone. Instead, many concluded that they were/are UNIVERSAL health conditions that affect all worldwide. As such, the focus of this complicated, complex, and comprehensive research was to investigate, explore, map, and analyze the roles classified underlined or underlying health conditions played in the “life expectancies” among Blacks/African Americans in the US before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021.

Theoretical Framework

The theoretical framework selected in this follow-up comprehensive research finale study remained the same (Kisavi-Atatah, Atatah, & Kyle, p. 9, 2023 for more information).

In addition to the above-mentioned theories, this quantitative research study added “Social Construction of the Ideology of Reality Theory”; which pinpoints the reasons why public policies and health policies decisions’ make any valuable decisions during the times of such as crisis hurricanes or fail to make any decisions based on their assumptions against their actual realities’ theory of outcomes [23] (Casalini et al., 2016 for more information). This theory framework was selected for several reasons; first, the to investigate the correlations/relationships between the roles classified underlined or underlying health conditions played in the “life expectancies” among Blacks/African Americans in the US during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. Secondly, to review the correlations/relationships Black/African Americans “life expectancies” during COVID-19 pandemics, and thirdly, was to investigate if some of the classified deaths among Blacks/African Americans during COVID-19 pandemics were undermined, ignored, or simply classified “Cause of Deaths” as underlined or underlying health conditions. This was precisely why “Social Construction of the Ideology of Reality Theory” as lens of analyses.

Research Design

This comprehensive and complicated research study selected quantitative “Non-Experimental Research Descriptive Statistics” as lens of collected secondary data analyses as the option of methodology. The reason as to why this quantitative approach was selected over others such as real experiment or quasi-experiment we could not any experiments on already dead participants and we can select “who to die or not to die” during COVID-19 pandemics. Hence this methodology was selected over others because it perfectly fitted the purpose of this research study as supported below.

Methodology

The methodology selected in this follow-up comprehensive research finale study remained the same (Kisavi-Atatah, Atatah, & Kyle, 2023, p. 9 for more information). This study used Quantitative Research Study using “Non-Experimental Research Descriptive Statistics” as a way to calculate the differences between dependable and independent variables [24-26].

Hypotheses

This study hypothesized two major research hypotheses as shown below.

Alternative Hypothesis 1 H1

The classified underlined or underlying health conditions played profound “SIGNIFICANT” roles in the “life expectancies” among Blacks/African Americans in the US during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021.

Null Hypothesis 1 Ho

The classified underlined or underlying health conditions played “INSIGNIFICANT” roles in the “life expectancies” among Blacks/African Americans in the US during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021.

Research Study’s Variables

Independent Variables

- A. Classified underlined or underlying health conditions among Blacks/African Americans in the US
- B. The “life expectancies” among Blacks/African Americans in the US between 2018, 2019, 2020, and 2021

Dependent Variables

- a) Dead Blacks/African Americans in the US during COVID-19 pandemics outbreak in 2020 and 2021 during COVID-19 pandemics
- b) Dead Blacks/African Americans in the US before COVID-19 pandemics outbreak in 2018 and 2019

Data Collections

Three itemized secondary data statistics were collected from the Center for Disease Control and Prevention (CDC) to analyze this

comprehensive and complicated research study. As complicated as it may be, these comprehensive secondary data shed some generalized results and findings at the end of this research study [27].

Software Used Analyzing Collected Secondary Data

The selected secondary data were fed into Statistical Package for Social Sciences (SPSS) Version 27; and the collected data were crunched; and the results and findings after complicated and comprehensive overwhelming analyses are shown below as the results and findings of the research study. The statistical analysis software was set at 0.005 or 95% as statistically significant differences between the correlation or relationships and “Life expectancies” among Blacks/African Americans the US between independent and dependent variables in 2018, 2019, 2020, and 2021.

Results and Findings of the Study

Table 1-9 & Figure 1-4.

Answers to the Research Questions

As stipulated and pinpointed above, “this study hypothesized two major research hypotheses as shown below”;

Alternative Hypothesis 1 H1

The classified underlined or underlying health conditions played profound “SIGNIFICANT” roles in the “life expectancies” among Blacks/African Americans in the US during COVID-19

pandemics outbreak between 2018, 2019, 2020, and 2021.

Null Hypothesis 1 Ho

The classified underlined or underlying health conditions played “INSIGNIFICANT” roles in the “life expectancies” among Blacks/African Americans in the US during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. Based on all the secondary comprehensive mapping and analyses, this study accepted the alternative hypothesis and rejected the null hypothesis that; The classified underlined or underlying health conditions played profound “SIGNIFICANT” roles in the “life expectancies” among Blacks/African Americans in the US before and before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021.

This research comprehensive secondary data collected from CDC, 2024, CDC, 2024, and CDC [27] showed a 100% correlations or relationships between deaths’ roles in the “life expectancies” among Blacks/African Americans in the US before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. As such, CIVOD-19 pandemics played profound significant roles in the “life expectancies” among Blacks/African Americans in the US before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. Simply because there were profound significant increases in the numbers of deaths and “life expectancies” among Blacks/African Americans in the US before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021; hence the alternative hypothesis was accepted over the null hypothesis (Table 1-9 & Figure 1-4).

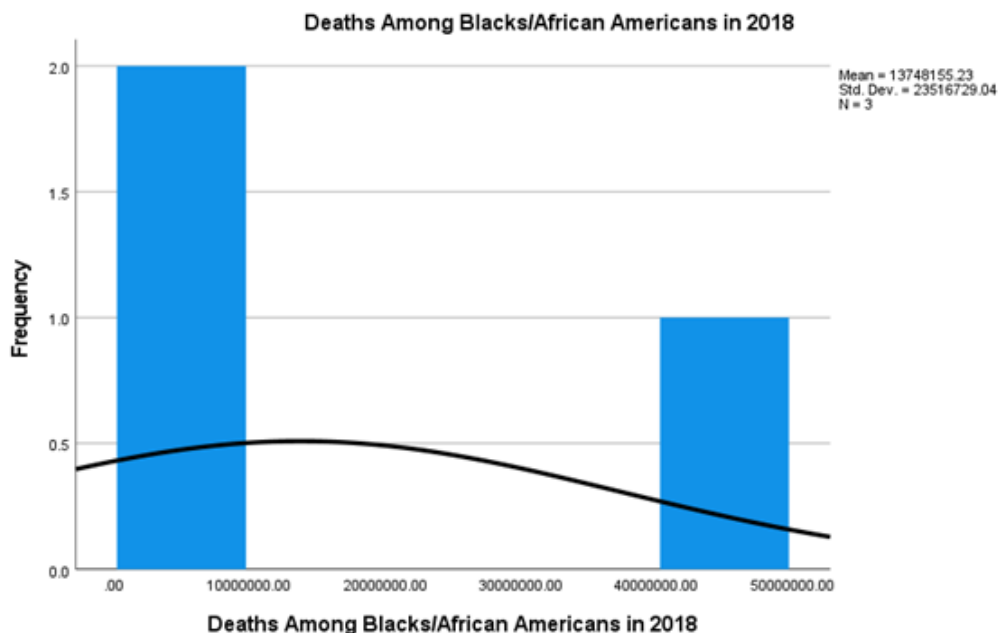


Figure 1: Showed the deaths among Blacks/African Americans in 2018 with a Std. Dev of 23516729.04 and a mean of 13748155.23.

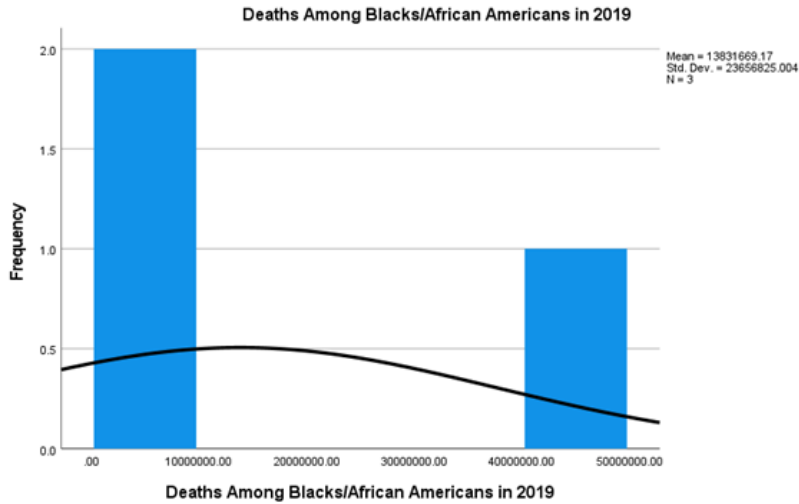


Figure 2: Showed the deaths among Blacks/African Americans in 2019 with a Std. Dev of 2365825.004 and a mean of 13831669.17.

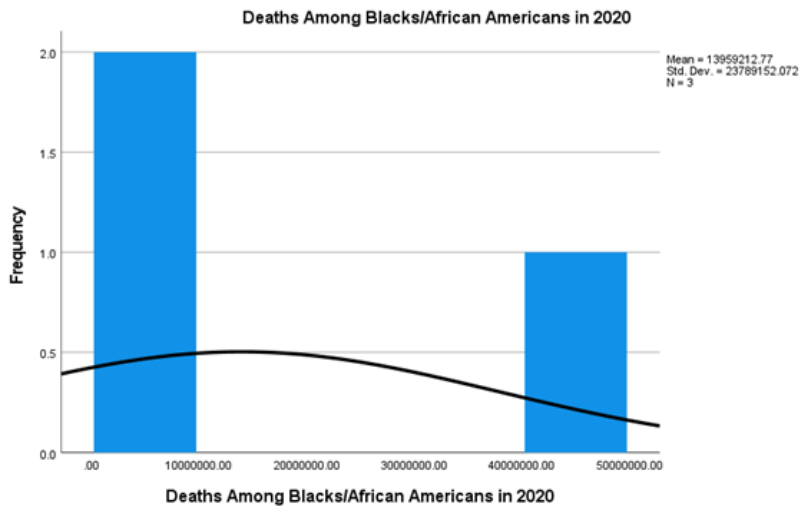


Figure 3: Showed the deaths among Blacks/African Americans in 2020 with a Std. Dev of 23789152.08 and a mean of 13959212.77.

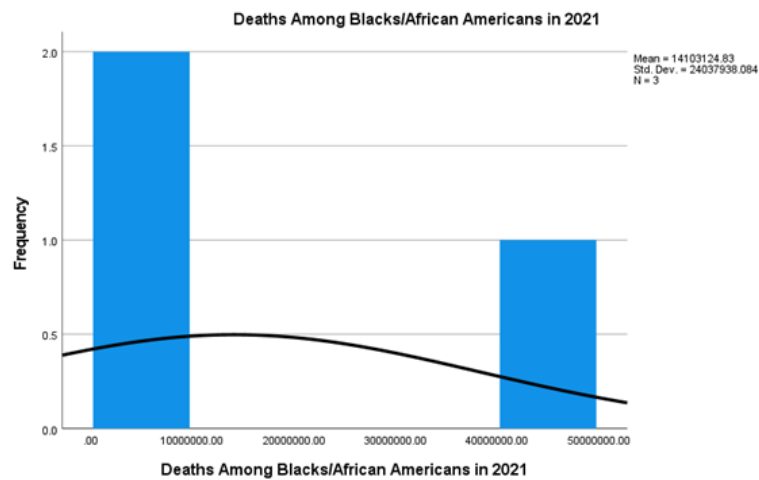


Figure 4: Showed the deaths among Blacks/African Americans in 2021 with a Std. Dev of 24037938.09 and a mean of 14103124.83.

Table 1: Showed the analyzed collected data statistics modes of 834.70 in 2018, 842.50 in 2019, 1084.30 in 2020, and 1074.50 in 2021 and Std. Deviations of 23516729.05 in 2018, 23656825.04 in 2019, 23789152.08, 2020 and 24037938.09 in 2021.

Statistics					
		Deaths Among Blacks/African Americans in 2019	Deaths Among Blacks/African Americans in 2020	Deaths Among Blacks/African Americans in 2021	Deaths Among Blacks/African Americans in 2018
N	Valid	3	3	3	3
	Missing	9	9	9	9
Mean		13831669.27	13959212.77	14103124.83	13748155.23
Std. Error of Mean		13658274.29	13734673.36	13878310.03	13577389.93
Median		346677	449213	449764	341408
Mode		842.50a	1084.30a	1074.50a	834.70a
Std. Deviation		23656825.04	23789152.08	24037938.09	23516729.05
Variance		5.59645E+14	5.65924E+14	5.77822E+14	5.53037E+14
Skewness		1.732	1.731	1.731	1.732
Std. Error of Skewness		1.225	1.225	1.225	1.225
Range		41146645.5	41426256.7	41857461.5	40901388.3
Minimum		842.5	1084.3	1074.5	834.7
Maximum		41147488	41427341	41858536	40902223
Sum		41495007.5	41877638.3	42309374.5	41244465.7

a: Multiple modes exist. The smallest value is shown.

Table 2: Showed the Deaths among Blacks/African Americans in 2018 with a 100% cumulative frequency with no missing number in 2018.

Deaths Among Blacks/African Americans in 2018					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deaths Rates Per 100000 in 2018	1	8.3	33.3	33.3
	Deaths In 2018	1	8.3	33.3	66.7
	Population of Blacks/African Americans in 2018	1	8.3	33.3	100
	Total	3	25	100	
Missing System		9	75		
Total		12	100		

Table 3: Showed the Deaths among Blacks/African Americans in 2019 with a 100% cumulative frequency with no missing number in 2019.

Deaths Among Blacks/African Americans in 2019					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deaths Rates Per 100000 in 2019	1	8.3	33.3	33.3
	Deaths Among Blacks/African Americans in 2019	1	8.3	33.3	66.7
	Population of African Americans in 2019	1	8.3	33.3	100
	Total	3	25	100	
Missing System		9	75		
Total		12	100		

Table 4: Showed deaths among Blacks/African Americans in 2020 with a 100% cumulative frequency with no missing number in 2020.

Deaths Among Blacks/African Americans in 2020					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deaths Rates Per 100000 2020	1	8.3	33.3	33.3
	Deaths Among Blacks/African Americans in 2020	1	8.3	33.3	66.7
	Population of Blacks/African Americans in 2020	1	8.3	33.3	100
	Total	3	25	100	
Missing System		9	75		
Total		12	100		

Table 5: Showed the deaths among Blacks/African Americans in 2021 with a 100% cumulative frequency with no missing number in 2021.

Deaths Among Blacks/African Americans in 2021					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deaths Rates Per 100000 in 2021	1	8.3	33.3	33.3
	Deaths Among Blacks/African Americans in 2021	1	8.3	33.3	66.7
	Population of Blacks/African Americans in 2021	1	8.3	33.3	100
	Total	3	25	100	
Missing System		9	75		
Total		12	100		

Table 6: Showed a mean of 13748155.23 in 2018, 13831669.2 in 2019, 13959212.8 in 2020 and 14103124.9 in 2021.

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
Deaths Among Blacks/African Americans in 2019	3	13831669.2	23656825.1	13658274.3
Deaths Among Blacks/African Americans in 2020	3	13959212.8	23789152.1	13734673.4
Deaths Among Blacks/African Americans in 2021	3	14103124.9	24037938.1	13878310.02
Deaths Among Blacks/African Americans in 2018	3	13748155.23	23516729.04	13577389.84

Table 7: Showed the Sig. (2-tailed) of .418 in 2018, 418 in 2019, 416 in 2020 and 416 in 2021.

Test Value = 0						
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Deaths Among Blacks/African Americans in 2019	1.013	2	0.418	13831669.2	-44935142	72598480.3
Deaths Among Blacks/African Americans in 2020	1.016	2	0.416	13959212.8	-45136317	73054742.6

Deaths Among Blacks/African Americans in 2021	1.016	2	0.416	14103124.9	-45610423.7	73816673.34
Deaths Among Blacks/African Americans in 2018	1.013	2	0.418	13748155.2	-44670638.2	72166948.7

Table 8: Showed Hedges’ corrections and Cohen’s corrections’ levels of .330 and .585 in 2018, .585 and .330 in 2019, .587 and .331 in 2020, and .587 and .331 in 2021.

One-Sample Effect Sizes					
		Standardizera	Point Estimate	95% Confidence Interval	
				Lower	Upper
Deaths Among Blacks/African Americans in 2019	Cohen’s d	23656825.1	0.585	-0.717	1.783
	Hedges’ correction	41930630.66	0.33	-0.405	1.006
Deaths Among Blacks/African Americans in 2020	Cohen’s d	23789152.08	0.587	-0.716	1.786
	Hedges’ correction	42165174.21	0.331	-0.404	1.008
Deaths Among Blacks/African Americans in 2021	Cohen’s d	24037938.91	0.587	-0.716	1.786
	Hedges’ correction	42606136.01	0.331	-0.404	1.007
Deaths Among Blacks/African Americans in 2018	Cohen’s d	23516729.04	0.585	-0.717	1.783
	Hedges’ correction	41682317.08	0.33	-0.405	1.006

a. The denominator used in estimating the effect sizes.

Cohen’s d uses the sample standard deviation.

Hedges’ correction uses the sample standard deviation, plus a correction factor.

Table 9: Showed the correlations’ differences of .000 in 2018, .000 2019, .000 in 2020, and .000 in 2021; which showed 100% statistical significance indifferences of Deaths Among Blacks/African Americans from 2018 to 2021.

Correlations				
Control Variables			Deaths Among Blacks/African Americans in 2018	Deaths Among Blacks/African Americans in 2019
Deaths Among Blacks/African Americans in 2021 & Deaths Among Blacks/African Americans in 2020	Deaths Among Blacks/African Americans in 2018	Correlation	1	.
		Significance (1-tailed)	.	.
		df	0	0
	Deaths Among Blacks/African Americans in 2019	Correlation	.	1
		Significance (1-tailed)	.	.
		df	0	0
Correlations				
Control Variables			Deaths Among Blacks/African Americans in 2020	Deaths Among Blacks/African Americans in 2021
Deaths Among Blacks/African Americans in 2018 & Deaths Among Blacks/African Americans in 2019	Deaths Among Blacks/African Americans in 2020	Correlation	1	.
		Significance (2-tailed)	.	.
		df	0	0
	Deaths Among Blacks/African Americans in 2021	Correlation	.	1
		Significance (2-tailed)	.	.
		df	0	0

Interpretations of the Results and the Findings of the Study

The study found that in 2018 341,408 out a totality population of 40,900,000 people or 0.0083% deaths among Blacks/African

Americans in the US. In 2019, the study found that 346,677 out the totality population of 41,147,488 people or 0.0084% deaths among Blacks/African Americans in the US. Additionally, in 2020 the study found that 499,213 out a totality population of 41,427,341

people or 0.012% deaths among Blacks/African Americans in the US. Finally, in 2021 the study found that 449,764 out of totality population of 41,858,536 people or 0.0107% deaths among Blacks/African Americans in the US. Furthermore, in 2018 the study found that 835 versus Crude Rate per 100,000 or 0.0084% deaths among Blacks/African Americans in the US. Also, in 2019 the study found that 843 versus Crude Rate per 100,000 or 0.0084% deaths among Blacks/African Americans in the US. Additionally, in 2020 the study found that 1085 versus Crude Rate per 100,000 or 0.011% deaths among Blacks/African Americans in the US. Finally, in 2021 the study found that 1075 versus Crude Rate per 100,000 or 0.011% deaths among Blacks/African Americans in the US. In summation, while these analyzed data statistics may appear minimalized, the results and findings of the study showed profound significant differences between dependent and independent variables at 100% correlations (see Tables 9 for more). The study concludes that the classified underlined or underlying health conditions played profound "SIGNIFICANT" roles in the "life expectancies" among Blacks/African Americans in the US during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021 [28-30].

Confirmation or Disconfirmation of the Theoretical Framework

This theory framework was selected for several reasons; first, the to investigate and explore the correlations/relationships between the roles classified underlined or underlying health conditions played in the "life expectancies" among Blacks/African Americans in the US during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021. Secondly, to review the correlations/relationships Black/African Americans "life expectancies" during COVID-19 pandemics, and thirdly, was to investigate if some of the classified deaths among Blacks/African Americans during COVID-19 pandemics were undermined, ignored, or simply classified "Cause of Deaths" as underlined or underlying health conditions. This was precisely why "Social Construction of the Ideology of Reality Theory" as lens of analyses. Based on the overwhelming results and the finding of this comprehensively complex research study, the study "CONFIRMED" that the low "LIFE EXPECTACIES" among Blacks/African Americans in the US was due to discrimination by the private and public healthcare practitioners [31-37]. In fact, in should be noted that some states in the US's healthcare public policies' administrators also played some significant roles as well; due to their poor decisions-makings abilities, capacities, and capabilities.

Implications of the Study on Public Health Policy

This comprehensive, complicated, and complex research study shed some fundamentally significant lights to all Blacks/African Americans in the US as well as to all private and public healthcare practitioners and to all healthcare public policies-makers. It also underscores some significant bright lights to the pharmaceutical companies across the board. Some of the itemized bright lights are discussed and underlined below.

Blacks/African Americans in the US

- a) Blacks/African Americans in the US should not buy into the unproven assumptions, perceptions, and untreatable as well as unmanageable health conditions due their classified underlined or underlying health conditions, which is not true.
- b) Blacks/African Americans in the US need to seek a second even third or more opinions before leaving their classified underlined or underlying health conditions untreatable as an accepted way of life.
- c) Blacks/African Americans in the US need to know that all classified underlined or underlying health conditions are universal to all races, ages, gender, and singular to them alone.
- d) Blacks/African Americans in the US need to know that the only singular reason as to not being treated in all healthcare platforms in the US is "Lack of Affordable Insurances" to pay for treatments.
- e) Blacks/African Americans in the US need to know that they are classified as "Vulnerable Population" in the US; which comes with this false classification of discrimination to valuable healthcare treatments, unnecessary and unneeded medications/drugs, and unnecessary and unneeded medical surgical procedures for the "MONEY" alone, which only serves the top healthcare practitioners and not the clients.
- f) These most common types of behaviors in the US financial industries in general, especially when dealing with Blacks/African Americans in the US, posed some major concerns. A. Blacks/African Americans in the US should and must "SEEK" first, second, third, or possibly fourth "OPINIONS" because submitting themselves to "Humanistic Experiments" to the "AMERICAN GREED" phenomenon. B. Blacks/African Americans in the US should and must know that "Vulnerable Population" were/are always subjected to "Marginalization", which were/are ALWAYS counterproductive to the clients. It is always about the MONEY; about the "Almighty Dollar."
- g) Blacks/African Americans in the US need to know that classified underlined or underlying health conditions are easily treated and manageable in two-folds; A. Having a concerned healthcare practitioner who is ready to effective, efficient, and proficient treatments' options is a must; and B. Systematic and symmetric changes of lifestyles which maybe challenging at the beginning, but eventually they will get used to it. It should be noted that changes of ones' "LIFESTYLES" is the beginning foundation in addressing all the assumed classified underlined or underlying health conditions in everybody's health's issues.
- h) Blacks/African Americans in the US need to know that whether they live in states which expanded their healthcare such as "Medicare" or "Medicaid" to Affordable Care Act (ACA) or not, they can still signup into "Affordable Care Act (ACA)" or "OBAMACARE"; because many medical doctors will happily

accept it for treatments today due to their quick payments by the federal government, without going through the painful complex and complicated issues of dealing with “Billing and Coding” and “INSURANCES COMPANIES” questionable paper works.

i) Blacks/African Americans in the US need to sign up into Affordable Care Act (ACA) also known as OBAMECARE; because it is not as expensive as assumed anymore; for example, if you earn between 25,000 and 35,000 per a household, possibly more, you will pay nothing, instead, federal government will pay your premium for you, due to your low household income. Please, visit www.healthcare.gov for more information.

Private and public healthcare practitioners and public healthcare decisions-makers

A. Private and public healthcare practitioners need to know that the classified underlined or underlying health conditions as the primary cause of deaths among Blacks/African Americans in the US is not correct.

B. Private and public healthcare practitioners need to investigate and overwhelmingly explore what led to the deaths Blacks/African Americans in the US in 2020 and 2021 during the infamous COVID-19 pandemics.

C. Private and public healthcare practitioners need to know that singularly classification of underlined or underlying health conditions as the primary cause of deaths are known as falsifications of data statistics.

D. Private and public healthcare practitioners need to know that the classified underlined or underlying health conditions should not be used as a dismissive reason for treatments Blacks/African Americans in the US.

E. Public Healthcare Decisions-Makers need to know that under counting or counting of classified underlined or underlying health conditions during required treatments among Blacks/African Americans in the US, serves nobody good in the healthcare industries.

Pharmaceutical companies in the US and outside productions associated medications/drugs productions' entities

A. Pharmaceutical companies need to know, ensure, and comply with the newly initiated, organized and pushed up Inflation Reduction Act (IRA) in 2022 which passed US Senate floor by 51 to 50 Blue versus Red votes. This famous passed Bill allows Medicare and Medicare to negotiate the prices of all medications/drugs in the US which actually reduced the price of INSULIN from \$650 to \$700 a month to a mere \$35 a month. This is a huge relieve for all Americans and Blacks/African Americans in the US will benefit significantly from IRA.

B. Recently, IRA was expanded to include additional overpriced lifesaving unaffordable drugs/medications which automatically saved the US 6.5 billions of dollars; and the impacts for all Americans especially Blacks/African Americans

in the US cannot be overemphasized. However, we all need to watch, monitor, and ensure that pharmaceutical companies comply holistically with the IRA pinpointed policies and stipulations.

C. Finally, pharmaceutical companies need to stop overpricing Blacks/African Americans in the US due to their inability to afford specialized/prescribed drugs/medications such as insulins, HP medications, weights reductions medications/drugs, and Type 1 and Type 2 Diabetics, just to mention a few, which can be classified as a simple greedy form of systemic, symmetric, and systematical ways of discrimination against Blacks/African Americans in the US. It does not make any sense if the same medications/drugs which was/is manufactured in the US that cost possibly \$650.00 plus in the US, but cost less than \$50.00 less in across Canada; yet, there was/is a federal healthcare policy law that you cannot buy the same medications/drugs when visiting Canada, if you are a US citizen. This tells you that the pharmaceutical companies can make robust profits regardless of if they were/are sold at discount rates in Canada or at overpriced to Blacks/African Americans in the US who cannot afford them.

Conclusion and Discussions of the Research Study

There is doubt that the issues concerning the classified underlined or underlying health conditions played in the “life expectancies” among Blacks/African Americans in the US before and during COVID-19 pandemics outbreak between 2018, 2019, 2020, and 2021 was/is fundamental. Classified underlined or underlying health conditions have been used for centuries in the US to denial Black/African Americans from receiving medical treatments, using some unproven, excuse, speculated false supports, lack of evidence-based research results and findings, and discrimination as a way of impacting Black/African Americans low “Life Expectancies” in the US. Studies upon studies have shown that having High Blood Pressure (HBP) is not singular alone or limited to or among Blacks/African Americans in the US alone; instead, they are UNIVERSAL health conditions to all. Furthermore, being diagnosed with health conditions such as Diabetics, High A1C, and Obesity, among others, they are not limited to Blacks/African in the US alone; instead, are UNIVERSAL across the board. Above, one of the most significant lessons learned and insights gained from COVID-19 pandemics in 2020 and 2021 was/is the exposures of misinformation, disinformation which led to the low “Life Expectancies” among Blacks/African Americans in the US. For example, during the beginning of this INFAMOUS COVID-19 pandemic, Blacks/African Americans in the US were/was misled that “They were saved from this infectious disease and they don’t have to wear any “MASKS” whenever they are in a large crowd or exposed to the elements outdoors.” This was not true; because Blacks/African Americans US who were/was considered as first respondents or essentials’ employees lost their innocent lives, due to their unneeded exposures to the environments’ elements without wearing any protective MASKS or GOWNES.

Healthcare discrimination against Blacks/African Americans

in the US is historic; as such, many Blacks/African Americans in the US “Do Not TRUST” the US Healthcare Delivery System or Processes. For example, take the infamous “Tuskegee Experiment” as case study, when thousands upon thousands of innocent “BLACKMEN” were intentionally exposed to syphilis and the DECIMATING generational impacts it created were/are still felt today. It should be noted that the generational negative cumulative frequencies’ effects cannot be undermined or overemphasized. For example, many Blacks/African Americans in the US “REFUSED” to take “COVID-19 Vaccines LIFE-SAVING” shots due to the previously created “FEAR of the UNKNOWN” for them by the US healthcare systems. Basically, thousands upon thousands of Blacks/African Americans in the US lost their innocent lives due to our leaderships-decisions makers’ inabilities, incapacities, and incapability ways to make simple “LIFE-SAVING” decisions. Due to their behaviors, COVID-19 pandemics reminded this study like the lookalike Pandemics in Europe between 1918 and 1919 which claimed more than 50 plus million lives. However, during this time, medicine was at its’ infantry stages; but leaders’ refusal to implement effective, efficient, or proficient simple problem-solving methodologies give COVID-19 pandemics the opportunities to make and achieved the “Impossibilities Became Probabilities and Probabilities Became Impossibilities” for Blacks/African Americans in the US in 2020 and 2021. As a matter of fact, COVID-19 pandemics created what many quantitative researchers will classify as an “Internal and External Intervals’ Conveniences and Inconveniences, Significant and Insignificant Statistical Calculative Indifferences”, for Blacks/African Americans in the US in 2020 and 2021, due to its’ continued damages’ implementations to their families today.

Moreover, it should be noted that Blacks/African Americans in the US (men & women) built this country; however, after 400 years plus of building this country, discriminations them is still overwhelming visible in all areas of financial, medical treatments, and interpersonally interactions in the US. During the infamous COVID-19 pandemics, Blacks/African Americans in the US were prevented from using “LIFE-SAVING” oxygens’ machines due to the color of their skin; however, Whites, Hispanics, Asians, Native-Americans, and Islanders were given first lines before Blacks/African Americans in the US. As sad as it can be, many Blacks/African Americans in the US died from lack of accessibilities to treatments; above all, hundreds of thousands of their “CAUSES of DEATHS” were directed falsely reported and attributed to their classified underlined or underlying health conditions. For example, the former Governor of New-York Andrew Cuomo was forced out of office due to the roles he played in reporting falsifications “CAUSE of DEATHS” in his state. This behavior was/is not singular to the state of New-York alone, but was/is a national phenomenon when dealing with Blacks/African Americans in the US healthcare issues. Basically, Blacks/African Americans in the US were/are the most discriminated groups in the US for the past 400 years plus in any avenues; and it still continues today as well. There is no doubt that there is no Blacks/African Americans in the US who was/is directly or indirectly not impacted by the infamous COVID-19 pandemics of 2020 and 2021; and the preventable pains and sufferings live on systematically.

Another significant setback that faced US before and during COVID-19 pandemics in 2018, 2019, 2020, and 2021 was “OUTSOURCINGS” effects, which practically “DECIMATED” US public and private business administrations the marginal propensities from being effectively, efficiently, and proficiently fundamental in 2018, 2019, 2020, and 2021 and possibly beyond in the US. These companies were looking for cheaper products and services outside the US and outsourcings started in Mexico; when the Mexicans become educated and wiser, they saw how much is being paid to Americans which was less than a few miles away from them in the US and they demanded higher pays and the US companies refused the deal. As such US manufacturing companies decided to outsource majority of their productions to China which was way less than Mexicans were demanding; these moves became a symmetric and a systematic immediate QUAGMIRE during COVID-19 pandemics due to the psychological and political warfare between China and US leaderships about the ORIGINALITY of COVID-19 pandemics. This was/is a good example of foolishly “Putting all your eggs in one basket”, because China refused to supply US the finished products and services which created a painful shortage which led to rationing of “LIFE-SAVING” protective gowns, latex gloves, breathing assisted machines, and even moisturizing hand sanitizers, just to mention a few. As usual, once again, Blacks/African Americans in the US paid the prize because they became the “Fifth Count in all the First Comes”; which claimed many innocent lives in 2020 and 2021 as a result of US manufacturing companies and US leaderships’ irresponsible decisions making processes, components, and protocols.

Also, it is important to note that thousands upon thousands of who died during COVID-19 pandemics were uncounched, miscounted, or attributed to previously classified underlined or underlying health conditions, which was/is not true. Once again, discrimination was/is not only historic in the US it was/is when dealing with medical treatments Blacks/African Americans in the US. There are many forms of discriminations when it comes to dealing with Blacks/African Americans in the US; for example, admissions in any US Universities Medical Schools are discriminative; completing the minimum of 4 years residence after completing medical school is discriminative, having a quality personal physician is discriminative, and according to data statistics, the changes of any Blacks/African Americans in the US having a personal physician was/is 1% to 3% across the board. In light of the negative implications of this research study on Blacks/African Americans in the US, it appears that they finally see some “BRIGHT LIGHTS” to bridge the gaps; many philanthropists in the US have supported Blacks/African Americans in the US colleges and universities as to soften their “PAINS & SUFFERINGS” due to unneeded discriminations. In fact, recently a billionaire Michael Bloomberg who is a white man donated a “LANDMARK” \$600 million dollars gift to support all Historic Black Colleges and Universities (HBCUs) to train a large number of the country’s future “BLACK DOCTORS” in the US. In summing up, this is exactly the kind of “BRIGHT LIGHT” Blacks/African Americans in the US need as to become more fundamentally equivocally familiar themselves to a fairer Healthcare Delivery Systems and Procedures in the US.

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