# Insights on racial and ethnic health inequity in the context of COVID-19

### COVID-19 is disproportionately impacting communities of color Racial and ethnic disparities in COVID-19 deaths per 100,0001

Deaths from COVID-19 per 100,000 Racial / ethnic minority 0 • • 0% 99%

3.2x 2.5x 2.6x

mortality rate<sup>2,3</sup> for the following American racial/ethnic groups is:

Compared to white Americans, the estimated age-adjusted COVID-19

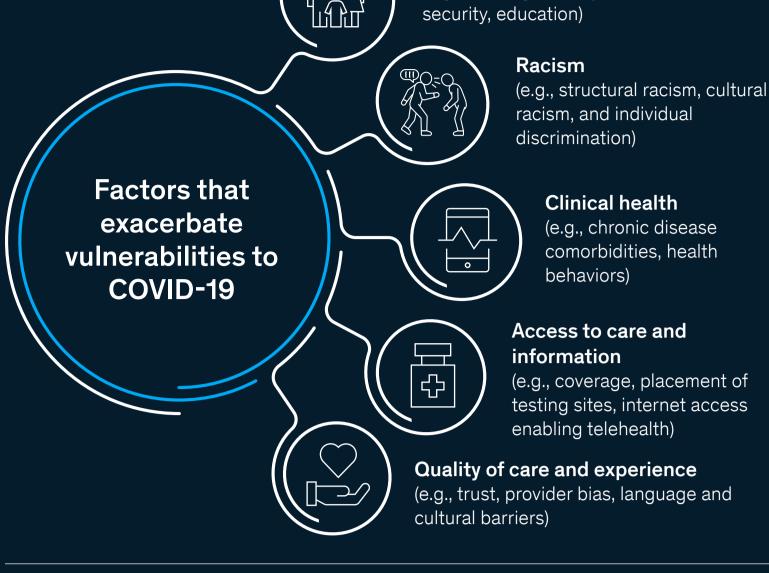
Black

American Indian

Hispanic/ Latinx

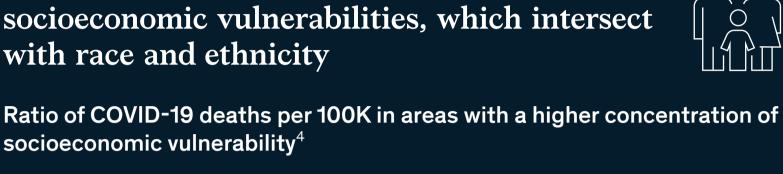
Islander Disparities in COVID-19 outcomes expose underlying

### inequities Socioeconomic factors (e.g., housing, employment, income, food



## with race and ethnicity Ratio of COVID-19 deaths per 100K in areas with a higher concentration of socioeconomic vulnerability<sup>4</sup> Severe housing problems

COVID-19 deaths are higher in areas with



4.5x

are a part of the prison

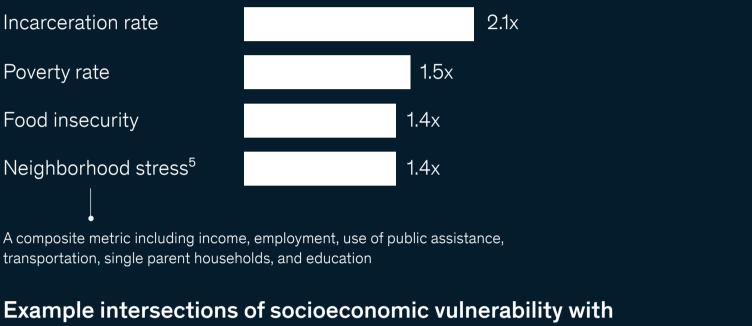
being 12% and 18% of

the general population,

population (despite

respectively)<sup>7</sup>

Unemployment 2.4x 2.1x



33% Black paid, highcontact

of the lowest-

essential iobs are

heightening

exposure to

risk of

#### held by Mass incarceration is associated with worse Black mental and physical health outcomes<sup>8</sup>, and in the Americans,

COVID-19<sup>6</sup>

race and ethnicity

Hispanic/ Latinx

Hispanic/Latinx

systematic denial of government and private sector services, a form of structural racism, is among factors that exacerbate health disparities for a range of health conditions (e.g., asthma, cancer)<sup>12</sup> households with children have been estimated to be food insecure

context of COVID-19, jail conditions heighten

risk - jail cycling (ongoing arrest and pre-trial

live in **urban** areas<sup>10</sup>, where about **90%** of

COVID-19 cases are concentrated<sup>11</sup>. Historical

COVID-19 cases in a single state9

detention practices) was associated with 16% of

Black deaths have been shaped by structural racism14

4x

4.1

COVID-19 deaths per 100K across

Lower % racial/ethnic minority

Higher % racial/ethnic minority

16x

1.7

negative health outcomes

White

Socioeconomic vulnerabilities contributing to disparities in COVID-19 Racism has been associated with stress and

Racism affects both physical and mental

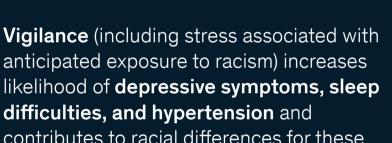
during the COVID-19 pandemic<sup>13</sup>

health, but the association between reported counties, by level of neighborhood stress score and concentration of racism and mental health has been found to racial and ethnic minorities 15 be twice as large as that for physical health 16

outcomes 17

compared to whites19

#### anticipated exposure to racism) increases 27 likelihood of depressive symptoms, sleep difficulties, and hypertension and 18.2 contributes to racial differences for these



High Low neighborhood neighborhood stress score stress score Black and Hispanic/Latinx Americans are at heightened clinical health risk for severe **COVID-19 symptoms** Black Americans have a

Patients with hypertension or diabetes,

both chronic conditions, were up to

Among women with low socioeconomic status, 27% of women of color report mistreatment in maternity care, compared to 19% of white women 18

higher likelihood of having a chronic condition

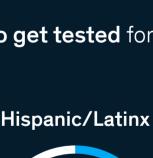
more likely to be admitted to the

ICU or die from COVID-19<sup>20</sup>

### Black and Hispanic/Latinx Americans were more likely to try to get tested for COVID-19, but less likely to successfully get tested<sup>21</sup> White Black

There are racial and ethnic disparities in

access to care in the context of COVID-19



get tested for COVID-19 % of respondents

Hispanic/Latinx Americans were

Hispanic/Latinx Black

8%

7%

Consumers

Consumers

Black

success rate in getting tested for COVID-19

% of respondents

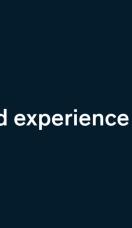
Americans were

attempting to

of testing sites, access to transportation, testing center hours of operation, and access to paid sick leave There is an opportunity to more broadly improve healthcare quality and experience for Black and Hispanic/Latinx consumers Greater representation could lead to more positive outcomes for communities of color Examples of racial and ethnic inequity in healthcare quality and experience Percent of physician specialists by race<sup>23</sup>

more likely to report loss of health insurance during the

pandemic compared to white respondents<sup>21, 22</sup>. Other contributing factors to disparities in testing may include: geographic placement



Hispanic/Latinx and Black

#### 6% 6% Americans make up 18% and 12% of the general population, 4% but make up 6% and 5% Psychiatry Cardiology **Family** Oncology of physicians, respectively medicine

of Black Americans have Although language reported being personally access is covered discriminated against under the Civil when going to the doctor Rights Act, only or health clinic<sup>24</sup> Healthcare organizations can innovate in-person, digital, and written solutions (e.g., video remote interpreting, website usability)<sup>26</sup> Racial and ethnic representation in the healthcare workforce is an

important factor for building trust-based, empathetic, and unbiased

of Black patients have reported that a doctor of the same race would understand their concerns best<sup>25</sup>

1 Racial and ethnic minorities included in county level analysis: American Indian, Alaska Native, Asian, Black American, Hispanic/Latinx, Native Hawaiian or Other Pacific Islander, Aggregate county-level deaths were sourced from the McKinsey Vulnerable Populations Dashboard from USA Facts and are not attributed to race or ethnicity APM Research Labs "The Color of Coronavirus". Indirect age adjusted COVID-19 deaths with a known race or ethnicity, reflects aggregated data across Washington, D.C. and

of hospitals offer

linguistic and/or

translation

services

For additional insights on age adjusted disparities by race and ethnicity, see Brookings memo "Race gaps in COVID-19 deaths are even bigger than they appear" June 2020; CDC COVIDView Week 25 Surveillance Summary; CDC Characteristics of Persons Who Died with COVID-19 — United States, February 12-May 18, 2020 4 Higher levels of socioeconomic vulnerability defined as the top quintile of counties for a given socioeconomic factor and lower levels defined as the counties in the bottom Neighborhood stress score is calculated based on a composite of Census values including income, employment, use of public assistance, transportation, single parent households, and education. See McKinsey Vulnerable Populations Dashboard data dictionary for additional detail 6 McKinsey Global Institute analysis, US Bureau of Labor Statistics, and the National Center for O\*NET Development

11 USA Facts Coronavirus Cases by County

cancer diagnosis and implications for health disparities research. 2016

relationships<sup>27</sup>

Sources and methodology notes

- Pew Research/Bureau of Justice Statistics. Includes inmates sentenced to more than 1 year in a federal or state prison. April 2019 8 Wildman, Christopher and Wang, Emily. Mass incarceration, public health, and widening inequality in the USA. 2017 Reinhart, Eric and Chen, Daniel. Incarceration And Its Disseminations: COVID-19 Pandemic Lessons From Chicago's Cook County Jail. June 2020
- 10 Defined according to the CDC NCHS Urban-Rural Classification Scheme for Counties. Includes large, large fringe, and medium metropolitan areas 12 Encyclopedia Britannica. Redlining; Associations between historical residential redlining and current age-adjusted rates of emergency department visits due to asthma across eight cities in California: an ecological study. 2020; Beyer et al. New spatially continuous indices of redlining and racial bias in mortgage lending: links to survival after breast
- 13 Schanzenbach, D. W., & A. Pitts. Food insecurity in the Census Household Pulse Survey Tables. Northwestern University Institute for Policy Research Rapid Research Report. Stark racial disparities emerge as families struggle to get enough food. July 6, 2020 14 Williams et al. Racism and Health: Evidence and Needed Research. January 2019 15 Low neighborhood stress score defined as counties in the bottom quintile, high neighborhood stress score defined as counties in the top quintile. Percent racial/ethnic minority also defined according to quintiles. Death rates unadjusted for demographic factors; analysis reflects observed association 16 Bailey, Zinzi D. et al. Structural racism and health inequities in the USA: evidence and interventions. 2017

LaVeist et al. The relationships among vigilant coping style, race, and depression. 2014; Hicken et al. Racial/ethnic disparities in hypertension prevalence: reconsidering the

- 19 CDC. Includes cardiovascular disease, asthma, diabetes, chronic kidney disease, hypertension, and obesity 20 Richardson et al. Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area. April 2020 McKinsey COVID-19 Consumer Survey as of June 8, 2020. Respondents were asked whether they have lost health insurance since the beginning of the Coronavirus / COVID-19 pandemic began (e.g., due to job loss), but exact reasons for job loss were not reported 22 Commonwealth Fund. How the Affordable Care Act Has Narrowed Racial and Ethnic Disparities in Access to Health Care. January 2020
- 23 AAMC Diversity in Medicine: Facts and Figures 2019. Excludes physicians for which race or ethnicity is unknown 24 National Public Radio, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health. Discrimination in America: Experiences and Views of African Americans. Figure 1. 2017 25 Marcella Alsan, Owen Garrick, and Grant Graziani. Does Diversity Matter for Health? Experimental Evidence from Oakland. August 2019 Title VI of the Civil Rights Act of 1964; 2018 American Hospital Association Statistics, Figure 6; HHS Office of Minority Health. National Standards for Culturally and

Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. 2013 Williams, David and Cooper, Lisa. Reducing Racial Inequities in Health: Using What We Already Know to Take Action. February 2019

role of chronic stress. 2014; Slopen, Natalie, Lewis, Tené T., and Williams, David R. Discrimination and sleep: a systematic review. 2016 Vedam et al. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. June 2019