Issue Brief

Health Equity and COVID-19

February 2021

Background

As with other communicable and chronic diseases, COVID-19 has disproportionately impacted communities of color, people living with disabilities, and those living in rural and frontier areas. Our nation's history of racial discrimination has led to disparities in overall health status, with Black Americans experiencing lower life expectancies than White Americans in every state. Immediate policy changes that support investments in social and environmental health factors and address these disparities head-on are needed to reduce COVID-19 illness and death in all populations, especially in communities of color, settings where individuals with disabilities live, and rural and frontier communities.

Issues and Considerations

- A disproportionate number of people of color work in industries deemed essential (e.g., public transportation, hospital environmental sanitation/custodial, grocery store, meat-packing, seasonal agricultural work). These jobs are at the highest risk of COVID-19 infection due to the duration of potential COVID-19 exposures and, in some instances, employers failing to adequately protect their workforce. These are also jobs that cannot be performed during "stay-at-home" or "shelter-in-place" orders.
- Public health messages about mitigation, containment, risk reduction, and vaccine safety were created without significant input from communities of color, resulting in decreased trust in the health system, decreased compliance with mitigation strategies, and increased vaccine hesitancy among minority populations.
- Failure of state and local plans to specifically address the needs of individuals with disabilities has put these populations at greater risk for COVID-19 infection.
- Housing, economic, and food insecurity disproportionately experienced by Black, Brown, American Indian, Native Alaskan, and other non-White groups have put these populations at greater risk of serious COVID-19 illness and exacerbated non-COVID-19 related health issues.
- Low wage and part-time workers without health insurance and paid leave will feel pressure to continue to report to work, avoid isolation, and not comply with contact tracing systems for fear of the economic consequences of not attending work, including termination.
- The lack of race and ethnicity data collection early in the pandemic led to a slow federal and state response to outbreaks within many communities of color.
- Overreliance on national pharmacy chains and direct healthcare services could create unequal access to vaccine and testing sites. National pharmacy chains and direct healthcare services are limited in poorer urban neighborhoods and rural areas across the United States, especially in frontier states such as Alaska, areas of the mountain west, and the southwest.

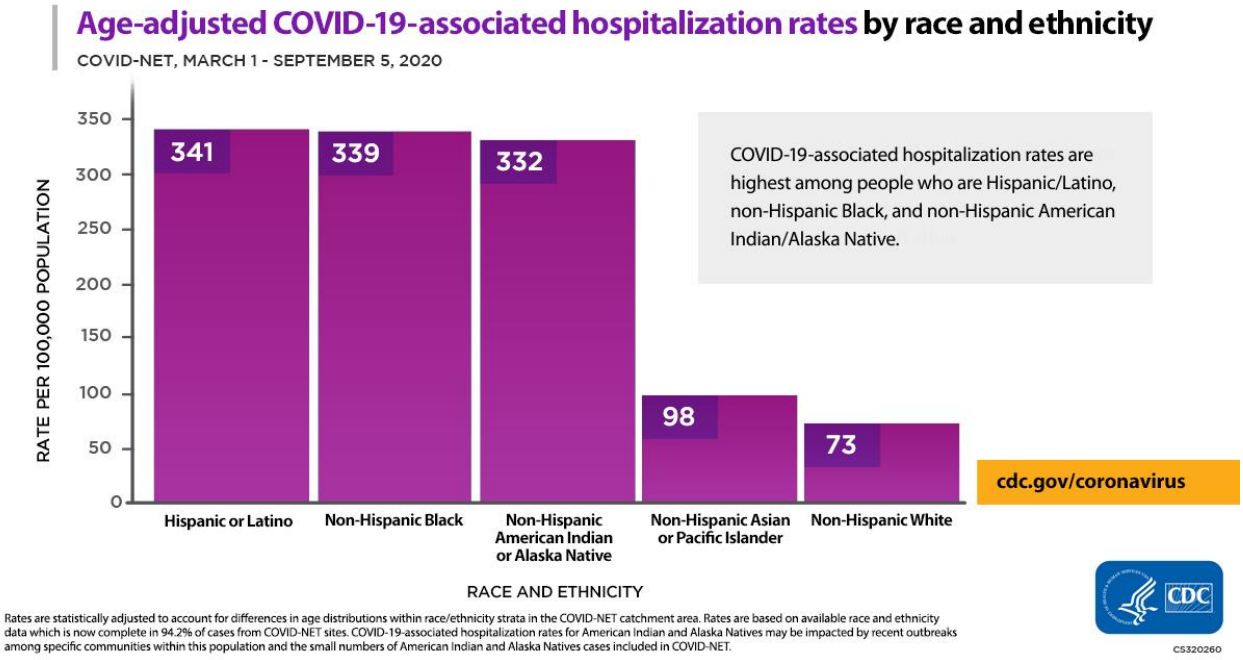
Solutions and Ideas for Improvement

- Invest in a community-informed, culturally sensitive, and linguistically appropriate national messaging campaign to build trust in the public health system and reduce vaccine hesitancy.

- Mandate disaggregated race and ethnicity data reporting for cases, testing, hospitalizations, and deaths. Incentivize the collection of these data with federal funding.
- Invest in actions that can moderate the economic and social impact of COVID-19 containment or mitigation efforts that may result in loss of housing or employment. Examples include extending the moratorium on evictions, income supplements to offset job losses, and paid sick leave during ordered quarantine and isolation periods.
- Provide testing and vaccination services in locations and at times that are convenient for people who may not have flexibility in their schedules.

Further Resources

- Rebuilding a More Equitable Housing System Post-COVID
- Promoting Health Equity through State Orders for COVID-19 Testing
- Health Equity During COVID-19: Top Strategies for an Equity-Focused Recovery Strategy
- Getting Creative to Keep Americans Fed During COVID-19



Source: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/data-visualization.htm. Accessed Nov. 15, 2020.

Contact

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