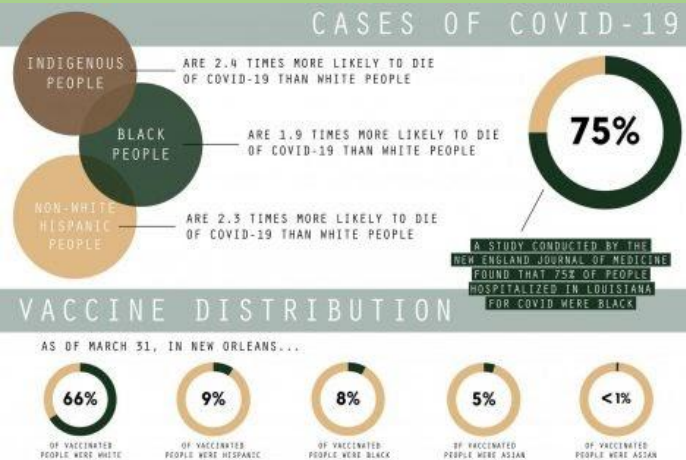


DOING OUR PART

The COVID 19 Pandemic has affected many individuals and communities. As we took the time to examine the disparities in healthcare, we have come across the challenges that many minority groups face. These disparities have affected many of the minority groups living in the US. This pandemic has brought forth the racial injustices and inequalities in health care. As we continue to fight the COVID-19 Pandemic, we all have a part to play in helping to prevent the spread of COVID-19 and promoting fair access to healthcare. To do this, we must work together to ensure that people have resources to maintain and manage their physical and mental health in ways that fit the communities where people live, learn, work, play, and worship.



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STATISTICS

- COVID-19 has various social and economic impacts of distribution of housing, transportation, economic opportunity, education, food, air quality, health care.
- Housing:
 - Low-income renters statistics on housing hardship
 - 4 in 10 NY residents are homeless or have severe rent burdens.
 - Pre-Pandemic of low income/racial minorities renters rate
 - 30% Fall behind on rent
 - 20% utilities cut off
 - 19% move in with other people
 - 15% Threatened with eviction
 - Covid-19 has exasperated these statistics and they are still on the rise.
- Health
 - people of color have a greater prevalence of comorbidities
 - Hypertension
 - Obesity
 - Diabetes
 - Lung disease
 - This higher comorbidities makes people of color more at risk to the COVID-19 virus.
- Jobs
 - Due to persistent inequalities in the workforce among minorities and specific racial groups there were already high rates of unemployment.
 - people of color are more likely to be in face-to-face occupations including restaurant service or retail positions
 - Black and Latino's had relatively high unemployment rates
 - 16.7% for Black workers compared to 14.2% for White workers
 - 18.9% for Hispanic workers compared to 13.6% for non-Hispanic workers
- Food
 - During Covid-19 pandemic
 - 11 percent of families with children report lack of sufficient food
 - 7 percent for households without children report lack of sufficient food
 - Black and Latino adults were more than twice as likely as white adults to report that their household had a lack of food.
 - 16 percent of black people compared to 7 percent of white adults

Covid Disparities in Health Care Outcomes



The Covid-19 virus has affected many people and their families across the world. There are long-standing systemic health and social inequalities that have put marginalized populations such as racial and ethnic minority groups at a higher risk of getting sick and dying from Covid-19. The Covid-disparities in Health Care has shown that these populations have unequal opportunities for their physical, economic, and emotional health. There has been an increasing amount of evidence that has shown us that these racial and ethnic minority groups have been disproportionately affected by Covid-19 by inequalities in access to healthcare, education, discrimination, housing, and occupations.

FACTORS THAT CONTRIBUTE TO DISPARITIES ACCORDING TO THE CDC:

Discrimination- the discrimination that exists in the housing market, job market, the educational system, and many others. All of these factors can contribute to an increase in exposure and stress which can affect the probability of becoming infected with COVID

Healthcare- Certain racial and minority groups are considerably less likely to be insured and therefore have less access to our seriously flawed healthcare system. "Healthcare access can also be limited for these groups by many other factors, such as lack of transportation, childcare, or ability to take time off of work; communication and language barriers; cultural differences between patients and providers; and historical and current discrimination in healthcare systems." Because of distrust in the government, these groups may also be less likely to seek help.

Occupation- due to the racism that exists in the employment industry, there is a significantly larger amount of minority people that work in essential positions. All of these cause a much larger amount of exposure to COVID.

Educational, income, and wealth gaps- The discrimination that exists in many neighborhoods and in the job market has led to a stronger likelihood of people of color living in lower income neighborhoods. This contributes to the cycle of poorly funded schools leading to less college opportunities, that lead to lower income jobs and thus living in lower income neighborhoods.

Housing- It's also important to take into consideration the higher number of racial and minority groups facing unemployment during the current pandemic. This can often result in many people living in one house which will also create a higher risk of being exposed to COVID. In even more concerning situations, people will lose their houses and become homeless, only increasing the risk further.

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BLACK WOMEN AND OTHER RACIAL MINORITY DISPARITIES AND INEQUITIES, MATERNAL MORTALITY

The Center for Disease Control reported that Black women and other racial minority women experience maternal mortality at a rate of three to four times higher than white women (CDC,2014). Black women and other racial minority maternal care are not closely monitored like white women. Racism affects so many obstacles before the patient gets to the clinical encounter (American Heart Association News, Feb 20, 2019). Black and other racial minority maternal disparities have been documented that when they are hospitalized, they receive a lower quality of care. African American women are denied care when they seek health care when enduring pain or that health care and social service providers failed to treat them with dignity and respect. The other factors contributing to disparities are underinsurance and the lack of hospitals and facilities offering quality maternity and neonatal care in underserved communities are also a key factor in these disparities (Taylor, J.,Novoa et al, May 2019). The hospitals with higher proportions of black patients have higher mortality rates for surgery, heart attacks, and very low birth weight, neonates (Howell EA, Egorova N, Balbierz A, et al, January 2016). As Social Workers, we have to value dignity and worth to ensure that our clients are treated with integrity by health care and social service providers. It is our job to utilize intervention and prevention when one of our patients is the victim of disparities and inequalities or possibly a victim of maternal mortalities. It is important to be resourceful to generate health advantages for Blacks and other racial minority women. We can implement interventions tailored specifically towards racial/ethnic disparities not only for maternal health, but for health services as well. The Reduction of Patient's Safety Kits in Women's Health Care and Alliance in Maternal Health, (Aim Program) (Oribhabor, GI., Nelson, ML, et al, July 2020) The safety kit and program measures hospitals, clinicians, ways to reduce maternal morbidity and mortality inequalities. This can also be beneficial for mutual decision making, cultural competency, unconscious bias, and training workers how to use appropriate communication skills. Most importantly, keeping a tracking system can help improve the quality of healthcare and also detect inequities.

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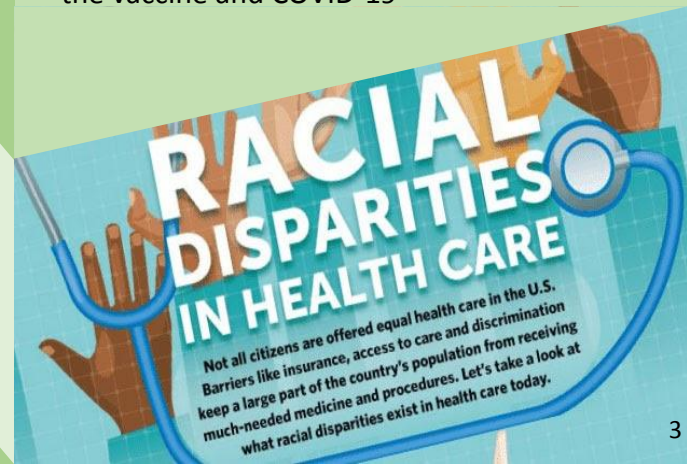
COVID-19

RACIAL DISPARITY AND IMPLICIT BIAS



Different ways to address COVID-19 health disparities

- increase awareness of COVID-19 racial and ethnic disparities
- strengthen patient and treating physician relationships that will create trust
- open free COVID-19 testing sites in high-risk area
- open free COVID -19 vaccination centers in high-risk population
- educate members of the community about the vaccine and COVID-19



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