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**Health Disparities faced by racial/ethnic groups amid the COVID-19 pandemic**  
**Social Factors contributing to the physical health of minorities**

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Composition 101

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## Health Disparities faced by racial/ethnic groups amid COVID-19 pandemic

**Introduction**

One of the deadliest pandemics, known as COVID-19, has been surging across the United States for approximately a year. The first known case of COVID-19, a respiratory disease caused by SARS-CoV2, in the U.S. was on February 26, 2020, and it has only grown exponentially since then. Along with the contagious transmission of the deadly virus, the United States also faced financial and social disruptions as citizens suffered from food insecurity, unemployment, mental health, inability to receive medications and treatment for the older population, technology issues for students residing in rural communities, and much more.

While the COVID-19 pandemic brought unprecedented damage worldwide, it specifically impacted the already disadvantaged racial/ ethnic groups. As of March 3, 2021, COVID-19 had claimed 513,122 deaths and 28,456,860 cases in the United States alone (CDC 2020a). During the early months of immersion of COVID-19, researchers and prior evidence predicted the disparities amongst the racial and ethnic groups to increase due to COVID-19. This prediction became evident as the US Centers For Disease Control (CDC) shared that people of color were hospitalized disproportionately with high infection rates from COVID-19 (CDC 2020b). A figure from Garcia et al. study evaluated a total number of ethnic and racial groups adults over 65 per 100,000 population (as recent as June 17, 2020) where blacks were three times, and Latinx were two times more likely to pass away than Whites (2020). Specifically, in New York, the Blacks and Hispanics were 6 and 4 times more fatality rates than Whites, respectively (Holtgrave et al. 2020). People of color with pre-existing conditions, especially the African American population, such as diabetes, obesity, heart diseases, sickle cell disease, and much more, are experiencing increased complications and mortality rates (Lee and Ahmed,

2020). The main purpose of this literature review is to understand the social factors that impact the physical health of racial/ethnic groups in the United States. Studies investigating the health disparities among racial and ethnic groups show that these particular minority populations are disadvantaged in other aspects of life, such as social factors, which ultimately affect their ability to access and utilize healthcare in the United States.

### **Social Factors impacting racial/ethnic groups during COVID-19**

#### ***Criminal Justice System and its contribution to health disparities***

When looking at social factors that impact the health of several racial/ethnic groups, there are various elements to consider. Phelan and Link (2015) stated that "racial inequalities in health endure primarily because racism is a fundamental cause of racial differences in socioeconomic status, and in turn socioeconomic status is a fundamental cause of health inequalities" (pg. 311). People from the Black communities are more likely to be arrested, incarcerated, and be jailed for a longer time when compared to the White population (Crutchfield and Weeks 2015). This unequal treatment in the criminal justice system hinders their ability to work and support their families, damages social relationships with family and friends, causes difficulty in finding jobs in the future, and much more, which can play a toll on their overall health. Being the disadvantaged group in the criminal justice system also impacts their education, creates a criminal record that automatically eliminates hiring at many places, and hurts their ability to secure a good job in the future.

#### **Wealth gaps and their contribution to health disparities**

Individuals from racial/ethnic backgrounds represent a high portion of the essential workforce and work multiple low-paying jobs. Since their median household income is under the federal poverty line, this negatively affects their exercise routine and other factors contributing to

healthy living (Lee and Ahmed 2020). Due to the broad representation of racial/ethnic groups in low-paying jobs, these populations are unlikely to be insured through their employers compared to a White population, who are usually provided with insurance through their jobs (Brown 2018). Inability to access healthcare already creates a health barrier for the racial/ethnic groups as they face challenges to access healthcare. The job segregation and the wealth gaps are interconnected, especially for racial/ethnic groups, as their low-paying jobs become a barrier in almost every aspect (i.e., insurance, house, food, etc.) of their lives. Brown (2016) shared that while the median midlife income for older White households was \$105K whereas, the median midlife income for Blacks and Latinx were less than 5K and 39K (pg. 29). Due to the median household income being lower than the federal poverty line and wealth gaps due to low-paying jobs, racial/ethnic groups are disproportionately impacted.

***Inability to align with COVID-19 guidelines and its contribution to health disparities***

Incarceration and wealth gaps may also be among the main contributing factors in observing racial/ethnic groups living within multigenerational families. These determinants result in individuals from racial/ethnic groups facing hardships abiding by the COVID-19 guidelines, such as social distancing. Yancy (2020) describes social distancing as a privilege only gained by individuals who have access to a safe home, the ability to work remotely without being laid off, income to support their livelihood, etc. Despite lower representation of Black and Latinx within nursing homes, the minority community members living in nursing homes or long-term facilities lack sanitation and quality (Howard et al. 2002). These discriminatory behaviors result in these populations facing a higher risk of being exposed and infected with COVID-19.

***Mishandled treatment/care and its contribution to health disparities***

Along with the inability to align with COVID-19 guidelines at homes, workplaces, or nursing homes for racial/ethnic groups, several minority groups face injustices with treatment. Research has also shown that minority groups are more likely to face longer wait times during doctor visits and be misdiagnosed and misunderstood by their healthcare providers as cultural, religious beliefs, racial stereotypes play a critical role in their treatment (Hoffman et al., 2016). Findings from Obermeyer et al. (2019) also stated that there was evidence that black patients would not be considered for advanced treatment despite showing similar symptoms as white patients. These misconceptions regarding racial/ethnic groups contribute to the misdiagnosis of people from racial/ethnic groups who are infected with COVID-19 and make them vulnerable. Misdiagnosis and other social factors that lead to minority groups being infected with COVID-19 become much more worrying when looking at the underlying conditions and health problems they face.

### ***Physical Health Factors impacting the health of racial/ethnic groups during COVID-19***

Social disparities in terms of criminal justice, occupation, wealth gap, healthcare, etc., have only worsened the increasing complications within diseases and pre-existing conditions in minorities. Findings from Garg et al. (2020) show that COVID-19 is more likely to cause older adults to be hospitalized; the majority of people hospitalized due to being infected by COVID-19 have one or more underlying conditions. According to Yancy 2020, this is evident within the racial/ethnic communities as "In Chicago, more than 50% of COVID-19 cases and 70% of the COVID-19 deaths involve black individuals, although blacks make up only 30% of the population" (pg. 1891). It is also well-known that Blacks and Latinx are more likely to die of COVID-19 than Whites due to the health disparities within pre-existing conditions such as obesity, diabetes, which are known factors to cause significant complications in one's health if

infected with COVID-19 (Stringer 2020). Shockingly, a finding from Thorpe et al. (2017) found that "...the risk of being diagnosed with diabetes is 77% & higher for African Americans and 66% higher for Hispanics compared with White Americans (para. 3). This evidence clearly shows that racial/ethnic communities, who are already more likely to have pre-existing conditions, have impaired immune systems, making them susceptible to severe complications like death from COVID-19.

### **Conclusion**

Prior evidence regarding health disparities within people of color predicted that the COVID-19 pandemic and its restrictions would disproportionately impact racial/ethnic groups. Racial/ethnic health disparities are a significant issue in the United States as these racial disparities show that there are no adequate financial and social resources for the people of color to access and utilize healthcare to lead healthy lives. Racial and ethnic minorities are disadvantaged in other aspects of life such as education, criminal justice, housing, access to healthcare, job opportunities, etc., which impacts their health directly. Individuals from racial/ethnic groups are more likely to live amongst multigenerational families in a crowded space, making it impossible to abide by COVID-19 guidelines if any member was exposed or infected. In terms of criminal justice, minorities are more likely to be incarcerated. This heavily influences their future as it may limit them to high-paying secure job opportunities where they are offered flexible yet safe work environments and the ability to work remotely. Studies also show that education ties with job opportunities since lower education levels lead to racial/ethnic individuals working unstable and low-paying jobs as "essential" workers. These individuals from racial/ethnic minorities, who are already disadvantaged, are the frontline workers who work for the proper functioning of the communities. Unfortunately, this only increases their chances of

being exposed or possibly getting COVID-19 and spreading it to their families. Due to the existing disparities for racial/ethnic groups within the various sectors of society, such as the workforce, education, healthcare, etc., racial-ethnic communities have been impacted disproportionately with COVID-19, which will cause a major setback for them in the long-term. According to the United Nations Department of Economic and Social Affairs, if proper measures are not implemented to address the societal setbacks caused by COVID-19, we will only witness an increase in discrimination, health inequity, and unemployment in the future (UN 2021). In conclusion, the COVID-19 pandemic highlighted the existing issues within the US that should be addressed for the sake of righteousness and justice of the racial/ethnic groups.



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