Impact of COVID-19 on Black Families

The worldwide fight against COVID-19 was first officially characterized as a global pandemic in March 2020. This new novel Coronavirus, often deemed by many pundits as the “great equalizer”, was anything but equal. The pandemic has further unveiled the alarming reality of racial disparity in the United States. Before March 2020, the disparities in health outcomes for people of color were appalling, and the COVID-19 pandemic highlighted and amplified racial health disparities. The Black community has greater generational prevalence of COVID-19 co-morbidities including hypertension, obesity, diabetes, and lung disease. Though the virus has impacted people of all backgrounds, its impact on Black families has been considerably consequential across lines of geography, age, and living conditions. The disproportionate impact of COVID-19 on marginalized and minoritized communities where poverty, lack of access to health care, nutritious food, affordable housing, and accessible transportation, as well as congregate living with multi-generational family members proliferate, increases exposure to the virus.

Not only are people of color, especially Black and Latinx Americans, more likely to contract and die from COVID-19 due to higher likelihood of living in densely populated cities, but they are also disproportionately affected by its economic consequences. Black adults report high rates of family financial insecurity and hardship. Black and Latino adults report high rates of family financial insecurity and hardship. In July, 64 percent of Latino adults, 57 percent of Black adults, and 55 percent of Asian adults who responded to the Census Bureau's Household Pulse Survey said at least one member of their household had lost employment income since March 13. White adults were less affected, with 45 percent reporting that a member of the household had lost employment in the same period.¹

COVID-19 has also shone a glaring spotlight on an issue that has significantly impacted health outcomes for Black families, the United States’ wealth gap between White and Black Americans. Decades of racism and persistent systemic inequalities not only make the Black community more vulnerable to the economic effects of the virus, but also make it even harder for them to fight against its devastating impact. The average household net worth (total assets less debt) for Black households was $142,000 in 2019, compared with $981,000 for the average White household.² The pandemic has brought into stark reality many of the issues and disparities that created and continue to perpetuate the racial wealth gap. As of mid-December 2020, 24.4 percent of Black households with mortgages were behind on their payments, compared with 8.3 percent of white homeowners.³ The economic legacy of COVID-19 has been devastating for Black families, further increasing the racial wealth divide and aggravating historic issues that have made it more difficult for Black Americans to thrive.

This brief provides recommendations from the National Black Child Development Institute (NBCDI) to address devastating impacts of the pandemic on Black children and families. The pandemic has revealed deep-seated inequities in health care for communities of color and amplifies social and economic factors that contribute to poor health outcomes. We believe solutions are the foundations of all social and cultural evolutions. It is the basis for continuous improvement, communication and learning. Because Black and Latinx Americans are significantly more likely to experience negative social determinants of health than their White counterparts, it makes us more likely to have contracted the illness. The economic disparities coupled with troubling health disparities make the virus and its impact far more deadly for Black Americans than white Americans. We have identified three recommendations to address the COVID-19 pandemic’s disproportionate effects on Black families and act as a great equalizer to offset its devastating impacts on the Black community.

¹ https://www.urban.org/features/tracking-covid-19s-effects-race-and-ethnicity-questionnaire-one

SCOPE OF PROBLEM

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According to the February the Centers for Disease Control and Prevention’s (CDC) COVID-19 data tracker, race and ethnicity data are available for only 51% of reported cases and 74% of reported deaths in the U.S., causing public health experts to rely on non-government organizations to fill this information gap. Having this data widely available should be fundamental and is essential to better tracking of disease burden communities across the United States and informing just allocation of critical resources. Currently, there is extremely limited data showing how Black and Latino Americans have been disproportionately affected by the coronavirus. The data we have comes from the U.S. Centers for Medicare & Medicaid Services, which pertains only to older Americans covered by Medicare, show that Black Americans are nearly four times more likely than white Americans to be hospitalized with Covid-19. The limited available data illustrates a devastating portrait that health disparities, both during and before COVID-19, are heavily tied to social determinants of health — the conditions in which people are born, grow, live, work, and age. Having this essential data is the most important step to inform national and state action to address health disparities as a national priority.

On December 27, 2020, federal legislation was enacted by Congress largely to provide COVID-19 relief. Included in the omnibus bill was a total of $3 million in funding for social determinants of health pilot programs. The pilot program, based on the Social Determinants Accelerator Act of 2019, will supporting local governments to create plans to tackle these issues head on in our communities. For Black and Latinx communities, social determinants of health, like job type, housing status, experience with the justice system and incarceration, and use of public transportation, are tied to disproportionate COVID-19 infection rates and deaths. Everyone understands how diabetes and heart disease drastically impact Black and Latinx health, but social determinants like income inequality, poor public transportation and housing instability can have an even greater effect on well-being. Social determinants of health are considered the non-medical factors of healthcare that account for up to 80 percent of health outcomes. Addressing these factors can have a meaningful impact on the prevention and management of chronic diseases in the Black and Latinx communities. The Social Determinants Accelerator Act of 2019 (HR 4004, S. 2986) sought to help states and communities devise continued
strategies to better leverage existing programs and authorities to improve the health and well-being of those participating in Medicaid. The new omnibus bill legislation will provide planning grants and technical assistance to state, local and Tribal governments to help them devise innovative, evidence-based approaches to coordinate services and improve outcomes and cost-effectiveness.

Institutional racism has categorically seeped into the design and implementation of many public policies, contributing to inequities and injustices that prevailed long before COVID-19. Today’s relief and recovery efforts have been shaped by historical bias and have easily fallen in line with past patterns and practices. Unless policymakers recognize them and work to change failing systems, they are dooming the Black families in most need of help.

For example, the federal government failed to anticipate or address the issue of discrimination within program delivery systems, which have visibly emerged as COVID-19 vaccines have been developed. Black Americans are getting vaccinated at lower rates than White Americans. The lack of thoughtful planning during the previous administration has inevitably led to a situation where those who are well-connected and well-resourced can obtain vaccines, leaving many others to go without them. Only about 3% of Americans have received at least one dose of a coronavirus vaccine by January 2021. However in 16 states that have released data by race, white residents are being vaccinated at significantly higher rates than Black residents, according to the analysis — in many cases two to three times higher.8

RECOMMENDATION

Recognize and eliminate discrimination in vaccine delivery systems.