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Research for web project about COVID-19

OVERVIEW/INTRO:

According to the CDC, COVID-19 is disproportionately affecting minority groups, with "BAME" (Black, Asian, and minority ethnic) populations having higher death rates compared to their White counterparts (Public Health England, 2020, p. 4). This disparity in outcomes is exacerbated by various factors, including limited healthcare access and utilization, poor housing, occupation, health education, and wealth gaps, all of which are interconnected and worsen the situation (CDC, 2020). However, the most significant contributing factor to the disproportionate impact of COVID-19 on ethnic minorities is socioeconomic status, which affects all other factors and exacerbates these disparities further. Through this project we will explore how the COVID-19 pandemic has exposed the contributing factors as to why minority groups were disproportionately affected by something like a global pandemic.

MONEY'S EFFECT:

"Access to primary care services" is crucial for individuals to stay safe during a global pandemic, but the lower socioeconomic status prevalent in minority groups affects their ability to access healthcare.(Arnett et al. 2016). The consequences of limited access to such services are alarming, with 78% of deaths under 21 from COVID-19 occurring in minority groups, even among younger generations(Dyer 2020). This disparity in healthcare access and outcomes is not limited to COVID-19, as

minority groups often face lower socioeconomic status, resulting in reduced insurance coverage and higher copays for treatment, ultimately leading to reduced access to quality healthcare. Such economic challenges exacerbate the already-existing gap between the impact of COVID-19 on minority groups versus their white counterparts.

Due to the proclivity for ethnic minority groups to have a lower socioeconomic status, additional issues facing those endeavoring to survive the pandemic is the ability to minimize contact with possibly infected individuals. Common ways many people of higher socioeconomic status stayed safe was by working from home and remaining physically distant from others in the workplace or even at home. However, many of these people are working in the service industry or other high contact jobs, which lack the flexibility of being able to work from home or leave their high contact jobs due to lack of any meaningful savings due to these jobs being typically lower paying, which “puts them at a higher risk of exposure to the virus” (CDC, 2020). In addition, lower income housing often is crowded and thus even if one member of the household worked they would have a high probability of infecting the whole family, because “in some cultures it is common for family members of many generations to live in one household” (CDC, 2020). The typically lower household savings held by minority groups leads these individuals to go to work and not complain about hazardous working conditions in order to maintain a household income to cover the costs of living through the pandemic. Even in the medical field it was found that doctors who worked in BAME communities were “twice as likely as white doctors to feel pressured to see patients in high-risk settings without adequate personal protective equipment” (Kirby, 2020).

HEALTH LITERACY:

Lower socioeconomic status also impacts the health education of a person and thus due to the lower socioeconomic status of minority groups they are increasingly likely to have lower “health literacy” about the COVID-19 virus, and thus less knowledgeable about how to avoid catching it. (McCaffery et al., 2020) the fact that there are “disparities in COVID-19-related knowledge, attitudes and behaviors” due to the level of one's health literacy and language, clearly shows that once again the lower socioeconomic standing of minority groups puts them at increased risk of contracting the COVID-19 virus. Lower health literacy can also make people suspicious of the medical field and less trusting of medical professionals which is known to be a factor in “usual source of care disparity” meaning that they are less likely to seek out the proper medical care when it is needed. (Arnett, M. J., et al., 2016) In addition, lower levels of education leads to “issues of stigma” with minority groups being fearful of being tested for COVID-19, and these fears were “identified as negatively impacting health seeking behaviors”(Public Health England, 2020, p. 7). The fact that some members of minority communities were less likely to seek care “negatively impacted[ed] how BAME groups took up opportunities to get tested and their likelihood of presenting early for treatment and care” further putting them at risk of being infected and then hospitalized (Public Health England, 2020, p. 8).

PRE-EXISTING HEALTH:

Another huge difference that the lower socioeconomic status of minority groups has on the increased effect that COVID-19 has on the group, is due to how the lower

economic status contributes to the group having more pre-existing health conditions and thus this group being more susceptible to the COVID-19 virus. When looking at pre-existing conditions you can see that “Black patients had higher prevalence of obesity, diabetes, hypertension, and chronic kidney disease than white patients” (Price-Haywood, Eboni G., et al., 2020). These underlying health conditions are due to the reason that being in a “residence in a low-income area” is connected with “increased odds of hospital admission” (Price-Haywood, Eboni G., et al., 2020). This higher prevalence of underlying conditions is linked to the fact that the lack of primary care has a correlation with “poorer health outcomes across a variety of diseases” (Arnett, M. J., et al., 2016). Due to these worse health outcomes that these minority groups face, mean that they have a higher chance of being infected by the COVID-19 virus due to their poor health and weakened immune system, while also being more likely to face medical complications and hospitalization when fighting the virus, with “people of all ages with chronic conditions having the highest risk of severe disease, including death” (Price-Haywood, Eboni G., et al., 2020).

FUTURE PREVENTION:

Healthcare access can also be limited for these groups by communication and language barriers; cultural differences between patients and providers; and historical and current discrimination in healthcare systems, all factors that could be fought against with a movement to better accommodate minorities. With testimony like: “Health care organizations sometimes have done harmful experiments on patients without their

knowledge” from the members of the minority communities it may be difficult to see a path forward in overcoming the great inequities seen in the COVID-19 effects on the world. (Arnett, M. J., et al., 2016) However, there are some ways for this barrier to be overcome. Through the promotion of Community and faith-based organizations, policy makers, healthcare systems and providers, public health agencies, employers, and the promotion of healthcare education and fair access to healthcare can prevent the spread of COVID-19 in these communities. The change from disparity to equality of outcome will come about when major focus is put on “culturally competent” education and prevention campaigns, health promotion and disease prevention programs, recovery strategy, and occupational risk reduction. (Public Health England, 2020, p. 10-11) These will all help to protect and rebuild these communities during and after the pandemic.

Sources:

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