

Beyond the Case Count: The Wide-Ranging Disparities of COVID-19 in the United States

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The COVID-19 pandemic's impact in the United States has exposed long-standing inequities by race, ethnicity, and income.¹

A Commonwealth Fund analysis from April showed that confirmed COVID-19 cases and deaths were disproportionately higher in communities with larger Black populations.² Contributing to these poorer outcomes is the far greater likelihood Black and Latino Americans live in poverty and reside in neighborhoods with overcrowded households, air pollution, and inadequate access to health care.³ Beyond its toll on physical health, the pandemic has pushed the U.S. into an economic recession, which typically impacts already disadvantaged people more severely than the rest of society.⁴

As part of a series of Commonwealth Fund investigations into the disparate impacts of COVID-19, we analyzed the U.S. responses to the Fund's 2020 International Health Policy COVID-19 Supplement Survey, fielded in the U.S. and nine other countries from March 30 to May 25, 2020. The survey in the U.S. was conducted among a nationally representative sample of adults age 18 and older, including oversamples of adults who identified as Black and Latino.

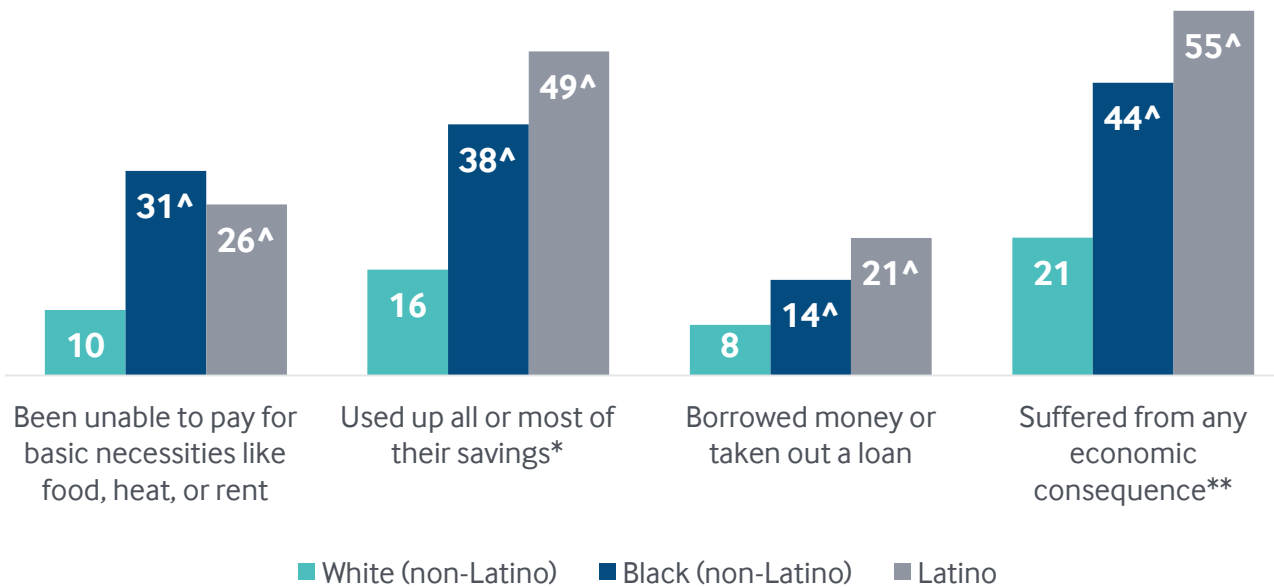
The analysis shows that Americans' experience of economic hardship, their mental health concerns, and their opinion of government leaders during the pandemic varied by race, gender, and income.

SURVEY HIGHLIGHTS

- ▶ More than half of Latino and nearly half of Black survey respondents reported experiencing an economic challenge because of the pandemic — substantially more than the 21 percent of white respondents.
- ▶ Thirty-nine percent of women reported significant mental health concerns related to COVID-19, 13 percentage points higher than men. For people with low income, the rate of mental health concerns was nearly 20 points higher than the rate for people with high income.
- ▶ Both Black and Latino respondents reported pandemic-related mental health concerns at a rate approximately 10 points higher than whites.
- ▶ Compared to health care providers, state and local officials and the president received lower marks in their response to the pandemic. Black survey respondents held the least favorable views of government leaders' actions.

Many Americans are facing substantial economic hardship during the pandemic. Latino and Black people experience these hardships at significantly higher rates than white people.

Percent of respondents who reported the following had happened because of the COVID-19 pandemic



[^] Difference is statistically significant compared to White (non-Latino) respondents at $p \leq 0.05$.

* Excludes those who reported never having had savings.

** "Suffered from any economic consequence" identifies any respondents who said yes to at least one of the other questions on economic consequences (been unable to pay for necessities like food, heat or rent; used up all or most of savings; borrowed money or taken out a loan).

Data: Commonwealth Fund International Health Policy COVID-19 Supplement Survey, 2020.

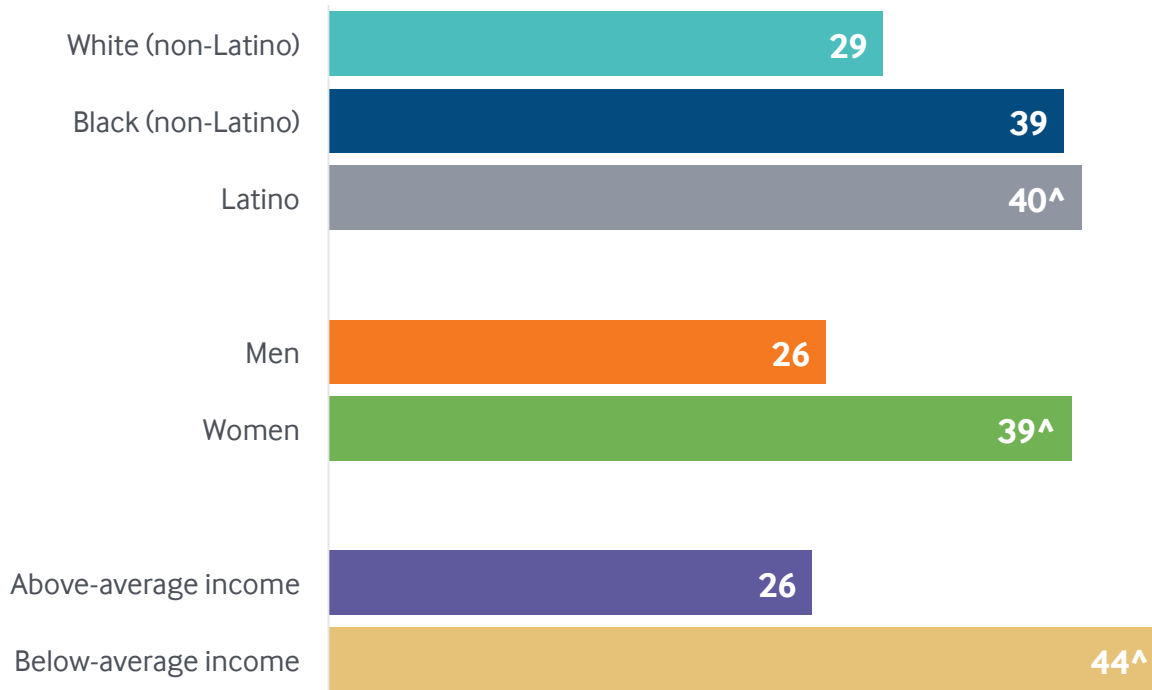
Nearly one-third of all respondents faced at least one negative economic challenge associated with the pandemic (Table). The one most frequently cited was the depletion of personal savings, followed by difficulty paying for necessities such as rent or food and borrowing money or taking out a loan to make ends meet. The rate of having suffered any one of these economic hardships was more than twice as high among Latino and Black adults than it was for white adults.

Our results confirm national trends. While many people in the United States have long had issues paying for basic needs, the pandemic has exacerbated the problem. The U.S. Census Bureau's coronavirus survey shows that as of July 2020, nearly 7 million more adults are struggling with food insecurity compared to before the pandemic, with large disparities evident between racial and ethnic groups.⁵

These disparities are perhaps not surprising, given that Black and Latino Americans have for generations struggled to attain levels of income, assets, and wealth on par with white Americans — even when educational levels are comparable. This persistent wealth gap has left many households of color with less of a cushion to weather the financial hardships created by the pandemic.⁶

Latino and Black people, women, and people with lower incomes are most at risk of mental health concerns because of the pandemic.

Percent of respondents who reported experiencing stress, anxiety, or great sadness that they found difficult to cope with on their own since the COVID-19 pandemic began



[^] Difference is statistically significant at $p \leq 0.05$.

Notes: Black (non-Latino) and Latino respondents were compared to white (non-Latino) respondents. Female respondents were compared to male respondents. Respondents from households with below-average income were compared to those from households with above-average income. Respondents indicated whether their income was either below or above the annual U.S. household average of \$62,000.

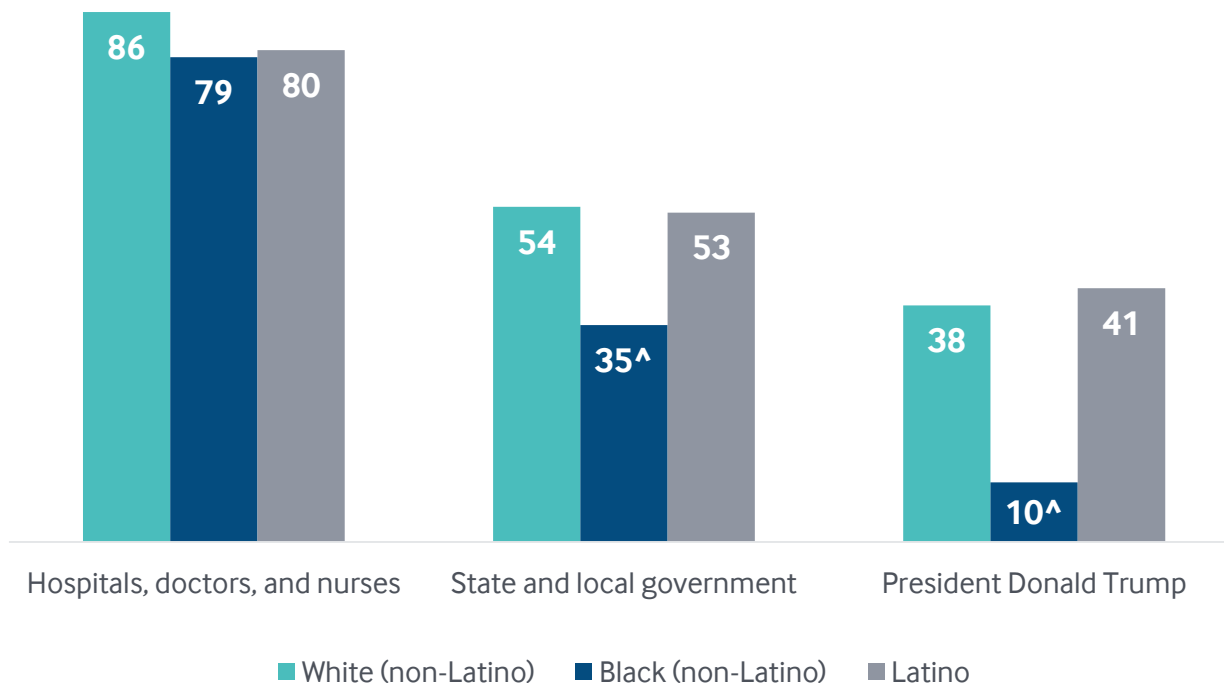
Data: Commonwealth Fund International Health Policy COVID-19 Supplement Survey, 2020.

The coronavirus pandemic also has spawned widespread mental health problems. Recent coronavirus survey data from the U.S. Census Bureau show that 41 percent of U.S. adults reported symptoms for anxiety and depressive disorders, compared to 11 percent in 2019. They also found that Black and Latino people, as well as women, were more likely to report symptoms.⁷ Financial worries and other sources of stress — such as the social isolation many have experienced — are known to contribute to poor mental health.⁸

Our survey finds that one-third of all respondents reported mental health concerns, such as stress and anxiety, since the beginning of the pandemic (Table). Individuals with below-average income, women, and Black and Latino people were most at risk of having anxiety and stress. People with lower income reported mental health concerns at the highest rate — 44 percent — nearly 20 points higher than people with higher income.

Fewer than half of white, Black, and Latino Americans have a positive opinion of the president's pandemic response.

Percent of respondents who reported the following leaders have done a "good" or "very good" job of handling the COVID-19 pandemic in the United States



Note: Other response categories — "acceptable," "poor," and "very poor" — are not shown.

[^] Difference is statistically significant compared to white (non-Latino) respondents at $p \leq 0.05$.

Data: Commonwealth Fund International Health Policy COVID-19 Supplement Survey, 2020.

During a pandemic, the ability to communicate effectively and manage uncertainty is key to maintaining people's trust and confidence.⁹ More than eight of 10 survey respondents reported that health care providers had done a "good" or "very good" job of handling the pandemic (Table).

Respondents overall had much less favorable views of the performance of state and local government leaders and the president (Table). Commonwealth Fund survey data from August showed Americans were much less likely to have a positive opinion of national leaders' handling of the pandemic than were residents of other high-income countries.¹⁰

Within the U.S., Black respondents' views stood apart from others in the survey: only 10 percent of Black people thought the president was handling the pandemic well, compared to 38 percent of whites and 41 percent of Latinos.

Past research has shown that Black Americans' public trust in institutions — more so than any other racial or ethnic group — is shaped by their awareness, and experience, of inequities faced as a group.¹¹ The disproportionately negative impact of COVID-19 on Black communities may have contributed to the low satisfaction with government's response. Our findings are also consistent with other recent polls indicating that most Black Americans do not believe the president has done a good job of responding to the pandemic.¹²

CONCLUSION AND POLICY IMPLICATIONS

During the pandemic, Black and Latino people, women, and people with lower incomes have faced significantly greater hardships than other groups in the U.S., even as they comprise a disproportionately large share of the essential workers critical to the functioning and reopening of the economy.¹³

Beginning in March, the federal government began passing a succession of COVID-19 relief packages to address the health and economic toll of the virus. Very little in this legislation specifically addressed disparities, however, and the few attempts to target disadvantaged people were largely unsuccessful.

For example, in reviewing the distribution of small-business loans made through the Paycheck Protection Program, the Small Business Administration's Office of the Inspector General found a lack of compliance with the program's intent to prioritize underserved markets, such as businesses owned by women or people of color.¹⁴ Moreover, many Black-owned enterprises and businesses in low-income areas have reported difficulty accessing these federal relief funds.¹⁵

The Commonwealth Fund survey indicates that large numbers of Black and Latino adults, as well as people with low income, are struggling to pay for basic necessities and experiencing mental health concerns related to COVID-19. Such findings call for greater investments in the economic security of these disproportionately affected groups, including rent relief, nutrition assistance programs, and expanded access to behavioral health care.¹⁶

Increased oversight and accountability mechanisms might be required to ensure that any new initiatives address the disparities identified by the survey, and that these efforts reach the health care systems, providers, and people most affected by the pandemic. Outreach and educational efforts also may be necessary to increase awareness and use of new resources among Black and Latino communities. Finally, continued monitoring of the pandemic's impact on Black, Latino, and low-income communities, as well as on women, will be important to ensure equitable access to needed resources and services.

HOW WE CONDUCTED THIS STUDY

The 2020 Commonwealth Fund International Health Policy COVID-19 Supplement Survey was conducted by SSRS, a survey research firm, and country contractors, from March 30 to May 25, 2020. The COVID supplement was part of larger survey that was in the field from February to June 2020, and was administered to a nationally representative sample of adults age 18 and older in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, the United Kingdom, and the United States. This study limits the analysis to the U.S. population.

The U.S. sample for the COVID-19 supplement survey was 1,266. The sample was stratified to oversample Black and Latino people to facilitate analysis by race and ethnicity. In the final sample there were 791 white (non-Latino) respondents, 146 Black (non-Latino) respondents, 199 Latino respondents, and 130 who were classified as other. Interviews were completed either online or using computer-assisted telephone interviews. The response rate in the U.S. was 14 percent. Data were weighted to ensure the final outcome was representative of the adult population. In the analysis, income levels were based on self-reported income. Respondents indicated whether their household income was either below or above the U.S. average of \$62,000 per year.

We conducted bivariate analyses using Stata, version 16. Exhibits show weighted frequencies. We also conducted logistic regression analyses to estimate whether racial and ethnic differences remained after controlling for demographic characteristics and income. After controlling for these factors, findings regarding statistical significance between proportions of white respondents compared to Black or Latino respondents remained unchanged for all outcomes except for having borrowed money or taken out a loan, and for Latino respondents related to mental health impacts and having been unable to pay for basic necessities as a result of the COVID-19 pandemic.

Table. International Health Policy COVID-19 Supplement Survey Responses by Demographic, 2020

(base: adults age 18 and older)

	Percent of respondents who experienced the following because of the COVID-19 pandemic							Percent of respondents who reported the following leaders have done a “good” or “very good” job of handling the COVID-19 pandemic in the United States		
	Wanted to get testing	Been unable to pay for basic necessities like food, heat, or rent	Used up all or most of their savings*	Borrowed money or taken out a loan	Suffered from any economic consequence**	Lost a job or source of income	Experienced stress, anxiety, great sadness that they found difficult to cope with on their own since the COVID-19 pandemic began	Hospitals, doctors, and nurses	State and local government	President Donald Trump
Total	21	16	25	12	31	27	33	83	51	33
Race/Ethnicity										
White (non-Latino)	17	10	16	8	21	23	29	86	54	38
Black (non-Latino)	32	31	38	14	44	24	39	79	35	10
Latino	18	26	49	21	55	38	40	80	53	41
Income										
Above average	20	6	11	7	16	19	26	86	52	31
Average	20	17	21	12	29	31	28	90	58	38
Below average	23	27	44	18	48	32	44	77	46	33
Insurance coverage										
Insured continuously	20	10	17	8	22	22	29	85	53	32
Uninsured any time in the past year	26	41	57	28	62	45	50	76	43	38
Gender										
Male	23	14	24	12	29	26	26	84	50	34
Female	19	18	26	12	33	27	39	83	53	33
Geographic region										
Northeast	21	16	22	14	31	26	33	84	53	21
South	18	17	25	11	30	25	33	80	42	38
Midwest	21	17	26	12	32	26	31	88	61	36
West	26	14	26	12	31	30	35	83	55	33
Age										
18–64	23	18	29	14	34	31	37	82	48	32
65+	14	8	11	4	17	11	19	88	62	39

NOTES

* Excludes those who reported never having had savings.

** “Suffered from any economic consequence” identifies any respondents who said yes to at least one of the other listed questions on economic consequences (been unable to pay for necessities like food, heat or rent; used up all or most of savings; borrowed money or taken out a loan).

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