

ADDRESSING HEALTH INEQUITIES IN THE ERA OF COVID-19

Disparities in COVID-19 health outcomes stem from health inequities rooted in systemic and unjust social and economic policies. The pandemic has worsened existing health inequities, disproportionately affecting communities of color, immigrant communities, people with disabilities, and other marginalized groups. Congress must act now. This graphic illustrates concrete steps that the federal government and states must take to mitigate the impact of the immediate crisis, and policy solutions to adopt once the national emergency declaration has been lifted.

5 PRIORITIES TO ACHIEVE:

HEALTH EQUITY

PRIORITY 1 Address the Social Determinants of Health

Social determinants of health are the conditions in which people live, learn, grow, work and play; they are key factors which drive health outcomes and healthcare costs, and they have been completely upended by COVID-19.

PRIORITY 2 Build Strong Financial Incentives for Improved Health Equity in Our Health Care System

We can help close the disparity gap by integrating performance measures into payment models that aim to reduce health disparities.

PRIORITY 3 Organize and Build a Robust Health Infrastructure in Marginalized Communities

The equitable allocation of new resources is critical for many low-resourced areas to bolster the capacity needed to implement staff-intensive steps like widespread testing and contact tracing.

PRIORITY 5 Expand Access to Ethical and Culturally Appropriate COVID-19 Treatment

Improvements to home and community-based services (HCBS) must be made. Healthcare should be accessible to everyone, regardless of what culture they hold or language they speak.

PRIORITY 4 Ensure Equitable Access to Affordable Health Insurance

Health coverage must be available and affordable to the entire population, no exceptions.

HEALTH DISPARITIES

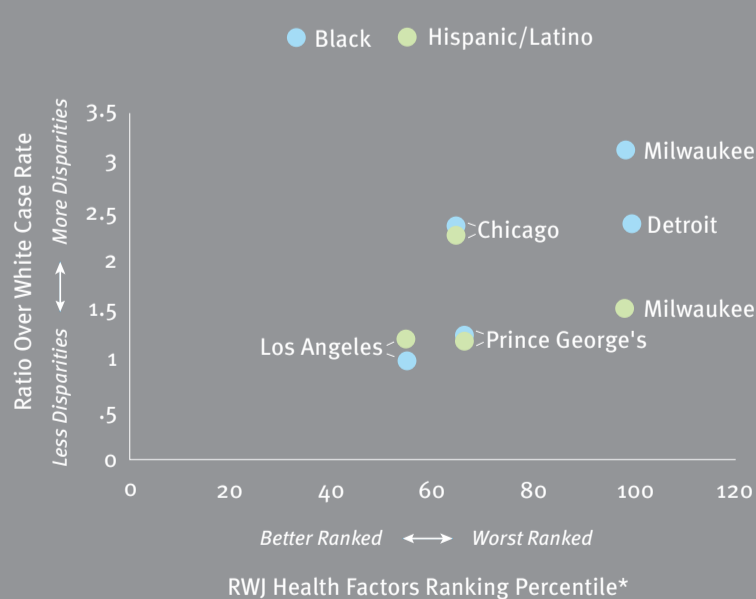
NEARLY 2X GREATER

Nationally, African-American deaths from COVID-19 are nearly two times greater than would be expected based on their share of the population. In four states, the rate is three or more times greater.¹

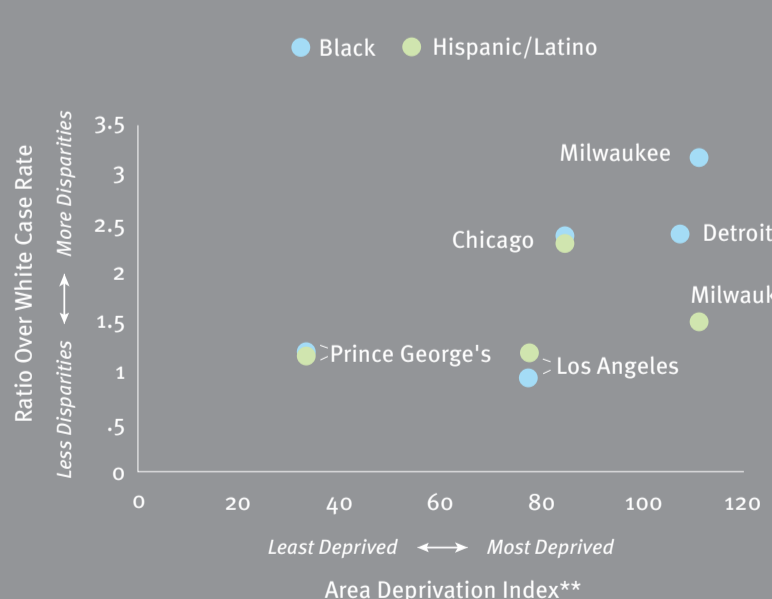
Hispanics/Latinos make up a greater share of confirmed cases than their share of the population. In eight states, it's more than four times greater.¹

IN 42 STATES + D.C.

COVID Case Disparity Correlates With Health Factors



COVID Case Disparity Correlates With Area Deprivation Index



*The Robert Wood Johnson (RWJ) Foundation County Rankings includes two composite scores, one representing how healthy counties are within the state (health outcomes), and the other measuring a variety of health factors (behaviors, clinical care, and the social, economic, and physical environment) that influence health outcomes. For example, see their rankings for Texas.

**The Area Deprivation Index (ADI) is a measure created by the Health Resources and Services Administration (HRSA), accounts for rankings of socioeconomic status by region and is used by health systems and providers to target program delivery; Quintile 1 (privileged) to Quintile 5 (deprived).

¹Daniel Wood and Maria Goody, "What Do Coronavirus Racial Disparities Look Like State by State?" National Public Radio, May 30, 2020, available online at <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>.

For more information see Families USA's companion [report](#), *The Fierce Urgency of Now: Federal and State Policy Recommendations to Address Health Inequities in the Era of COVID-19*.