PolicyLink

Center Racial Equity

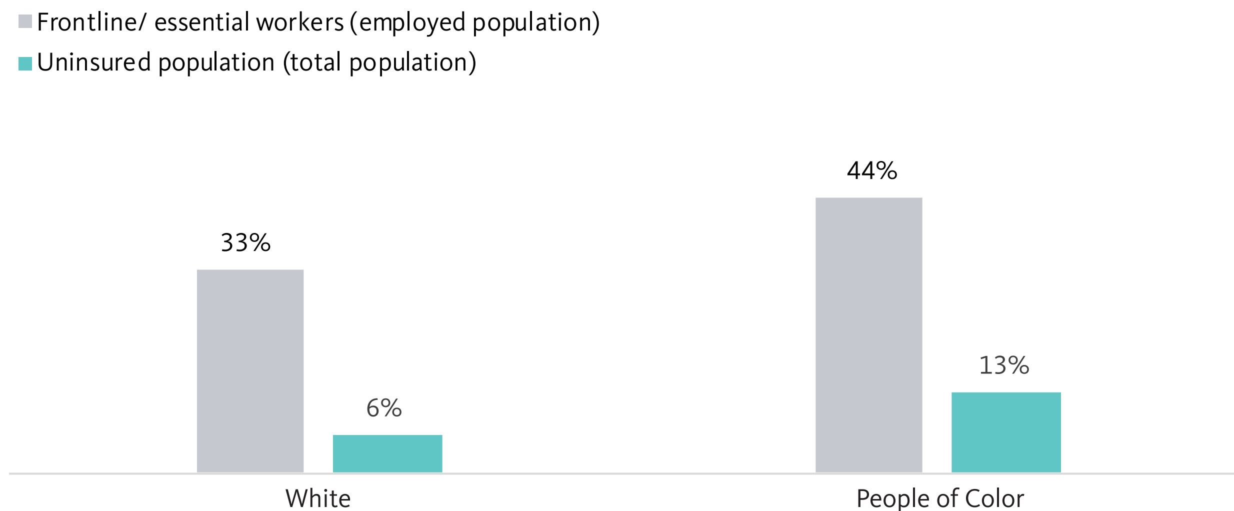
Decades of persistent racial and economic inequality have resulted in 100 million people—or one in three of us—being economically insecure before the pandemic hit. People of color make up about 38 percent of the total US population, but account for more than half of those living in economic insecurity. While pundits like to say that the current crisis does not discriminate, the truth is that it exacerbates the underlying racial and socioeconomic issues that have long plagued our country. Black and Latinx populations are both overrepresented among those laid off as a result of business closures as well as those on the frontlines of essential work. And recent data show that African Americans account for one-third of COVID-19 hospitalizations while making up only 13 percent of the US population.

Native Americans also face a unique set of challenges that make them particularly vulnerable, including a high prevalence of health risks, lack of running water, and crowded living situations that make social distancing difficult. In New Mexico alone, Native Americans account for 25 percent of confirmed COVID-19 cases. For Asian American and Pacific Islander communities, the lack of data by subgroups makes it challenging to understand the full story and where need might exist. In addition, the racist, anti-Asian rhetoric some conservative politicians have tied to the coronavirus has led to an increase in assaults against Asian Americans, presenting a need to combat such rhetoric and protect these groups.

The disparities in COVID-19 rates are no coincidence, but the result of enduring structural inequality. Decades of discriminatory practices produce multigenerational effects—such as the role housing discrimination has played in the racial wealth gap. Today, people of color, particularly Black people, are more likely to work in low-wage jobs with few benefits, spend a significant share of their income on housing, and attend poor-quality schools, and they are less likely to be insured or even receive proper medical treatment. People of color are also more likely than White households to live in neighborhoods with greater exposure to environmental hazards and less access to healthy foods. These barriers create a perfect storm, making people of color particularly vulnerable to the effects of the coronavirus.

People of color are more likely to be frontline or essential workers and more likely to be uninsured.

Frontline and essential workers and the uninsured population by race/ethnicity, United States



Sources: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates.
Notes: Worker data is for the civilian employed population 16 years and over. Uninsured data is for the total population. Frontline and essential occupations include service occupations (e.g., health-care support, protective services, food preparation, building and ground cleaning and maintenance); production, transportation, and material moving occupations; and health-care practioners and technical occupations. The racial/ethnic category of White pertains to non-Hispanic White.

While elected officials have a responsibility to represent all people, equity calls on leaders to target interventions where they are needed most. Ensuring all people live in a society where they can participate, prosper, and reach their full potential requires recognizing that the path to getting there is different for different groups. Intentional investments in the 100 million economically insecure people in the United States, particularly for those who are people of color, will have benefits that cascade out, improving the lives of all struggling people as well as regional economies and the nation as a whole. We cannot simply tinker around the edges of systems that were never intended to serve all people. In order to center racial equity, policymakers must:

- ☑ **Collect and use disaggregated data.**
- ☑ **Plan for the most vulnerable.**
- ☑ **Implement race-conscious approaches to counter persistent racial inequities.**

Collect and use disaggregated data

Racial and ethnic health disparities and inequities can only be eliminated if high-quality information exists to track immediate problems and underlying social determinants, as well as to guide the design and application of culturally specific medical and public health approaches. We need to begin tracking and reporting on COVID-19 testing, cases, and health outcomes using data disaggregated by race, ethnicity, primary language, gender, disability status, geographic location, and socioeconomic status. The most useful data on health outcomes is further disaggregated within broad racial groups such as the Asian population, to understand divergent experiences by ancestry. It is also critical to track the flow of federal spending by race, income, and place to ensure investments (or underinvestments) don't reinforce existing disparities.

Plan for the most vulnerable

Policymakers must focus on the compounding effects of race and other identities (gender, disability, age) or circumstances (citizenship status, homelessness, incarceration) in order to truly serve people of color and the barriers they face. For example, sheltering in place is not a safe strategy for people experiencing intimate partner violence or other forms of abuse, making it necessary to strengthen the economic and social infrastructure to support and ensure safe housing for survivors. And with schools closed, many children have lost a safe haven or the place where they received regular meals. An important example of planning around this vulnerable population is the recent announcement from the US Department of Agriculture that Michigan would be the first state to offer "Pandemic EBT," a supplemental food purchasing benefit for children eligible for free or reduced-price lunch at school. Such a program should be available nationally.

Another key challenge is protecting people living in institutional settings or other facilities, such as jails and prisons, mental health-care facilities, and homeless shelters, where an outbreak can spread rapidly. Many cities are turning to empty hotels as a solution to reduce the crowding of homeless shelters. We must also eliminate all barriers to people seeking proper medical attention, regardless of insurance, disability, language, or immigration status. Hospitals and health-care facilities must make it clear in all languages that immigration status will not be questioned, and should take steps to ensure immigration enforcement officials are not permitted to enter these buildings. Further, hospitals and health-care facilities must ensure all people—regardless of ability to pay or underlying health conditions—receive proper care. Now is the time to design solutions that meet people's true needs and allow us to answer the fundamental question—Is anyone better off? This is common-sense, street-smart policy at its best.

Implement race-conscious approaches to counter persistent racial inequities

The coronavirus has upended every aspect of our society. In planning for recovery, we cannot simply return to pre-coronavirus conditions where inequality was tolerated. Instead, we need to champion race-conscious policies to overcome racial inequities in health; the digital divide; limited access to good, family sustaining jobs; and the racial wealth gap. Eliminating inequities will also require thoroughly analyzing proposed and existing policies to root out bias and promote equity. Modeled after environmental impact statements, racial equity impact assessments can help local leaders to understand the racial equity implications of an existing or proposed policy, program, or institutional practice, and to determine if it will ameliorate or exacerbate existing economic and social inequities.

Seattle's Race and Social Justice Initiative is the longest-running and most comprehensive example of a US city utilizing racial equity impact assessments. The assessments have informed policy changes that helped the city triple the share of its contracting dollars going to women- and minority-owned businesses and mandated interpretation and translation services to help non-English-speaking residents meaningfully participate in civic life. State and local leaders should be required to use these tools to analyze their work for any unintended consequences for relief and recovery efforts. Addressing ongoing racial inequities is not only a moral imperative, but an economic one. According to the National Equity Atlas, racial gaps in income cost the United States about $2.5 trillion in 2015.

Conclusion

By collecting the right data and implementing an intersectional, race-conscious approach to policymaking, not only will we be able to get a better hold of this current crisis, but we will also be in a position to design a recovery that ensures we don't return to the status quo. This time we will finally address enduring racial inequality. Make your voice heard by contacting your local, state, and federal leaders and demand they take these actions and center racial equity. Stay connected to our work by visiting policylink.org/covid19-and-race.

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