

Understanding and eliminating minority health disparities in a 21st-century pandemic: A White Paper Collection

Differential Impacts of COVID-19 in New York State: Understanding and eliminating minority health disparities in a 21st-century pandemic

2021

Doubly Burdened: Race-Ethnic Disparities in the Effects of COVID-19 and COVID-19 Mitigation Strategies

Ashley Fox *University at Albany, State University of New York*, afox3@albany.edu


Yongjin Choi *University at Albany, State University of New York*

Please contact the following author for an updated version of this work prior to citing it:

Ashley Fox

University at Albany, State University of New York

afox3@albany.edu

 Part of the [Community Health and Preventive Medicine Commons](#), and the [Public Health Education and Promotion Commons](#)

Recommended Citation

Fox, Ashley and Choi, Yongjin. 2021. "Doubly Burdened: Race-Ethnic Disparities in the Effects of COVID-19 and COVID-19 Mitigation Strategies" *Understanding and eliminating minority health disparities in a 21st-century pandemic: A White Paper Collection*. University at Albany, SUNY: Scholars Archive. https://scholarsarchive.library.albany.edu/covid_mhd_nys_white_papers/6

In April 2020, the University at Albany was asked by Gov. Andrew Cuomo to research why communities of color in New York have been disproportionately impacted by COVID-19. The goal of this research, carried out in partnership with the New York State Department of Health and Northwell Health, is to add to the existing well of knowledge about health disparities in New York State by identifying the environmental, socioeconomic and occupational factors that explain why COVID-19 has disproportionately harmed Black and Hispanic New Yorkers and to propose practical intervention strategies to eliminate these disparities and save lives.

For additional information about this project please see: www.albany.edu/mhd or contact Theresa Pardo, Special Assistant to the President and Project Director for this initiative at tpardo@ctg.albany.edu.

Doubly Burdened: Race-Ethnic Disparities in the Effects of COVID-19 and COVID-19 Mitigation Strategies: NYS COVID-19 Disparities White Paper*

Authors: Ashley Fox¹ & Yongjin Choi²

¹Associate Professor, Department of Public Administration and Policy, Rockefeller College of Public Affairs and Policy, UAlbany

²Doctoral Candidate, Department of Public Administration and Policy, Rockefeller College of Public Affairs and Policy, UAlbany

*Prepared for the NYS COVID-19 Minority Health Disparities Team, University at Albany

Abstract

Black and Hispanic populations across New York State and around the United States have been disproportionately impacted by COVID-19 both in terms of COVID-19 associated morbidity and mortality but also bearing a larger burden of the economic impacts. Race-ethnic minorities also experience more longstanding and justified distrust of the medical community, which could serve to prolong the pandemic effects in the most vulnerable communities by contributing to reduced vaccine uptake. This paper reports the results of a survey fielded in November 2020 with an oversampling of Non-Hispanic Black and Hispanic respondents across New York State concerning the impacts of the virus and intentions to seek vaccination and estimates of the social and economic impacts of COVID-19 on minority communities. Overall, the survey finds that Latinx populations have been especially negatively impacted by the virus followed by non-Hispanic (NH) Blacks and NH Whites. Consistent with other surveys, NH Blacks were more hesitant about vaccination than other groups; however, 42% of respondents reported that they would definitely get the vaccine as soon as possible and another 27% said they would probably get the vaccine. All groups reported substantial indirect economic and social effects related to stay-at-home orders including lost income, but Hispanics have been the most impacted population, followed by NH Blacks. More effort should be put in understanding and alleviating the economic and social harms from COVID-19 mitigation strategies and consideration should be given to how these economic and social effects may compound existing health disparities into the future.

Contents

Overview.....	3
Methods.....	3
Vaccine Hesitancy¶.....	4
Are minorities more vaccine hesitant and why?¶.....	4
What are the major vaccine concerns?.....	4
What is the best way to distribute the vaccine to encourage broader uptake, especially in minority communities?¶.....	5
Since August 2020, have you had a seasonal flu vaccination?¶.....	6
Economic Impacts¶.....	7
Have minorities been more affected by the economic impacts of the pandemic and why?¶.....	7
Are NH Whites more able to work from home?¶.....	8
Are there differences in stimulus receipt by race-ethnicity?¶.....	9
Food Insecurity¶.....	11
Mental Health¶.....	11
Have negative health behaviors (smoking, drinking, etc) increased more for minorities?¶.....	11
Have health behaviors increased more for minorities?¶.....	12
Direct COVID19 Exposure/Impact¶.....	13
Have minorities been more impacted by Coronavirus morbidity and mortality?¶.....	13
Are minorities more likely to have preexisting conditions/comorbidities?¶.....	13
School Closures¶.....	14
Have school closures affected minorities more?¶.....	14
Differences in pod usage/preferences for reopening btw minorities and Whites.¶.....	14
Childrens' COVID-19 related comorbidities¶.....	15
Race, Racism and Support for the Black Lives Matter Movement¶.....	17
Attitudes to BLM¶.....	17
Experience of unfair treatment by the police¶.....	18
Attitudes towards police reform, race-ethnic COVID-19 disparities and BLM (are minorities more supportive than Whites?)¶.....	18
Policy Attitudes¶.....	19
Differences in attitudes towards stimulus and other policy measures to mitigate effects?¶.....	19
Support for Basic Income and Medicare-for-All¶.....	19
Reference.....	22

Overview

The SARS-CoV-2 virus (COVID-19), which was first identified in New York State (NYS) in February of last year, has exposed and heightened pre-existing inequalities of all kinds. However, while COVID-19 does not discriminate, efforts to prevent and contain it do. Black and Hispanic populations across NYS and around the United States are experiencing a double burden: Race-ethnic minorities have been disproportionately impacted by COVID-19 associated morbidity and mortality. Additionally, race-ethnic minorities are bearing a larger burden of the economic and social impacts of COVID-19 mitigation strategies.

The COVID-19 vaccine offers hope of a reduction in both the direct health impacts from the disease and the indirect social and economic impacts, but only if enough trust can be built to assuage justified hesitancy. Race-ethnic minorities experience more longstanding and justified distrust of the medical community, which could serve to prolong the pandemic effects in the most vulnerable communities by contributing to reduced vaccine uptake (Ray, 2020).

We fielded a survey of a diverse sample of New Yorkers to examine disparities in vaccine hesitancy and both the effects of COVID-19 and the effects of mitigation strategies (i.e., stay at home measures, school closures, economic impacts) on race-ethnic minorities compared with NH Whites. We report the results of the survey in terms of overall effects on New Yorkers and broken out by race/ethnicity.

Methods

A survey of a sample of 1,353 Qualtrics respondents was fielded between November 23-December 8, 2020. Black and Hispanic respondents were oversampled to produce a balanced-sample of 429 non-Hispanic (NH) Whites, 443 NH Blacks and 481 Hispanics. Respondents were drawn from both Downstate (43%) from Upstate (57%). While the survey cannot be interpreted as representative of the population of the state of NY, the age and economic distribution match closely the pop of NY.

We first examine race-ethnic disparities in hesitancy towards vaccination and the reasons for this. Next, we examine disparities in the economic and social impacts of COVID-19, support for the Black Lives Matter protests, and potential policy solutions preferred by different groups. We present the overall probability (percent) of respondents that endorse particular views broken out by race-ethnicity. We present the disparities unadjusted for and adjusted for socioeconomic confounders (e.g., age, gender, and annual household income in 2019).

Vaccine Hesitancy¶¶

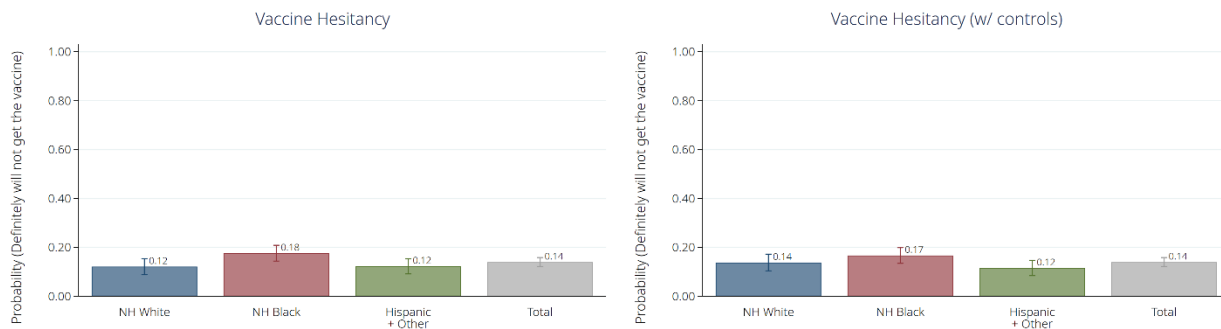
Are minorities more vaccine hesitant and why?¶¶

Previous research has shown that race-ethnic minorities tend to be more vaccine hesitant than other groups owing to justified mistrust of the medical establishment due to historical mistreatment and implicit bias in medical care provision (Ray, 2020). In keeping with other studies, our survey found elevated mistrust of the vaccine among NH Blacks compared with NH Whites and Hispanics. We asked respondents if a vaccine to prevent COVID-19 was approved by the FDA through normal procedures and available today for free to the public, how likely they would be to vaccinate as soon as possible. Overall, 42% of the sample reported that they would definitely get the vaccine as soon as possible, 44% would potentially get or not get the vaccine and 14% reported that they would definitely *not* get the vaccine.

The probability of stating they would definitely not get the vaccine was 5.5 percentage points higher among Non-Hispanic Blacks with nearly 18% reporting they did not intend to get the vaccine. Even after adjustment for confounders including income and education, NH Blacks were still more likely than other groups to report hesitancy. The percent stating they would definitely not get the vaccine was highest among NH Black women with 23% reporting they would definitely not vaccinate right away.

If all individuals that reported some hesitancy towards getting the vaccine (44%) were to get the vaccine in addition to those who stated they would definitely get it (42%), this would be enough to achieve the levels of herd immunity that are being recommended by the CDC even without the most hesitant getting the vaccine. On the other hand, about one third expressed they would not get the vaccine even once it became widely available.

Fig. 1: Proportion reporting they would definitely NOT get a COVID-19 vaccine ASAP w/ and w/o controls



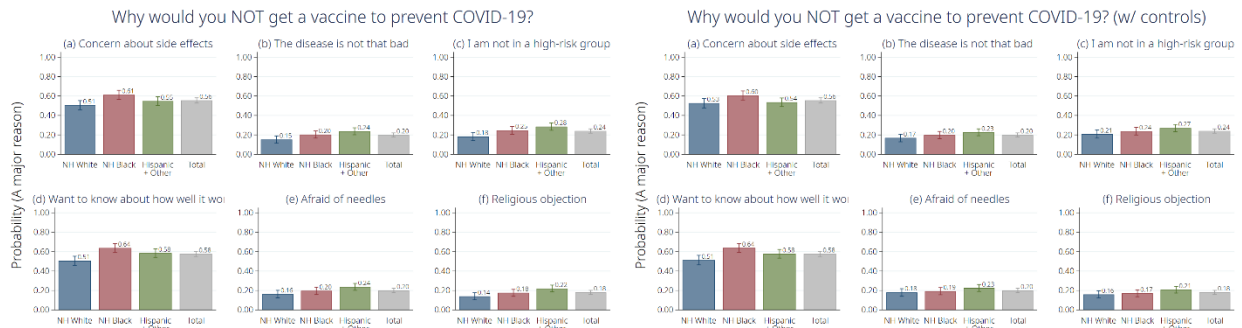
NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

What are the major vaccine concerns?

Concern about side-effects and wanting to know more about how well it works were the two biggest concerns mentioned with more than half of the sample stating these were major concerns.

These concerns were highest among NH Blacks both with and without adjustment for confounders. Hispanics were somewhat more likely than other groups to express other reasons for not vaccinating including that the disease is not that bad, not being in a high-risk group and religious objections.

Fig.2: Proportion reporting major reasons they would be concerned about getting a COVID-19 vaccine ASAP w/ and w/o controls



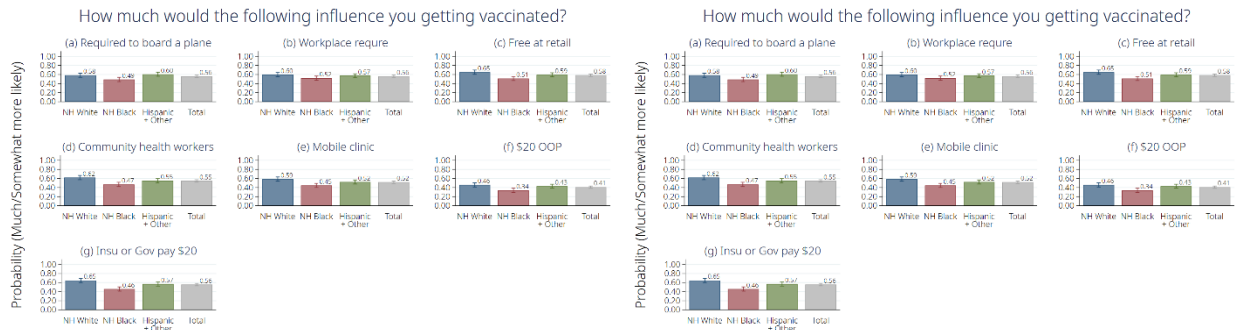
NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

What is the best way to distribute the vaccine to encourage broader uptake, especially in minority communities?

NYS has developed an Equity Task Force that will work to ensure that vulnerable and underserved communities are not left behind by breaking down the barriers to vaccination and will ensure there is equitable distribution of the vaccine across the state. One strategy to increase vaccination includes actively promoting vaccination in communities that have both the highest rates of COVID-19 transmission and also may be the most hesitant to receive the vaccine. In addition, many of the most vulnerable communities are considered to be “health care deserts,” lacking the basic infrastructure to effectively deliver vaccines. As a consequence, the state is planning to distribute Community Vaccination Kits to communities, particularly those located within health care deserts, with the supplies and resources needed for setting up “pop-up” vaccination sites.

Respondents were asked about what types of delivery would make them more likely to vaccinate. Among the options, the probabilities were similar, except requiring people to pay \$20 of the out of pocket, which reduced people’s likelihood of vaccination. Importantly, delivery via Community Health Workers and Mobile Clinics, two strategies designed to improve access in minority communities, were not more likely than requirements or other measures in encouraging uptake with just over half of respondents reporting this measure would make them somewhat or much more likely to get the vaccine. All of the delivery options were more likely to encourage NH White and Hispanics to vaccinate while having less influence on NH Blacks both with and without controls.

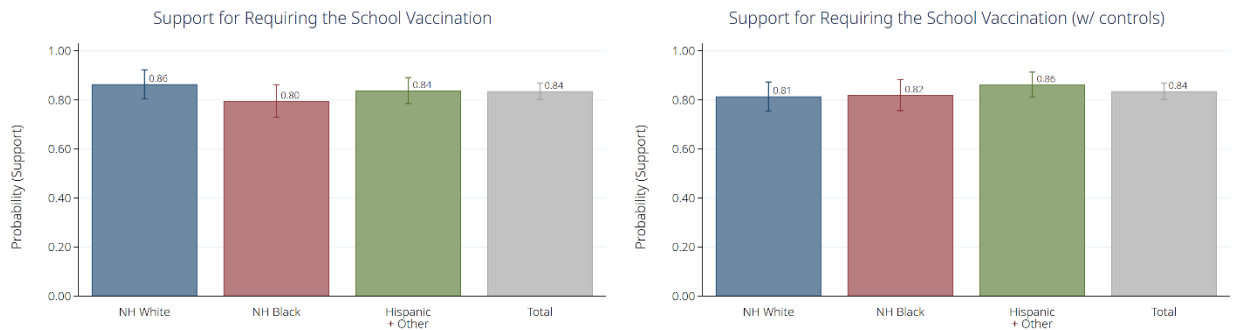
Fig.3: Proportion reporting that specific distribution mechanisms would make them more likely to get the COVID-19 vaccine w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Parents were asked about their support for schools requiring children to vaccinate against COVID-19 to attend school if it would enable schools to fully reopen for in-person instruction (Fig 4). Eighty-four percent reported they would somewhat or strongly support this measure with little difference across race-ethnic groups, and 16% somewhat or strongly opposed the idea, with 9% strongly opposing. This degree of hesitancy was slightly lower than observed for adult vaccination, but comports with national estimates that 84% of parents support childhood vaccinations down from 94% in 2001 (Russell, 2021).

Fig.4: Proportion supporting for requiring children to vaccinate against COVID-19 to attend school if it would enable schools to fully reopen w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019. These results are from a subsample of 468 parents.

Since August 2020, have you had a seasonal flu vaccination?¶

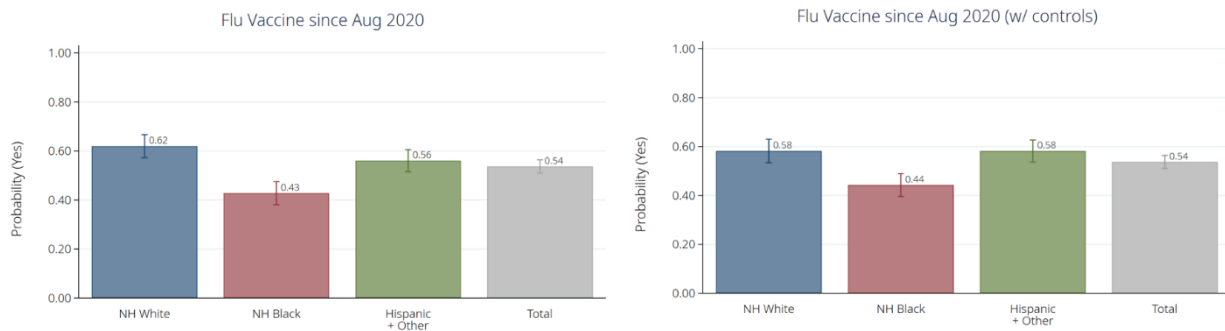
In the present survey, 54% of the sample reported having received their flu vaccine since August, which is higher than typically observed in national surveys and higher than a survey from November 2019, but still less than is necessary to build herd immunity against the flu (CDC, 2019). NH Blacks had substantially lower rates of flu vaccination than NH Whites at

43% compared with 62% among Whites. Hispanics also had lower vaccination rates at 56%. Adjustment for confounders did little to alter the disparity in vaccine uptake.

Receiving the flu vaccine is even more important during the pandemic than in a normal year for several reasons. First, by vaccinating against the flu, it will be easier for people to distinguish when their symptoms are likely to be the seasonal flu versus Coronavirus. Second, increased flu vaccination coverage could reduce hospitalizations related to complications from the flu. The CDC estimates the flu-related hospitalizations could be reduced by between 4,000 to 11,000 hospitalizations if coverage of the flu vaccine was increased by five percentage points (Hughes et al, 2019).

Prior to the pandemic, flu vaccination coverage rates were relatively low and not high enough to confer herd immunity against the flu. Based on self-reported estimates, in 2019, 63% of children aged 6 months to 17 years received a flu vaccination and 45% among adults ≥18 years, though coverage rates vary greatly by state (CDC, 2019).

Fig.5: Proportion reporting that they received the flu vaccine since August w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

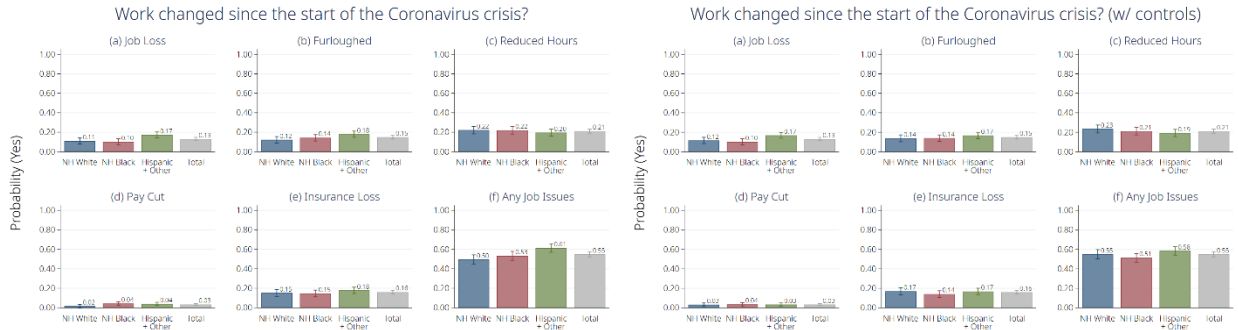
Economic Impacts¶

Have minorities been more affected by the economic impacts of the pandemic and why?¶

Job-related disruptions ¶

Nearly half of the sample reported having experienced some kind of job disruption due to the economic effects of the virus. Overall, the probabilities of having experienced a job disruption are higher among the minority groups, especially Hispanics. Hispanics were 11 percentage points higher more likely to have experienced a job disruption compared with NH Whites though this reduced after adjustment for confounders. Thirteen percent reported having lost their job, 15% were furloughed, 21% experienced reduced hours and 16% had lost their health insurance.

Fig.6: Proportion reporting that their work situation had changed since the start of the pandemic w/ and w/o controls

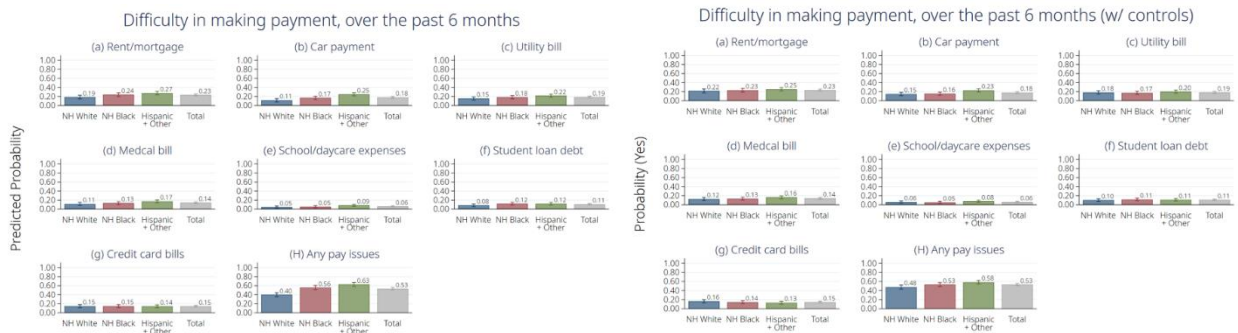


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Financial Difficulties

As a consequence of job disruptions, over half of respondents reported having experienced difficulty in making payments for recurring expenses over the past 6 months. Rent/mortgage, car payment, and utility bills were particularly prevalent issues. Nearly a quarter of respondents reported issues paying their rent or mortgage. Hispanics were especially vulnerable to these negative effects followed by NH Blacks. Overall Hispanics were 23 percentage points more likely to have experienced difficulty paying bills compared with Whites and NH Blacks were 16 percentage points more likely though these differences reduced somewhat after adjustment.

Fig. 7: Proportion reporting that they had difficulty making payments over the past 6-months w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Are NH Whites more able to work from home?

Nearly 40% of the sample reported working from home since the onset of the pandemic. Hispanics and NH Blacks were moderately more likely to report working from home compared with NH Whites. This could reflect higher unemployment in these groups. Hispanics were also more likely to report that their jobs were considered to be essential at 55% compared with 45% of NH Whites, but this difference reduced after adjustment.

Fig.8: Proportion reporting that they were working from home or considered as an essential worker w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Are there differences in stimulus receipt by race-ethnicity?

The 2.2 trillion dollar CARES Act, a Coronavirus stimulus bill, provided \$250 billion for direct payments to individuals and families, \$350 billion in small business loans, \$250 billion in unemployment insurance benefits and \$500 billion in loans for distressed companies. Under the plan, individuals who earn up to \$75,000 (married couples up to \$150,000) would get direct payments of \$1,200 each (\$2,400 for married couples) -- and an additional \$500 per each child. The payment would scale down by income, phasing out entirely at \$99,000 for singles and \$198,000 for couples without children.

We asked which of these forms of support respondents had received. Receiving the stimulus was the most common type of support received at 65% most likely because eligibility for this payment was not contingent on job loss. Black and Hispanic people were about 11 percentage points less likely than Whites to have received a government check. Previous studies have shown that people without bank account to direct deposit into or not having a recent work history on file with the IRS to enable direct deposit were less likely to receive the stimulus checks (Marr et al., 2020). Fifteen percent of the sample reported having received unemployment benefits. Hispanics were modestly more likely to report receiving unemployment benefits with and without adjustment.

Fig.9: Proportion reporting that they received a stimulus payment or unemployment benefits w/ and w/o controls

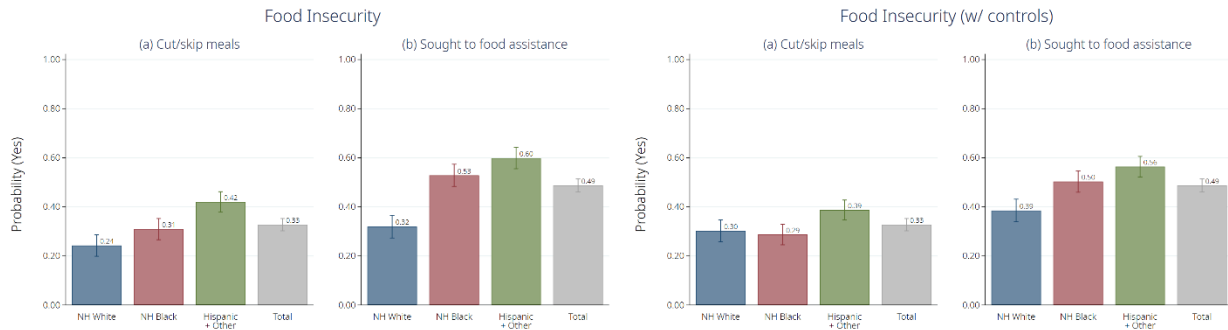


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Food Insecurity

Thirty-three percent of the sample reported some degree of food insecurity. Hispanics have been particularly negatively impacted by food insecurity with 42% of Hispanics reporting cutting or skipping meals and 60% reporting using some type of food assistance. NH Blacks were also more likely than NH Whites to have sought food assistance and these disparities persisted after adjusting for confounders.

Fig.10: Proportion reporting that they experienced food insecurity w/ and w/o controls

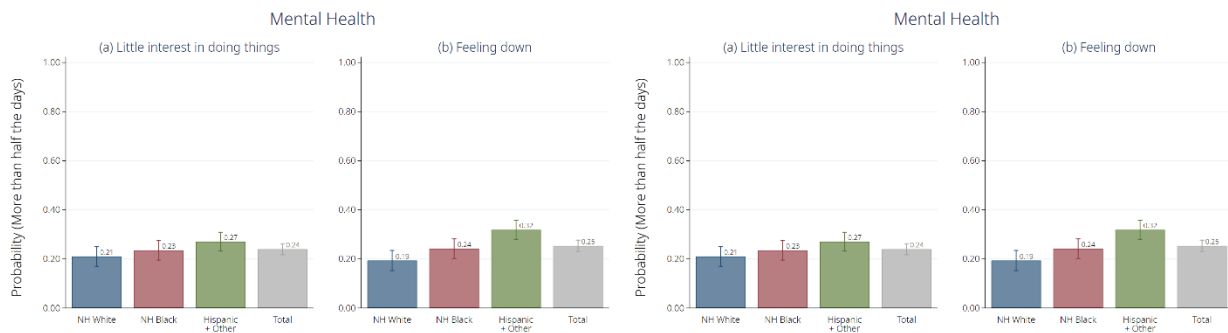


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Mental Health

A quarter of the sample reported symptoms of depression including “lacking interest in doing things” and “feeling down.” Hispanics and NH Blacks were more likely to have experienced a mental health issue compared with NH Whites. The probability was higher among Hispanics even after controlling for confounders.

Fig.11: Proportion reporting that they experienced symptoms of depression w/ and w/o controls



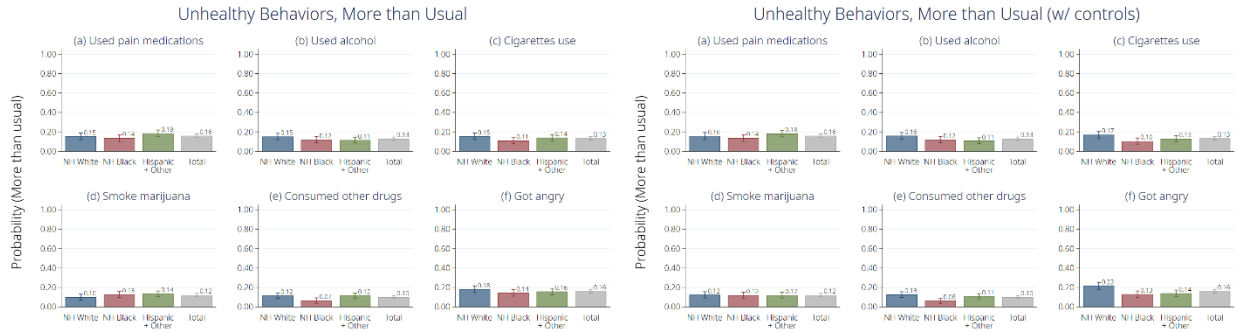
NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Have negative health behaviors (smoking, drinking, etc) increased more for minorities?

Between 10-16% of respondents reported engaging more often in a number of harmful behaviors since the start of the pandemic including using pain medications, alcohol, cigarettes, marijuana and other drugs more frequently. Sixteen percent reported getting angry and yelling at friends or

family more often. NH Whites were modestly more likely to engage in these behaviors after adjustment with the exception of using pain medications more where Hispanics reported higher rates.

Fig.12: Proportion reporting that they engaged in negative health behaviors w/ and w/o controls

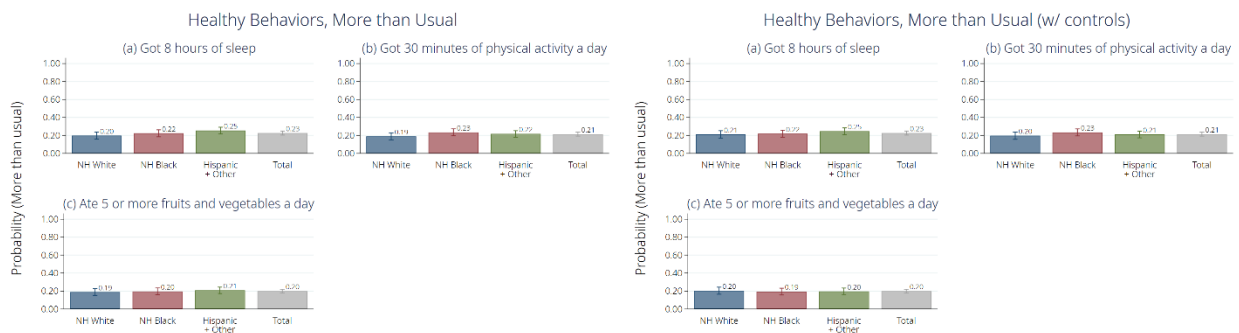


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Have health promoting behaviors increased more for minorities?

While people reported an increase in unhealthy behaviors, increases in healthy behaviors were also recorded. Overall, the negative health consequences of stress seemed to be balanced out by some improvements in positive health behaviors. About a fifth of the sample reported improvements sleep, physical activity and eating more fruits and vegetables. These gains were fairly evenly shared across race-ethnic groups.

Fig.13: Proportion reporting that they engaged in positive health behaviors w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Direct COVID19 Exposure/Impact

Have minorities been more impacted by Coronavirus morbidity and mortality?

Large proportions of the sample had been directly impacted by Coronavirus. Just over a third of the sample reported having tested positive for COVID-19 themselves and a third reported that a family member had tested positive for Coronavirus. This is somewhat higher than estimates from anti-body tests, which have found that around 20% of New Yorkers have been exposed to the virus, but still may be plausible (Carbajal, 2020). Eighteen percent reported having lost a family member to COVID-19 and a quarter reported losing a close friend. Overall, minorities were more likely to be impacted by the pandemic. Hispanics were the most affected of all groups with 40% reporting an immediate family member having tested positive and 40% reporting they had had COVID-19. NH Blacks were also more likely to have a close friend or family member who died from Coronavirus infection. These differences persisted after adjustment for confounders.

Fig.14: Proportion reporting direct impact of Coronavirus w/ and w/o controls

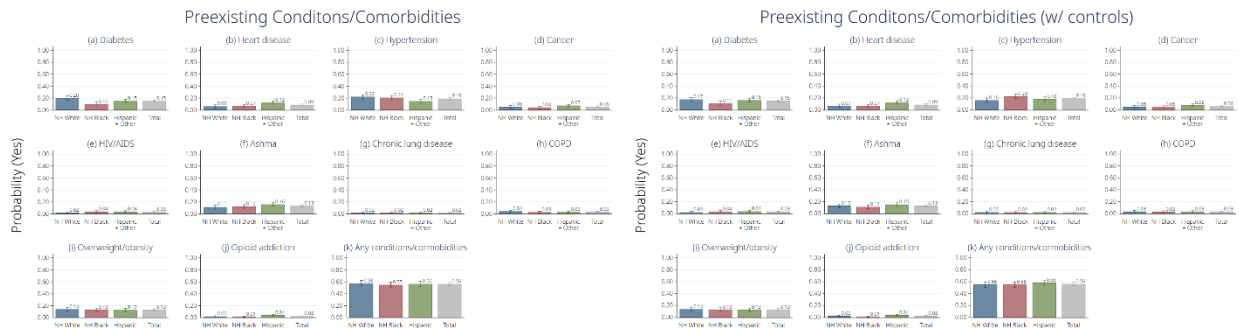


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Are minorities more likely to have preexisting conditions/comorbidities?

Nearly 60% of the sample had one or more co-morbidities. Minorities were not more likely to have comorbidities than NH Whites after adjusting for covariates. Diabetes, heart disease, asthma and being overweight were the most common co-morbidities with between 10-15% reporting they had these.

Fig.15: Proportion reporting having a preexisting condition w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

School Closures¶

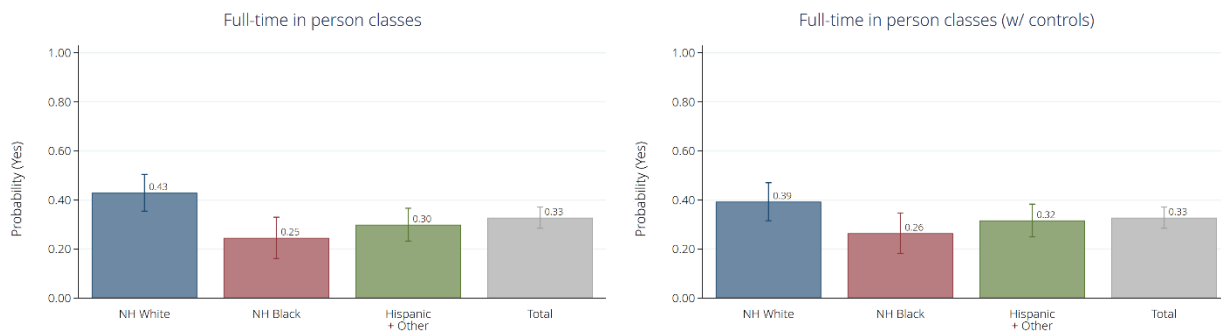
Due to the extent of the pandemic in NY, and in the absence of information about the role of schools in community spread, most schools in the state moved to remote learning in mid-March and many never re-opened for in-person schooling. Even before COVID-19 led to schools shuttering for multiple months, a substantial black-white achievement gap in education existed. On average, black students have been found to score one standard deviation below white students on standardized tests—roughly the difference in performance between the average 4th grader and the average 8th grader (Fryer & Levitt, 2020), though more recently gaps have decreased (Stanford CEPA, 2013). Some are predicting that school closures could “explode” achievement gaps even further and likely will be compounded even further as schools continue to remain fully or partially remote in the Spring (Strauss, 2020).

Have school closures affected minorities more?¶

Full-time in person classes¶

Our sample consisted of 465 parents of school-age children. Only 33% of the sample with school-age children reported that at least one of them was in school full-time in-person. However, whereas 43% of NH Whites reported having at least one child full-time in person, only a quarter of NH Blacks did with Hispanics in between at 30%. To assist with the effort required on the part of parents to ensure active engagement in online learning, many parents have turned to “learning pods,” that bring together small groups for instruction with a privately hired teacher or adult supervisor.

Fig.16: Proportion reporting having at least one child full-time in person w/ and w/o controls



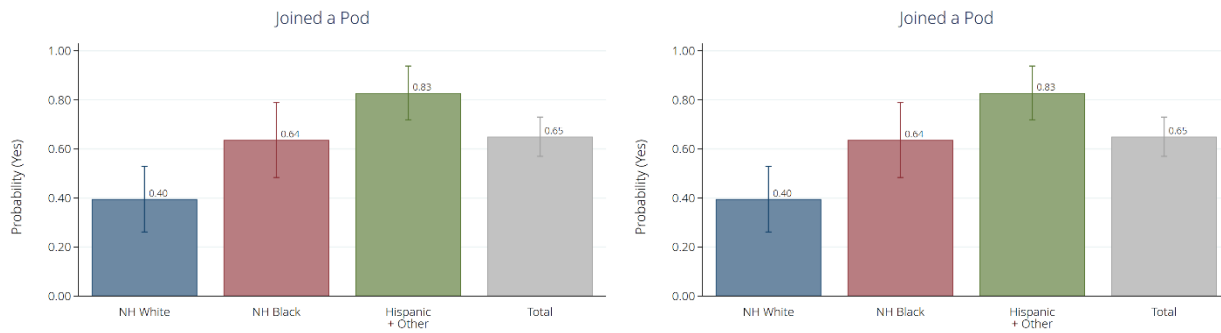
NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Differences in pod usage/preferences for reopening btw minorities and Whites.¶

Concern has arisen about what turning to small learning pods may mean in the long run for public education and how this may further contribute to achievement gaps as higher income parents are able to afford these alternative arrangements (Natanson, 2020). Among those who reported that at least one of their children was online or remote, over 65% of the sample reported having put their child in a pod or some kind of alternative arrangement for their schooling. Hispanics and NH Blacks were more likely to state that their children were in a learning “pod” or some alternative arrangement. NH Whites were the least likely to have adopted alternative

arrangements with 40% reporting their children were in a pod, though this may reflect higher in-person opportunities in this group. Given the question phrasing, it not possible to know what parents might think that a “pod or alternative arrangement” means and whether these are options that they are paying for out of pocket versus more of an exchange arrangement.

Fig.16: Proportion reporting children are in a learning “pod” w/ and w/o controls among parents who reported that school was fully online or hybrid

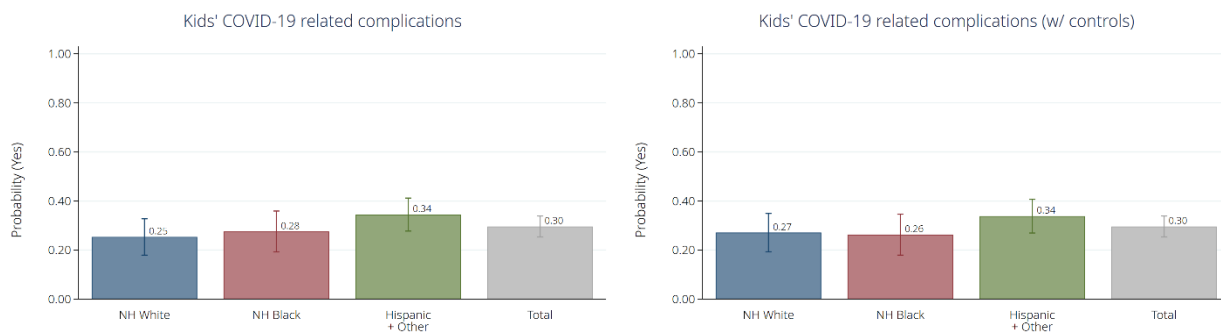


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Childrens' COVID-19 related comorbidities

While children have been shown to primarily experience only mild symptoms from COVID-19, children with comorbidities like asthma or overweight/obesity may be at heightened risk of complications. Asthma and obesity rates are higher in minority communities. It is estimated that about 13.4% percent of African-American children have asthma, compared to about 7.4 percent of white children (AAFA, 2020). For children and adolescents aged 2-19 years, the prevalence of obesity was 18.5% in 2019. Hispanics (25.8%) and non-Hispanic Blacks (22.0%) have higher obesity prevalence than non-Hispanic Whites (14.1%) (CDC, 2020).The survey found that 30% of the sample reported some kind of comorbidity, or condition that might put their child at risk of a complication from COVID-19 infection. Minority children were somewhat more likely to have a COVID-19 related complication than NH Whites were, especially Hispanics without controls (34% vs 25%). Asthma was the most common complication mentioned.

Fig.17: Proportion reporting their child has a condition that might put them at risk for COVID-19 related complications w/ and w/o controls



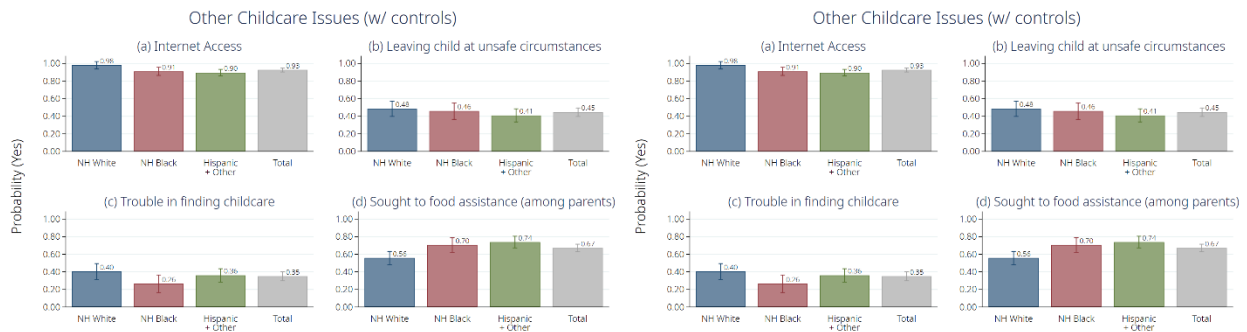
NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Other childcare issues

Remote schooling poses issues for parents in addition to children. In addition to providing a safe, stable environment for children, public schools also provide free and reduced price school lunches to low-income children, and low-cost childcare that allows parents to work. Remote schooling may pose challenges for those who do not have adequate space for homeschooling and may not have reliable broadband internet access. We asked respondents about what they had been doing for childcare and their access to the internet. The overwhelming majority of all respondents reported having internet access (95%), but a small minority did not, including 10% of Hispanics and 9 percent of NH Blacks. By contrast, only 2% of NH Whites reported not having access to the internet. Even this relatively small proportion has big implications for children’s ability to complete school remotely.

Additionally, concerningly, 35% of parents reported having trouble finding childcare and 45% reported that they had needed to leave their children in what they consider to be unsafe circumstances due to lack of childcare. These were somewhat more elevated among NH Whites compared with NH Blacks.

Fig.18: Proportion reporting having various childcare issues w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Race, Racism and Support for the Black Lives Matter Movement

Attitudes to BLM

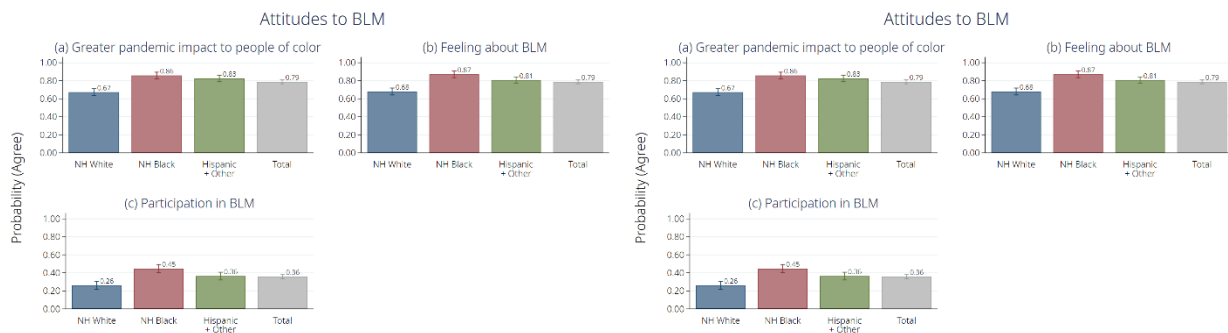
Following the murder of George Floyd at the hands of the police in June 2020, protests against police brutality swept the country. According to research conducted by the Crowd Sourcing Consortium, as many as 15 to 26 million people in the United States may have participated in George Floyd protests and vigils (Buchanan et al., 2020). This is potentially the largest protest movement in United States history.

At the time, there was some concern among public health officials about the impact of the protests on the spread of COVID-19. However, researchers collected data on nearly 40,000 people who participated in national demonstrations against police brutality and white supremacy and found a negative association between the percentage of a state’s population who reported protesting and the subsequent increase in cases of COVID-19 (Ramjug, 2020).

Protesters were largely younger individuals whose lives had been profoundly disrupted by the pandemic in fundamental ways, such as lost work or reduced wages and the protests ultimately have prompted broader calls for not only police reform but also “defunding” the police in order to fund critical social goods such as education and mental health services to improve quality of life in minority communities (Ramjug, 2020).

Our survey found overwhelming support (nearly 80%) for the Black Lives Matter protests and concern that the pandemic was doing greater damage to people of color. However, fewer NH Whites expressed concern about the pandemic doing more damage to people of color and were less supportive of the BLM protests- 67% and 68% respectively reporting being supportive. Thirty-six percent of the sample reported participating in a BLM protest though only 26% of NH Whites. NH Whites were also more likely to report never having experienced unfair treatment by the police. This was the case with and without controls.

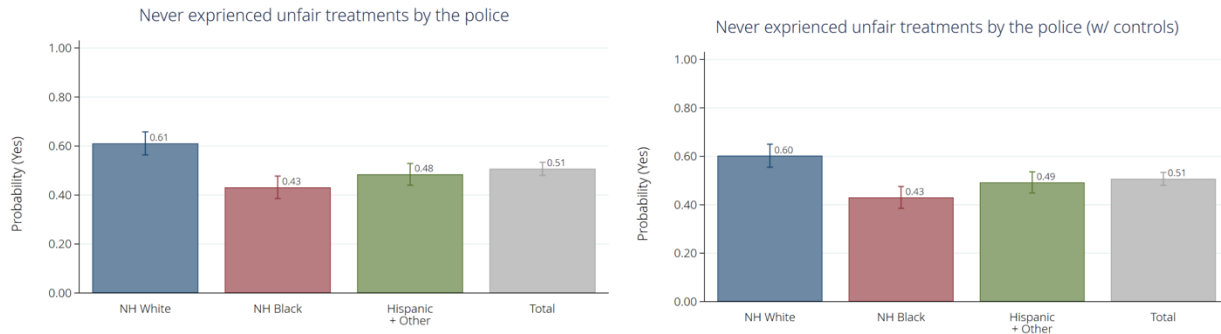
Fig.19: Proportion reporting support for BLM and concern about pandemic’s effects on minorities w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Experience of unfair treatment by the police

Fig.21: Proportion reporting experiencing unfair treatment by the police w/ and w/o controls

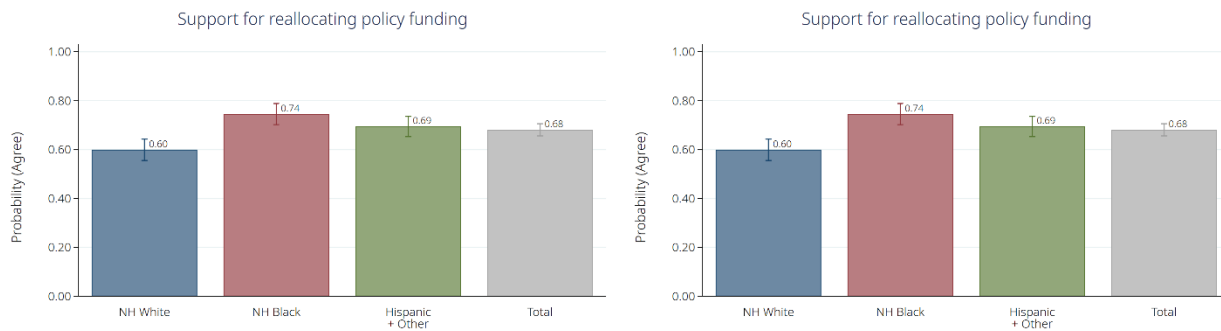


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Attitudes towards police reform, race-ethnic COVID-19 disparities and BLM (are minorities more supportive than Whites?)

Majorities (68%) supported “defunding the police”- or reallocating some police funding towards community services such as mental health services and addiction treatment programs. Support was highest among NH Blacks and Hispanic people both with and without controls.

Fig.20: Proportion reporting they support “defunding” the police w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

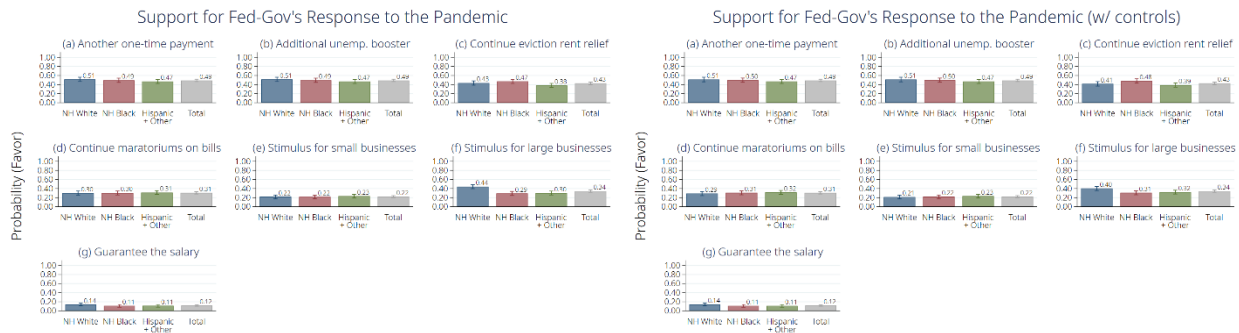
Policy Attitudes

Differences in attitudes towards stimulus and other policy measures to mitigate effects?

In addition to asking respondents about whether they had personally benefitted from the CARES act, we also asked respondents about their opinions on additional policies to offset the economic impacts of COVID-19 related safety measures. This survey was fielded well after the initial stimulus had been received and before the second round of stimulus was adopted.

Respondents were asked to select the top three approaches to mitigating the economic impact of the pandemic. Nearly half of the sample reported supporting more stimulus payments and continuing unemployment benefits. Forty-three percent supported continuing rent relief and 31% supported moratoriums on other bills. Smaller proportions supported stimulus payments to boost small and large businesses and to guarantee workers salaries.

Fig.21: Proportion reporting support for additional stimulus and social protection policies w/ and w/o controls

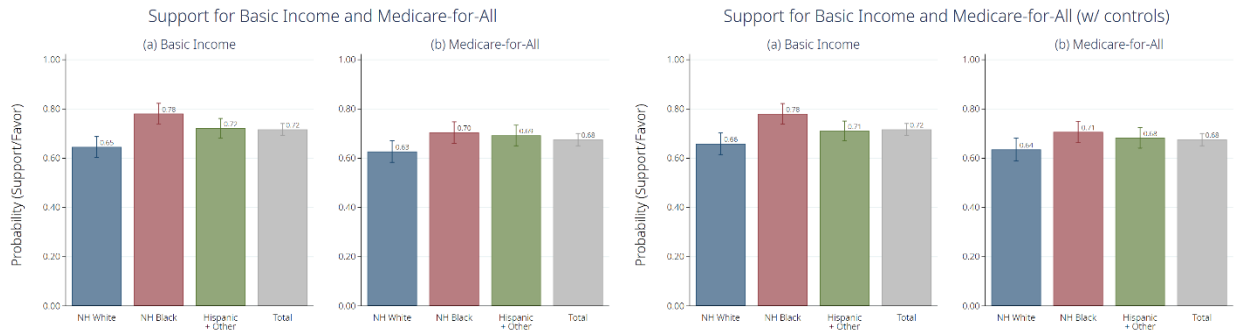


NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Support for Basic Income and Medicare-for-All

In addition to policies aimed at offsetting the direct economic impacts of the pandemic, respondents were asked about their support for broader social policies aimed at reducing economic insecurity include the universal basic income and Medicare for All. Large majorities supported these universal, redistributive policies: 72% supported Universal Basic Income and 68% supported Medicare for All. These policies were more likely to be supported by minorities.

Fig.22: Proportion reporting they support Universal Basic Income and Medicare for All w/ and w/o controls



NOTES: The proportion x 100 can be interpreted a percent; Controls include age, gender, and annual household income in 2019

Conclusions

Surveying a diverse sample of New Yorkers, we find that New Yorkers have been heavily impacted by the pandemic both in terms of mortality from COVID-19 and its economic impacts. Hispanics have been the most adversely impacted minority group both in terms of the direct health effects of COVID-19 and its economic impacts followed by NH Blacks compared with NH Whites. About one-third of the sample reported that they would not get the vaccine as soon as possible with about 14% stating that they definitely would not get the vaccine right away. NH Blacks were overrepresented among those who reported that they would definitely not get the vaccine right away at 18% compared with 12% among NH Whites.

Nearly 18% had lost a close family member to COVID-19 and 25% a close friend. While 65% had received a stimulus payment, 55% had suffered financially, 53% were concerned about paying bills, 16% had lost their health insurance, 33% were food insecure, nearly 50% had sought food assistance, 25% were experiencing signs of depression, 12-16% were engaging in higher than normal rates of alcohol and drug use, and 56% had some form of a comorbidity that would put them at risk for COVID-19 related complications.

Of a sub-sample of parents with school-age kids, only 1/3 reported having at least one child in school full-time in-person and only 1/4 of NH Blacks. Nearly 10% of NH Blacks and Hispanics reported not having reliable internet access to facilitate online learning, 35% of the full sample had trouble finding reliable childcare and 45% reported needing to leave their child/children in an unsafe situation due to not having child care.

In all categories except childcare and alcohol and drug use, minorities were more heavily impacted than NH Whites. There was strong support for continuing economic mitigation strategies such as more stimulus and eviction moratoriums as well as more broad risk protections like universal basic income and Medicare for All as well as reducing funding to the police to fund other social programs. Support was even stronger among minorities, but in all groups overwhelming majorities reported supporting these measures.

While some of these impacts may be temporary, without significant economic recovery and efforts to mitigate the economic impacts of the pandemic, health disparities and generalized economic inequality is likely to deepen into the foreseeable future. Lost schooling will perhaps have the deepest long term effects on inequalities affecting a whole generation.

Reference

- Asthma and Allergy Foundation of America. (2020). *Asthma Facts and Figures*.
<https://www.aafa.org/asthma-facts/>
- Buchanan, L., Bui, Q., & Patel, J. K. (2020). *Black Lives Matter May Be the Largest Movement in U.S. History*. <https://www.nytimes.com/interactive/2020/07/03/us/george-floyd-protests-crowd-size.html>
- Carbajal, E. (2020). *About 20 percent of New Yorkers have had COVID-19, study finds*. Becker's Hospital Review. <https://www.beckershospitalreview.com/public-health/about-20-percent-of-new-yorkers-have-had-covid-19-study-finds.html>
- Centers for Disease Control and Prevention. (2020). *Childhood Obesity Facts*.
<https://www.cdc.gov/obesity/data/childhood.html>
- Centers for Disease Control and Prevention. (2019). Flu Vaccination Coverage, United States, 2018–19 Influenza Season. Available at: <https://www.cdc.gov/flu/fluview/coverage-1819estimates.htm> [last accessed 1/9/21]
- Hughes, M.M., et al., *Projected Population Benefit of Increased Effectiveness and Coverage of Influenza Vaccination on Influenza Burden – United States*. Clin Infect Dis, 2019.
- Fryer, R., & Levitt, S. D. (2020). *Falling Behind*.
<https://www.educationnext.org/fallingbehind/#:~:text=New evidence on the black-white achievement gap&text=On average%2C black students typically,and the average 8th grader>
- Marr, C., Cox, K., Bryant, K., Dean, S., Caines, R., & Sherman, A. (2020). *Aggressive State Outreach Can Help Reach the 12 Million Non-Filers Eligible for Stimulus Payments*.
<https://www.cbpp.org/research/federal-tax/aggressive-state-outreach-can-help-reach-the-12-million-non-filers-eligible-for>
- Ray, R. (2020). “How to overcome vaccine distrust among Black Americans,” The Hill. Available here: <https://thehill.com/opinion/healthcare/531892-how-to-overcome-vaccine-distrust-among-black-americans> [last accessed 1/7/21]
- Natanson, H. (2020, September 2). Love or Hate Them, Pandemic Learning Pods Are Here to Stay — and Could Disrupt American Education. *Washington Post*.
https://www.washingtonpost.com/local/education/love-or-hate-them-pandemic-learning-pods-are-here-to-stay--and-could-disrupt-american-education/2020/09/02/3d359f8c-dd6f-11ea-8051-d5f887d73381_story.html
- Ramjug, P. (2020, August 11). Racial Justice Protests Were Not a Major Cause of COVID-19 Infection Surges, New National Study Suggests. *News@Northeastern*.
<https://news.northeastern.edu/2020/08/11/racial-justice-protests-were-not-a-major-cause-of-covid-19-infection-surges-new-national-study-finds/>
- Ray, R. (2020, December 29). How to Overcome Vaccine Distrust among Black Americans. *The Hill*. <https://thehill.com/opinion/healthcare/531892-how-to-overcome-vaccine-distrust-among-black-americans>

- Russell, T. (2021). How to Talk to Anti-Vaxxers: Advice From the Experts:
<https://www.verywellfamily.com/how-to-talk-to-friends-who-are-against-vaccines-5093658>
- Stanford Center for Education Policy Analysis. (2013). *Racial and Ethnic Achievement Gaps*.
<https://cepa.stanford.edu/educational-opportunity-monitoring-project/achievement-gaps/race/#second>
- Strauss, V. (2020, April 17). Why COVID-19 Will ‘Explode’ Existing Academic Achievement Gaps. *Washington Post*. <https://www.washingtonpost.com/education/2020/04/17/why-covid-19-will-explode-existing-academic-achievement-gaps/>