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The Unequal Burden of COVID-19:
Understanding the Role of Social Determinants of Health

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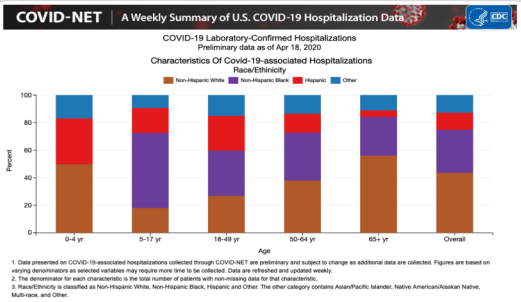

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Table 1: Race/Ethnicity Distribution of COVID-19 Cases, Boston Residents, 2020

Race/Ethnicity[1]	# of Cases	% of All Cases	% of Cases with Known Race/Ethnicity[2]
Asian, nL/nH	160	2.3%	3.4%
Black, nL/nH	1996	28.7%	41.8%
Latinx/Hispanic	880	12.7%	18.4%
Other, nL/nH[3]	425	6.1%	8.9%
White, nL/nH	1313	18.9%	27.5%
Unknown/Missing Data	2184	31.4%	

[1] nL/nH=non-Latinx/non-Hispanic

[2] Total with Known Race/Ethnicity=4774 cases

[3] Other, nL/nH includes American Indian/Alaska Native and multiracial

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Disparities in Testing

- According to JHU Coronavirus Resource Center – only 2 states report testing by race/ethnicity
- Data from Illinois
  - African-Americans = 38.1% of deaths and 24.2% of cases
  - Only 13.2% of those tested are Black

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What do the Data Reveal?

- Need better data collection to understand the full magnitude of disparity
- Disparities rooted in deeper domains of inequity
- Access to care, economic insecurity, employment, and other determinants underly disparities in testing and incidence
- Underscore need to focus on social determinants of health

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Social Determinants of Health

Where we live, work, eat, play, and pray builds the foundation of good health …

… or contributes to **poor health**.

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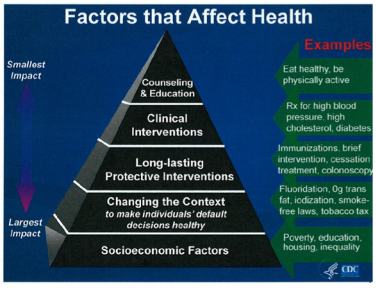

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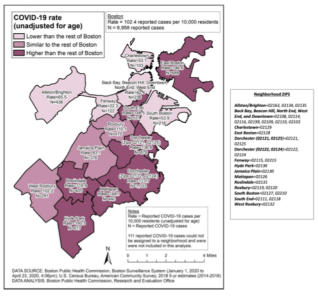

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Figure 2.3 Residents With Less Than a High School Diploma by Neighborhood, 2011-2015

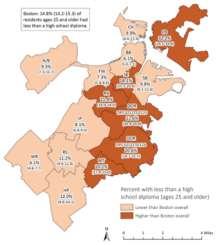
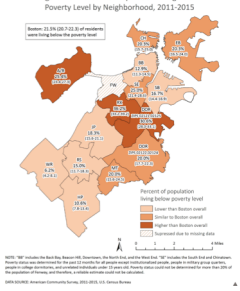


Figure 2.31 Percent of Population Living Below Poverty Level by Neighborhood, 2011-2015



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SDOH in the Age of COVID-19

- SDOH contribute to disparities across many health outcomes
- Pre-existing conditions such as hypertension, CVD, diabetes
- Living conditions & housing
- Employment
  - Critical workers, lack of paid leave
- Access to care
  - Lack of testing in high-risk neighborhoods
  - Language barriers
- Toxic Stress
- Food insecurity

Source: HRiA, 2020

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The Peril and Hope of Urbanization

- Urbanization is one of the leading global trends of the 21st century that has a significant impact on health. By 2050, over 70% of the world's population will live in cities
- Within urban environments, economic factors, social factors, environmental factors and the built environment interact to influence health
- Urban settings often have greater health resources, but a large population experiencing challenges accessing care

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COVID-19 and Urbanization

- Population density and economic activity contribute to spread
- Hubs for travel and high degree of transience across the population
- Healthcare resources, including community health centers, urgent care centers, and new delivery models can offer opportunities to address gaps in testing

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A Collective Effort to Reduce the Burden

- Improve data collection and reporting at the national and local level
  - Advocate for reporting of testing, morbidity and mortality data by race and ethnicity
- Address language barriers and improve access to care, including testing
- Partner with community and faith-based organizations
- Form multi-sector partnerships that engage housing, employment, and other sectors
- Engage community health workers
- Disseminate health education and health promotion materials in multiple languages
- Work with employers to reduce workplace risk