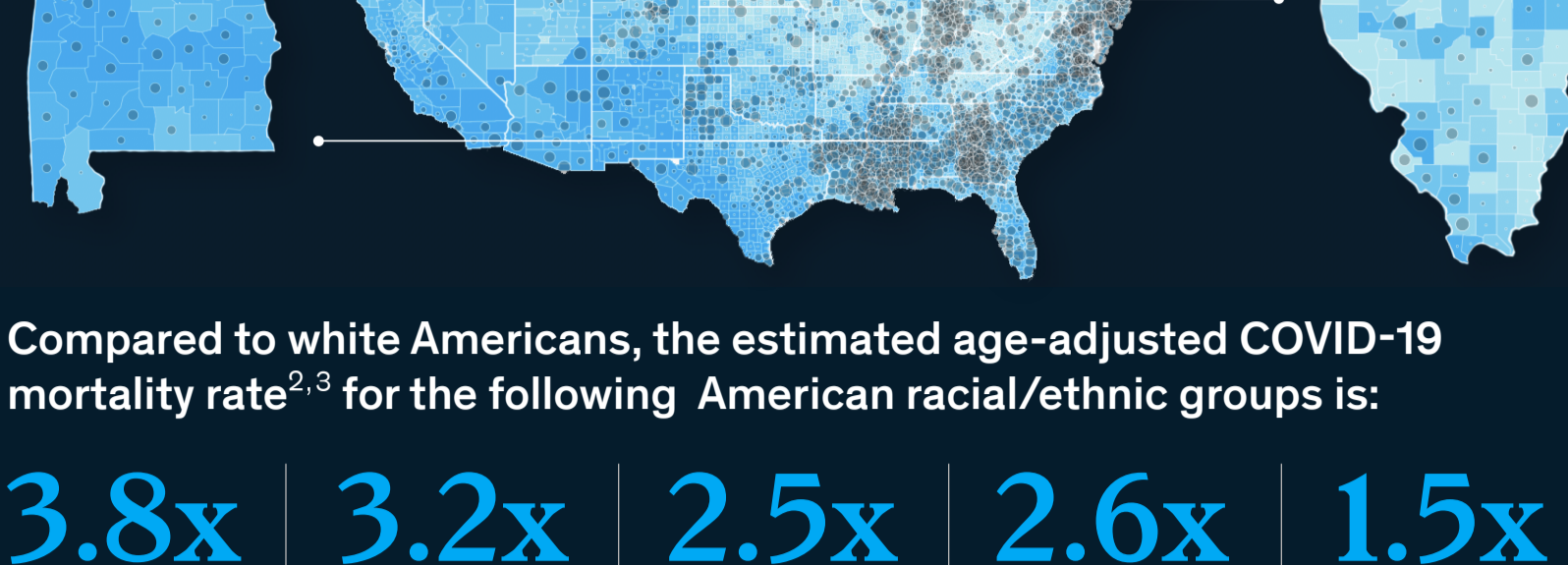
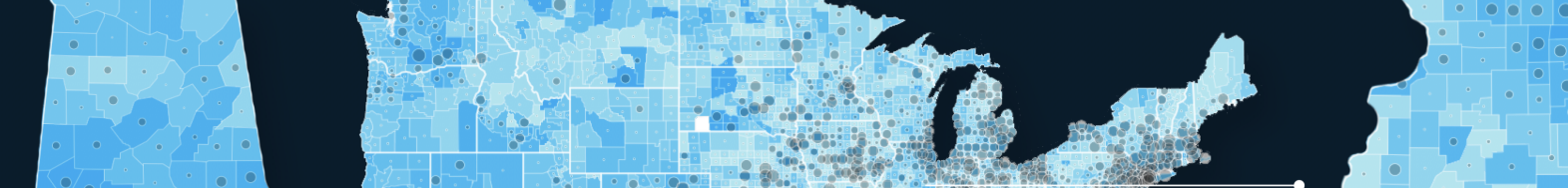


Insights on racial and ethnic health inequity in the context of COVID-19

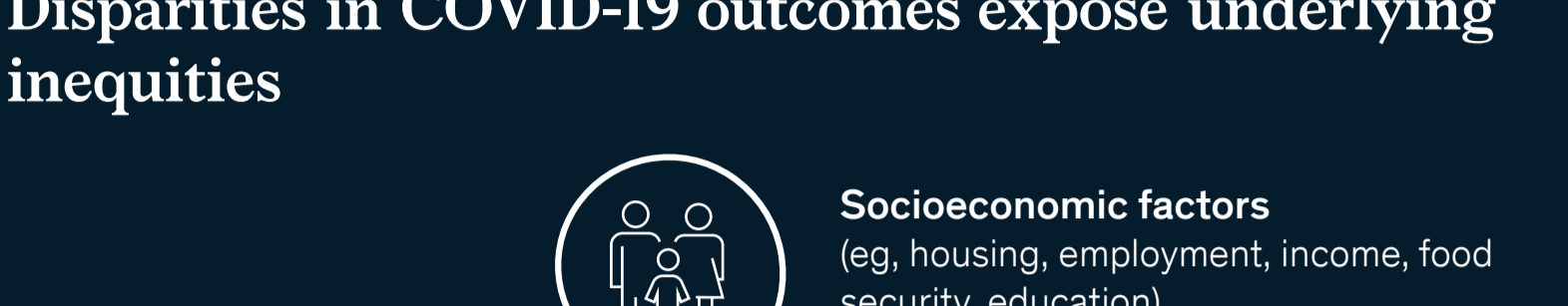
COVID-19 is disproportionately impacting communities of color

Racial and ethnic disparities in COVID-19 deaths per 100,000¹

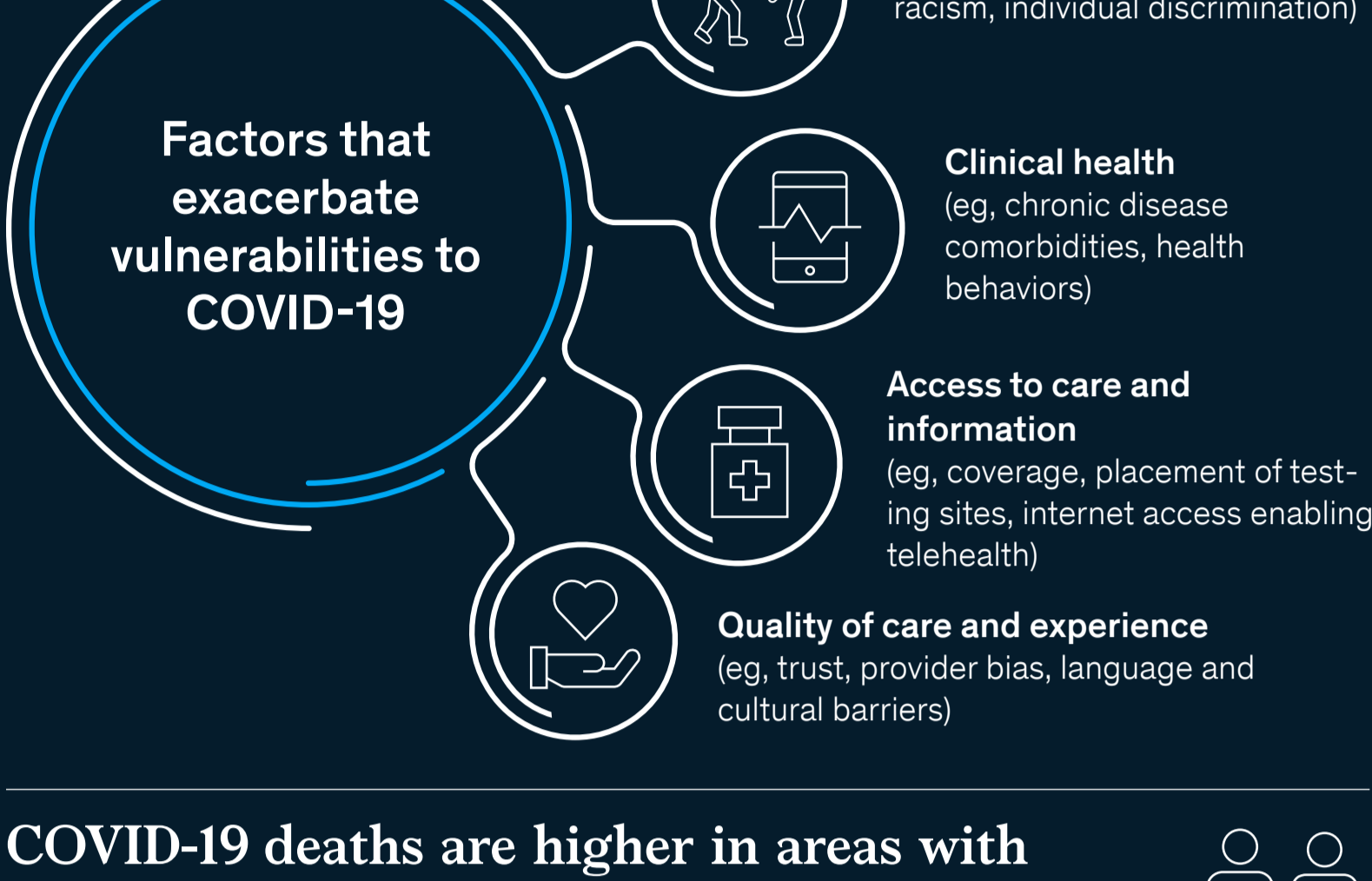
Explore this insight through the dashboard [here](#)



Compared to white Americans, the estimated age-adjusted COVID-19 mortality rate^{2,3} for the following American racial/ethnic groups is:



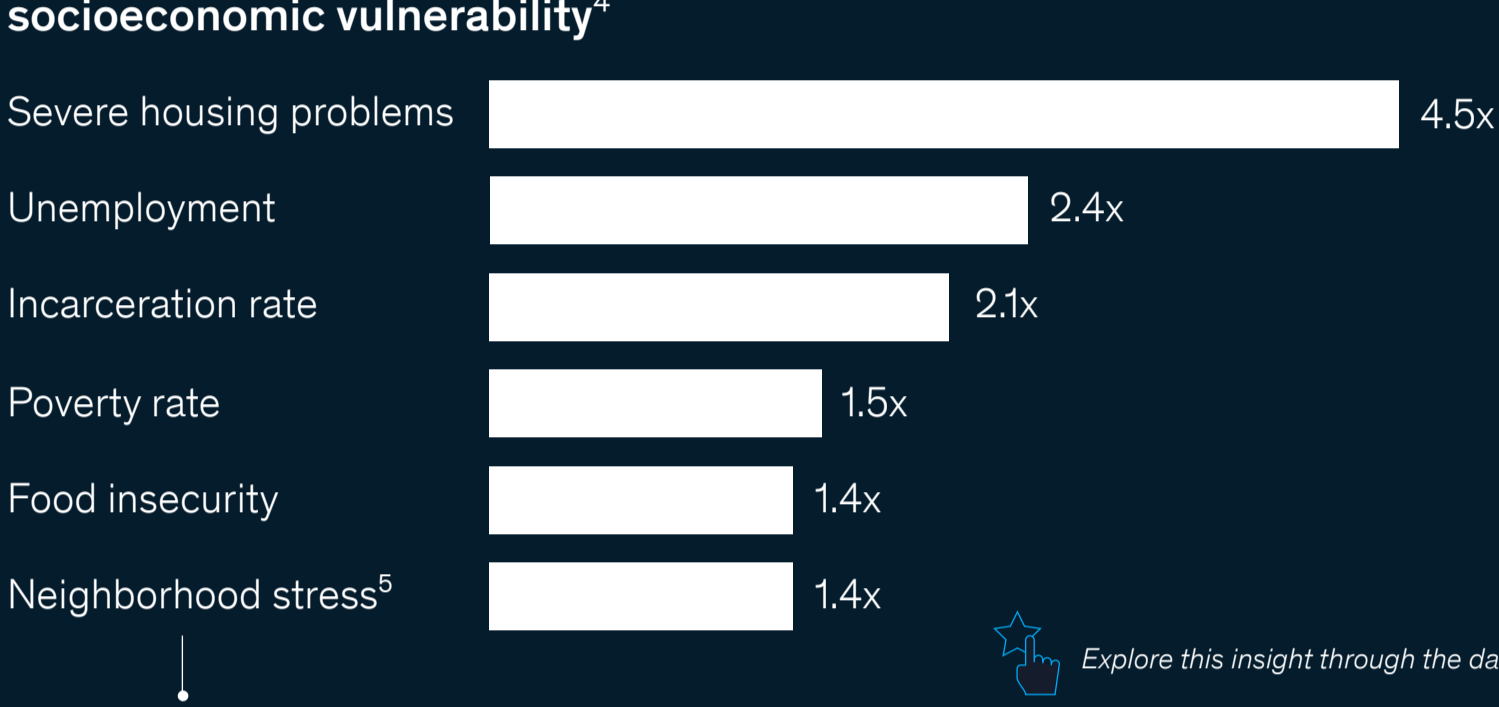
Disparities in COVID-19 outcomes expose underlying inequities



COVID-19 deaths are higher in areas with socioeconomic vulnerabilities, which intersect with race and ethnicity



Ratio of COVID-19 deaths per 100K in areas with a higher concentration of socioeconomic vulnerability⁴



Explore this insight through the dashboard [here](#)

A composite metric including income, employment, use of public assistance, transportation, single parent households, and education

Example intersections of socioeconomic vulnerability with race and ethnicity

20% of the lowest-paid, high-contact essential jobs are held by Black Americans, heightening risk of exposure to COVID-19⁶

33% Black and **23%** Hispanic/Latinx are a part of the prison population (despite being 12% and 18% of the general population, respectively)⁷

Mass incarceration is associated with worse mental and physical health outcomes,⁸ and in the context of COVID-19, jail conditions heighten risk—jail cycling (ongoing arrest and pre-trial detention practices) was associated with **16%** of COVID-19 cases in a single state⁹

84% Black and **88%** Hispanic/Latinx live in urban areas,¹⁰ where about **90%** of COVID-19 cases are concentrated.¹¹ Historical systemic denial of government and private sector services, a form of structural racism, is among factors that exacerbate health disparities for a range of health conditions (eg, asthma, cancer)¹²

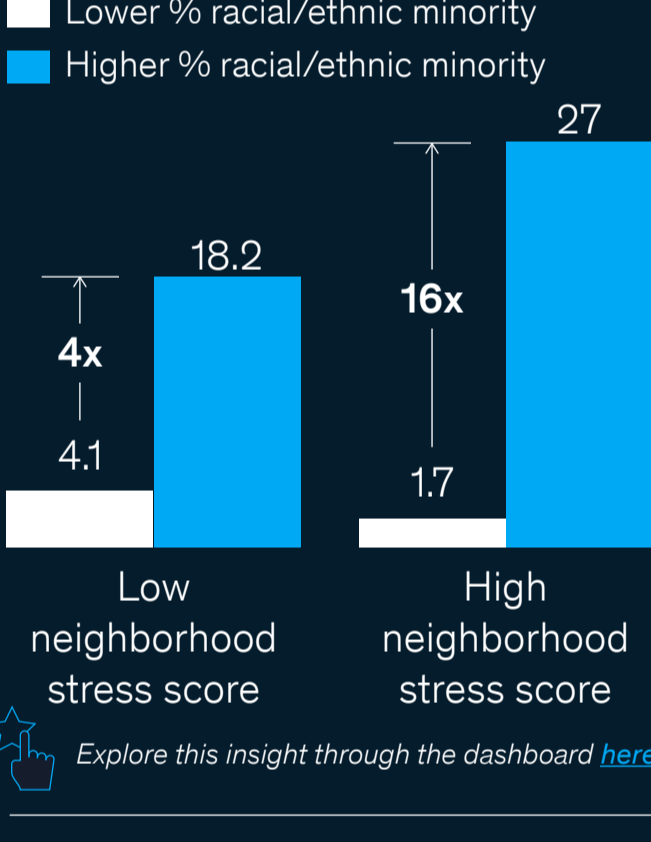
39% Black, **37%** Hispanic/Latinx, and **22%** White households with children have been estimated to be food insecure during the COVID-19 pandemic¹³

Socioeconomic vulnerabilities contributing to disparities in COVID-19 deaths have been shaped by structural racism¹⁴

Racism has been associated with stress and negative health outcomes



COVID-19 deaths per 100K across counties, by level of neighborhood stress score⁷ and concentration of racial and ethnic minorities¹⁵



Racism affects both physical and mental health, but the association between reported racism and mental health has been found to be twice as large as that for physical health¹⁶

Vigilance (including stress associated with anticipated exposure to racism) increases likelihood of depressive symptoms, sleep difficulties, and hypertension and contributes to racial differences for these outcomes¹⁷

Among women with low socioeconomic status, **27%** of women of color report mistreatment in maternity care, compared to **19%** of white women¹⁸

Explore this insight through the dashboard [here](#)

Black and Hispanic/Latinx Americans are at heightened clinical health risk for severe COVID-19 symptoms



Black Americans have a **30%** higher likelihood of having a chronic condition compared to whites¹⁹

Patients with hypertension or diabetes, both chronic conditions, were up to **2x** more likely to be admitted to the ICU or die from COVID-19²⁰

There are racial and ethnic disparities in access to care in the context of COVID-19



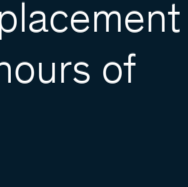
Black and Hispanic/Latinx Americans were more likely to try to get tested for COVID-19, but less likely to successfully get tested²¹



Black Americans were **3x** more likely to report loss of health insurance during the pandemic compared to white respondents^{21,22} Other contributing factors to disparities in testing may include: geographic placement of testing sites, access to transportation, testing center hours of operation, and access to paid sick leave

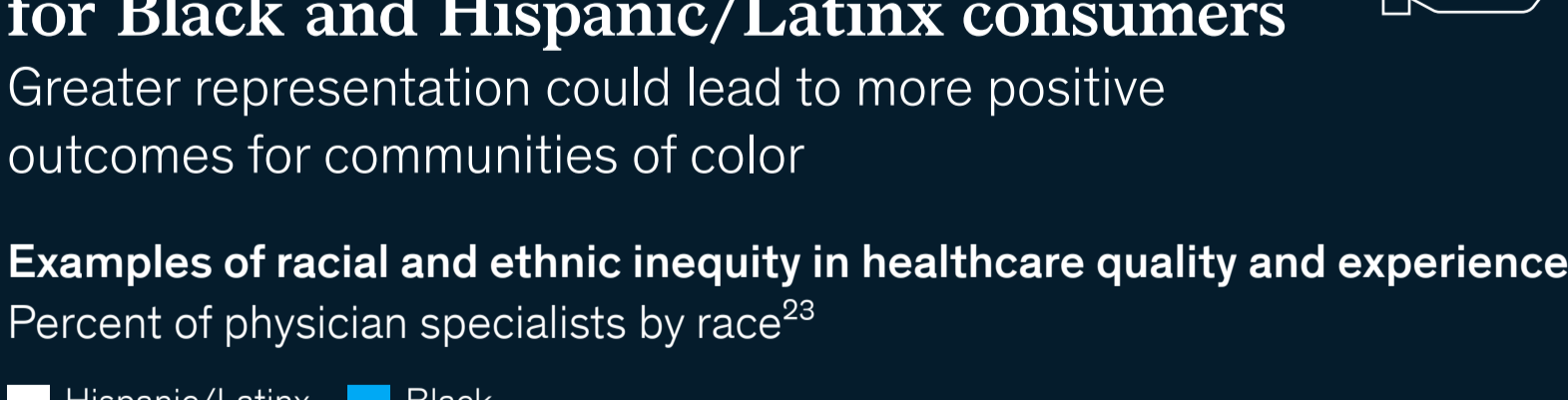
Explore this insight through the dashboard [here](#)

There is an opportunity to more broadly improve healthcare quality and experience for Black and Hispanic/Latinx consumers



Greater representation could lead to more positive outcomes for communities of color

Examples of racial and ethnic inequity in healthcare quality and experience



Hispanic/Latinx and Black Americans make up 18% and 12% of the general population, but make up **6%** and **5%** of physicians, respectively

32% of Black patients have reported that a doctor of the same race would understand their concerns best²⁴

Although language access is covered under the Civil Rights Act, only **61%** of hospitals offer translation and/or linguistic services

Healthcare organizations can innovate in-person, digital, and written solutions (eg, video remote interpreting, website usability)²⁶

Racial and ethnic representation in the healthcare workforce is an important factor for building trust-based, empathetic, and unbiased relationships²⁷

Sources and methodology notes

1 Racial and ethnic minorities included in county level analysis: American Indian, Alaska Native, Asian, Black American, Hispanic/Latinx, and Native Hawaiian or other Pacific Islander. Aggregate county-level deaths were sourced from the McKinsey Vulnerable Populations Dashboard from USA Facts and are not attributed to race or ethnicity.
2 APM Research Labs "The color of coronavirus." Indirect age adjusted COVID-19 deaths with a known race or ethnicity, reflects aggregated data across Washington, DC and 46 states, as of July 3, 2020.
3 For additional insights on age adjusted disparities by race and ethnicity, see Ford T, Reber S, and Reeves RV. "Race gaps in COVID-19 deaths are even bigger than they appear." Brookings, June 2020; NCIIRD. "Coronavirus disease 2019 (COVID-19)." CDC, web 25, 2020; Wortham JM et al., "Characteristics of persons who died with COVID-19—United States, February 12–May 18, 2020." MMWR, 2020, Volume 69, pp. 923–9.
4 Higher levels of socioeconomic vulnerability defined as the top quintile of counties for a given socioeconomic factor and lower levels defined as the counties in the bottom quintile.
5 Neighborhood stress score is calculated based on a composite of Census values including income, employment, use of public assistance, transportation, single parent households, and education. See McKinsey Vulnerable Populations Dashboard data dictionary for additional detail.
6 National Center for CPINET Development; US Bureau of Labor Statistics; McKinsey Global Institute analysis.
7 Pew Research Bureau of Justice Statistics, April 2019. Includes inmates sentenced to more than 1 year in a federal or state prison.
8 Wildman C and Wang EA. "Mass incarceration, public health, and widening inequality in the USA." Lancet, 2017, Volume 389, pp. 1464–74.
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15 Low neighborhood stress score defined as counties in the bottom quintile, high neighborhood stress score defined as counties in the top quintile. Percent racial/ethnic minority also defined according to quintiles. Death rates unadjusted for demographic factors; analysis reflects observed association.
16 Bailey ZD et al., "Structural racism and health inequities in the USA: Evidence and interventions." Lancet, 2017, Volume 389, pp. 1453–63.
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18 Vedam S et al., "The Giving Voice to Mothers study: Inequity and mistreatment during pregnancy and childbirth in the United States." Reprod Health, June 11, 2019.
19 CDC. Includes cardiovascular disease, asthma, diabetes, chronic kidney disease, hypertension, and obesity.
20 Richardson S et al., "Presenting characteristics, comorbidities, and outcomes among 5700 patients hospitalized with COVID-19 in the New York City Area." JAMA, 2020, Volume 323, pp. 2052–9.
21 McKinsey COVID-19 Consumer Survey as of June 8, 2020. Respondents were asked whether they have lost health insurance since the beginning of the coronavirus/COVID-19 pandemic began (eg, due to job loss), but exact reasons for job loss were not reported.
22 Baumgartner JC et al., "How the Affordable Care Act has narrowed racial and ethnic disparities in access to health care." Commonwealth Fund, January 2020.
23 Diversity in medicine: Facts and figures 2019. AAMC, 2019. Excludes physicians for which race or ethnicity is unknown.
24 Alsan M, Garrick O, and Graziani G. "Does diversity matter for health? Experimental evidence from Oakland." American Economic Review, Volume 109, pp. 4071–111.
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26 2018 American Hospital Association Statistics. Figure 6: "National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS policy and practice." HHS Office of Minority Health, April 2013. Title VI of the Civil Rights Act of 1964.
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