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HOW DID WE GET HERE?

Structural Inequities
in Healthcare





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The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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HOW DID WE GET HERE?

Structural Inequities in Healthcare

The COVID-19 pandemic has laid bare the inequitable outcomes of healthcare in the United States for groups most likely to experience poverty. People of color, LGBTQ+ people, people living in rural areas, people with disabilities and especially those who live under multiple intersecting systems of oppression experience more economic insecurity and poorer health outcomes in myriad ways. The primary reasons, which we will discuss here, include:

- 1. Poverty and low-wage work leave many marginalized groups without access to quality healthcare.**
- 2. Higher rates of housing and food insecurity expose marginalized groups to greater risks.**
- 3. Profit-driven healthcare incentivizes and rewards health providers for avoiding marginalized communities.**

1. Poverty and low-wage work leave many marginalized groups without access to quality healthcare.

Healthcare in the United States is prohibitively expensive, even for many people with health insurance, and millions of people lack coverage entirely.¹ Uninsured people are often forced to delay or forgo necessary medical care due to cost. This means they are less likely to receive a diagnosis or treatment in the early stages of a disease and are more likely to suffer from complications of chronic conditions that could otherwise be managed with routine care.²

Because of higher rates of poverty and low wages, the uninsured rate is much higher in communities of color than in white communities. In 2018, 8 percent of non-elderly white Americans were uninsured compared with 11 percent of Black, 19 percent of Hispanic, and 22 percent of American Indian and Alaska Natives.³

Employment discrimination also impacts the health of LGBTQ+ people. In a 2013 study, researchers found that regardless of sex assigned at birth, people who identified as gay or bisexual were about twice as likely to

have been unemployed and uninsured over the prior year compared with straight peers.⁴ The unemployment discrimination that creates this impacts LGBTQ+ people of color even more, as they are twice as likely as white LGBTQ+ people to experience it.⁵

In rural areas where people have less access to necessary resources, poverty is prevalent, impacting health outcomes. In 2015, “nearly one in five rural working householders lived in families with incomes less than 150 percent of the poverty line.”⁶ People in rural areas are also more likely to be uninsured than people living in urban areas, regardless of whether Medicaid has been expanded in their state.

2. Higher rates of housing and food insecurity expose marginalized groups to greater risk.

Redlining in Black communities, the systemic theft of tribal lands from Native people and the unchecked profit motive in the United States have created cities, neighborhoods and rural areas without access to the resources human beings need to thrive. Here we will

focus on how housing insecurity and food insecurity in particular impact health in ways that leave people more vulnerable to complications from COVID-19.

In addition to the nutritional deficiencies and environmental risks people are exposed to in these situations, it is critical to also understand these experiences as traumatic. Of course, we cannot attempt to separate the psychological trauma from its physiological impacts, just as we cannot cleanly separate physical health and mental health.

HOUSING INSECURITY

Marginalized people are more likely to experience housing insecurity and homelessness. The National Alliance to End Homelessness reports, “African Americans make up more than 40 % of the homeless population, but represent 13 percent of the general population. American Indians/Alaska Natives, Native Hawaiians and Pacific Islanders, and those of more than one race each make up less than 5 percent of the general population. But each group’s share of the homeless population is more than double their share of the general population.”

Housing insecurity and homelessness also disproportionately impact LGBTQ+ people, especially LGBTQ+ youth. According to the Trevor Project, “LGBTQ youth represent as much as 40% of the homeless youth population.”⁷ LGBTQ youth of color are particularly at risk.

People with disabilities also face higher rates of homelessness and a severe lack of affordability for accessible housing. This particularly impacts people who rely on Supplemental Security Income, which is insufficient to cover housing and living expenses. The fair market rate for a modest one-bedroom apartment is 113 percent of the average monthly income of a household relying on SSI.⁸

The links between housing and health are innumerable. According to a literature review of studies involving the links between housing and health conducted by Health Affairs, “People who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and of increased mortality. Many people experience traumas on the streets or in shelters, which has long-standing adverse impacts on psychological well-being. ... People who are not chronically homeless but face housing instability (in the form of moving frequently, falling behind on rent, or couch surfing) are more likely to experience poor health in comparison to their stably housed peers.”⁹

Because housing insecurity and inadequate housing disproportionately impact marginalized people, so do the associated negative health impacts. For example, exposure to smoke and mold is associated with higher rates of childhood asthma. People using rental assistance are more likely to report exposure to these environmental risks. This has serious long-term implications.¹⁰ Data from the Department of Health and Human Services show that 19 percent of non-Hispanic Black children have been diagnosed with asthma compared with 12 percent of non-Hispanic white children. Black children are 4.5 times more likely than white children to be hospitalized for asthma and 10 times more likely to die from asthma.¹¹

FOOD INSECURITY

In the United States, 11.1 percent of households experience food insecurity on average, but 21.2 percent of Black households as well as 16.2 percent of Hispanic households experience food insecurity on average.¹²

Food insecurity predominately affects individuals and families in poverty, but poverty is not the only barrier to food access. Many marginalized communities also live in “food deserts,” which are areas without easy access to grocery stores with fresh produce. This impacts people in both urban and rural areas. In rural areas, food deserts still disproportionately impact people of color. This especially impacts Native Americans living on tribal lands. The Navajo Nation spans 27,000 square miles (about the size of West Virginia) but has only 13 grocery stores.¹³

According to the U.S. Department of Agriculture, “The number of chronic conditions for adults in households with low food security is, on average, 18 percent higher than for those in high food-secure households.”¹⁴ The chronic conditions most associated with food insecurity, like diabetes and hypertension, are also known to have co-morbidity with COVID-19.¹⁵

3. Profit-driven healthcare incentivizes and rewards health providers for avoiding marginalized communities.

Physical proximity to healthcare providers and hospitals impacts health outcomes. Hospitals and health centers in low-income communities are chronically under-resourced. Because health providers receive lower reimbursement rates from Medicare and Medicaid than

from private insurance, health providers often avoid low-income areas entirely or shut down essential services in these areas that are less profitable. High uninsured rates in rural areas also contribute to hospital closures, leaving an already vulnerable population at an even greater disadvantage in accessing care.¹⁶

Profit-driven healthcare has led to rapid and massive closures of rural hospitals, and the rural areas hit the hardest are areas with more residents of color. The North Carolina Rural Health Research Program reports, “at least 80 rural hospitals in 26 states have closed since January 2010. Many are in communities with significant black or Hispanic populations. One such Alabama hospital closed in September and was located in a county where 72% of residents are African American. The nearest hospitals are now about 50 minutes away.”¹⁷

Private equity firms are especially to blame for these trends in both urban and rural environments. In one particularly egregious example, in 2018 a private equity firm bought Hahnemann University Hospital in Philadelphia, which predominately served low-income residents. The firm closed the hospital in September 2018 with the intention of selling the building for profit. In the middle of the COVID-19 outbreak, the firm offered to lease the building to the city for \$1 million per month.¹⁸

Where Are We?

COVID-19 AND STRUCTURAL INEQUITIES

Because of these existing inequities, the COVID-19 pandemic and resulting economic recession have tragically and predictably impacted marginalized people the most. While acknowledging that the affects are far-reaching, we will focus on the following impacts:

1. People of color are disproportionately being infected and dying from COVID-19.
2. Rural health infrastructure is unequipped to handle the outbreak.
3. Marginalized people are more likely to work essential service jobs, putting them on the frontlines of the pandemic.
4. Even during a global pandemic, the Trump administration continues efforts to strip healthcare access from millions of people.

1. PEOPLE OF COLOR ARE DISPROPORTIONATELY BEING INFECTED AND DYING FROM COVID-19.

People of color are being infected, being hospitalized and dying from COVID-19 at higher rates than their white counterparts, largely due to higher rates of exposure at work, underlying medical conditions and other factors outlined in the previous section.

Despite the limitations of the Centers for Disease Control and Prevention’s data, which do not include information on race and ethnicity for many cases, the data that we do have is damning.

Race and Ethnicity	% of U.S. Population ³⁰	% of COVID-19 Deaths in U.S.
Non-Hispanic White	60.4%	51.3%
Non-Hispanic Black or African American	12.5%	21.9%
Non-Hispanic American Indian or Alaska Native	0.7%	0.8%
Non-Hispanic Asian	5.7%	5.0%
Hispanic or Latino	18.3%	16.7%
Other	2.4%	4.3%

Source: CDC data, updated Sept. 11, 2020³¹

The data is even starker in many major cities and states with high concentrations of poverty in communities of color. Updated data from the CDC can be found [here](#).

2. RURAL HEALTH INFRASTRUCTURE IS UNEQUIPPED TO HANDLE THE OUTBREAK.

As many states began reopening plans during the summer of 2020, COVID-19 cases continued to rise in rural areas, especially in rural areas where meat-packing and food production plants are major employers.¹⁹ Because of the factors listed in the previous section, including profit motive, many people in rural areas live very far from a hospital with an intensive care unit. With life-threatening illnesses, each minute of transportation can impact a person's chances of serious complications or death.

Prisons also tend to be located in rural areas. The conditions that incarcerated people live in facilitate rapid spread of COVID-19, and an outbreak can rapidly spread through the surrounding community when guards and staff come home. An outbreak, whether started at a meat-packing plant or a prison, can quickly overwhelm a rural hospital, putting even more strain on an already under-resourced system.²⁰

3. MARGINALIZED PEOPLE ARE MORE LIKELY TO WORK ESSENTIAL SERVICE JOBS, PUTTING THEM ON THE FRONTLINES OF THE PANDEMIC.

A study from the Economic Policy Institute found that while 30 percent of white workers reported being able to telework in 2018, only 20 percent of Black workers and 16.2 percent of Hispanic or Latinx workers had the option. The industries where workers are least able to work from home (e.g., transportation, agriculture and hospitality) are largely industries that disproportionately rely on the labor of immigrant workers and people of color.²¹

Much of the work deemed essential during the pandemic is done by low-wage workers who are predominantly people of color. In a particularly salient example, an estimated 70 percent of farmworkers are undocumented.²² Essential workers, including farmworkers, are expected to continue work during the pandemic, often without the protective equipment they need. If an undocumented farmworker does contract COVID-19, they might not seek treatment due to a history of U.S. Immigration and Customs Enforcement raids in hospitals.²³ Even if the person does seek care, may not be able to afford the bills that result from it and may not have access to the language resources needed to communicate with healthcare workers.

4. EVEN DURING A GLOBAL PANDEMIC, THE TRUMP ADMINISTRATION CONTINUES EFFORTS TO STRIP HEALTHCARE ACCESS FROM MILLIONS OF PEOPLE.

The Trump administration, along with 18 state attorneys general, is seeking to have the Supreme Court strike down the Affordable Care Act in its entirety. Before the COVID-19 pandemic and resulting recession, this threatened the health coverage of 20 million people. With higher unemployment and more people relying on government subsidies now, the number is likely much higher.

Repealing the ACA would not only strip health coverage away from millions of people during a global pandemic, but also create tax breaks for corporations and wealthy families, deepening economic and racial disparities. According to an analysis by the Center on Budget and Policy Priorities, "Striking down the ACA would also widen racial gaps, with particularly large health coverage losses among Black and Hispanic people. In its pre-COVID-19 estimates, the Urban Institute projected that ACA repeal would cause nearly 1 in 10 non-elderly Black people, and 1 in 10 Hispanic people, to lose coverage, compared to about 1 in 16 white people. Meanwhile, the tax cuts that would result from striking down the law would flow disproportionately to white households, which are three times likelier than Black or Hispanic households to be in the top 1 percent of the income scale."²⁴

Where Are We Going?

POLICY RECOMMENDATIONS

In addressing the COVID-19 pandemic, it is not enough to seek solutions that will return the country to the status quo before the pandemic. Recognizing the need for both an urgent response and systemic reform, we offer policy recommendations in the following categories:

1. Addressing the immediate need for healthcare access.
2. Addressing the immediate need for economic relief.
3. Addressing the social determinants of health.
4. Addressing the long-term need for reform of the U.S. healthcare system.

1. ADDRESSING THE IMMEDIATE NEED FOR HEALTHCARE ACCESS.

- Immediately increase federal funding for Medicaid, adjusted automatically to meet the needs throughout the crisis,²⁵ and immediately expand Medicaid in all states that have not already done so.
- Immediately increase federal funding for community health centers.
- Adopt the recommendation of the Congressional Black Caucus to waive Section 1905(a)(A) of the Social Security Act on an emergency basis until the COVID-19 crisis is over, allowing the use of Medicaid funding to provide healthcare to incarcerated people.
- Define testing and treatment for symptoms of COVID-19 as emergencies within emergency Medicaid, allowing anyone, regardless of immigration status, to access treatment.
- Use presumptive eligibility to provide testing and treatment through Medicaid, allowing care to be provided when needed and providing some stability for safety-net hospitals and community health centers.
- Suspend the public charge rule that is deterring immigrants and their U.S. citizen family members from seeking health and nutrition assistance.
- Permanently suspend ICE actions and activities in medical treatment and healthcare facilities.
- Reopen the ACA insurance exchange for a special enrollment period lasting the duration of the crisis.
- Immediately increase funding to the Indian Health Service by at least \$3 million, in line with the proposed Equitable Data Collection and Disclosure on COVID-19 Act.²⁶
- Fund 10,000 additional school nurse positions, in line with the recommendation of the National Association of School Nurses.²⁷
- The Trump administration must immediately drop its lawsuit attempting to repeal the Affordable Care Act, which would result in 29.8 million Americans losing health coverage.²⁸

2. ADDRESSING THE IMMEDIATE NEED FOR ECONOMIC RELIEF.

- Fund free child care for essential workers throughout the duration of the crisis.
- Fund direct payments of \$2,000 per month to all Americans throughout the duration of the crisis, in line with the proposed Monthly Economic Crisis Support Act.²⁹
- Immediately forgive all student loans of essential workers.
- Immediately suspend all evictions and foreclosures.
- Fund economic relief targeted for small businesses owned by people of color.

3. ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH.

- Invest in safe public housing free from environmental hazards.
- Permanently increase funding for food assistance programs.
- Promote and fund the medical education of students of color and facilitate recruiting from inside the community. This should include significant investment in educational institutions that serve communities of color and rural areas.
- Invest in national infrastructure and public transit allowing easier travel between neighborhoods and easing the impacts of food deserts.

4. ADDRESSING THE LONG-TERM NEED FOR REFORM OF THE U.S. HEALTHCARE SYSTEM.

- Ban or severely restrict for-profit healthcare, including but not limited to private equity firms purchasing hospitals and health providers.
- Invest in state, county and local health departments, including funding for labs and expanded staff, including epidemiologists and public health nurses.
- In the long term, we must address the chronic underfunding of the Indian Health Service that has created a crisis in Native communities. This investment must include robust data collection, including tribal affiliations, and must be done in collaboration with Native leaders.

ENDNOTES

- 1 Commonwealth Fund, 2019: <https://www.commonwealthfund.org/press-release/2019/underinsured-rate-rose-2014-2018-greatest-growth-among-people-employer-health>
- 2 National Immigration Law Center, 2017: <https://www.nilc.org/issues/health-care/health-consequences-of-being-uninsured/>
- 3 Kaiser Family Foundation, 2020: <https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>
- 4 Reuters, 2018: <https://www.reuters.com/article/us-health-lgbt-employment-insurance/lgbt-adults-in-u-s-less-likely-to-have-jobs-health-insurance-idUSKBN1KG36V>
- 5 NPR, November 2017: <https://www.npr.org/2017/11/25/564887796/for-lgbtq-people-of-color-discrimination-compounds>
- 6 PBS, 2017: <https://www.pbs.org/newshour/nation/six-charts-illustrate-divide-rural-urban-america>
- 7 The Trevor Project: <https://www.thetrevorproject.org/get-involved/trevor-advocacy/homelessness/>
- 8 National Low Income Housing Coalition, December 2017: <https://nlihc.org/resource/people-disabilities-face-significant-affordability-challenges-rental-market>
- 9 Health Affairs, June 2019: <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>
- 10 Urban Institute, 2015: https://www.urban.org/sites/default/files/publication/93881/the-relationship-between-housing-and-asthma_0.pdf
- 11 Department of Health and Human Services, Office of Minority Health: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=15>
- 12 USDA, 2018: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>
- 13 NPR, 2020: <https://www.npr.org/sections/coronavirus-live-updates/2020/05/11/854157898/coronavirus-infections-continue-to-rise-on-navajo-nation>
- 14 USDA, July 2017: <https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=42942>
- 15 CDC: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>
- 16 Kaiser Family Foundation, 2019: <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
- 17 AAMC, 2017: <https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities#:~:text=Rural%20Americans%E2%80%94who%20make%20up,geographic%2C%20and%20health%20workforce%20factors.>
- 18 The Intercept, April 2020: <https://theintercept.com/2020/04/01/philadelphia-hahnemann-hospital-joel-freedman/>
- 19 Beckers Hospital Review, June 2020: <https://www.beckershospitalreview.com/public-health/covid-19-activity-by-region-cases-ramp-up-in-rural-areas.html>
- 20 Washington Post, May 2020: <https://www.washingtonpost.com/nation/2020/05/24/coronavirus-rural-america-outbreaks/?arc404=true>
- 21 Economic Policy Institute, 2020: <https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/>
- 22 Time Magazine, 2012: <https://business.time.com/2012/09/21/bitter-harvest-u-s-farmers-blame-billion-dollar-losses-on-immigration-laws/>
- 23 Washington Post, 2020: https://www.washingtonpost.com/national/ice-halting-most-immigration-enforcement/2020/03/18/d0516228-696c-11ea-abef-020f086a3fab_story.html
- 24 Center on Budget and Policy Priorities, June 2020: <https://www.cbpp.org/research/health/aca-repeal-lawsuit-would-cut-taxes-for-top-01-percent-by-an-average-of-198000>
- 25 Center on Budget and Policy Priorities, 2020: <https://www.cbpp.org/research/health/larger-longer-lasting-increases-in-federal-medicare-funding-needed-to-protect>
- 26 Senator Warren press release, 2020: <https://www.warren.senate.gov/newsroom/press-releases/senator-warren-introducing-bicameral-legislation-to-require-federal-government-to-collect-and-report-coronavirus-demographic-data--including-race-and-ethnicity>
- 27 National Association of School Nurses, 2020: <https://www.nasn.org/blogs/nasn-profile/2020/04/22/nasn-calls-for-10000-more-school-nurses>

28 Economic Policy Institute: <https://www.epi.org/aca-obamacare-repeal-impact/>

29 Monthly Economic Crisis Support Act bill text: <https://www.harris.senate.gov/imo/media/doc/Monthly%20Economic%20Crisis%20Support%20Act%20Bill%20Text.pdf>

30 Note: this is the unweighted population distribution reflected in table 2b: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

31 CDC, May 2020 https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm



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