

REPORT

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CONFRONTING RACISM

OVERCOMING COVID-19 & ADVANCING HEALTH EQUITY



TIME FOR CALIFORNIA TO DECLARE RACISM A PUBLIC HEALTH CRISIS

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Executive Summary

The COVID-19 pandemic has underscored the depths and reach of racism on the health of children, families, and individuals, with communities of color in California experiencing higher rates of illness, death, and overall hardship due to the virus. This devastation must be the catalyst for California policymakers to acknowledge that racism has caused lasting and negative impacts on communities of color. While some local policymakers in California have declared racism as a public health crisis, there has not been a declaration at the state level. This Report provides a high level overview on how health inequities are a direct consequence of historic and ongoing racism. The integration of racist policies and practices in various systems — specifically housing, environment, employment, health care, justice system, and education — prevents many communities the opportunity to be healthy and thrive. Only by first declaring racism a public health crisis can we then begin to minimize, neutralize, and dismantle the systems of racism that create inequalities in health for Californians.

The COVID-19 pandemic has disproportionately impacted Black and brown communities, exposing the damaging effects of racism in California. This was not by accident, but by design.

California & COVID-19

Why Policymakers Must Declare Racism a Public Health Crisis

The COVID-19 pandemic has disproportionately impacted Black and brown communities, exposing the damaging effects of racism in California. This was not by accident, but by design. Historic and ongoing structural racism is barring many children, families, and individuals from equal access to health care, employment, housing, education, and other opportunities to thrive. The result: Californians of color are hit the hardest by the pandemic.

What can state policymakers do for Californians of color? Declare racism a public health crisis in California and acknowledge the harm that racism creates for children, families and individuals. The pandemic will likely exacerbate health inequities that stem from racist policies and practices, underscoring the need for bold antiracist policy actions to improve health and well-being for Californians of color. Policymakers must make long-term strategic investments to ensure that everyone has access to resources that facilitate positive health by increasing access to affordable housing, creating healthy environments, enhancing income and employment opportunities, expanding access to quality health care services, building on justice system reform efforts, investing in schools, and more. Declaring racism as a public health crisis is an important first step in dismantling racist policies and practices that create inequities in health for Californians.

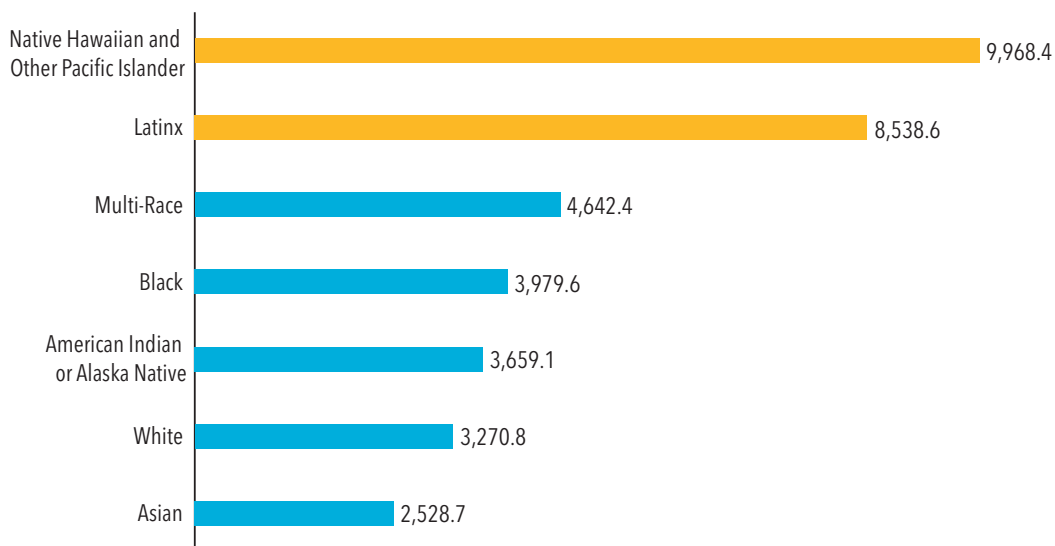
State and local leaders across the United States have declared racism as a public health crisis, including some cities and counties within California.¹ These declarations are an important first step in addressing racism and advancing racial equity because 1) in order to solve a problem, it has to be defined and 2) they prompt policy action and the allocation of resources to address racism. Given that the goal of public health is to promote and protect the health of people and communities, a public health problem is something that harms people or interferes with their ability to live a healthy life.² Research shows that racism at the individual level negatively impacts individual health outcomes.³ There is also evidence on how racism is embedded in every institution — from housing to education to health care and employment — impacting an individual's opportunity to thrive.⁴ This Report will examine how the COVID-19 pandemic has disproportionately harmed California's communities of color and explore the structural barriers in California and the United States that have made these communities vulnerable to both the virus and the recession.

Communities of Color Are Hardest Hit by COVID-19 Pandemic

As the state approaches almost one year into the pandemic, over 3.1 million Californians have tested positive for COVID-19.⁵ While COVID-19 affects people of all ages and backgrounds, the virus has infected people of color at higher rates. After adjusting for age, Native Hawaiian and other Pacific Islander and Latinx Californians have the highest rates of COVID-19 infection, followed by Multi-Race, Black, and American Indian or Alaska Native Californians.⁶ The disparities are particularly stark when compared to white and Asian Californians, who experienced the lowest rates of infection.⁷ Some people of color face higher risk of infection partly because they are more likely to work in low-wage essential services, live in multigenerational homes, and lack access to worker benefits that allow them to stay home if they are sick.⁸ Many people of color face this increased risk of getting sick from COVID-19 due to long-standing inequities in workplaces and housing perpetuated by racism. These everyday circumstances not only affect someone's exposure to the virus — they often determine a person's ability to survive the virus once they become sick.

Native Hawaiian and Other Pacific Islander Californians Have the Highest Rate of COVID-19 Infection, Followed by Latinx

Age-Adjusted Cases Per 100,000 by Race/Ethnicity as of January 27, 2021

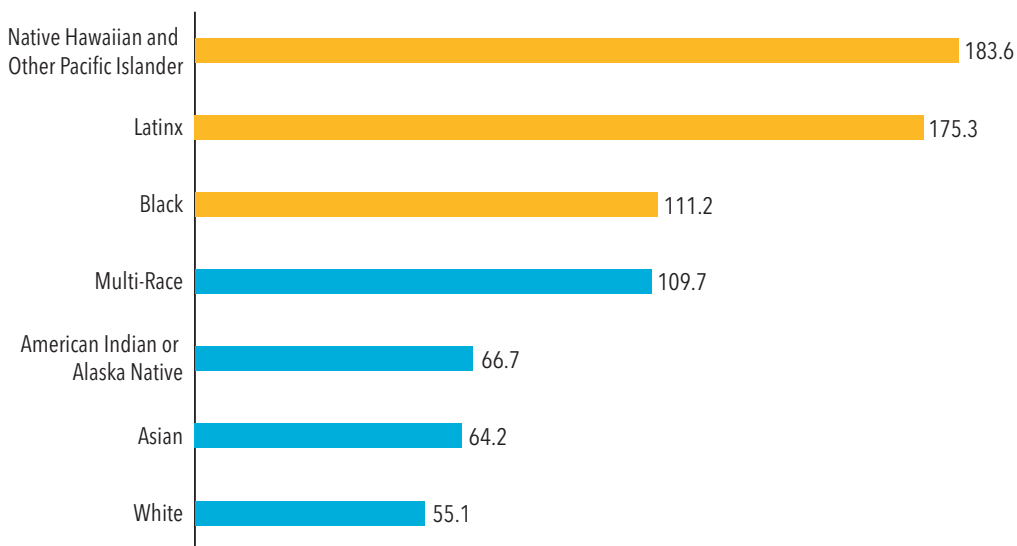


Note: Data are as of January 27, 2021. Of the 3,186,610 total cases, 33.7% were excluded due to missing data and other data limitations. The weights used for the age adjustment of COVID-19 data reflect each age group's share of the estimated 2020 California population (e.g., 0-17, 18-34, etc.). Source: Budget Center analysis of data from the California Department of Public Health and the Department of Finance

As of late January 2021, over 38,000 Californians have died due to COVID-19 — a devastating and immeasurable loss for families and communities across the state.⁹ Just as in the case rates, racial disparities are apparent in COVID-19 death rates. After adjusting for age, Native Hawaiian and other Pacific Islander, Latinx, and Black Californians experienced the highest rates of COVID-19 deaths, followed by Multi-Race and American Indian or Alaska Native Californians.¹⁰ Asian and white Californians experienced the lowest rates of COVID-19 deaths. These disparities are alarming considering that some racial/ethnic groups are generally younger than the other demographic groups, so they should not be dying at such high rates. Age is relevant because the risk for severe illness and even death from COVID-19 increases as a person gets older, according to the US Centers for Disease Control and Prevention.¹¹ The other major risk factor is having an underlying medical condition.¹²

Native Hawaiian and Other Pacific Islander, Latinx, and Black Californians Experience the Highest Rates of COVID-19 Death

Age-Adjusted Deaths Per 100,000 by Race/Ethnicity as of January 27, 2021



Note: Data are as of January 27, 2021. Of the 38,070 total deaths, 4% were excluded due to missing data and other data limitations. The weights used for the age adjustment of COVID-19 data reflect each age group's share of the estimated 2020 California population (e.g., 0-17, 18-34, etc.).
Source: Budget Center analysis of data from the California Department of Public Health and the Department of Finance

What is Age-Adjustment and Why Does it Matter?

Given that age distributions across racial/ethnic groups vary, COVID-19 health disparities, particularly fatality rates, can be better understood by looking at rates that are adjusted for age. Age-adjustment is a statistical technique used to calculate rates of disease, death, injuries or other health outcomes in order to compare communities with different age structures.¹³ While COVID-19 impacts people of all ages, seniors (age 65+) and people with chronic health conditions have the highest risk for severe illness and even death. As such, age-adjusted rates highlight the proportional disparities between racial/ethnic groups based on the number of individuals within each age group. For example, the Latinx population in California is generally younger than the white population in California, yet Latinx Californians are dying at higher rates. The racial disparities in COVID-19 deaths among Californians of color widen after adjusting for age.

Communities of color are at greater risk for severe illness if they become infected with COVID-19 mainly due to higher rates of underlying health conditions, such as a heart condition, asthma, obesity, or a weakened immune system.¹⁴ Health disparities have been well documented along lines such as race, ethnicity, income, education level, sexual orientation, gender identity, and even zip code — but for the purposes of this Report, the focus will be on race.¹⁵

In California and across the nation, racial health disparities persist in chronic health conditions, health coverage, and mortality.¹⁶ For example:

- Black Californians have the highest incidence and mortality rates for various types of cancer (e.g. prostate, colorectal, and lung cancer) compared to other racial groups, and having cancer increases the risk of severe health consequences from COVID-19.¹⁷
- Black, American Indian, and Latinx adults experience higher rates of obesity in California.¹⁸ Having obesity is also considered to be a risk factor for severe illness from COVID-19.¹⁹

- A national study showed that Native Hawaiians and Filipinos had the highest risk profiles for chronic kidney disease, which is another risk factor for severe illness from COVID-19.²⁰ (Note: Native Hawaiian and Pacific Islander populations are often overlooked because data is not collected and published in ways that target these groups.²¹)
- Black Californians also experience worse maternal and childbirth outcomes, such as higher rates of preterm and low-birthweight births.²² Having a low birthweight is associated with certain health conditions later in life, such as diabetes, heart disease, high blood pressure, and obesity, which are all risk factors for severe illness from COVID-19.²³
- Latinx Californians are more likely to report fair or poor health and to be uninsured.²⁴ In addition, about 1 in 5 Latinx Californians did not have a usual source of care, and 1 in 6 experienced difficulty finding a specialist.²⁵ Even before the pandemic, lack of accessible and quality health care coverage prevented people from receiving crucial preventive care and treatment for chronic diseases.²⁶

Health Inequities Are Tied to Structural Racism

The conditions in which we live, learn, work, play, and age largely influence health.²⁷ In fact, these conditions, known as the social determinants of health, have a much greater impact on health outcomes than medical care. In other words, the context of a community matters for health, and racism is baked into that context.

Racial health inequities are a result of decades of inequality in housing, employment, health care systems, education, and more. As a result, people of color tend to have less wealth, lower incomes, and less education than white people.²⁸ Children in California who are living in poverty are more likely to be Black, American Indian, or Latinx; experiencing poverty during childhood can lead to poor health later in life.²⁹ Taking the broader context into account, it is no surprise that communities of color have been disproportionately harmed by COVID-19.

KEY TERMS

Antiracist policies are policies that aim to dismantle the racism in social, political, and economic systems and structures that lead to racial inequities.³⁰ The effects of the COVID-19 pandemic have underscored racism embedded in these systems and structures, and policymakers should follow an antiracist framework in responding to and recovering from the pandemic.

Health equity is when everyone has the opportunity to be as healthy as possible and no one is disadvantaged from achieving this because of their race, gender identity, sexual orientation, the neighborhood they live in, or any other “socially defined circumstance.”³¹ While COVID-19 has set California back from advancing health equity, policymakers must prevent health disparities from widening and address a fundamental root cause of health inequities: racism.

Health disparities are differences in health status among populations — segmented by geographic localities, gender, race or ethnicity, education, income, or disability. For instance, Black Californians have the highest incidence and mortality rates for all types of cancer compared to other racial groups.³² Given that cancer is one of the conditions that put people at an increased risk of severe illness from COVID-19, this is one example of a racial health disparity that is directly tied to COVID-19 outcomes.³³

Health inequities are avoidable differences in health that are rooted in social injustices that make some groups more vulnerable to poor health outcomes than others.³⁴ For example, a health inequity is the increased rate of hospitalization for asthma in children living near busy roads; in California, children of color are far more likely to live near busy roads.³⁵ Asthma may increase the risk of severe illness from COVID-19.³⁶

Institutional racism refers to racially discriminatory policies and practices carried out within or between individual institutions.³⁷ Such policies may not explicitly name and target any group based on race or ethnicity, but their effect is to create advantages for white people and to oppress people of color.³⁸

Interpersonal racism refers to discrimination on the basis of race that occurs between individuals, such as verbal or physical aggression.³⁹ For instance, many Asian Americans have experienced incidents of interpersonal racism since the COVID-19 pandemic began, with about 3 in 10 Asian adults reporting that they have been subject to slurs or jokes.⁴⁰ In this Report, interpersonal racism and racial discrimination are used interchangeably.

Racial equity is the notion that race should not predict life outcomes and opportunities available to all people.⁴¹ The goal of racial equity is to ensure fairness and justice in a society, where everyone can prosper regardless of race or ethnicity.⁴²

Social determinants of health are the conditions in which people live, learn, work, and play that affect a wide range of health outcomes.⁴³ Inequities in the social determinants of health, such as living in a crowded home or working in an essential service, put people of color at increased risk of getting sick or even dying from COVID-19.⁴⁴

Structural racism refers to the cultural, institutional, and interpersonal policies or practices that produce adverse outcomes and conditions for people of color compared to white people.⁴⁵

How Does Everyday Racial Discrimination Harm the Health of People of Color?

Racial discrimination is a historic and ongoing problem for people of color and it is harmful to health. A recent national survey on this issue shows that a growing share of people believe that the United States has not made enough progress on racial inequality.⁴⁶ In addition, people of color in another national study say that discrimination against their own race or ethnic group still exists today.⁴⁷ There is a considerable amount of research on the impact of racism on individual health, including some studies on individual-level discrimination on the basis of race (i.e. racist or discriminatory interactions).⁴⁸ Many studies measure exposure to or perceptions about interpersonal racism, linking racism with depression, anxiety, psychological stress, and other mental health outcomes.⁴⁹ Research on the impact of interpersonal racism and physical health is growing, and many examine the impact of racism on the “biomarkers of disease and well-being.”⁵⁰

Racial discrimination contributes to earlier onset of and faster progression of chronic health conditions that Black individuals experience, otherwise called “accelerated aging.”⁵¹ One way researchers measure accelerated aging is by examining the length of telomeres, protein complexes that cap the ends of chromosomes that prevent the degradation of cells.⁵² Telomeres maintain the integrity of the cells, which is important for biological functioning. Telomere length essentially describes how old a person’s cells are, and the longer people live, the shorter their telomeres become. When chromosomes start to become unstable, cells die. While there are many factors that contribute to stress and accelerated aging, there is evidence that racial discrimination plays a role.⁵³ Another recent study supports a growing understanding that early life stress from racial discrimination leads to accelerated aging and possibly premature disease and mortality in Black individuals.⁵⁴ All in all, the literature on this topic sheds light on how chronic stress from experiencing racial discrimination can take a toll on the body.



Declaring racism as a public health crisis is an important first step in dismantling racist policies and practices that create inequities in health for Californians.



What Does Discrimination Look Like?

The Everyday Discrimination Scale is one of the most common approaches to measure exposure to discrimination. Below is a look at the scale that researchers ask study participants about their experiences with discrimination.

In your day-to-day life, how often do any of the following things happen to you?

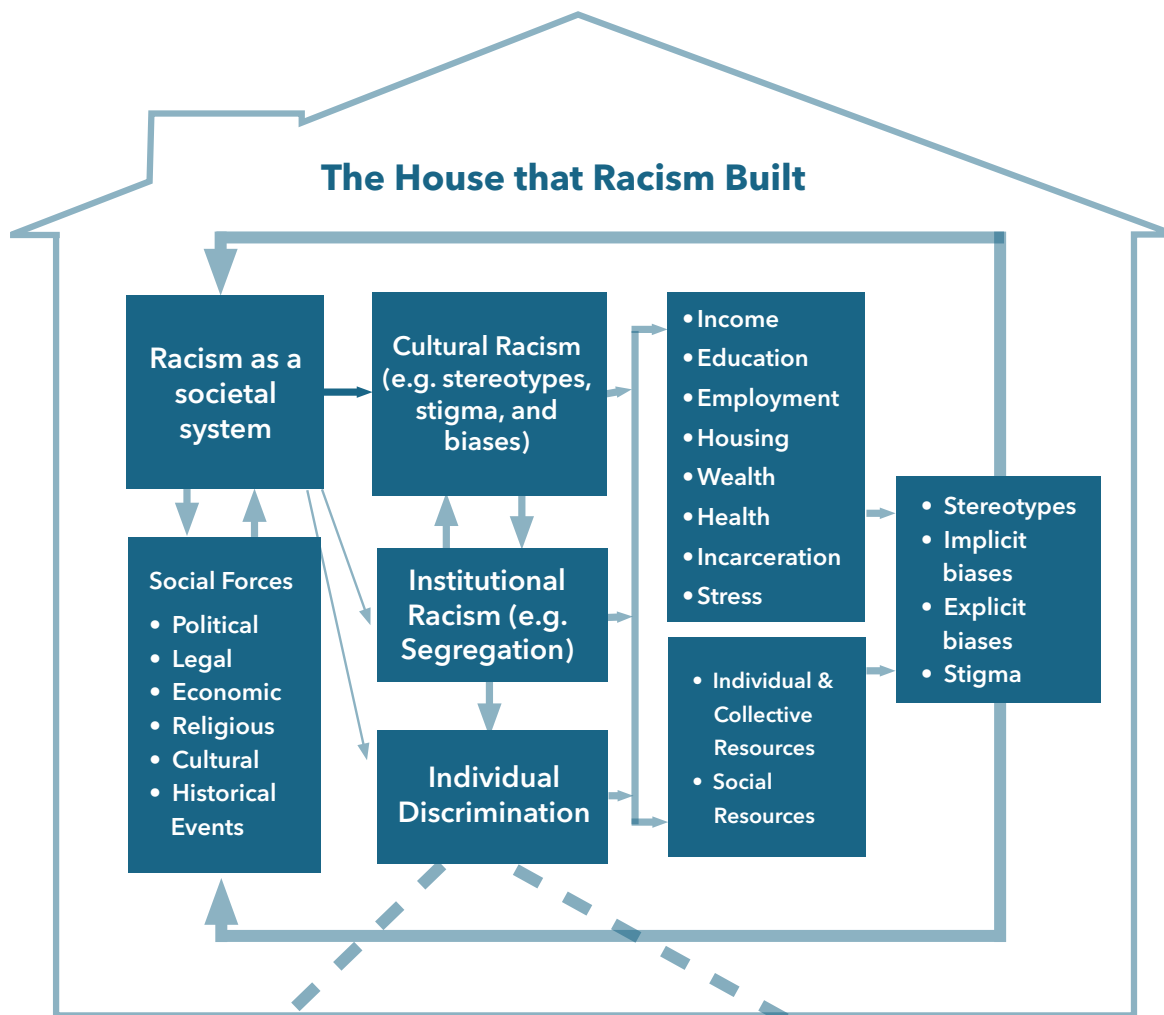
1. You are treated with less courtesy than other people are.
2. You are treated with less respect than other people are.
3. You receive poorer service than other people at restaurants or stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they are better than you are.
8. You are called names or are insulted.
9. You are threatened or harassed.

Participants are also asked to report how frequently they experience unfair treatment using the following response format:

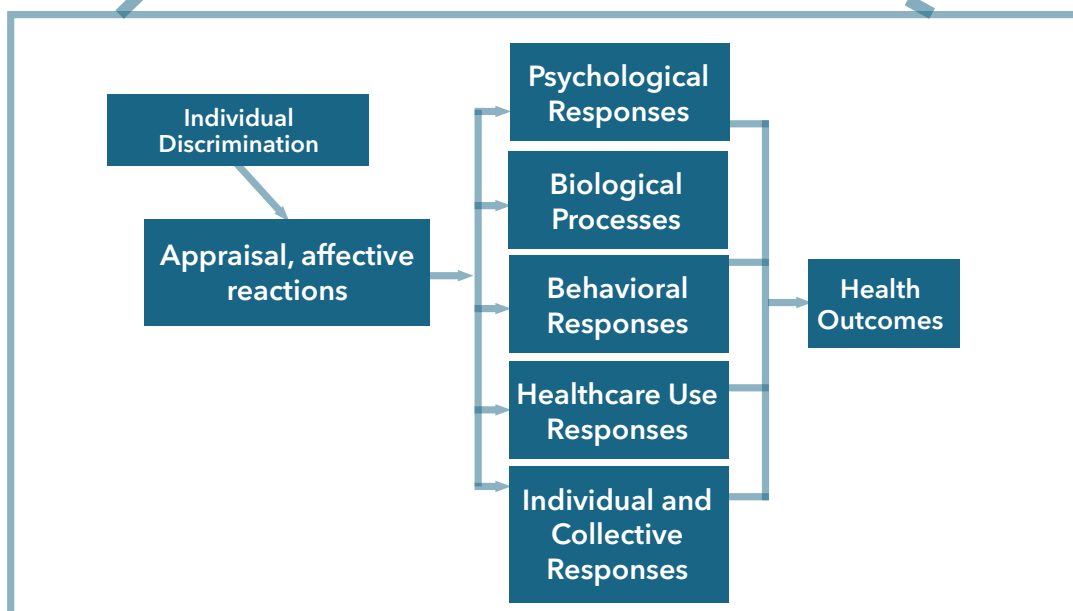
- Almost everyday
- At least once a week
- A few times a month
- A few times a year
- Less than once a year
- Never

Note: Discrimination on the basis of race is only one form of discrimination. Other forms include discrimination based on gender, sexual orientation, age, or disability.

Source: David R. Williams et al., "Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress and Discrimination," *Journal of Health Psychology* 2, no. 3 (1997): 335-351, <https://doi.org/10.1177/135910539700200305>.

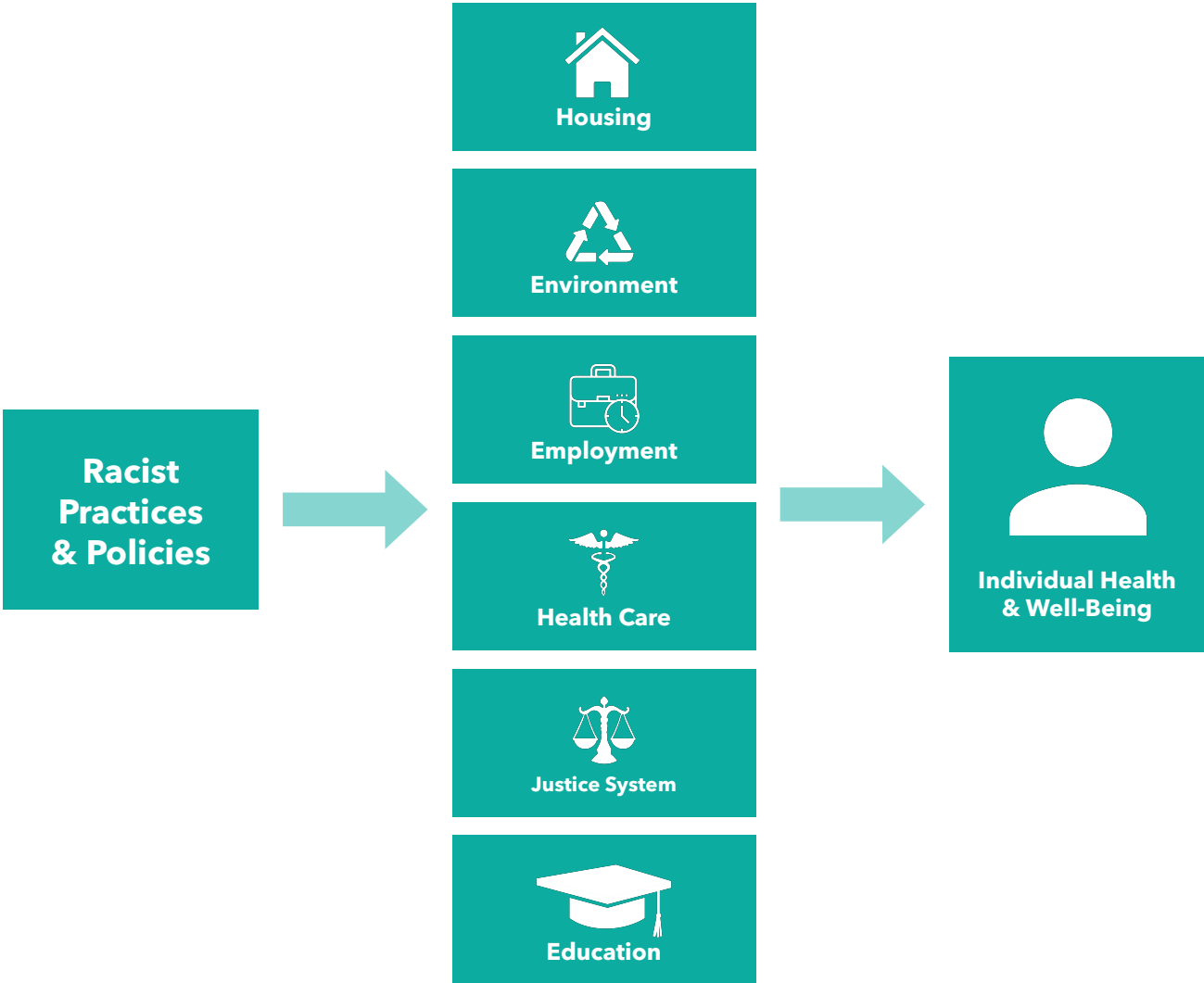


... the multiple pathways individual discrimination affects health.



Federal, State, and Local Policies and Practices Rooted in Racism Have Produced an Inequitable California

The racial health disparities in COVID-19 cases and deaths confirm what many have firmly established: racism is a public health issue. Long-standing issues of racism in every institution have placed people of color at a higher risk of harm from COVID-19. Research documents how racism persists in various institutions, and how racism impacts health. The remaining sections of this Report will provide a high-level overview of racism in the following institutions: housing, environment, employment, health care, justice system, and education.





Housing

Research shows safe, quality, and affordable housing is essential to living a healthy life.⁵⁵ However, racism in housing policy has resulted in various laws and practices that have barred Black, Latinx, American Indian, and other families of color from high-quality housing as well as the ability to build generational wealth through homeownership. These barriers to homeownership and obtaining high-quality housing have direct implications on the health of families and individuals.

Government-supported housing discrimination and displacement on the basis of race is deeply ingrained in United States and California history and has resulted in inequitable policies and practices, such as:

- The systematic displacement of indigenous peoples, which consisted of their forced surrender of land, relocation, and genocide.⁵⁶
- Racially restrictive covenants and exclusionary zoning ordinances that blocked people of color from specific neighborhoods, with the goal of creating segregated communities.⁵⁷
- The official government policy of “redlining” predominantly Black and Latinx neighborhoods, which led to denial of mortgages for homes in these areas, preventing both individual access to homeownership and neighborhood capital investment.⁵⁸
- Under-regulation of the mortgage industry that allowed for predatory lending and the peddling of subprime loans particularly in communities of color, resulting in rampant foreclosures and loss of family/generational assets during the Great Recession.⁵⁹

These examples of *racist housing policies* have increased the racial wealth gap, created racial disparities in homeownership, and segregated neighborhoods by both race and socioeconomic status, creating inequities which persist today. These actions have been consequential for people of color. In California, white households are far more likely to own their own home, and renters in the state are disproportionately people of color.⁶⁰ In addition, people of color are more likely to 1) live in low-quality housing, 2) live in neighborhoods with fewer resources, and 3) experience housing instability and homelessness.⁶¹

Research shows low-quality housing is associated with a variety of negative health outcomes, including chronic health conditions, respiratory illnesses, physical injuries, poor mental health, and cognitive impairment in children due to increased exposure to lead poisoning and carbon monoxide.⁶² People living in lower-income neighborhoods also report having worse overall health than those living in higher-income neighborhoods.⁶³

Californians of color also face a higher risk of housing instability due to unaffordable housing costs. Specifically, Black, Latinx, and Pacific Islander Californians are most likely to pay unaffordable amounts for housing, paying more than 30% of their income toward rent.⁶⁴ These Californians, as well as American Indian Californians, are also most likely to face severe housing cost burdens, paying more than half of their income toward housing. Because of unaffordable housing costs, these families are likely to have difficulty paying rent or utilities and may be unable to afford adequate food or health care. In the most extreme cases, unaffordable housing costs can result in homelessness.

The stressors that directly accompany unaffordable, unstable, low quality, and overcrowded housing negatively impact health. This is especially true during the COVID-19 pandemic. The chronic and respiratory health conditions that individuals living in low-quality housing are more likely to experience place them at a higher risk of experiencing the life-threatening effects of the virus. Additionally, people of color are more likely to live in overcrowded households, which makes it nearly impossible to prevent the spread of COVID-19 through social distancing and self-isolation.



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Environment

Living in a healthy environment is critical to increasing both the quality of life and years of healthy life.⁶⁵ Environmental factors that can impact health include outdoor air and water quality, exposure to toxic or hazardous substances, healthy and affordable homes, safe and affordable transportation options, and access to public spaces like parks and playgrounds.⁶⁶ Everyone deserves to live in a healthy environment, but the reality is that communities of color are more likely to live in neighborhoods with poor environmental conditions.⁶⁷ This is not accidental. Environmental factors are deeply rooted in racist policies and actions, such as discrimination, distribution of power, and disinvestment from communities — in other words, *environmental racism*.⁶⁸

Due to environmental racism, people of color, particularly Black and Latinx people, are more likely to live in toxic, unhealthy conditions, and their health is more likely to suffer because of it. In California, research shows that people of color, particularly Black and Latinx Californians, are more likely to live in neighborhoods with poorer air quality and closer proximity to hazardous waste sites than white Californians.⁶⁹ Additionally, Black, Latinx, and Asian Californians are, on average, exposed to more pollution from vehicles like cars, trucks, and buses than white Californians.⁷⁰ Harmful chemicals and pollution in the environment irritate the lungs and contribute to respiratory and cardiovascular health problems, including asthma, lung cancer, and heart disease.⁷¹ This is harmful to health and also increases the risk of severe illness from COVID-19. A recent study found an association between long-term exposure to air pollution and a county's COVID-19 mortality rate.⁷²

Other environmental factors, such as limited access to nutritious foods, sidewalks, and parks, can make matters even worse.⁷³ Research shows that neighborhoods with limited access to healthy foods contribute to racial/ethnic disparities in obesity.⁷⁴ In addition, these environments are not conducive to physical activity due to a lack of sidewalks and parks, and people living in low-income neighborhoods often have higher rates of obesity and other chronic health conditions as a result.⁷⁵ Moreover, all of these factors increase the risk of severe illness from the virus.

Environmental racism negatively impacts communities of color, putting Black and brown Californians at higher risk of developing underlying health conditions, such as asthma, lung cancer, and obesity. In turn, these underlying health conditions make them more susceptible to serious public health threats like COVID-19.



Everyone deserves to live in a healthy environment, but the reality is that communities of color are more likely to live in neighborhoods with poor environmental conditions. This is not accidental. Environmental factors are deeply rooted in racist policies and actions, such as discrimination, distribution of power, and disinvestment from communities – in other words, environmental racism.





Employment

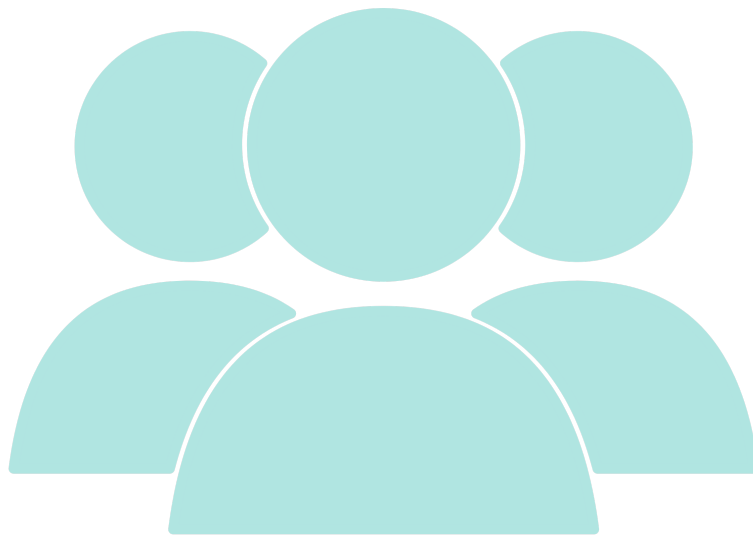
Economic stability is one of the most important indicators tied to a person's health. However, unstable employment and unlivable wages block economic stability for many people of color. Past and current *racist wage and employment policies* concentrate people of color into under-valued occupations, which have lower wages and minimal benefits.⁷⁶ Even before the COVID-19 pandemic and subsequent recession, Latinx and Black Californians were more likely to be essential workers, were the first to lose their jobs during economic downturns, and experienced the highest rates of unemployment.⁷⁷

Economic instability plays an important role in the stressors and barriers families of color disproportionately face that directly affect their health. Having a lower paying job makes it difficult to afford rent, utilities, child care, groceries, and unexpected expenses. Individuals with a lower paying job are also more likely to struggle to obtain health care, high quality housing, and retirement savings.⁷⁸ These financial stressors all have negative health consequences. Further, those in lower paying occupations, who are disproportionately people of color, are more likely to experience chronic stress that comes from living in poverty.⁷⁹ This is compounded with the stress of experiencing other forms of discrimination on a daily basis.⁸⁰ Stress can affect the immune, respiratory, and cardiovascular systems, which could increase the risk and severity of COVID-19.⁸¹

Many low-paying jobs have been categorized as essential during the COVID-19 pandemic.⁸² Workers with these jobs, often Black and brown individuals, have an increased exposure to the virus. Roughly 80% of low-wage workers and 83% of essential workers are in occupations requiring either moderate

or very close physical proximity to others.⁸³ These working conditions make it difficult, if not impossible, to practice social distancing while at work, increasing Black and brown workers' risk of contracting the virus and spreading it to their families and communities.

Prior to the pandemic, research suggested that workers in certain essential occupations are at increased risk of work-related injuries and illnesses, which can increase their risk for negative health outcomes.⁸⁴ Workers paid low wages are also the least likely to have adequate paid sick leave.⁸⁵ In California, the COVID-19 supplemental paid sick leave aimed at filling this gap expired last year and has not been renewed.⁸⁶ Consequently, the lack of these benefits reduces workers' ability to recuperate from COVID-19 or care for sick family members.



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Health Care

Access to timely, quality, and comprehensive health care services is important for all Californians.⁸⁷ Having access to health care services helps to prevent or manage chronic health conditions and promotes overall physical and mental health. Yet, people of color often experience longstanding barriers to health care, such as lack of health coverage, limited access to transportation to get to appointments, limited health care resources, lack of culturally competent and linguistically appropriate care, or other forms of racial discrimination.⁸⁸ This section on health will provide an overview of racism within the health care system and how this impacts health during the COVID-19 pandemic.

Racist policies and practices have contributed to distrust in the health care system. Some people of color may hesitate to seek care because they distrust the government and health care systems that are responsible for abuse and mistreatment against them, their families, and their communities.⁸⁹ For example:

- The unethical Tuskegee Study of Untreated Syphilis (1932-1972) deliberately left Black men with syphilis untreated so that government doctors could study the disease.⁹⁰ The resulting distrust negatively impacted future public health efforts, such as HIV and tuberculosis prevention.⁹¹
- American Indians have also had negative experiences with health research.⁹² In 1989, scientists collected blood samples from members of the Havasupai Tribe in Arizona for research on diabetes, but these scientists violated basic research principles by misusing

the samples for unrelated research studies.⁹³ After years of subsequent litigation in the case of *Havasupai Tribe v. the Arizona Board of Regents*, members of the Havasupai Tribe settled in April 2010, but the significant harm to this community may be permanent and deter future participation in research studies.⁹⁴

- Coerced sterilization of people of color is another racist and shameful part of United States history and California state history.⁹⁵ In recent California history, many American Indian and Mexican American women have been sterilized without their consent. Even when race or ethnicity was not specifically designated in California eugenic sterilization laws, Latinx individuals were disproportionately harmed, particularly Latinx women.⁹⁶ This is due to negative biases towards people of Latin American heritage, primarily Mexican origin, who were “cast as racially inferior and unfit” during the early to mid 1900s.⁹⁷ Unfortunately, this is still an issue today as a whistleblower recently reported forced sterilization among women in a US Immigration and Customs Enforcement detention center.⁹⁸

Considering the mistreatment that communities of color have experienced, distrust in government and medicine is warranted. This distrust may contribute to a lack of confidence in public health guidelines during the pandemic, such as wearing masks or social distancing. There is also skepticism around the safety and effectiveness of the COVID-19 vaccine.⁹⁹ Communities of color, including Black, American Indian, and Latinx communities in particular, have shared valid concerns around taking the COVID-19 vaccine once it becomes available, underscoring the lasting impact of racist policies and practices.¹⁰⁰ In fact, according to a recent survey from the Public Policy Institute of California, only around 3 in 10 Black Californians and slightly more than half of Latinx Californians would probably or definitely take the vaccine if it was available.¹⁰¹

Around 3 in 10

Black Californians and slightly more than half of Latinx Californians would probably or definitely take the vaccine if it was available, according to a recent survey from the Public Policy Institute of California.

Racist policies within the health care sector also block Californians of color from equal access to health care. For example, racist federal policies prevent undocumented immigrants from accessing comprehensive health coverage through Medi-Cal (California’s Medicaid program) or from purchasing federally subsidized coverage through the Affordable Care Act (ACA) health insurance marketplaces, such as Covered California.¹⁰² People who do not have health coverage are less likely to receive preventive care, less likely to receive treatment for chronic health conditions, and more likely to report a poor health status.¹⁰³ While access to health coverage has improved for all racial/ethnic groups in the United States and in California over the last decade — largely due to the ACA — racial disparities in coverage persist.¹⁰⁴ Specifically:

- Latinx Californians remain substantially more likely to be uninsured compared to other racial/ethnic groups.¹⁰⁵
- Undocumented Californians make up the largest share of people who lack health coverage in the state.¹⁰⁶

Undocumented Californians and their families are part of the state’s social fabric. While undocumented Californians are a key part of the state’s workforce, pay taxes, and make significant contributions to our society and economy, they generally lack access to and often cannot afford health care services — perpetuating health disparities that hurt families and communities.¹⁰⁷ This exclusion has always been harmful, but it is especially problematic during a pandemic. Not having comprehensive health coverage can drive individuals to delay medical care, even if faced with life-threatening complications. Having regular access to health care services may help to improve one’s health status, thereby improving the chances of recovering from COVID-19.¹⁰⁸

Racial bias in health care settings is another example of the institutional racism that harms people.¹⁰⁹ For example, medical professionals may have false beliefs about race-based biological differences.¹¹⁰ Due to racial biases, people of color often receive worse health care than white people — even after insurance status, income, age, and severity of conditions are taken into consideration.¹¹¹ For instance, one study found that physicians were less likely to refer Black women for a cardiac procedure (cardiac catheterization) than white men, even after accounting for symptoms and other factors.¹¹² Another study shows that Black and Latinx patients are often prescribed less medication for acute pain than white patients in emergency rooms.¹¹³ Racial bias, unfortunately, can occur during treatment for COVID-19 as well.¹¹⁴ These biases can influence critical health care decisions, such as sending a patient home versus keeping them in the hospital or determining who has access to the next available ventilator.



Justice System

Racism in the justice system is a key driver of health inequity.¹¹⁵ Due to racist policies and practices, Black, Latinx, and other people of color are more likely to be involved in the justice system and face negative health consequences as a result.¹¹⁶ Communities of color face disproportionate over-policing, racial profiling, and arrests, as well as the criminalization of poverty, homelessness, and behavioral health conditions.¹¹⁷ The mass incarceration of people of color, including Black and Latinx people, has had lasting and detrimental impacts on families and communities.¹¹⁸ Involvement in the justice system can limit an individual's opportunity to thrive, harm family and community relationships, and even prevent civic participation, all of which are tied to health.¹¹⁹

Consequently, racism has created vast racial inequities in the justice system. For example:

- Black men are more than twice as likely to be shot and killed by police compared to white men.¹²⁰
- Black Californians face higher arrest rates than white Californians in most counties throughout the state, with the wealthiest counties having the largest racial disparities.¹²¹
- Black and Latinx defendants are more likely to be held in pretrial custody and have bail set at a higher amount than white defendants, with even short incarceration periods linked to higher levels of recidivism.¹²²

- In California, Black men comprise almost 30% of men incarcerated by the state, roughly five times higher than their 6% share of the adult male population. Black women are more than 25% of the state’s female incarcerated population, roughly four times higher than their 6% share of the state’s total female population. Latinx men are also overrepresented. They account for 44% of all men incarcerated by the state compared to their 36% share of all adult males in California.¹²³

When Black and Latinx adults are disproportionately incarcerated, their families are more likely to experience financial and emotional hardship.¹²⁴ In addition, given that the state’s prisons have remained overcrowded since the beginning of the pandemic, these Black and Latinx Californians are more susceptible to COVID-19 infection.¹²⁵

Involvement with the justice system, including interactions with police, courts, prisons or jails, and probation or parole, are known to cause high levels of multigenerational stress, trauma, and economic consequences — all which directly affect health.¹²⁶ Research shows children who have an incarcerated parent are more likely to experience physical health, emotional, educational, and behavioral health issues.¹²⁷ They are also at higher risk of experiencing housing instability, homelessness, food insecurity, and a lack of health care.¹²⁸ Because Black adults and other adults of color are disproportionately incarcerated, it is their children who disproportionately face these negative economic, housing, and health experiences.

Having a parent who is incarcerated is considered an adverse childhood experience (ACE). ACEs have been linked to a multitude of health conditions.¹²⁹ In children and adolescents, ACEs are known to cause high levels of toxic stress and consequently cause growth and developmental delays, increase the risk of viral infection, exacerbate behavioral health conditions, and more.¹³⁰ Upon reaching adulthood, those who experienced more than four ACEs are more likely to have chronic lower respiratory diseases, strokes, cancer, heart disease, and diabetes.¹³¹ Some of these health conditions significantly increase the risk of life-threatening complications from COVID-19.¹³²

Other effects of incarceration additionally impair an individual’s health status. Once an individual has a criminal record, their housing and employment opportunities become very limited.¹³³ Also, depending on the crime committed, a criminal record can prevent them from accessing federal financial aid to pursue higher education.¹³⁴ These factors are directly related to individuals’ health, as explained in other sections of this Report. On the whole, these experiences put Black, Latinx, and other Californians of color at risk of experiencing poor long-term health outcomes and disproportionately facing the detrimental health effects that stem from justice involvement due to racist policies and practices.



When Black and Latinx adults are disproportionately incarcerated, their families are more likely to experience financial and emotional hardship. In addition, given that the state's prisons have remained overcrowded since the beginning of the pandemic, these Black and Latinx Californians are more susceptible to COVID-19 infection.





Education

Education can create opportunities for longer, healthier lives, and it is an important part of the conversation on COVID-19 health disparities.¹³⁵ People with more education generally have better employment prospects and are less likely to have health conditions, such as heart disease, diabetes, and depression.¹³⁶ While everyone should have access to a quality education, racist policies and practices reduce educational opportunities for many students of color.¹³⁷ Students of color encounter many educational barriers due to historic and ongoing racial segregation in neighborhoods and schools, unequal resources for public schools, racial bias in the classroom, and more.¹³⁸

As late as the 1960s, most students of color — specifically Black, Latinx, and American Indian students — were educated in segregated schools funded significantly less than those serving white students and were also excluded from many higher education institutions.¹³⁹ Even decades after schools were integrated, many Black and other students of color still attend schools that are “predominantly minority.”¹⁴⁰ Students of color in these “predominantly minority schools” are less likely to have smaller class sizes, a challenging curriculum, and highly qualified teachers — all of which impact student achievement.¹⁴¹ Racial residential segregation, particularly Black–white residential segregation, reduces educational outcomes for Black students and perpetuates wealth disparities.¹⁴²

Barriers to a quality education contribute to lower high school completion rates among students of color, which then limits higher education and employment opportunities.¹⁴³ People with limited options may not have the flexibility to leave jobs that put them at a higher risk of exposure to COVID-19, and they

often cannot afford to take sick leave. The COVID-19 pandemic and the subsequent shutdown of in-person instruction has disrupted children’s learning and will likely exacerbate inequities in education.¹⁴⁴

Another major barrier that students of color face is racial bias in the classroom.¹⁴⁵ There is evidence that, compared to white students, “Black students’ behaviors are perceived as more problematic and are punished more harshly.”¹⁴⁶ According to the US Department of Education Office for Civil Rights, Black students are suspended and expelled at a rate three times higher than white students.¹⁴⁷ American Indian and Alaskan Native students are also disproportionately suspended and expelled.¹⁴⁸ In California, Black, American Indian and Alaskan Native, Native Hawaiian and Pacific Islander, and Latinx students have higher rates of suspensions from school.¹⁴⁹ In addition, American Indian and Alaskan Native and Black students have the highest rates of expulsions.¹⁵⁰ Moreover, Black students in California are three times as likely to be arrested at school as white students; American Indian students are twice as likely, and Native Hawaiian and Pacific Islander students are 1.5 times as likely.¹⁵¹ These disparities are particularly concerning as they are associated with educational attainment, which has long-term consequences on employment and involvement in the justice system.¹⁵² Having limited employment opportunities as well as involvement in the justice system have health implications during the COVID-19 pandemic.



While everyone should have access to a quality education, racist policies and practices reduce educational opportunities for many students of color.

Racism Has Produced an Inequitable California, Policymakers Must Boldly Act to Advance Health Equity

The COVID-19 pandemic has underscored the depths and reach of racism on the health of children, families, and individuals, with communities of color in California experiencing higher rates of illness and death and overall hardship due to the virus. These inequities are not accidental, but by design. Structural racism is the result of policymakers and other individuals with power successfully implementing social policies and practices that block people of color from opportunity, many of which are rooted in racism. As such, racial inequities reflect racist policies that are functioning as designed, upheld by the state, and do not value people of color. Racism has produced a rigged system that harms and sickens Californians of color, and the consequences of past and present racist policies continue to harm underserved and disenfranchised communities. Bold policy action is needed to correct these effects. Declaring racism as a public health crisis is an important first step in that direction. Policymakers must then address the racist policies that have led to inequities in all sectors and institutions — from housing to health care to justice system reform — and provide a path forward to address these inequities. Without action, health equity will become increasingly unattainable for California.

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