Editorial

It Medical Team
https://www.itmedicalteam.pl/

Health System and Policy Research
2254-9137

2022
Vol.9 No. 12: 163

Health Disparities Over the Starting Year of the Covid-19 Pandemic Results Formed By Three Nationally Survey

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Citation: Dsouza E (2021) Health Disparities Over the Starting Year of the Covid-19 Pandemic Results Formed By Three Nationally Survey. Health Sys Policy Res, Vol.9 No. 12: 163.

Abstract

The COVID-19 study has shed light on health disparities in the US. Compared to other people of colour, the illness burden is significantly greater among Black and Indigenous people. Income differences are particularly significant since lower-paid workers were less able to adopt mitigation practises than their higher-paid peers. In 2020, these inequalities entered the public health conversation, with pundits constantly pointing out the link between race, social status, and COVID-19. In contrast to inequalities related to age and chronic disease, what percentage of the general public and important subgroups acknowledged these social group disparities, and did public recognition evolve throughout the first year of the pandemic? We examined data from three cross-sectional public opinion polls that were conducted using the NORC AmeriSpeak panel in order to answer these issues. The main findings included the degree to which respondents agreed with claims regarding differences in COVID-19 mortality by age, chronic disease, income, and race. From 2020 to 2021, we discovered minimal variation in Americans' perceptions of inequities.

Keywords: COVID-19; Health disparities; Media; Public opinion; United States

Received: 01-Dec-2022, Manuscript No. IPHSPR-22-13341; **Editor assigned:** 09-Dec-2022, PreQC No.IPHSPR-22-13341; **Reviewed:** 19-Dec-2022, QC No.IPHSPR-22-13341; **Revised:** 26-Dec-2022, Manuscript No. IPHSPR-22-13341 (R); **Published:** 30-Dec-2022, **DOI:** 10.36648/2254-9137.22.9.163

Introduction

Most respondents accepted age and chronic illness inequalities at each of the three time periods, but only around half at each time point reported income- and race-based disparities [1]. Political party identification was substantially correlated with attitudes on wealth and race-based inequalities but not with agreement with age or illness-related differences according to statistics [2]. It is important to keep in mind how partisanship is connected to public perceptions of racial and socioeconomic health inequalities while promoting awareness of these issues in the United States [3]. In the United States, the COVID-19 epidemic has resulted in wildly disparate effects. People of colour and low-income Americans have suffered more than their White and higher-income colleagues, whether the suffering is measured in terms of illness, mortality, or socioeconomic consequence [4]. Throughout the pandemic, death statistics released by health organisations and the media constantly highlighted the increased risk for groups characterised by age and those with pre-existing diseases in addition to these socioeconomic and racial inequities [5]. Although public health science has focused heavily on health inequities for many years, the public has typically been reluctant to learn about these disparities [6]. For instance, three recently published, nationally representative public opinion polls indicated that less than half of respondents were aware of racial inequalities in health care or health [7].

Discussion

Research also reveals that different groups have different levels of knowledge of health disparities, with better educated individuals and those who identify as Democrats or politically liberal being more likely to know about and/or accept the existence of health inequalities [8]. These results show that biases in information processing, such as the choice of information sources and resistance to messages based on political predispositions, may potentially play a role in the relatively low public awareness of socially structured health inequalities [9]. Study on how the general public perceives injustices in the COVID-19 is few, and even little research has looked at perceptions over time. However,

one may anticipate that comprehension of COVID-19 disparities would increase over the first pandemic year [10]. When many Americans took to the streets in the summer of 2020 to protest the treatment of Black people by the police and other societal institutions, health disparities in COVID-19, notably for Black Americans relative to White Americans, became a prominent subject in the national debate. By the end of the summer, there had been several claims that racism was a public health emergency, the majority of which came after George Floyd's murder in May 2020, which attracted media and public attention. However, a poll conducted in June 2020 revealed that just 50% of participants were aware that COVID-19 affects Black individuals more frequently than White people. In a different poll done in the summer of 2020, it was discovered that 60% of participants were aware of racial disparities. Democrats and Republicans hold different attitudes and ideas regarding the epidemic, and these discrepancies have shown up on almost every conceivable aspect of the pandemic.

Conclusion

In fact, as early as April 2020, there was a noticeable political divide in the public's awareness of racial inequities. The objective of the current investigation was to forward the conclusions made in April 2020, before George Floyd passed away, addressing public awareness of mortality disparities in COVID-19. In contrast to perceptions of other forms of disparities, we anticipated that over time, public perceptions of health inequalities, particularly those based on race, would have increased. The current study specifically examined whether levels of public awareness of four categories of COVID-19 mortality disparities changed throughout the first year of the epidemic. Discrepancies by age, income, race, and having a chronic condition during the past year. Understanding public awareness levels is crucial for developing COVID-19 health communication activities as well as determining possible support for governmental action to address these imbalances.

Acknowledgement

None

Conflict of Interest

None

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