

# Social Determinants of Health Two Different Disparities in Disease of Covid 19 in Both Colours of Americans

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## Abstract

The increased prevalence of Coronavirus Disease among racial and ethnic minority communities in the United States has exacerbated racial and ethnic health inequalities. Non-Hispanic Black and Hispanic/Latinx people with COVID-19 are more likely to require hospitalisation, admission to an intensive care unit, and pass away than non-Hispanic White people. In these minority communities, there may be discrepancies in COVID-19-related severity and outcomes, which may be attributed to a number of variables, including the higher prevalence of cardiovascular and metabolic illnesses, which is covered in our companion review article. When compared to non-Hispanic White people, social determinants of health have a significant but frequently underappreciated role in explaining racial and ethnic-related health inequalities in non-Hispanic Black and Hispanic/Latinx people.

**Keywords:** Covid-19; Infection Risk; Social Determinants; Structural Racism; Health Disparities; Hispanic Americans

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## Introduction

Consequently, the goal of this study is to concentrate on the crucial health disparities in chronic illnesses and COVID-19 results in minority communities are influenced by socioeconomic variables [1]. Here, we start by concentrating on structural racism as a social determinant of health at the society level that fuels subsequent social level and individual level health behaviours that result in health inequalities. Last but not least, we wrap up with a discussion of useful applications and suggestions for future research and public health initiatives that aim to lessen health inequalities and the total burden of disease [2]. More than 280 million individuals will have tested positive for Coronavirus disease by the end of December 2021, including over 50 million Americans [3]. Coronavirus disease is an ailment brought on by severe acute respiratory syndrome coronavirus-2.1 [4]. Racial and ethnic minorities in the US bear a disproportionate amount of the COVID-19 burden. Non-Hispanic Black and Hispanic/Latinx people with COVID-19 have higher chances of hospitalisation, intensive care unit admission, and mortality than non-Hispanic White people [5]. 2-4 Additionally, during the COVID-19 pandemic, the

US saw the biggest reported absolute rise in excess mortality, which is defined as the increase in death from all causes relative to predicted mortality [6].

## Discussion

The age-standardized excess death rates in the US are significantly higher for non-Hispanic Black and Hispanic/Latinx people than for non-Hispanic White people, despite the fact that testing capacity and reporting policy can have a significant impact on the reported numbers of cases and deaths [7]. The processes driving differences in COVID-19 severity and outcomes associated to race and ethnicity are intricate. However, it is evident that a larger occurrence of as reported in our companion review article Cardiometabolic illness and its accompanying pathophysiological symptoms, which are more common in non-Hispanic Black and Hispanic Latinx people, significantly raise the risk of COVID-19 infection and mortality from severe cases [8]. This review's main goal is to explain how socioeconomic determinants of health affect racial and ethnic disparities in Cardiometabolic illness and poorer health outcomes associated to COVID-19 [9]. We also draw attention to how the racial and ethnic gap in social determinants

of health has been widened by the COVID-19 epidemic. Finally, we offer suggestions for public health policies based on research that aim to address the socioeconomic determinants that cause these health inequalities [10]. Here, we will examine the social determinants of health that have an impact on both individual and society health habits, including diet and physical activity. At the social level, racism, economics, and public policy all have an impact on health. Racism is a social construct that establishes, upholds, and justifies unequal access to opportunities and resources in society based on factors like race, nationality, ethnicity, and other indicators of social rank. 8 Socioeconomic imbalances are supported by the US's history of racial terrorism, chattel slavery, and Jim Crow period regulations.

## Conclusion

In recent years, systemic racism has had a much worse impact on health and the persistence of health inequalities than overt acts of racism on an individual level. Structural Racism includes laws, regulations, and practises, institutions that control the economy,

as well as cultural and social structures within a society that benefit racial and ethnic groups perceived as superior or having greater status overall. 9 Structural racism works to disadvantage other groups by giving benefits to some groups. Neighborhood settings, for instance, are influenced by institutional and systemic racism in the US. Racial residential segregation was implemented by federal, state, and municipal laws and supported by real estate practises like redlining and racist violence during the majority of the 20th century in the US. 12 The geographical distribution of a neighbourhood's economic, educational, and environmental attributes was established through intentional racial residential segregation to benefit White residents.

## Acknowledgement

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## Conflict of Interest

None

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