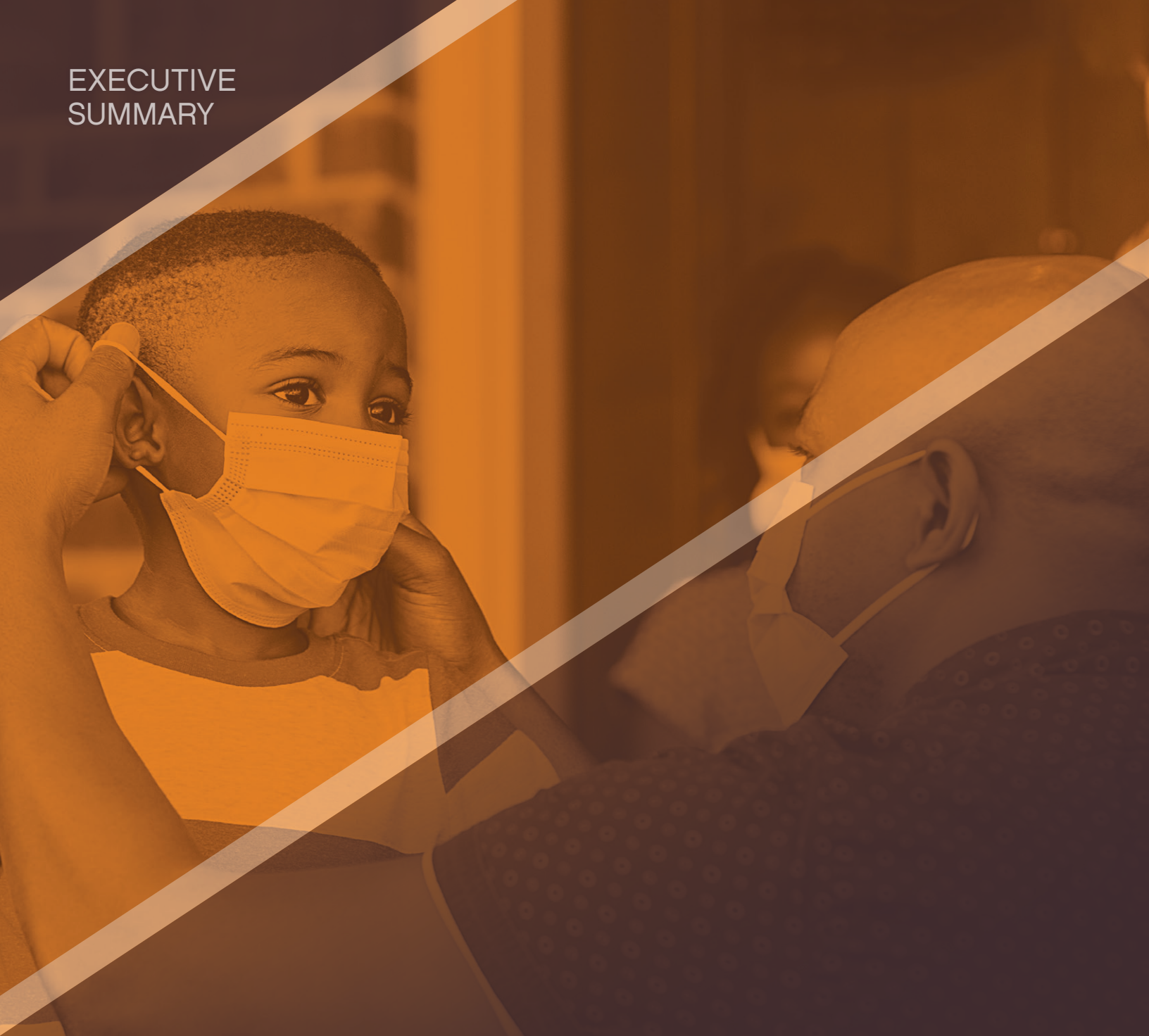
EXECUTIVE SUMMARY



Racially equitable responses to hunger during COVID-19 and beyond

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A BREAD FOR THE WORLD INSTITUTE SPECIAL REPORT

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Introduction

The U.S. Department of Agriculture defines food insecurity as when a person or household does not have regular, reliable access to the foods needed for good health.[1] Black, Indigenous, and Other People of Color (BIPOC)[2] have historically had higher rates of food insecurity in the United States as a result of structural racism. Policies that reflect structural racism date back to the 1400s with the colonialization of Indigenous land and genocide of Indigenous people, followed by the enslavement of people of African descent, and continuing to this day.[3]

Structural racism is a historical, cultural, institutional, and interpersonal system of hierarchy that routinely advantages white people,[4] leading to cumulative and chronic racial inequities[5] in all aspects of life for BIPOC, including food security.

Before the COVID-19 pandemic, food insecurity affected communities of color at far higher rates: 24.2 percent of African American households, 22.6 percent of Indigenous households, 20.2 percent of Native Hawaiian households, 18.8 percent of Latino/a households, and 7.6 percent of white households, with a national average of 11.3 percent.[6] In the months since the pandemic began, preliminary findings from the Urban Institute show that Latino/a and Black households are more than twice as likely to report being food insecure as white households—27.1 percent and 27 percent, respectively, compared to 13.5 percent for white households.[7] Before the pandemic, food insecurity levels among female-headed households of color were also much higher than the national average of 11.3 percent—30 percent of households headed by Native Hawaiian women, 33.3 percent for African American women, 34.3 percent for Latinas, and 37.1 percent for Indigenous female-headed households.[8]

Food insecurity and COVID-19 have a reciprocal relationship.

Food insecurity and COVID-19 have a reciprocal relationship. Food insecurity compromises immune systems and creates health inequities, which increase the susceptibility to death among people who contract the virus. The racial food insecurity and health inequities created by structural racism among Black, Indigenous, and Other Households of Color contribute to the higher death rates among BIPOC who contract the virus. The reverse is also true: higher rates of contracting COVID-19 and dying from it increase food insecurity, since workers are more likely to have to take extended time off—usually unpaid—because either they or their family members are sick. At the same time, COVID-19 generates large, unexpected healthcare costs for Black, Indigenous, and Other Patients of Color, who are also more likely to lack health insurance. The death of a wage earner adds to the likelihood of food insecurity for his or her family members, often for many years.

The racial divides in food insecurity, coupled with the higher rates of exposure, infection, and death from COVID-19 among Black, Indigenous, and Other People of Color, point to the urgent need for the United States to make racial equity a top priority in efforts to contain COVID-19 and its widespread impacts. Racial equity is ***a process*** focused on centering and respecting the needs, power, and leadership of BIPOC, and ***a goal*** of achieving equal, and ultimately optimal, outcomes for BIPOC relative to their white counterparts.[9]

Not long after COVID-19 arrived in the United States, it became clear to all that race played a major role in determining how likely people are to contract the virus and how likely they are to die if they get sick. Thus far, Black communities have had the highest COVID-19 death rate of any racial or ethnic group, followed by Indigenous people. This finding is consistent whether the data is at the county, state, or national level.[10] According to the Color of Coronavirus Project, the death rates per 100,000 people in each group are 80 Black people, 67 Indigenous people, 59 Pacific Islanders, and 46 Latino/as, compared to 36 white people.[11] When death rates are adjusted for age—to take into account that white people

who die are on average significantly older than Black, Indigenous and Other People of Color who die—BIPOC are three times as likely to die as whites in their age group.[12]

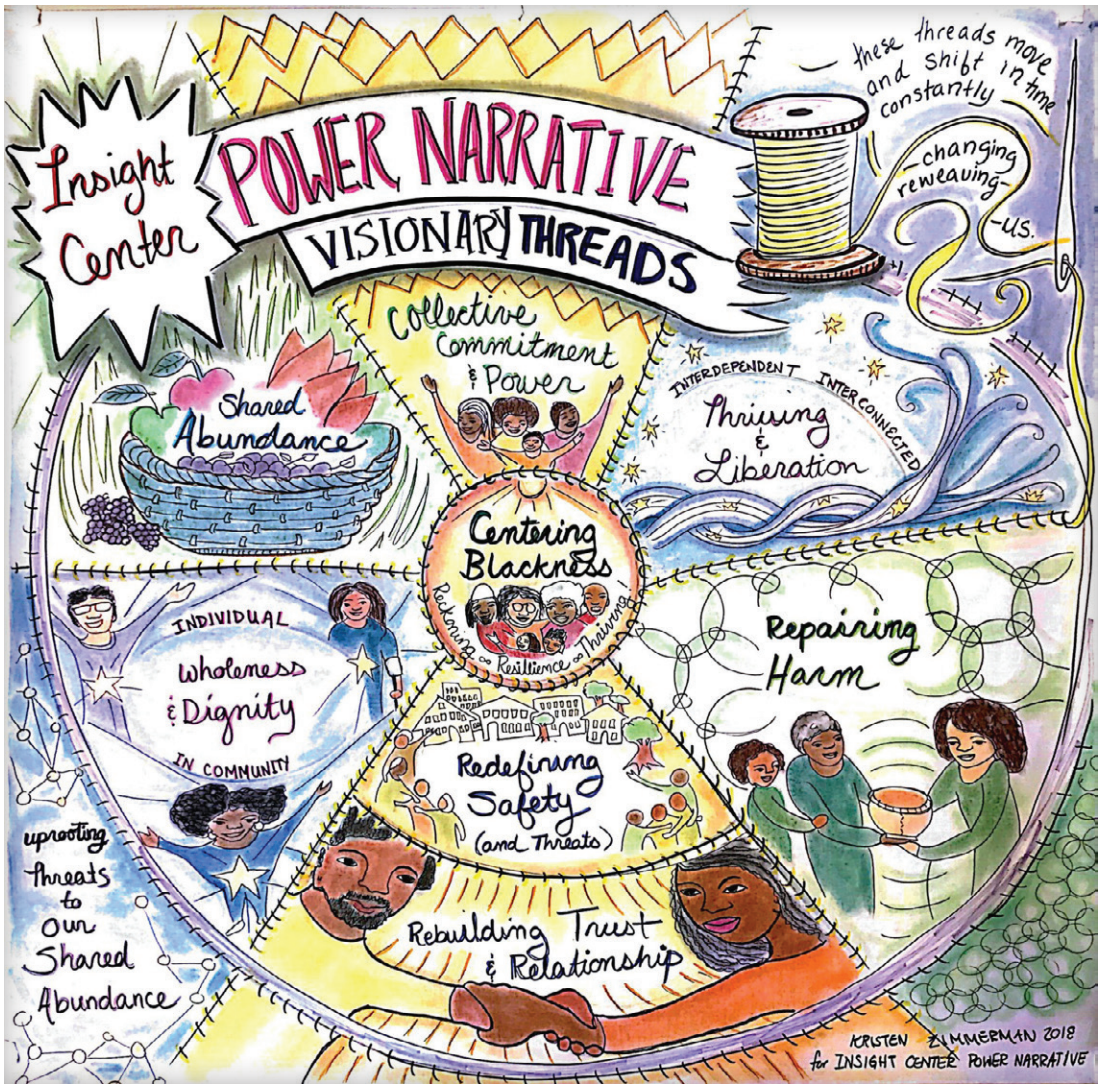
In response, this report discusses the unique impacts of both COVID-19 and factors that increase hunger in Black communities in the context of anti-Black racism, which is the root cause of these racially inequitable impacts. Anti-Black racism specifically targets the well-being of Black people. Racism against Black communities is an important specific type of racism because it informed the creation of structural racism in the United States, which began with slavery and continued with legal lynchings, physical abuse, and other forms of violence against Black bodies. See the full report for details.

The report also explains why it is important to apply a racial equity lens to U.S. COVID-19 responses that centers Blackness (see figure 1) to reduce food insecurity and poverty. Practicing racial equity by centering Blackness can begin the process of repair from the policies that previously inflicted harm on Black communities, as shown in the graphic below, as well as on other communities of color that historically have also been harmed by these policies and practices.

Figure 1: What does Centering Blackness mean?

Centering Blackness requires policies and programs that lift up and protect Black people in order to begin to reverse several centuries of anti-Black racism. The burdens of racism fall more heavily on Black people than on other people of color because Blackness, as the antithesis of whiteness, was the impetus for the development of racism and racist systems.

Within centering Black people, we center Black women, who experience both anti-Black racism and gender inequity. Centering Black women ensures that their needs and leadership are proactively addressed.



SOURCE: https://insightcced.org/centering-blackness-framework/

The report also explains why, in centering Blackness, it is critical to center the needs, voices, and leadership of Black women, who experience the dual oppression of anti-Black racism and gender inequity. Centering the intersections of these two interwoven identities in our racial equity approach is a way of avoiding a focus solely on the experiences of Black men. Rather, the entire Black community is uplifted, and by extension, all other women, men, and children of color experience liberation, and more specifically, food security.

For this reason, the report's analysis and recommendations have been informed, led, and guided by Black women who are experts through lived experience, as on-the-ground leaders, practitioners, or scholars from across the country and from different fields.

General Analysis

Structural racism is expressed, through a variety of national institutions and systems, in ways that increase the susceptibility of BIPOC to contracting and dying from COVID-19 and facing food insecurity. The section below examines a few of the specific ways that COVID-19 has exacerbated the impact of structural racism on food insecurity and hunger among Black women, as well as other BIPOC men, women, and children. Please read the full report for a comprehensive analysis of each of these findings as well as additional findings.

- **Black, Indigenous, and Other People of Color are exposed to COVID-19 at higher rates because policies have segregated BIPOC workers in the 10 lowest paying jobs, which are often also considered "essential."** Today, the reality of who is most likely to have a low-wage job is tied to the country's history of racial oppression. Just over 40 percent of all frontline workers during the pandemic are Black, Latino/a, Asian, Pacific Islander, or from other communities of color.[13] BIPOC women are overrepresented in these industries of frontline workers, which include, for example, retail and grocery store workers, custodians, and domestic care workers. This helps to explain why more women than men have contracted COVID-19, with Black women having the highest COVID-19 infection rate of all women and Indigenous women having the second highest rate. This often results in taking unpaid time off work and falling deeper into food insecurity. The full report also examines why BIPOC men die of COVID-19 at higher rates.

DID YOU KNOW THAT...

Race is the most important factor determining a person's risk of contracting COVID-19 and of dying once they are sick?

Bread for the World Institute's original analysis of data from Louisiana found that race was a far more significant factor than age or whether the person had a preexisting health condition. The results of this case study again illustrate the necessity of examining the role of race and developing racially equitable responses to the pandemic if the United States is to contain the virus. See details in the full report at bread.org/covid19racialequity.

- **BIPOC employees were also more likely to be among the first to be laid off due to COVID-19.** This was because they worked disproportionately in sectors hit immediately by stay-at-home orders. Latino/a and Black workers were in the travel accommodation industry at twice their proportion in the U.S. population,[14] Latino/as were similarly overrepresented in restaurants and other food services,[15] and about 25 percent of Indigenous workers were in non-specified service-based jobs,[16] all of which had significant early job losses. As a result, in April 2020, unemployment rates among Black and Latino/a workers were three to four times their pre-pandemic levels.[17] [18]

- **Black, Indigenous, and Other People of Color experience implicit racial biases in health care, which has led to higher death rates from COVID-19.** Several reports document cases where people of African descent had to return to the hospital several times before they were offered a more in-depth examination. By the time patients were tested for the virus, they were severely ill and later died.[19] [20] This increases the likelihood of BIPOC households experiencing food insecurity or deeper levels of food insecurity.

  Structural racism has also been shown to affect the results of algorithms that healthcare providers sometimes use to gauge which patients need additional follow-up care. A study by the American Association for the Advancement of Science (AAAS) found that an algorithm that assesses patient healthcare needs did not rate Black patients accurately[21] because it used healthcare costs as a proxy for health needs rather than patients' actual level of illness. Researchers found that Black patients were more seriously ill than white patients who were assigned the same risk score—reducing the number of Black patients identified for extra care by more than half.[22] See the report for more stories and analysis.

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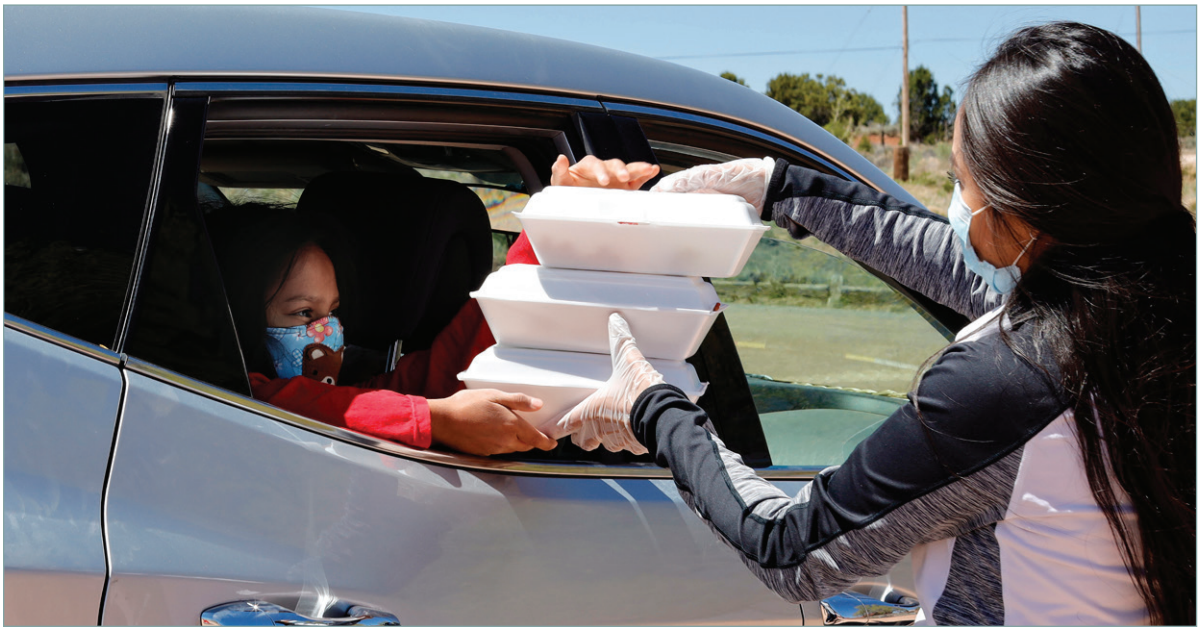
- **Racially inequitable housing policies increase BIPOC's susceptibility to contracting and dying from the virus.** Such policies have created areas and neighborhoods of racialized concentrated poverty and environmental racism—where companies routinely target BIPOC communities to build and operate facilities that produce environmental toxins, water pollution, and air pollution.[23] [24] Conditions exacerbated by air pollution include asthma, which compromises the immune system and is linked to a higher likelihood of death among BIPOC people living in these areas who become infected with COVID-19.[25]

  Racialized concentrated poverty also increases the likelihood of water shutoffs and evictions, which have continued during the pandemic. Without a source of clean running water, people cannot follow CDC guidelines to stay hydrated and wash their hands regularly, and without a place to stay, a family clearly cannot shelter in place. In addition, racialized concentrated poverty contributes to food insecurity because there are fewer options for affordable and nutritious food for BIPOC residents.



Nancy Wiechec

A girl accepts hot lunches from a staff member outside St. Michael Indian School on the Navajo Nation on May 5, 2020. The school was distributing free breakfasts and lunches for its students and other children during the COVID-19 pandemic.

What We Are Called To Do

The COVID-19 pandemic has exposed the structural racism that has always been part of the United States. The pandemic is killing Black people disproportionately and worsening other racial inequities of all kinds among other BIPOC communities. We cannot support a return to the old "normal" since structural racism is an inherent part of it.

Instead, we must support a new "normal" that prioritizes racial equity in all we do, at all levels, and in all topic areas, to dismantle structural racism, undo its consequences, and stand in solidarity with BIPOC. It is particularly important to center anti-Black racism since it explains why Black people are dying of COVID-19 at higher rates than any other racial or ethnic group. Within anti-Black racism, we must center Black women, who face barriers due to both racism and sexism, and who have been and continue to be leaders in their communities.

COVID-19 is worsening the racial divides that existed before the pandemic began. As such, there must be an immediate focus on reducing food insecurity as well as longer-term plans to address the historical reality of structural racism that creates the conditions of food insecurity for BIPOC. If reversing the impacts of structural racism is not thoughtfully incorporated into policies and planning, racial hunger divides will only continue to widen.

To respond to this, the report's immediate recommendation is to ensure that all COVID-19 response efforts, particularly those that reduce hunger and food insecurity, apply a racial equity lens in their design and implementation. It also lays out policies that are needed to break the cycle of food insecurity, including eliminating the racial wealth divide, racialized concentrated poverty, and racial bias in the healthcare system.

Here are the report's recommendations for immediate action to reduce the racial hunger and food insecurity divide. See the full report for longer-term policies to break the cycle.

Food Security

- **Recommendation 1: Policymakers should use available racial equity resources as they design and implement legislation and policies.** One such resource is Bread for the World's Racial Equity Scorecard Tool, which outlines how to determine to what degree a proposal applies a racial equity lens. To center Black women, the data used in planning must be cross-sectional and disaggregated by race *and* gender rather than only by race *or* gender.
- **Recommendation 2: Change the Supplemental Nutrition Assistance Program (SNAP) benefits formula to provide additional support to BIPOC households,** accounting for gender inequity, in proportion to how COVID-19 has impacted their households and communities. This would mean that Black women, who experience both anti-Black racism and sexism, would receive the targeted support they need.
- **Recommendation 3: Change the USDA interpretation of the regulations governing emergency SNAP benefits to be racially equitable, account for gender inequity, and be proportionate to how COVID-19 has impacted participants' households and communities.** SNAP policies have excluded 7 million households that already received the maximum benefit—households that presumably have some of the highest levels of food insecurity of all households eligible for SNAP— from receiving additional support during the pandemic. Black women are more likely to fall into this category due to job segregation into the ten lowest paying jobs, resulting in Black households experiencing 'very low food insecurity' at three times the rate of their white counterparts,[26] and thus being more likely to be among the 7 million households that have been excluded. USDA should amend this to provide additional support to these households proportionate to the impact of COVID-19.
- **Recommendation 4: Promote racial equity in the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC).** In addition to the seven recommendations on WIC featured in a report published by Bread for the World Institute in 2019, "Applying a Racial

Equity Lens to Nutrition Programs,"[27] there are many action items that would enable WIC to promote racial equity during COVID-19. Three of these are: (1) provide BIPOC women with grocery funds, breastfeeding support, pre-labor support , and post-partum support proportionate with current racial divides, historical trauma, and the negative impacts associated with COVID-19 that each community of color has experienced; (2) continue to work with states to provide all participants with EBT cards instead of checks; and (3) offer culturally competent mental health support related to the impacts of racism during a pandemic. The stress that this causes exacerbates health conditions—for example, disproportionate problems with lactation among BIPOC new mothers.

- **Recommendation 5: Continue funding meals for BIPOC families when school is not meeting in-person by supplementing this cost in Child Nutrition EBT,** proportionate to the racial inequities associated with rates of COVID-19 infection, death, economic loss, food insecurity, and the racial wealth divide and also accounting for gender inequities. This would mean that Black women would receive the highest level of Child Nutrition EBT per child.
- **Recommendation 6: Increase supplemental funding targeted to BIPOC-led organizations, especially BIPOC women-led organizations,** serving their communities during COVID-19, including by providing food, clothing, and other emergency supports that BIPOC households need. Resources should be provided in a way that is proportionate to the rates of COVID-19 infection and death in BIPOC communities, and that is congruent to the racial wealth divide their communities experience.

Housing Security

- **Recommendation 7: Work with states to extend eviction moratoriums for BIPOC households, especially BIPOC female-headed households,** living in areas with the highest levels of COVID-19 deaths, economic loss, and food insecurity**.** Black women have been targeted by racially inequitable eviction policies before and during the pandemic. Eviction prevents families from sheltering safely in place during COVID-19, and it also increases their susceptibility to contracting the virus and experiencing food insecurity.

Income Security

- **Recommendation 8: Increase stimulus payments to BIPOC families with the highest rates of COVID-19 infection, death, economic loss, and food insecurity in proportion to these racial inequities, and account for gender inequity.** The first stimulus payment program was universal and did not account for the racial differences in how COVID-19 has economically and physically impacted BIPOC communities. Centering these realities would result in Black women receiving the largest increase in stimulus payments, followed by other BIPOC men and women.
- **Recommendation 9: Continue unemployment compensation for BIPOC households in areas with the highest rates of COVID-19 death, economic loss, and food insecurity.** This approach would redistribute resources to BIPOC households who have lived with the greatest inequities. It would also include eligibility for BIPOC undocumented immigrants living in these areas.
- **Recommendation 10: Provide racially equitable support and safety for BIPOC workers in "essential" jobs.** Enforce worker safety standards by mandating that employers offer protective equipment, restructured work environments, improved ventilation systems, and regular testing to reduce COVID-19 transmission, regardless of workers' documentation status. Also mandate an increase in pay by raising the minimum wage to a living wage and requiring certain employee benefits. In addition to these broad-based approaches, a racial equity lens should be applied to employer-based benefits—for example, sick leave and child care—for BIPOC workers, proportionate with the impact of the crisis on their racial/ethnic community. For example, because African American workers are more likely to have family members who contract the virus, they would be able to take additional sick leave to care for family members.

Endnotes

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