FRAC Food Research & Action Center

Hunger, Poverty, and Health During COVID-19

SPOTLIGHT: Intersectionality and Essential Workers

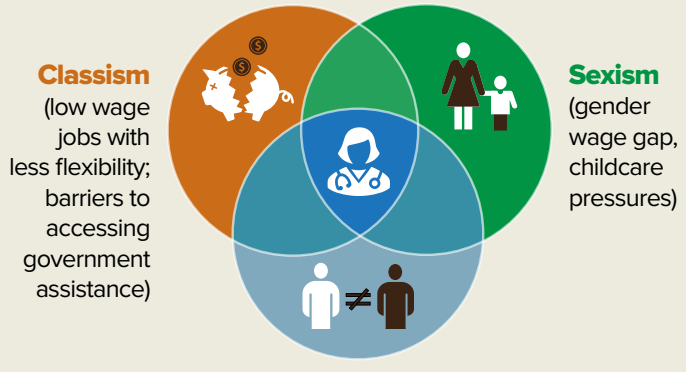
Intersectionality considers how interlocking systems of oppression result in unique challenges for individuals with multiple marginalized identities.[1] COVID-19 has disproportionately impacted essential workers, an example of the intersection of racism, sexism, and classism.[2,3]

Essential workers include those who work in transportation, health care, caregiving, public safety, public works, agriculture and food, etc.[4] They are more likely to be women and Black, Latinx or Native American.[5,6,7]

Essential workers are also more likely to have low wages. In 2018, the median income for essential workers who could not work remotely (27 percent of the workforce) had an average income of $45,626, and a median income of $33,000, a salary which was lower for Black, Latinx, and Native American workers.[8]

More data are needed to track food insecurity specifically among essential workers, but the data that do exist reflects more hardship compared to nonessential workers. In 2018, 13.4 percent of essential workers reported participating in the Supplemental Nutrition Assistance Program (SNAP) compared to 7.8 percent of nonessential workers. Disparities existed by race, where 23.3 percent of Black, 23.5 percent of American Indian and Alaska Native, and 18.5 percent of Latinx essential workers used SNAP compared to 10.7 percent of White essential workers.[9] In April 2020, one survey found that essential workers had more difficulty affording household expenses compared to nonessential workers, such as credit card bills, utilities, and food.[10]

FIGURE 1: Essential Workers Lie at the Intersection of Multiple Systems of Oppression



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Health Care Workers

Health care workers (e.g., physicians, dentists, lab technicians, and nursing care facilities) amounted to about 16.5 million workers in 2019.[11]

The gender disparity in median income is larger in health care than almost any other industry.[12] Women make up 77 percent of health care workers and 83 percent of those making less than $30,000 a year.[13] In 2017, 1.7 million female health care workers and their children lived in poverty.[14]

There are further disparities by race: while White and Asian women are overrepresented among registered nurses, physicians, and surgeons, Black, Latinx, and Native American women are overrepresented among nursing aides, home care aides, and other occupations with median wages less than $15 an hour. Black, Latinx, and Native American female health care workers were more likely to live in poverty, use SNAP, public housing support, or Medicaid, and lack health insurance than their White and Asian counterparts.[15]

Despite being celebrated as heroes, many health care workers have been suffering during the pandemic. At the onset of the pandemic, when nonemergency medical procedures were postponed, many health care workers lost jobs or benefits.[16,17] For example, nursing home staff have had to work at multiple nursing homes, and nurses and support staff have had their benefits cut at hospitals even as they were asked to work overtime. While healthcare workers have had lower COVID-19 infection rates than the general population, infection rates have been higher for Black and Latinx healthcare workers compared to White health care workers.[18] One study in New York also found that essential workers were more likely to experience worse food access compared to nonessential workers during the pandemic.[19]

Want to learn more? This brief summarizes information from the report *Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs' Role in an Equitable Recovery*. See FRAC's COVID-19 dashboard for the full report and additional statistics on hunger during the pandemic.

Endnotes

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