

Executive Brief



# Annual Report 2022

Special Edition | Featuring COVID-era data and insights



# New special edition highlights racial/ethnic health disparities and other health challenges amid the COVID-19 pandemic

Building on last year's analysis, this special edition of the *Annual Report* uses the latest publicly available data to understand how pre-pandemic trends continued, accelerated or reversed and highlights persistent disparities by race and ethnicity across nearly all areas of health and well-being. The COVID-era Disparities Survey, fielded online in October 2022, further contextualizes these data with direct insights from the individuals affected.

Since 2020, Americans have witnessed firsthand the devastating impact of a historic public health crisis. Despite having the highest per capita health spending among Organization for Economic Co-operation and Development (OECD) countries, the United States had the largest decrease in life expectancy as the COVID-19 pandemic took its toll and exacerbated a range of longstanding challenges.<sup>1</sup> As we begin to recover from this loss, it is crucial to have an accurate and comprehensive picture of our communities' health and well-being.

The United Health Foundation, in partnership with the American Public Health Association, is pleased to present the 2022 special edition of the *Annual Report* — the *America's Health Rankings*<sup>®</sup> platform's broadest portrait to date of the COVID-19 pandemic's impact, analyzing more than 80 measures at the national and state levels to understand the effects of the pandemic at its height in 2020 and 2021. The report supplements this analysis with additional COVID-19-related measures, including racial/ethnic subpopulation data, and insights from the COVID-era Disparities Survey, collected online by Morning Consult in October 2022.

This special edition of the *Annual Report* highlights concerning racial and ethnic disparities amid broader pandemic-era trends. Disparities widened in several measures of mortality, including premature death,

drug deaths and firearm deaths — all of which spiked nationwide, including a 30% increase in drug deaths between 2019 and 2020. Additionally, the prevalence of multiple chronic conditions increased in 2021, after it dipped in 2020 to its lowest recorded level since 2015. And reading proficiency among fourth graders dropped 6% during the pandemic while the racial gap widened.

Positive findings in this year's report include that the supply of mental health and primary care providers continued to increase between 2021 and 2022. High-speed internet access also increased among nearly all racial/ethnic groups, narrowing the racial gap.

The COVID-era Disparities Survey provides further context around the pandemic's distinct toll on different racial and ethnic groups. More than 3,800 individuals were surveyed on how their health and well-being were impacted, finding some overarching challenges but also a variety of differences between populations. The percentage of adults who lost friends and family members differed by race/ethnicity, with the highest rates among Black and Hispanic respondents. Additionally, while many Americans across groups experienced an enduring impact on their mental health and many felt socially isolated, some factors contributing to those effects varied — as did the percentage of respondents who had resumed all pre-pandemic activities at the time of the survey.

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<sup>1</sup> Organization for Economic Cooperation and Development. "Trends in life expectancy." <https://www.oecd-ilibrary.org/sites/e0d509f9-en/index.html?itemId=/content/component/e0d509f9-en#>

Finally, this year's report once again includes overall state rankings, which were excluded in 2020 and 2021 out of shared understanding of the significant and unprecedented health challenges presented by the pandemic. We encourage leaders and advocates to use this year's report to tailor and target public health efforts in their states.

### Premature death spiked amid the pandemic, widening racial/ethnic disparities

Amid the emergence of the COVID-19 pandemic, premature death increased 18% nationally between 2019 and 2020, from 7,337 to 8,659 years of potential life lost (YPLL) before age 75 per 100,000 population. It increased in 48 states and the District of Columbia, led by 31% in New York, 26% in Arizona and 24% in New Jersey.

Amid this dramatic upward trend, gaps in premature death between racial/ethnic groups worsened. Notably, the disparity in the premature death rates widened between the American Indian/Alaska Native population — the racial/ethnic group with the highest rate — and both the non-Hispanic white and Asian/Pacific Islander populations (the group with the lowest rate). The premature death rate was 3.8 times higher among American Indian/Alaska Native compared with Asian/Pacific Islander populations in 2018-2020 — versus 3.5 times higher in 2015-2017. Since the comparisons by racial/ethnic group require three years of pooled data, future analysis will be necessary to understand the full impact of the COVID-19 pandemic.

### Drug deaths spiked 30% between 2019 and 2020

Drug deaths increased 30% nationally between 2019 and 2020, from 21.5 to 27.9 deaths per 100,000 population — the largest year-over-year increase since 2007.

This rise in drug deaths had a broad impact on Americans. Between 2019 and 2020, drug deaths increased significantly in 36 states and the District of Columbia, as well as among nearly all racial/ethnic and gender subpopulations. The rate increased 45% among multiracial, 43% among Black, 38% among American Indian/Alaska Native, 37% among Hispanic, 36% among Asian and 25% among white populations. The rate also increased 32% among males and 23% among females.

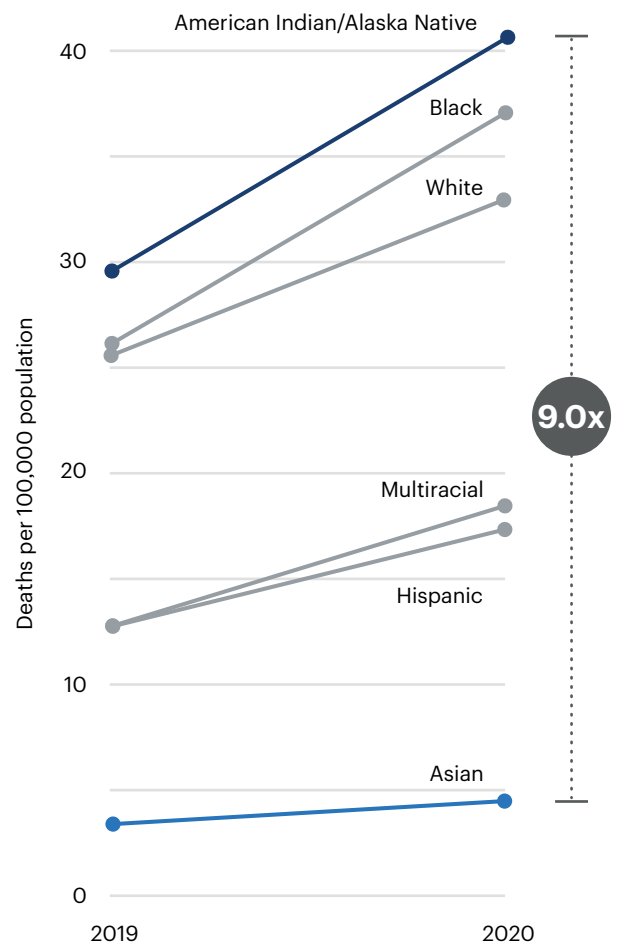


### increase in premature death

Nationally, the premature death rate **increased from 7,337 to 8,659 years of potential life lost (YPLL) before age 75 per 100,000 population between 2019 and 2020.**

Source: CDC WONDER, Multiple Cause of Death Files, 2019 and 2020.

### Increase in Drug Deaths



Source: CDC WONDER, Multiple Cause of Death Files, 2019 and 2020.

The wide-ranging increase contributed to broad disparities in the drug death rate. In 2020, it was 9.0 times higher among American Indian/Alaska Native (40.7 deaths per 100,000 population) than among Asian (4.5) populations and 7.9 times higher in West Virginia (77.4 deaths per 100,000 population) than in South Dakota (9.8), the states with the highest and lowest rates.

Provisional drug overdose death counts from the National Center for Health Statistics suggest a continued increase in drug overdose deaths during 2021 and 2022.<sup>2</sup> Further, the nationwide increase in drug use in more recent time periods is concerning. Between 2021 and 2022, the percentage of adults who reported using prescription drugs non-medically (including pain relievers, stimulants and sedatives) or illicit drugs (excluding cannabis) in the last 12 months increased 29% from 12.0% to 15.5%. There were significant increases in 10 states, all education, income and gender groups, and some racial/ethnic groups.

### **Firearm deaths continued to rise as racial/ethnic disparities widened**

Overall, the firearm death rate increased 13% from 12.1 to 13.7 deaths per 100,000 population between 2019 and 2020. This includes significant increases among several racial/ethnic groups: 35% among Black, 32% among American Indian/Alaska Native, 18% among Hispanic and 3% among white populations.

Meanwhile, the gap between the racial/ethnic populations with the highest and lowest rates widened substantially during the first year of the pandemic. In 2019, firearm deaths were 9.0 times higher among Black (23.4 deaths per 100,000) compared with Asian (2.6) populations; this increased to 12.1 times higher in 2020 (31.5 versus 2.6).

### **COVID-19 deaths were higher in 2021 compared to 2020**

In 2021, 102.6 Americans per 100,000 population died from COVID-19 — 416,849 Americans total, according to provisional data from the Centers for Disease Control and

Prevention (CDC). This represents an increase over 2020, in which the COVID-19 death rate was 85.0 deaths per 100,000 population.

Deaths from COVID-19 disproportionately affected certain racial/ethnic groups in 2021; the COVID-19 death rate was 4.1 times higher among Hawaiian/Pacific Islander (192.2 deaths per 100,000 population) compared with multiracial (47.2) populations. It was 186.9 among American Indian/Alaska Native, 155.3 among Hispanic, 136.2 among Black, 91.1 among white and 62.8 among Asian populations.

However, some recent data indicate that these patterns are shifting. Although COVID-19 death rates were higher among Black and American Indian/Alaska Native populations early on in the pandemic, deaths have been rising faster among white populations since spring 2022.<sup>3</sup>

### **Rates of some chronic conditions and risk factors worsened since 2019**

Nationally, between 2020 and 2021, the prevalence of multiple chronic conditions — the percentage of adults who had three or more of the following chronic health conditions: arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease, cancer (excluding skin), depression and diabetes — increased 5%, from 9.1% to 9.6%.<sup>4</sup>

Several factors may have contributed to this trend. Because many Americans delayed receiving care during the pandemic,<sup>4</sup> it is possible that some cases of chronic conditions went undiagnosed as screenings for diseases like cancer were delayed or foregone.<sup>5</sup> This could have contributed to the reported decrease from 2019 to 2020 highlighted in last year's *Annual Report*, followed by an increase above the previous high in 2021 as many Americans caught up on their care and could have received new diagnoses. Finally, COVID-19 infection also increases the risk of some of these diseases — for example, diabetes<sup>6</sup> — meaning that the pandemic itself could have led to new cases.

2 Ahmad, F., Cisewski, J., Rossen L. and Sutton, P. "Provisional drug overdose death counts." *National Center for Health Statistics*. 2022.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

3 Centers for Disease Control and Prevention (CDC). "COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex."

<https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>

4 CDC. "Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns — United States, June 2020." *Morbidity and Mortality Weekly Report* 69, no. 36: 1250–1257. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm>

5 CDC. "Sharp Declines in Breast and Cervical Cancer Screening." *National Breast and Cervical Cancer Early Detection Program*.

<https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html>

6 Watson, C. "Diabetes risk rises after COVID, massive study finds." *Nature* news article, March 31, 2022. <https://doi.org/10.1038/d41586-022-00912-y>

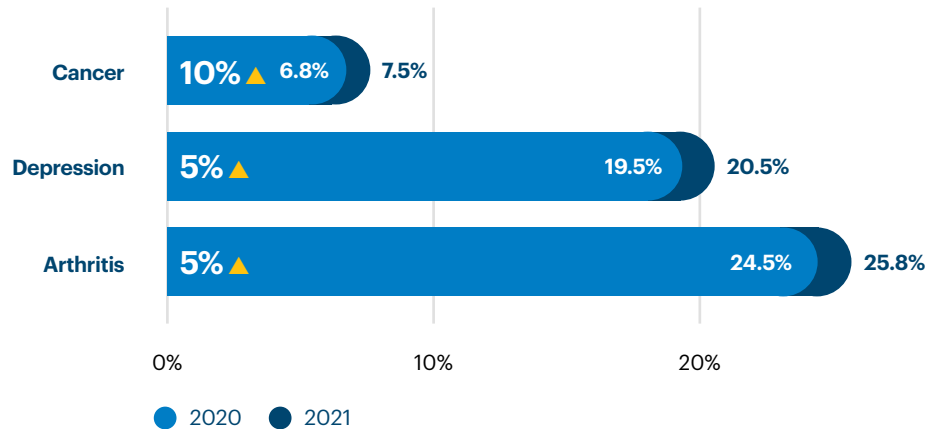


# 5%

## increase in multiple chronic conditions

The prevalence of multiple chronic conditions **increased from 9.1% to 9.6%** between 2020 and 2021.

## Increases in Chronic Conditions



Source: CDC, Behavioral Risk Factor Surveillance System, 2020 and 2021.†

Source: CDC, Behavioral Risk Factor Surveillance System, 2020 and 2021.†

Several of the conditions included in this measure increased in prevalence: Between 2020 and 2021, the prevalence of cancer (excluding skin) among adults rose 10% and arthritis and depression both increased 5%.† What’s more, many of the conditions included in this measure, such as asthma, cancer and chronic kidney disease, are risk factors for severe illness from COVID-19.7

Additionally, some health conditions that are risk factors for chronic conditions increased. High cholesterol among adults increased 7% nationally between 2019 and 2021.† Obesity continued to rise, again reaching a new national record high, increasing 6% among adults between 2020 and 2021.†

### While frequent mental distress peaked during the pandemic, mental health providers increased

The rate of frequent mental distress reached a new national high during the pandemic, representing just one of the many health challenges Americans have faced over the past two years. Between 2020 and 2021, the percentage of adults who reported their mental health was not good 14 or more days in the past 30 days increased 11%, from 13.2% to 14.7%.†

At the same time, the supply of mental health providers increased to its highest level since the first *America’s Health Rankings* data year, 2017. Between 2021 and 2022, the number of mental health providers per 100,000 increased 7%, from 284.3 to 305.0. This continued a broader trend; the supply has increased 40% since 2017, when it was 218.0 per 100,000.

Similarly, the number of primary care providers rose 5% between 2021 and 2022, from 252.3 to 265.3 per 100,000 population.

### Uninsured rate dropped between 2019 and 2021, but gains may be at risk

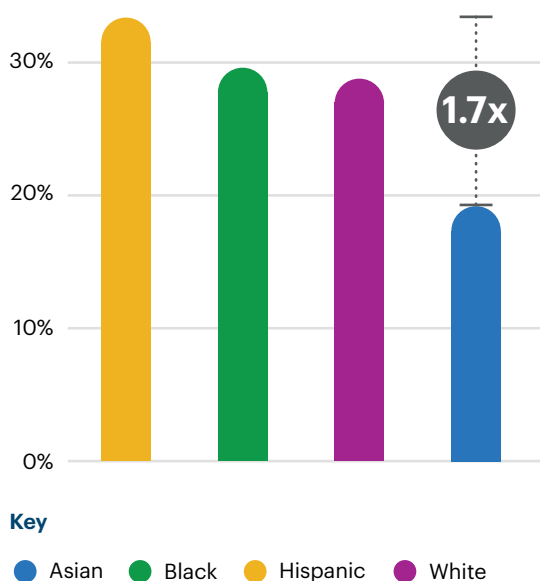
The uninsured rate decreased 7% between 2019 and 2021 from 9.2% to 8.6%. It was 3.5 and 3.4 times higher among the population who identified as other race (20.1%) and the American Indian/Alaska Native (19.6%) population, respectively, compared with the white (5.7%) population.

Much of this success has been due to COVID-19 aid programs and could be temporary, as some policies are set to expire when the public health emergency ends.8

7 CDC. “Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals.” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>

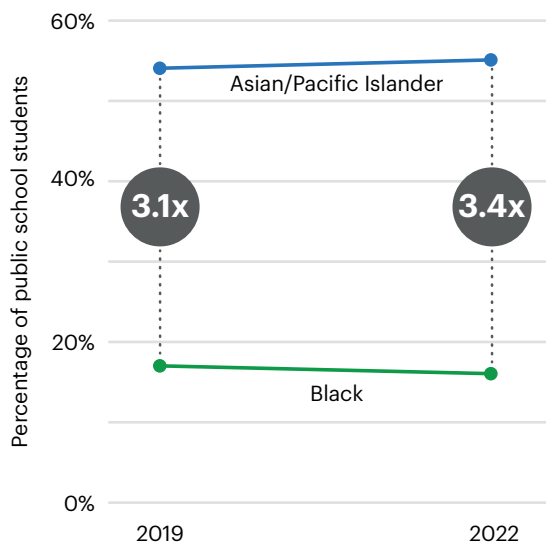
8 Kaiser Family Foundation. “Medicaid Pandemic Enrollment Policies Helped Drive a Drop in the Uninsured Rate in 2021, but the Coverage Gains Are at Risk.” *Policy Watch*. <https://www.kff.org/policy-watch/medicaid-pandemic-enrollment-policies-helped-drive-a-drop-in-the-uninsured-rate-in-2021-but-the-coverage-gains-are-at-risk/>

## Long COVID Symptoms Among Adults who Reported Ever Having COVID-19



Source: U.S. Census Bureau, Household Pulse Survey, September 14-26, 2022.

## Disparity in Fourth Grade Reading Proficiency by Race/Ethnicity



Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress, 2019 and 2022.

## High-speed internet access rose across all racial/ethnic groups

High-speed internet access rose among nearly all racial/ethnic groups, narrowing racial/ethnic disparities. The gap between American Indian/Alaska Native and Asian households decreased between 2019 and 2021. High-speed internet increased 11% among American Indian/Alaska Native households in that time, while increasing 1% among Asian households.

This increase in access may have helped as more Americans than ever — more than 1 in 3 U.S. adults in 2021<sup>9</sup> — turned to telehealth options in the context of reduced in-person health care options and virtual work, school and socializing became more common.

## Nearly 1/3 of Americans who reported having COVID-19 also report symptoms consistent with long COVID

In 2022, a substantial share of Americans who reported ever having COVID-19 still felt significant direct effects on their health and overall well-being three or more months after diagnosis, in the form of symptoms consistent with long COVID — which remain a challenge today, especially for racial/ethnic minorities.

Per the CDC's Household Pulse survey, in September 2022, [roughly one-third of adults](#) (29.6%) who reported ever having COVID-19 reported symptoms consistent with long COVID, with disparities by race/ethnicity. Long COVID was 1.7 times higher among Hispanic (33.2%) compared with Asian (19.1%) adults, the groups with the highest and lowest rates, respectively.

## Fourth grade reading proficiency dropped amid pandemic while racial disparity grew

The long-term, indirect effects of the pandemic also disproportionately impacted minority populations; as reading proficiency among fourth graders declined between 2019 and 2022, the racial/ethnic disparity widened. In the first COVID-era education data published in *America's Health Rankings*, the percentage of fourth grade public school students who scored proficient or above on the reading assessment decreased 6% from 34.3% to 32.1%.

9 CDC. "Telemedicine Use Among Adults: United States, 2021." *NCHS Data Brief* 445, October 2022. <https://www.cdc.gov/nchs/data/databriefs/db445.pdf>

Meanwhile, the disparity in fourth grade reading proficiency between Asian/Pacific Islander and Black students — the groups with the highest and lowest rates, respectively — widened between 2019 and 2022. The percentage was 3.1 times higher among Asian/Pacific Islander (54.5%) compared with Black (17.6%) students in 2019, versus 3.4 times higher among Asian/Pacific Islander (55.3%) compared with Black (16.2%) students in 2022.

## Millions of Americans have been vaccinated against COVID-19

As of October 27, 2022, 68.4% of the total population, or nearly 227 million people, had completed the primary COVID-19 vaccination series — defined as having received one dose of a single-dose vaccine or two doses on different days of either an mRNA or a protein-based series — 7.3% of which had an updated (bivalent) booster dose since September 1, 2022.

Among children, COVID-19 vaccination rates varied by age group. As of October 27, 2022, just 3.5% of children

younger than age 5 had completed the primary COVID-19 vaccination series, compared with 31.7% of children ages 5-11 and 60.9% of children ages 12-17. The public health community continues their efforts to increase vaccination rates across all age groups.

## Vaccination rates vary by race/ethnicity; data limitations show need for robust demographic information collection

COVID-19 vaccination rates varied significantly by race/ethnicity. As of October 27, 2022, rates ranged from 43.7% among the Black population to 63.7% among the Asian population.

However, data constraints limit our ability to understand the racial/ethnic breakdown of those who have been vaccinated against COVID-19. For 21.5% of the population who completed the primary COVID-19 vaccination series, their race was unknown — emphasizing the need to prioritize collecting demographic, including racial/ethnic, information in public health data.



### Patricia L. Lewis

Executive Vice President &  
Chief Sustainability Officer,  
UnitedHealth Group

The real people behind these numbers are what make the work ahead so critically important. Building on the insights in this report, it is up to the collective health system — health care companies, public health authorities, governments, community organizations and more — to partner and take action.

Despite the challenges ahead, I remain optimistic that the health system can rise to the moment to address longstanding disparities and improve the health and well-being of all Americans, for this generation and the next.



### Dr. Georges C. Benjamin

Executive Director,  
American Public Health Association

It's clear that we as a nation have a health debt to pay — one that has accumulated over years. For too long, we have underinvested in our public health infrastructure and in the health of underserved communities of color where rates of chronic conditions and other health challenges are highest. We paid this debt during the pandemic, losing a million people, and we will continue to pay it over the coming years as we work to address the underlying racial and ethnic and other inequities that COVID-19 highlighted and exacerbated. Moving forward, information like the data in the *2022 Annual Report* will be critical to guide our public health decisions.

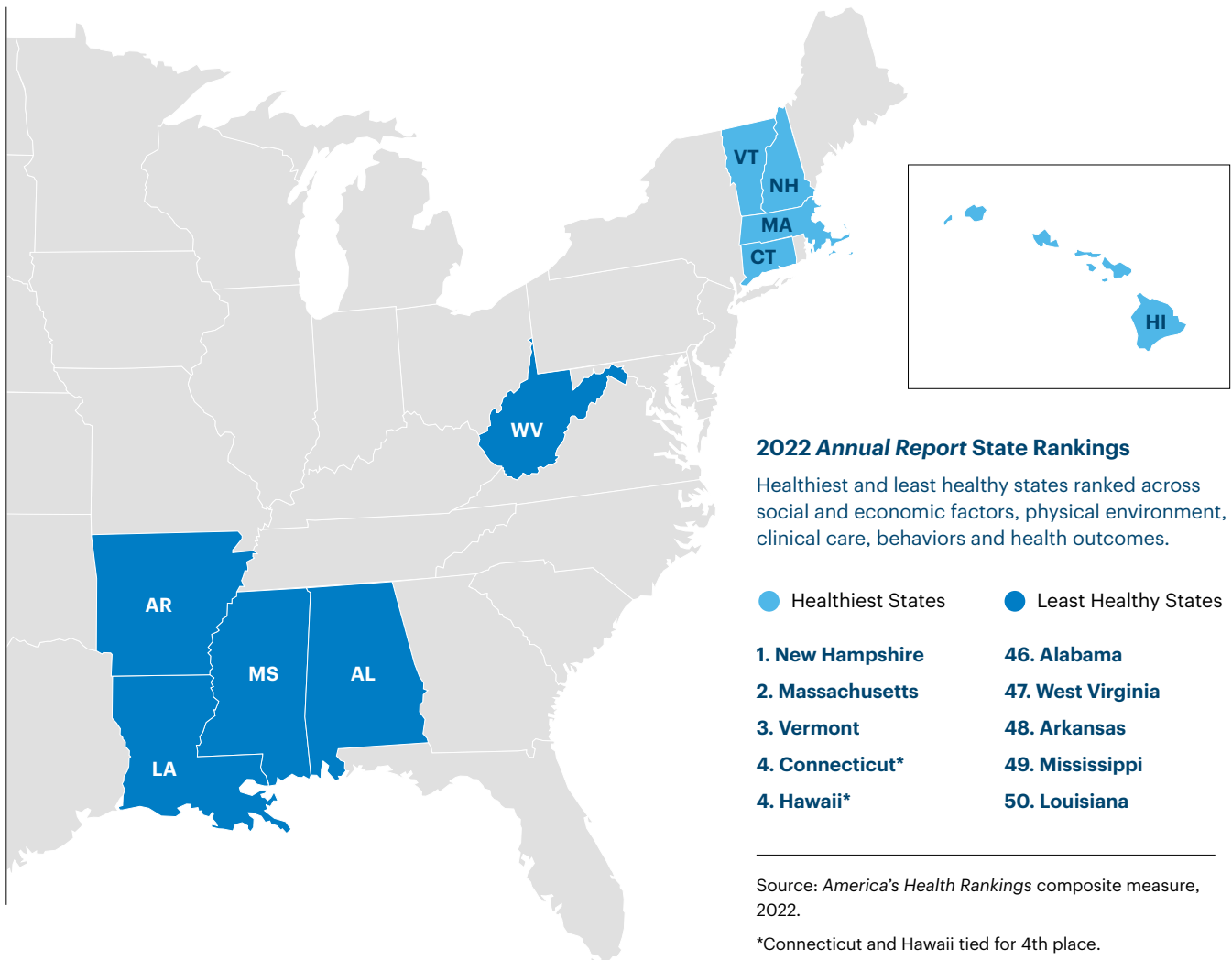
## Reintroducing overall state rankings in 2022

This year’s report re-introduces state rankings, which were excluded over the past two years due to the extraordinary and unprecedented health challenges faced by states during the pandemic.

Built on the World Health Organization definition of health — “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” — the *America’s Health Rankings* model ranks states across a variety of categories encompassing health and its determinants, including social and economic factors, physical environment, behaviors, clinical care and health outcomes.

In doing so, it aims to equip state leaders with benchmarks that can inform action as they seek to improve the health of their communities and address both new challenges introduced by the pandemic and longstanding disparities that may have been exacerbated by the pandemic.

New Hampshire was the healthiest state, followed by Massachusetts (No. 2), Vermont (No. 3), and Connecticut and Hawaii (tied at No. 4). Louisiana had the most opportunity to improve, followed by Mississippi (No. 49), Arkansas (No. 48), West Virginia (No. 47) and Alabama (No. 46).







## Special Feature

# COVID-era Disparities Survey

Fielded online in October 2022 by Morning Consult, the personal experiences of over 3,800 surveyed Americans show a variety of differences by race and ethnicity in the pandemic's impact on their well-being, as well as the factors that contributed to those effects.

32%

of Black adults and

31%

of Hispanic adults reported losing a family member due to COVID-19.



32%

of Black adults and

28%

of Hispanic adults reported losing a close friend due to COVID-19.

### Survey data show disparate impact of factors affecting Americans' health during pandemic

The COVID-19 pandemic has had a profound impact on all Americans, from physical and mental health to clinical care and economic resources to social support and engagement. *America's Health Rankings* has found concerning disparities by race/ethnicity across a broad array of measures as pandemic-era data have been released. The effects of the pandemic have not entirely subsided — it continues to affect the daily lives of Americans and many aspects of their health and well-being.

To better understand the racial/ethnic health disparities experienced across these categories during the pandemic, *America's Health Rankings* launched the COVID-era Disparities Survey in partnership with Morning Consult. The survey, conducted via internet panel, polled a total of 3,849 U.S. adults ages 18 and older, with oversamples of American Indian/Alaska Native, Asian, Black, Hispanic and Hawaiian/Pacific Islander populations. Each of the surveyed groups was weighted based on age, gender, race/ethnicity, education and region. Along with the quantitative portion of the survey, respondents provided personal perspectives in their own words to illustrate how their and their families' health was impacted during this challenging time.

### Nearly 1/3 of Black and Hispanic adults lost a close friend or family member as a result of COVID-19

As premature death spiked during the COVID-19 pandemic, and racial disparities widened, the impact of deaths related to COVID-19 was felt unequally between racial groups. According to survey results, Black (32%), Hispanic (31%), American Indian/Alaska Native (26%) and Hawaiian/Pacific Islander (26%) adults were significantly more likely than white (19%) and Asian (15%) adults to report losing a family member as a result of COVID-19. Similarly, 32% of Black adults and 28% of Hispanic adults reported losing a close friend, compared with 21% of white adults and 14% of Asian adults. American Indian/Alaska Native (26%) and Hawaiian/Pacific Islander (27%) adults were also more likely to have lost a close friend compared with Asian adults.

“I felt a lot more anxious and unsure about what might happen to my loved ones, so that took a toll on me.”

– 26-year-old Hispanic male from Texas

“During the early part of the pandemic, I knew people who were hospitalized because they contracted COVID-19 so I was always very worried.”

– 69-year-old Black female from New York

## Many adults delayed care during the pandemic; American Indian/Alaska Native and Hawaiian/Pacific Islander adults more likely to have not yet caught up

The survey found differences by race/ethnicity in those who delayed receiving care over the course of the pandemic. Hispanic (52%), Hawaiian/Pacific Islander (51%), American Indian/Alaska Native (50%) and Asian (49%) adults had higher rates of delaying care compared with Black adults (42%). The rate was also significantly higher among Hispanic adults than white adults (46%).

Adults surveyed who reported delaying care were asked to select which factors most influenced the delay of needed care.<sup>10</sup> Among those who reported delaying medical care, nearly half of Hawaiian/Pacific Islander adults (49%) cited difficulty getting an appointment, compared with 23% of Black adults, 27% of Asian adults, 28% of Hispanic adults and 34% of white adults. Of those who reported delaying care, Hawaiian/Pacific Islander (32%) and American Indian/Alaska Native (30%) adults had higher rates of not yet being caught up on that postponed care, compared with 20% of Black adults and 21% of Asian adults who delayed care. White adults (26%) also had a higher rate of not being caught up compared with Black adults.

“There are so many others whom I know and those I never will who were so very greatly impacted in many ways by the COVID-19 pandemic. COVID-19 touched my life in a drastic way..”

– 69-year-old Pacific Islander female from Arkansas

## Mental health especially impacted by occupational stress, financial issues and social isolation

Beyond the direct health impact of the disease itself, respondents identified the indirect economic implications of the pandemic as a major factor affecting their well-being. Across all racial and ethnic groups surveyed, job/occupational stress (excluding job loss), financial issues and social isolation were the factors that most negatively

impacted mental health during the COVID-19 pandemic. Over half of Hawaiian/Pacific Islander adults (56%) and 50% of Hispanic adults reported that job/occupational stress had a negative impact on their mental health, compared with 39% of white and Black adults, 46% of American Indian/Alaska Native adults and 45% of Asian adults. Relatedly, Hawaiian/Pacific Islander adults and American Indian/Alaska Native adults (both 59%), Hispanic adults (58%), white adults (54%) and Black adults (51%) reported financial issues negatively impacted their mental health during the pandemic at higher rates compared with Asian adults (46%). Hispanic adults (54%) reported that social isolation negatively impacted their mental health at a higher rate than Asian adults (47%).

“[The pandemic was] exhausting and draining and difficult for families with school-age children.”

– 42-year-old Black female from New York

The survey found that lower-income adults (annual household income under \$50,000) were more likely than those in the same racial/ethnic group with a higher income (annual household income \$50,000 or higher) to say their mental health was worse at the time of the survey compared to prior to the pandemic. For example, 38% of white adults and 32% of Hispanic adults with incomes less than \$50,000 said their mental health is worse now than before the pandemic, compared with 24% of white adults and 21% of Hispanic adults with incomes more than \$100,000.

## Continued impact of social isolation varies by race/ethnicity, with differences in contributing factors

Social isolation remained a challenge for many Americans at the time of the survey. Hawaiian/Pacific Islander (17%) and Hispanic (16%) adults reported higher rates of feeling much more socially isolated from family and friends now versus prior to the pandemic, compared with Black and Asian adults (both 9%) and American Indian/Alaska Native adults (10%).

The survey results highlight how the factors that contributed to social isolation during the first year of the

<sup>10</sup> Options in the survey included: Worried about contracting COVID-19 at the facility, Difficulty getting an appointment, Facility was closed, Cost-related barriers, Difficulty finding a physician or other healthcare provider who would see me, Lack of access to transportation, Uninsured/high copay, No insurance coverage, Not enough time, Barriers related to telehealth or virtual appointments, Moved during the COVID-19 pandemic and did not have a healthcare provider and None of the above.

Actions that surveyed adults said helped lessen social isolation during the pandemic...



59%  
New hobbies and activities

59%

Spending more time with family members

58%

Social media

57%

Audio and video calling

pandemic varied by racial/ethnic groups.<sup>11</sup> However, not being able to engage in regular activities and not being able to see friends and family in person were consistently reported as the most impactful factors across groups. A higher percentage of Asian adults reported that not being able to travel (69%) influenced their feeling of social isolation a lot or some, compared with all other racial/ethnic groups. Black (50%) and Hawaiian/Pacific Islander (47%) adults reported that not being able to attend church/spiritual events influenced their feelings of social isolation a lot or some at a higher rate than most other racial/ethnic groups.

“The simple fact that I couldn’t partake in going outside or to my local restaurants and bars or interact with humans in general took a toll on both mental/physical and social/financials.”

– 38-year-old Hawaiian/Pacific Islander male from Illinois

Overall, roughly 3 in 5 adults said more time with family members (59%), new hobbies and activities (59%), social media (58%), and audio and video calling (57%) helped lessen social isolation a lot or some during the pandemic. There were some differences by race/ethnicity, as a higher percentage of Black adults (63%) said using social media

helped lessen social isolation a lot or some compared with white (55%), Hispanic (58%) and American Indian/Alaska Native (46%) adults. 67% of Asian adults, 65% of Black adults and 62% of Hispanic adults said audio and video calling helped lessen social isolation, which was a higher rate than among white (55%) and American Indian/Alaska Native (49%) adults.

“The pandemic was a hit on a lot of aspects of life, but it also made me rethink everything, be appreciative of basic things, and...become a stronger individual.”

– 26-year-old Asian male from Ohio

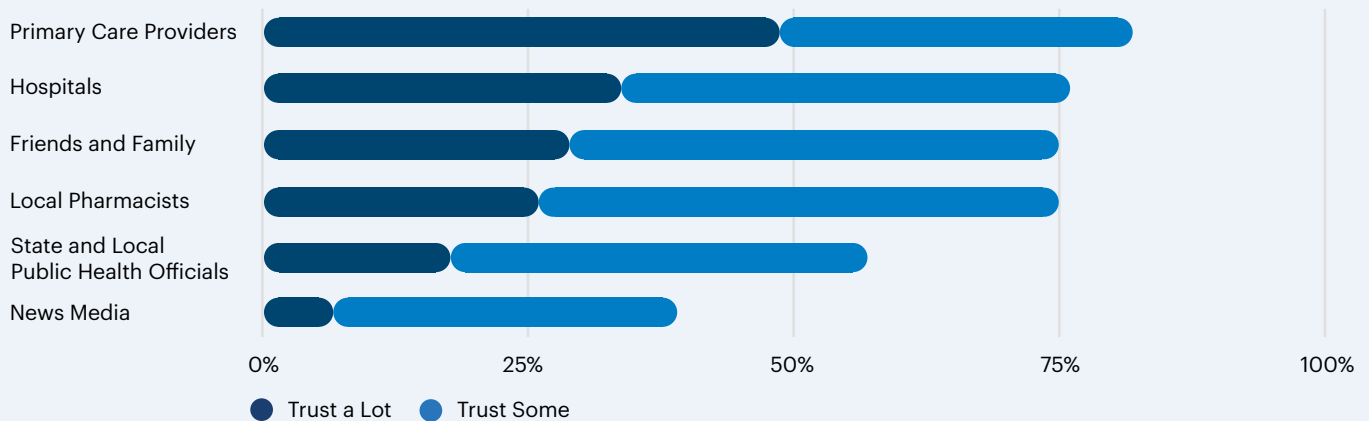
### Higher-income and white adults more likely to have resumed pre-pandemic activities

Nearly 4 in 10 white adults (38%) reported that they have resumed all social activities that they engaged in before the pandemic, a higher rate than among Hispanic (31%), Black (28%), Asian (24%) and Hawaiian/Pacific Islander (25%) adults surveyed. Within racial/ethnic groups, adults with higher household incomes were more likely to have resumed their pre-pandemic activities than those with lower incomes. For example, 82% of Hispanic and 89% of Asian adults with incomes more

<sup>11</sup> Options in the survey included: Not being able to see friends and family in person, Not being able to engage in regular activities, Not being able to travel, Not being able to attend church/spiritual events and Not being able to attend school/classes in person.

## Level of Trust in Sources of Health-Related Information

Percentage of respondents reporting they place a lot or some trust in the following for information related to their personal and family's health



Source: America's Health Rankings COVID-era Disparities Survey, 2022.

than \$100,000 have resumed activities, compared to 72% of Hispanic and 74% of Asian adults with incomes less than \$50,000.

Reasons for not resuming pre-pandemic activities varied. Overall, adults surveyed in the general population who have not returned to all social activities were most worried about getting or spreading COVID-19 or other infectious diseases (43%) and financial barriers (38%). Mental or physical barriers were cited most often among white (29%) and Hispanic (26%) adults compared with Black (19%) and Asian (17%) adults. Meanwhile, American Indian/Alaska Natives who have not returned to all social activities were more likely to report feeling disconnected from programs or people they were once connected to (36%), compared with Black and Asian (both 25%) adults surveyed.

“I feel very disconnected to anyone in my past that was once connected to me.”

– 55-year-old American Indian/Alaska Native male from Texas

### Addressing inequities and understanding sources of trust as leaders look ahead

As policymakers and health officials seek to recover from the pandemic and prepare the country for the

next public health emergency, the COVID-era Disparities Survey findings highlight the importance of addressing the inequities affecting different racial/ethnic groups that may have contributed to their experiences during COVID-19. It is also important to recognize the varying levels of trust that Americans have in different health authorities and institutions that shape their health care.

Respondents of all racial and ethnic populations expressed a high level of trust in primary care providers. Overall, 82% of adults said they place a lot (49%) or some (33%) trust in their primary care provider for information related to their personal and family's health. Three-fourths of the general population surveyed also place a lot or some trust in hospitals (76%), friends and family (75%) and local pharmacists (75%). Respondents expressed lower levels of trust in other messengers: about 18% of adults surveyed trust state and local public health officials a lot and 39% trust them some, and only 7% of adults said they trust the news media a lot (32% trust them some). Communicating and disseminating health information through trusted sources — especially the providers who play a close and crucial role in patient care and education — and rebuilding trust in others will be important to consider when planning for the future.<sup>12</sup>

<sup>12</sup> Options in the survey included: Your primary care provider, Hospitals, Friends and family, Local pharmacists, Federal public health officials (e.g., CDC), State and local public health officials, Spiritual leaders/clergy, The news media (e.g., newspapers, television, radio), State elected officials, Social media, Community leaders and Federal elected officials.

## COVID-era Disparities Survey Methodology

The COVID-era Disparities Survey was conducted by Morning Consult on behalf of the United Health Foundation to understand the COVID-19 pandemic’s effect across racial and ethnic groups. The survey was conducted online October 12-23, 2022 among U.S. adults. Six independent samples were collected: one for the general population and separate samples for specific racial/ethnic groups. Survey respondents self-reported their race/ethnicity. For comparison within the report, white non-Hispanic adults were a subset of the general population data:

Each of the samples surveyed was weighted based on age, gender, race/ethnicity, education and region. Throughout the analysis, significance testing was run to identify significant differences across racial and ethnic groups. To test for statistically significant differences between responses, the quality of proportions was set with an alpha level at 0.05 (5%).

A full description of the COVID-era Disparities Survey methodology is included in the *Annual Report*.

### Sample sizes and margins of error (MOE):

Population	Sample size	MOE
General population	n=1,000	+/- 3 percentage points
Hispanic adults	n=800	+/- 3 percentage points
Black adults	n=800	+/- 3 percentage points
Asian American adults	n=800	+/- 3 percentage points
American Indian/ Alaska Native adults	n=250	+/- 6 percentage points
Native Hawaiian or Other Pacific Islander adults	n=199	+/- 7 percentage points



## Take Action

Based on public health data and insights from individuals' experiences, this report shows that the nation's longstanding disparities in health persist and may have been exacerbated by the COVID-19 pandemic. The nation as a whole is still recovering from the pandemic-era increase in premature death, with a disproportionate impact on communities of color where the loss of loved ones and friends was highest. As we continue to repair the damage of the past few years, we must recognize and address this toll — along with the other aspects of the pandemic that affected mental health, social connectedness, access to care and other factors in disparate ways.

To truly better the health of all our communities, it is critical that we take action to improve health and address its determinants among the populations impacted by these inequities. As the pandemic has shown, this requires the collection of complete and holistic demographic data so we can truly understand the impact of national trends on specific populations.

Policymakers and community advocates should harness the lessons learned from the pandemic to develop targeted interventions that support those groups of Americans experiencing the most troubling challenges. We hope these findings can inform our response as we prepare to combat future public health crises and pandemics.

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† 2021 national estimates exclude Florida and 2019 national estimates exclude New Jersey. See Appendix in the full *Annual Report* (page 35) for details.

## UNITED HEALTH FOUNDATION®

### About the United Health Foundation

Through collaboration with community partners, grants and outreach efforts, the United Health Foundation works to improve our health system, build a diverse and dynamic health workforce and enhance the well-being of local communities. The United Health Foundation was established by UnitedHealth Group (NYSE: UNH) in 1999 as a not-for-profit, private foundation dedicated to improving health and health care. To date, the United Health Foundation has committed more than \$700 million to programs and communities around the world. To learn more, visit [UnitedHealthFoundation.org](http://UnitedHealthFoundation.org).



### About the American Public Health Association

The APHA champions the health of all people and all communities. The APHA strengthens the public health profession, promotes best practices and shares the latest public health research and information. The APHA is the only organization that combines a 150-year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health. Learn more at [www.apha.org](http://www.apha.org).



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