



The Impact of the COVID-19 Pandemic on Black and Hispanic Americans' Work Outcomes: a Scoping Review

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Abstract

In early 2020, it was hypothesized that COVID-19 would lead to disproportionately negative health and work outcomes for Black and Hispanic adults, but sufficient data had yet been collected to fully support this claim. Now, we have empirical evidence, but little has been done to aggregate this information to fully understand its impact on these communities. Utilizing 44 articles from a scoping review of three databases (PubMed, Web of Science, and Business Source Complete), this study seeks to identify the primary work-related risks that help explain Black and Hispanic adults' disparate COVID-19-related work outcomes (e.g., loss of hours, job disruption, stress). Findings illuminate four primary risks faced by Black and Hispanic workers: (1) being an essential worker, (2) type of work performed, (3) workplace factors; and (4) community and geographic factors. We conclude with policy recommendations that will help inform policy and practice for economic recovery from the pandemic for other marginalized populations.

Keywords Black workers · COVID-19 · Essential work · Work outcomes · Hispanic workers

Introduction

As of March 2023, three years after the initial reports of Coronavirus Disease 2019 (COVID-19), the Centers for Disease Control (CDC) reports nearly 104 million cases of infection and more than one million deaths resulting from the virus [1]. In early 2020, before the collection of national data on COVID-19 social outcomes, some social scientists hypothesized that structural racism—a hierarchical social system that produces cumulative and adverse outcomes based on race that is infused in social, political, and economic aspects of American society [2]—and racial capitalism—the systematic process of deriving social and economic value from the racial identity of a person [3]—would only exacerbate existing socioeconomic vulnerabilities and lead to greater exposure to the virus for Black and Hispanic adults [4–6]. It was suggested that the virus would have a particularly detrimental impact on Black and Hispanic populations as they disproportionately experience higher rates of chronic disease.

Empirical evidence now supports those predictions that COVID-19 infection and associated deaths would be unequally distributed across racial groups in the US. As of March 2023, Hispanic Americans account for 18.5% of the population; however, this makes up about 24.3% of infection rates and 16.8% of deaths. Likewise, Black Americans make up 12.5% of the population, yet account for 12.4% of infection rates and 12.7% of deaths [1]. According to the CDC [7], from March 2020 to January 2023, the virus also hospitalized Black persons at 2.1 times the rate of White Americans and Hispanic persons at a rate of 1.8.

Black and Hispanic adults are also more likely to have jobs that are deemed “essential” [8, 9]. These workers (e.g., grocery, food service, retail employees, personal care aides, public transportation drivers, and teachers) are not able to work from home, do not have paid sick days, and are more likely to come in close contact with the public on a daily basis. This invariably increases their risk of exposure to SARS-COV-2, the virus that causes COVID-19 [10]. Zhang and Warner [11] report that in states with higher percentages of marginalized and essential workers, there are higher infection rates, and workers are less likely to receive proper healthcare. However, not all essential work is the same. Essential occupations with higher status, such as medical doctors, are not only dominated by White workers but those

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workers are also more likely to have adequate personal protective equipment (PPE), which low-wage essential jobs often fail to secure for their workers [12].

In this study, we seek to establish an empirical understanding of how Black and Hispanic workers have been impacted by COVID-19. Given the complexity and broad nature of this topic, a scoping review is the best method to investigate relevant concepts and potential gaps in the literature [13]. By establishing a greater understanding of the literature, we aim to capture the burgeoning and latent COVID-19 work-related outcomes (e.g., loss of hours, job disruption, and COVID-related stress) for Black and Hispanic workers. From this, researchers and practitioners alike can begin to better understand and support the reality of those who continue to work within the racial structures and inequities of society throughout the pandemic. We seek to address the following questions: *What are the primary COVID-19 work-related risks that help explain Black and Hispanic adults' disparate work outcomes?* After identifying these risks, we conclude with policy and practice recommendations in response to this inquiry.

Background

Racial Capitalism, Intersectionality, and Essential Workers

Racial capitalism took shape originally in feudal Europe, as “regional, subcultural, and dialectical differences” became racial justification for the subjugation of those not in the ruling class [3:26]. A narrative of white superiority created a system in which those furthest from whiteness could be taken advantage of, or exploited. Historically, it is through this system, by way of sharecropping, the segregation of labor, dual wages, and racially exclusive unions that the exploitation of low-wage, minority workers in the United States has prospered [11]. Furthermore, housing market practices, such as redlining, urban renewal, and the refusal of loans to racially minoritized home buyers, have maintained geographical segregation between White people and minorities, limiting the quality of education and types of jobs available to historically excluded groups [14]. Today, we see evidence, along with the consequences of racial capitalism through the overrepresentation of Black and Hispanic workers in low-paying, yet essential jobs [12].

In order to understand how a race-based economy leads to low-paying essential work, one must examine the intersectional nature of race, class, gender, and language. Simultaneously, people express a multitude of identities that make them more or less susceptible to systems of

discrimination. Intersectionality was introduced as a Black feminist theory that could be used as a means to create academic scholarship aimed at addressing society’s major inequities [15] by recognizing “intersecting systems of oppression” [16]. Differences in race and other social categories determine where one is positioned in relation to those systems of oppression, and it is through these aspects of our identity (i.e., race, class, health status, and language) that oppression is crafted and reproduced [16]. While intersectionality does acknowledge the complexity of multiple identities and experiences, it also highlights the need to critique and challenge structural and systemic oppression and resulting social inequities [17]. Racialized minorities not only often struggle with racial discrimination but also may struggle with other forms of discrimination such as sexism, ageism, and ableism [16]. Those discrimination practices can be used as justifications for labeling a job as “unskilled” (e.g., fast food or grocery workers) or “in their nature” with essentialist and biological claims (e.g., women as school teachers or nurses). Such justifications devalue the worker despite their jobs being an essential part of a community’s infrastructure. Dollmann and Kogan [18] found that ethnic minorities experienced an increase in discrimination during the COVID-19 pandemic called, ‘COVID-19-associated discrimination’ as ethnic minorities, are perceived to pose a higher threat of infection transition—another racialized justification for overt discrimination.

Structural Racism and Health Disparities

Structural racism helps explain why Black and Hispanic communities have been disproportionately represented in COVID-19 infection and death rates [19]. Similar to racial capitalism, structural racism is a hierarchical social system, infused in social, political, and economical aspects of American society, that produces cumulative and adverse outcomes based on race [2]. These broad and interlocking systems create and maintain policies, practices (e.g., residential segregation and redlining), and conditions (e.g., poverty and limited access to healthcare) that increase Black and Hispanic adults’ health risks for developing chronic illnesses [5, 20].

Structural racism has impacted generations of Black Americans, and its effects are most visible in their communities. Chaney [21] connects the rate of poverty among Black Americans to the likelihood of being Black and working in a low-wage service job, “as the share of Black workers earning poverty-level wages has consistently been 1.5 times that of White workers since 1986” (p. 256). Additionally, for many Hispanic workers, spoken English proficiency has been linked to linguistic marginalization, a barrier to health care access, which also leads to health disparities [22].

Work-Related Health Outcomes of COVID-19

The discussion of Black and Hispanic adults' disparate COVID-19 outcomes is incomplete without the examination of work. With the introduction of stay-at-home orders, many companies moved their operations online, but this was not the case for everyone [23]. Many Black and Hispanic workers are linked to working in low-paying service jobs, where working from home is not an option [24]. Thus, one's race and occupation have proven to be strong determinants of exposure [25], stress [26], burnout [27], and morbidity [28].

Exposure

Work environments where workers have more face-to-face interactions with others have fueled the pandemic [23]. In Utah, for example, 76% of COVID-19 outbreaks occurred in workplaces [29]. Exposure rates at the community level also highlight racial disparities in one's ability to self-isolate, with Black and Hispanic adults more likely than White adults to live in larger households, along with a need to continue working while sick [30].

Stress

Increased exposure to the virus in the workplace and community is a strong predictor of stress [31]. Among Hispanic workers, concerns over healthcare access, employment, and mental health—areas that were already major stressors—have only been compounded by the COVID-19 pandemic [32]. Even if one manages to not get infected with COVID-19, the virus still manages to become a looming presence in one's life. For many workers, everyday work has transformed into a stressful fight for survival as the stress of working during the pandemic “affects your nerves, your mental state, your way of thinking” [33]. In the case of Black and Hispanic workers, this stress is only compounded by the work challenges they already faced before the pandemic.

Burnout

This additional stress has only aggravated pre-existing mental and physical conditions for workers and has led to employee burnout, labor shortages, and decreased productivity [34]. During the pandemic, workers have reported greater consideration of leaving the workforce [35]. This reflects the physical toll of balancing their lives, work, and the pandemic. This toll is felt differently across both gender, race, and occupation. For instance, Black and Hispanic mothers in particular spend “nearly twice as much time as men on unpaid housework” [35]. In the early days of COVID-19, Forrest et al. [27] found that 41% of all healthcare workers

were experiencing job burnout. Since, the pandemic has only continued to bring about a landfall of modifications to day-to-day work, especially within healthcare. Delays, resource shortages, and the sudden rise in telehealth have effectively put all the burden on the shoulders of workers [36].

Morbidity

Exposure, stress, and burnout all aggregate into increased likelihood of morbidity [21]. For example, 6.17% of Wisconsin's population are non-Hispanic Blacks, yet they account for 36.49% of COVID-19 deaths [36]. In 2020, in Washington state, the Hispanic population represents 13% of the population, but 44% of COVID cases, 29% hospitalizations, and 14% of deaths [32]. In California, Cummings and colleagues [37] found that COVID-19 mortality rates were highest for male, Hispanic, and Black workers, both overall and within occupational groups. Cheng et al. [38] found that counties with the highest mortality rates were also in the top quartile of percent of Black or Hispanic residents. Additionally, cases and mortality rates grew the fastest in counties with the highest percentage of Blacks and Hispanics [38]. As demonstrated here, workers' race occupation have proven to be strong determinants of exposure, stress burnout [27], and morbidity—all of which have dire impacts on the ability to continue working.

The Current Study

The purpose of this scoping review is to explore how COVID-19 has impacted work outcomes (e.g., loss of hours, job disruption, and COVID-19-related stress) for Black and Hispanic workers who already face increased health and socioeconomic risks. This review is guided by one research question: what are the primary COVID-19-related work risks that help explain Black and Hispanic adults' disparate work outcomes?

Methods

Scoping reviews are a useful research method when investigating areas that have been understudied or when there is emerging evidence on a topic [39]. Unlike a systematic review, scoping reviews focus on identifying what kind of evidence is available on a topic, how research is being conducted, and identifying gaps in the literature and directions for future research [39, 40]. A scoping review enables one to draw out important takeaways on a topic when the literature is not homogeneous. We followed the steps often utilized in scoping reviews by first determining our research question, conducting a scan of the literature, selecting the appropriate articles, analyzing, and then summarizing our findings [13].

Concerning race, articles typically identified respondents as Black, African American, or Black/African American. For Hispanic populations, they were listed as Hispanic, Latino, Latinx, or Hispanic/Latino. For simplicity of writing, we use “Black” and “Hispanic” in the writing of this manuscript.

Identifying Relevant Literature

We examined multidisciplinary databases Business Source Complete, PubMed, and Web of Science, as most preliminary research on COVID-19 exists in life and social science journals. We conducted searches using keywords related to COVID-19, race, and employment, specifically, “(Black or “African American” or Hispanic or Latin* or minority or bipoc or ethnicity) AND (covid-19 or coronavirus or ncov-2)) AND (health or heart or cardiovascular or comorbidity or “pre-existing condition*”) AND (“essential service*” or “frontline worker*” or “essential work*” or workplace or occupation*.” Our selection criteria required articles be in English, with adult samples (18+ years old) and focused on research conducted in the United States between March 2020 and August 2022.

Selection of Eligible Studies

Our selection of articles involved several steps of review. These steps included a title and abstract review, full-text review, interrater reliability, and data extraction. Selected articles must have included Black and/or Hispanic race/ethnicity and have a work-related outcome as a result of COVID-19.

Title and Abstract Review

Four authors separately combed through all of the articles yielded in our initial search. All articles were sorted based on a review of each article’s title and abstract and whether or not the article met the inclusion criteria using Zotero, a management software for bibliographic data.

Full-Text Review

We reviewed and sorted the full texts of all the articles. This served as a means to ensure articles truly met the inclusion criteria.

Interrater Reliability

Before finalizing the master list of selected articles, the authors shared sorting decisions of whether to keep, delete, or question each article’s inclusion. Consensus was reached when all authors agreed on where to sort an article.

Data Extraction

A data extraction spreadsheet was created in order to aggregate relevant data from the articles. The authors divided up the master list of articles and populated the spreadsheet separately.

Results

Identification and Selection of Articles

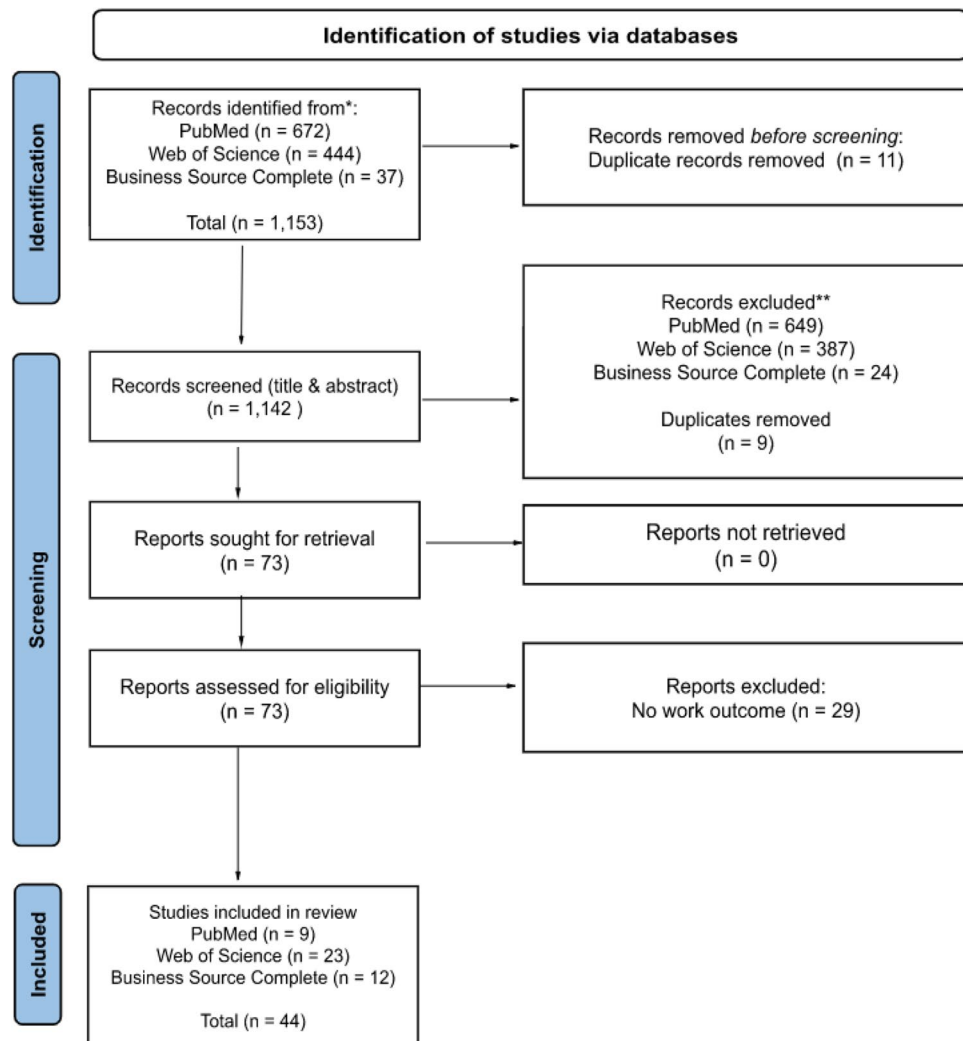
The initial PubMed search yielded 672 articles. The Web of Science search resulted in 444 articles and the Business Source Complete resulted in 37 articles. After an initial review, we found 11 duplicates that were then removed. As demonstrated in Fig. 1, our title and abstract review eliminated 1060 of the articles found. Moreover, we further removed any duplicates across all three separate databases. We retrieved the full text of 73 articles and assessed whether or not they actually discussed work-related COVID-19 health outcomes, race, participants being eighteen years or older, and if the study was done within the United States. The texts were scanned for words like work and worker. A total of 29 articles were then excluded. Our final list of 44 articles for inclusion in the review was agreed upon across researchers’ separate lists.

Descriptive Summary of Review Articles

For the purposes of our research question, we charted each study’s objective, methods used, population of interest (Black, Hispanic, and both), discipline of journal, type of work, and relevant work outcomes. We also noted the study’s results, limitations, suggested future directions for research, and conclusions, though they were not included for the sake of space (see Table 1 for a descriptive summary of the articles).

Methodological Summary

From the 44 articles examined, the literature highlights essential workers generally (19) and in specific industries: healthcare (8), agriculture (meat and farm workers) (5),

Fig. 1 PRISMA diagram of search and selection process

service workers (1) [45], accounting (1) [49], and higher education (1) [70]. Most articles included multiple races (24), examining the work outcomes of White, Black, Hispanic, and sometimes, Indigenous and Asian adults. Eight articles exclusively examined Black and Hispanic adults, seven focuses on Black adults only, and five focused on Hispanic adults only. Nine of the resulting articles employed qualitative methods in their research. Only one used focus groups [72], and only one used mixed methods [41]. The majority (29) used quantitative methods, and five articles were commentary pieces. Two examined older workers [42, 77]. Two focused on Black women exclusively [60, 70]) and one on Black fathers [31]. Only two examined the lives of sexual minorities [67, 71]. Eight articles were published in 2020, 13 published in 2021, and 23 in 2022.

Thematic Analysis

The scoping review identified four main themes relevant to the risks faced by Black and Hispanic adults and their work

outcomes: (1) being an essential worker, (2) type of work (healthcare, agriculture, foodservice, and manufacturing), (3) workplace factors (work culture, environmental health threats), and (4) community and geographic factors (e.g. geographic location and neighborhoods).

Being an Essential Worker

Essential workers constitute a population of more than fifty-five million people working in low-wage jobs [33]. At the onset of the pandemic, federal guidelines deemed essential workers necessary for the continuity of the United States' infrastructure and thus exempt from stay-at-home orders [78]. Federal guidelines broadly defined essential workers. Yet, it was at the state level that decisions were made about which workers were actually on the frontline and required to work on-site [26]. Black and Hispanic workers are not only overrepresented as essential but also are more likely to contract COVID-19 in workplace outbreaks when compared to essential workers that

Table 1 Descriptive summary of articles ($N = 44$)

Year	Author(s)	Title	Journal	Included race(s)	Method	Population of interest
2022	Abrams LR, Finlay JM and Kobayashi LC [41]	Job transitions and mental health outcomes among US adults aged 55 and older during the COVID-19 pandemic	Journals of Gerontology Series B-Psychological Sciences and Social Sciences	Multiple races	Quantitative	Older workers
2022	Andrea SB, Eisenberg-Guyot J, Blaikie KJ, et al. [42]	The inequitable burden of the COVID-19 pandemic among marginalized older workers in the United States: an intersectional approach	Journals of Gerontology Series B-Psychological Sciences and Social Sciences	Multiple races	Quantitative	Older workers
2022	Asfaw A [43]	Racial and ethnic disparities in teleworking due to the COVID-19 pandemic in the United States: a mediation analysis	International Journal of Environmental Research and Public Health	Multiple races	Quantitative	Teleworkers
2022	Asfaw A [44]	Racial disparity in potential occupational exposure to COVID-19	Journal of Racial and Ethnic Health Disparities	Multiple races	Quantitative	General population
2022	Aykanian, A [45]	The effects of COVID-19 on the mental health and job stress of frontline homelessness services workers in Texas (US)	Health & Social Care in the Community	Multiple races	Quantitative	Frontline homelessness services workers in Texas (U.S.)
2020	Baquero B, Gonzalez C, Ramirez M, et al. [32]	Understanding and addressing Latinx COVID-19 disparities in Washington State	Health Education & Behavior	Hispanic only	Quantitative	General population
2020	Bowman Williams J [46]	COVID-19 widens disparities for workers of color	ABA Journal of Labor & Employment Law	Black only	Commentary	Women of color
2022	Brown JL [47]	Addressing racial capitalism's impact on Black essential workers during the COVID-19 pandemic: policy recommendations	Journal of Racial and Ethnic Health Disparities	Black only	Commentary	Black essential workers
2022	Buerhaus PI, Staiger DO, Auerbach DI, et al. [48]	Nurse employment during the first fifteen months of the COVID-19 pandemic	Health affairs	Multiple races	Quantitative	Nurses
2022	Chavez K, Weishaar K and Cabello-Hutt T [49]	Gender and racial discrimination in hiring before and during the COVID-19 pandemic: evidence from a field experiment of accountants, 2018–2020*	Work and Occupations	Black only	Quantitative	Accountants
2022	Chicas R, Xiuhtecutli N, Houser M, et al. [50]	COVID-19 and agricultural workers: a descriptive study	Journal of Immigrant and Minority Health		Quantitative	General population

Table 1 (continued)

Year	Author(s)	Title	Journal	Included race(s)	Method	Population of interest
2021	Clay LA and Rogus S [51]	Impact of employment, essential work, and risk factors on food access during the COVID-19 pandemic in New York State	International Journal of Environmental Research and Public Health	Multiple races	Quantitative	Agricultural workers
2021	Cooper SM, Thomas A and Bamishigbin O [31]	Black American fathers employed in higher-risk contexts for contracting COVID-19: implications for individual wellbeing and work-family spillover	American Journal of Men's Health	Black only	Quantitative	Black fathers
2021	Coté D, Durant S, MacEachen E, et al. [52]	A rapid scoping review of COVID-19 and vulnerable workers: intersecting occupational and public health issues	American Journal of Industrial Medicine	Multiple races	Qualitative	General population
2021	Crooks N, Smith A and Lofton S [53]	Building bridges and capacity for Black, Indigenous, and scholars of color in the era of COVID-19 and Black Lives Matter	Nursing Outlook	Multiple races	Qualitative	Black, indigenous, and scholars of color
2021	Delaney RK, Locke A, Pershing ML, et al. [35]	Experiences of a health system's faculty, staff, and trainees' career development, work culture, and childcare needs during the COVID-19 pandemic	JAMA Network Open	Multiple races	Quantitative	Healthcare workers
2022	Duff MC [54]	What COVID-19 laid bare: adventures in workers' compensation causation	San Diego Law Review	Multiple races	Commentary	General population
2022	Frogner BK and Dill JS [55]	Tracking turnover among health care workers during the COVID-19 pandemic a cross-sectional study	JAMA Health Forum	Multiple races	Quantitative	Healthcare workers
2022	Gemelas J, Davison J, Keltner C, et al. [56]	Inequities in employment by race, ethnicity, and sector during COVID-19	Journal of Racial and Ethnic Health Disparities	Multiple races	Quantitative	General population
2021	Goldman N, Pebley AR, Lee K, et al. [25]	Racial and ethnic differentials in COVID-19-related job exposures by occupational standing in the US	PLOS One	Multiple races	Quantitative	General population
2021	Gwynn RC [57]	Health inequity and the unfair impact of the COVID-19 pandemic on essential workers	American Journal of Public Health	Black and Hispanic only	Commentary	General population

Table 1 (continued)

Year	Author(s)	Title	Journal	Included race(s)	Method	Population of interest
2020	Handal AJ, Iglesias-Ríos L, Fleming PJ, et al. [58]	“Essential” but expendable: farmworkers during the COVID-19 pandemic—the Michigan farmworker project	American Journal of Public Health	Black and Hispanic only	Qualitative	Agricultural workers
2021	Hardy B, Hokayem C and Roll S [59]	Crashing without a parachute: racial and educational disparities in unemployment during COVID-19	Annals of the American Academy of Political and Social Science	Black and Hispanic only	Quantitative	General population
2020	Hawkins, D [23]	Differential occupational risk for COVID-19 and other infection exposure according to race and ethnicity	American Journal of Industrial Medicine	Multiple races	Quantitative	General population
2021	Holder M, Jones J and Masterson T [60]	The early impact of Covid-19 on job losses among Black women in the United States	Feminist Economics	Black only	Quantitative	Black women
2022	Jordan SR, Daddato AE, Patel HP, et al. [61]	Forgotten frontline workers: Environmental health service employees’ perspectives on working during the COVID-19 pandemic	Journal of Hospital Medicine	Multiple races	Qualitative	General population
2022	Kaushal N, Lu Y and Huang X [62]	Pandemic and prejudice: results from a national survey experiment	PLOS One	Multiple races	Quantitative	General population
2022	Keeney Annie J., Quandt A, Flores D, et al. [41]	Work-life stress during the coronavirus pandemic among latina farmworkers in a rural California region	International Journal of Environmental Research and Public Health	Hispanic only	Mixed methods	Agricultural workers
2022	Keeney Annie Jane, Quandt A, Villaseñor MD, et al. [63]	Occupational stressors and access to COVID-19 resources among commuting and residential Hispanic/Latino farmworkers in a US-Mexico border region	International Journal of Environmental Research and Public Health	Hispanic only	Quantitative	Agricultural workers
2022	Klugman M, Patil S, Gany F, et al. [64]	Vulnerabilities in workplace features for essential workers with breast cancer: implications for the COVID-19 pandemic	Work	Multiple races	Quantitative	Essential workers with breast cancer
2022	Krumel TPJr, Goodrich C, Sun R, et al. [65]	Linking employment and death: measuring the structural disparity in COVID-19 deaths for non-telework essential workers	Journal of Economic Analysis & Policy	Black and Hispanic only	Quantitative	Non-telework essential workers

Table 1 (continued)

Year	Author(s)	Title	Journal	Included race(s)	Method	Population of interest
2022	Lytelton T and Zang E [66]	Occupations and sickness-related absences during the COVID-19 pandemic	Journal of Health and Social Behavior	Black and Hispanic only	Quantitative	General population
2021	Martino RJ, Krause KD, Griffin M, et al. [67]	Employment loss as a result of COVID-19: a nationwide survey at the onset of COVID-19 in US LGBTQ+ populations	Sexuality Research & Social Policy: Journal of NSRC: SR & SP	Multiple races	Quantitative	LGBTQ+ populations
2021	Matthews TA, Chen L, Chen Z, et al. [68]	Negative employment changes during the COVID-19 pandemic and psychological distress evidence from a nationally representative survey in the US	Journal of Occupational and Environmental Medicine	Multiple races	Quantitative	General population
2020	McClure ES, Vasudevan P, Bailey Z, et al. [12]	Racial capitalism within public health-how occupational settings drive COVID-19 disparities	American Journal Of Epidemiology	Black only	Qualitative	General population
2022	Mercado M, Wachter K, Schuster RC, et al. [69]	A cross-sectional analysis of factors associated with stress, burnout and turnover intention among healthcare workers during the COVID-19 pandemic in the United States	Health & Social Care In The Community	Multiple races	Quantitative	Healthcare workers
2022	Njoku A and Evans M [70]	Black women faculty and administrators navigating COVID-19, social unrest, and academia: challenges and strategies	International Journal of Environmental Research and Public Health	Black only	Commentary	Black women in higher education
2021	Riggle EDB, Drabble LA, Boichichio LA, et al. [71]	Experiences of the COVID-19 pandemic among African American, Latinx, and White sexual minority women: a descriptive phenomenological study	Psychology of sexual orientation and gender diversity	Multiple races	Qualitative	Sexual minority women
2022	Rivera-Nunez Z, Jimenez ME, Crabtree BF, et al. [72]	Experiences of Black and Latinx health care workers in support roles during the COVID-19 pandemic: a qualitative study	PLOS One	Black and Hispanic only	Qualitative	Healthcare workers
2022	Salinas JL and Salinas M [73]	Systemic racism and undocumented Latino migrant laborers during COVID-19: a narrative review and implications for improving occupational health	Journal of Migration and Health	Hispanic only	Qualitative	Healthcare workers

Table 1 (continued)

Year	Author(s)	Title	Journal	Included race(s)	Method	Population of interest
2021	Salsberg E, Richwine C, Westergaard S, et al. [74]	Estimation and comparison of current and future racial/ethnic representation in the US health care workforce	JAMA Network Open	Multiple races	Quantitative	Healthcare workers
2020	Selden TM and Bertahl TA [75]	COVID-19 and racial/ethnic disparities in health risk, employment, and household composition	Health Affairs	Multiple races	Quantitative	General population
2020	Sterling MR, Tseng E, Poon A, et al. [76]	Experiences of home health care workers in New York City during the coronavirus disease 2019 pandemic: a qualitative analysis	JAMA Internal Medicine	Black and Hispanic only	Qualitative	Healthcare workers
2020	Williams JC, Anderson N, Holway T, et al. [8]	Reopening the United States: Black and Hispanic workers are essential and expendable again	American Journal of Public Health	Black and Hispanic only	Quantitative	General population

identify as other races and ethnicities [29]. Black and Hispanic essential workers also reported the highest and second highest per-capita excess mortality, respectively [79].

Type of Work

The type of work Black and Hispanic workers take part in only further exacerbates their disparate COVID-19-related outcomes [19]. For example, healthcare workers were found to be more impacted by early COVID-19 infections [80]. In a qualitative study of diverse older adults, Andrea and colleagues [77] found older adults of color are differentially exposed to COVID-19.

In industries that returned to work early and in those that never ceased operations, workers were hit particularly hard. High-contact industries (meat processing, manufacturing, construction, etc.), where the chance of worksite transmission is likely to be higher, were some of the first to reopen [28]. Other types of work, such as healthcare (first responder, nurse, and aides), food preparation and service, transportation and logistics, department stores, maintenance, installation, and repair roles [23, 73, 81], all require face-to-face contact with the public and subsequent potential exposure to COVID-19 [82]. Black people are disproportionately represented in these types of work [77].

Williams et al. [8] found Black and Hispanic adults were twice as likely as White adults to work in frontline healthcare jobs. Notably, nurses represented a disproportionate share (30%) of COVID-19 cases across other healthcare occupation types [48]. Forrest et al. [27] found that 91.3% of healthcare workers that were exposed to COVID-19 were exposed at work. COVID-19 seroprevalence, or levels detected in one's blood, was found to be higher among healthcare workers in COVID-19 units [83]. Further, Sterling and colleagues [76] suggest that home healthcare workers, residential care facility workers, and those working with elderly patients are increasingly more vulnerable during the pandemic.

Researchers have found that in industries such as construction, manufacturing or production, agriculture, food processing, and waste management, workers are exposed to hazardous, crowded conditions that do not support adequate social distancing interventions and access to and use of personal protective equipment (PPE) and other support are limited [73, 84]. The food service industry has also reported higher cases when compared to others [69]. In the agricultural industry, farm and meat workers were expected to work during shelter-in-place orders [73]. Similarly, construction workers were among the first to resume work [28].

Masks are often not conducive to the difficult, labor-intensive work done by many essential workers [26]. Black and Hispanic workers continue to be overrepresented in all of these types of work [8]. At least 30% of construction

workers identify as Hispanic, a number much larger than the share of the national demographic [8].

Workplace Factors

Work Culture

Workplace culture and policies, or the lack thereof, play a role in the risk of exposure to COVID-19. Workplace mitigation tactics, such as mask mandates, the creation of consistent work teams, and installing physical barriers, can be impactful when it comes to mitigating risk [84]. Mercado and colleagues [69] found a 50% decrease in COVID-19 transmission when safety measures were taken. However, in the absence of such measures, it is suggested that racial and ethnic minorities take on the burden of larger health disparities when compared to their White counterparts [28].

These high-risk jobs come with greater risk than just being exposed to COVID-19. Black and Hispanic workers in essential and frontline jobs have been impacted by a culture of decreased physical and mental health [72]. The precarious nature of frontline industries has become palpable for these workers, their families, and their housing situations [19, 26] as these workers are often reliant on a limited income to support themselves and their families. Bui et al. [29] found Black and Hispanic workers are more likely to be subject to punitive or unpaid sick leave policies, lack telework options, and have less flexibility in their work schedules. Economic pressures, concerns about financial risks, and the fear of job and income loss have perpetuated a situation where the type of work they do has forced some workers to continue showing up to work despite becoming ill with COVID-19 themselves [19].

Cervantes et al. [26] concurs by exploring how among Hispanic individuals, the fear of being fired for not showing up to work, even when suffering from symptoms of COVID-19, often left them with no choice but to work. Among undocumented immigrants, a culture of fear of deportation leaves them at the mercy of their employers [26], and shortages of PPE have left the vulnerable even more at risk. In a study of Nebraska meat processing workers, some of which were not provided PPE, despite making up 67% of confirmed COVID-19 cases, 73% of those hospitalized, and 86% of deaths reported were of those that identified as Hispanic [84].

COVID-19 has made already stressful jobs almost untenable. For instance, in acute and critical care settings of healthcare, with long-hour work norms, staff are facing increased risk of burnout [34]. Work-related COVID-19 outcomes from a job's policies and culture carry over into workers personal lives [36]. Cooper et al. [31] traced perceived COVID-19 work risk with symptoms of depression and anxiety, as well as sleep disturbance. Demands from

employers to resume work during shelter-in-place orders put essential workers in the agricultural and construction industries at increased risk for COVID-19 and endangered their families [8]. Mercado et al. [69] uncovered that “enacting workplace safety policies and providing paid sick leave could protect essential workers,” (p. 1). Until then, Black and Hispanic workers continue to be susceptible to disparate negative COVID-19 outcomes.

Community and Geographic Factors

In healthcare settings, due to prevention practices, Jacob et al. [85] found that it was not workplace factors, but instead community contact with COVID-19 that led to increased risk of being positive for COVID-19. Community-related factors impact Black and Hispanic populations, like larger household sizes [30, 82], residential segregation [38], and neighborhood poverty levels [24, 82]. Nonetheless, being exposed to COVID-19 outside of work and then going to work still makes this relevant in our consideration of how Black and Hispanic workers face disparate COVID-19 work-related health outcomes.

The studies used different approaches to analyzing COVID-19 data, with some focusing on the city level, looking at Baton Rouge [80], Denver [30], Austin, [28], and New York City [24]. By tracking and analyzing cases, hospitalization admissions, and deaths, these studies highlight how COVID-19 disproportionately impacted Black and Hispanic persons in major United States cities. Black and Hispanic adults residing in poorer neighborhoods were found to work in low-income jobs, where social distancing was likely to be adhered to [24].

Some researchers took a different approach, looking at communities defined by occupation. For example, Baker et al. [86] looked at healthcare workers in one healthcare system, where being Black was found to increase a worker's chance of being seropositive with SARS-CoV-2. In the realm of firefighters, paramedics, and emergency services, Caban-Martinez et al. [87] found that COVID-19 vaccine acceptability varied across regions of the United States.

The intersection of race and rurality further highlights disparities affecting Black and Hispanic communities. At the county level, Cheng et al. [38] found that COVID-19 mortality rates were highest in rural counties with higher percentages of Black and Hispanic populations. Quandt et al. [88] compared the experiences of Hispanic farmworker and non-farmworker families in North Carolina, finding fewer workplace protections for farmworkers. Additionally, rural counties with meatpacking plants witnessed infection rates five times higher than that of the rest of rural counties in the United States [38].

Some studies focused their research at the state level. As aforementioned, states individually determined which workers

were “essential” and exempt from stay-at-home orders [26]. In Michigan, Wu et al. [82] found that Black residents were more likely to report lower income, chronic diseases, and having been diagnosed with COVID-19. For Massachusetts, the strongest predictor of COVID-19 cases was the proportion of “foreign-born noncitizens” [89]. In California, [79] found that occupations in agriculture and transportation saw the highest levels of mortality. The results illustrate that in order to appropriately assess and meet the needs of Black and Hispanic workers, one must consider status as an essential worker, the type of work they do, where they live and work, and immigrant status. All of these factors converge in predicting the risk of Black and Hispanic workers being exposed to disparate COVID-19 work outcomes.

Discussion and Conclusion

Using a scoping review to grasp the core of the burgeoning relationship between COVID-19 and work outcomes, this study had two aims. The first aim was to identify the primary work-related risks that help explain Black and Hispanic adults’ disparate COVID-19 outcomes. Second, given the large body of research that identifies the negative consequences of structural racism and racial capitalism on Black and Hispanic communities, we seek to inform policy and practice for economic recovery from the pandemic for other marginalized populations.

Findings

To our knowledge, this analysis of 44 articles that specially explore the effects of COVID-19 on Black and Hispanic working adults work outcomes is unprecedented. While most research focuses on the determinants and deleterious effects of COVID-19 on Black and Hispanic’s health, education, or income outcomes [90], there is a paucity of studies that seeks to understand the compounding and consequential effects of the intersecting factors (e.g., race, SES, health status, occupational status, geographic location, language, and immigrant status) and sociopolitical elements (structural racism and racial capitalism) that position Black and Hispanic workers not only as low-wage essential workers, but adults at greater risk for chronic illness and early mortality [91]. These findings provide empirical evidence to support social scientists that sounded the alarm that the United States is experiencing dual pandemics: racism and COVID-19 [19] both of which combine to be the greatest public health crisis and threat to the economy in modern times. This study demonstrates that theories of structural racism and racial capitalism may be employed to explain variation in various sociodemographic factors and health determinants such as greater and more dire death, hospitalization, and infection

rates related to COVID-19 for Black and Hispanic families—all which have negative consequences for workability.

Limitations

Although the study has strong findings, it also has limitations. The review did not provide literature which examined deeper nuances of work such as domestic labor, volunteerism, unpaid work, or entrepreneurship. We could not delve into status differences such as gender as the literature did not provide enough empirical support to identify gender as a salient theme of exploration. Despite these limitations, given our broad nature of the review, we have provided a foundation for researchers and policymakers to make informed decisions about the next exploration of this topic, including the financial impacts of these negative work outcomes [92, 93].

Theoretical Implications

This study centered two theoretical perspectives, structural racism and racial capitalism, to demonstrate how capitalism, exploitation, and racism condition the effect of COVID-19 on work outcomes for racially marginalized workers. Black and Hispanic adults have greater health challenges, less education, fewer financial resources, and experience more discrimination than their White counterparts. Nevertheless, Black and Hispanic essential workers risk exposure to COVID-19 to maintain their employment status, even as they earn low wages with no or limited access to healthcare [86]. It was also necessary to use intersectionality as a complementary framework to help understand how it is not by chance, coincidence, or self-selection that Black and Hispanic adults are in this situation. Structural racism is created and maintained at societal levels (e.g., poverty and residential segregation), but experienced at the interpersonal (discrimination and prejudice) and institutional level (e.g., education, judicial, and healthcare systems) to disadvantage Black and Hispanic people though every day and normative systems of racism and classism.

Workplace and Policy Recommendations

In March 2020, employers had to immediately pivot to remote work, close down, or shift the social organization of their work process. With the introduction of the COVID-19 vaccination in 2021 and more availability of personal protective equipment, many workplaces have returned to some semblance of their operations prior to the global pandemic. However, essential workers are still at the frontline and face the most negative consequential effects of the pandemic but are often ignored. For example, social service and K-12

educational workplaces are often left out of the literature, though there's reason to believe these are also high-risk sites for exposure [28]. Policymakers should assess the unique experiences of these workers that are critical to supporting family structure, centering social, educational, and medical supports as a part of family support and care systems.

As we highlight the importance of an intersectional analysis, we critique the nature in which these articles treated Black and Hispanic essential workers as homogeneous groups. There was limited mention of immigrant workers (especially the significance of first and second generation immigrants) or Black or Hispanic ethnic distinctions (e.g., Jamaican American and Cuban American). Further, immigrants, those already subjected to exploitation and racial violence, are especially at risk in the face of climate change and environmental disasters, like hurricanes and wildfires, which only increases their health and work vulnerabilities [88]. Additionally, there were none or a paucity of articles that spoke to the diverse experiences of LGBTQ+, physically and mentally challenged, single parents, or older Black and Hispanic adults. For instance, Dias et al. [94] push us to consider how gender inequality and parental status impacts layoffs, as employers are less likely to layoff fathers following the outbreak. It is important to disaggregate these populations who have unique challenges beyond race. Programs and policymakers should consider the short- and long-term effects of COVID-19 on these groups who have increased risks to health and employment.

Centering essential workers is an extremely important framing to analyze the impacts of working in “bad jobs” [95] during a global pandemic; however, the pandemic has positively increased new job opportunities in the gig economy [96]. Online, on-demand, and digital selling economic platforms have helped home-bound and risk-averse consumers manage COVID-19 and increased the flexibility of the workforce, opening up more opportunities but increasing the precarity of the work schedule and income for gig workers [97]. Policymakers need to invest in more research on this growing job category and supply stronger support for workers experiencing increased precarious employment under the gig economy. There is still much to understand about the short- and long-term effects of COVID-19 on the health and workforce engagement of racial minorities. This study provided a crucial first step to gathering evidence to inform and support community- and government-based supports.

Author Contribution For this review article, the lead author, A, conceptualized the paper. All authors performed the literature search, data analysis, and drafted the manuscript. Authors B, C, and E created the PRISMA Diagram. Author A critically revised the work when draft was complete

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Data Availability The authors confirm that the data supporting the findings of this study are available in Table 1 with in the article.

Declarations

Ethics Approval This is a review study. The University of North Carolina Charlotte Research Ethics Committee has confirmed that no ethical approval is required.

Consent to Participate This is not required in this study.

Consent to Publish This is not required in this study.

Competing Interests The authors declare no competing interests.

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