

INEQUALITY IN A GLOBAL CRISIS: GENDER



Nonprofit organizations, which depend on philanthropic support from the community to carry out their critical missions, will continue to be affected by the short- and long-term impacts of COVID-19. The constituencies they assist will be impacted differently based on race, class, gender, disability and a multitude of other descriptors.

The implications of COVID-19 cannot be generically applied to all constituencies. Some constituencies are suffering at a far higher rate than others and philanthropists are looking for more than a “one-size fits all” solution.

While recognizing that gender-based discrimination existed long before the coronavirus pandemic, this document provides an overview of how its effects are compounded by the current crisis and what solutions are being suggested.

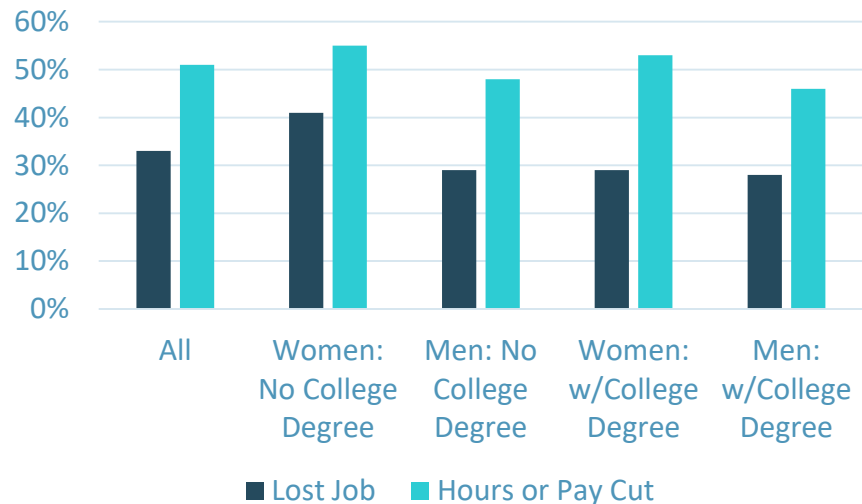
This material is based in the cisgender data available. At this time there isn't enough data for summary/solutions for non-binary or non-conforming people.

KEY TAKEAWAYS FROM EXISTING RESEARCH

Philanthropists who incorporate gender as a key component of their decision-making help amplify the impact of the current crisis on women. Doing so ensures this marginalized constituency remains a priority in uncertain times.

- Globally, women comprise 76% of the health care workforce. Health care workers make up roughly 10% of COVID-19 cases.
- Industries that employ significant numbers of women – hospitality and the service sector – have been gutted by the coronavirus recession. These sectors comprise 2/3 of “minimum wage” employees in the U.S. who are most vulnerable to being laid off.
- Reports of domestic violence have increased internationally during stay-at-home orders, disproportionately affecting women. United Nations Secretary General António Guterres focused international attention on this issue when he tweeted: “I urge all governments to put women’s safety first as they respond to the pandemic.”
- Less than 5% of all nonprofit organizations in the United States focus solely on meeting the unique needs of women and girls.
- Only 1 ½ cents of every philanthropic dollar raised in the United States supports girls’ and women’s causes.

ECONOMIC IMPACT BY GENDER



WOMEN APPROACH PHILANTHROPY DIFFERENTLY. THEY:

- Make decisions from a position of empathy, based on relationships.
- Seek opportunities to collaborate and build partnerships.
- Look for ways to invest that will effect systemic change.
- Influence a couple’s philanthropic decision-making 84% of the time.
- Volunteer to make an impact through action as well as philanthropy.

INEQUALITY IN A GLOBAL CRISIS: GENDER



COMMIT TO STOPPING STIGMA AND BUILDING COMMUNITY RESILIENCY BY:



1. Sharing the need for social and financial support for marginalized groups.



2. Maintaining privacy and confidentiality of those seeking healthcare.



3. Quickly communicating the risk or lack of risk associated with products, people, and places.



4. Raising awareness about COVID-19 without increasing fear.



5. Sharing accurate and accessible information about how the virus spreads.



6. Speaking out against negative behaviors and the exclusion of marginalized groups.



7. Being cautious about the images that are shared to avoid reinforcing stereotypes.



8. Engaging with marginalized groups in person and through social media.



9. Thanking healthcare workers, responders, and those providing essential services.



10. Nonprofit leaders: having discussions with your board about the relationship between justice/equity and your mission.

RESOURCES

- [Asian Pacific Policy and Planning Council](#)
- [Centers for Disease Control and Prevention](#)
- [Hand in Hand Fair Care Pledge](#)
- [Nonprofit Quarterly](#)
- [Nonprofit Quarterly](#)
- [Nonprofit Quarterly](#)
- [Pod Save the People](#)
- [The Associated Press](#)
- [The Atlantic](#)
- [The Evidence Base](#)
- [The Los Angeles Times](#)
- [The National Domestic Workers Alliance Coronavirus Care Fund](#)
- [The New York Times](#)
- [The New York Times](#)
- [The New York Times](#)
- [The Root](#)

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INEQUALITY IN A GLOBAL CRISIS:

Homeless and Economically Insecure Populations



Nonprofit organizations, which depend on philanthropic support from the community to carry out their critical missions, will continue to be affected by the short- and long-term impacts of COVID-19. The constituencies they assist will be impacted differently based on race, class, gender, disability and a multitude of other descriptors.

The implications of COVID-19 cannot be generically applied to all constituencies. Some constituencies are suffering at a far higher rate than others and philanthropists are looking for more than a “one-size fits all” solution.

While recognizing that homelessness and economic insecurity existed long before the coronavirus pandemic, this document provides an overview of how its effects are compounded by the current crisis and what solutions are being suggested.

KEY STATISTICS

38.1 million people live in poverty in the U.S.

- 27.5 million lack access to health insurance
- 6.5 million have housing cost burdens of over 50% of their income

567,715 people experience homelessness in the U.S.

- 200,000 live unsheltered (open to the elements)
- 70% are individuals and 30% are families
- 70% are male, 29% are female, and 1% are transgender or gender non-conforming
- 17% are chronically homeless, 7% are veterans, and 6% are under 25 years old
- People of color experience higher rate of homelessness than white Americans and their average representation in the national population

400,000

- The number of new housing units needed to prevent the spread of the virus and care for the sick

KEY TAKEAWAYS FROM EXISTING DATA

Homeless and economically insecure populations, with limited access to safe and stable shelter, healthcare, or resources like the internet, bear the brunt of societal crises. During COVID-19, many human services organizations are working around the clock to address the many immediate needs of these most vulnerable populations. A long term recovery solution is necessary and should address systemic issues creating inequalities faced by both groups. Philanthropists can help address these issues in the following ways:

- **Gap Funding:** Human service organizations are forced to reduce shelter capacity to maintain social distancing and come up with clever solutions to prevent the spread of the disease. This is creating additional, more complex operations for these organizations, requiring additional funding. While the CARES Act and FEMA made more funds available for human service organizations to assist the homeless during the pandemic and eased the process for obtaining government grants, homeless services systems do not have enough resources to fully meet the needs of everyone experiencing homelessness. Philanthropic dollars can help organizations fill the current operating budget gap.
- **Long-term Funding:** Over 38 million Americans are unemployed due to the pandemic. Families that are economically insecure feel the worst impacts of the crisis. While the CARES Act sent a stimulus check to every taxpaying family and many states placed a moratorium on evictions, these measures are temporary. In addition, human services organizations that often address these at-risk populations are not fully incorporated into local, long-term economic recovery plans. Philanthropists can help address these needs by funding human services organizations’ long-term recovery efforts.
- **Advocacy:** The COVID-19 pandemic highlights the gravity of the homelessness problem in the United States. As we think about how to handle pandemics in the future, reducing homelessness must be part of that plan. This will be critical in protecting the most vulnerable from infection and will prevent homeless members of our society from being in situations where they are more likely to be exposed to viruses. Additionally, we must work toward addressing the economic insecurity faced by many families in the United States every day, which put them at greater risk of homelessness during societal crises. Philanthropists can help by advocating for long-term policy solutions and by supporting organizations that address these inequalities head on.

INEQUALITY IN A GLOBAL CRISIS:

Homeless and Economically Insecure Populations



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RESOURCES

- [The Atlantic](#)
- [The New York Times](#)
- [The New York Times](#)
- [The New York Times](#)
- [The New York Times](#)
- [The New York Times](#)
- [National Alliance to End Homelessness](#)
- [National Alliance to End Homelessness](#)
- [National Alliance to End Homelessness](#)
- [Cal Policy Lab](#)
- [National Alliance to End Homelessness](#)
- [Nonprofit Quarterly](#)
- [Nonprofit Quarterly](#)

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INEQUALITY IN A GLOBAL CRISIS: LGBTQ+ POPULATION



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While recognizing that gender and sexuality-based discrimination existed long before the coronavirus pandemic, this document provides an overview of how its effects are compounded by the current crisis and what solutions are being suggested.

KEY TAKEAWAYS FROM EXISTING DATA

- Local, national, and international events like annual pride parades and music and dance festivals that gather the LGBTQ+ community and solidify a sense of community and belonging have been canceled.
- Certain health indicators across LGBTQ+ populations, including smoking and cancer rates, are indicators of higher Covid-19 incidences.
- Some LGBTQ+ youth are forced to live with families of origin, where they are often closeted or face hostile and violent behavior in response to their sexual orientation or gender identity.
- The increased isolation of LGBT people during stay-at-home orders could lead to increased suicide rates, which are already disproportionately high for LGBTQ+ individuals.
- In many communities, LGBTQ+ people face discrimination and barriers to access in healthcare. Discriminatory attitudes among healthcare workers lead LGBTQ+ people to avoid or delay accessing healthcare.
- Discrimination in employment markets and higher rates of job loss are resulting in a disproportionate amount of uninsured LGBTQ+ workers.
- Some religious conservative groups in the U.S. and other countries are perpetuating historical stigma by blaming the coronavirus crisis on the LGBTQ+ community, putting LGBTQ+ individuals at higher risk for incidences of hostility and violence.
- Many local and national nonprofit organizations serving the LGBTQ+ population in the U.S. are reporting profound trouble with fundraising due to the financial impacts of coronavirus.

LESSONS FROM THE AIDS/HIV EPIDEMIC

- 
- A graphic of a magnifying glass with a black handle and a white lens, positioned vertically on the left side of the list. The lens is at the top, and the handle extends downwards, passing through the center of each text box.
- Life has to be adjusted for coexistence with the virus and new cultural norms have to be established.
 - Anxiety, uncertainty, and stigmas need to be acknowledged and addressed.
 - Education, conversation, and the spread of accurate information tailored to specific communities is critically important.
 - Community activism and collaboration can facilitate fundraising and healthcare solutions.
 - A sense of greater responsibility and community can emerge.

INEQUALITY IN A GLOBAL CRISIS: LGBTQ+ POPULATION



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10. Nonprofit leaders: having discussions with your board about the relationship between justice/equity and your mission.

RESOURCES

- [Washington Blade](#)
- [Daily Beast](#)
- [Time](#)
- [MSNBC](#)
- [Forbes](#)
- [The Conversation](#)
- [BBC News](#)
- [Vice](#)
- [Vice](#)
- [The New Yorker](#)
- [NPR](#)
- [The San Francisco Chronicle](#)
- [USA Today](#)
- [Human Rights Campaign](#)
- [GLADD](#)
- [Family Equality](#)
- [Bayard Rustin Center for Social Justice](#)
- [National Center for Lesbian Rights](#)

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INEQUALITY IN A GLOBAL CRISIS: PEOPLE WITH DISABILITIES

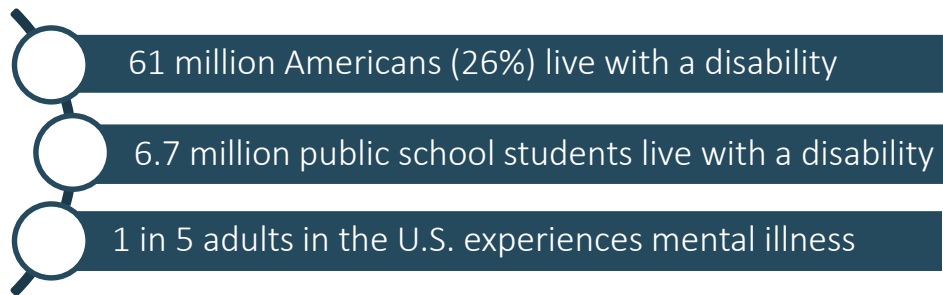


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While recognizing that disability-based discrimination existed long before the coronavirus pandemic, this document provides an overview of how its effects are compounded by the current crisis and what solutions are being suggested.

KEY STATISTICS



Disabilities can impact mobility, cognition, the ability to live independently, vision, hearing, or the ability to care for oneself.

KEY TAKEAWAYS FROM EXISTING DATA

Over a quarter of the U.S. population lives with one form of disability or another. Individuals with disabilities face tremendous challenges in this time of crisis. Healthcare professionals, responders, and philanthropists can help in the following ways:

- **Address the shortage of life-saving medical equipment:** While not inherently at a greater risk of contracting COVID-19, individuals with disabilities are concerned they would be denied life-saving medical procedures should they contract COVID-19 due to a shortage of equipment in institutions. In these cases, individuals with disabilities may be denied treatment due to implicit bias among medical professionals and state emergency protocols that prioritize individuals considered otherwise “fit and healthy”.
- **Prevent the disruption of essential services:** Individuals with disabilities and their families often rely on in-home and community support services to live comfortably day to day. In addition, students need adapted educational plans and adults need steady employment and accessible workplaces. With stay-at-home orders and a shortage of personal protective equipment, individuals with disabilities are concerned that these essential support services will be disrupted during the crisis, severely impacting their health, safety, dignity, and independence.
- **Guarantee the accessibility of information:** Individuals with disabilities should be kept informed of all developments related to COVID-19. A lack of accessible information limits the reach of critical information. Communications should be live-captioned and have a sign language interpreter. Websites need to be accessible for those who utilize accessibility devices, and language should be plain and simple to maximize understanding.
- **Increase the availability of mental health resources:** Experts have warned that extended periods of confinement, high rates of unemployment, and stressful work on the frontlines of the crisis are creating a mental health crisis that our country is unequipped to address. The Didi Hirsch Suicide Hotline in Los Angeles fielded 1,800 calls in March, versus 20 in February. It is important that mental health organizations have enough support to expand their operations in the weeks and months ahead.

Note: Research shows that there are different preferences regarding appropriate terminology, but generally, it is appropriate to use “people first” language, such as “people who are visually impaired” or “an individual who uses a wheelchair.”

INEQUALITY IN A GLOBAL CRISIS: PEOPLE WITH DISABILITIES



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RESOURCES

- [The Atlantic](#)
- [The Council of State Governments](#)
- [The Wall Street Journal](#)
- [The Boston Globe](#)
- [The Los Angeles Times](#)
- [Rand Corporation](#)
- [Human Rights Watch](#)
- [John Hopkins University](#)
- [The Wall Street Journal](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [Center for Disease Control \(CDC\)](#)
- [RespectAbility](#)

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INEQUALITY IN A GLOBAL CRISIS: RACE AND ETHNICITY



Nonprofit organizations, which depend on philanthropic support from the community to carry out their critical missions, will continue to be affected by the short- and long-term impacts of COVID-19. The constituencies they assist will be impacted differently based on race, class, gender, disability and a multitude of other descriptors.

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While recognizing that race and ethnicity-based discrimination existed long before the coronavirus pandemic, this document provides an overview of how its effects are compounded by the current crisis and what solutions are being suggested.

KEY TAKEAWAYS FROM EXISTING DATA

HEALTH - Black Americans have historically higher incidences of cardiovascular disease, diabetes, chronic respiratory disease, hypertension, and cancer, which are the underlying conditions most likely to increase chance of death with COVID-19. Incarcerated and homeless populations have a high circumstantial risk of developing COVID-19. Black Americans comprise 40% of people experiencing homelessness, three times their representation in the U.S. population. Black and Brown people make up 56% of the prison population, double their representation in the U.S. population.

FINANCE - 1% of Black-owned businesses secure bank loans in the first year compared with 7% of white-owned businesses. Twice as many white business owners access credit cards in their first year. Black and Brown-owned businesses are being excluded from relief efforts when banks administer crisis relief to those with established loans or lines of credit.

LABOR - Latinx workers fill a large share of construction jobs, and Black workers are overrepresented in the service sector. Only 19.7% of Black workers and 16.2% of Latinx workers are able to telework. Prior to the coronavirus, 25% of the domestic workforce lived below the poverty line. A current study suggests 72% of Latinx domestic workers report unemployment.

GEOGRAPHY - Low-income neighborhoods in the U.S. where Black, Brown, and indigenous populations have been historically crowded into urban areas and reservations due to discriminatory policies are most severely impacted by the spread of coronavirus.

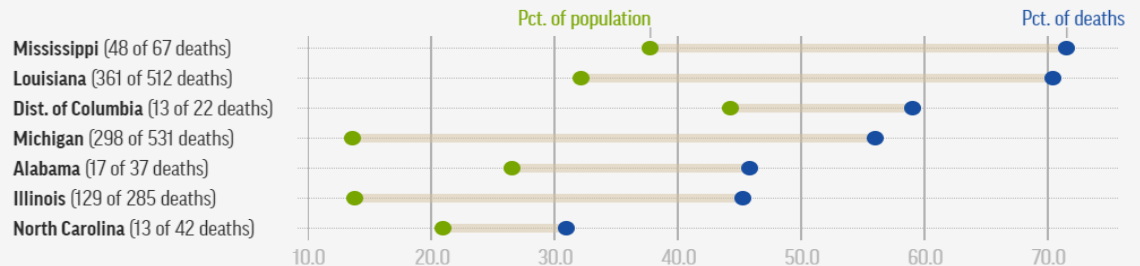
STIGMA - According to a survey conducted by USC on coronavirus and public perception, 14% of Asian Americans, 10% of non-Hispanic black Americans, and 6% of Hispanic Americans are more likely to experience discrimination, compared to 4% of White Americans. Other Asian Americans from Korea, Vietnam, the Philippines, and elsewhere are facing discriminatory threats by misguided association.

SOLUTIONS - Hospital capacity, treatment, rapid testing, safety nets, tracking, and translation should be expanded with a focus on marginalized groups. Protections for essential workers must also be expanded. Philanthropists can support black and brown-owned businesses by directly investing foundation assets, supporting worker-owned businesses, funding equitable growth, and investing in diversity and equitable skills training.

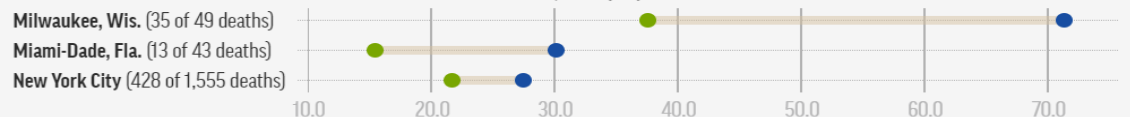
COVID-19 has disproportionately affected black people

African Americans account for more than 40% of COVID-19 deaths in the U.S. where the race of victims has been made publicly known. Data from states, cities and counties show black people are regularly overrepresented compared to their share of the population:

When the race of COVID-19 fatalities were known in states, black people accounted for:



When the race of COVID-19 fatalities were known in cities and counties, black people accounted for:



Data collected the week of April 5. Some cases of death existed where race wasn't known, those were left uncounted.

Source: AP reporting; American Community Survey / Graphic: Meghan Hoyer & Phil Holm

INEQUALITY IN A GLOBAL CRISIS: RACE AND ETHNICITY



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