



Review Article

# The Socioeconomic Impact of Communicable Disease on Minority Population: A Systematic Review

Excel Onajite Ernest-Okonofua\*, Omar A Mahroq, Shakirat Ganiyu, Rithish Nimmagadda, Vemparala Priyatha, Bushra Firdous Shaik, Safeera Khan

Medical Research and Publication, California Institute of Behavioral Neuroscience and Psychology, Fairfield, California, USA

\*Corresponding author: Excel Onajite Ernest-Okonofua, Medical Research and Publication, California Institute of Behavioral Neuroscience and Psychology, Fairfield, California, USA

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## Abstract

**Introduction:** Communicable diseases are transmissible and often caused by microorganisms such as viruses, fungi, parasites, and bacteria, and are transmitted directly from infected individuals via physical contact, or indirectly by contaminated surgical tools, sharing water, air, or food with healthy individuals. The outbreaks of communicable diseases have a great impact on social life and health in minority communities. **Objective:** The current study examines the causes of the prevalence of communicable diseases and suggests strategies for improving health in minority communities. **Methodology:** The available literature on the impact of socioeconomic effects of communicable diseases in minority communities was thoroughly searched by specific keywords in electronic databases like PubMed for Systematic Review. A systematic analysis was carried out on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework, Cochrane Bias analysis tool AMSTAR and SANRA checklists, and the Newcastle-Ottawa scale evaluated the quality and bias of the study. **Results:** A total of n=839 articles were collected with specific inclusion and exclusion criteria, in which n=9 studies fulfilled the inclusion criteria. **Conclusion:** The current study concluded that public health programs, awareness, educational intervention, and employment opportunities possibly reduce the risk of communicable diseases in minority communities.

**Keywords:** Minority population; Infectious disease; Socioeconomic impact; Disease control

## Introduction

Communicable diseases are transmissible, often caused by microorganisms such as viruses, fungi, parasites, and bacteria, and are transmitted directly from infected individuals via physical contact, treatment with contaminated medical instruments, or indirectly by sharing water, air, or food with healthy individuals [1]. Worldwide known communicable diseases include syphilis, Tuberculosis (TB), Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), Coronavirus Disease 2019 (COVID-19), cholera, typhoid, and salmonellosis [2]. The history of communicable diseases can be traced back to 1918's,

when the contact tracing of influenza outbreak was more than fifty million people in the United States of America (USA). There is an escalation noted in the prevalence of communicable diseases, such as there are 42.3 million cases of HIV and around 6.3 million deaths reported due to HIV in 2023. After COVID-19, 1.5 million die each year from TB becoming the second infectious killer [1].

Communicable disease in minority areas is a major global concern. Worldwide, the prevalence ratio of communicable disease is high in minority populations i.e., sub-Saharan Africa and in some regions of Eastern Europe and Asia [2]. Not limited to that, the prevalence of HIV/AIDS is also increasing among the Hispanics, Blacks, and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) minorities of the USA along with high literacy rates, periodic awareness programs, and the facilities available for

treatment and prevention [3]. Recently, it has been reported that each year around seventy-eight million people are struggling with Sexually Transmitted Infections (STIs) like gonorrhoea around the globe and around eight hundred and twenty thousand in the USA [3]. In terms of COVID-19, the morbidity rate was significantly higher in minority populations [4]. The ratio of TB is also higher in racial and ethnic minorities in other countries like Vietnam [5].

The major impacts of communicable disease include limited access to available quality healthcare, lack of awareness, discrimination in communities, inadequate housing, limited availability of prevention measures, and financial burden in the prevalence in minority communities [4]. Whereas available still the minority communities are unable to bear the expensive healthcare costs in the prevention associated with communicable diseases. For example, the costly hospital expenditures i.e., frequent medical consultation, diagnosis, treatments, and stay [5]. Not limited to health, the financial burden has a direct impact on education, awareness, and cultural etiquette [6]. Despite that, infected individuals often seek help in obtaining accurate and culturally appropriate information and understanding transmission, prevention, and treatment [7,8].

Very limited knowledge is available on the socioeconomic impact of infectious diseases in minority populations to emphasize the effectiveness of educational interventions, culturally sensitive

outreach programs, and community-based initiatives. It could be the considerable reason for the lack of awareness of preventive measures in minority communities. In this context, the current review aims to critically examine the existing literature on the causes of the prevalence of communicable diseases in minority groups and to recommend strategies for improving health.

### Methodology

A methodological framework, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines are followed [9] for the current systematic analysis.

### Search Sources and Strategies

Relevant literature on exploring the socioeconomic effects of infectious diseases on marginalized groups was thoroughly searched on PubMed, PubMed Central (PMC), Medline, PubMed Medical Subject Heading (PubMed (MeSH)), and PubMed Advance (PubMed (Advance)) databases by using specific keywords, terms, and phrases conjoined with Boolean operators “AND”.

A total of n=418 were selected from PubMed, n=3 from PubMed (MeSH), n=416 from PubMed (Advance), and n=2 from Medline, as shown in Table 1.

Search Method	Search Strategy	No. Of Papers
PubMed	Socioeconomic AND communicable disease AND minority population	418
PubMed (MeSH)	((“Socioeconomic Factors”[Mesh]) AND “Communicable Diseases/transmission”[Mesh]) AND “Health Disparate, Minority, and Vulnerable Populations/statistics and numerical data”[Mesh]	3
PubMed (Advance)	((((socioeconomic) AND (communicable disease)) AND (minority population)) AND (“2019”[Date-Publication]: “2023”[Date - Publication]))	416
Medline	((((socioeconomic [All Fields]) AND (communicable disease [All Fields])) AND (minority population [All Fields])) AND (“2019”[Date - Publication]: “2023”[Date - Publication]))	2

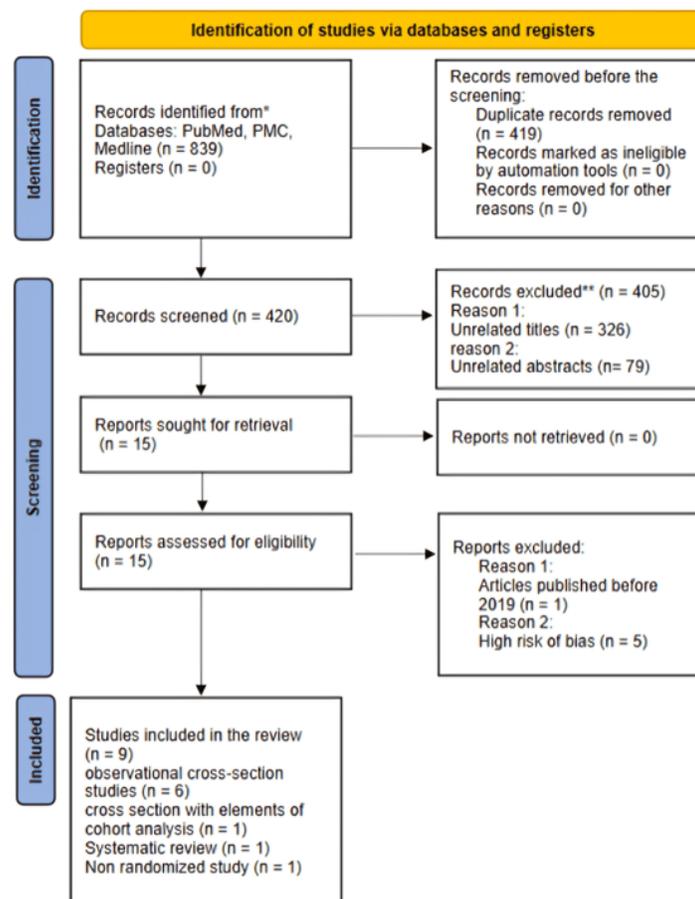
**Table 1:** Article search strategy.

## Inclusion and Exclusion Criteria

The studies explored the impact of communicable diseases on health, education, social life, and financial challenges in minority groups in English from 2019-2023 were included. Whereas, the articles about non-minority populations having access to healthcare published before 2019 are excluded.

## Selection Process

The guidelines of PRISMA for the selection of relevant articles were followed. Irrelevant studies were excluded from identification, Screening, and eligibility processes. In the identification, a total of n=839 articles were selected, in which duplicate records n=419 were excluded. The other n=14 studies were assessed using quality appraisal tools, where n=5 articles did not pass the RoB assessment. In screening, among the remaining n=420 articles, n=405 were excluded because of unrelated titles n=326, and unrelated abstracts n=79. A total of n=15 articles were selected for full-text screening (reports Sought for retrieval) and assessment of eligibility, in which n=6 articles were excluded. The remaining n=9 articles were accepted for the current study in which n=7 were observational studies, n=1 systematic review, and n=1 randomized study. Figure 1 shows the schematic filtration of included and excluded studies.



**Figure 1:** The selection criteria for the included articles.

## Quality Appraisal of the Studies

The researcher initially refined the selected articles on sample size, socioeconomic indicators, and outcomes. A second and third reviewers verified the accuracy and completeness of all abstracted data. Furthermore, a modified version of the AMSTAR checklist was used to

determine the studies' RoB. The other researchers were assigned to categorize the articles into low, unclear, or high RoB ratings. A review with a low RoB rating indicates confidence that the findings accurately reflect the socioeconomic effects of infectious diseases on minority populations. An appraisal with an ambiguous or unclear RoB may be subjected to a specific RoB but presumably insufficient to declare that conclusions are incorrect. A review with a high RoB includes substantial defects, including errors resulting in design, behavior, or exploration that could undermine its findings. Besides, the researchers applied other assessment tools like the Newcastle-Ottawa scale, the SANRA checklist, and the Cochrane Bias Assessment Tool to determine the methodological quality and studies' with RoB. A consensus was reached among all the researchers in case of any disagreement.

### **Data Collection Process**

The required information was extracted from the selected studies including author name, publication year, location and setting of the study, participants, the kind of infectious disease, outbreak year, design of the study, outcomes, analyzed variables, tools or software, and data on the socioeconomic effects. For consistency, estimated costs were converted to U.S. Dollars (USD) by using the web-based CCEMG - EPPI-Centre Cost Converter (v.1.6) tool, leveraging a similar baseline year as indicated in the initial research and the International Monetary Fund source dataset for buying power parity values. Wherever possible, consensus was sought to resolve any disagreements.

Due to heterogeneity in the systematic review, data analysis was qualitative rather than meta-analytic. Statistical Package of Social Science (SPSS, version: 25) was used for descriptive statistics to analyze the data. The frequency and percentage were used to investigate the categorical data, and the mean and standard deviation to assess numerical data.

## **Results**

### **Study Identification and Selection**

The selected articles were arranged by using EndNote (version 20). At first, Replicas were filtered by the "Find and Remove Duplicate References eliminated" tool, and then the remaining articles were manually screened and removed articles incorrectly entered into multiple databases. A careful evaluation of the eligibility of each article was assessed in two steps. Firstly, removing duplicates via screening and evaluating the relevant search results in titles and abstracts. Secondly, the complete text of the articles was retrieved and examined considering the inclusion criteria. Another researcher cross-validated the articles by considering the inclusion and exclusion criteria to avoid any disagreement.

### **Outcomes**

The researcher methodically combined the information of each included article, required for this study. For example, Folayan et al. investigated socioeconomic inequality, health inequality, and psychological distress [17], whereas, Edmunds et al. worked on unequal distribution, unemployment, drug abuse, and limited access to healthcare i.e., Hepatitis C (HCV) [10]. A study conducted by Tuan Abdullah et al. investigated unemployment, career development, and the disgrace of living with HIV [16]. Mulsby et al. assessed the pervasiveness of HIV and unequal access to health and education [15]. Wang et al. examined Medicaid insurance, hepatitis B (HBV) testing rates, and the cost of antiviral therapy [13]. Litvinenko et al. measured the prevalence and incidence ratios of TB [14]. Fletcher et al. measured the socioeconomic factors, unemployment, social isolation, and racism affecting women living with HIV [12]. Raj et al. examined the reasons for STI, sexual risk categorization, housing, and employment [11]. PerezMorente et al. investigated the infection rates, odds ratios (OR), and confidence intervals (C.I.s) for STIs [18].

### **Study Characteristics**

The various characteristics of the included nine articles were carefully analyzed, as shown in Table 2. Firstly, each study was examined by location i.e., one study was conducted worldwide whereas other studies were conducted in specific areas like Washington DC, South Australia, Granada Spain, South USA, Sacramento County, Baltimore, Malaysia, and Nigeria. Secondly, different methodological approaches were used such as systematic review (n=1), nonrandomized controlled trials (n=1), and observational study (n=7). The sample sizes ranged differently between twelve (n=12) and eight hundred and sixty-two thousand (n=862,000) participants. Thirdly, the population included people living in the poorest areas with higher rates of unemployment, Immigrant populations, Black Heterosexual men, African-American women, and Asian origin groups. Studies included the socioeconomic impacts of communicable diseases in minority populations i.e., the prevalence of HIV and unemployment among Black gay Men (n=1), and disparities in health among others.

Asian people grappling with chronic HBV (n=1), economic crisis, and STIs (n=1), TB's burden among vulnerable groups (n=1), career and relationship problems experienced by HIV (n=1), socioeconomic burden of HCV (n=1), socioeconomic inequity and health disparities, and transgender life quality (n=1), employment requires making employment needs (MEN) to minimize the risk of HIV/STI among Black heterosexual men (n=1), and ethical problems and lessons with Black women low-earning with HIV (n=1).

Study Title	Authors	Year	Population	Intervention/ Analysis	Outcome Measures	Effect Size (OR/ RR)	Confidence Interval (CI)
<b>The distribution and socioeconomic burden of Hepatitis C virus in South Australia: a cross-sectional study 2010 to 2016</b>	Bernard Luke Edmunds, Emma Ruth Miller & George Tsourtos	2019	HCV patients in South Australia	Cross-sectional study using logistic regression	HCV notifications and socio-economic distribution	RR1.5 for imprisonment predicting HCV diagnosis	p<0.001
<b>Evaluation of the Making Employment Needs (MEN) Count Intervention to Reduce HIV/STI Risk for Black Heterosexual Men in Washington DC</b>	Anita Raj, Nicole E. Johns, Florin Vaida, Lianne Urada, Jenne Massie, Jennifer B. Yore, Lisa Bowleg	2019	Black heterosexual men in Washington DC	Quasi-experimental design comparing intervention with stress reduction condition	HIV/STI incidence, housing, and employment outcomes	AOR 0.48 for unemployment reduction	95% CI [0.23, 0.99]
<b>Ethical Challenges and Lessons Learned from Qualitative Research with Low-Income African American Women Living with HIV in the South</b>	Faith E. Fletcher, Whitney S. Rice, Lucy A. Ingram, Celia B. Fisher	2020	Low-income African American women living with HIV in the U.S. South	Qualitative research using the grounded theory approach	Ethical challenges in research with marginalized populations	N/A (Qualitative)	N/A
<b>Healthcare Disparities Identified Between Hmong and Other Asian Origin Groups Living with Chronic Hepatitis B Infection in Sacramento County 2014 to 2017</b>	Timothy Wang, Yu Liu, Duke Letran, Julie Ha Thi Dang, Aaron M. Harris, Chin-Shang Li, Moon S. Chen Jr., Christopher L. Bowlus, Eric Chak	2020	Hmong and other Asian groups with CHB in Sacramento County	Community-based testing and electronic health record alert	Healthcare disparities and treatment access	N/A (Qualitative)	N/A
<b>Burden of tuberculosis among vulnerable populations worldwide: an overview of systematic reviews</b>	Stefan Litvinjenko, Olivia Magwood, Shishi Wu, Xiaolin Wei	2023	Vulnerable populations worldwide with TB	Systematic review and meta-analysis of vulnerable populations with TB	Prevalence ratios and incidence rate ratios of TB	Varies (Prevalence ratios often >25)	N/A
<b>HIV and Employment among Black Men who have Sex with Men in Baltimore</b>	Catherine Maulsby, Lauren Parker, Jordan White, Carl Latkin, Michael Mugavero, Colin P Flynn, Danielle German	2020	Black men who have sex with men in Baltimore	Cross-sectional study assessing employment status and HIV	Employment status and predictors among HIV-positive BMSM	OR 0.40 for full-time employment likelihood among HIV-positive BMSM	95% CI [0.22, 0.73]
<b>Relationship and career challenges faced by people infected with HIV in Malaysia</b>	Tuan Norbalkish Tuan Abdullah, Ruhani Mat Min, Mosharaf Hossain, Siti Salina Abdullah	2020	People infected with HIV in Malaysia	Qualitative study using grounded theory approach	Career and relationship challenges for HIV-positive individuals	N/A (Qualitative)	N/A
<b>Socioeconomic inequality, health inequity, and well-being of transgender people during the COVID-19 pandemic in Nigeria</b>	Morenike Oluwatoyin Folayan, Anna Yakusik, Amaka Enemo, Aaron Sunday, Amira Muhammad, Hasiya Yunusa Nyako, Rilwan Mohammed Abdullah, Henry Okiwu, Erik Lamontagne	2023	Transgender people in Nigeria	Cross-sectional survey exploring socioeconomic inequality and health inequity	Health inequities, gender-based violence, and barriers to healthcare	AOR 3.80 for disruption in accessing HIV services	95% CI varies
<b>Economic Crisis and Sexually Transmitted Infections: A Comparison Between Native and Immigrant Populations in a Specialised Centre in Granada, Spain</b>	Pérez-Morente MÁ, Martín-Salvador A, Gázquez-López M, Femia-Marzo P, Pozo-Cano MD, Hueso-Montoro C, Martínez-García E	2020	Native and immigrant populations in Granada, Spain	Cross-sectional study analyzing STI prevalence during economic crisis	STI prevalence among immigrant and native populations	OR 5.33 for immigrant STI diagnosis risk during the crisis period	95% CI [4.78, 6.60]

**Table 2:** Eligible articles.

## Discussion

The current study examined that the major causes include stigma, discrimination in healthcare facilities, lack of education, and issues related to socioeconomics, which are the major concerns associated with the prevalence of infectious diseases in minority populations. Stigma and discrimination in the available facilities of health and education are the major factors and have social impacts on infectious diseases among minorities [13] i.e., HIV/AIDS and STIs have extensively prevailed among African Americans, particularly within the LGBTQ community [14]. Infected individuals experience judgment, prejudice, and ostracization ultimately leading to emotional damage like shame and isolation. It is predicted that stigmatization hinders individuals from revealing their health status and obtaining related knowledge leading to a high mortality rate and pervasiveness of infectious diseases [15].

Social isolation declines mental and emotional capabilities in gaining knowledge [16]. The myths and misconceptions have been further exacerbated in minorities. The fear of being contagious and preventing contamination leads to isolation, reduces health-seeking treatment, and damages social support networks in the community [16, 17]. It is worth noting that family and friends may struggle to provide care and assistance to the infected in isolation. Evidence-based research has revealed that family-based interventions effectively address various healthcare conditions, including infectious diseases [18].

Current literature shows that inequality in healthcare and health-related knowledge of infectious diseases in minority populations are escalating morbidity/mortality rates. These variances result in inequality in social and economic factors such as lack of access to quality education, limited access to health care services, and bigotry [19] homelessness, unemployment, and poverty [20]. As discussed previously, the challenge of limited education undermines the understanding of transmission, prevention, and hygiene ultimately contributing to the cyclic pattern of infectious diseases in the community [21].

## Economic Impacts of Communicable Diseases

Communicable diseases contribute to the endless cycle of poverty among minority communities. In this case, poverty rises with the treatment and prevention of infectious diseases. Additionally, Poor people are more likely to seek low-cost self-prescriptions from healthcare professionals [22]. Which possibly increases the risk of resistance to effective antibiotics. In this case, the infected individuals may experience other infections leading to costly treatment [23, 24]. Also, health insurance is unavailable, which produces a lifetime economic hardship cycle. Thus, limited access to health insurance and unaffordable healthcare services increases the financial burden [25]. Additionally, if any community member

affords the treatment still lacking preventive measures will be at risk of suffering from the same or a different infection [28]. Ultimately, recurring or new infection continues an economic hardship cycle.

After poverty, unemployment is another major reason in minority communities. Patients in less accommodative industries probably lose jobs or income deductions due to missed workdays during treatment [26]. Notably, it is difficult for vulnerable populations i.e., HIV/AIDS and STIs, to find stable jobs or favorable work environments. As a result, work-related opportunities and productivity in minority communities are reduced [27]. Additionally, anti-retroviral therapy can improve the health outcomes of affected individuals by improving their physical health. However, the arrangements of frequent consultations can reduce workplace reliability, ultimately leading to unemployment. It is worth noting that lost opportunities can also accrue to family members caring for infected individuals. Infectious diseases may require caregivers to dedicate more time to caring for the infected person. This may disturb the flow of their work schedule and their ability to pursue different careers [29].

## Relevance of Study

The current systematic review offers a comprehensive view and empirical understanding of existing literature. It provides robust evidence of medical and educational interventions for treatment and prevention and critical policies to combat communicable diseases in minority areas. Additionally, it enhances reproducibility and transparency, promoting confidence in its findings among researchers and policymakers.

## Limitations

Despite the strengths, there are worth mentioning limitations including small sample size, excluding valuable insights in other languages, and heterogeneity in study designs, settings, and populations. Moreover, publications were limited only to full-text articles with positive results.

## Conclusions

The current study concluded that communicable diseases perpetuate economic hardship, unemployment, low education levels, and inequality in access to available resources. Whereas, public health programs i.e., public and individual awareness seminars are necessary to spread awareness and funding may mitigate some economic impacts. Moreover, the review highlighted the need for educational and health interventions, and employment opportunities in minority population areas. Future research should address gaps and limitations to support evidence-based initiatives and policies aimed at reducing health and education disparities among minority populations.

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## Additional Information

### Disclosures

**Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following:

**Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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