

## COVID-19 and the Disproportionate Impact on Communities of Color

The economic, social and health impacts of the COVID-19 pandemic are felt by everyone, however not to the same extent. As has been the case with previous public health emergencies, the COVID-19 pandemic is exposing the racial inequities that have long existed in the U.S. Data from throughout the country are showing how [people of color](#) have higher rates of cases and hospitalizations and are tragically dying at higher rates from COVID-19 than their white counterparts.

Our health is greatly influenced by the conditions in which we are born, grow, live, work, and age. Health disparities in communities of color, which have endured for many years prior to COVID-19, are further exacerbated during a public health crisis as these crises lay bare the social and economic disadvantage that people of color disproportionately experience. These inequities prevent a fair and just opportunity to be as healthy as possible. In 2017, an expert committee of the National Academies of Sciences, Engineering, and Medicine affirmed that, "[health inequities are the result of more than individual choice or random occurrence](#). They are the result of the historic and ongoing interplay of inequitable structures, policies, and norms that shape lives." Poverty, structural racism, discrimination and disinvestment in many communities of color across generations have contributed to the health divide we are witnessing today in the COVID-19 pandemic.

**Key Facts:** Over 145,000 Americans have lost their lives to COVID-19, as of late July 2020, and these numbers reflect individuals across age, gender, race, ethnicity, and socioeconomic status. However, people of color are bearing the unjust burden of this pandemic. The death rate among Blacks is 2.5 times the rate among whites. Among hospitalizations, American Indians/Alaska Natives have a hospitalization rate 5.3 times that of whites, and [Blacks and Latinos](#) have a rate approximately 4.6 times that of whites.

Health inequities, unfortunately, do not only prevent certain individuals from being as healthy as possible. These disparities have also prevented entire communities from being prepared for a public health crisis. Examples of these inequalities, include, but are not limited to:

- People of color are more likely to be [uninsured and to have less access to healthcare](#), which can lead to barriers in accessing COVID-19 testing and treatment.
- People of color have higher rates of many underlying medical conditions, such as hypertension and obesity, due to various societal disparities like access to health care, socioeconomic status, education, housing, etc. These inequities in underlying conditions [increase their risk for severe outcomes related to COVID-19](#). For example, the [prevalence of adults aged 18 years and older diagnosed with type 2 diabetes](#) was highest among American Indians/Alaska Natives (14.7%), Latinos (12.5%), and Blacks (11.7%), followed by Asians (9.2%) and whites (7.5%).
- Race and ethnicity continue to be predictors of the quality of care someone receives, with [people of color receiving worse care than whites](#) across a significant percentage of healthcare quality measures.
- Workers of color are [disproportionately working in frontline jobs](#) which have been designated as essential jobs in the pandemic and have less ability to work from home which increases risk of exposure to the novel coronavirus.
- More than [half of Latino workers](#) and [38% of Black workers](#) cannot earn paid sick days through their jobs, meaning it is more difficult to stay home when sick, caring for a sick loved one, or self-isolating due to COVID-19 exposure.
- People of color are more likely to live in [densely populated metro areas and depend on public transportation](#) to go to work, seek healthcare and buy groceries, increasing the risk of exposure to the virus.

## Recommendations

While Congress and the U.S. Department of Health and Human Services (HHS) have taken some necessary steps to address the disproportionate impact of COVID-19 on communities of color, much more needs to be done. This is the time for our federal government to act to ensure a more equitable and effective response to this pandemic and prevent similar inequities in the next crisis. TFAH makes the following recommendations:

- Congress and HHS should ensure people of color, including immigrant communities, have access to no-cost testing and treatment related to COVID-19 and related underlying medical conditions. Also testing should be widely available in communities of color and under-resourced communities.
- HHS should ensure collection of and regular, public reporting data by race, ethnicity, sex, age, primary language, socioeconomic status, disability status, county, and other demographic information of COVID-19 cases, hospitalizations, and deaths. This disaggregated data is critically important to both identify the most impacted communities while also creating partnerships with these communities on outreach, prevention, and access to care.
- Congress should direct targeted resources to community-based organizations that explicitly focus on the health and wellbeing of communities of color and other groups at-risk. This should include culturally and linguistically appropriate public health campaigns that address prevention and treatment and partnering across sectors with trusted messengers to effectively reach impacted communities.
- Congress should build on previous COVID-19 relief legislation and require permanent paid sick leave and paid family and medical leave for all workers.
- Congress should strengthen public services and social supports to meet the growing public health needs and economic hardship, such as increasing the Supplemental Nutrition Assistance Program's maximum benefit available to all house-holds and preventing evictions. Individuals who have to isolate as a result of con-tact tracing, as communities begin to reopen, may require additional supports, such as housing, economic support, and nutrition assistance.
- Congress should fund a public health approach to address the social determinants of health, such as the Improving Social Determinants of Health Act. The proposal would build capacity at the Centers for Disease Control and Prevention (CDC) and enable the agency to award grants to local, state, tribal and territorial public health agencies to build cross-sector partnerships and develop community solutions to social determinants.
- Congress should appropriate ongoing investment in programs that work every day to address health inequities. The Racial and Ethnic Approaches to Community Health (REACH) program at CDC is one of the only CDC programs that explicitly focuses on improving chronic diseases for specific racial and ethnic groups in communities with high rates of disease. REACH grantees develop and implement evidence-based practices, empower communities, and reduce health disparities.

These recommendations are only first steps in addressing the health disparities and the immediate needs of communities of color during the next phases of COVID-19 recovery efforts. However, we will need policymakers to invest in long-term solutions for these racial inequities that have far too long plagued our country.