Research

The Outsized Impact of the Coronavirus Pandemic on Minority Communities

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Executive Summary

- Racial and ethnic minorities in the United States will feel disproportionately the health and economic impacts of the COVID-19 pandemic.
- Racial and ethnic minorities are less likely to have health insurance and more likely to have underlying health conditions, putting them at greater risk for negative outcomes if they contract COVID-19.
- Minorities are more likely to be employed in low-wage jobs at risk of loss as a result of the economic downturn, while low-wage workers in essential jobs are more likely to work in environments that require close contact with others, increasing their risk of exposure to the virus.
- Minorities are more likely to live in dense urban areas and to have more people living within the household, increasing their risk of exposure to the virus and making it more challenging to isolate sick and at-risk family members.
- Children of minorities are less likely to have a computer and broadband internet access at home, making it more difficult to continue learning during school closures, and they are also more likely to rely for their nutritional needs on school meals, which are now more difficult to access.

Introduction

The current pandemic is highlighting—and perhaps worsening—many of the existing health and economic disparities that racial and ethnic minorities in the United States experience. These disparities are impacting and being impacted by people's health, living environment, access to nutrition, and educational resources, and they are driven largely by the type of job one holds.

Understanding the cause and effects of these outcomes is critical to an informed and effective response. This information can help policymakers appropriately target assistance now and amend existing policies to better prepare for and prevent such outcomes in the future.

Health

This pandemic is primarily a health crisis. Despite accounting for just 13 percent of the overall population in the United States, Black Americans account for 34 percent of confirmed cases, 36.4 percent of hospitalizations, and 21 percent of deaths (where racial and ethnic data are being reported).[1], [2], [3] Poor and inconsistent data reporting for other racial and ethnic groups makes it difficult to assess the impact on other minority populations. Based on what is known, however, it would not be surprising if other minority groups similarly experience disproportionate negative outcomes from the virus. This disproportionate impact comes despite the fact that the virus appears to more severely affect older individuals, and the majority of older Americans in the United States

are White.[4]

People of color are more likely to have underlying health conditions that increase the risk of a more severe case of COVID-19. According to the Centers for Disease Control and Prevention (CDC), the following health conditions put people of all ages at higher risk for severe illness from COVID-19: chronic lung disease or asthma, serious heart conditions, immunocompromised individuals (including as a result of cancer treatment, smoking, immune deficiencies, poorly controlled HIV/AIDS, and organ or bone marrow transplantation), severe obesity, diabetes, chronic kidney disease requiring dialysis, and liver disease.[5] The latest data compiled by the CDC indicate that 90 percent of adults hospitalized from COVID-19 have an underlying medical condition, with the most common ones being hypertension, obesity, metabolic disease, and cardiovascular disease.

Hypertension is prevalent among 40 percent of non-Hispanic Blacks, compared to 28 percent of Whites and Hispanics.[6] Blacks and American Indians and Alaska Natives (AIANs) have higher rates of asthma and diabetes compared to Whites.[7] Nonelderly AIANs are twice as likely as Whites to report having had a heart attack or heart disease.[8] Blacks have a lower prevalence of heart disease compared to Whites, although they are significantly more likely to die from heart disease, suggesting that if they do have it, it is either not well managed or more severe.[9] Nonelderly adults who are Black, Hispanic, AIAN, and Native Hawaiians and Other Pacific Islanders (NHOPI) are more likely to be obese than those who are White.[10] Compared to Whites, Blacks have an HIV diagnosis rate that is over eight times higher and an AIDS diagnosis rate that is 10 times higher.[11] HIV/AIDS diagnosis rates for Hispanics are three times that of Whites.[12] Asians, conversely, tend to have lower prevalence rates for most of these conditions.[13]

For an infographic summarizing these findings, click here.

Minorities are more likely to be uninsured (or underinsured) and thus less likely to be managing existing chronic conditions.[14] Asians again are the exception here, as they are more likely to have health insurance and access to care, compared to Whites.[15] Being uninsured may also make such individuals less likely to seek care at the early onset of symptoms, which may lead to worse outcomes.

A new study by The Commonwealth Fund found that people who have lost their job or had their pay or hours reduced were 66 percent more likely to not have had health insurance before the pandemic (20 percent), relative to all workers (12 percent).[16] Uninsured rates among nonelderly Blacks (11 percent), Hispanics (19 percent), AIANs (22 percent), and NHOPI (9 percent) are higher than for Whites (8 percent).[17] Across these groups, all are more likely than Whites to report going without needed care due to cost, and Blacks, Hispanics, and AIANs are more likely than Whites to delay care for reasons other than cost.[18] Black and Hispanic nonelderly adults are more likely than Whites to report no usual source of care when sick other than the emergency room.[19] And workers without insurance are particularly vulnerable to the pandemic: Many of the occupations with the highest levels of uninsured workers are service jobs that can't be done remotely (roofing, construction, maintenance, repairs, cooks, servers, etc.).[20]

Further, the health care providers who primarily treat lower-income individuals may be at a disadvantage when it comes to recovering economically from the pandemic. Congress has provided $175 billion in funds for hospitals and health care providers to help with the additional costs and lost revenue associated with the pandemic. The methods employed by the Centers for Medicare and Medicaid Services to distribute such funds to date, however, will result in less funding to providers who primarily treat Medicaid patients and the uninsured.[21] If the financial impact puts these providers out of business or forces them to stop seeing as many Medicaid or uninsured patients (since revenue for such patients is relatively low, compared to that of privately insured patients), it will likely exacerbate the difficulty in accessing care already experienced by minority populations.

Jobs

The secondary effect of the health crisis is an economic crisis, which in turn has its own health implications. People of racial and ethnic minorities are more likely to be in jobs that increase exposure, if those jobs are still being performed, or more likely to be in a job that gets cut as a result of the economic downturn. Minority populations are more likely to be employed in the service sector or in production, transportation, and material moving and less likely to be in managerial or professional jobs, making it more likely their work requires close contact with others and less likely that they are able to work from the safety of their home.[22] Further, low-wage jobs are less likely to offer comprehensive benefits, such as paid leave or health insurance, lessening the chance that workers in these jobs will seek care at the early onset of symptoms, which current data suggests is when an individual with COVID-19 is most contagious.[23]

Individuals of racial and ethnic minorities were also more likely to be unemployed prior to the pandemic: In February 2020, just before states began to issue stay-at-home order, 5.8 percent of Blacks and 4.4 percent Hispanics or Latinos were unemployed, compared to 3.1 percent of Whites.[24] The unemployment rate among Asians was lowest in February, at 2.5 percent, but in March it increase to 4.1 percent, just above the unemployment rate for Whites, which increased the least to 4.0 percent.[25]

The Bureau of Labor Statistics (BLS) noted in April that just over one-fifth of U.S. workers (30.6 million) were employed in industries most immediately at economic risk as a result of the COVID-19 pandemic and the measures put in place to stem its spread. Analysis from the U.S. Private Sector Job Quality Index (JQI) estimated more than 37 million workers in “Production and Non-supervisory” (P&NS) jobs were susceptible to layoffs as a result of the pandemic. More than 35 million of such workers are considered to be in “low-quality jobs” offering low wages and a limited number of hours, with a weighted average weekly wage of $539.[26]

A review of unemployment data released over the past few weeks shows that most of the more than 30 million jobs lost thus far are P&NS jobs in the Leisure and Hospitality (8.2 million), Education and Health Care Services sectors (2.6 million), Retail (2.2 million), Manufacturing (1.4 million), Construction (1.3 million), and Temporary Business Services (900,000). JQI analysts estimate that 93.4 percent of all jobs lost in March 2020 were low-quality jobs, although they also note that as the economy continues to suffer, higher-wage jobs increasingly face a risk of loss as well.

A disproportionate share of these low-wage jobs are (or were) held by people of color, relative to their share of the population.[27] For example, 24 percent of Blacks and Hispanics are employed in the services industries, compared to only 16 percent of Whites.[28] (Note this data from BLS does not contain any further breakdowns by race.) Leisure and hospitality jobs, particularly in accommodation and food services, are disproportionately held by Hispanics, and to a lesser degree, Blacks.[29] Lower-paying jobs in health care and social assistance, particularly home health care, nursing care facilities, and residential care services, are much more likely to be held by Black women.[30] Just over 30 percent of construction workers are Hispanic.[31]

While a majority of jobs in essential industries are higher-paying, a significant share of such workers earn below the median wage, primarily those in sectors more likely to employ minorities.[32] These individuals are less likely to be able to afford not to work (although the enhanced unemployment benefits may change that calculation), and low-wage jobs are less likely to offer paid sick leave, paid family leave, or other paid time off, despite the increased risk of getting sick that most essential workers are now facing. [33] As a result, these workers may have to keep working while they or a family member is sick, and they are more likely to be working alongside a sick individual, increasing the risk of exposure at work. The inclusion of the Emergency Family and Medical Leave Expansion and the Emergency Paid Sick Leave provisions in the Families First Act may increase the rates of workers with access to paid leave. The Act's requirements, however, create new challenges for businesses and exempt firms with 50 or fewer and 500 or more employees, making it difficult to know how many workers are actually benefitting from this new law.

Food manufacturing workers are more likely to be Black and Hispanic, particularly in animal slaughtering and processing (22 and 35 percent, respectively), where outbreaks have been reported in large numbers.[34] Hispanics and Latinos account for 53 percent of agricultural workers.[35] Grocery workers are also more likely to be Black or Hispanic or Latino.[36] Minorities make up an outsized proportion of transportation and warehousing workers, particularly in bus service and urban transit, taxi and limousine service, warehousing, and the postal service.[37] Many gig economy transportation workers are likely out of work as more people stay home and are less reliant on such services, and those who are still working face increased exposure risk as they come in close contact with large numbers of people throughout the day. Further, each of the racial and ethnic minority populations surveyed were much more likely to rely on public transportation to get to work, while Whites were much less likely.[38] With a significant share of COVID-19 deaths occurring in nursing homes and residential care facilities, the disproportionate share of Black women working in such facilities face a heightened health risk.[39]

An outsized-proportion of Asians hold higher-wage essential jobs, such as physicians and nurses, while Blacks, Hispanics, AIANs, or NHOPIs are much less likely to hold these jobs; Whites are employed in these jobs at a rate roughly equal to or slightly above their share of the population.[40]

The April jobs report confirmed what was largely expected: Unemployment increased by 10, 10.4, and 12.9 percentage points for Blacks, Asians, and Hispanics, respectively, while increasing 10.2 percentage points for Whites. The unemployment rate among foreign-born workers increased 13.8 percentage points from April 2019, while the native-born unemployment rate increased 10.6 percentage points.[41]

Living Environment

People of color are more likely to live in highly dense areas and have more people living within the house. The majority of COVID-19 cases are in large metro areas.[42] People of color make up over half (56 percent) of the total population of urban counties.[43] Whites tend to live in suburban counties, where they make up 68 percent of the population, and rural counties, where they are 79 percent.[44] Primarily because of where they live,

minorities are more likely to be plagued by air pollution, even after accounting for income differences.[45] Air pollution, of course, is a risk factor for asthma and chronic lung disease, two of the conditions that put people at greater risk of severe symptoms from COVID-19.

Further—partially as a result of the increased tendency to live in dense urban areas with high living costs and partially because of cultural differences—minority populations are much more likely to live in multigenerational households where it may be more difficult to isolate a sick or at-risk individual in the house and prevent others from becoming infected. In 2016, 29 percent of Asians (including Pacific Islanders), 27 percent of Hispanics, 26 percent of blacks lived in multigenerational households, but only 16 percent of Whites did so.[46]

Nutrition

Minority populations may also face greater challenges accessing adequate and nutritious food supplies. Food insecurity among Black households (21.2 percent) and Hispanic households (16.2 percent) is higher than the national average (11 percent).[47] The 10 counties with the highest food-insecurity rates are all at least 60 percent African American[48] Food insecurity is associated with clinical evidence of hypertension, obesity, and diabetes.[49] Food insecure adults were 32 percent more likely to be obese, with non-Hispanic Blacks having the greatest risk.[50] Among counties with the highest rates of food insecurity in 2017, 1 in 8 people had diabetes.[51]

People of color are more likely to depend on school meals, impacting millions of children now that schools are closed. The Families First Act provided funding to allow schools to continue meal services, but because many families must now travel to the school themselves to pick-up those meals, many children may have trouble accessing that food.[52]

As unemployment has skyrocketed over the past two months, food insecure families are now competing with more people for limited resources at food banks. A survey of Feeding America-affiliated food banks reported that 92 percent saw increased need and 64 percent saw a decline in food donations.[53]

Education

Because school-aged children are now more likely to be non-White, educational impacts will primarily affect children of minorities.[54] These negative outcomes will likely have long-lasting impacts.[55]

“Summer slide” is starting sooner and will deepen the impact. According to preliminary estimates, the “COVID-19 slide” will lead to students returning to school in Fall 2020 with roughly 30 percent lower reading gains and 50 percent lower math gains from the previous year, relative to a typical school year.[56] Young children are likely to be impacted more than older children, as they are less able to teach themselves. In fact, 3rd, 4th, and 5th grade children are expected to see the greatest losses in mathematics and reading learning because of COVID-19—some losing a full year’s worth of learning.[57]

Children from more affluent communities will be better able to handle the "COVID-19 slide" because of financial resources, parental employment stability, flexible childcare arrangements, and other advantages. Children from lower-income families, in contrast, will often experience food insecurity, family instability, and economic disruption.[58] Because minority children are more likely to have both a greater number of other children and fewer adults in the home, they may be less likely to have their caregiver's full attention while being more likely to have distractions and to need to assist in caring for others.[59]

Children in communities of color are less likely to attend a school well-equipped to provide distance learning. In Fall 2016, the percentage of students who attended high-poverty schools (where more than 75 percent of students are eligible for free or reduced-price lunch) was highest for Hispanics (45 percent), followed by Blacks (44 percent), AIAN (38 percent), Pacific Islander (24 percent), individuals of 2 or more races (17 percent), and Asians (14 percent),compared to 8 percent of White students.[60] High-poverty schools overall have less-experienced instructors, less access to high-level science and math courses and Advanced Placement courses, and lower levels of state and local spending on instructional resources and materials.[61] Now that most schools are closed, high-poverty schools are only half as likely to offer live instruction during COVID-19 compared to low-poverty schools, and students at high-poverty schools were 3.6 times more likely to have to pick-up and drop-off school work in person.[62]

Minority children are less likely to have a computer and high-speed internet at home. It's estimated that between 9 and 12 million schoolchildren do not have access to the internet at home.[63] In 2018, 79 percent of Whites had broadband internet at home, compared to 66 percent of Blacks and 61 percent of Hispanics.[64] Minority students are also less likely to have a computer at home: 35 percent of AINA, nearly 30 percent of Blacks, and more than a quarter of Hispanics do not have a computer at home.[65] Further, having *a* computer at home that must be shared by multiple people does not resolve the challenge. For Black and Hispanic households with in-home broadband connection, they're more likely than White households to rely only on mobile connections – 25 percent of Hispanics and 23 percent of Blacks are "smartphone only" internet users, compared to 12 percent of Whites.[66] It is very difficult to do schoolwork on a smartphone or even a tablet. These challenges have resulted in higher truancy rates (not logging in to online classroom/not making any contact with teacher) among students at high-poverty schools: 32 percent in high-poverty schools compared to 12 percent in low-poverty schools.[67]

Conclusion

The coronavirus pandemic currently plaguing the world will have significantly disparate health and economic impacts on various populations. Those most at risk have underlying health conditions, jobs that are either essential and have a greater risk of exposure or non-essential but unable to be performed from home, and live in highly dense areas where it is more difficult to isolate. In the United States, such individuals are more likely to be people of color than Whites. School closures will also disproportionately impact lower-income children, who are more often from racial and ethnic minority families. The pandemic is not creating these disparities but rather highlighting and worsening existing disparities.

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