

Blacks, Hispanics Hit Harder by the Coronavirus, Early U.S. Data Show

Chronic health conditions and social factors are to blame, experts say

by Rachel Nania, [AARP](#), Updated May 8, 2020 | Comments: 9



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[En español](#) | The coronavirus has now infected more than 1.2 million people across the country, and African Americans, Hispanics and other minority populations are disproportionately being affected by the virus and the [illness it causes](#): COVID-19.

A mid-April [analysis from Kaiser Family Foundation](#) (KFF) showed that in the majority of states reporting data that include race and ethnicity, black Americans account for a higher share of confirmed cases and deaths compared to their share of the total population. An earlier report from the Centers for Disease Control and Prevention (CDC) studied a handful of states and found that among patients for whom information on race and ethnicity was available, black Americans were hospitalized at higher rates than whites for COVID-19. What's more, in New York City, the U.S. community hardest hit by the virus, more Hispanics per capita are succumbing to the illness than any other ethnic group.

Infection rates have been especially high in the Navajo Nation, which has land in Arizona, New Mexico and Utah, with more than 2,700 cases and 88 deaths as of May 8. The KFF analysis shows that Native Americans make up more than a third of cases in New Mexico but only 9 percent of the state's population. In Arizona, Native Americans account for 7 percent of cases and 21 percent of deaths, but 4 percent of the state's population. Utah did not release racial data on its cases.

"The data is clear and has been clear for decades: African Americans, Latinos and other minority groups live sicker and die younger," says Stephen Thomas, a professor of health policy and management and director of the Maryland Center

for Health Equity at the University of Maryland School of Public Health. “We cannot close our eyes or put up blinders to the disproportionate impact of this disease on racial and ethnic minority communities.”

Chronic conditions exacerbate health outcomes

African Americans and the risks of COVID-19

An April 29 report from the [Centers for Disease Control and Prevention](#) found that in a sample of 305 people hospitalized for COVID-19 at eight Georgia hospitals, more than 80 percent with known race/ethnicity were non-Hispanic black — a higher proportion than expected, the researchers note.

“It is important to continue ongoing efforts to understand why black persons are disproportionately hospitalized for COVID-19,” including the role of social and economic factors in infection risk, the researchers write. “It is critical that public health officials ensure that prevention activities prioritize communities and racial groups most affected by COVID-19.”

Many leading health experts point to [underlying medical conditions](#), including heart disease and diabetes, as one explanation for why minority populations are seeing high rates of sickness and death from COVID-19. These conditions are more common in black, Hispanic and Native Americans. They also happen to be leading risk factors for severe illness from the coronavirus.

“We have a particularly difficult problem of an exacerbation of a health disparity,” Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases, said at a recent White House coronavirus task force briefing. “The things that get people into” intensive care and require them to be put on a ventilator — something that often leads to death — are the very factors, Fauci said, “that are, unfortunately, disproportionately prevalent in the African American population.”

About 1 in 5 U.S. adults under age 65 are at higher risk for severe illness from COVID-19 because of an underlying health condition that can aggravate the disease. In minority communities, the numbers are higher. More than 1 in 3 (34 percent) American Indian/Alaska Native adults and 27 percent of black adults under age 65 are at higher risk of serious illness from COVID-19 due to underlying health conditions, a May analysis from KFF found.

What’s more, researchers at Boston University found that 11 percent of black adults and 18 percent of Native Americans had multiple risk factors putting them at high risk for a severe case of COVID-19, whereas this was true of only 8 percent of white subjects. Among Americans 65 and older, the same study, which looked at data from the 2018 Behavioral Risk Factor Surveillance System, found that 69 percent of Native Americans and 61 percent of black Americans had one or more additional risk factors beyond age, compared with 54 percent of white adults.

Better messaging, data and testing could help

Better communication about the virus in minority communities is needed “so that everyone understands what it’s going to take for us all to protect one another,” White House coronavirus task force response coordinator Deborah Birx, M.D., said at a recent news briefing.

Thomas acknowledges that messaging is vital but says that “the messenger can be more important.”

Coronavirus symptoms

Mild COVID-19 cases:

- Fever
- Cough
- Shortness of breath

People may also experience:

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

COVID-19 emergency signs:

- Trouble breathing
- Persistent chest pain or pressure
- New confusion or inability to arouse
- Bluish lips or face

Source: Centers for Disease Control and Prevention

In minority areas, credible messengers often “don't have M.D.s behind their name; they don't have Ph.D.s behind their name,” he says. “They may be the local barber or the local stylist in the hair salon. They have tremendous trust and credibility.”

But [social distancing guidelines and stay-at-home orders](#) mean that most barbershops, churches and community centers are closed. This has left a big gap in communication channels in neighborhoods across the country, Thomas says. “Who’s making sure that they have the information, the evidence-based information, to help dispel myths, to shut down conspiracy theories and to ensure that African Americans recognize, ‘Hey, this disease is affecting us?’” he asks.

Beyond culturally relevant communication strategies, experts say more data — especially statistics that break down COVID-19’s impact by race and ethnicity — is also important. Knowing who is “in the crosshairs of the epidemic” can lead to more testing sites and health services in the areas that need it most, Thomas says.

“That’s what we have to do right now, to bend the curve,” observes Carlos Rodríguez-Díaz, associate professor of prevention and community health at the George Washington University Milken Institute School of Public Health. “We need to bring resources to the community, because we know what’s happening.”

Economic factors complicate

There are also social and economic elements at play, according to experts. More than 1 in 3 (35 percent) adults under age 65 with household incomes below \$15,000 are at higher risk of serious illness if infected with the coronavirus, compared to about 1 in 7 (16 percent) of adults with household incomes greater than \$50,000, a report from the KFF shows.

Without a vaccine or approved drug therapies, health officials say one of the best ways to decrease the risk of infection from the coronavirus is to keep a physical distance from other people and to stay home as much as possible. But for many in minority communities, that is not an option.

“If you work and you cannot work from home, then you have to make a very difficult decision” about how you are going to put food on the table and pay rent, Rodríguez-Díaz says. “And, therefore, you probably decide to risk your health and expose yourself or your family by actually working.”

Data from the U.S. Bureau of Labor Statistics show that fewer than 20 percent of black workers and roughly 16 percent of Hispanic ones are able to telecommute. About two-thirds of employed Hispanic adults say they would not get paid if the coronavirus caused them to miss work for two weeks or more, a Pew Research Center survey found.

“African Americans and Latinos and other minority groups are the ones out there in the warehouse, emptying food trucks, delivering your Grubhub or Uber Eats. They’re out there at risk” for catching the coronavirus, Thomas says.

Health experts, including Birx, stress that while African Americans and other minority groups are not more inherently susceptible to getting infected by the coronavirus, they are more likely to have a harder time recovering if they are infected.

“We experience social factors that are constantly putting us in a disadvantaged place to respond to an epidemic and to recover from diseases,” Rodríguez-Díaz says, pointing to unstable housing and lack of access to health care as two of the circumstances that aggravate health outcomes and disproportionately affect minority populations. “Social factors represent a significant [role] in our ability to be healthy. And if we don’t have access to those social resources, then we are in worse conditions to deal with a pandemic.”