An Epidemic of Inequities:
Structural Racism and COVID-19 in the Black Community

EXECUTIVE SUMMARY

According to the Centers for Disease Control and Prevention, about 30% of confirmed cases of COVID-19 in the United States have occurred among Black people, despite the fact that Blacks comprise just 13% of the national population. Blacks also make up about 33% of hospitalized COVID-19 patients, and those patients tend to be younger overall than White patients and more likely to die from the disease.

The national picture is indicative of what is occurring in major cities and states that track racial data on the pandemic. In Chicago, Blacks are 30% of the population but 60% of COVID-19 deaths, with the highest mortality rate of any racial or ethnic group (45 per 100,000). Across Illinois, Blacks are 15% of the population but account for 25% of COVID-19 cases, slightly more than White residents, who account for 24% of cases but 77% of the state's population.

Simply put: Black people are overrepresented in COVID-19 cases and deaths. **Blacks die disproportionately from COVID-19 as compared to their share of the total population in 19 of the 24 states race data is available for deaths. The worst disparities in death rates occurred in states with the most segregated cities in the nation.**

- In many Midwestern states, such as Illinois, Michigan, Indiana and Missouri, mortality rates among Blacks were more than double their population share.
- In Wisconsin, 39% of deaths were among Blacks, who are just 6% of the population.
- In Illinois, Blacks are currently 2.5 times more likely to die from the disease relative to their share of the population.
- Blacks in Illinois make up the majority of deaths at every age except those over age 80 or older. Blacks make up 51% of deaths among those younger than 50 years old, 45% of deaths of those in their 50s and 60s and 41% of those in their 70s;

Using early preliminary data, this report aims to build a model that explains why Black people across the country are more likely to get infected with COVID-19 and why they are more likely to die from it. This model points to key risk factors stemming from longstanding structural racism and inequities that lead to collective community risk. This report uses Chicago and the state of Illinois as a case study.

EXPOSURE RISKS: WHY BLACK PEOPLE ARE MORE LIKELY TO GET INFECTED

Much of the nation remains quite hyper-segregated, especially concentrated in cities in the industrial Midwest and in the South. Segregation, as a mechanism of structural racism, determines much of our lives, particularly for Blacks, including what jobs people work, where people live and under what conditions. Segregation and structural racism drive infection risk.

INFECTION RISK FACTOR #1

EMPLOYMENT AND OCCUPATIONAL CONDITIONS

Black people make up 13% of the workforce but are overrepresented in a number of service sector occupations.

THE TRAVEL INDUSTRY

Nearly 25% of TSA employees, baggage handlers, and reservation or ticketing clerks are Black. More than 20% of hotel desk clerks are Black.

HEALTHCARE SUPPORT

26.7% of healthcare support workers, including licensed vocational nurses, are Black. About 38% of nursing, psychiatric and home health aides, and 23% of respiratory therapists are Black.

FOOD SERVICE & PRODUCTION

20% of fast food workers and 18% of all food-processing workers are Black. 18% of cashiers are Black.

POSTAL SERVICE

42% of mail service sorters and processors are Black.
35% of postal service clerks are Black.
20% of mail carriers are Black.

TRANSPORTATION SECTORS

27% of bus drivers, 25% of industrial truck operators, and nearly 25% of railroad conductors are Black.

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INFECTION RISK FACTOR #2

HOUSING

Where and how one lives can have a significant impact on infection spread throughout the household or place of residence.

SHELTERS

42% of people who live in shelters and 55% of homeless families are Black. In Chicago, Black people are 30% of the population and 80% of those living in shelters.

NO ROOM TO ISOLATE

About 13% of Black families do not have enough bedrooms to meet their needs, and 42% of Black households have only one bathroom. That leaves little room to isolate a sick family member.

OVERCROWDED CONDITIONS

In Chicago, more than 50% of people living in doubled-up conditions are Black.

INTERGENERATIONAL LIVING

Nearly 25% of Black households are intergenerational, and many children are being raised by grandparents, who are more vulnerable to COVID-19.

NURSING HOMES

35% of deaths in Illinois are linked to nursing homes. Black people make up 20% of nursing home residents in Illinois.

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INFECTION RISK FACTOR #3

BARRIERS TO SOCIAL DISTANCING

Black people face many barriers to social distancing compared to the general population.

LACK OF CAR ACCESS

About 20% of Black households lack access to a car, compared to 6.5% of White households. Nearly 35% of Blacks in major urban areas use public transporation daily.

LACK OF INTERNET ACCESS

Only 66% of Black people have broadband access at home, compared to 80% of Whites.

LACK OF CREDIT CARDS

Nearly 15% of Black people are unbanked and more than 30% have no credit cards, which makes it difficult to access essential items online or via delivery.

LACK OF ACCESS TO TELEMEDICINE

Blacks receive just 10% of all telemedicine services under Medicare, compared to 80% of Whites.

FEAR OF WEARING A MASK

Black men, in particular, may hesitate to wear masks out of legitimate fear of an increase in racial profiling by law enforcement.

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INFECTION RISK FACTOR #4

MASS INCARCERATION

The spread of infection is highly likely in jails and prisons, which have a steady flow of people in and out. They are often overcrowded, with dormitory-style housing that requires people to sleep double or triple-bunked. Because jails and prisons function to detain or incarcerate people, their focus is on security rather than healthcare provision.

EMPLOYMENT

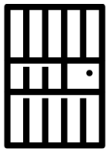
Correctional facility employees are at-risk for COVID-19 exposure in the facility, as well as being a potential source of transmission for other workers and people detained in jails and prisons.

More than 25% of correctional treatment specialists are Black and more than 33% of correctional officers are Black.

DETAINMENT OR IMPRISONMENT

Blacks are disproportionately incarcerated and many of the areas in Chicago with high re-entry rates overalap with areas where COVID-19 infections and deaths are disproportionately high.

Nationally, the incarceration rate for Blacks was nearly six times the rate for Whites (1,549 per 100,00 vs. 272 per 100,000). In Cook County Jail, about 75% of the individuals are Black.



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MORTALITY RISKS: WHY BLACK PEOPLE ARE MORE LIKELY TO DIE FROM COVID-19

Racial health disparities, such as what we are witnessing with the COVID-19 pandemic, occur because of broad, systemic conditions that deeply affect health and wellbeing but are outside of a person's individual control. These social determinants of health – education, poverty, social isolation, segregation, racism – work in multiple ways to harm individual and community health.

MORTALITY RISK FACTOR #1

HYPER-SEGREGATION

Rising concentrations of poverty in Black neighborhoods perpetuate disadvantage among Blacks, isolating them from jobs, and maintaining poverty within segregated Black communities. Hyper-segregation refers not only to where one lives but also to how broader inequity is shaped, from housing to education to employment and so on. Roughly, one-third of all Black metropolitan residents lived in a hyper-segregated location.

IN U.S. CITIES

Black people in U.S. cities with the highest levels of segregation experience disparate mortality rates when it comes to their share of the population. These cities demonstrate higher COVID-19 Black-to-White mortality disparities compared to cities like Seattle, where segregation rates are lower.

- Milwaukee - 50% Black deaths vs. 27% of population
- St. Louis - 72% Black deaths vs. 46% of population
- Washington, D.C. - 79% of Black deaths vs. 46% of population
- New Orleans - 76% of Black deaths vs. 46% of population

IN CHICAGO

In Chicago, COVID-19 deaths are concentrated in several predominantly Black community areas, including Austin, West Garfield Park, North Lawndale, Auburn Gresham, Englewood and South Shore – neighborhoods that are hyper-segregated with high poverty rates.

- Chicago - 54% Black deaths vs. 30% of population

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MORTALITY RISK FACTOR #2

RACIAL DISCRIMINATION IN HEALTHCARE

Healthcare remains unequal in both its accessibility and the care that Black people receive compared to majority populations. Blacks who can access care, might receive lesser care. Those who cannot access care might be more likely to die from complications of COVID-19.

IMPLICIT BIAS AMONG HEALTHCARE PROVIDERS

Implicit bias results in shorter patient-provider interactions, fewer referrals to assessments or specialists, under or over-utilization of diagnostic testing, recommending treatment options based on assumptions of finances or treatment adherence, and fewer special privileges and greater inconveniences during the course of medical care. Research has shown that in times of stress, distraction, exhaustion or when under pressure, these biases activate more readily.

LACK OF ACCESS TO CARE

Among non-incarcerated populations in the U.S., 11% of uninsured individuals are Black, compared to 8% of Whites. In Illinois, 10% of Blacks are uninsured, compared to 5% of Whites.

Over their lifetimes, Black people can expect to live a total of 12 years without health insurance before reaching age 65, compared to 8 years for White people.

Nearly 20% of Black could not see a doctor because of cost, compared to 13% of Whites who could not see a doctor for this reason.

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MORTALITY RISK FACTOR #3

POVERTY, INCOME & WEALTH

Numerous research studies have strongly associated poverty with poor health outcomes. This is because poverty is both a cause and consequence of poor health.

POVERTY

In 2018, the percentage of Black people living in poverty was about 2.2 times that of Whites living in poverty (22% vs 9%).

INCOME

Black households earn 70% less on average than do White households. Adjusting for education, Black men with a college degree earned 22% less than White men with a college degree, while Black women with college degree earned 8% less than White women with a degree.

WEALTH

The wealth of the average White family is 41 times greater than the wealth of the average Black family.. From the 1980's through 2016, the number of Black families with either negative or zero wealth skyrocketed from 8.5% to 37%.

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MORTALITY RISK FACTOR #4

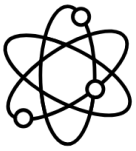
ENVIRONMENTAL CONTAMINANTS & POLLUTION

Many communities of color are located in areas with disproportionately poor air and water quality. The higher the levels of environmental pollutants in an area, the higher at-risk residents are of stroke, heart disease, lung cancer, and chronic and acute respiratory illnesses.

AIR QUALITY & POLLUTION BURDEN

Black people experience 56% more exposure to air pollutants than what is caused by their consumption, while Whites experience nearly 20% less air pollution than is caused by their consumption patterns.

PARTICULATE MATTER & COVID-19 MORTALITY



A very slight increase in air pollution (1 mg/m3 higher particulate matter) results in a 15% higher death rate for COVID-19, after controlling for population density, pre-existing health conditions and race.

LEAD LEVELS

Nationally, among children ages 1-5, Black children had the highest rate of lead levels among any racial or ethnic group. Lead exposure overall accounted for 10.3% of the global burden of heart disease, and 6.2% of the global burden of stroke.

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MORTALITY RISK FACTOR #5

PRE-EXISTING HEALTH CONDITIONS

When someone becomes seriously ill with COVID-19, it places increased demands on the cardiovascular, respiratory and circulatory systems, increasing the likelihood of death.

ASTHMA

Asthma is 24% more prevalent among Blacks than Whites, and Black asthmatics are three times more likely to die from complications than White people with asthma.

CARDIOVASCULAR DISEASE

Rates of diagnosed hypertension for Blacks are 35% higher than for Whites, and rates of death from heart disease are 25% higher among Blacks, compared to Whites (208 vs. 169).

DIABETES

In 2017, the rate of diabetes among Black individuals was 10.9% compared to 8% among Whites. Blacks were twice as likely to die from diabetes.

TRAUMA, PTSD AND MENTAL HEALTH ISSUES

Black people are twice as likely to report psychological hardship, yet only 1/3 of Blacks get the mental health care they need, including outpatient services and psychotropic medications.

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POLICY RECOMMENDATIONS BASED ON OUR FINDINGS

Short-Term Policy Recommendations to Address Immediate Health

1. COVID-19 case and mortality counts must include demographic data such as race and ethnicity.
2. Prioritize racial equity in the proposed Coronavirus Containment Corps.
3. Create Strategic Testing and Triage Centers for Vulnerable Groups.
4. Allow SNAP beneficiaries to buy groceries online.
5. Expand access to Medicaid for people that lost employer-based health insurance.
6. Promote COVID-19 isolation facilities.
7. Fund grassroots and community-based social service agencies to provide wellness checks.
8. Fund faith communities to provide grief counseling and trauma support.
9. Continue criminal justice reforms in response to COVID-19 to reduce populations, like eliminating cash bond and reducing people detained or incarcerated.
10. Protect Essential workers
    - Provide paid sick leave for all essential workers.
    - Hazard pay for all essential workers.
    - Personal protective equipment (PPE) for essential workers.

Long-Term Policy Recommendations to Address the Social Determinants of Health

1. Reinvest in Black communities.
2. Reinvest in public health infrastructure.
3. Healthcare for all.
4. Fight for environmental justice and an end to environmental racism.
5. End mass incarceration.
6. Eradicate the racial wealth gap.