COVID-19: Impact on Underserved Communities

Early data suggest COVID-19 disproportionately affects certain communities — African Americans, Hispanic/Latinos, Asian Americans, American Indians/Alaska Natives, Native Hawaiians and other Pacific Islanders.

While healthcare disparities are not new, the pandemic is shining a bright light on persistent, systemic inequities with healthcare in this country. Unequal access to economic opportunities and healthcare facilities, structural inequality, bias and discrimination are just some of the systemic hurdles many communities face.

Learn how to protect yourself from COVID-19 and what our society can do to reduce disparities in end-of-life care.

What does the data show?

Beginning in August 2020, federal guidance required that all labs testing for the coronavirus collect and report on people’s race and ethnicity. Until then, such data was limited. Even today, data on race/ethnicity is available for roughly 93% of COVID-19 deaths and states continue to report this data inconsistently.

As of January 7, 2021, Pacific Islanders, Hispanics/Latinos, African Americans and Indigenous Americans all have a COVID-19 death rate of double or more that of white and Asian Americans, who experience the lowest age-adjusted rates.¹

National Data

According to APM Research Lab, for every 100,000 Americans, 168 Indigenous Americans have died, 137 African Americans, 112 Pacific Islanders, 100 Hispanics/Latinos, 97 whites and 60 Asian Americans.

Nationwide, Indigenous, Black and Hispanic/Latino Americans were 2.7 times more likely to have died of COVID-19 than white Americans in 2020.

— APM Research Lab, May 2020

¹ APM Research Lab, as of January 7, 2021. Available at: https://www.apmresearchlab.org/covid/deaths-by-race.
COVID-19 Deaths Per 100,000 People of Each Group, Reported Through January 7, 2021

Local/State Data
The national data gives part of the picture since specific populations are affected more significantly in various states and locales. Each of the examples below shows that populations with disproportionate COVID cases and deaths are areas that are highly populated with that particular community:

➔ The states of New York (372), New Jersey (346), Connecticut (313) and Michigan (295) have seen the highest COVID-19 mortality rates (per 100,000) among their Black residents.
➔ Mississippi (1,235), New Mexico (652), Montana (613) and South Dakota (584) have seen the highest COVID-19 mortality rates (per 100,000) among their Indigenous residents.
➔ New York (384), New Jersey (352), the District of Columbia (314) and North Dakota (311) have seen the highest COVID-19 mortality rates (per 100,000) among their Latino residents.
➔ Arkansas (2,374), Illinois (1,143), Oklahoma (917) and Utah (450) have seen the highest COVID-19 mortality rates (per 100,000) among their small populations of Pacific Islander residents.

Why do these disparities exist?
The underlying causes of health disparities are complex. Factors that play a role include racism, bias and discrimination, economic and educational disadvantages, healthcare access and quality, individual behavior and overall health. Certain communities face increased risk for experiencing serious illness due to the coronavirus. Some of the factors that increase risk fall into three primary categories: 1) economic and social circumstances; 2) access...
1. Economic and Social Circumstances
Where people live, work, attend school, play and pray have a strong influence on health outcomes. In some communities, the following factors may play a role in the COVID-19 disparities:

◆ Lower median incomes which lessens the chance of having a financial cushion to absorb income declines; thus, reducing the likelihood of health coverage and income for healthcare.

◆ Employed in front-line service industries deemed essential, such as grocery store workers and delivery drivers, resulting in greater exposure to the coronavirus.

◆ Limited paid sick leave, leaving people more likely to continue to work even when they do get sick for any reason.

◆ Living in densely populated areas, making it more difficult to practice social distancing.

◆ Disproportionate representation in jails, prisons, and detention centers, which have specific risks due to congregate living, shared food service and more.

◆ Historic trauma, such as the continued backlash of state and local laws that enforced racial segregation and discrimination among Blacks in the United States or the ongoing impact of colonization on American Indians.

2. Access to Testing and Treatment
History shows that diverse patients receive less care and often worse care than white patients. The reasons are complex:

◆ Language and cultural barriers reduce the likelihood of people to seek out healthcare providers and fully understand and adhere to treatment regimens.

◆ Not having health insurance which lessens the chance of receiving adequate healthcare.

◆ Long-standing distrust of the health care system, stemming from incidents such as the U.S. Tuskegee syphilis study which provided sham treatments to African American men and thus leading to avoidance of healthcare.

◆ Implicit bias or explicit discrimination by healthcare systems and providers, ultimately impacting who gets testing and treatment first.

Dr. Arline T. Geronimus’ landmark study of diverse populations found that the lived experience of being black “exacts a physical price on the biological system.”

3. Underlying Health Conditions
Many racial and ethnically diverse populations often

◆ Report fair to poor health, putting them at greater risk for the coronavirus.

◆ Have higher rates of certain health conditions that put them at higher risk, including asthma, diabetes, HIV/AIDS, heart disease and obesity.

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How can I protect myself, my family and my community?

There are things you can do now to protect yourself and your family: reduce your risk, get care safely, and plan your care, including end-of-life care.

Know Your Risk
Know whether you are at higher risk. In general, people with the following conditions may be at higher risk:

➔ Older adults
➔ People who live in a nursing home or long-term care facility
➔ People with chronic lung disease, such as asthma or COPD, heart disease, kidney disease or liver disease, or diabetes
➔ People with a weakened immune system by cancer, smoking, bone marrow or organ transplantation, immune deficiencies, HIV/AIDS
➔ People with severe obesity

Reduce Your Risk
Know how to protect yourself and others:

➔ Follow CDC’s guidelines on how to protect yourself.
➔ Stay home as much as possible.
➔ Try to keep space between yourself and others. On public transportation, look for a spot away from people if possible.
➔ Avoid crowds.
➔ Avoid touching your face, and use a mask that covers your nose and mouth when you are in public places.
➔ Wash your hands often; use alcohol-based gel when soap and water are not available.

Get Care Safely
If you experience a health problem and need care, here are some suggestions.

➔ If you have health coverage, contact your health provider to learn how to seek healthcare safely. Ask whether you can use telehealth to reduce your risk, and, learn more about key issues and steps to prepare for a telehealth visit.
➔ If you don’t have health coverage, contact your local health clinic. Use the following:
  ✦ Find a Health Center to locate a community health center in your area. Ask if they offer telehealth appointments.
  ✦ Digital Health Directory to find telehealth (referred to as telemedicine in the directory) options near you.
➔ Learn about the different COVID-19 treatment options, such as ventilators, respiratory care, and other non-invasive treatments in the event you contract the virus.

Plan Your End-of-Life Wishes
Discuss and document your end-of-life preferences with loved ones. Consider end-of-life planning options as well as hospice and palliative care. Now is the time to have those hard conversations with family members about your wishes. Use Compassion & Choices tools to get started (available in English and Spanish):

➔ Plan Your Care Resource Center – toolkits, factsheets, links to state-specific advance directives forms and more to get you started.
What can our society do to reduce disparities in end-of-life care?

Collecting accurate nationwide data by race and ethnicity will be important to understanding how COVID-19 is affecting communities and to informing end-of-life care response efforts. Due to concerns with reporting methodology, the COVID Tracking Project has teamed up with American University to establish the COVID Racial Data Tracker to record and analyze racial data on the pandemic within the United States.

Beyond data collection, Compassion & Choices offers the following policy and programmatic recommendations specific to improving end-of-life care and choices:

➔ Address bias and discrimination within healthcare systems related to patient–provider interactions, treatment decisions, treatment adherence and patient health outcomes.
➔ Support the development of on-demand, low cost or no cost digital tools that help people access health information and end-of-life treatment and care.
➔ Create culturally competent communication messages tailored to specific populations through methods that increase usage.
➔ Increase access to telehealth and virtual care services that are on-demand and community-based.
➔ Expand community-based testing centers and providers, employ mobile testing sites in underserved communities and prioritize access to those at increased risk of exposure.
➔ Prioritize and support research that identifies the practices, policies and conditions that account for disparate differences in disease progression, end-of-life care and recovery for COVID-19. Consider participating in a free COVID-19 symptom tracker research program, such as the Duke Community Health Watch.

Learn More

From Compassion & Choices:
➔ COVID-19: Understanding Your Options / Español
➔ COVID-19: Using Telehealth to Reduce Your Risk / Español
➔ COVID-19: Advance Care Planning / Español
➔ COVID-19: Addendum to Your Advance Directive / Español
➔ COVID-19: Dying in the Age of the Pandemic / Español

From Other Organizations:
COVID-19 Rates
➔ CDC, Weekly Updates by Select Demographic and Geographic Characteristics
➔ Coronavirus Case Rates and Death Rates for Latinos in the United States
➔ Coronavirus (COVID-19) (Indian Health Service)
➔ COVID-19 Has Infected and Killed Black People At Alarming Rates. This Data Proves It.
➔ The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S.

Resources
➔ COVID-19 Crisis Highlights Ways to Combat Health Disparities for People of Color
➔ Asian Americans Advancing Justice.
Coronavirus/COVID-19 Resources To Stand Against Racism
Coronavirus Disease 2019 (COVID-19) (English and Spanish), National Alliance for Hispanic Health

Ten Equity Implications of the Coronavirus COVID-19 Outbreak in the US, NAACP

Federal Response to Indian Country: COVID-19, Indian Health Service

COVID-19 and Equity, American Public Health Association

COVID-19: Update and Impact on African American and Vulnerable Populations (webinar), Society for Public Health Education

Resource Guide to COVID-19, Society for Public Health Education

From the Centers for Disease Control and Prevention (CDC):

COVID-19 Vaccines
Learn How the Virus is Spread
How to Protect Yourself / Español
Steps to Take When You Are Sick / Español
Warning Signs / Español
Creating a Household Plan / Español

References


2. Kaiser Family Foundation. COVID-19 Deaths by Race/Ethnicity, as of January 7, 2021. Available at: https://www.kff.org/other/state-indicator/covid-19-deaths-by-race-ethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D


