

# **COMMUNITIES IN CRISIS:**

**COVID-19 Is Disproportionately Affecting  
Communities of Color**

MAY 1, 2020  
SENATOR JOE MANCHIN

## Communities of Color Are Disproportionately Affected By COVID-19

The disproportionate impact of COVID-19 on communities of color is no surprise to public health experts and civil rights leaders. Unfortunately, this pandemic has amplified major structural inequities and discrimination that have impacted communities of color for generations.

Due to a variety of systematic barriers, people of color are less likely to have steady access to quality medical care and are more likely to have preventable, manageable conditions — often experiencing complications due to lack of medical access. They are less likely to live in neighborhoods with available healthy food options and more likely to face exposure to environmental factors that affect health. People of color are also more likely to work service industry jobs or jobs that do not offer sick leave and are now deemed essential. Communities of color:

- **Have less access to quality health care.** People of color are less likely to receive quality care than other communities and are also more likely to be uninsured. For example, Latinos are almost 3 times as likely and African Americans are almost twice as likely to be uninsured compared to their white counterparts.
- **Are more likely to have a pre-existing condition.** People of color are more likely to have pre-existing conditions. Individuals with pre-existing conditions or chronic diseases are more likely to be hospitalized and die from COVID-19. African Americans are also most likely to die of heart disease, the leading killer in the U.S.<sup>i</sup> Over 30 percent of American Indian/Alaska Natives (AIANs) reported at least one form of heart disease in 2012, compared with 11 percent of non-Hispanic whites.
- **Face challenges accessing healthy food.** COVID-19 has worsened many of the challenges Americans face every day, including access to healthy foods. While the national average for food insecurity is 12.3 percent, 22.5 percent of African American households and 18.5 percent of Latino households are food insecure.<sup>ii</sup>
- **Suffer greater exposure to air pollution** and are at higher risk of the associated health impacts. People of color represent nearly 70 percent of the 20.8 million Americans living under the worst air quality conditions, and nearly 50 percent of the 150 million Americans living in counties that have failed at least one air quality standard.<sup>iii</sup> New studies have found that long-term exposure to air pollution can increase a person's likelihood of dying from COVID-19 by 15 percent.<sup>iv</sup>
- **Make up a disproportionate number of frontline workers.** As Americans increasingly observe social distancing guidelines by working from home, African American and Latino workers are less likely to have the ability to work from home. African Americans account for nearly 30 percent of bus drivers and nearly 20 percent of all food service workers, janitors, cashiers, and stockers.<sup>v</sup>

- **Hit hardest by growing levels of poverty as layoffs and furloughs continue to rise.** Prior to this pandemic, the typical African American and Latino households had a net worth of just \$17,100 and \$20,765, compared with the \$171,000 held by the typical white household. During the Great Recession, unemployment for the U.S. peaked at 10 percent, compared to 17 percent for African American workers, 15 percent for AIANs, and 13 percent for Latino workers.<sup>vi vii viii</sup>
- **Have less access to capital.** Minority-owned small businesses are less likely than white-owned small businesses to have critical lending relationships with banks—for example, only one percent of African American-owned businesses obtain loans in their founding year while seven percent of white-owned businesses do.<sup>ix</sup>
- **Face unique challenges during the pandemic.** When discussing the disproportionate impact of COVID-19 on Indian Country, it is essential to note that these realities are the direct and indirect result of hundreds of years of federal policies that have resulted in enormous health care and public health funding gaps and institutional barriers.
- **Face increasing incidents of discrimination.** On March 20, the U.S. Commission on Civil Rights expressed grave concerns about the recent demonstrations of violence and hate toward people of Asian descent. It noted that such discrimination is not only unlawful – it has concrete impacts on access to work, health care, education, and more.<sup>x</sup>

**In normal times, these factors mean lower incomes, worse health, and shorter lives. During a pandemic, these health disparities as well as structural racism can mean the difference between life and death.**

**Democrats are committed to addressing the risks of COVID-19 and the historic discrimination that has created barriers to economic opportunity and a healthy future for all Americans.**

Democratic priorities achieved in the four COVID-19 packages passed by Congress:

- **\$60 billion in new Paycheck Protection Program funding dedicated to minority-owned businesses** and other underserved small businesses and nonprofits.
- **Expanded unemployment insurance** to ensure workers who are laid off and furloughed due to coronavirus have the resources they need to pay their bills and take care of their families. Everyone receiving unemployment insurance will receive an increase, and benefits will be extended by 13 weeks.
- **Provided direct support to families** in the form of a \$1,200 cash payment along with an additional \$500 per child.
- **Provided funding for the Child Care Development Block Grant** to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to the coronavirus.

- **Authorized mental health and substance abuse treatment and prevention funding to help communities** provide behavioral health and addiction treatment.
- **Assisted families in affording heating and cooling** by providing funding for the Low-income Home Energy Assistance Program (LIHEAP).
- **Boosted funding for community health centers (CHCs)**, which help communities provide vital care for the nation's most vulnerable citizens.
- **Included tax relief encouraging employers to implement student loan repayment programs.** This provision will exclude up to \$5,250 in qualifying student loan repayments paid by the employer.
- **Assisted tribal governments by providing funding** to the Indian Health Service, Food Distribution Program for Indian Reservations, and Bureau of Indian Education.
- **Funded the Community Development Block Grant** to help rebuild impacted industries such as tourism or manufacturing supply chains.

Democratic priorities for future COVID legislation:

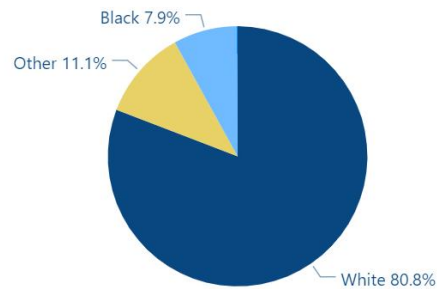
- Pass a heroes fund to increase pay and protections for frontline workers.
- Ensure communities of color have access to quality, affordable health coverage and equitable access to widespread testing, including through the expansion of Medicaid in the 14 states that have yet to expand. We must also include minority populations in clinical trials for COVID-19 vaccines and treatments.
- Strengthen environmental and health protections for communities of color.
- Expand paid leave for workers to take care of themselves and their families.
- Increase food security by supporting programs to fight hunger in communities of color.
- Rebuild our nation's infrastructure to stimulate recovery and address the structural insufficiencies this crisis has exposed and made worse.

## COVID-19 Taking Devastating Toll on Communities of Color

**A wide variety of health risks and outcomes are directly affected by where we live, work, and learn. These are known as social determinates of health.** <sup>xi</sup> Minority communities historically have worse health outcomes due to poor social determinants of health and economic barriers. COVID-19 exposes just how deadly inequality can be. On April 17, the Centers for Disease Control and Prevention (CDC) released preliminary data that shows 30 percent of COVID-19 patients are African American, but African Americans make up only 13 percent of the U.S. entire population.<sup>xii</sup> In New York, the state with the most COVID-19 deaths, the disease is twice as deadly for African Americans and Latinos.<sup>xiii</sup> In addition, throughout the nation, majority African American counties have three times the rate of COVID-19 infection and nearly six times the rate of death as majority non-minority counties. <sup>xiv</sup>

- In West Virginia, 7.9 percent of positive COVID-19 cases are African American despite making up only 3 percent of the overall population.

Race	New Cases
White	885
Other	122
Black	87
American Indian or Alaska Native; White	1



**Source:** [West Virginia Department of Health and Human Services](#)

While the statistics we have shown communities in crisis, we don't know the full scope of the problem. Preliminary state and local reports clearly show that COVID-19 is disproportionately affecting communities of color. However, there have been no nationally reported statistics on the race and ethnicity of COVID-19 patients. Racial data was missing from 75 percent of the CDC data released on April 17, and about half of U.S.

**While we know that communities of color have been hard hit, without comprehensive data, we cannot understand the full scope of COVID-19 and develop proper policies to assist those most in need.**

## Health Outcomes for People of Color During COVID-19

To public health experts and those aware of the current systems that influence the social determinates of health, the poor COVID-19 outcomes for communities of color are not surprising. That is because people of color in the United States:

- Often live in places with less access to high quality medical care.
- Are more likely to have preventable, manageable conditions, but experience complications due to lack of medical access.
- Are less likely to have health insurance.
- Often live in places with less access to healthy foods.
- Have exposure to environmental health disease risks, including air pollution.
- Are more likely to work in essential, frontline jobs that expose them to COVID-19.

***“Health disparities have always existed for the African American community, but here again with the crisis now — it’s shining a bright light on how unacceptable that is,” Anthony S. Fauci, Director of the National Institute of Allergy and Infectious Diseases ([Washington Post](#)).***

You can learn more about your district’s social vulnerability index [here](#).

### ***Have Less Access to High-Quality Care***

Numerous studies have shown that people of color receive less care and lower-quality care than non-minority people, including for the very conditions that exacerbate COVID-19.<sup>xv</sup> Many people of color are also uninsured compared to white Americans.<sup>xvi</sup> While the ACA narrowed the coverage gaps between people of color and white Americans, the uninsured rate has been increasing since the Trump Administration began sabotage of the ACA in 2017.<sup>xvii</sup> While testing is free for everyone regardless of insurance status, uninsured people may lack a relationship with a health care provider and not know where to go to obtain testing.<sup>xviii</sup> People of color are overall less likely to have a regular source of health care or to have had a health visit within the past year.<sup>xix</sup> Discrimination within the health care system can also lead to long-term health complications and may contribute to a lack of testing referrals for people of color.<sup>xx</sup> <sup>xxi</sup>Decades of discrimination have also lead to mistrust in the health care system, making people of color more

hesitant to seek care than white Americans. <sup>xxii</sup>

### ***Are More Likely to Have Preventable, Manageable Conditions***

Lack of access to quality health care takes a toll on the health of communities of color. Minorities are more likely to have several underlying health conditions, including heart disease, diabetes, obesity, and hypertension, all of which exacerbate COVID-19. <sup>xxiii</sup> Overall, non-elderly African American adults, Latino and American Indian and Alaska Natives (AIANs) are more likely to report fair or poor health. <sup>xxiv</sup>

- According to the CDC, 13.3 percent of African Americans, 11.2 percent of Asian Americans, 20 percent of AIANs, and 10.3 percent of Latino people have diabetes, compared to 9.4 percent of whites. AIANs are 2.5 times more likely to die due to diabetes-related complications. <sup>xxv</sup>
- African Americans are also most likely to die of heart disease of all ethnic groups. <sup>xxvi</sup> Over 30 percent of AIANs reported at least one form of heart disease in 2012, compared with 11 percent of non-Hispanic whites.
- Latino people (46.9 percent), African Americans (47.5 percent), and AIANs (40 percent) are also the most likely to be obese. <sup>xxvii</sup>
- Diabetes rates for these groups are also much higher; 21.5 percent of Latino people and 19.6 percent of African Americans have diabetes. <sup>xxviii</sup>
- African Americans also have higher rates of asthma <sup>xxix</sup> and are nearly three times more likely to die from asthma. <sup>xxx</sup> Individuals below the poverty line are also most likely to have asthma. <sup>xxxi</sup> American Indian/Alaska Native children are 60 percent more likely to have asthma as non-Hispanic white children. <sup>xxxii</sup>

## REMEMBERING VIOLA HORTON

On March 15, 2020, Viola Horton, an 88 year-old active member of Morning Star Baptist Church in Fairmont, West Virginia attended a church anniversary service along with nearly 100 members of her community. Shortly thereafter, she started experiencing symptoms of COVID-19. Nearly 30% of the service attendees also tested positive. Shortly afterwards, the state of West Virginia suspended church services. On March 29, 2020, Ms. Vi – as she was known to those who loved her – passed away due to complications from COVID – 19.



- African American life expectancy has regularly been several years shorter than the rest of the population by almost three years.<sup>xxxiii</sup>
- Many people are unable to adhere to medication regimens – either because of lack of access, mistrust of a medical system, expense, or other factors.<sup>xxxiv</sup>

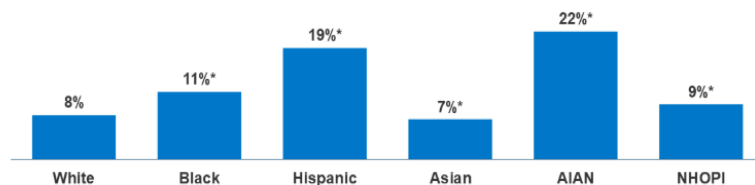
These factors make minority communities more susceptible to COVID-19. Ninety percent of hospitalized COVID-19 patients have at least one underlying health condition.<sup>xxxv</sup> Some studies show that COVID-19 may attack other organs besides the lungs, including the heart, leaving people with these pre-existing conditions at greater risk for serious long-term or fatal complications.<sup>xxxvi</sup>

### ***Are Less Likely to Have Health Insurance***

People of color are less likely to have health insurance and face more barriers when seeking care<sup>xxxvii</sup>. African Americans (11 percent), Latinos (19 percent), and American Indians (22 percent) are more likely to be uninsured than white Americans.<sup>xxxviii</sup> Nonelderly AIANs are significantly more likely to be uninsured than the rest of the nonelderly population (17 percent vs. 11 percent).<sup>xxxix</sup>

People of color are more likely to fall into the coverage gap or be ineligible for Medicaid or Marketplace coverage because of their citizenship status.<sup>xl</sup> They also report more barriers to receiving care, including cost and lack of primary care outside of the emergency room. Without access to reliable health insurance and primary care, people of color turn to our overloaded public health system or simply go without care.

Uninsured Rates Among Nonelderly Individuals by Race/Ethnicity, 2018



Source: [Kaiser Family Foundation](#)

### ***Have Poor Access to Healthy Foods***

COVID-19 has worsened many of the challenges Americans face every day. Food insecurity is no different. However, similar to trends prior to this global pandemic, some Americans experience food insecurity at higher rates than others. As noted above, while



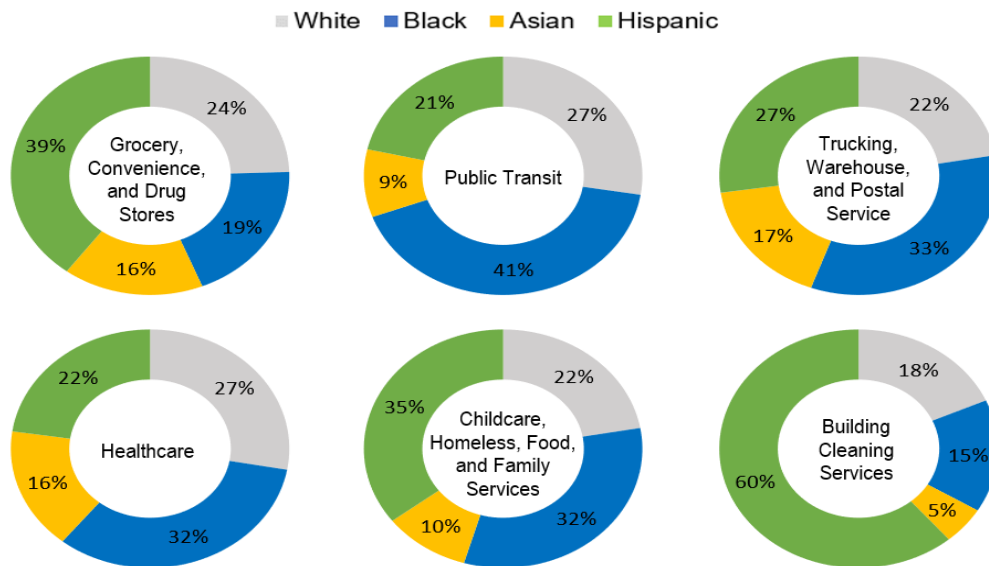
the national average for food insecurity is 12.3 percent, 22.5 percent of African American households and 18.5 percent of Latino households are food insecure.<sup>xli</sup> AIANs are twice as likely to be food insecure compared to whites.<sup>xlii</sup> Communities of color are at a higher risk of food insecurity due to factors such as income, education, food environment, employment status, and geography. As a result of the policies in place to mitigate the spread of COVID-19, these disparities are getting worse.

**More Likely To Work Frontline Jobs**

During the ongoing spread of COVID-19, our nation has relied heavily on the labor of frontline essential workers in agriculture, cleaning, delivery and warehouse, grocery, healthcare, and public transit jobs. These workers are critical to keeping the economy moving, and many of them come from communities of color. For example, while African American, Asian, and Latino people comprise 36 percent of the overall U.S. workforce, they constitute 58 percent of agricultural workers and 70 percent of maids and housekeepers.<sup>xliii</sup>

In New York City, which has been an epicenter of the COVID-19 epidemic, 75 percent of all frontline workers are people of color, including 82 percent of cleaning service employees. Furthermore, more than 40 percent of transit employees are African American, and 60 percent of cleaning workers are Latino.<sup>xliv</sup>

**New York City Frontline Workers, by Race and Ethnicity**



Source: [New York City Comptroller](#)

Although these frontline workers are at risk of contracting COVID-19, they are not always given the resources and support necessary to safely perform their duties.

In addition, many of these workers do not have the luxury of teleworking. African American and Latino workers are less likely to have jobs with the ability to work from home, putting them at greater risk for exposure to coronavirus.<sup>xlv</sup> Only 16.2 percent of Latino workers and 19.7 percent of African American workers can telework.

## Less than one in five black workers and roughly one in six Hispanic workers are able to work from home

Share of workers who can telework, by race and ethnicity, 2017–2018

Race/ethnicity		Able to telework
<i>Race</i>	<i>White</i>	29.9%
	<i>Black or African American</i>	19.7%
	<i>Asian</i>	37.0%
<i>Ethnicity</i>	<i>Hispanic or Latino</i>	16.2%
	<i>Non-Hispanic or Latino</i>	31.4%

Source: [Economic Policy Institute](#)

### ***Suffer Greater Exposure to Air Pollution***

Communities of color, especially African Americans, suffer greater exposure to air pollution and are at higher risk of the associated health impacts. Poor air quality is one of the greatest environmental health risks in the United States,<sup>xlvi</sup> and people of color are consistently overrepresented in counties with the worst air quality.<sup>xlvii</sup>

People of color make up nearly 50 percent of the 150 million Americans living in counties with unhealthy levels of ozone or particle pollution,<sup>xlviii xlix</sup> despite only constituting 39 percent of the total population,<sup>i</sup> and they represent nearly 70 percent of the 20.8 million Americans living under the worst air quality, according to the American Lung Association.<sup>ii iii</sup>

Air pollution is associated with serious health problems like hypertension, heart disease, and asthma – the same conditions now tied to severe and fatal cases of COVID-19.<sup>liii</sup> African Americans have higher rates of asthma and are nearly three times more likely to die from asthma-related causes than whites.<sup>liiv</sup> They are also 40 percent more likely to

have high blood pressure and 20 percent more likely to die from heart disease than non-Hispanic whites.<sup>lv</sup>

A new study from Harvard directly links long-term exposure to air pollution to higher COVID-19 mortality. Researchers found that someone who lives for decades in a county with high levels of fine particulate air pollution is 15 percent more likely to die from COVID-19 than someone in a region with one unit less of fine particulate pollution.<sup>lvi</sup> Senior study author, Francesca Dominici, said **the research suggests that counties with higher pollution levels “will be the ones that have higher numbers of hospitalizations, higher numbers of deaths, and where many of the resources should be concentrated.”**<sup>lvii</sup>

The Clean Air Act has produced significant improvements in air quality over the last 50 years, but levels of smog and particle pollution are still increasing, in part due to climate change. From 2016-2018, 150 million Americans were living in counties with at least one failing grade for smog or particle pollution.<sup>lviii</sup> That is an increase from 125 million in 2013-2015, to 134 million in 2014-2016, to 141.1 million in 2015-2017.<sup>lix</sup> Each of these years are among the ten hottest on record.<sup>lx</sup> Worsening air quality is among the many climate change impacts that low-income and minority communities suffer from disproportionately.<sup>lxi</sup>

### **Ongoing Environmental Rollbacks Harm Communities Already Struggling with COVID-19**

Low-income and minority communities have long suffered environmental injustices. These Americans have greater exposure to air pollution and toxic chemicals,<sup>lxii</sup> and they are at greater risk from the impacts of climate change.<sup>lxiii</sup> The COVID-19 pandemic is exposing these longstanding issues. These environmental challenges are part of the reason why people of color are getting sicker and dying from COVID-19 at a higher rate than the rest of the population.

Unfortunately, these same environmental challenges have been made worse over the past three years. President Trump has weakened nearly 100 environmental and health protections and severely undermined the fight against climate change.<sup>lxiv</sup>

Even in the middle of a pandemic, President Trump has taken actions that will worsen environmental injustices. These changes mean low-income and minority communities will suffer more and struggle harder to recover.

During the COVID-19 public health crisis, President Trump has:

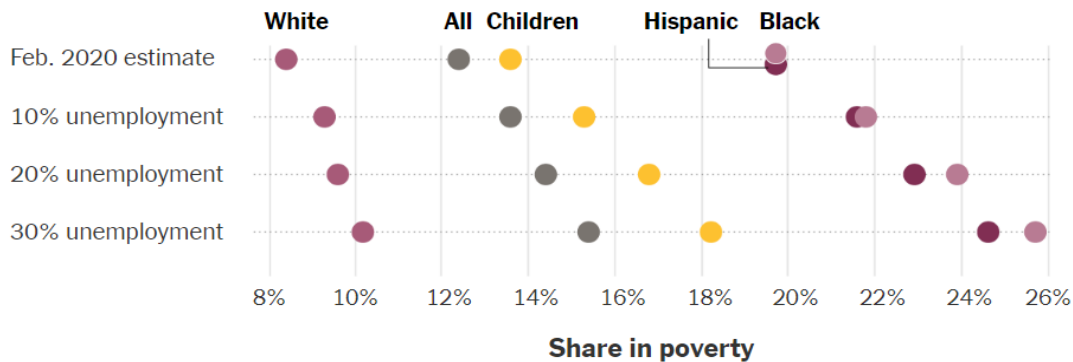
- Announced his Administration would not develop more protective standards for fine particulate matter,<sup>lxv</sup> despite research linking exposure to this pollution and higher COVID-19 death rates.<sup>lxvi</sup> Studies have shown that black Americans are exposed to more than 1.5 times more of this pollution than the overall population, and all non-whites are exposed to nearly 1.3 times more.<sup>lxvii</sup>
- Removed the legal authority for the Mercury and Air Toxic Standards, deciding it is no longer “appropriate and necessary” to regulate power plant mercury and air toxic emissions.<sup>lxviii</sup> This rule saves tens of thousands of lives every year and has in part reduced air toxic and mercury emissions by more than 55%<sup>lxix</sup> and 80%<sup>lxx</sup> respectively. President Trump has now allowed the rule to be effectively challenged in court.
- Waived requirements for oil refineries to produce “summer” gasoline blends,<sup>lxxi</sup> which help reduce smog. People of color, especially African Americans, are more likely to live in areas with the worse smog pollution.<sup>lxxii</sup>
- Delayed Superfund cleanup,<sup>lxxiii</sup> which will disproportionately affect minorities who make up nearly 50% of Americans living within one mile of a Superfund site,<sup>lxxiv</sup> despite constituting only 39 percent of the U.S. population.<sup>lxxv</sup>

### **Economic Outcomes for Communities of Color During COVID-19**

The economic fallout from COVID-19 is also having an outsized impact on minority employment. Even before record layoffs and furloughs due to COVID-19, the unemployment rate for African Americans was already higher compared to their white counterparts.<sup>lxxvi</sup> As unemployment continues to rise, families of color are expected to be hit disproportionately harder. According to researchers at Columbia University<sup>lxxvii</sup>, rising unemployment is projected to increase racial disparities for African American and Latino individuals, with poverty rates projected to rise twice as much among African Americans as among whites.<sup>lxxviii</sup> However, while rates will certainly rise, the projections did not account for actions taken by Democrats in the CARES Act to expand UI and provide direct cash payments to citizens to lessen the damage done by widespread unemployment. Also, tribal economies are service sector based/industries. Tribal businesses and governments are often the only employers on some reservations, and the massive layoffs and pending layoffs will negatively impact AIANS.<sup>lxxix</sup>

## High unemployment is projected to increase the poverty rate and widen racial disparities.

Poverty rate under different unemployment scenarios (second quarter, April-June)



Source: [The New York Times](#)

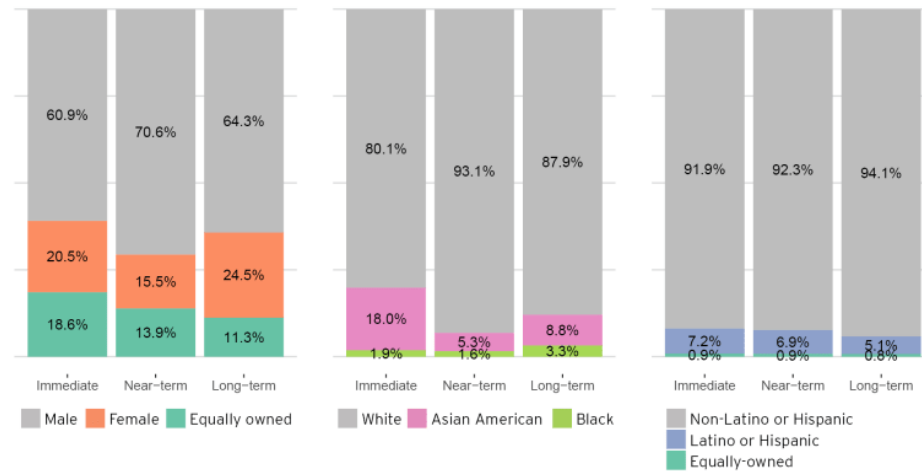
## Minority Small Business Owners Disproportionately Affected by the Coronavirus

Small businesses, generally defined as businesses employing fewer than 500 employees, account for roughly 44 percent of GDP<sup>lxxx</sup> and employ some 120 million people—nearly half of all workers.<sup>lxxxi</sup> Small-business ownership among people of color is significantly lower than among white men—people of color are 40 percent of the population, but are only 20 percent of small-business owners with employees.<sup>lxxxii</sup> Additionally, minority-owned businesses access financing much less often than do white-owned businesses—for example, only one percent of African American-owned businesses obtain loans in their founding year while seven percent of white-owned businesses do.<sup>lxxxiii</sup>

In general, minority-owned small businesses are more likely to be in industries most at risk from the crisis—retail, restaurants, and lodging establishments forced to close due to state stay-at-home orders.<sup>lxxxiv</sup> For example, looking at African American-owned businesses by revenue, we see health care and social services are the largest sectors followed closely by retail trade.<sup>lxxxv</sup>

FIGURE 5

**MWBEs are most represented in industries at immediate risk from COVID-19**  
Share of ownership by risk levels from COVID-19



Note: Based on the U.S. Census Bureau's classification of business ownership, people of Latino or Hispanic origin may be of any race.  
Source: Brookings analysis of the U.S. Census Bureau's 2016 Annual Survey of Entrepreneurs (ASE)

**B** Metropolitan Policy Program  
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Further, money from the Paycheck Protection Program, created by the [CARES Act](#), is not sufficiently reaching minority small-business owners. Many minority small-business owners do not have existing relationships with lending institutions, and lending institutions have prioritized loans for those with existing relationships.<sup>lxxxvi</sup>

Democrats negotiated improvements to the Paycheck Protection Program in the latest round to ensure more minority-owned businesses can receive much-needed relief. Of the \$310 billion allocated to the Paycheck Protection Program in the *Paycheck Protection Program and Health Care Enhancement Act*, \$30 billion is reserved for community-based lenders, small banks, and credit unions, and \$30 billion for mid-sized banks and credit unions.<sup>lxxxvii</sup> Because of this \$60 billion set-aside, unbanked and underserved businesses—including minority-owned businesses and small non-profits—will now be able to better access the Paycheck Protection Program.

## PAYCHECK PROTECTION PROGRAM: DESTINY BAPTIST CHURCH



Destiny Baptist Church in Martinsburg, West Virginia applied for the Small Business Association Payroll Protection Program (PPP) Loan after the CARES Act became law. After gathering the appropriate documents and working with a community bank, they successfully received funding. This allowed the faith based organization to continue to employ six workers during the pandemic. The SBA PPP provides cash-flow assistance through 100 percent federally guaranteed loans to employers who maintain their payroll during the COVID-19 pandemic. If employers maintain their payroll the loan is forgiven which enables workers remain employed. The positive economic impacts of this can be felt across communities.

## Food Insecurity for Communities of Color During COVID-19

COVID-19 has worsened food insecurity. It is recommended that families stock up on food to avoid frequent trips to the grocery store, but this may not be feasible for communities of color, who are most susceptible to food insecurity. Families are seeing a decrease in their income due to business closures or limited operations. Shelter-in-place orders have forced them to provide meals for their children that they would have received at school if classes were in session. While many school districts have continued providing meals, some families have trouble accessing these services due to transportation and child care issues.

The National School Lunch Program (NSLP) and the School Breakfast Program (SBP) provide free or reduced-priced meals to millions of students daily. Participation in these programs is higher among students of color than non-Hispanic white students.<sup>lxxxviii</sup> Schools have been working tirelessly to continue providing these programs and ensuring children have meals. However, the quality of the food could be a concern in some places, as low-income school systems typically don't have the resources to provide as many healthy food options as schools in higher-income neighborhoods. Despite the flexibilities that changes in legislation have allowed, under-funded school systems still may face additional challenges related to equipment and workforce that limit their reach.

Other food-assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) are critical for food-insecure individuals. About 40 percent of SNAP participants are people of color.<sup>lxxxix</sup> Also, approximately 25 percent of American Indian and Alaska Natives (AIANs) receive some type of federal food assistance (e.g., SNAP) and, in some tribal communities, participation is as high as 80 percent. Food banks also are a great resource for those who are food insecure. However, food banks have reported a large increase in people they are serving and a decrease in product as donations have been slower.

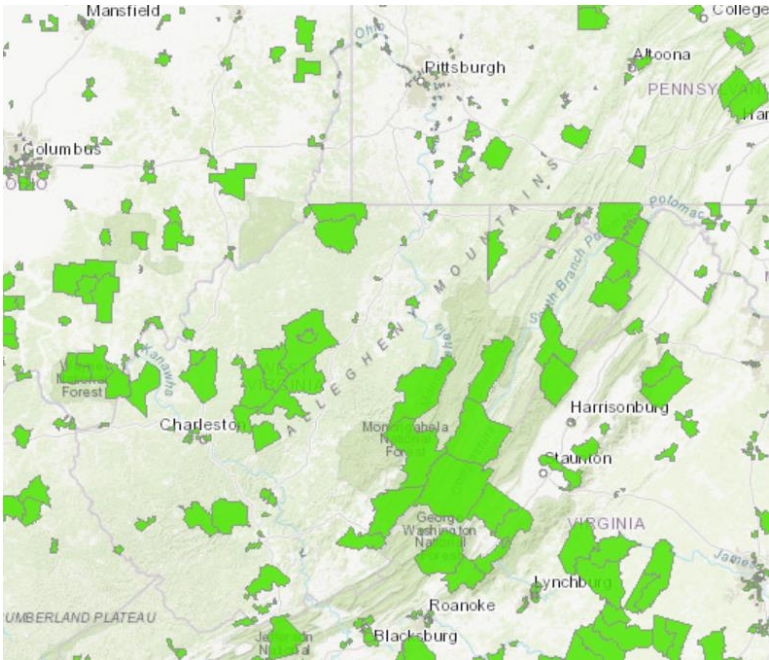
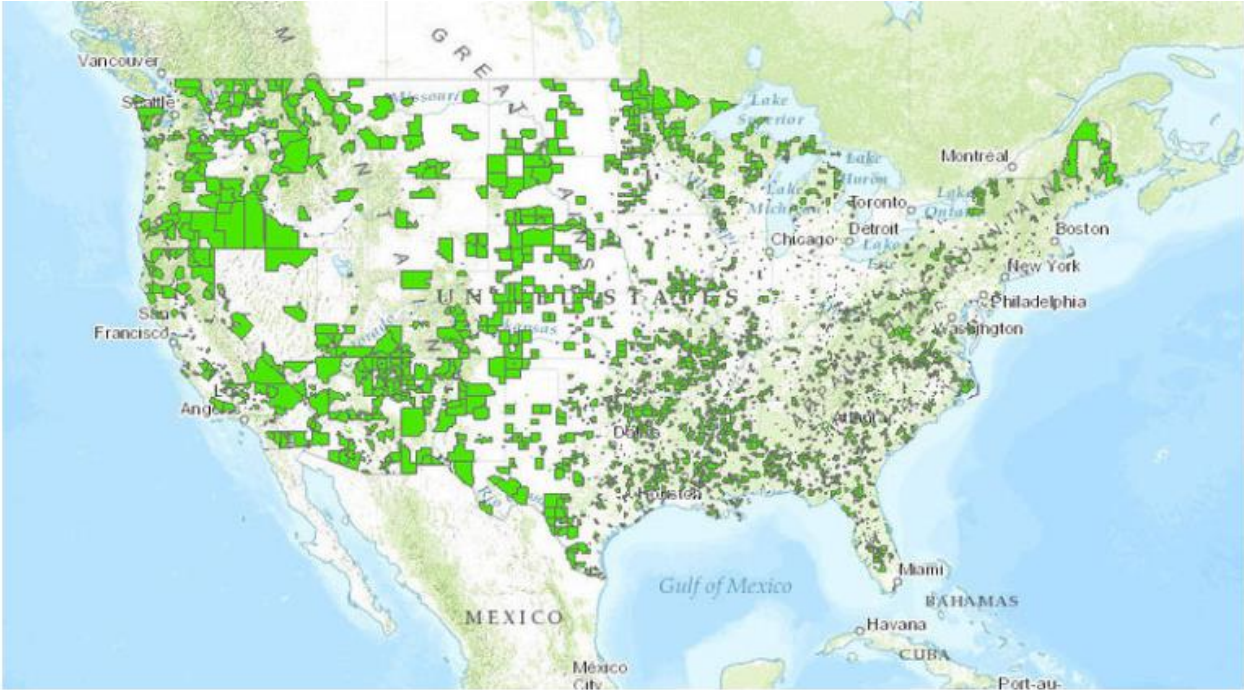
Even though there are various programs and entities that provide food assistance to families in need, many families still have challenges getting access to healthy, affordable food because they live in “food deserts.” Food deserts are areas where residents have limited to no access to healthy food. Because of a lack of grocery stores and farmers’ markets, residents of food deserts might have to rely on convenience stores, fast food restaurants, and gas stations for regular meals. These areas are commonly found in low-income areas and communities of color. Other factors also contribute to the accessibility of healthy foods such as affordability, transportation, and income.

According to a survey by a national association that represents federally funded Tribal food programs on Indian reservations, Indian Tribes are seeing an average 11 percent increase in new participants [over 50 percent at some sites] since WHO officially declared this a pandemic.

Approximately 25 percent of American Indian and Alaska Natives (AIANs) receive some type of federal food assistance (e.g., SNAP). In some tribal communities, participation is as high as 80 percent.



# Food Deserts in the United States & West Virginia



Source: [USDA](#)

## What We Can Do to Support Communities of Color

Senator Manchin is fighting to ensure the voices and struggles of communities of color are heard and addressed. Below are ways Congress and the Administration can help assist people of color during and beyond the COVID-19 pandemic.

- **Establish a special health insurance enrollment period for those who are uninsured.** The Affordable Care Act established health care marketplaces for uninsured people to sign up for health insurance during specific times of the year. These are unprecedented times, and Democrats called on the Trump Administration to re-open the health care marketplaces for people to sign up for quality health insurance.
- **Deploy widespread rapid-response testing as soon as possible.** Nationwide testing is a critical way to help contain the spread of the virus and allow the economy to restart. This is crucial for communities of color that depend on service jobs and who aren't able to work from home. Testing allows local officials to trace the virus' spread and keep workers safe. It also allows local health care professionals to prioritize treatment for those who need it most and manage scarce clinical resources. Democrats secured \$25 billion in the *Paycheck Protection Program and Health Care Enhancement Act* for testing as well as language to finally implement a national testing strategy. These are critical steps to increasing testing in every community.
- **Push for accurate and timely reporting of demographic breakdowns of COVID-19 testing, treatment, and facilities.** Without accurate and timely information on the effects of COVID-19 on communities of color, state, local, and national governments cannot ensure their containment plans are working for all demographics. Democrats have called on the Administration to institute a more stringent and complete breakdown of COVID-19 demographics.
- **Include minority populations in clinical trials for COVID-19 vaccines and treatments.** Minorities are often not fairly represented in clinical trials. As researchers and institutions begin developing and testing various therapeutics and vaccines for COVID-19, people of color must be encouraged to voluntarily participate in study designs to ensure participants reflect the general population.

- **Help Americans struggling to pay their utility bills.** Democrats secured nearly \$1 billion in funding for the Low Income Home Energy Assistance Program (LIHEAP) in the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* and the *Coronavirus Preparedness Supplemental Appropriations Act*. Together, these funds will help approximately three million low-income households pay their energy bills. Democrats have also called on the Administration to release these funds as quickly as possible to allow states to distribute this vital assistance.
- **Rebuild our nation's infrastructure** to provide needed sanitation and stimulate recovery and address the structural insufficiencies this crisis has exposed and made worse. Democrats recognize the opportunity to create jobs and rebuild our economy by investing in drinking water, wastewater projects, clean energy infrastructure, and broadband. Democrats are focused on providing Americans relief now while preparing for recovery.
- **Hold the Trump Administration accountable** for weakening environmental and health protections, especially in the midst of this pandemic. Democrats are calling out this Administration for undermining existing protections and relaxing enforcement of polluters. At the very least, the Trump Administration should extend comment periods, hearings, and meetings for any proposal until after the coronavirus pandemic.
- **Expand paid leave for workers to take care of themselves and their families.** Democrats secured emergency paid sick and family leave for workers employed by businesses with fewer than 500 employees should they have to stay home to care for a child or if they are experiencing symptoms of coronavirus. Democrats continue to fight to expand paid leave to every worker affected by this crisis.
- **Ensure workers who are laid off and furloughed due to coronavirus have the resources they need to pay their bills and take care of their families.** Democrats successfully fought to expand unemployment insurance to self-employed workers, independent contractors, furloughed workers, part-time workers, tipped employees, gig workers, and workers impacted by shutdowns due to COVID-19. They also fought to secure a weekly increase of \$600 through July 31, 2020 (4 months) for all workers receiving unemployment benefits. Benefits will be extended by 13 weeks to a total of 39 weeks.
- **Increase pay for essential frontline workers.** Democrats have proposed a Heroes Fund to provide frontline workers with a \$25,000 pay increase (\$13/hour increase) to recognize their ongoing work on the frontlines of this pandemic. The

premium pay for essential frontline workers would last through December 31, 2020 and will be made retroactive to the start of the public health emergency (January 27, 2020). This proposal also would provide a one-time \$15,000 bonus for individuals who sign up to become health care workers, home care workers, and first responders.

- **Expand protections for workers on the front lines.** Democrats are fighting for additional workplace protections for essential workers. Democrats have proposed legislation requiring the Occupational Safety and Health Administration (OSHA) to issue an Emergency Temporary Standard to ensure all frontline essential workers are kept safe by their employers during the pandemic.
- **Increase food security by supporting crucial programs to reduce hunger in communities of color.** Access to healthy and affordable meals is critical, as many diet-related illnesses such as obesity, diabetes, and cardiovascular disease are risk factors of COVID-19 morbidity and mortality. Democrats have championed and continue to fight for programs and policies that allow for better access to food for communities of color, such as:
  - Establishing the Health Emergency Supplemental Nutrition Assistance Program, which allows states to increase benefits for families who need additional food assistance during this crisis.
  - Eliminating certain restrictions that make it more difficult for families to continue to get the food they need while taking the precautions necessary when businesses are closed and families must stay at home.
  - Allowing schools and non-profits the flexibility to continue providing school meals, including through mobile delivery.
  - Creating a new Pandemic Electronic Benefit Transfer for families with children who normally rely on school meals so they can purchase food instead.
- **Expedite high-speed internet deployment.** Democrats secured additional funding in the *CARES Act* to help close the digital divide, including \$100 million in grant funding available through the USDA's ReConnect Program. Funding can be used for construction, improvement, or acquisition of facilities and equipment needed to provide broadband service in eligible rural areas. \$25 million in grant funding for USDA's Distance Learning and Telemedicine Program will help rural communities upgrade telecommunications capacity.

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