The U.S. Centers for Disease Control and Prevention reports that COVID-19 is disproportionately impacting communities of color in the U.S.1

As of May 16, 2020, 265 black/African-American, 23 Hispanic/Latino and 11 Asian-American Ohioans died with COVID-19. Information on the extent to which COVID-19 is impacting communities of color is limited, particularly for groups with smaller population sizes such as Hispanic/Latino and Asian-American Ohioans. However, current data suggests that the impact of COVID-19 on black/African-American Ohioans is far-reaching. This brief provides data on:

- COVID-19 cases, hospitalizations and deaths among black/African-American and white Ohioans relative to their proportions of the state population
- All-cause mortality in 2018 (most recently-available year) compared to COVID-19 mortality in 2020 among black/African-American Ohioans
- COVID-19 deaths in 2020 compared to leading causes of death in 2018 among black/African-American Ohioans

**Figure 1. COVID-19 cases, hospitalizations and deaths through May 16, 2020 compared to population estimates, by race**

- Black/African-American Ohioans make up 13% of the state’s population but account for larger percentages of COVID-19 cases, hospitalizations and deaths
- White Ohioans make up about 82% of the state’s population, but account for smaller percentages of COVID-19 cases, hospitalizations and deaths

**Source:** HPIO analysis of data from CDC WONDER, Single-race population estimates accessed May 13, 2020, and the Ohio Department of Health Coronavirus (COVID-19) Dashboard accessed May 17, 2020 at 10 a.m.
Data challenges

This brief presents data stratified by race as reported on the Ohio Department of Health Coronavirus Dashboard. Currently, there is not enough publicly-available information to assess the full impact of COVID-19 on racial and ethnic minority populations.

What we know

• Long before the COVID-19 pandemic, communities of color in Ohio experienced poorer health outcomes, including high rates of diabetes, hypertension and heart disease. Research indicates that these conditions may increase vulnerability to severe COVID-related symptoms.

• COVID-19 disparities data provide a surface-level view of underlying issues or inequities, including historical and contemporary racism and discrimination in policy and practice.

What we don’t know

• It is unclear how differences in testing rates may potentially impact case data on communities of color.

• Race is reported as “unknown” for 11.2% of cases, 4.9% of hospitalizations and .7% of deaths with COVID-19. Ethnicity is “unknown” for 28.1% of cases, 13.9% of hospitalizations and 1.7% of deaths.

• There is little to no information on how, or the extent to which, existing inequities, such as housing segregation and density and the disproportionate incarceration of black/African-American men, have exacerbated the impacts of the pandemic on communities of color.

Figure 1 compares COVID-19 deaths for black and white Ohioans relative to their proportions of the state’s total population. Black/African-American Ohioans are over-represented in COVID-19 cases (25.5%), hospitalizations (30.4%) and deaths (16.5%) compared to their percent of the state population (13%). In contrast, white Ohioans comprise 81.9% of Ohio’s population but account for 51.3% of COVID-19 cases, 56.1% of hospitalizations and 80.7% of deaths. As of May 16, 2020, there have been 7,006 COVID-19 cases, 1,479 hospitalizations and 265 deaths among black/African-American Ohioans.

Figure 2 compares all deaths in 2018 to COVID-19 deaths to date in 2020. Black/African-American Ohioans accounted for 11.4% of all deaths in 2018, yet account for 16.5% of COVID-19 deaths as of May 16, 2020.

Figure 2. Black/African-American percentage of all Ohio deaths in 2018 compared to black/African-American percentage of COVID-19 deaths in 2020*

Black/African-American Ohioans accounted for

11.4%
of all deaths in 2018, yet account for

16.5%
of COVID-19 deaths in 2020

*From March 17 to May 16, 2020

Source: HPIO analysis of data from Ohio Department of Health Public Health Data Warehouse accessed on May 14, 2020 and the Coronavirus (COVID-19) Dashboard accessed May 17, 2020 at 10 a.m.
Disparities in COVID-19 deaths: The role of age and race

Research indicates that older adults are more vulnerable to hospitalization and death due to COVID-19. Nearly 26% of the white population in Ohio is over the age of 60, compared to 17.4% of the black/African American population. Through May 16, 2020, 92% of Ohioans who died with COVID-19 were over age 60. 

Given this, it is expected that white Ohioans would be over-represented in COVID-19 deaths. However, according to data from the Ohio Department of Health, black/African-American Ohioans are over-represented in COVID-19 mortality and white Ohioans are slightly underrepresented (see figure 1).

Figure 3 compares the total number of COVID-19 deaths so far in 2020 to the number of deaths due to other causes during all of 2018 among black/African-American Ohioans. Deaths among black/African-American Ohioans with COVID-19 have already exceeded deaths from hypertension and motor vehicle crashes in all of 2018. As the virus continues to infect more Ohioans, it is likely that COVID-19 will cause more deaths among black/African-American Ohioans, surpassing many other leading causes in 2020.

Figure 3. Total number of COVID-19 deaths in 2020* compared to leading causes of death in 2018 among black/African-American Ohioans

<table>
<thead>
<tr>
<th>Leading causes of death for black/African-American Ohioans entire year 2018</th>
<th>Black/African-American COVID-19 deaths in Ohio from March 17 to May 16, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>3,188</td>
</tr>
<tr>
<td>Cancer</td>
<td>2,760</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>1,009</td>
</tr>
<tr>
<td>Unintentional drug overdose deaths</td>
<td>518</td>
</tr>
<tr>
<td>Motor vehicle crashes</td>
<td>210</td>
</tr>
<tr>
<td>Other accidents</td>
<td>281</td>
</tr>
<tr>
<td>Stroke and other cerebrovascular diseases</td>
<td>770</td>
</tr>
<tr>
<td>Diabetes</td>
<td>664</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases (asthma, COPD, etc.)</td>
<td>569</td>
</tr>
<tr>
<td>Homicide</td>
<td>453</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>389</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>353</td>
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<tr>
<td>Septicemia</td>
<td>296</td>
</tr>
<tr>
<td>Hypertension</td>
<td>221</td>
</tr>
</tbody>
</table>

*From March 17 to May 16, 2020

Source: HPIO analysis of data from Ohio Department of Health Public Health Data Warehouse accessed on May 18, 2020 and the Coronavirus (COVID-19) Dashboard accessed May 17, 2020 at 10 a.m.
From data to action

State policymakers can allocate targeted resources and implement evidence-based strategies to mitigate the impact of the pandemic on communities of color by:

- Reporting comprehensive race/ethnicity data, such as data on COVID-19 cases, hospitalizations and deaths disaggregated by race, ethnicity, age and county/census tract, and reporting of age-adjusted death rates by race and ethnicity. Richer data is necessary to understand the full extent of racial and ethnic disparities related to COVID-19.
- Funding public health and healthcare workforce cultural competency training to ensure compliance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
- Ensuring proportional representation of communities of color in the public health and healthcare workforce, including contact tracers and other surveillance workers.
- Targeting and tailoring public health resources for communities of color, including testing kits, awareness campaigns and other educational materials.
- Implementing State Health Improvement Plan strategies that have evidence of decreasing disparities and inequities, as well as taking action to address and eliminate racism and other forms of discrimination.

Because of current data availability, this brief focuses on race. Comprehensive data collection and reporting is critical to understanding the extent of the pandemic’s impact on other at-risk communities in Ohio, such as people with low incomes, with disabilities, living in rural or Appalachian regions of the state and immigrants/refugees.

Notes
2. Includes confirmed and probable cases, hospitalizations and deaths.

See HPIO’s first COVID-19 data brief, “Ohio COVID-19 Deaths Compared to Other Causes of Death”
https://bit.ly/3g1dtUx