

COVID-19 | Information for Tribal Communities

Frequently Asked Questions

What evidence is there that minority communities are getting hit harder by the coronavirus than their white peers?

Early data is already showing that the coronavirus pandemic is sending Black, Latino, and Native Americans to the hospital at higher rates than other groups. In [Clark County](#) 1 in 5 COVID-19 patients is African American, even though only 1 in 10 Las Vegas is Black. Mortality rates among minority communities is also disproportionately high: in [Chicago](#) and [Louisiana](#), African Americans make up over 70 percent of coronavirus deaths, though they make up 30 percent of those communities. In New York, African Americans and Latinos are dying at almost [twice the rate](#) of white and Asian patients. And in New Mexico, Native populations [lead the state](#) in the rate of infections.

Unfortunately, much of the data that the Centers for Disease Control (CDC) has collected on coronavirus doesn't tell the full story: for 65% of COVID-19 cases, race and ethnicity is unreported. In fact, CDC's limited data shows higher percentages of whites (59.9%) contracting COVID-19 compared with Asians (5.8%), blacks (33.6%), or American Indians and Alaska Natives (AI/AN) (.6%). Until the data is more complete, those figures will obscure the real impact on minority communities because we cannot confirm that white communities aren't being tested at higher rates than minority communities.

Why are minority communities seeing more severe impacts of COVID-19?

While research is in its early stages, available data suggests that certain socioeconomic and environmental factors leave minority populations at greater risk of exposure to COVID-19, and more vulnerable to serious cases of the illness.

[Statistically](#), minority communities have a harder time accessing health services. Nonelderly Hispanics are almost three times as likely as Whites to lack health insurance coverage, and nonelderly AI/ANs are over three times as likely as Whites to be uninsured. Similarly, significantly higher portions of Blacks (20%) and Hispanics (26%) report not having a source of care outside of the Emergency Room when compared with Whites (14%).

[Well-documented health disparities among minority communities](#) that are due in part to these access issues, mean that COVID-19 patients of color are also more likely to have the underlying diagnoses of diabetes, obesity, asthma, or hypertension that put individuals at greatest risk for serious COVID-19 illness.

Minority workers make up a greater portion of today's [essential workforce](#), making them more likely to contract COVID-19 during lock-downs. And, they're more likely to live in multi-generational homes, limiting the effectiveness of social distancing measures.

These and other structural issues leave minority communities at greater risk for nearly [any disease outbreak](#).

What is Congress doing to measure and address the impact of COVID-19 on minority communities?

In the most recent legislation to address coronavirus, the Paycheck Protection Program and Health Care Enhancement Act, Congress imposed new requirements on the federal government to collect better data, and make a plan to use it.

Specifically, the law requires regular reporting of demographic data, including on race, ethnicity, age, sex, geographic region, and other factors for COVID-19 cases, hospitalizations, and deaths, and epidemiological analysis of such data. Additionally, the federal government must develop a national strategic testing plan that

details how the Administration will increase domestic testing capacity, address disparities, and provide assistance and resources to states, localities, territories, and tribes.

What resources are available to individuals who become sick?

Congress has passed several measures to make available additional resources and protections for patients who become ill with COVID-19, or are simply showing symptoms of the disease.

Testing is free for all individuals, regardless of immigration status, what type of health insurance you have or if you're uninsured. Any services that you may receive as part of that test, such as a physician office visit or bloodwork, are also free of charge to the patient.

Additionally several accommodations have been made in federal health programs to make sure that patients with underlying health conditions can access the treatment or services they need. Telehealth services have been expanded for beneficiaries in both Medicare and Medicaid, and Medicare Part D plans must provide up to a 90-day (3 month) supply of a patient's prescription to those who request it.

You can find additional information on health coverage and other help available to you in my resource guide.