



INDIANA'S BLACK DEATH RATES FROM COVID-19 INSTITUTIONAL SOURCES OF DISPARITY

BACKGROUND

COVID-19 has resulted in a disproportionate number of deaths among black, Hispanic/Latinx, and indigenous Americans across the nation. Where data is available for various states and cities, these groups consistently experience worse outcomes. This trend holds true for Indiana's black residents. On April 13, 2020, the Indiana State Department of Health began including racial/ethnic demographics of diagnosed cases and deaths in its online dashboard. On that date, black Hoosiers comprised about 10 percent of Indiana's population, but 20 percent of COVID-19 deaths. This brief looks beyond differences in racial health disparities to understand the structural and social sources for these trends.

DATA CONSIDERATIONS

We looked at multiple sources to highlight potential origins of racial disparities that influence differences in COVID-19 outcomes. Currently, nearly half of the state's race-related data is missing and a quarter of individuals are listed as having an unknown race or ethnicity. Another 12 percent of cases are listed as "other" race. This brief focuses on trends among black residents because despite missing data, the disparities are still large.

POTENTIAL CONTRIBUTORS

Differences in underlying health issues

Black residents in Indiana tend to have higher rates of health conditions that may place them at higher risk for death from COVID-19. Specifically, black adults have higher rates of diabetes, high blood pressure, asthma, obesity, and stroke than white residents.¹ At

KEY FINDINGS

- Black Hoosiers may be at greater risk of exposure to COVID-19 due to:
 - Higher rates of employment in sectors deemed as essential services and with more human interaction
 - Living in food deserts and low rates of car ownership
 - Higher rates of homelessness and housing instability
 - Higher proportion of the prison population
- Black Hoosiers have lower rates of health insurance and primary care providers.
- Black Hoosiers have higher rates of asthma, obesity, diabetes, and high blood pressure than white Hoosiers.

the same time, research suggests that these health conditions among black Americans are often rooted in social determinants of health—environmental conditions and structures that shape an individual's health behaviors.²

Black Hoosiers and other racial/ethnic minorities are employed in at-risk sectors

The Indiana Institute for Working Families found that nonwhite employees make up 18 percent of the working population in Indiana. However, those numbers are higher in occupations now deemed

essential during Indiana's stay-at-home order. For example, nonwhite employees account for 26 percent of employees in the food services sector; 29 percent of health care support occupations (e.g., nursing and home health aides); and 29 percent of material moving occupations (e.g., bus and truck drivers).³ The nature of these professions may place black residents at greater risk.

Higher poverty rates may influence other negative outcomes

Though poverty has been identified as a source of inherent disparity for black Americans, it may play a particularly important role in obtaining health care during the COVID-19 crisis. In Indiana, fewer black adults report having a primary care physician or health insurance.¹ That trend may mean black residents are less likely to pursue medical care in the early stages of the illness or until the illness has progressed and hospitalization is required. Income instability also affects the ability to obtain needed materials to shelter in place.

Unemployment differences can exacerbate poverty rates. White Hoosiers experienced unemployment rates of 3 percent compared to nearly 8 percent for black Hoosiers at the end of 2018.⁴ Those rates improved by 2019, but current layoffs and furloughs have increased unemployment substantially. Higher unemployment—especially in a good economy—suggests more residents without employer-provided insurance or sufficient income, which may be even more pronounced among black residents.

Residential segregation contributes to fewer amenities in majority-black neighborhoods

Black residents of different socioeconomic statuses are likely to live in the same neighborhood in Indianapolis,⁵ suggesting potential exposures across different income levels. Notably, black Americans are more likely to have worse health outcomes than white Americans even at higher levels of income and educational attainment.⁶

Food access is an issue for neighborhoods with majority-black populations. In Indianapolis, nearly a third of black residents live in a food desert compared to 18 percent of white residents and 21 percent of

Hispanic/Latinx residents.⁷ Stores in these areas may lack healthy food options, forcing residents to go elsewhere for food and potentially reducing their ability to socially distance.

Additionally, due to neighborhood segregation and location, black Hoosiers have higher rates of exposure to air pollution than other racial/ethnic groups, potentially increasing their exposure to pollutants that can worsen breathing or lung conditions.⁸

Limited transportation options may increase exposure

In Indianapolis, about 16 percent of black households do not have a car, compared to 5 percent of white households and 7 percent of all households.⁹ Statewide, that figure grows to 18 percent for all black Hoosiers. This data suggests that many black commuters may be using public transit instead, which could make it harder to social distance. Recent reports from IndyGo bus drivers have highlighted their concerns being able to properly social distance from riders.¹⁰

Housing instability complicates social distancing

In Marion County, 61 percent of homeless individuals are black.¹¹ Reports that COVID-19 is spreading in Indianapolis' homeless shelters highlights a dangerous opportunity for infection among a highly vulnerable population.

For those who do have a place to call home, renters tend to be more financially unstable than homeowners. Research identified high rates of black renters in Marion County (70 percent) and Indiana (63 percent). In Marion County, neighborhoods with high proportions of black renters were associated with higher rent burdens.¹² Temporary policy protections prevent evictions of tenants who do not pay rent, but the effort may not provide long-term protections for renters.

Black offenders overrepresented in prison population

The Indiana Department of Correction reports 38 percent of its inmates are black, more than four times the state's black population.¹³ As Indiana reports increasing COVID-19 rates in state prisons and local jails, black inmates may be more likely to contract the virus due to close quarters in prisons.¹⁴

ADDITIONAL RESEARCH

Overall, social and structural determinants may help explain why COVID-19 has resulted in higher death rates among black Indiana residents. Importantly, COVID-19 is not the first example of how health disparities manifest in communities of color, but it has generated substantial attention compared to other health-related outcomes.

Additional studies need to consider the following:

- Local policy or organizational solutions to racial disparities related to COVID-19 and other health outcomes
- The role of medical discrimination and access to care for black residents, including equitable access to COVID-19 testing
- Opportunities to obtain higher quality data on race/ethnicity relating to COVID-19 cases

REFERENCES

1. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2020.
2. Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104.
3. Macey, E. (2019). Equity- Focused Career Counseling. October 2019. Indiana Institute for Working Families. Indianapolis, IN.
4. Economic Policy Institute. State unemployment rates by race and ethnicity. <https://www.epi.org/indicators/state-unemployment-race-ethnicity/>
5. Merritt, B. Pena, R, Bow, B., Camacho-Reyes, K. Purcell, J., & Yang, E. *Homeownership Rates and Home Values among Black Neighborhoods in Marion County (2018)*. Center for Research on Inclusion and Social Policy. Indianapolis, IN.
6. Olshansky, S. J., Antonucci, T., Berkman, L., Binstock, R. H., Boersch-Supan, A., Cacioppo, J. T., & Jackson, J. (2012). Differences in life expectancy due to race and educational differences are widening, and many may not catch up. *Health Affairs*, 31(8), 1803-1813.
7. Miguel Andres, U., Nowlin, M. & Tepe, (2019). Getting groceries: Food access across groups, neighborhoods, and time. The Polis Center. Indianapolis, IN.
8. PolicyLink via U.S. Environmental Protection Agency (National Air Toxins Assessment.); U.S. Census Bureau. Accessed April 2020. <https://nationalequityatlas.org/indicators/Air-pollution:Exposure-index/By-race-ethnicity:35886/United-States/Indiana/Risk-type:Cancer-and-non-cancer/>
9. PolicyLink via IPUMS. National Equity Atlas. Accessed April 2020. <https://nationalequityatlas.org/indicators/Car-access/By-race-ethnicity:49791/United-States/Indiana/>
10. Jefferson, S. "IndyGo works to address drivers' concerns about COVID-19 risk." WTHR. April 3rd, 2020. <https://www.wthr.com/article/indygo-works-address-drivers-concerns-about-covid-19-risk>
11. Roll, A. & Bailey, K. (2019). *Homelessness in Indianapolis: 2019 Point-in-Time Count*. IU Public Policy Institute. Indianapolis, IN.
12. Merritt, B. Camacho-Reyes, K. Yang, E., & Stringham-Marquis, K. (2019). *Rental Trends in Marion County (2012-2017)*. Center for Research on Inclusion and Social Policy. Indianapolis, IN.
13. Indiana Department of Corrections. (2018). *2018 Annual Report*. <https://www.in.gov/idoc/files/2018%20DOC%20Annual%20Report%20.pdf>
14. Cox, K. "23 inmates at six prisons test positive for COVID-19 in Indiana." April 10, 2020. <https://www.theindychannel.com/news/coronavirus/23-inmates-at-six-prisons-test-positive-for-covid-19-in-indiana>



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