

COVID-19 HAS BROUGHT GREATER EXPOSURE TO RACIAL INEQUITIES IN LOUISVILLE METRO AND NATIONWIDE

*African Americans currently account for roughly 27% of the COVID-19-related deaths in Metro, while making up only 23% of the population; Nationwide, African-Americans currently account for 22% percent of the coronavirus-related deaths, while making up 13% percent of total U.S. population

*Blacks are 3.7 times more likely to have died than Whites,

*In 42 states plus Washington D.C., Hispanics/Latinos make up a greater share of confirmed cases than their share of the population. In eight states, it's more than four times greater.

*Indigenous people are 3.5 times more likely to have died than Whites

*Overall Mortality: For each 100,000 Americans (of their respective group), about 74 Blacks have died from the coronavirus, the highest actual mortality rate of all groups—above Asians (31), Whites (32), Latinos (37), Pacific Islanders (48) and Indigenous people (60).

See: https://www.apmresearchlab.org/covid/deaths-by-race#black

See: https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-decogracial-disparities-look-like-state-by-state

COVID-19 RACIAL DISPARITY FACTORS AND CAUSES:

Depending on the community, this may be due to numerous, reinforcing factors related to a higher likelihood of contracting the virus—such as:

- 1) Greater workplace exposures, including inability to work from home or no to access sick days;
- 2) Living in geographic areas, housing arrangements including congregate settings (such as nursing homes, group homes, treatment centers, correctional facilities), or accessing public transportation where the virus is more easily spread.
- 3) It also results from poorer outcomes after acquiring COVID-19—such as resulting from less access to testing;
- 4) Higher presence of underlying health conditions like diabetes, hypertension and asthma; and receiving delayed or poorer medical care, perhaps because they lack health insurance or distrust health providers.

Studies have noted that the racial disparities in COVID-19 mortality—due to these compounding, elevated risks from our systems of housing, the labor force, health care systems, and policy responses—are the result of systemic racism.



OTHER RACIAL INEQUITIES IN LOUISVILLE METRO

*The black poverty rate in Louisville is 29.8%, nearly 3 times the white poverty rate of 10.2%.

*The white poverty rate of 10.2% is slightly lower than the national rate of 10.9%, while Louisville's black poverty rate of 29.8% is 7.3 percentage points higher than the national rate of 22.5%.

*73% of whites in Louisville own their homes v. 36% of black residents of Louisville.

*The median black family in Louisville earns \$35,870 a year v. \$61,977 a year for the median white family. In other words, black families earn 58% of what white families earn in our community.

*The average black college graduate in Louisville earns almost \$10,000 less a year than the average white college graduate.

WHAT DO WE KNOW?

As many jurisdictions call for more data and further study around racial inequities, the Louisville Metro Center for Health Equity has identified eleven (11) root causes, which lead to inequitable health outcomes:

Employment & Income, Transportation, Built Environment, Food Systems, Early Childhood Development, Health and Human Services, Neighborhood Development, Housing, Criminal Justice, Education, and Environmental Quality

RACISM IS A HEALTH CRISIS

U.S.:

- *The average white man earns \$2.7 million over a lifetime vs. \$1.8 million for the average black man.
- *The median black family in the U.S. earns \$41,511 a year vs. the median white family income of \$65,902 a year, which means black families earn 63% of what white families earn.
- *The poverty rate for white Americans is 10.9%, compared to the poverty rate of 22.5% for African Americans.
- *2.2% of businesses are black-owned (in a country that's 13.4% black).
- *69.6% of white families own their own homes vs. 41.4% of black families.

Louisville:

- *30% of Louisville households don't have home internet, but in West Louisville between 60-80%.
- *20% of Louisville households don't have a laptop or desktop computer at home, but in West Louisville to meet NTI, JCPS handed out 17,000+ Google Chromebooks to students who did not have a device at home. The majority of these went to students living in West Louisville.
- *90% of all jobs require digital skills and even jobs at fast food restaurants require you to apply online.
- *There are low-cost internet plans, but many residents in West Louisville, around 7,000 households don't qualify for these plans.
- *The overall death rate due to cancer for Louisville Metro was 188.47 per 100,000. Black men had the highest death rates and white women had the lowest.
- *The overall death rate for Louisville Metro for heart disease was 166.43 per 100,000. Black men had the highest death rates and white women had the lowest rates.
- *In West Louisville, life expectancy (genders combined) is approximately 67 years. In the eastern half of Jefferson County, which is more than 70% white, life expectancy is 82 years.
- *The mortality rate for black babies from 2011-2015 was 2.5 times higher than for white babies and nearly 3 times higher than Latino babies.
- *Between 1992 and 2013, college-educated whites saw their wealth soar by 86%, while college-educated blacks saw theirs plummet by 55%.
- *Both black and white college graduates enjoyed wealth gains between 2013 and 2016, but the median black college graduate's wealth in 2016 remained below its 1992 level.
- *In Louisville, 15% of whites live in poverty compared to 35.4% of blacks.
- *In 2016, the black unemployment rate in Louisville was more than double white residents (11% vs. 5%).
- *Blacks in Louisville were 2.6 times more likely to be arrested by LMPD than whites. In St. Matthews, blacks were 6.6 times more likely to be arrested by St. Matthews police, the highest ration in the state.
- *Blacks were 8.3% of the population in the state, but 29% of Kentucky's prison population.

ACROSS THE COUNTRY, LOCAL AND STATE LEADERS ARE DECLARING RACISM A PUBLIC HEALTH CRISIS OR EMERGENCY!

Columbus, OH
Franklin, OH
Indianapolis, IN
Memphis, TN
Kansas City, MO

BELOW IS A LINK TO THE GROWING LIST OF STATES, CITIES, AND COUNTIES THAT ARE DECLARING RACISM AS A PUBLIC HEALTH CRISIS OR EMERGENCY.

https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations

RESOLUTION AND EXECUTIVE ORDER FINDINGS

Minority populations are disproportionately exposed to conditions such as concentrated poverty, racism, limited educational and occupational opportunities, and other aspects of social and economic disadvantage contributing to violence. These conditions provide context for disproportionate rates of homicide and nonfatal violence experienced by African-Americans, particularly among young males. These disparities are sustained, in part, due to the persistence of unfavorable social conditions, and because exposure to childhood trauma and adversity is associated with increased risk for victimization and perpetration of violence, both within one's lifetime and across generations, which results in trauma to those who experience these sorts of crises.

See "Violence-Related Disparities Experienced by Black Youth and Young Adults: Opportunities for Prevention" <u>Am J Prev Med. 2018 October</u>--Author Kameron J. Sheats, PhD et. al.

POSSIBLE SOLUTIONS TO RACISM BEING A HEALTH CRISIS IN LOUISVILLE METRO

*Louisville Metro Council resolution, ordinance, or study or executive Order by the Mayor declaring racism as a health crisis.

- *Louisville Metro Council could lend support in addressing racism as a public health crisis by:
- 1. Passing relevant resolutions and ordinances that improve health in communities of color, and supports local, state, regional, and federal initiatives at anti-racism and that advance efforts to dismantle systemic racism.
- 2. Appropriate significant and necessary funding for all efforts at addressing racism as a public health crisis, and engage in equitable budgeting to support anti-racism measures and efforts.
- 3. Identifying clear goals and objectives, including periodic reports to the public, to assess progress and capitalize on opportunities to further advance racial equity and social justice in decision-making.

*Louisville Metro Government could commit to collaborating with local communities to search for more ways to counter systemic injustices by supporting community efforts to amplify issues of racism and engage actively and authentically with communities of color throughout Metro, and working to solidify alliances and partnerships with other anti-racism organizations that are confronting racism and creating anti-racism efforts.

RECENT PROTESTS AROUND POLICE KILLINGS HAVE ALSO BROUGHT SPECIAL ATTENTION TO RACISM AS A PUBLIC HEALTH CRISIS

The killings of Michael Brown, George Floyd, Ahmad Arbury, Oscar Grant, Tamir Rice, and Breonna Taylor, among many others, and the protests that followed have brought sustained national attention to the racialized character of police violence against civilians.

There is evidence to support that people of color face a higher likelihood of being killed by police than do white men and women, and that risk peaks in young adulthood, and men of color face a nontrivial lifetime risk of being killed by police, and African-American men are about 2.5 times more likely to be killed by police over the life course than are white men, and African-American women are about 1.4 times more likely to be killed by police than are white women.

See "Risk of being killed by police use of force in the United States by age, race—ethnicity, and sex" Proceedings of the National Academy of Sciences, August 20, 2019—Authors Frank Edwards, Hedwig Lee, and Michael Esposito







