

INEQUALITY IN A GLOBAL CRISIS: RACE AND ETHNICITY



Nonprofit organizations, which depend on philanthropic support from the community to carry out their critical missions, will continue to be affected by the short- and long-term impacts of COVID-19. The constituencies they assist will be impacted differently based on race, class, gender, disability and a multitude of other descriptors.

The implications of COVID-19 cannot be generically applied to all constituencies. Some constituencies are suffering at a far higher rate than others and philanthropists are looking for more than a “one-size fits all” solution.

While recognizing that race and ethnicity-based discrimination existed long before the coronavirus pandemic, this document provides an overview of how its effects are compounded by the current crisis and what solutions are being suggested.

KEY TAKEAWAYS FROM EXISTING DATA

HEALTH - Black Americans have historically higher incidences of cardiovascular disease, diabetes, chronic respiratory disease, hypertension, and cancer, which are the underlying conditions most likely to increase chance of death with COVID-19. Incarcerated and homeless populations have a high circumstantial risk of developing COVID-19. Black Americans comprise 40% of people experiencing homelessness, three times their representation in the U.S. population. Black and Brown people make up 56% of the prison population, double their representation in the U.S. population.

FINANCE - 1% of Black-owned businesses secure bank loans in the first year compared with 7% of white-owned businesses. Twice as many white business owners access credit cards in their first year. Black and Brown-owned businesses are being excluded from relief efforts when banks administer crisis relief to those with established loans or lines of credit.

LABOR – Latinx workers fill a large share of construction jobs, and Black workers are overrepresented in the service sector. Only 19.7% of Black workers and 16.2% of Latinx workers are able to telework. Prior to the coronavirus, 25% of the domestic workforce lived below the poverty line. A current study suggests 72% of Latinx domestic workers report unemployment.

GEOGRAPHY - Low-income neighborhoods in the U.S. where Black, Brown, and indigenous populations have been historically crowded into urban areas and reservations due to discriminatory policies are most severely impacted by the spread of coronavirus.

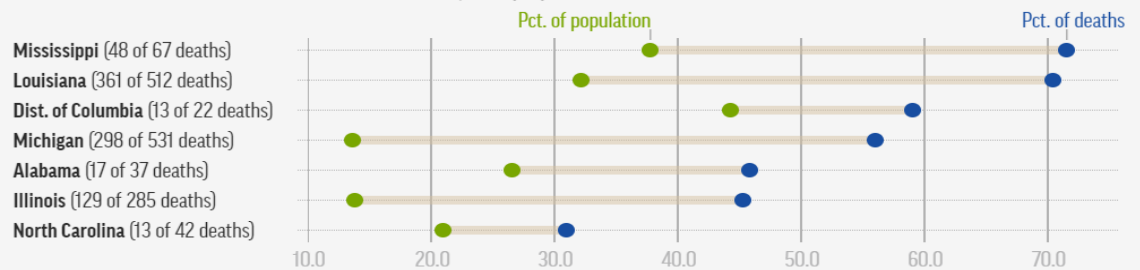
STIGMA – According to a survey conducted by USC on coronavirus and public perception, 14% of Asian Americans, 10% of non-Hispanic black Americans, and 6% of Hispanic Americans are more likely to experience discrimination, compared to 4% of White Americans. Other Asian Americans from Korea, Vietnam, the Philippines, and elsewhere are facing discriminatory threats by misguided association.

SOLUTIONS – Hospital capacity, treatment, rapid testing, safety nets, tracking, and translation should be expanded with a focus on marginalized groups. Protections for essential workers must also be expanded. Philanthropists can support black and brown-owned businesses by directly investing foundation assets, supporting worker-owned businesses, funding equitable growth, and investing in diversity and equitable skills training.

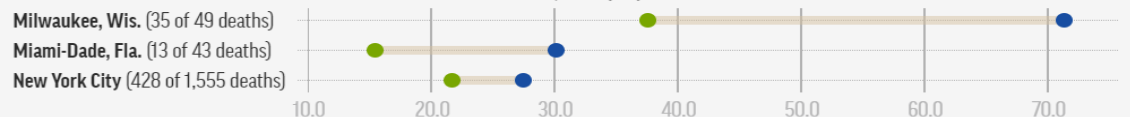
COVID-19 has disproportionately affected black people

African Americans account for more than 40% of COVID-19 deaths in the U.S. where the race of victims has been made publicly known. Data from states, cities and counties show black people are regularly overrepresented compared to their share of the population:

When the race of COVID-19 fatalities were known in states, black people accounted for:



When the race of COVID-19 fatalities were known in cities and counties, black people accounted for:



Data collected the week of April 5. Some cases of death existed where race wasn't known, those were left uncounted.

Source: AP reporting; American Community Survey / Graphic: Meghan Hoyer & Phil Holm

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COMMIT TO STOPPING STIGMA AND BUILDING COMMUNITY RESILIENCY BY:



1. Sharing the need for social and financial support for marginalized groups.



2. Maintaining privacy and confidentiality of those seeking healthcare.



3. Quickly communicating the risk or lack of risk associated with products, people, and places.



4. Raising awareness about COVID-19 without increasing fear.



5. Sharing accurate information about how the virus spreads.



6. Speaking out against negative behaviors and the exclusion of marginalized groups.



7. Being cautious about the images that are shared to avoid reinforcing stereotypes.



8. Engaging with marginalized groups in person and through social media.



9. Thanking healthcare workers, responders, and those providing essential services.

RESOURCES

- [Asian Pacific Policy and Planning Council](#)
- [Centers for Disease Control and Prevention](#)
- [Hand in Hand Fair Care Pledge](#)
- [Nonprofit Quarterly](#)
- [Nonprofit Quarterly](#)
- [Nonprofit Quarterly](#)
- [Pod Save the People](#)
- [The Associated Press](#)
- [The Atlantic](#)
- [The Evidence Base](#)
- [The Los Angeles Times](#)
- [The National Domestic Workers Alliance Coronavirus Care Fund](#)
- [The New York Times](#)
- [The New York Times](#)
- [The New York Times](#)
- [The Root](#)

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