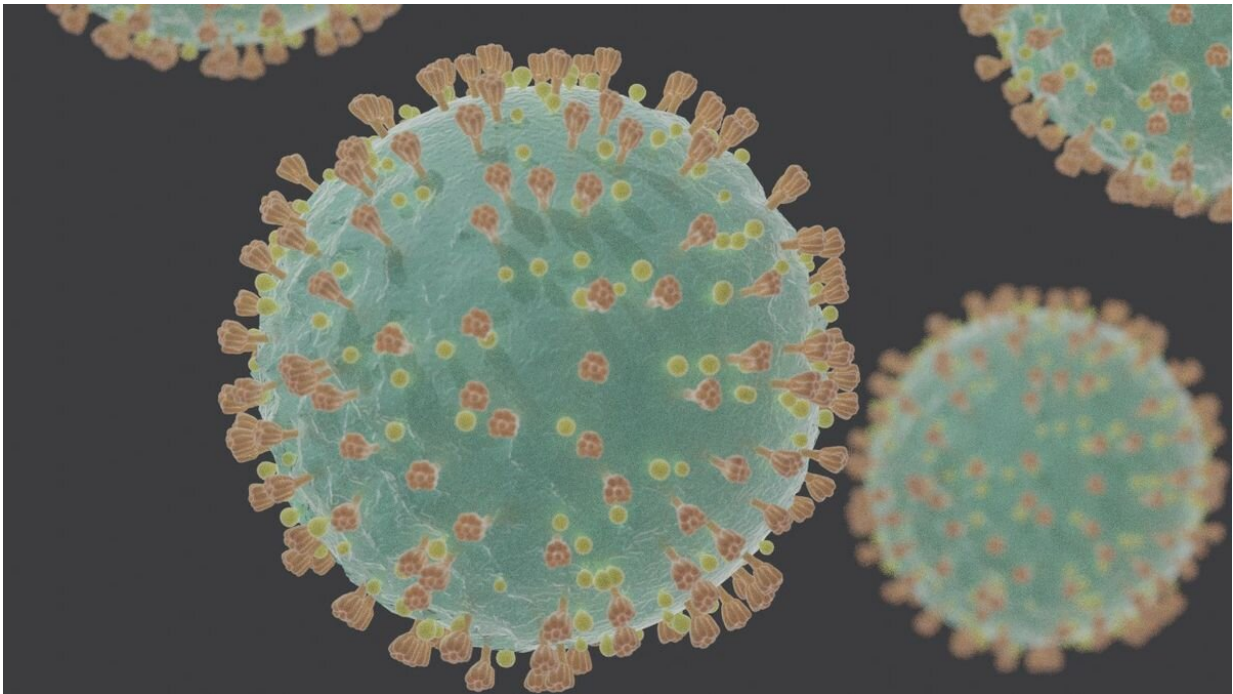


Counties with higher proportion of Black residents have more COVID-19 cases, deaths

August 14 2020, by Enrique Rivero



Credit: Wikimedia Commons

Drawing from a large number of national datasets, UCLA researchers have found that counties across the United States have 2.8% more COVID-19 cases and 2.9% more COVID-19–related deaths for every 1.0 percentage point increase in the population of Black residents.

By the end of May 2020, there were more than 1.5 million confirmed

COVID-19 infections and 100,000 COVID-19–related deaths in the U.S. since the beginning of the pandemic. While previous studies have found a disproportionate number of cases and deaths in communities with a high proportion of racial and ethnic minorities, those focused on counties within limited geographic areas, did not adjust for potential confounding factors such as access to [health care](#), or used statistical methods that did not allow for a broad comparison of counties both within and between states.

The researchers used data on demographics, income, poverty, unemployment, [environmental factors](#), access to physicians, hospital bed access, stay-at-home policies and COVID-19 from the 2018 American Community Survey, the February 2020 Bureau of Labor Statistics report, Johns Hopkins University, the National Center for Health Statistics 2013 Urban-Rural Classification Scheme, the 2020 Robert Wood Johnson Foundation County Health Rankings and Roadmaps, and the 2018–2019 Area Health Resources Files from the Health Resources and Services Administration. They limited their analysis to the 50 states and the District of Columbia from Jan. 22 to May 31, 2020.

The findings highlight the need for multifaceted policy solutions and more robust data collection to prevent the exacerbation of racial disparities and protect vulnerable populations during the COVID-19 pandemic.

More information: Christopher A. Scannell et al. Association Between County-Level Racial and Ethnic Characteristics and COVID-19 Cases and Deaths in the USA, *Journal of General Internal Medicine* (2020). [DOI: 10.1007/s11606-020-06083-8](https://doi.org/10.1007/s11606-020-06083-8)

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