

The Impact of COVID-19 on Communities of Color in Nevada



September 2020

Introduction

Recent reports demonstrate that the coronavirus pandemic has disproportionately affected communities of color. Data from the Centers for Disease Control and Prevention (CDC) reveal that “Latino and African-American residents of the United States have been three times as likely to become infected as their white neighbors. And Black and Latino people have been nearly twice as likely to die from the virus as white people [...]”¹ Closer to home, preliminary data suggest that Nevada’s racial and ethnic groups are among the hardest hit by COVID-19 in terms of infection, hospitalization, and mortality rates.

In addition to the direct and immediate health impacts, the pandemic has economically battered communities across the United States. Nevada is among those states that have been hit hardest by the public health crisis; the state’s unemployment rate remains one of the highest in the country.² While it is too soon to assess the full extent of the impacts of COVID-19, historical data indicate that communities of color tend to be disproportionately affected by economic crises.³ Underlying

health and economic conditions, structural factors, and inequities may leave members of racial and ethnically diverse groups particularly vulnerable to economic downturns and less able to respond and recover.

This policy brief identifies the preliminary health and economic impacts of COVID-19 on communities of color in Nevada. This report is divided into four main sections.

Section One describes the demographic differences in COVID-19 infections, hospitalizations, and deaths. Section Two describes health vulnerabilities related to COVID-19, including demographics of COVID-19 risk factors and disparities in access to healthcare. Section Three examines the direct economic impacts of COVID-19 by race and ethnicity. Section Four outlines a series of recommendations that decision makers want to take under advisement regarding ways to mitigate the economic and health impacts of COVID-19 on Nevada’s most vulnerable populations: communities of color.



The Health Impacts of COVID-19 on Communities of Color

This section examines the COVID-19 infection, hospitalization, and mortality rates by race and ethnicity.

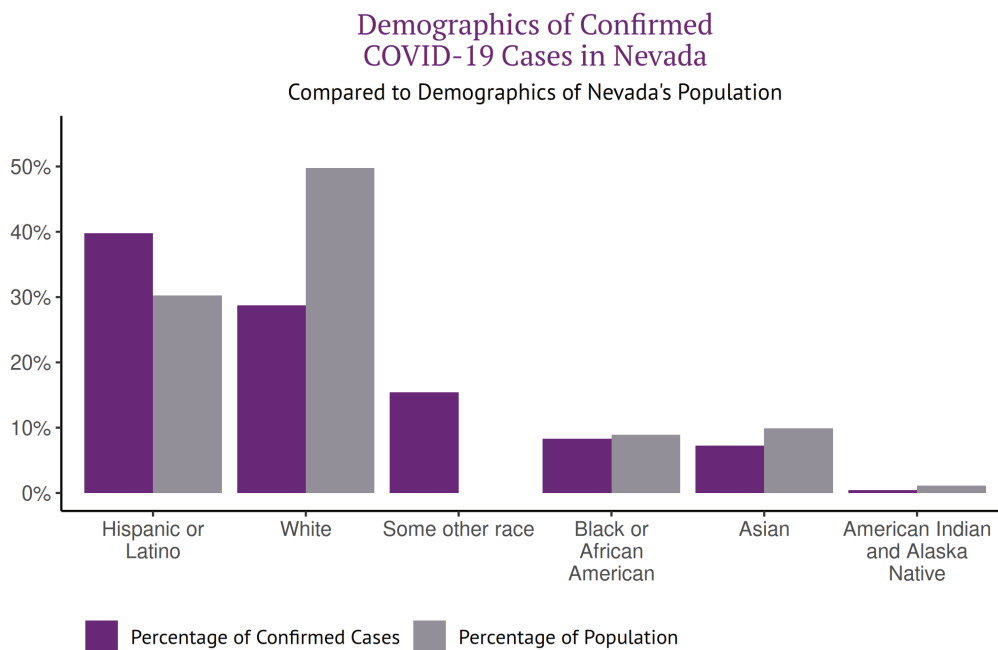
Confirmed COVID-19 Cases

As of August 25, 2020, there have been 66,666 confirmed COVID-19 cases in Nevada. The incidence rate of COVID-19 varies across racial and ethnic groups in Nevada. Non-Latino whites represent roughly 50.0 percent of Nevada’s population. However, they account for 28.8 percent of Nevada’s confirmed COVID-19 cases (see Figure 1).⁴ Asians comprise 9.9 percent of the population and account for 7.2 percent of cases. African Americans represent 8.9 percent of the population and account for 8.3 percent of COVID-19 cases. Latinos in Nevada represent 30.3 percent of the state’s population and account for 39.8 percent of cases. American Indians/Alaska Natives (AI/AN) comprise 1.1 percent of Nevada’s population and represent only 0.5 percent of COVID-19 cases. While the number of COVID-19 cases among Nevada’s Amer

ican Indian/Alaska Native communities appears low, it has been reported that “tribal case counts don’t seem to be reflected in state tallies.”⁵

Race and ethnicity data on COVID-19 cases in Nevada are incomplete with a “significant number” of records missing race and ethnicity data, according to the Nevada Health Response data dashboard established by the Nevada Governor’s Office and the Nevada Department of Health and Human Services.⁶ Therefore, the numbers reported here should be interpreted with caution. It is worth noting that the data limitations are not unique to Nevada, meaning that while numerous national reports point to major disparities in COVID-19 cases by race and ethnicity, missing data make it difficult to arrive at accurate estimates.

Figure 1: Latinos in Nevada Account for a Greater Share of Confirmed COVID-19 Cases



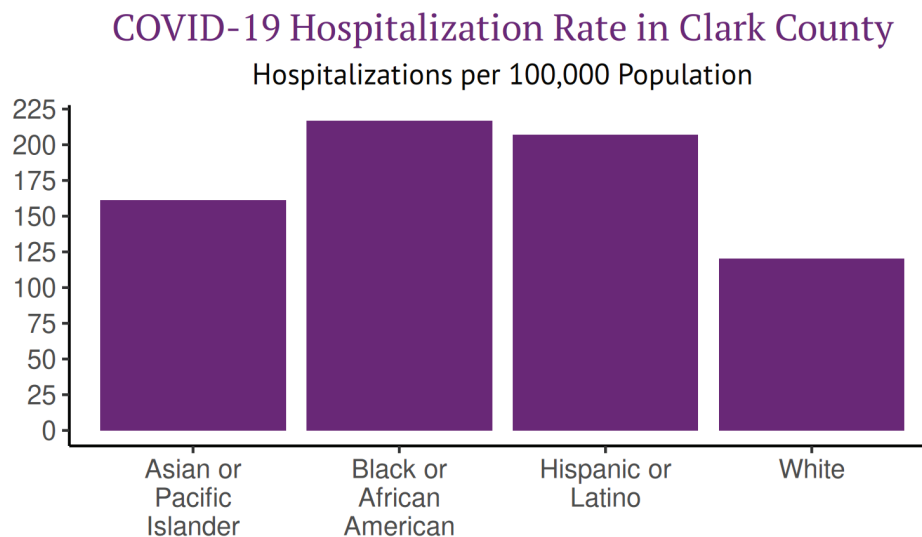
Source: Nevada Health Response
Data from August 25, 2020
All groups except for 'Hispanic or Latino' are non-Hispanic

COVID-19 Hospitalization Rates

Hospitalization rates also vary by race and ethnicity. Statewide hospitalization rate data are not available for Nevada; however, data are available for hospitalizations within Clark County, which accounts for the majority of the state's population and of the confirmed COVID-19 cases and deaths in the state. As shown in Figure 2, whites in Nevada have the lowest hospitalization rate, at 120.2

hospitalizations per 100,000 population. In contrast, African Americans have the highest hospitalization rate, at 216.9 hospitalizations per 100,000 population, nearly double the rate of whites. The hospitalization rate for Latinos is 207.2 per 100,000 population followed by Asian and Pacific Islanders at 161.2 hospitalizations per 100,000 population, respectively.

Figure 2: African Americans Have the Highest COVID-19 Hospitalization Rate in Clark County^a



Source: Southern Nevada Health District

Note: Numbers for American Indian suppressed (fewer than 12 hospitalizations).

Data from August 25, 2020

All racial/ethnic groupings except for 'Hispanic or Latino' are non-Hispanic

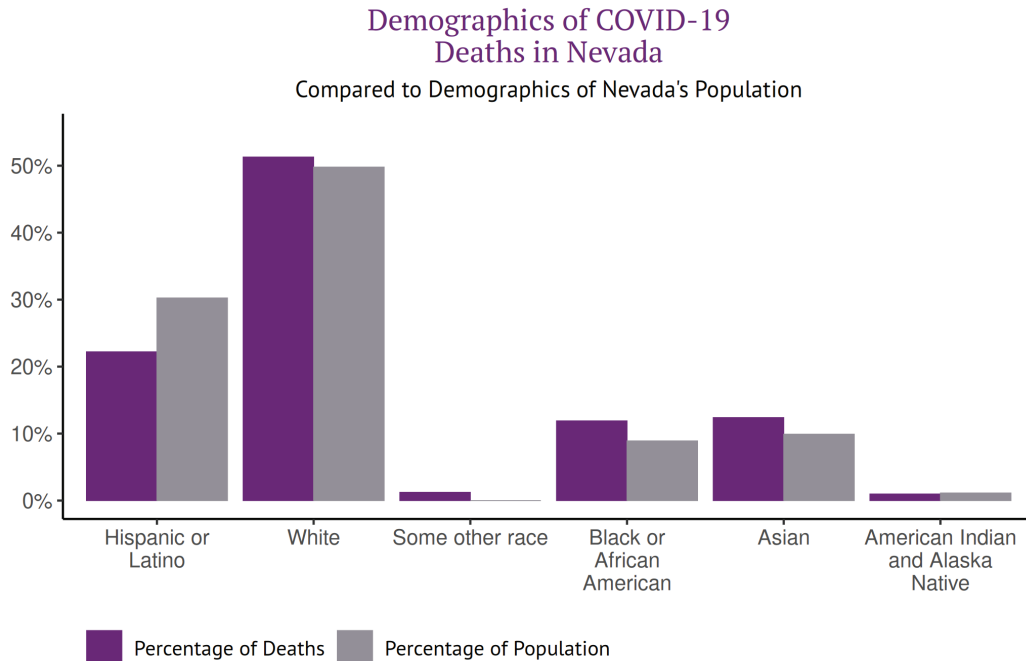
COVID-19 Mortality Rates

The demographic distribution of COVID-19 deaths also varies by race and ethnicity. As of August 25, 2020, there have been 1,250 COVID-19 deaths in Nevada. As Figure 3 illustrates, Asians account for 12.4 percent of deaths but only represent 9.9 percent of Nevada's population, and African Americans account for 11.9 percent of deaths but only 8.9 percent of the population. Whites account for

51.3 percent of deaths, which is roughly equivalent to their representation in the population. Latinos, which represent 30.0 percent of Nevada's population, account for 22.2 percent of deaths. American Indians represent 1.1 percent of Nevada's population and account for 0.9 percent of COVID-19 deaths.

^a Two notes about data presented in the figures throughout the report: First, throughout this report, the terminology describing racial and ethnic groups varies across figures. This is because different data sources use different terms. The terms used here reflect the language used in the original data source. Second, some figures include information on some racial and ethnic groups but not others. Again, the omission of any group reflects the limitations of the original data source.

Figure 3: COVID-19 Mortality Rates Are High Among Asians and African Americans in Nevada Relative to Their Share of the Population



Source: Nevada Health Response
Data from August 25, 2020
All groups except for 'Hispanic or Latino' are non-Hispanic

In Nevada, COVID-19 has disproportionately affected people of color. Latinos in Nevada have contracted COVID-19 in the greatest numbers relative to their share of the population. African Americans were hospitalized for COVID-19 related illness at the highest rates in Clark County. African

Americans and Asians have died from COVID-19 at higher rates relative to their respective shares of the population. Section Two will explore the underlying conditions that may account for these differences in COVID-related outcomes.



Underlying Health and Healthcare Access Factors Make Communities of Color More Vulnerable

The Centers for Disease Control and Prevention (CDC) reported that age, diabetes, heart disease, and lung diseases are among the most significant risk factors for severe COVID-19-related illness.⁷ The prevalence of these conditions among different racial and ethnic groups varies: whites tend to be older and have a higher prevalence of heart disease, but African Americans suffer higher rates of mortality from heart disease than whites despite a lower overall prevalence. African Americans and Latinos have a higher prevalence of diabetes.

While risk factors vary in prevalence among different racial and ethnic groups, people of color tend to have more limited access to health care. These underlying health conditions and differences in access to health care may contribute to the higher rates of COVID-19 incidence, hospitalizations, and mortality among diverse racial and ethnic groups compared to whites. This section examines the prevalence of underlying health conditions related to COVID-19 by race and ethnicity and describes differences in access to health insurance coverage.

COVID-19 Health Risk Factors Vary Among Racial and Ethnic Groups

The CDC found that advanced age and several underlying health conditions are major risk factors for COVID-19. As of May 2020, the most common underlying conditions reported in people with COVID-19 include heart disease (32 percent), diabetes (30 percent), and chronic lung disease (18 percent).⁸ Of people infected who required admission to an intensive-care unit, 78 percent had at least one underlying health condition. The CDC cites a significant body of evidence connecting these and other underlying health conditions to higher rates of hospitalization and death related to COVID-19.⁹ Age is another important factor: in Nevada, the majority of COVID-19 related deaths have been among people aged 60 and older.¹⁰

Below, we present data on age and the prevalence of diabetes, cardiovascular disease, and respiratory diseases by various demographic groups in Nevada. Our findings suggest that there is no consistent pattern in the distribution of risk factors by race and ethnicity in Nevada. Whites tend to be older and have a higher prevalence of heart disease, but African Americans suffer higher rates of mortality

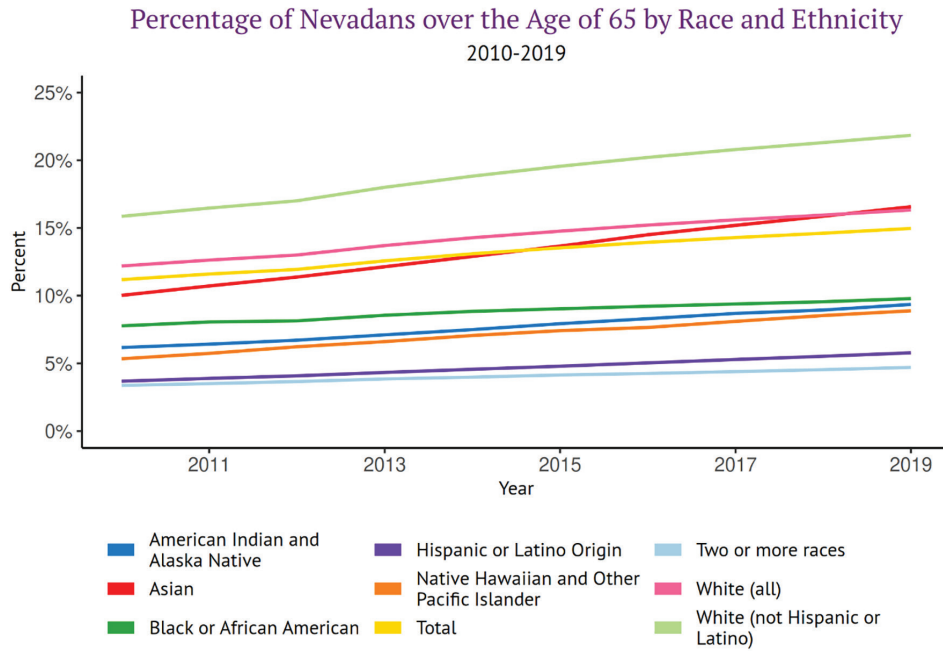
from heart disease than whites despite a lower overall prevalence. African Americans and Latinos have high rates of diabetes, while whites and African Americans have the highest rates of respiratory risk factors. Differences in COVID-19 infection, hospitalization, and mortality rates, then, are likely not solely attributable to differences in the distribution of risk factors.

Here we note that Nevada's overall population is aging. Old age is one of the greatest risk factors for severe COVID-19-related illness.¹¹ In Nevada, more than 80 percent of COVID-19 deaths have occurred among people over the age of 60.¹² In 2019, 20 percent of whites were over the age of 65; this percentage is higher than that of any other racial and/or ethnic group in the state (see Figure 4). More than 15 percent of Asians are over the age of 65. Less than 10 percent of African Americans, Latinos, American Indians, and Native Hawaiian/Other Pacific Islanders are over the age of 65.

Aging is associated with increased prevalence of conditions such as diabetes that are also risk factors for COVID-19.¹³ It is also associated with higher rates of mortality from causes such as cardiovascular disease.¹⁴

“ While risk factors vary in prevalence among different racial and ethnic groups, people of color tend to have more limited access to health care. ”

Figure 4: More than 20 Percent of White Nevadans Are Over the Age of 65



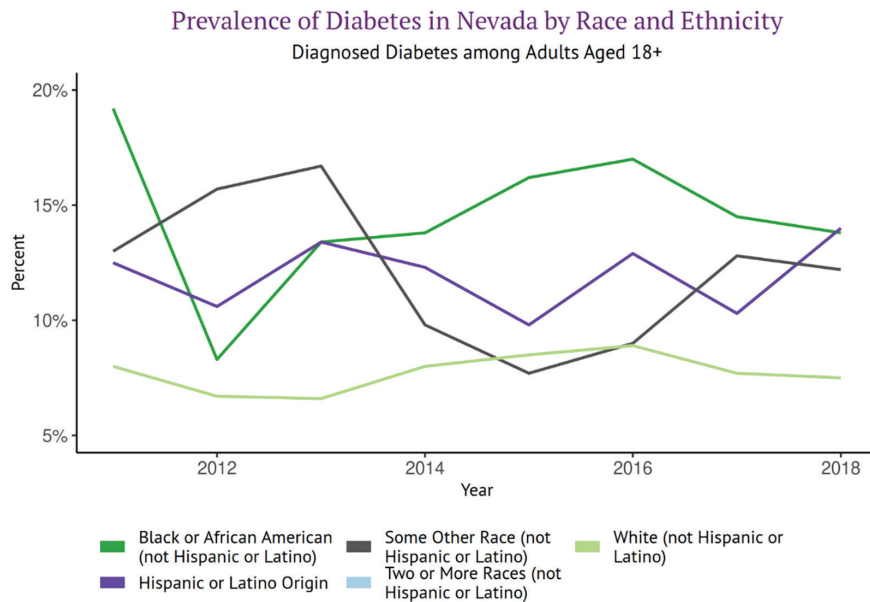
Source: U.S. Census Bureau

Diabetes Rates are Higher Among African Americans and Latinos

Individuals with diabetes are at a significant risk for COVID-19 complications. In Nevada, non-Latino whites have the lowest rate of diagnosed diabetes at less than 10 percent (Figure 5).¹⁵ Prevalence estimates for diagnosed diabetes among African

American adults fluctuated significantly over the period of analysis but have been the highest among all groups since 2014.¹⁶ Prevalence rates ranged between 10 and 15 percent for Latinos.

Figure 5: Diabetes Rates Are Higher Among African Americans and Latinos^b



Source: CDC Behavioral Risk Factor Surveillance System (BRFSS)

^b This figure uses self-reported data to estimate the prevalence of diabetes. It also does not differentiate between Type 1 and Type 2 diabetes, though Type 2 diabetes represents more than 90 percent of diabetes cases, so the figure is likely more representative of Type 2 diabetes.

Most Groups Have Similar Rates of Cardiovascular Disease, but African Americans Have Highest Cardiovascular Mortality Rates

Cardiovascular disease is currently the leading cause of death in Nevada and in the United States. It is characterized by substantial health disparities in the prevalence, mortality, and presence of risk factors across different racial and ethnic groups. Cardiovascular disease is one of the most significant risk factors for severe COVID-19-related illness.¹⁷

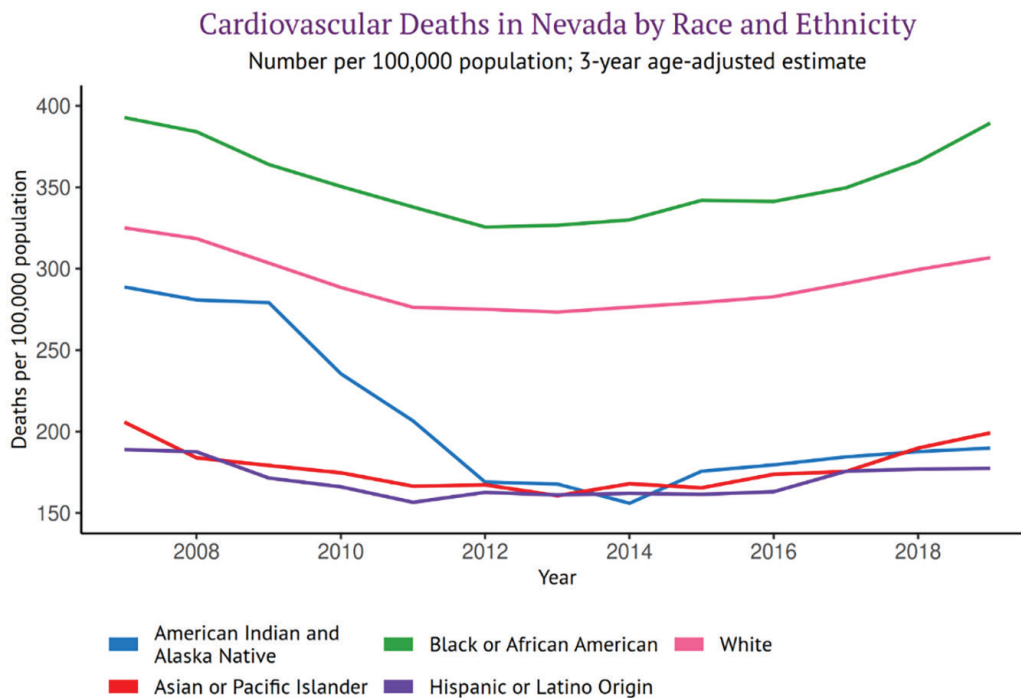
According to data from the Nevada Behavioral Risk Factor Surveillance System, the overall prevalence of heart disease in Nevada is the highest among American Indians/Alaska Natives (5.8 percent), followed by non-Latino whites (5.2 percent), and African Americans (5.0 percent). Asians and Pacific Islanders (4.7 percent) and Latinos (1.6 percent) had the lowest prevalence.¹⁸

Although American Indians and whites have the highest prevalence of heart disease in Nevada,

the mortality rate is highest among African Americans (see Figure 6). The cardiovascular mortality rate among African American adults in Nevada was approximately 400 cardiovascular deaths per 100,000 population in 2018. The cardiovascular mortality rate among white adults was about 325 per 100,000 population. The mortality rates for American Indians, Asians, and Latinos were less than 200 per 100,000 population.

The high cardiovascular mortality rate among white Nevadans may be attributed to the relatively advanced age of Nevada's white population (see Figure 4).¹⁹ The high rate among African Americans may be attributed to underlying health conditions. For example, risk factors for cardiovascular disease such as hypertension, obesity, and diabetes are higher among African American adults than white adults.²⁰

Figure 6: African Americans Have the Highest Cardiovascular Death Rate in Nevada



Source: United Health Foundation: America's Health Rankings

The higher mortality rates among this racial group may also be attributed to inequalities in access and quality to cardiovascular care received by African Americans.²¹ For example, a 2018 study found that whites were more likely than African Americans to receive specialist care from a cardiologist when admitted to an intensive care unit for heart failure.²² Another study found that white patients were more likely than African American patients to receive timely and appropriate medication for heart attacks in hospitals.²³

Respiratory Risk Factors in Nevada are Highest Among Whites and African Americans

Respiratory disease, specifically Chronic Obstructive Pulmonary Disease (COPD), is strongly associated with COVID-19 morbidity and mortality.²⁴ In 2019, 9.8 percent of whites in Nevada and 3.8 percent of Latinos had COPD (data on other racial and ethnic groups were not available).²⁵ Smoking is the leading cause of COPD.²⁶ In 2019, 21.6 percent of African Americans in Nevada, 16.6 percent of whites, and 11.2 percent of Latinos were smokers.²⁷ Asthma is another respiratory condition with the potential to exacerbate COVID-19 related illness. In 2019, 11.4 percent of African Americans in Nevada reported being told by a health professional that they have asthma, compared to 7.5 percent

of whites and 6.9 percent of Latinos.²⁸ One study found that African American children were much more likely than other racial or ethnic groups to be hospitalized for asthma.²⁹ Together, these data suggest that whites and African Americans have the highest rates of respiratory risk factors that may contribute to more severe COVID-19-related illness.

Lack of Health Insurance May Exacerbate Risk or Delay Medical Care

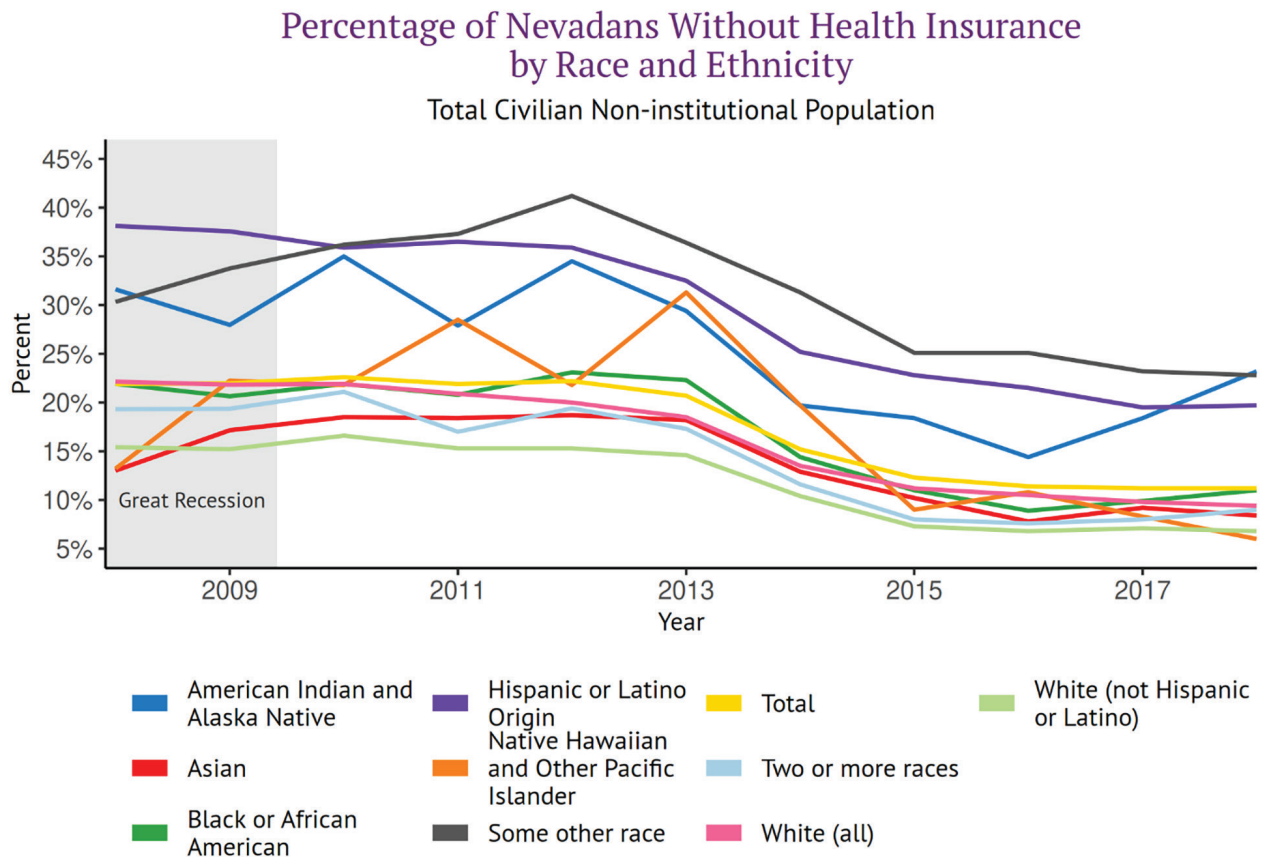
Racial and ethnic communities in Nevada often face barriers to accessing quality health care due to a variety of health, economic, social, and environmental factors, such as a lack of employer-sponsored insurance, and linguistic barriers in patient-provider communication. Lack of access to health care may interfere with the ability of members of communities of color to seek out necessary advice for avoiding infection during the pandemic. Racial factors have been linked also to differences in the quality of health care.³⁰ The 2018 National Healthcare Quality and Disparities Report found that African Americans, American Indians/Alaska Natives, and Native Hawaiians/Pacific Islanders received worse health care than whites on about 40 percent of the quality measures evaluated.³¹

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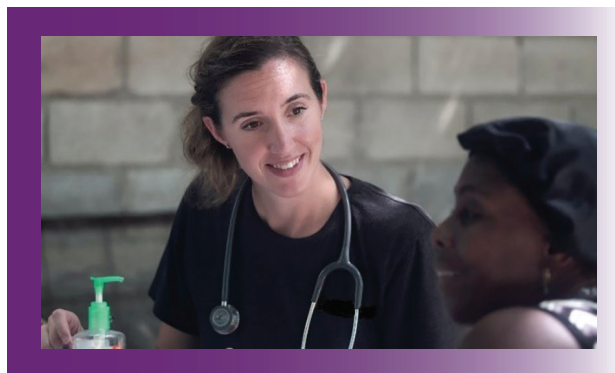
Health insurance is a major determinant of health care access.³² The number of Nevadans without health insurance has declined significantly in recent years, largely due to Nevada’s decision in 2015 to expand Medicaid. However, despite these efforts, Nevada’s uninsurance rate was the seventh-highest in the nation in 2019.³³ Roughly 338,700 Nevadans, or 11.0 percent of the population, lack health insurance, compared to the national rate of 9.0 percent.³⁴ Furthermore, Figure 7

shows that, while the overall uninsurance rate has declined, there are marked disparities in uninsurance rates across racial groups. Whites, Asians and individuals identifying as biracial/multiracial (i.e., Two or More Races) have the lowest uninsurance rates at roughly 9.0 percent. In contrast, American Indians/Alaska Natives and individuals identifying as Other Race have uninsurance rates greater than 22.0 percent, followed by Latinos at 20.0 percent, and African Americans at 11.0 percent.³⁵

Figure 7: A Large Proportion of Latinos and American Indians in Nevada Lack Health Insurance



Source: U.S. Census Bureau



As reported by the Guinn Center in 2019, Latinos accounted for about 36.0 percent of Nevada’s population, but almost 60.0 percent of its uninsured population.³⁶ One possible explanation for the high uninsurance rates among Nevada’s Latino population may be citizenship. In 2019, 27.0 percent of uninsured Nevadans lacked coverage due to immigration status.³⁷ Nevada has the highest share of unauthorized immigrants as a share of the total population (7.1 percent), followed by Texas (5.7 percent) and California (5.6 percent). Unauthorized immigrants account for more than one-third of all immigrants in Nevada.³⁸ In addition to lacking health insurance, many immigrants work in service sector jobs. Low rates of educational attainment and low household incomes have been linked to higher uninsurance rates and may also account, in part, for the high uninsurance rates among Latinos in Nevada.³⁹

Differences in uninsurance rates may also be attributed to disparities in employer-sponsored health insurance coverage. According to the Kaiser Family Foundation, 64.0 percent of nonelderly white adults in Nevada had employer-sponsored health insurance, compared to 48.0 percent of Latinos and 42.0 percent of African Americans.⁴⁰

Lack of health insurance can limit one’s access to health care, leading to worse health outcomes among uninsured populations.⁴¹ For instance, individuals with a dedicated health care provider are better positioned to receive necessary preventa-

tive care, to avoid emergency room visits, and to reduce overall health care costs.⁴² As of 2018, only 52.5 percent of Latinos in Nevada had a dedicated health care provider, compared to 72.1 percent of African Americans, 76.9 percent of whites, and 78.8 percent of Asians.⁴³ In short, uninsured individuals may avoid preventative care and postpone or avoid care for chronic conditions. Consequently, the uninsured population in Nevada may be more vulnerable to the health impacts of COVID-19, particularly if their insurance status reduces their access to information regarding prevention of COVID-19 infection and/or causes them to delay or defer treatment in the case of infection.

In Nevada, COVID-19 has disproportionately affected people of color. Underlying risk factors and health conditions make some members of racial and ethnic groups more vulnerable to COVID-19. Exacerbating underlying health risk factors are differences in health care coverage. For example, Latinos in Nevada have contracted COVID-19 in the greatest numbers relative to their share of the population. They also have the second highest rates of uninsurance (behind American Indians); and less than half of Latinos in Nevada have a dedicated health care provider and employer-sponsored health insurance. Lack of access to health care may interfere with the ability of Latinos to obtain or seek out necessary advice for avoiding infection during the pandemic and could also delay testing and treatment.

“Lack of health insurance can limit one’s access to health care, leading to worse health outcomes among uninsured populations.”



The Economic Vulnerability of Communities of Color

In response to the health crisis and following a wave of voluntary businesses closures, a statewide shutdown of nonessential businesses – including casinos – was ordered on March 18, 2020 in Nevada.⁴⁴ Nevada's economy, which is driven by tourism, gaming, and retail, was devastated by the pandemic. As a result of the closures, many Nevadans have experienced reduced hours, furloughs, and even job elimination. In April 2020, the state's unemployment rate reached 30.1 percent, the highest in the country and the highest rate ever recorded in U.S. history.⁴⁵ As a result, Nevada's unemployment claims skyrocketed. Moreover, almost half of the state's General Fund, Nevada's major operating fund, is derived from sales and gaming taxes. The economic shutdown resulted in reduced revenues leaving the state to address and close a historic \$1.2 billion budget shortfall, which they did in a special session in July 2020.⁴⁶

Given the health impacts of COVID-19, it is not surprising that the economic impacts have also affected communities of color in Nevada. Members of diverse racial and ethnic groups are employed in disproportionately high numbers in those economic sectors most deeply affected by the pandemic. Unemployment levels are higher for African Americans and Latinos than for whites.

Underlying economic, social, and structural factors leave these same communities more vulnerable and less resilient to economic downturns. In Nevada, people of color have lower rates of educational attainment, are often overrepresented in low-wage sectors, and, accordingly, have lower levels of employment income than whites. These factors are correlated, in turn, with higher rates of poverty. These inequalities are not new – the distribution of wealth, income, and education in Nevada and in the country has long been stratified by race and ethnicity.⁴⁷

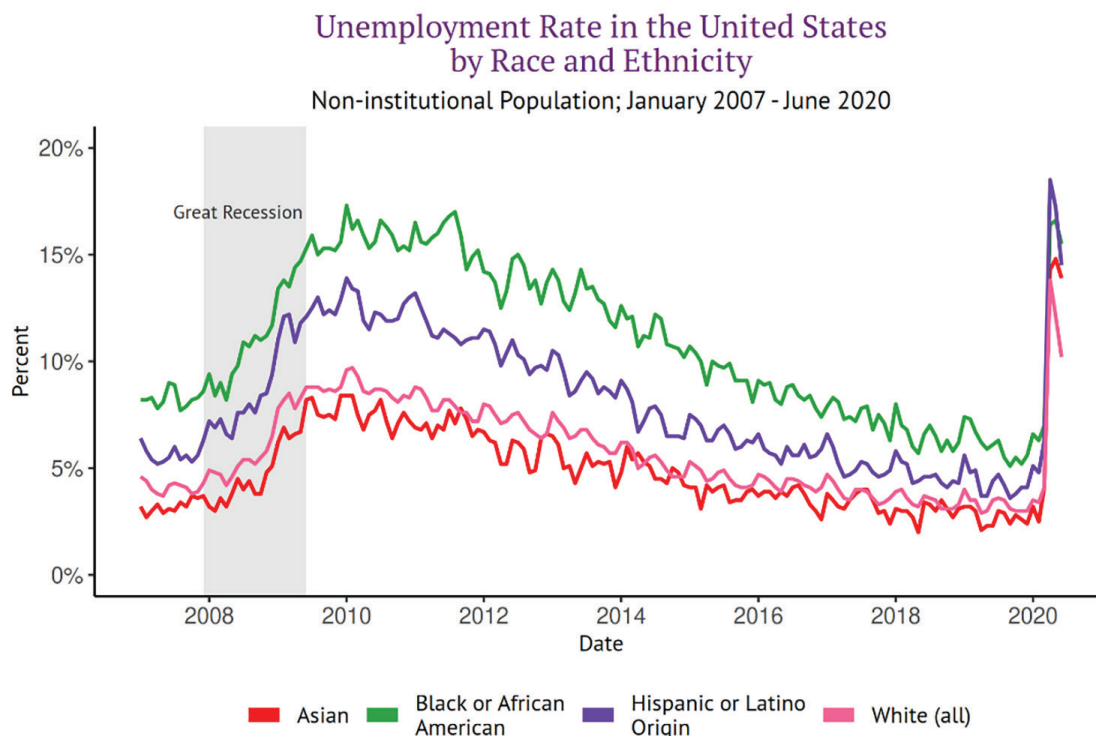
This section highlights some of the preliminary economic impacts of COVID-19 on Nevada's diverse racial and ethnic communities. Section Four offers a set of recommendations that decision makers may want to take under advisement as they consider ways to mitigate the impacts of COVID-19 on communities of color.

Unemployment Rates are Higher for People of Color

Preliminary national and state-level data already suggest that communities of color are disproportionately suffering the economic repercussions of the COVID-19 pandemic. The dramatic increase in unemployment is one of the most visible and damaging economic consequences. While current unemployment data by race are not available for Nevada, national data reveal that the unemployment rate for African Americans, Latinos, and Asians is higher than that for whites (Figure 8).

“...during the Great Recession, African Americans and Latinos experienced the highest unemployment rates during and following the recession.”

Figure 8: Unemployment Rates Are Higher for Latinos and African Americans Following the COVID-19 Related Economic Downturn

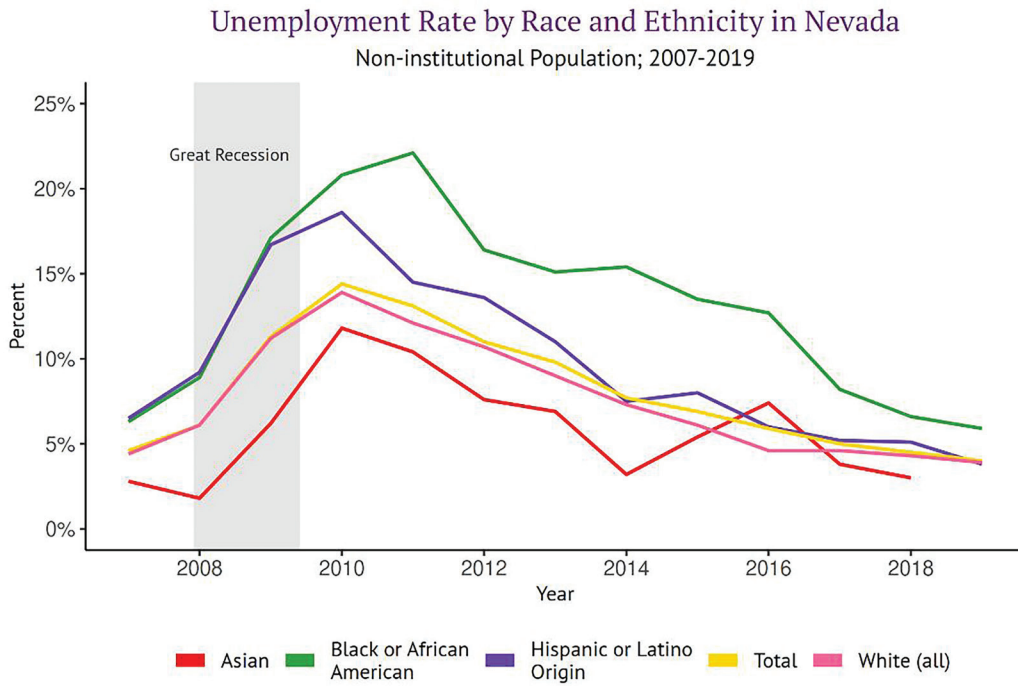


Source: Bureau of Labor Statistics. Retrieved from FRED, Federal Reserve Bank of St. Louis. Data are not seasonally adjusted.

While the data in Figure 8 are national, historical Nevada-specific data reveal that African Americans and Latinos have been adversely affected by economic crises. For instance, during the Great Recession, African Americans and Latinos experienced the highest unemployment rates during and following the recession (see Figure 9). Reflecting national trends, African Americans in Nevada consistently had the highest rates of unemployment both pre- and post-recession, reaching a maximum of 22.1 percent unemployment in 2011.⁴⁸ Though the overall unemployment rate in Nevada returned to pre-recession levels by 2019 and the employment gap for most racial and ethnic groups narrowed, African Americans still had a higher rate of unemployment than other racial and ethnic groups.

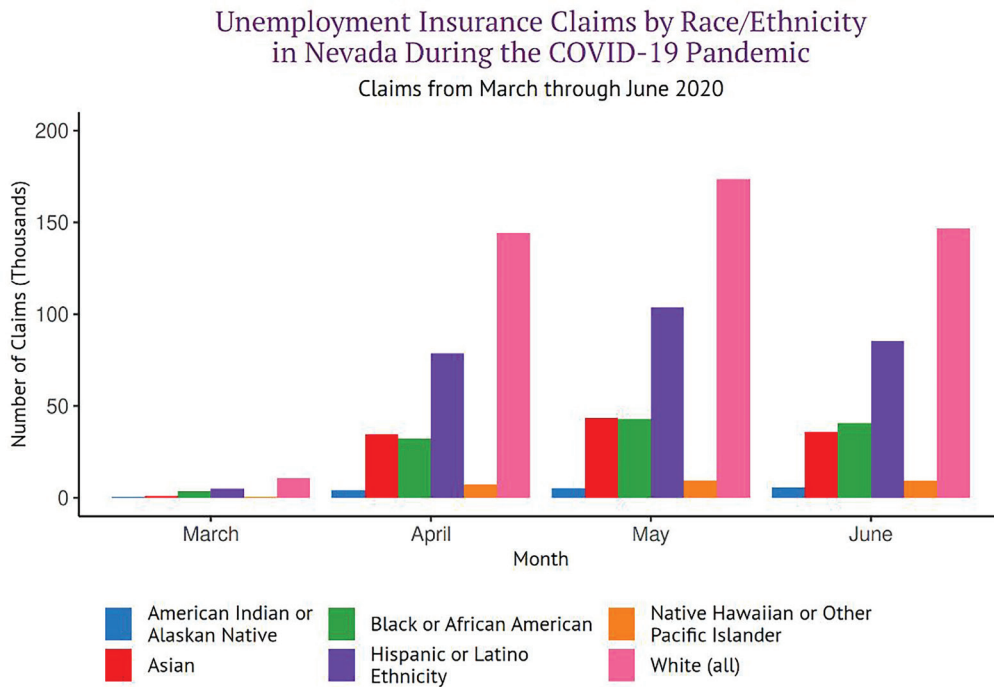
Unemployment claims data provide additional real-time insights into how the pandemic-induced economic crisis is affecting Nevadans across race and ethnicity. The COVID-19 pandemic resulted in a wave of business closures starting on March 18, 2020, causing an immediate and unprecedented spike in unemployment and unemployment insurance claims. The number of claims by race and ethnicity generally reflect the differences in the population size of each group: white Nevadans have consistently filed the most claims, followed by Latinos and then African Americans (see Figure 10).

Figure 9: The Unemployment Rate in Nevada Has Been the Highest Among African Americans



Source: Bureau of Labor Statistics
Note: Labor data for Asians not available for 2019

Figure 10: The Number of Unemployment Insurance Claims in Nevada Increased Sharply



Source: U.S. Department of Labor

Communities of Color are Employed in Sectors Most Affected by COVID-19

The public health emergency and the shutdown of businesses have affected some sectors more than others. In Nevada, the hardest hit sectors are retail, tourism and gaming, as well as accommodation and food services, which employ more than 500,000 people and account for 37 percent of the state's total employment.⁴⁹

As Figure 11 shows, people of color account for roughly half of all employment in the retail trade, transportation, health care and social assistance, administrative support services and waste management, and accommodation and food services sectors. In the accommodation and food services sector, Asians account for 16 percent of total employment (but comprise only ten percent of the population) and Latinos account for 36 percent of employment (but represent only 30 percent of the population). Figure 11 also reveals that the average

wage in the sectors that employ significant people of color is often lower than the state average wage.

Data on unemployment claims by sector show that sectors that employ more significant shares of people of color have been significantly affected by the COVID-19-induced economic crisis. As of July 18, 2020, unemployment claims in the accommodation and food services sector (99,351) accounted for more than one-third of all unemployment claims in Nevada (see Figure 12). Given their employment participation in these sectors (see Figure 11), job losses in accommodation and food services, administrative support services and waste management, and retail sectors have likely had a disproportionate impact on communities of color.

Figure 11: People of Color Are Overrepresented in Low-Wage Sectors in Nevada

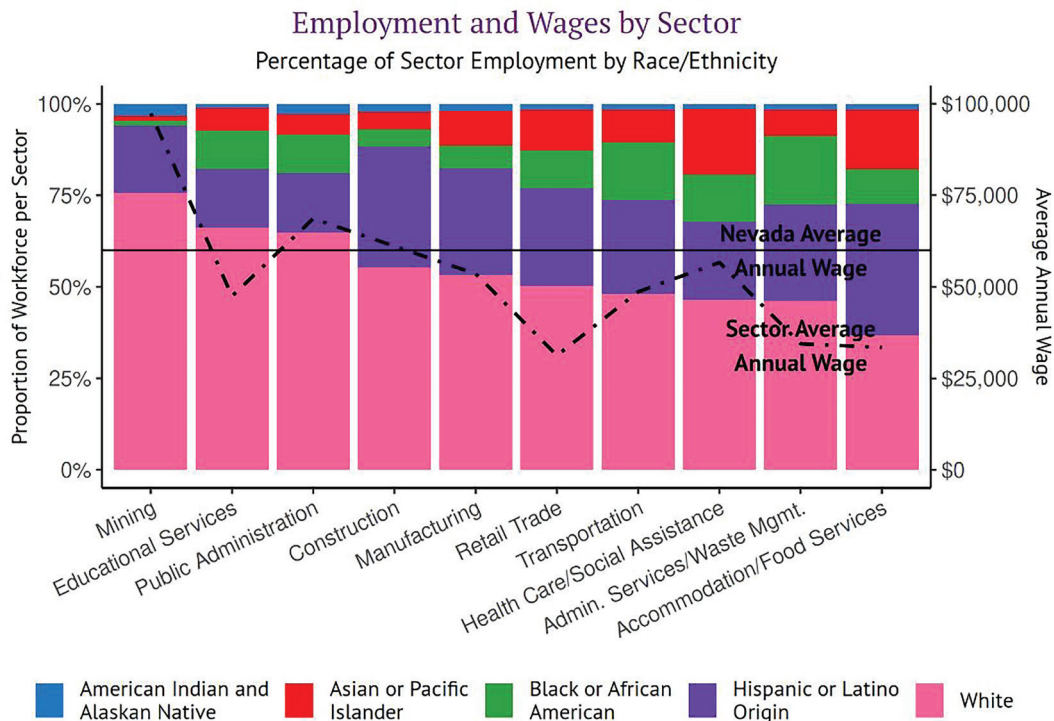
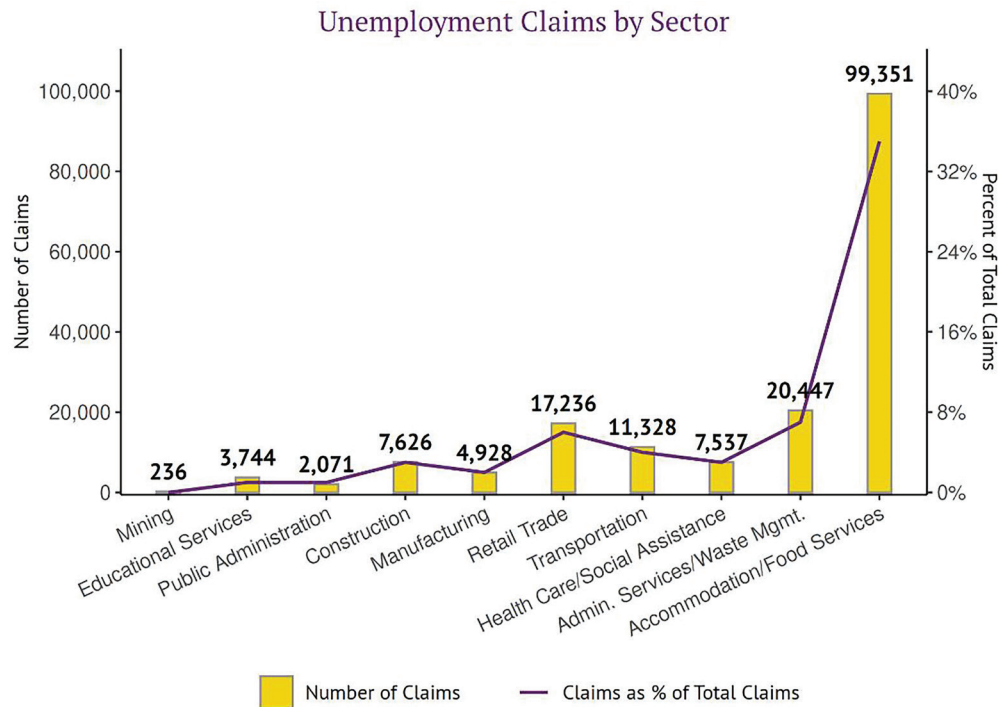


Figure 12: People of Color Are Overrepresented in the Hardest Hit Sectors in Nevada



Even when members of Nevada’s diverse racial and ethnic groups have not lost their jobs, many of them are employed in essential jobs. A recent Center for Economic Policy and Research (CEPR) report identified six sectors of the economy that are considered essential and in which most workers are on the frontlines of COVID-19 response efforts.⁵⁰ These are: grocery, convenience, and drug stores; public transit; trucking, warehouse, and postal service; building cleaning services; health care; and child care and social services.⁵¹ Assessing national data, the authors of the CEPR report arrived at the following conclusions:

- Workers in frontline industries are disproportionately women.
- People of color are overrepresented in many occupations within frontline industries.
- Immigrants are overrepresented in building cleaning services.
- Workers 50 years and older are overrepresented in frontline industries.
- The building cleaning services industry has a particularly high incidence of uninsured workers.⁵²

A review of Nevada-specific data finds that national trends play out within our local workforce

(see Figure 13). Asians and African Americans are overrepresented in frontline industries in Nevada: Asians account for 10.8 percent of the Silver State workforce, but 14.0 percent of the workforce in frontline industries, and 19.3 percent of employment in the healthcare industry. African Americans account for 8.5 percent of Nevada’s workforce, but ten percent of the workforce in frontline industries, and 24.0 percent of employment in the public transit industry. Latinos account for 28.3 percent of Nevada’s workforce, 26.0 percent of employment in frontline industries, and 62.5 percent in building cleaning industries. As shown in Figure 13, people of color account for the majority of the workforce in public transit and building cleaning services. Whites account for 51.0 percent of the workforce, but only 48.4 percent of employment in frontline industries.⁵³

Table 1 also indicates that foreign born workers are overrepresented in building cleaning services industry. Additionally, workers with lower rates of educational attainment (less than a college degree) are overrepresented in the following frontline industries: building cleaning services, grocery stores, public transit, and trucking, warehouse, and postal service.

Figure 13: People of Color Are Overrepresented in Frontline Industries of COVID-19 Response in Nevada

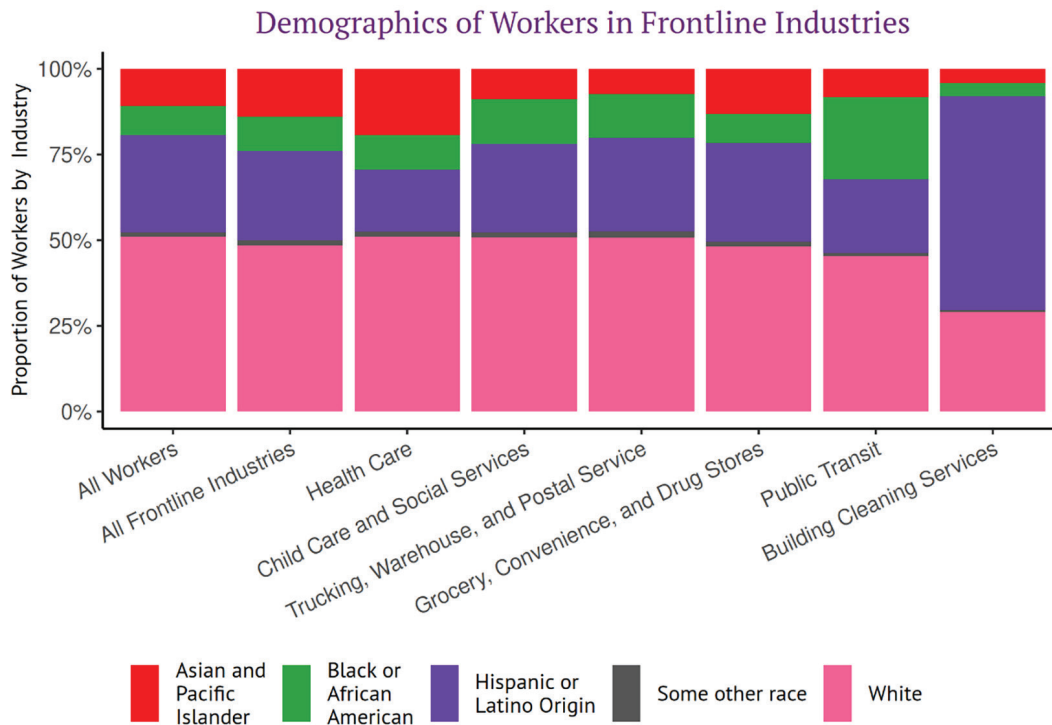


Table 1. Characteristics of Workers in COVID-19 Frontline Industries in Nevada

	All Workers	All Frontline Industries	Grocery, Convenience & Drug Stores	Public Transit	Trucking, Warehouse & Postal Service	Building Cleaning Services	Health Care	Child Care & Social Services
<i>All Workers (16+)</i>	1,365,908	212,551	52,894	4,032	25,259	16,886	95,520	17,960
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Female	46.2	59.9	50.1	31.1	23.5	51.2	73.3	83.6
Race/Ethnicity								
White	51.0	48.4	48.1	45.4	50.7	29.0	51.0	50.8
Black	8.5	10.0	8.6	23.9	12.7	3.7	10.1	13.0
Latino/Hispanic	28.3	26.0	28.7	21.5	27.3	62.5	18.0	25.7
Asian/Pacific Islander	10.8	14.0	13.0	8.3	7.3	4.2	19.3	8.9
Other	1.4	1.5	1.5	0.9	2.0	0.6	1.5	1.6
Foreign Born	25.9	25.4	21.9	21.9	21.6	57.2	24.0	19.6
Education Level								
Less than High School	12.6	11.0	14.6	8.9	13.9	36.6	3.9	10.3
High School	28.0	27.3	39.2	37.7	39.9	36.8	15.6	25.0
Some college	35.3	36.0	33.2	41.8	36.3	20.0	40.3	35.4
College	16.0	16.5	10.5	8.8	7.8	5.3	23.5	21.4
Advanced	8.1	9.2	2.4	2.9	2.0	1.4	16.7	7.9
Age 50+	31.0	32.4	26.7	50.4	39.3	30.3	32.9	34.2
Compensation and Benefits								
Below poverty line	6.6	6.6	9.1	3.3	5.6	15.5	3.4	9.4
<200% poverty line	22.7	23.1	30.7	21.9	22.5	43.5	14.6	28.6
No health insurance	14.0	12.5	14.0	7.4	15.3	37.8	6.7	12.2

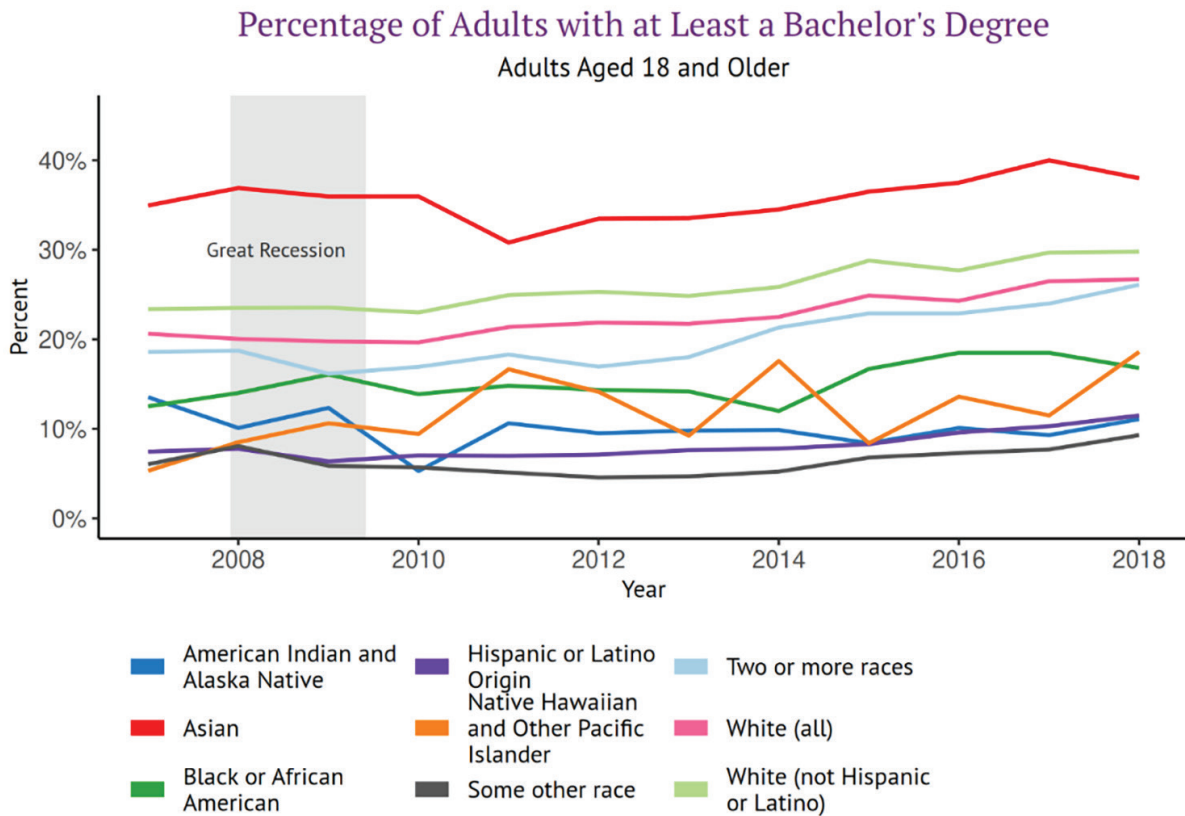
One of the reasons why many people of color are overrepresented in low-wage sectors and/or front-line industries may be attributed to low levels of educational attainment. Lower rates of educational attainment are also associated with higher rates of unemployment and fewer opportunities to work remotely.⁵⁴ As seen in Figure 14, the proportion of Nevadans with at least a bachelor's degree generally increased following the Great Recession. However, there are significant differences in educational attainment by race and ethnicity.

In 2018, 38.0 percent of Asians in Nevada had at least a bachelor's degree, up from 35.0 percent in 2007. This is the highest rate of educational attainment. Over a quarter (26.7 percent) of whites also have at least a bachelor's degree. In contrast, Latinos and American Indians in Nevada have the lowest rates of educational attainment, with less than

12.0 percent of adults earning at least a bachelor's degree as of 2018. About 17.0 percent of African American adults earned a bachelor's degree.

Recent data suggest that educational attainment is a key determinant of workers' ability to work from home.⁵⁵ According to the Pew Research Center, more than 60.0 percent of workers with at least a bachelor's degree had jobs that could be carried out remotely, compared to only 22.0 percent of workers who did not attend college. Consequently, white and Asian Nevadans are much more likely to be able to telework when necessary than workers from other diverse racial and ethnic groups. The ability to telework allowed some workers to maintain their jobs when businesses shut down during the pandemic; it also allowed some workers to avoid exposure to COVID-19 after businesses started to re-open.

Figure 14: Latinos and American Indians in Nevada Have Low Rates of Educational Attainment



Source: U.S. Census Bureau

Communities of Color are Vulnerable to Evictions

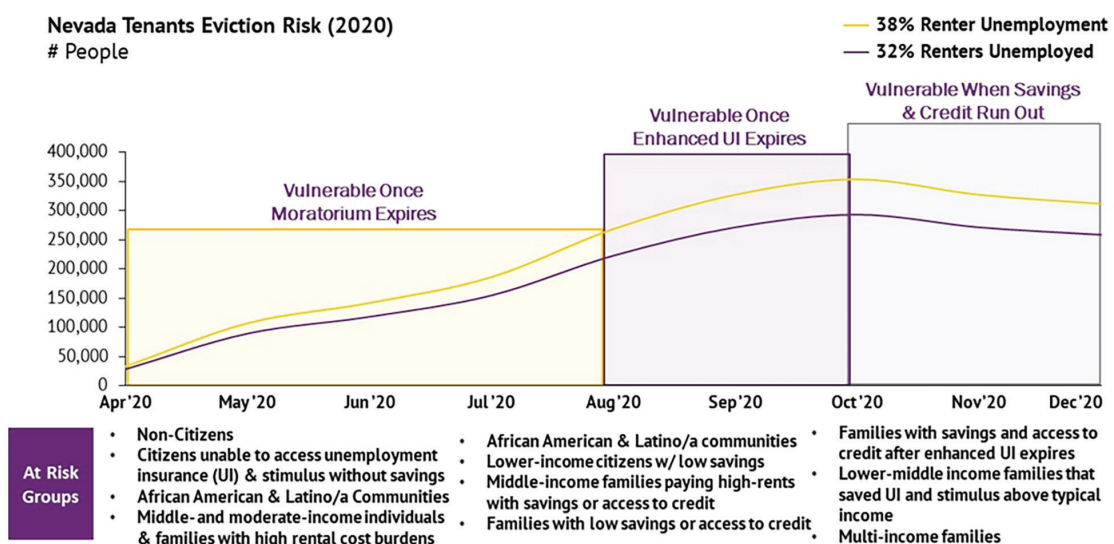
In Nevada, the economic impacts of COVID-19 are placing extreme stress and burden on housing conditions. According to a recent Aspen Institute report, “The COVID-19 housing crisis has sharply increased the risk of foreclosure and bankruptcy, especially among small property owners; long-term harm to renter families and individuals; disruption of the affordable housing market; and destabilization of communities across the United States.”⁵⁶ The report’s authors note that an “estimated 30-40 million people in America could be at risk of eviction in the next several months” and if economic conditions do not change significantly, “29-43 [percent] of renter households could be at risk of eviction by the end of the year.”⁵⁷

A July report authored by the Guinn Center and the COVID-19 Eviction Defense Project found that, by September 2020, as many as 327,000 Nevadans could struggle to make rent payments (Figure 15).⁵⁸ The Aspen Institute has projected that this number could be as high as 501,000 Nevadans.⁵⁹ The risk of being unable to pay rent increases as eviction moratoria expire, enhanced unemployment insurance benefits expire, and household savings and credit run out.

Communities of color in Nevada are particularly vulnerable to evictions. There are two reasons for this. First, people of color in Nevada are more likely to be renters. On average, roughly 44 percent of households in the Silver State are renters.⁶⁰ And members of Nevada’s diverse racial and ethnic groups are much more likely to rent than to own their homes. As Figure 16 illustrates, more than two-thirds of Native Hawaiian/Pacific Islanders, and African Americans are renters. Around half of American Indian/Alaska Natives, Latinos, and individuals who identify as Two or More Races rent their homes. Conversely, most whites and Asians are homeowners, as opposed to renters.

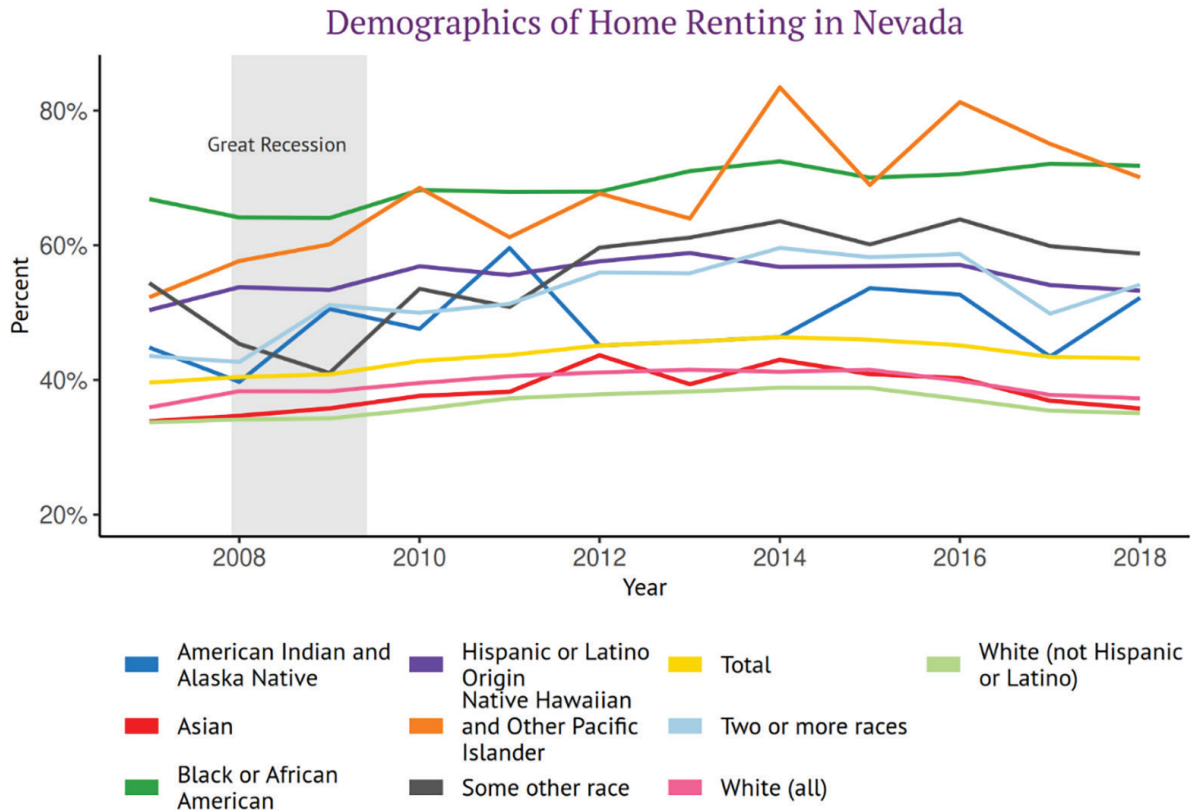
Second, many renters of colors are disproportionately cost-burdened. Across Nevada, there is a shortage of rental homes affordable and available to extremely low-income households, whose incomes are at or below the poverty guideline or 30 percent of their area median income.^{c,61} As such, many of these renter households are severely cost-burdened, meaning that they spend more than half of their income on housing.

Figure 15: Up to 327,000 Nevadans Could Struggle to Pay Rent in September 2020



^c In Nevada, the Area Median Income (AMI) is \$72,497; the monthly rent affordable at AMI is \$1,812. Source: NLIHC

Figure 16: Most African Americans and Native Hawaiians/Pacific Islanders in Nevada Rent Their Homes



Source: U.S. Census Bureau

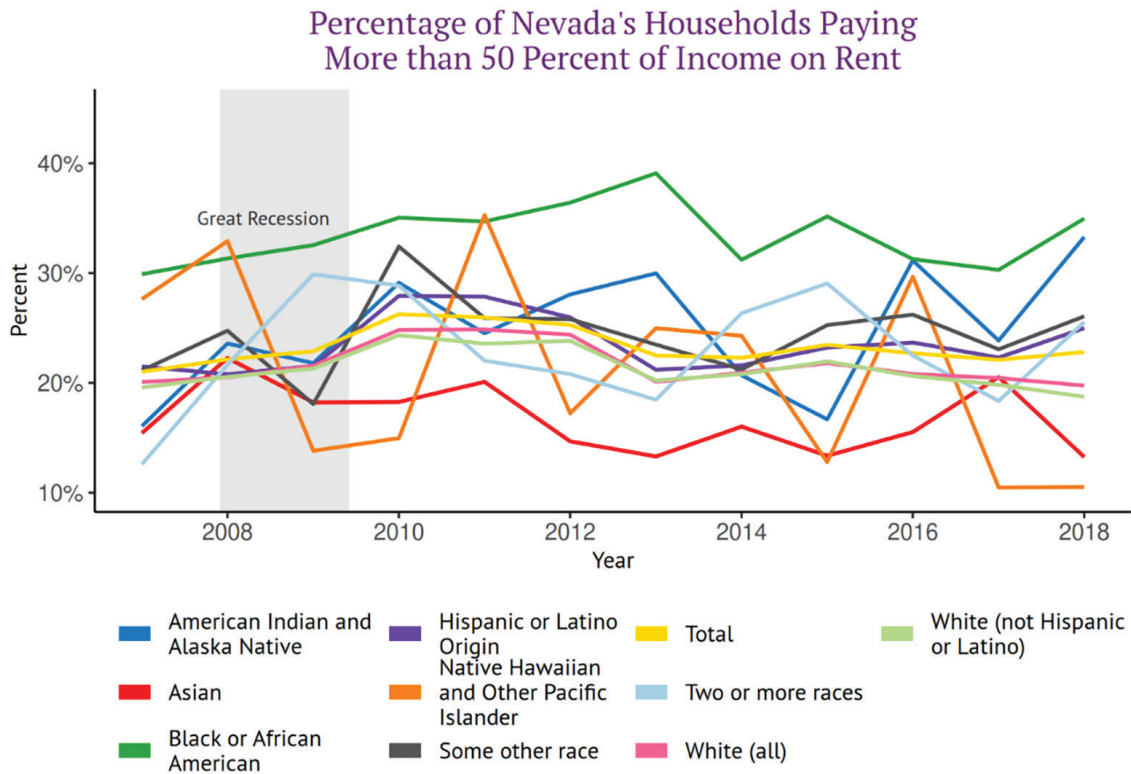


As Figure 17 reveals, African Americans and American Indians are severely cost-burdened and at higher rates than other racial and ethnic groups in Nevada. More than 30 percent of American Indian and African American households pay more than 50 percent of their household incomes on rent. Only one quarter of Latinos pay more than 50 percent of their household incomes on rent.

The COVID-19 pandemic places an excessive burden on families with unstable housing situations. Families of color are particularly vulnera-

ble, especially to eviction, given that a significant number are renters. And many renter households were cost-burdened even before the onset of the pandemic, which has subsequently reduced the income of many households (through furloughs, job eliminations, etc.). This makes it even more challenging for families of color to make rent (or mortgage) payments.⁶² Analysts predict that when extended benefit programs end and rent moratoria are lifted, many families of color in Nevada may find themselves at risk of eviction.⁶³

Figure 17: Many People of Color in Nevada Pay More than Half of Their Incomes on Rent



Policy Measures to Mitigate the Impact of COVID-19 on Communities of Color

Recovery Plans Must Address Immediate Effects and Long-Term Needs

Since March 2020, the COVID-19 pandemic has resulted in extensive business closures and subsequent job losses, placing tremendous stress on both families in Nevada and the Silver State's coffers. Although this public health emergency has touched almost every aspect of the community, data presented in previous sections on the health and economic impacts reveal that communities of color have been disproportionately affected.

Members of Nevada's diverse racial and ethnic groups are bearing the brunt of the health impacts of the virus, with high rates of infection, hospitalization, and death.

While the prevalence of risk factors for COVID-19-related illness varies by race and ethnicity, health *outcomes* related to these risk factors tend to be worse among people of color. For example, heart disease is prevalent among whites and American Indians, but African Americans suffer the highest rates of cardiovascular mortality. More than 20 percent of American Indians and Latinos in Nevada lack health insurance, likely hindering their ability to seek out preventative care and appropriate treatment for chronic illnesses.^d

Communities of color are also disproportionately affected by the economic effects of pandemic-related business shutdowns. Workers of color are overrepresented in the sectors most affected by the shutdown.⁶⁴ Members of Nevada's diverse racial and ethnic groups are more likely to rent their homes, placing them at greater risk of evictions following the gradual lift of the state eviction moratorium.

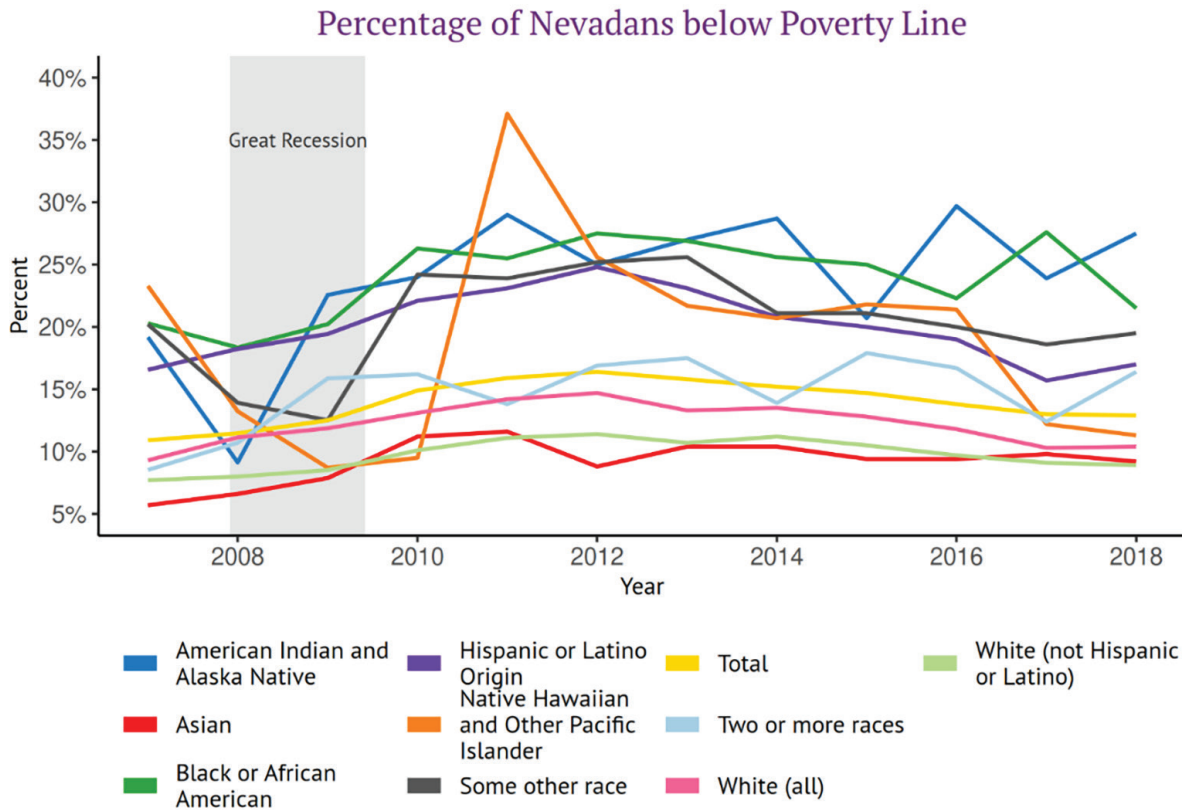
Nevada's decision makers may want to consider specific strategies and policy measures to address both the underlying conditions and direct health and economic impacts of COVID-19 on communities of color. In the absence of proactive measures taken now in the short-term, Nevada's communities of color may lose economic ground and face additional long-term social and health barriers. The evidence is compelling: historical data reveal that some communities of color in Nevada have not recovered from the Great Recession.

For example, African Americans and American Indians in Nevada have poverty rates greater than 20 percent and 25 percent, respectively, suggesting that these groups faced significant economic vulnerability even prior to the onset of the COVID-19 pandemic (see Figure 18). Poverty rates among Nevada's American Indian communities have steadily increased over the period 2007-2018 and were higher in 2018 than they were during the Great Recession. While the poverty rate among African Americans in Nevada continues to decline, it remains higher than pre-Great Recession levels. The poverty rates among individuals who identify as Two or More Races or Some Other Race were also higher in 2018 than in 2007.

For many families, the worst impacts of the 2007-2009 Great Recession were not felt until years later. Recovery plans must account for the immediate impacts and the long-term nature of the crisis and recovery and the underlying social and economic conditions that have made the pandemic so much more devastating for communities of color.

^d Recognizing the underlying conditions and long-standing inequities in access to high-quality health care, the Nevada Legislature recently passed Senate Concurrent Resolution (SCR) 1 in the 32nd (2020) Special Session which states "that systemic racism and structures of racial discrimination constitute a public health crisis which is magnified by the disproportionately high impact of COVID-19 on communities of color and which affects the entire State of Nevada." Lawmakers pledged to "take more action to address racism in the next legislative session and calls for the equitable distribution of federal funding to communities of color 'in direct proportion to their disadvantages by individual racial category.'" Source: Colton Lochhead. "Nevada lawmakers OK resolution calling racism public health crisis." Las Vegas Review-Journal. August 5, 2020. <https://www.reviewjournal.com/news/politics-and-government/nevada/nevada-lawmakers-ok-resolution-calling-racism-public-health-crisis-2088956/>

Figure 18: Poverty Rates Among Nevada's American Indians and African Americans Are Higher than Pre-Great Recession Levels



“African Americans and American Indians in Nevada have poverty rates greater than 20 percent and 25 percent, respectively, suggesting that these groups faced significant economic vulnerability even prior to the onset of the COVID-19 pandemic.”



Recommendations

Increase Support for Nevada's American Indian Communities and Improve Data Collection

Data reveal that Nevada's American Indian/Alaska Native communities are most vulnerable to the economic and health impacts of COVID-19. Nevada's indigenous communities have the highest rate of uninsured adults (22 percent) and the highest poverty rate (almost 28 percent) in the Silver State. Only 12 percent of American Indian adults in Nevada have earned a bachelor's degree. Nevada's public, private and nonprofit leaders should explore ways to expand programming and services to the state's indigenous communities, many of which remain isolated in frontier counties where infrastructure (e.g., broadband, etc.) is limited. Programs to support small businesses development and to connect young adults to work-based learning opportunities should be prioritized.

Efforts to understand and address needs and quantify the vulnerability of Nevada's American Indians/Alaska Natives are challenged by the lack of data and information available. For instance, as of the end of June 2020, American Indian COVID-19 records did not "appear to be included in the state's dashboard of confirmed cases."⁶⁵ While acknowledging issues of sovereignty and jurisdictional boundaries, tribal governments and state agencies should explore ways to collect and report data so that Nevada's American Indian/Alaska Native communities are able to access the resources they need to prevent and treat COVID-19 (and other public health emergencies).

Raise Awareness About Nevada State Health Insurance Options in Communities of Color

Even prior to the onset of COVID-19, Nevada had the seventh-highest uninsurance rate in the country, with almost 340,000 individuals without health insurance. Arguably, the number of uninsured individuals may be higher given that many individuals who lost jobs due to COVID-19 and widespread

business closures also lost employer-sponsored health insurance. (As of 2018, roughly 48 percent of Nevadans had employer-sponsored health insurance). In response to this reality, Nevada Health Link, Nevada's state-based health insurance marketplace, offered a special enrollment period from March 17 through May 15, 2020, to allow uninsured people to enroll in health insurance during the pandemic.⁶⁶ Nevada Health Link offers subsidies to individuals to help offset the costs of insurance. More than six thousand Nevadans enrolled in health insurance during this special enrollment period. Nevada Health Link has also invested in additional outreach and marketing to promote the availability of Special Enrollment Periods, particularly related to the loss of employer sponsored health insurance coverage.

High rates of uninsured individuals in Nevada can also have significant economic impacts, such as medical debt for uninsured individuals and uncompensated health care costs for health care providers.⁶⁷ The federal government and some states have taken steps to mitigate these financial impacts. For example, the Coronavirus Aid, Relief, and Economic Security (CARES) Act provides funds that can offset some costs health care providers incur for treating and testing uninsured patients.⁶⁸ Nevada, for example, received "\$61 million in Provider Relief Funds for 'safety net hospitals' treating Medicaid patients that represent those most in need during the coronavirus pandemic, including low-income communities and communities of color; and \$241 million in direct cash payments to Medicare providers in Nevada to assist in their response to the COVID-19 pandemic."⁶⁹

In late July, Nevada Health Link announced that it will extend the Open Enrollment Period for Plan Year 2021 from November 1 through January 15, 2021, providing individuals with an additional 30 days to enroll in a health care plan.⁷⁰ Decision makers should work with Nevada Health Link and review data to determine if additional open enrollment periods are necessary.

Create a Health Equity Response Team or Task Force to Inform COVID-19 Policies and Direct Resources to Communities of Color

Several states, including Louisiana, Michigan, New Hampshire, Ohio, and Pennsylvania, have established health equity task forces, working groups and rapid response teams in which state agencies, health care professionals, researchers, community organizations, and leaders collaborate and coordinate efforts to ensure that the specific needs of communities of color are built into the COVID-19 response and recovery plans.⁷¹ A number of other states, including Delaware, Illinois, New Jersey and Oregon, hired an equity officer to sit within the governor's office and advise them on issues affecting communities of color. Rhode Island established an Equity Council to inform the state's reopening plan.^{72,e}

Nevada should consider creating a stand-alone Health Equity Task Force or embed a COVID-19 Health Equity Subcommittee within the state's existing Nevada COVID-19 Response, Relief and Recovery Task Force. Additionally, decision makers could direct the Office of Minority Health and Equity to stand up a COVID-19 Task Force to review data, coordinate efforts, and develop plans to address the short-term and long-term needs of Nevada's communities of color and their response to COVID-19. The Governor's Office could use money from the Coronavirus Relief Fund (CRF), which was established under the CARES Act, to support additional outreach and personnel.

One alternative to creating a stand-alone Task Force would be to leverage the Nevada Office of Minority Health and Equity (NOMHE), which was created in 2005. Among the issues NOMHE may want to address are equity considerations as they relate to prescription drugs and health insurance options. Access to affordable prescription drugs is critical to effective preventative care and treatment of disease. In 2019, the Nevada Legislature

created an interim legislative committee (Senate Bill 276) to conduct a study concerning the costs of prescription drugs and the impact of rebates and price reductions on prescription drug prices.⁷³ The committee is also exploring options for lowering the costs of prescription drugs. Recommendations will be presented at the 2021 Nevada Legislative Session. NOMHE and other health advocates (e.g., Nevada Minority Health and Equity Coalition) should review the committee's recommendations and assess how they could affect Nevada's communities of color.

Also in 2019, the Nevada Legislature funded a study (Senate Concurrent Resolution 10) to assess the "feasibility, viability and design of a public health care insurance plan that is made available to all residents of this State and that will: 1) Improve stability in the health insurance market; 2) Reduce the number of Nevadans without health insurance coverage; and 3) Increase access to affordable coverage for health care and services to all Nevadans."⁷⁴ NOMHE and others should review the study and recommendations to ensure that the health conditions and challenges faced by communities of color are addressed.

Expand Access to COVID-19 Testing and Treatment for Communities of Color

Nevada should prioritize communities of color when allocating COVID-19 testing resources and treatments (and vaccines, when available). Such efforts include addressing barriers to testing and care and employing culturally informed engagement and contact tracing approaches. Several reports have confirmed that, in the early months of public and private efforts to respond to COVID-19 in Nevada, many communities of color did not have access to testing. For example, Nevada's 27 American Indian/Alaska Native communities said they were "left behind for two crucial months" and had to "scramble[. . .] in silos for testing materials and protective equipment."⁷⁵

^e Louisiana created a COVID-19 Health Equity Task Force, which includes universities, research centers, and state agencies, and provides the medical community with best practices on treating communities of color, ensures testing availability for all communities, and is standing up a dashboard on health equity. Louisiana used CRF funds to support the Taskforce's efforts to examine causes and solutions to address the high COVID-19 mortality rate among African Americans in the state. Michigan created a 26-member Michigan Coronavirus Task Force on Racial Disparities, which seeks to decrease the risk of COVID-19 exposure for African American communities, increase access to health care providers in communities of color, and study medical bias in COVID-19 testing. The task force is also developing and improving systems to support the economic recovery and physical and mental health care for vulnerable populations. New Hampshire created the Governor's COVID-19 Equity Response Team to recommend strategies for mitigating COVID-19's disproportionate impact on communities of color. Ohio established a COVID-19 Minority Health Strike Force, which helped to increase testing in communities of color and to create a new position within the State's Department of Health dedicated to addressing the social determinants of health.

It was not until the end of April that indigenous communities were able to begin “independently testing their estimated 20,000 enrolled members on reservations throughout Nevada.”⁷⁶ Local health officials have also acknowledged that “they were [not] fully prepared to curb the disease’s spread when the outbreak began in March,” particularly in communities of color.⁷⁷ Health officials are now attempting to address the high number of COVID-19 cases among Latinos by increasing testing sites in Latino neighborhoods and hiring more bilingual disease investigators.⁷⁸

Additionally, many people of color are essential workers on the frontlines of the COVID-19 response, which increases their exposure to the coronavirus. As noted in Table 1, roughly 30 percent of workers in the building cleaning services industry do not have health insurance; Latinos account for about 63 percent of employment in that sector.

In recent months, Nevada has received federal assistance to support the state’s response to COVID-19 public health emergency. Specifically, Nevada has received:

- \$88 million in grant funding from the CDC to be used for enhanced testing and contact tracing of COVID-19 cases in Nevada
- \$70 million to health care providers and community health services across Nevada
- \$7.2 million in CDC funding to help Nevada’s efforts to safely reopen through increased testing capacity and improved contact tracing, and
- \$1 million to fund small rural hospitals working to combat the coronavirus pandemic.

Given that many members of Nevada’s diverse racial and ethnic groups are employed in sec-

tors that are deemed essential, Nevada’s decision makers should leverage federal funding to ensure workplace protections and prioritize and expand access to free COVID-19 testing and treatment for essential, frontline workers. Additionally, officials should locate additional testing sites in communities of color and partner with community organizations to raise awareness about the prevention and treatment of COVID-19.

Expand Rental Assistance Support for Tenants

As reported, decision makers are anticipating a surge in evictions when the state eviction moratorium is lifted on August 31, 2020. Nevada’s state leaders have made significant efforts to mitigate the potential surge by allocating millions of dollars in CARES CRF funds to provide rental assistance. In July, the Nevada Treasurer’s Office and Nevada Housing Division launched a \$30 million COVID-19 Statewide Rental Assistance Program for residents to “provide rental stability to thousands of Nevadans, enabling those individuals and families to avoid eviction and potential homelessness.”⁷⁹

Additionally, Clark County allocated \$30 million of its CRF to its rental assistance program. However, some estimates suggest that the demand for residential rental assistance will exhaust the existing allocation of funds. For example, the National Low Income Housing Coalition has estimated that that the cost of rental assistance needed for Nevada residents over the period May-December 2020 is \$550 million.⁸⁰ The Nevada Treasurer’s Office is collecting real-time data, which will help inform long-term need. If needed, Nevada’s decision makers should consider allocating additional CARES CRF to the state’s rental assistance program.

“...decision makers are anticipating a surge in evictions when the state eviction moratorium is lifted on August 31, 2020.”

Fund Short-Term Training and Educational Opportunities

Data reveal that people of color are overrepresented in several industries that have been most affected by COVID-19, thereby eliminating thousands of jobs. Others, who remain employed, are working on the frontlines of the COVID-19 response in essential industries, risking increased exposure to the coronavirus. Many of the jobs in affected and essential industries pay wages that are lower than the state average. The overrepresentation of people of color in these sectors stems, in large part, from their low levels of educational attainment. To support dislocated and vulnerable workers, decision makers in Nevada should fund and expand high-quality, short-term training and educational opportunities.

Several states have acted swiftly to provide opportunities for the thousands of dislocated workers that have been affected by the pandemic. Alabama established the Governor's Office of Education and Workforce Transformation to increase the number of credentialed workers. In Texas, one school district increased access to skills training for adult Latino learners by providing evening courses in high schools. By using high school career and technical education classrooms, equipment, and teachers, the school district was able to provide training at times and locations convenient for adult learners. Other states, including New York, Michigan and California, have funded navigator positions.

In response to the pandemic, College of Southern Nevada (CSN) is launching Workforce Response/Re-HIRE Centers, which will be located at various sites in southern Nevada, to help dislocated workers. The Centers will offer short-term training and educational opportunities, including more than 20 accelerated degree programs in high growth, high wage industries, and nine non-credit programs designed for Limited English Proficient adults. Job seekers can pursue short-term training and educational

opportunities that could lead to an Associates of Arts degree.

However, the Nevada Legislature recently reduced the Nevada System of Higher Education's (NSHE) budget by \$135 million in the 31st (2020) Special Session as part of a broad swath of direct spending cuts to help eliminate the \$1.2 billion budget shortfall. The NSHE cuts are expected to affect CSN's implementation of its Workforce Response/Re-HIRE Centers by "limit[ing] the number of 'accelerated short-term workforce training programs in Health Professions, Information Technology, Logistics and Manufacturing, and Skill Trades (automotive, diesel tech, dental hygiene and dental assisting, veterinary nursing) being designed for long-term unemployed and displaced.'"⁸¹

Nevada's decision makers should prioritize and fund workforce development programs that help dislocated workers and adult learners – many of whom are people of color – upskill, earn credentials, and enroll in degree or training programs. Higher education officials should explore ways to leverage private and public sector support to fund these programs that provide short-term training and educational opportunities.

As stakeholders explore expanded training and educational opportunities, decision makers should prioritize affordability and access. Although Nevada's tuition and fees remain relatively lower than many other institutions around the country, a significant share (18 percent) of Nevada students with student loan debt have that debt in collections. The Silver State ranks 4th in the country for the percentage of students with student loan debt in collections.⁸² Nevada's high student loan default rate may limit access of students and dislocated workers of color to training and educational programs.

To the issue of affordability, Nevada’s lawmakers may want to consider expanding eligibility of the existing Promise Scholarship Program to include eligible adult learners who want to pursue an associate’s degree or technical degree. Currently, the Nevada Promise Scholarship, which is a last-dollar scholarship, is only available to high school seniors. However, other states, such as Tennessee, have broader eligibility requirements and allow adult learners to apply. The expansion of eligibility could expand access for many people of color and help improve overall levels of educational attainment in Nevada.

Restore Funding for Health Care and Training Programs

During the 31st (2020) Special Session, the Legislature reduced health care spending by over \$150 million and higher education spending by \$135 million to address the budget shortfall. Given the health impacts of COVID-19 on communities of color, reductions in health care spending (and associated services and programs) could disproportionately affect Nevada’s diverse communities and further challenge their access to prevention and treatment of COVID-19, as well as other illnesses.

Similarly, community colleges are the entry point for training and educational opportunities for many people of color, including workers who have been displaced following business closures and a decline in tourism. Reductions in Nevada’s higher

education budget could hinder the ability of community colleges to provide high-quality, accelerated training programs and educational courses that will help dislocated workers upskill and find employment in a timely manner. Additionally, higher education institutions may choose to address a decrease in state funding by raising student tuition and fees; unfortunately, this strategy would disproportionately affect students of color, many of whom experience high rates of poverty.

To address and mitigate the adverse health and economic impacts of COVID-19 on communities of color, Nevada’s decision makers should explore ways to restore and prioritize state funding for critical health services and higher education programs that expand access to preventative care and treatment and support dislocated and essential workers. Decision makers could consider three ways to restore funds for critical health and education services that will assist Nevada’s communities of color: increase existing sources of revenue (by increasing rates); identify new sources of revenue; or reallocate existing funds.

In short, communities of color in Nevada have been disproportionately affected by COVID-19. The health and economic impacts could challenge short-term recovery and long-term economic stability. Nevada’s decision makers should identify specific strategies to assist communities of color and invest in measures to enhance their resiliency to future public health and other disasters.



About the Guinn Center

The Guinn Center is a 501(c)(3) nonprofit, nonpartisan, independent policy center that seeks to advance evidence-based policy solutions for Nevada through research, public engagement, and partnerships.
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