



# How Risk of Exposure to the Coronavirus at Work Varies by Race and Ethnicity and How to Protect the Health and Well-Being of Workers and Their Families

## Executive Summary

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**As the COVID-19 pandemic took deeper hold in the United States in March 2020, fears of exposure to the novel coronavirus caused many people to restrict activities outside their homes.<sup>1</sup> To reduce the spread of the coronavirus and maintain sufficient hospital capacity to meet the potential need, governors and local officials instituted states of emergency. These declarations required that people remain at home, only going out for groceries and prescriptions, doctor’s appointments, exercise, and other essential activities; defined the essential businesses that could remain open; and ordered nonessential businesses to shut down most operations that could not be done remotely or through telework.<sup>2</sup>**

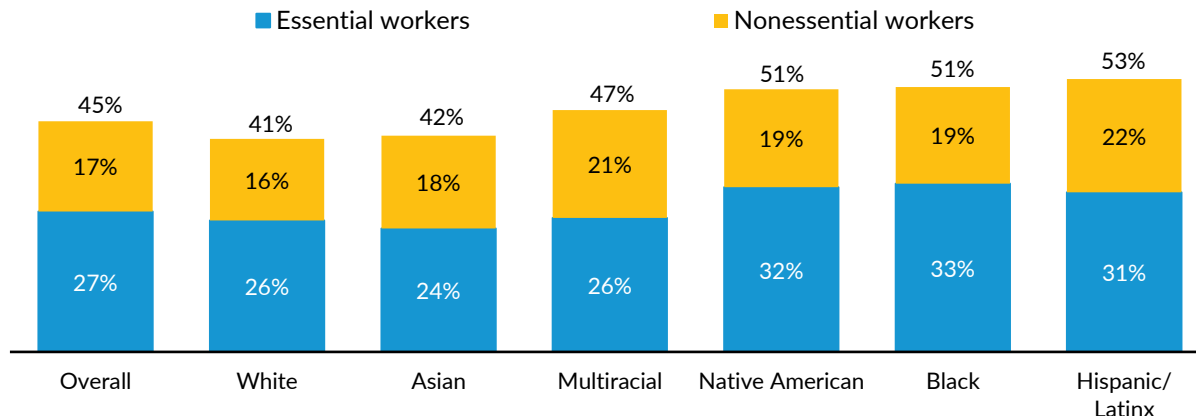
Since the beginning of the pandemic, workers in essential industries needing to work in person continued going to work and keeping the nation running while risking exposure to the coronavirus. And as states reopened, many nonessential workers returned to work, risking exposure to the virus to allow people to shop in stores, eat in restaurants, and obtain personal services. States have phased in reopening since late spring, and though the recent surge of cases has prompted some states and localities to revert to earlier reopening phases that placed greater restrictions on businesses and travel, all have kept nonessential industries open to some extent. Moreover, significant community spread of the virus across the country this fall puts both essential and nonessential workers who need to work in person at even higher risk for contracting COVID-19, making it even more urgent that policies and systems be developed to protect and support them.

In this paper, we seek to identify those whose work puts them at greatest risk of exposure to the virus. To do so, we first focus on essential workers who must work in person and close to others. These workers are performing critical societal functions Americans cannot live without and that allow other people to limit their exposure to the virus. Because all states are in some phase of reopening, we also examine nonessential workers who cannot work from home, because they, too, risk greater exposure to the virus.<sup>3</sup> Because of long-standing structural racism that privileges white workers, we separate our results by race and ethnicity to better understand the potential connection between employment and the higher prevalence of COVID-19 among Black, Native American, and Hispanic/Latinx people in the US and to identify effective policies to protect people most at risk of contracting COVID-19. Finally, we examine the household circumstances of essential and nonessential workers facing exposure to the coronavirus at work. This allows us to assess how the virus may be transmitted to vulnerable household members and what policies are needed to help workers keep their families safe.

We find that Black, Native American, and Hispanic/Latinx workers are more likely than white workers to have jobs that place them at greater risk of exposure to and transmission of the coronavirus (figure ES.1).

FIGURE ES.1

**Share of Workers Working In Person and Close to Others, by Essential or Nonessential Status and Race and Ethnicity, 2018**



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**Source:** Urban Institute analysis of 2018 American Community Survey data, using the Integrated Public Use Microdata Series.

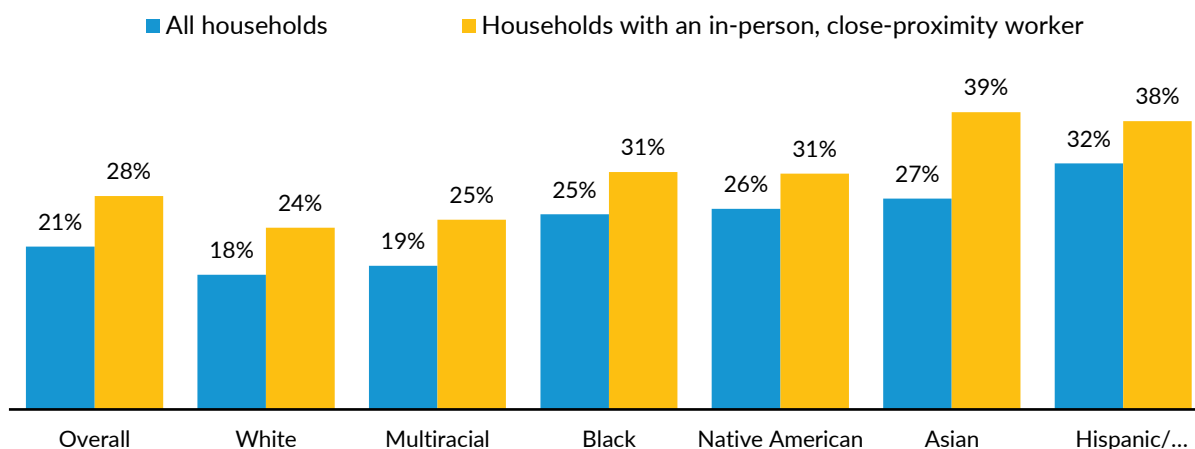
**Notes:** Estimates are for employed adults. All estimates differ significantly from the estimate for white workers at the  $p < 0.05$  level, except the estimate for nonessential multiracial workers.

We also estimate the following:

- More than half of all Black, Native American, and Hispanic/Latinx workers have essential or nonessential jobs that must be done in person and close to others, compared with 41 percent of white workers.
- In addition, Black, Asian, and Hispanic/Latinx workers may be more likely to be exposed to the coronavirus traveling to work, given their higher rates of primarily using public transportation to commute to work.
- Black, Native American, and Hispanic/Latinx workers needing to work in person and close to others are less likely to have health insurance coverage than white workers; 16 percent of Black workers and 28 percent of Native American workers and Hispanic/Latinx workers are uninsured, compared with 10 percent of white workers.
- In addition to facing exposure at work, workers working in person can in turn expose their household or family members to the coronavirus should they contract COVID-19 at or traveling to work.
- Black, Native American, and Hispanic/Latinx people are also more likely to have household compositions that increase risks of exposure to and transmission of the virus.
  - » Such households are more likely to have a worker who must work close to others. They are also more likely to have at least two generations of adults (figure ES.2), increasing the possibility of transmitting the virus to a household member who, because of their age, may be more likely to become seriously ill if they contract COVID-19.
  - » These households are also more likely to have children requiring care or supervision while parents work, increasing the possibility of transmitting the virus between home and school.

FIGURE ES.2

**Share of Households with Multiple Adult Generations among All Households with Workers and Those with a Member Who Works In Person and Close to Others, by Race and Ethnicity, 2018**



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**Source:** Urban Institute analysis of 2018 American Community Survey data, using the Integrated Public Use Microdata Series.

**Notes:** Estimates are for all households with employed adults. All estimates differ significantly from the estimate for white workers at the  $p < 0.05$  level, except the estimate for the share of multiracial households with an in-person, close-proximity worker.

Higher COVID-19 infection rates among Black, Native American, and Hispanic/Latinx workers likely owe to their higher potential for virus exposure at work and the related risk of greater exposure of their household members. Further, the greater risk of virus exposure, higher rates of health conditions likely to result in serious complications or death among Black and Native American people, and disparities in access to insurance and timely, appropriate, high-quality medical treatment likely drive racial inequities in loss of life from COVID-19. Because COVID-19 rates have increased in the fall of 2020 and will likely continue doing so, protecting these workers now can help reduce the burden of COVID-19 cases and deaths on communities of color. Given the multifaceted determinants of inequities in virus exposure, policy solutions will need to be simultaneously broad and targeted, covering public health practices, workplace policies, and access to health care.

Community-level **public health practices** designed to reduce the prevalence and spread of the virus will help reduce the exposure risks faced by workers working close to others, such as the following:

- Mask and social distancing requirements when people are outside their homes; limited attendance at events outside the home, particularly those held indoors; broad-based and targeted testing and contact tracing; and a place to self-isolate after being exposed to the virus or contracting COVID-19 are essential to limiting transmission of the virus in communities.

- Now that several safe and effective vaccines are emerging, the distribution of a free or very low-cost vaccine should initially be targeted toward workers, particularly those in health care and other essential occupations who work in person and close to others and face high exposure to the virus. Efforts to vaccinate workers should encourage voluntary receipt while accounting for workers' potential concerns about vaccine safety and cost.
- Obtaining broad take-up of the vaccine among both essential workers and communities at large will require outreach efforts that provide accurate information about safety and are developed and implemented with community input and trusted messengers.
- Given past abuses and disinvestments in communities of color, health care providers and government officials will need to earn and sustain trust regarding the safety of any COVID-19 vaccine.

In addition, **workplace polices** need to be enacted and enforced to protect workers—both employees and independent contractors—and their families, such as

- mask and social distancing requirements for workers and customers,
- barriers between workers and customers,
- temperature checks and improved indoor ventilation and airflow, and
- universal sick leave policies that financially protect all workers who are exposed to the virus or contract COVID-19.

Finally, given that **access to care** affects the trajectories of illness and financial burdens families face, it is critical to ensure access to high-quality treatment for all workers. Effective polices could include

- financial protections for people facing high cost sharing and the providers who serve them,
- adequate funding for federally qualified health centers serving people with low incomes or living in underserved areas,
- protections for workers who become uninsured after losing their employment, and
- standardized treatment protocols to reduce provider bias and inequitable treatment.

The policy changes outlined above are designed to protect workers and their families at greatest risk of exposure to the coronavirus at work—who are disproportionately Black, Native American, and Hispanic/Latinx—as the nation continues dealing with the pandemic's consequences. However, these strategies do not address the policies, practices, and conditions that produced the occupational and health inequities that have driven the disproportionate impact of the pandemic on people of color.

Eliminating racial and ethnic inequities in employment, health, and well-being will require comprehensive changes in policy and practice that address these underlying issues.

## Notes

- <sup>1</sup> “The Index of Consumer Sentiment,” University of Michigan, accessed October 28, 2020, <http://www.sca.isr.umich.edu/files/tbmics.pdf>; Clare Malone and Kyle Bourassa, “Americans Didn’t Wait for Their Governors to Tell Them to Stay Home Because of COVID-19,” *FiveThirtyEight*, May 8, 2020, <https://fivethirtyeight.com/features/americans-didnt-wait-for-their-governors-to-tell-them-to-stay-home-because-of-covid-19/>.
- <sup>2</sup> Jennifer Kates, Josh Michaud, and Jennifer Tolbert, “Stay-At-Home Orders to Fight COVID-19 in the United States: The Risks of a Scattershot Approach,” Henry J. Kaiser Family Foundation, April 5, 2020, <https://www.kff.org/coronavirus-policy-watch/stay-at-home-orders-to-fight-covid19/>.
- <sup>3</sup> “See How All 50 States Are Reopening (And Closing Again),” *New York Times*, updated October 28, 2020, <https://www.nytimes.com/interactive/2020/us/states-reopen-map-coronavirus.html>.

## About the Authors

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