

2021 DATA BRIEF

# The State of Health for Blacks in Chicago

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## GREETINGS CHICAGOANS,

*It is with great pride we present our labor of love,  
The State of Health for Blacks in Chicago data brief.*

The Chicago Department of Public Health (CDPH) has produced many reports and briefs that describe racial inequities, specifically between Blacks and other race-ethnicity groups—and especially on the south and west sides of the city. But this brief is the first of its kind for CDPH. As part of an effort to amplify Black voices within CDPH, a group of five Black women formed the Health Equity Index Committee (HEIC). Through this working group, we applied our diverse skills and expertise—including data analysis, community engagement, and research—to present a unique perspective on how to define, measure, analyze and discuss health and health equity for Black Chicagoans.

The current life expectancy among Blacks is more than nine years lower than that of non-Blacks. In 2020 CDPH launched Healthy Chicago 2025, a citywide plan to reduce the racial life expectancy gap with strategies that tackle the root causes of health. We build on Healthy Chicago 2025 by digging deeper into health conditions that drive the gap.

This is especially relevant now, as the COVID-19 pandemic has revealed the legacy of systemic racism in the city of Chicago. Underfunded community hospitals and clinics, lower wage jobs that do not allow teleworking, unstable or crowded housing, limited grocery store access, and lack of technology for students are causing Blacks and Black communities to be adversely impacted by this deadly virus (Marshall, 2020).

To address the historical and present forms of racism, systematic exclusion, and sources of toxic stress that prevent Black Chicagoans from achieving health equity, we are calling “the village” to action. Members and allies of the Black community—public health professionals, health care providers, community advocates, policy makers, business owners, artists, students, and community residents—must join forces to address and eliminate these critical health inequities and their underlying causes. Only then, will the color of the person's skin no longer determine how long they live or their quality of life.

*(continued)*



Our data brief intentionally lifts up problems that many already know exist. It would be a dishonor to the Black community not to point out these inequities because, in fact, they highlight a fundamental reality: that despite these barriers, the Black community continues to thrive and innovate, to reinvent beauty and demonstrate resiliency on a daily basis. The impact and energy of the numerous and ubiquitous neighborhood advocacy groups, the youth leadership groups, the faith-based organizations, civic organizations, historical museums, community gardens, arts and cultural movements, and more are strong foundations for progress. While acknowledging historical context, this brief provides data to build from what was, to what can be.

The State of Health for Blacks in Chicago data brief combines important data and a new, unique voice.

This brief is for all Chicagoans – most importantly Black Chicagoans of all ages, all incomes and all neighborhoods, and the many practitioners who serve Chicago Black communities—and for everyone who wants to finally realize health equity for all.

Yours Truly,

*Blair Aikens*

*Dana Harper*

*Rachelle Paul-Brutus*

*Donna Scrutchins*

*Yaa Simpson*

Blair Aikens, Dana Harper, Rachelle Paul-Brutus,  
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**CDPH Health Equity Index Committee (HEIC)**





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# THE LIFE EXPECTANCY GAP BETWEEN BLACK AND NON-BLACK CHICAGOANS IS **9.2 YEARS**

Diabetes-related death rate among Blacks is **70% HIGHER** than among non-Blacks

Homicide rate among Blacks is **9 TIMES HIGHER** than the homicide rate among non-Blacks

Black infants are almost **THREE TIMES AS LIKELY TO DIE** in their first year of life compared to non-Blacks

Blacks accounted for **HALF OF THE PEOPLE** living with HIV

Opioid-related overdose death rate among Blacks is more than **3 TIMES THE RATE** among non-Blacks

## **The current state of health for Black residents of Chicago demands urgent attention.**

### **THE STATE OF HEALTH FOR BLACKS IN CHICAGO**

Many health outcomes among this population are worse compared to other race groups in Chicago. Overall life expectancy among Blacks is decreasing, and the gap between the life expectancy of Blacks and non-Blacks is widening. Historic and current racism in Chicago's institutional and social structures have created the current state of striking inequities in chronic disease mortality, the homicide and infant mortality rates, and the numbers of deaths due to HIV and opioid overdose. Today, these deaths are the driving cause of why Black Chicagoans, on average, live 71.4 years, and non-Black Chicagoans live 80.6 years. Without improving the living conditions of Blacks in Chicago, we will make little progress in changing these grim health statistics.

Chicago is one of the most racially segregated cities in the United States. In 2019 there were 768,524 Blacks living in Chicago. The great majority (80%) of all Black residents live in just 23 of the 77 community areas of Chicago. The city did not become segregated by accident. Long histories of political and economic exclusion have led to the geographic isolation of Blacks from other racial groups in the city. This includes inequitable local government policies, practices such as red lining, contract sales, real estate covenants, and finally, racialized violence and intimidation (Hendricks et al., 2017).

Additionally, continuing policies and practices such as restrictive healthcare delivery, unjust policing and sentencing, community divestment and political exclusion were deliberately upheld to isolate Blacks from economic opportunities in an attempt to hinder Black economic and social progress.

This health brief is the first of its kind from CDPH that focuses solely on Black residents. It highlights a selection of health and root cause inequities disproportionately affecting the lives of Black Chicagoans. Although the data are not new, they are presented differently from other CDPH reports by making Black Chicagoans the sole reference group. When this brief refers to Blacks in Chicago, the category encompasses Non-Hispanic (NH) Blacks, African-Americans, and African descendants, which are not a monolithic group. However, this method recognizes that people from all of these cultures and places experience racism based solely on the color of their skin. By portraying the numerous inequities between Blacks and other Chicagoans, it becomes impossible to ignore or normalize them.



**“When ‘I’ is replaced by ‘We’  
even Illness becomes Wellness”**

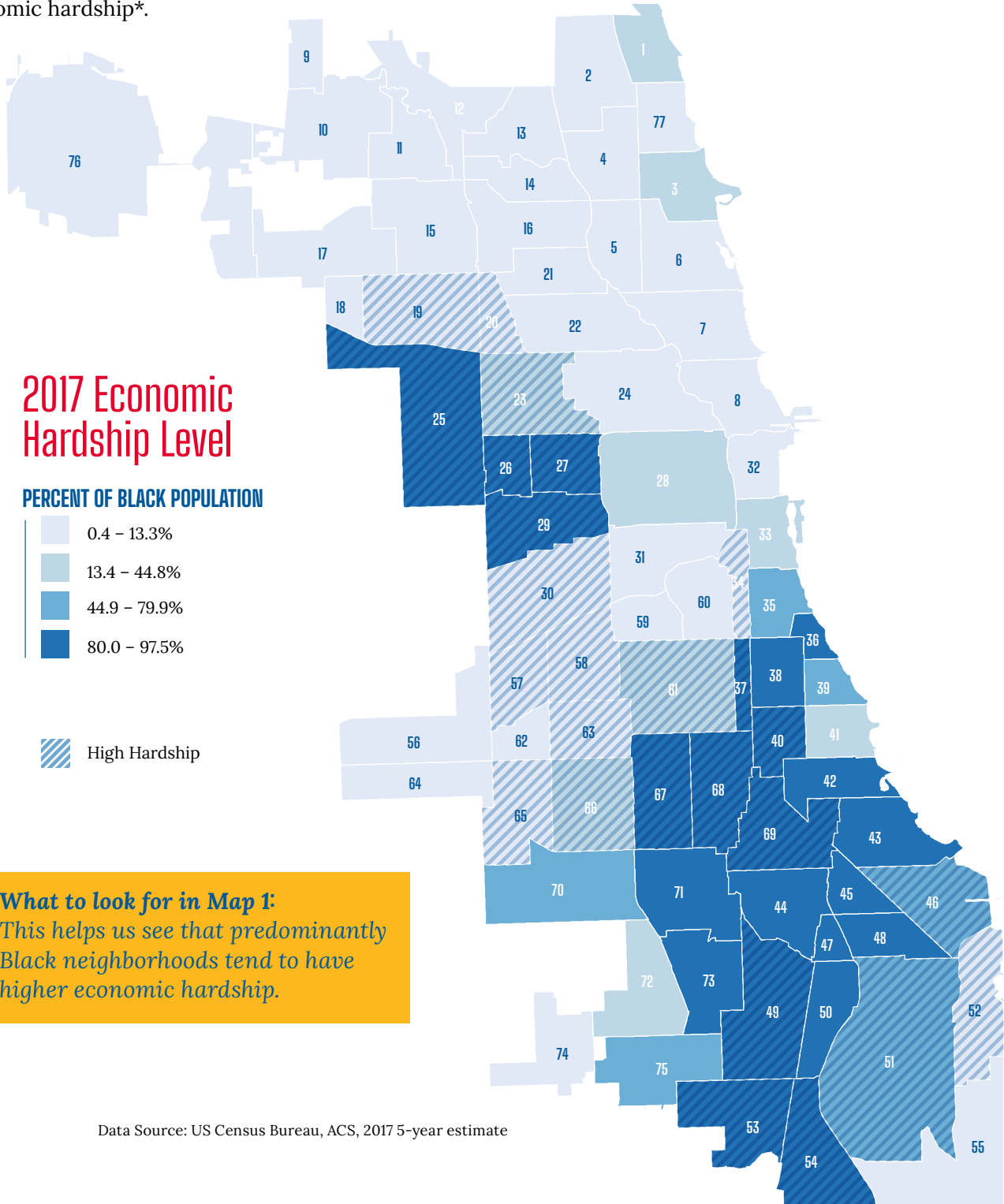
**—Malcolm X**

**Racial segregation in Chicago is easy to see.**

There are 23 Community Areas, concentrated on the west and far south sides, where 80% or more of the residents are Black (Map 1). Over half of these are areas impacted by high economic hardship (Table 1).

**MAP 1 DISPLAYS PERCENTAGE OF BLACK POPULATION IN EACH COMMUNITY AREA.**

Darker shades of blue indicate a higher percent of Black residents, areas with diagonal lines indicate higher economic hardship\*.





## TABLE 1: COMMUNITY AREAS WHERE MORE THAN 80% OF RESIDENTS ARE BLACK

*\*High Economic Hardship*

### Westside

<b>*26</b> West Garfield Park.....	94.4%
<b>*27</b> East Garfield Park.....	88.7%
<b>*29</b> North Lawndale.....	87.0%
<b>*25</b> Austin.....	80.8%

### Southside

<b>47</b> Burnside.....	97.5%
<b>45</b> Avalon Park.....	97.2%
<b>*49</b> Roseland.....	96.3%
<b>*69</b> Greater Grand Crossing.....	96.2%
<b>71</b> Auburn Gresham.....	96.0%
<b>44</b> Chatham.....	95.8%
<b>73</b> Washington Heights.....	95.8%
<b>*68</b> Englewood.....	94.6%
<b>43</b> South Shore.....	94.3%
<b>48</b> Calumet Heights.....	94.2%
<b>*40</b> Washington Park.....	93.5%
<b>*54</b> Riverdale.....	93.1%
<b>*53</b> West Pullman.....	92.5%
<b>38</b> Grand Boulevard.....	92.3%
<b>*37</b> Fuller Park.....	92.2%
<b>*67</b> West Englewood.....	91.2%
<b>36</b> Oakland.....	89.7%
<b>50</b> Pullman.....	83.1%
<b>42</b> Woodlawn.....	82.8%

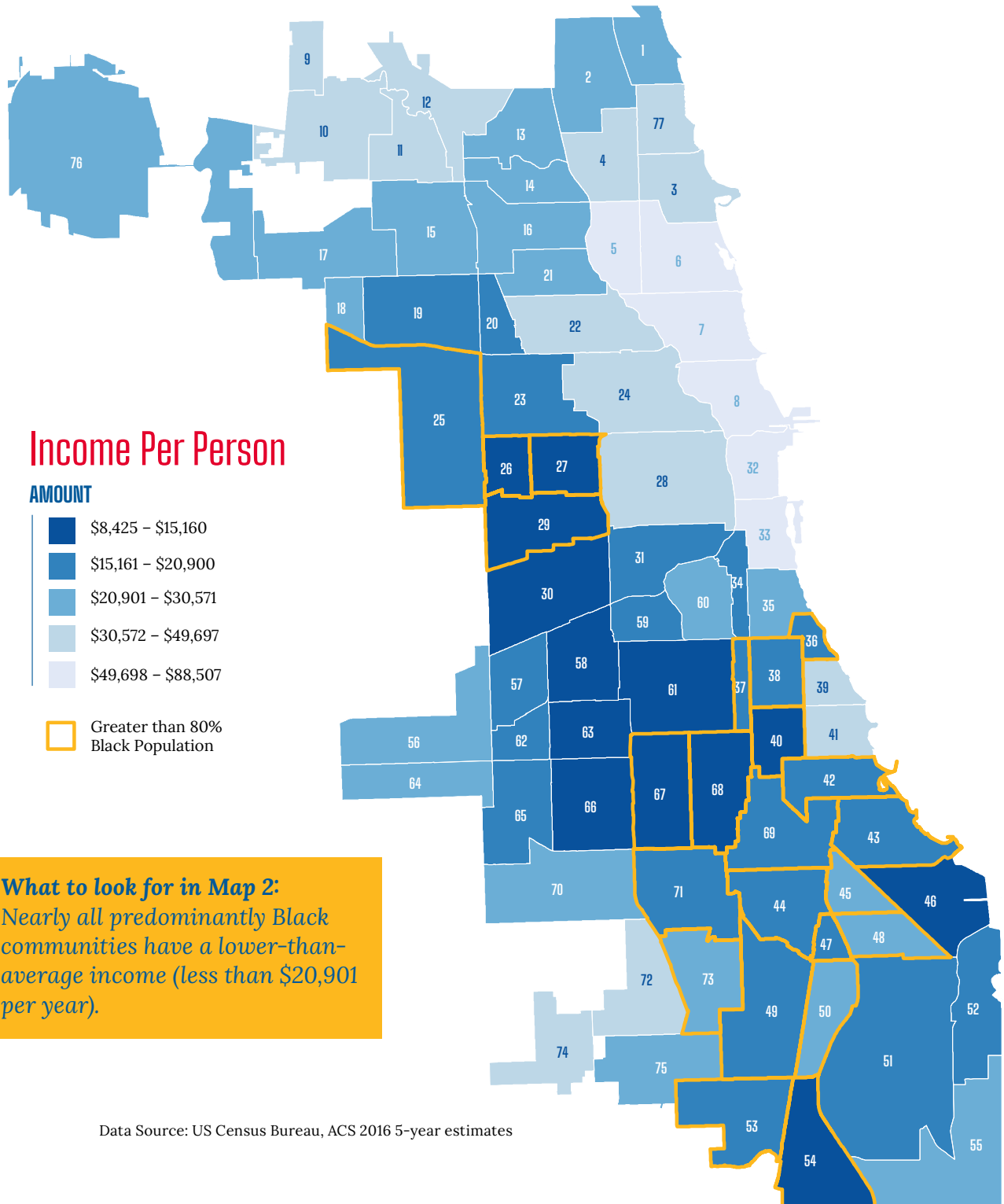
#### **\*Economic Hardship Index**

A measure composed of six indicators to denote a level of combined social determinates (housing, poverty, unemployment, education, dependency, and income) and ranked as low, medium, and high within Chicago 77 Community Areas. Higher hardship indicates worse economic conditions.

**Predominantly Black communities have lower average income.**

## MAP 2 DISPLAYS AVERAGE ANNUAL INCOME PER PERSON IN EACH COMMUNITY.

Darker blue indicates areas with lower average annual income per person. Areas highlighted in yellow have predominately Black populations.

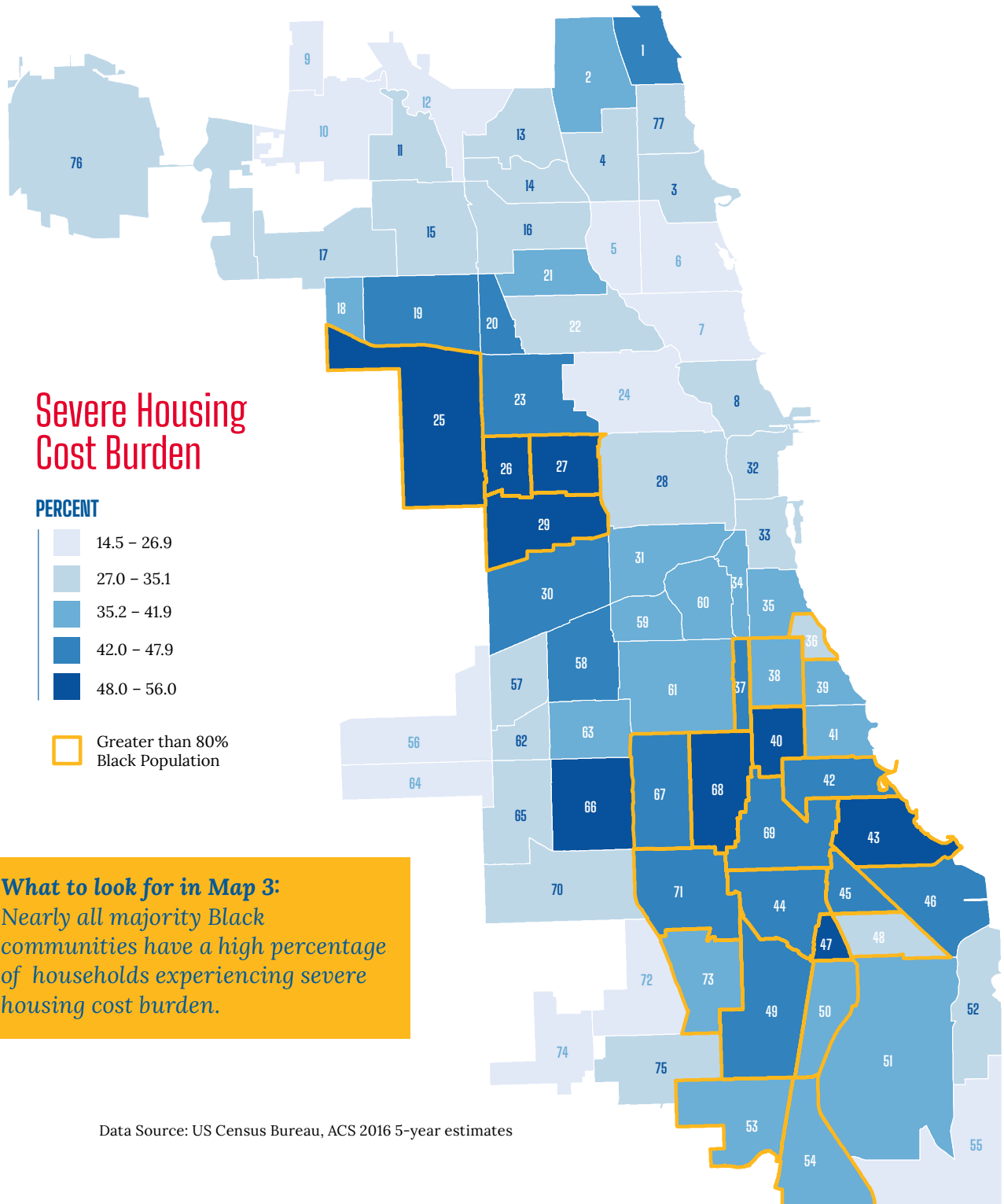




**Predominantly black communities have more severe housing cost burden.**

## MAP 3 DISPLAYS SEVERE HOUSING COST BURDEN IN EACH COMMUNITY AREA

This means that a household spends more than 35% of its income on rent or mortgage, at the community level. Darker blue indicates areas with severe housing cost burden. Areas highlighted in yellow have predominately Black populations.



Many of the communities with at least 80% Black population are the same areas with high levels of economic hardship (displayed on Map 1), lower per capita income (displayed on Map 2), and higher severe housing cost burden (Map 3). All these factors **make it harder for the Black community to build wealth and pass it on to their children and grandchildren.** Because wealth buys crucial advantages, from education to capital for business investment to a safety net during difficult times, its disproportionate absence among Black households contributes to an enduring gulf between those with resources and those without (Hendricks et al., 2017).



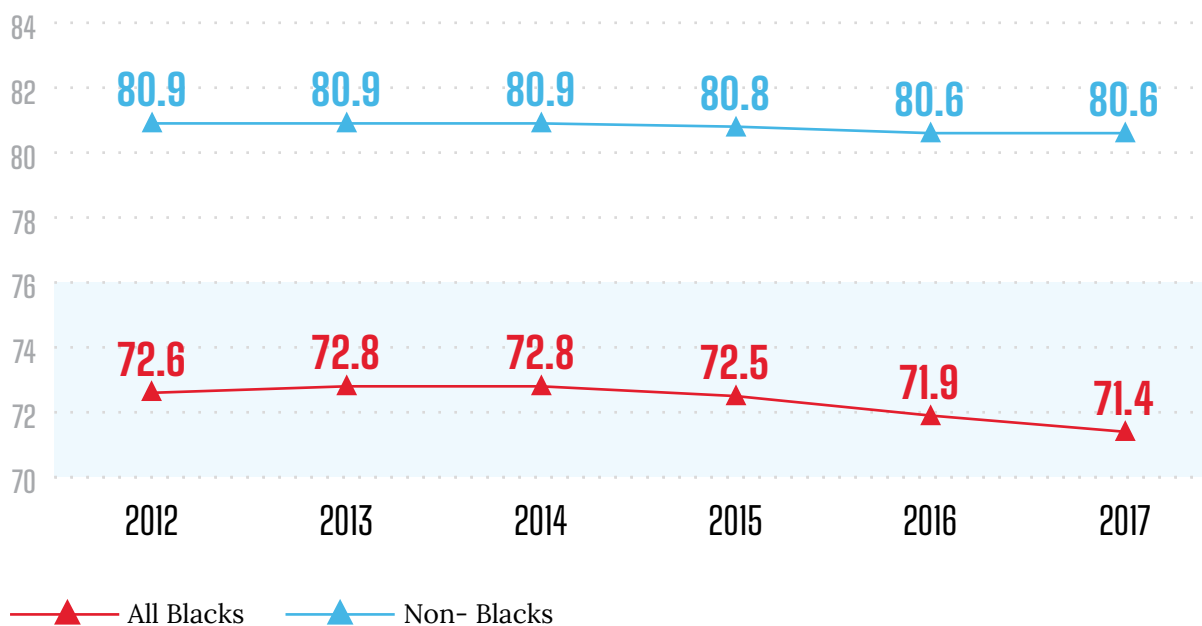
# LIFE EXPECTANCY

## TABLE 2: PREMATURE MORTALITY (BEFORE AGE 75) IN CHICAGO

Premature mortality is when a person dies before the age of 75. **The percentage of premature death among Black Chicagoans is more than quadruple (4x) the percentage among non-Black Chicagoans.**

Race/Ethnicity	Percentage (per 100 persons)
Non-Blacks	3.5% (1 in 29)
Blacks	14.4% (1 in 7)

## FIGURE 2: LIFE EXPECTANCY GAP BETWEEN BLACKS AND NON-BLACKS, 2017



Data source: Illinois Department of Public Health , Division of Vital Records, Death Certificate Data Files, Birth certificate Data Files (2012-2017)

**Since 2012, the life expectancy gap between Blacks and non-Blacks has increased from 8.3 to 9.2 years**

This gap is being driven by 5 main causes of death:

1. Chronic Diseases (e.g., heart disease, cancer and diabetes)
2. Homicide
3. Infant mortality
4. HIV, flu and other infections
5. Opioid overdose

### TABLE 3: 10 LEADING CAUSES OF DEATH FOR NON-BLACKS AND BLACKS IN 2017

Rank	Non-Blacks (10,109 deaths)	All Blacks (9,555 deaths)	Black Females (4,593 deaths)	Black Males (4,962 deaths)
1	Heart disease 24.6 %	Heart disease 23.9%	Heart disease 23.2 %	Heart disease 24.4 %
2	Cancer 22.2 %	Cancer 20.9%	Cancer 22.4 %	Cancer 19.5 %
3	Accidents 6.0 %	Accidents 6.7%	Stroke 7.7 %	Homicide 9.3 %
4	Stroke 5.9 %	Stroke 6.1%	Accidents 4.0 %	Accidents 9.2 %
5	Respiratory disease 3.3 %	Homicide 5.3%	Alzheimer's disease 3.9 %	Stroke 4.7 %
6	Alzheimer's disease 2.9 %	Diabetes 3.4%	Diabetes 3.8 %	Respiratory disease 3.1 %
7	Diabetes 2.8 %	Respiratory disease 3.3%	Respiratory disease 3.6 %	Diabetes 2.9 %
8	Influenza and pneumonia 2.6 %	Kidney disease 2.8%	Kidney disease 3.1 %	Kidney disease 2.5 %
9	Liver disease 1.8 %	Alzheimer's disease 2.5%	Septicemia 2.0%	Influenza and pneumonia 1.6 %
10	Kidney disease 1.8 %	Influenza and pneumonia 1.8%	Hypertension 1.9 %	Septicemia 1.5 %

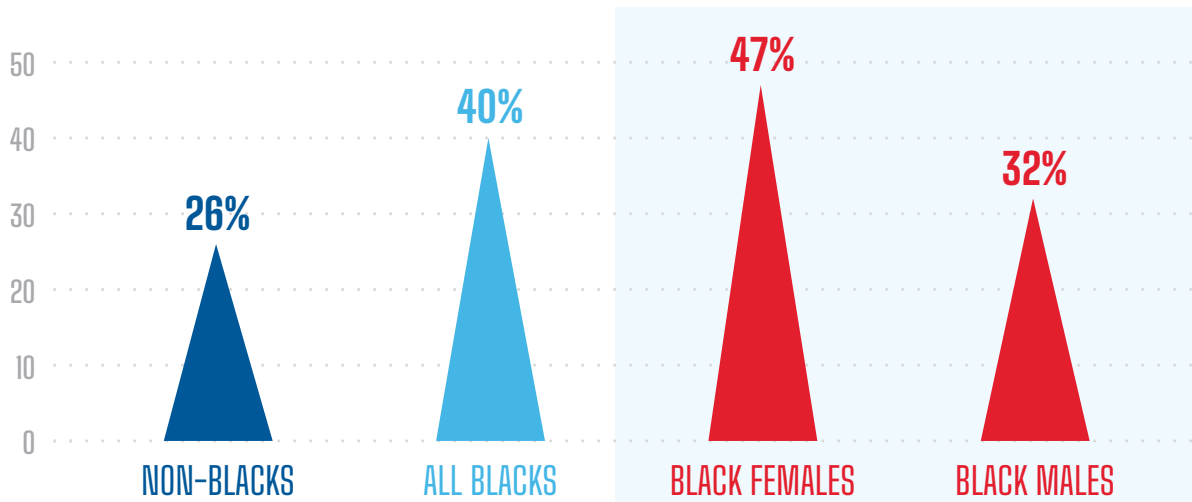
Data source: Illinois Department of Public Health , Division of Vital Records, Death Certificate Data Files (2017)

**Leading causes of death among Blacks differ by sex.** Among Black males, homicide and accidents (such as drug overdoses and motor vehicle accidents) combined make up almost as many deaths as deaths due to cancer. Stroke and kidney disease cause higher proportion of deaths among Black females compared to males and non-Blacks.

# OVERALL HEALTH OUTCOMES IN CHICAGO

## FIGURE 3: ADULT OBESITY, 2018

Blacks are more likely to be obese compared to non-Blacks (40% vs. 26%).



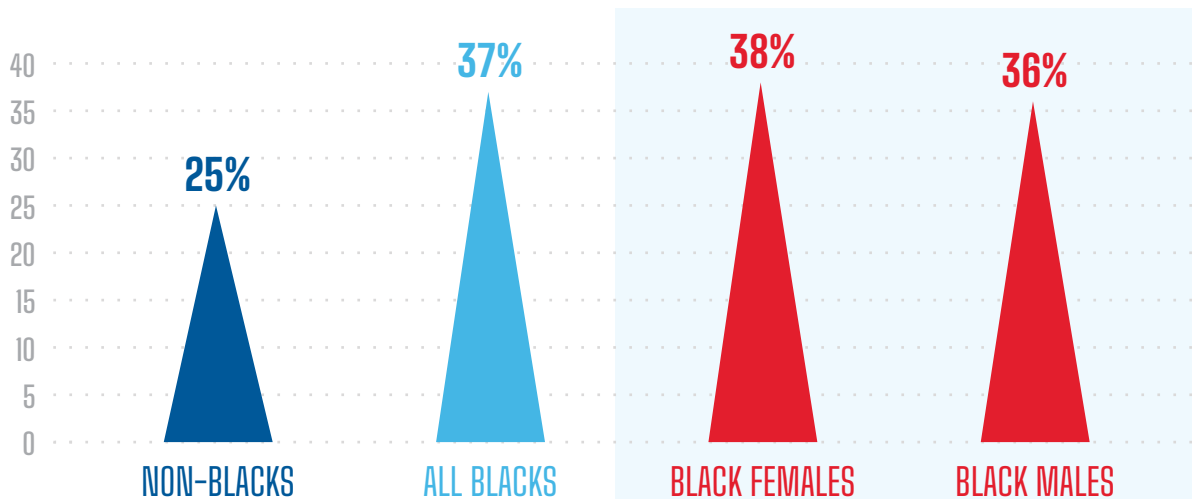
Data source: Chicago Department of Public Health, Healthy Chicago Survey (2016-2018)

### What to look for in Figures 3-17:

Look for All Blacks value (in light blue) compared to the Non-Black value (in dark blue). Higher values among All Blacks indicates worse health outcomes among Blacks. Look for the differences between Black Females and Black Males by comparing the heights of the red triangles.

## FIGURE 4: ADULT HYPERTENSION, 2018

Blacks are more likely to have hypertension compared to non-Blacks (37% vs. 25%), however there are no gender differences.



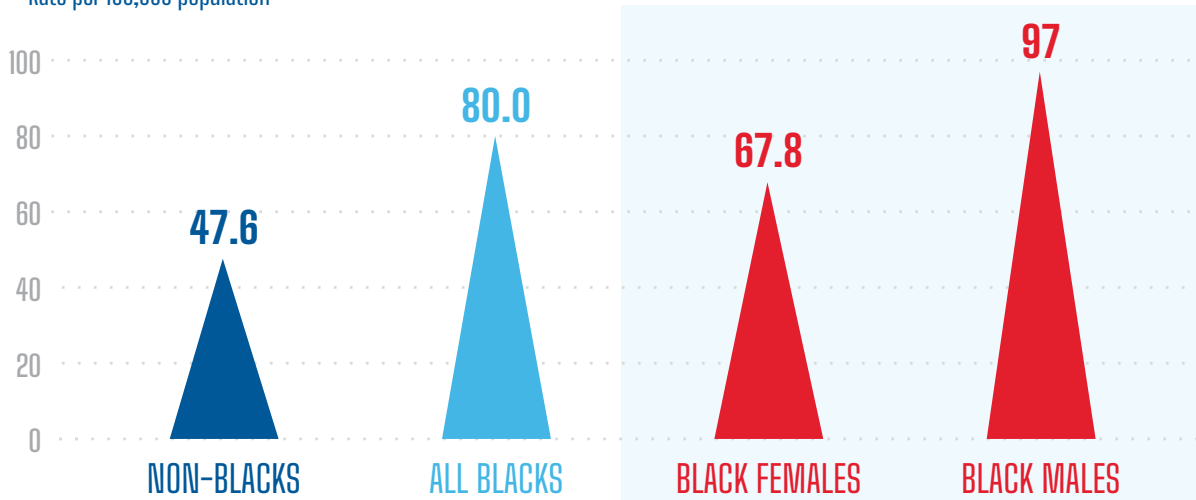
Data source: Chicago Department of Public Health, Healthy Chicago Survey (2016-2018)



## FIGURE 5: DIABETES-RELATED DEATH, 2017

The death rate from diabetes among Blacks is higher compared to non-Blacks (80.0 vs. 47.6).

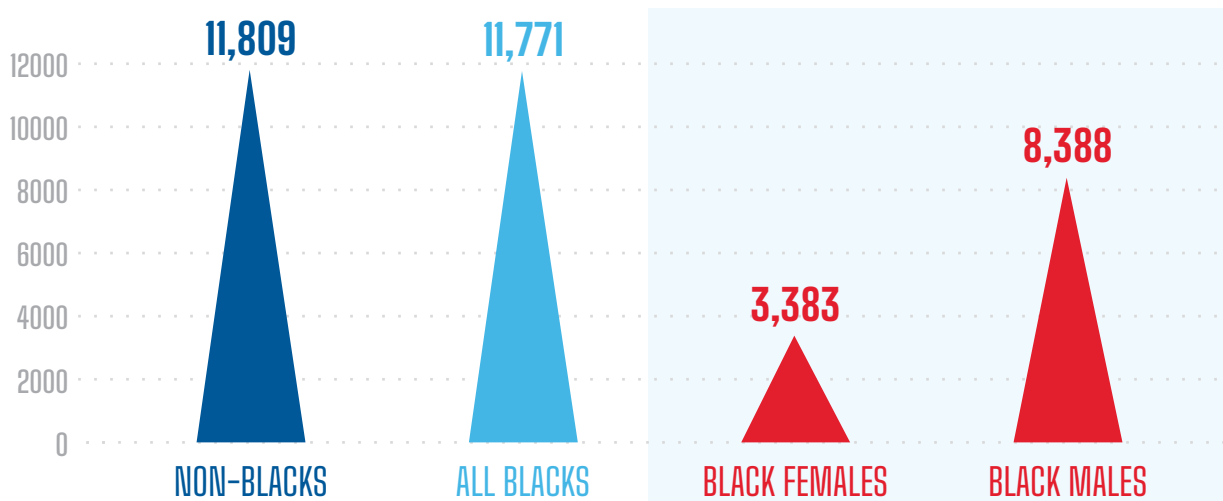
Rate per 100,000 population



Data source: Illinois Department of Public Health, Division of vital records, Death certificate data files (2017)

## FIGURE 6: NUMBER OF PEOPLE LIVING WITH HIV, 2017

Nearly half of all people living with HIV in Chicago are Black.



Data source: Chicago Department of Public Health, HIV/STI Surveillance Report (2018)

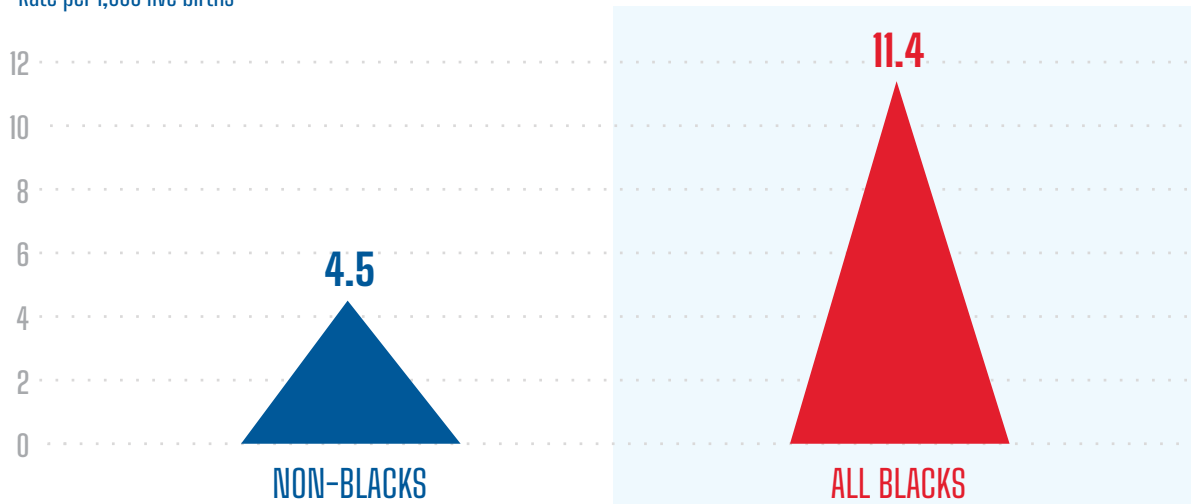


# OVERALL HEALTH OUTCOMES IN CHICAGO (CONT.)

## FIGURE 7: INFANT MORTALITY, 2017

The infant mortality rate is almost three times higher among Blacks compared to non-Blacks.

Rate per 1,000 live births

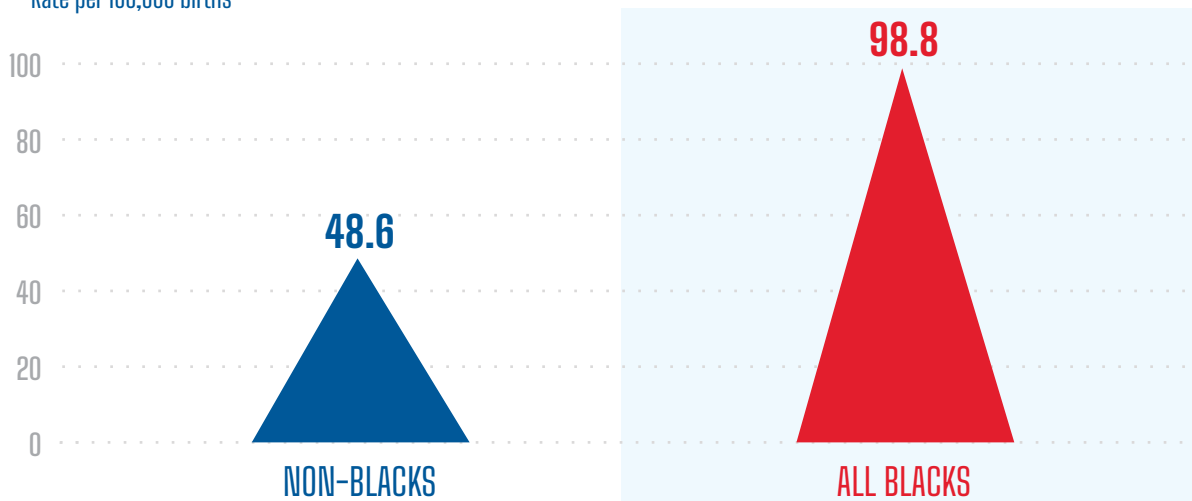


Data source: Illinois Department of Public Health , Division of Vital Records, Death Certificate Data Files, Birth certificate Data Files (2017)

## FIGURE 8: PREGNANCY-ASSOCIATED MORTALITY, 2011-2016

Black mothers are more than twice as likely to die during or after childbirth compared to non-Black mothers.

Rate per 100,000 births



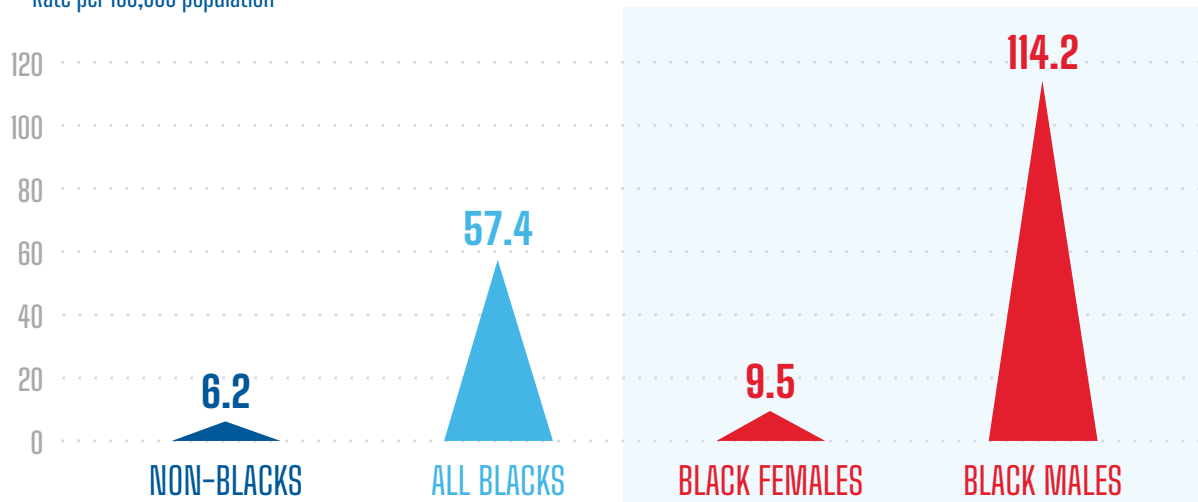
Data source: Illinois Department of Public Health , Division of Vital Records, Death Certificate Data Files (2011-2016)

# OVERALL HEALTH OUTCOMES IN CHICAGO (CONT.)

## FIGURE 9: HOMICIDES, 2017

The homicide rate among Blacks is 9 times higher than the rate among non-Blacks.

Rate per 100,000 population

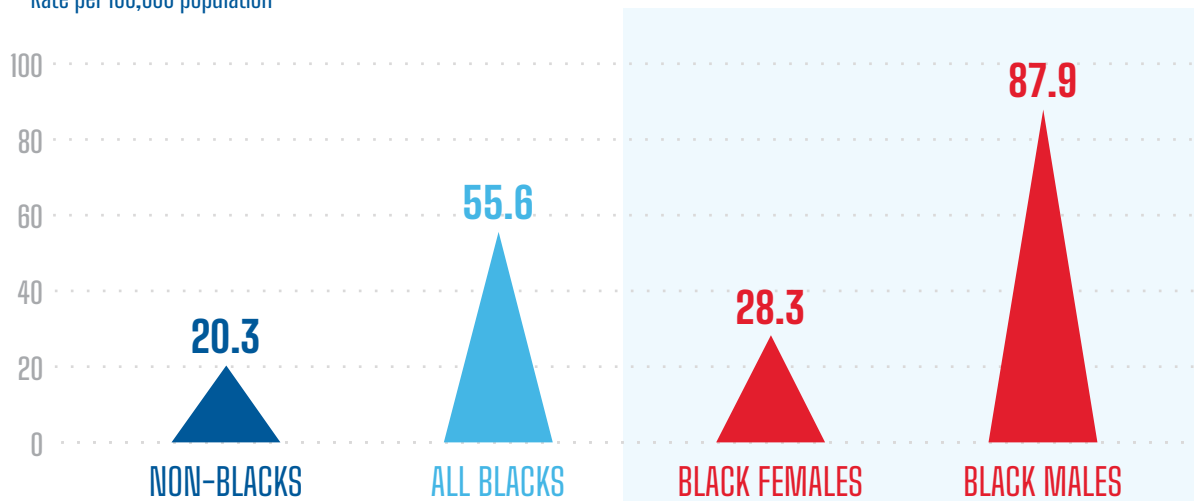


Data source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files (2017)

## FIGURE 10: OPIOID-RELATED OVERDOSE DEATH, 2019

The rate of opioid-related overdose deaths among Blacks is almost more than 3 times the rate among non-Blacks.

Rate per 100,000 population

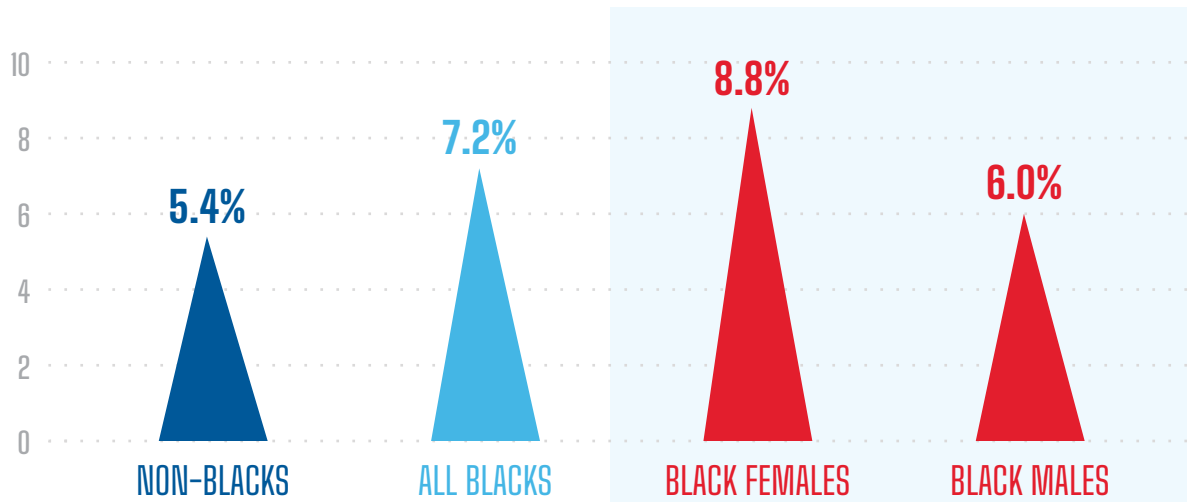


Data source: Cook County Medical Examiner Office (2019)

# OTHER CONTRIBUTING HEALTH FACTORS IN CHICAGO

## FIGURE 11: SERIOUS PSYCHOLOGICAL DISTRESS, 2018

Blacks are more likely to experience serious psychological distress in their everyday life as compared to non-Blacks in Chicago.



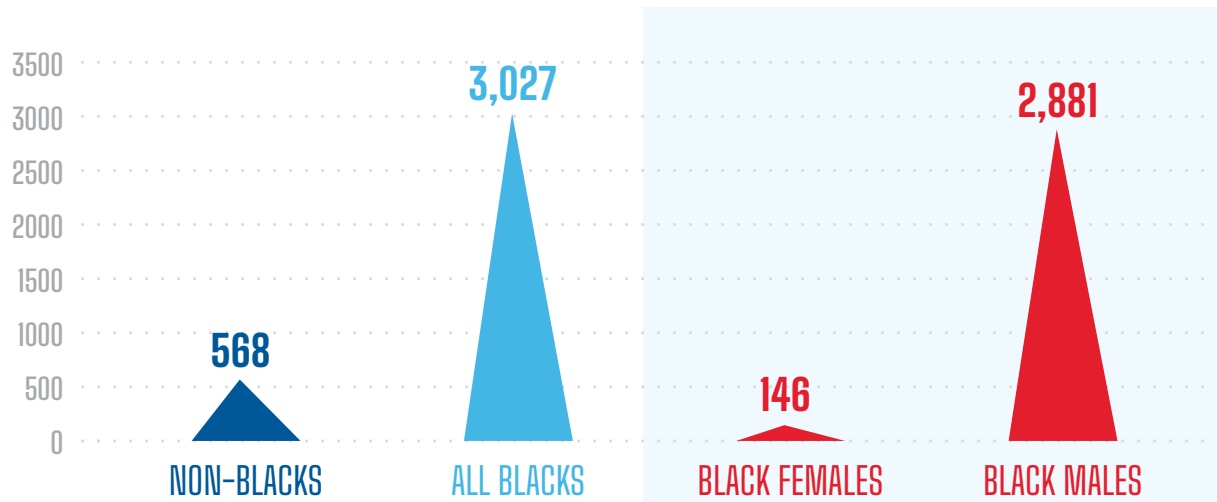
Data source: Chicago Department of Public Health, Healthy Chicago Survey (2016-2018)



# OTHER CONTRIBUTING HEALTH FACTORS IN CHICAGO (CONT.)

## FIGURE 12: INCARCERATED CHICAGO RESIDENTS, 2018

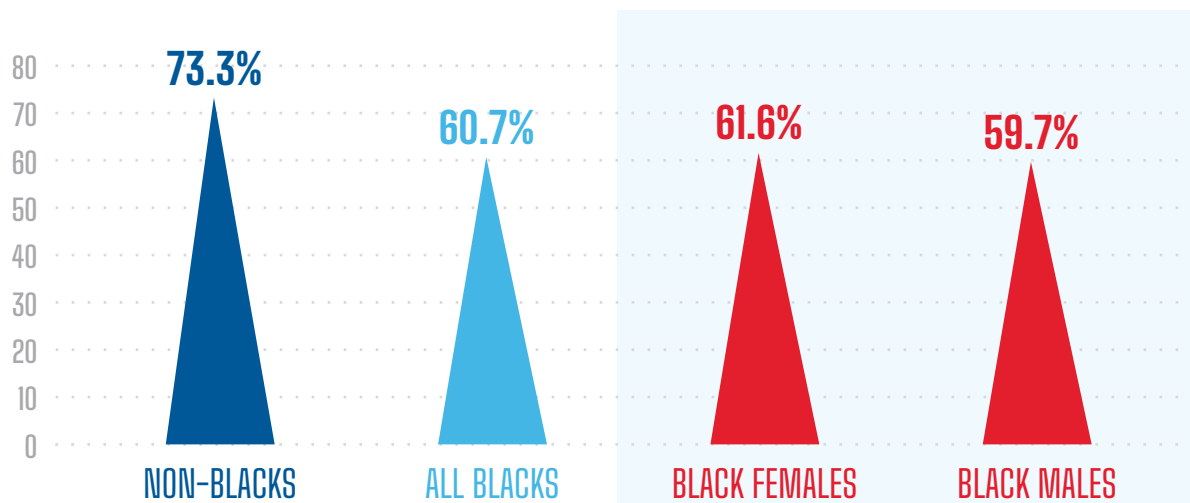
Blacks account for 84% of Chicagoans who are incarcerated in Illinois prisons.



Data source: Illinois Criminal Justice Information Authority (ICJIA) (2018)

## FIGURE 13: EASY ACCESS TO FRUITS AND VEGETABLES, 2018

Fewer Blacks have easy access to fruits and vegetables compared to non-Blacks.

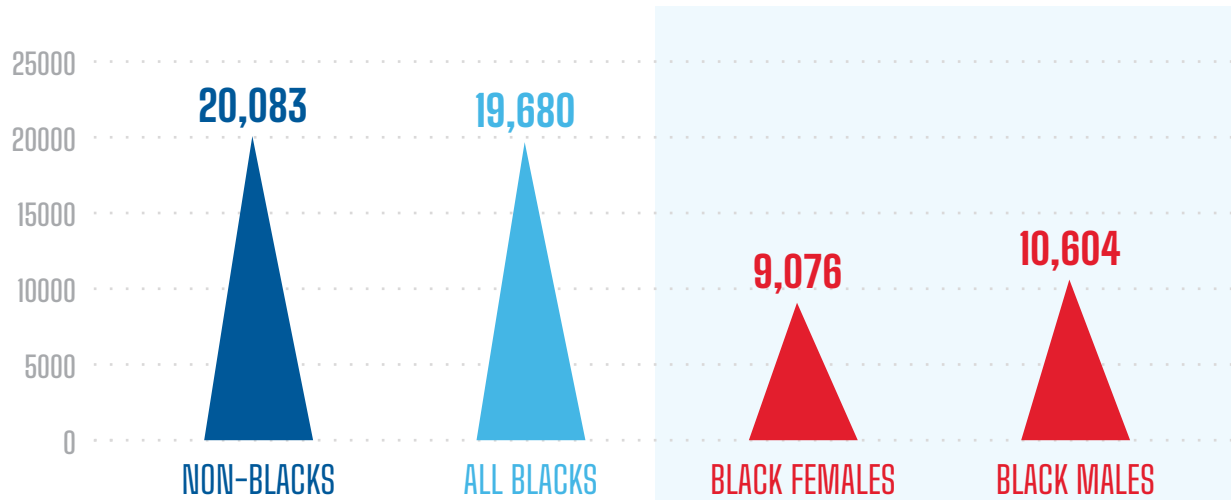


Data source: Chicago Department of Public Health, Healthy Chicago Survey (2016-2018)

## OTHER CONTRIBUTING HEALTH FACTORS IN CHICAGO (CONT.)

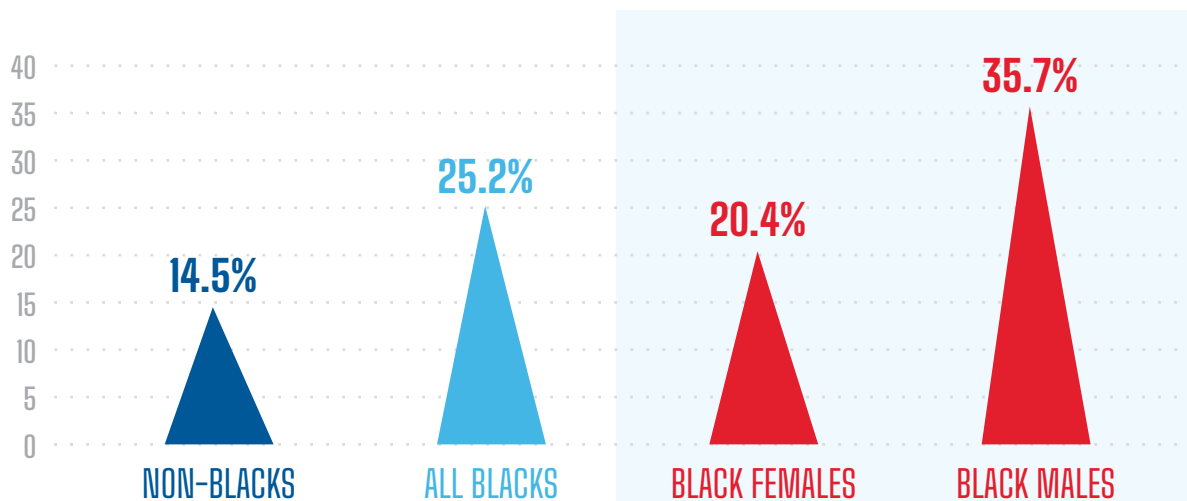
**FIGURE 14: DISCONNECTED YOUTH: 20-24 YEAR OLDS NOT ENROLLED IN SCHOOL NOR EMPLOYED, 2016**

Almost half of all disconnected youth in Chicago are Black.



**FIGURE 15: CURRENT SMOKER, 2018**

Blacks, and particularly Black males, are more likely to be current smokers compared to non-Blacks.



Data source: Chicago Department of Public Health, Healthy Chicago Survey (2016-2018)

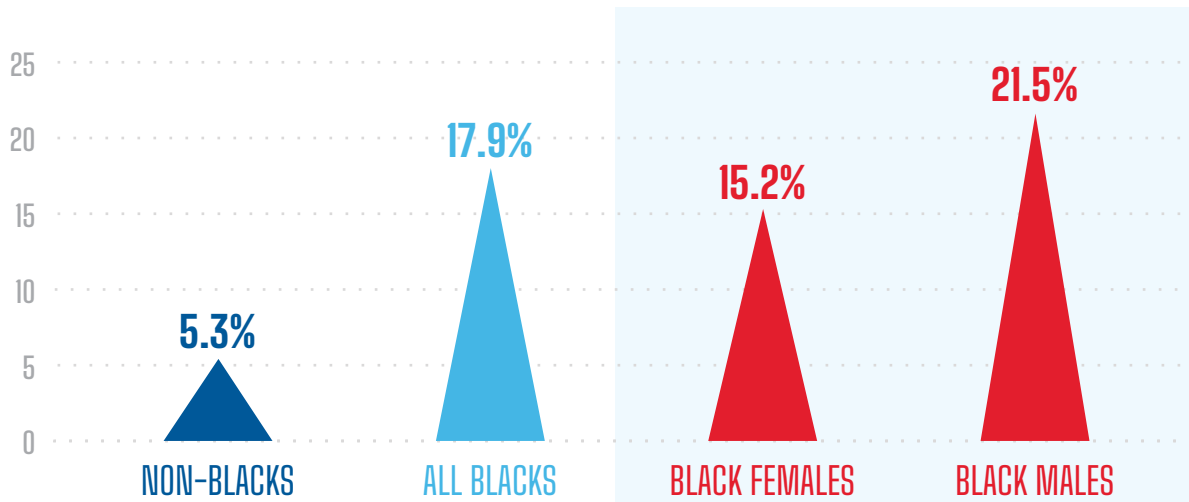




# OTHER CONTRIBUTING HEALTH FACTORS IN CHICAGO (CONT.)

## FIGURE 16: CURRENT MENTHOL SMOKER, 2018

Blacks are more likely to be current menthol smokers compared to non-Blacks.

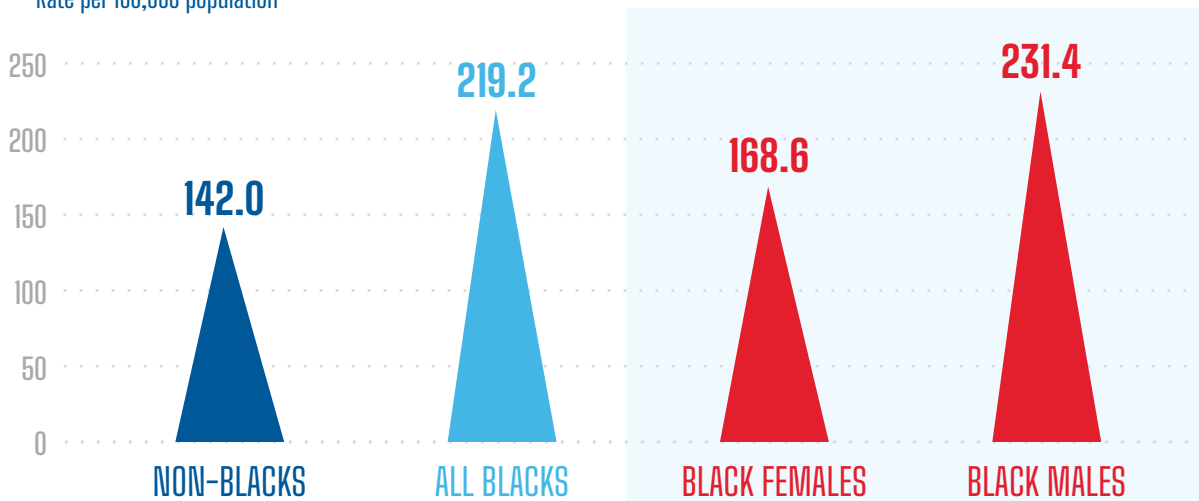


Data source: Chicago Department of Public Health, Healthy Chicago Survey (2016-2018)

## FIGURE 17: COVID-19 MORTALITY RATE, 2020

Blacks have a higher COVID-19 mortality rate compared to non-Blacks.

Rate per 100,000 population



Data source: Providers reporting to CDPH through the Illinois National Electronic Disease Surveillance System. Data as of 1/20/21.

## CONCLUSION

The life expectancy of Black Chicagoans in 2017 is 9.2 years less than that of non-Blacks (71.4 vs. 80.6 years old). The inequities in health outcomes and root causes highlighted in this brief are glaring. In order to address these health inequities, it is important to focus on and call out to the population most in need. At this moment in our history, community members, public health professionals, health care providers and other stakeholders must come together to create tailored solutions for Chicago's Black community—and, by doing so, drive social change.

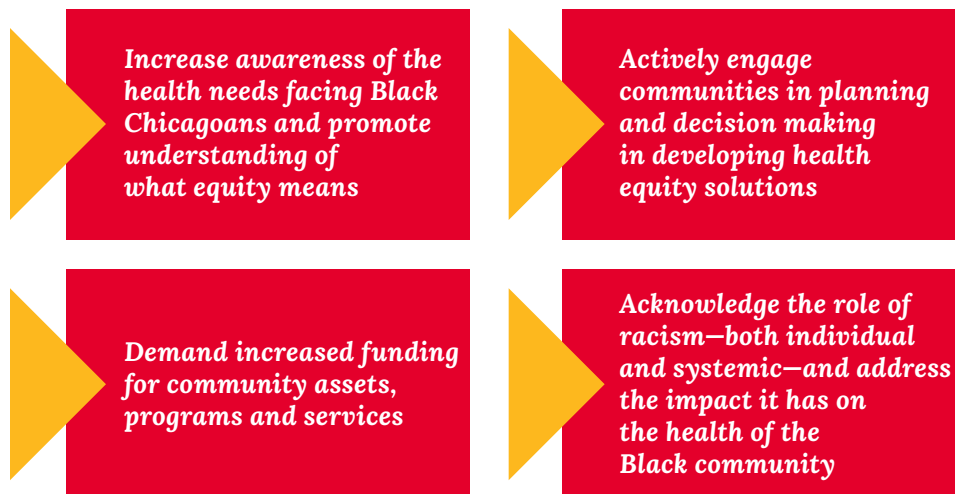


## TAKE ACTION

The Chicago Department of Public Health (CDPH) is leading a call to action with the Healthy Chicago movement—a push for interventions toward a more just and equitable City. With the recent release of Healthy Chicago 2025, Chicago’s plan to improve the health of its residents, the City commits to closing the life expectancy gap and encourages community stakeholders and partners across sectors to advance the vision of...

*a City where all people and all communities have power, are free from oppression and are strengthened by equitable access to resources, environments and opportunities that promote optimal health and well-being.*

**Healthy Chicago 2025** has an increased focus on communities co-developing and co-owning solutions in the public health system. People must have a voice in decisions that affect them. This brief can be used to join communities as they advocate for change through their own voices. It is a tool to help the community relate to data and designed to be more visible and accessible to those concerned about Chicago communities. Health professionals, community advocates, and other stakeholders can use this brief to...



## LEARN MORE

CDPH collects and analyzes data to monitor, discover and track health and root cause inequities in Chicago. You can find detailed information on hundreds of indicators at Chicago Health Atlas: <https://www.chicagohealthatlas.org>

Additionally, all reports and briefs can be found on the CDPH website: [www.chicago.gov/healthreports](http://www.chicago.gov/healthreports)

## TECHNICAL NOTES: DEFINITIONS

### **Adult Obesity**

Adults (18 years and older) who reported a height and weight that yield a body mass index(BMI) of 30 or greater.

### **COVID-19 mortality**

A COVID-19 case whose death is attributable to COVID-19.

### **Current Smokers**

An adult who smoked 100 cigarettes in his or her lifetime and who currently smokes cigarettes.

### **Diabetes Related Deaths**

People for whom diabetes is a primary or secondary cause of death.

### **Disconnected Youth**

Non-institutionalized 20- to 24-year-olds who were not enrolled in school and unemployed or not in the labor force.

### **Economic Hardship Index**

A measure composed of six indicators to denote a level of combined social determinants (housing, poverty, unemployment, education, dependency, and income) and ranked as low, medium, and high within Chicago 77 Community Areas. Higher hardship indicates worse economic conditions.

### **Easy Access to Fruits and Vegetables**

Adults who reported that it is very easy for them to get fresh fruits and vegetables.

### **Homicides**

People who died due to violence.

### **Health Literacy**

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

### **HIV Prevalence**

People living with diagnosed HIV infection.

### **Adult Hypertension**

Adults (18 years and older) who reported that a doctor, nurse or other health professional diagnosed them with high blood pressure (excludes borderline high, pre-hypertensive or hypertension diagnosed during pregnancy).

### **Incarceration**

Chicago residents who were incarcerated in Illinois prisons.

### **Infant Mortality**

Deaths of infants less than one year of age per 1,000 live births.

### **Leading Cause of Death**

Underlying causes of death categories or major groupings that account for a large number of deaths within a specified population group and time period. Ranked causes of death (highest 1 to lowest 10) by category non-Blacks, Blacks, Black females and Black males.



## DEFINITIONS (CONT.)

### **Life Expectancy**

Average number of years to be lived by a group of people born in the same year, if mortality at each age remains constant in the future. Life expectancy at birth is also a measure of overall quality of life.

### **Menthol Cigarette Use**

Percent of adult current smokers who smoke menthol cigarettes all or most of the time.

### **Opioid-Related Overdose Deaths**

People who died from an opioid-related drug overdose.

### **Per Capita Income**

The mean income computed for every man, woman, and child in a particular group including those living in group quarters.

### **Pregnancy Associated Mortality**

The death of a mother occurring during pregnancy or up until one year after the end of the pregnancy, regardless of the cause of death.

### **Serious Psychological Distress**

Adults who reported serious psychological distress based on how often they felt nervous, hopeless, restless or fidgety, depressed, worthless, or that everything was an effort in the past 30 days (Kessler 6 Score).

### **Severe housing cost burden**

Percent of households who spend 35% or more of their monthly income on housing costs



## DATA SOURCES

**Note: When this report refers to Blacks in Chicago this encompasses Non-Hispanic (NH) Blacks/African-Americans/African Descendants. Non-Blacks refer to all other races and ethnicities. The most current available data was used and may not reflect all race/ethnicity and gender groups such as Hispanic Blacks, Blacks from West Indies, and transgender individuals.**

### **American Community Survey, U.S. Census Bureau**

The American Community Survey (ACS) is an ongoing annual survey conducted by the U.S. Census Bureau. Data collected include social, economic, housing and population data. ACS data are released in two waves each year: a 1-year dataset and a 5-year dataset combining 5 years of survey data.

### **A Tale of Three Cities**

The State of Racial Justice in Chicago report authored by Kasey Henricks, Amanda E. Lewis, Iván Arenas, and Deana G. Lewis and published May 19, 2017: <https://irrpp.uic.edu/state-of-racial-justice/state-of-racial-justice-reports/>

### **Birth Certificate Data Files, Illinois Department of Public Health, Division of Vital Records**

Birth files are received from IDPH. The birth files contain most information from the birth certificate for every birth to a Chicago resident during a given calendar year. The birth certificates provide information about the father, the mother, and the child.

### **Cook County Medical Examiner's Office**

Opioid-related overdose death data are provided by the Cook County Medical Examiner's Office. Opioid related overdose deaths include any fatal overdose that involved: heroin, fentanyl, methadone, buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.

### **Death Certificate Data Files, Illinois Department of Public Health, Division of Vital Records**

Death files are received from the Illinois Department of Public Health. The death files contain most information from the death certificate for every death during a given calendar year. Death certificates are processed and analyzed by a standardized system that is used in most countries throughout the world, the International Classification of Diseases (ICD). The system is periodically revised to reflect advances in medical knowledge and public health priorities. The ICD- 10, the most recent update, is being used for Illinois deaths effective with data from 1999 to the present.

### **Great Cities Institute, University of Illinois at Chicago**

Disconnected youth data was provided from the following 2018 Great Cities Institute report: Industrial Restructuring and the Continuing Impact on Youth Employment in Illinois. Data for Chicago out of school and out of work with no high school diploma figures were calculated from the 2014, 2015, and 2016 American Community Survey public use microdata.

## DATA SOURCES (CONT.)

### Healthy Chicago Survey, Chicago Department of Public Health

The Healthy Chicago Survey (HCS) is an annual telephone survey of adults conducted by CDPH to collect information on the population's health status, health access patterns, disease and risk factor prevalence and health behaviors. The HCS is a cross-sectional telephone survey of adults aged 18 and older who live in private residences in the city of Chicago. Participants are able to complete the survey via landline or cell phone and interviews are conducted in English and Spanish. All data collected are self-reported. For this report, data from the 2016 (n=2,726), 2017 (n=3,310), and 2018 (n=2,982) waves of data collection were pooled together in order to increase sample size and improve statistical reliability. Of the total sample (n=9,018), 3,363 participants were Black. Data are weighted to be representative of Chicago's adult population.

### HIV/Surveillance, Chicago Department of Public Health

Enhanced HIV/AIDS Reporting System (eHARS)

Chicago Department of Public Health. HIV/STI Surveillance Report 2017. Chicago, IL: City of Chicago, December 2018

**Illinois Criminal Justice Information Authority (ICJIA)** interpretation of Illinois Department of Corrections New Admissions data provided by IDOC Planning and Research Unit, CY2018

### Illinois National Electronic Disease Surveillance System

Web-based application available to health care providers and other reporters for input of demographic, medical and exposure information on patients diagnosed with reportable conditions.

**Why are people of color at risk of coronavirus complications?**, authored by William F. Marshall and published August 13, 2020: <https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-infection-by-race/faq-20488802>

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