

Ubaguzi wa kimfumo na kimuundo ni mifumo kandamizi inayoathiri hali ambazo watu huzaliwa, kukua, kuishi na kufanyia kazi. Kwa sababu ya mifumo hii, Wanavermont ambao ni Weusi, Asilia, na Watu wa Rangi (BIPOC) wamewakilishwa bila kuzingatia usawa katika kazi kuu muhimu ambazo haziwezi kufanywa nyumbani, zinazohitaji mwingiliano wa karibu na umma, na zinazotoa upataji mdogo wa likizo ya mgonjwa inayolipwa. Wana uwezekano mkubwa wa kuishi katika nyumba zenye vizazi vingi au maeneo yanayoishi watu wengi wasiohusiana na wanaweza kuwa na ufikiaji mdogo wa vifaa vya kinga binafsi, kama vile barakoa za uso na sanitaiza za kusafisha mikono. Ukosefu wa usawa katika upatikanaji na katika ubora wa huduma za afya, elimu, ajira, makazi, afya ya akili, na huduma za usaidizi wa kijamii pia unachangia kuwepo kwa viwango vya juu vya matatizo sugu au yaliyopo ya kimatibabu.<sup>1,2</sup> Kwa sababu hizi, Wanavermont wa BIPOC wanawakilishwa zaidi katika visa vya COVID-19 katika Vermont, huku wakiwakilisha 6% ya idadi ya watu lakini 18% ya visa vya maambukizi. Karibu kisa 1 katika kila visa 5 vya COVID-19 katika Vermont ni kati ya Wanavermont wa BIPOC. Viwango vyote vinawasilishwa kwa kila watu 10,000.

## MAMBO MUHIMU

- Wanavermont wa BIPOC wanawakilisha 6% ya idadi ya Jimbo lakini 18% ya visa vya COVID-19.
- Wanavermont wa BIPOC walioambukizwa COVID-19 wana viwango vya juu vya kulazwa hospitalini na vya magonjwa sugu, ikilinganishwa na watu weupe ambao sio wa Kihispania walioambukizwa COVID-19.

## Muhtasari

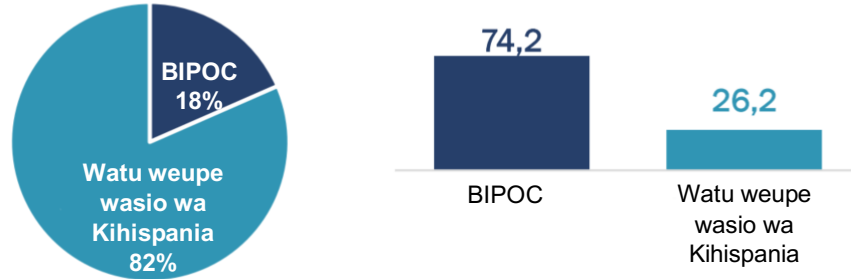
Kufikia tarehe 31 Oktoba, kuna visa 2,024 vya COVID-19 kati ya wakaazi wa Vermont na visa 344 (18%) kati ya Wanavermont wa BIPOC.\* Kiwango cha matukio ya COVID-19 kati ya Wanavermont wa BIPOC (74.2) ni kikubwa zaidi ikilinganishwa na Wanavermont weupe wasio wa Kihispania (26.2).† Kiwango cha matukio ya COVID-19 katika Vermont ni cha chini ikilinganishwa na Marekani, kwa ujumla na kati ya Wanavermont wa BIPOC, ikidokeza kwamba maambukizi machache ya ugonjwa katika Vermont hadi sasa. Kiwango cha matukio ya COVID-19 kati ya Wamarekani wa BIPOC ni 148.0.3.<sup>0,9</sup> Viwango vya visa vya vifo kwa Wanavermont wa BIPOC ni 3.6%, ikilinganishwa na 3.6% kati ya Wanavermont weupe wasio wa Kihispania.

**Visa vingi vya COVID-19 katika Vermont ni kati ya watu weupe wasio wa Kihispania. Hata hivyo, kiwango kati ya Wanavermont wa BIPOC ni kikubwa zaidi.**

\* Tafadhali kumbuka kuwa 18% ya wakaazi wa Vermont wa BIPOC walio na COVID-19 ni kati ya 1,865 walio na maelezo kamili ya mbari/kabila. Kuna watu 159 wanaokosa mbari na/au kabila.

† Kiwango cha matukio ni idadi ya maambukizi ya COVID-19 ikigawanywa na jumla ya idadi ya watu, kisha kuzidishwa na 10,000.

# COVID-19 Miongoni mwa Wanavermont wa BIPOC



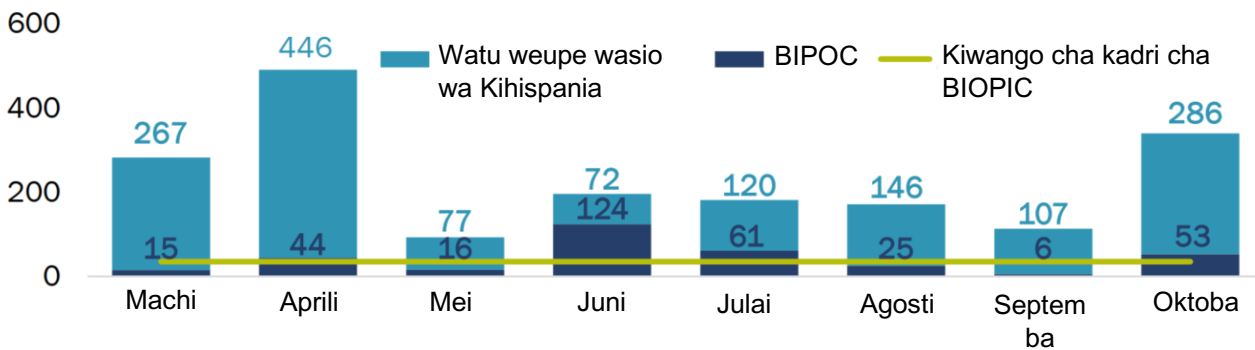
Kati ya Wanavermont wa BIPOC, viwango vya matukio ni vya juu zaidi kwa Wamarekani Weusi au Waafrika (225.7), ikifuatiwa na Waasia (61.0), na mbari zingine (20.5), ambazo zinajumuisha watu wanaojitambua kama jamii zaidi ya moja, Wahawai wa asili au watu wa asili ya Kisiwa cha Pasifiki. Kiwango kati ya watu wa Kihispania ni 41.7.

## Mitindo Kwa Wakati

Idadi ya visa ndani ya jamii za BIPOC ilikuwa kubwa zaidi mnamo Juni, wakati kulikuwa na visa 124. Vingi vya visa hivi vilihusishwa na mkurupuko katika jamii moja ulioathiri sana familia zinazoishi katika nyumba zenye vizazi vingi au zenye watu wengi na ambapo watu wazima walikuwa wafanyakazi muhimu.

Mnamo Septemba, tuliona idadi ndogo zaidi ya visa (6) kati ya Wanavermont wa BIPOC. Idadi ya wastani ya visa kati ya Wanavermont wa BIPOC kila mwezi ni 35.

## Idadi ya Wanavermont wa BIPOC walio na COVID-19 iliongezeka mnamo Juni. Kwa muda, Wanavermont wa BIPOC wanaendelea kuathiriwa sana na COVID-19.



## Jinsia

Kati ya visa vya BIPOC, kuna wanawake 157 (46%) na wanaume 183 (53%). Viwango vya wanaume na wanawake ni sawa kitakwimu (wanawake 67.7 dhidi ya wanaume 78.7).

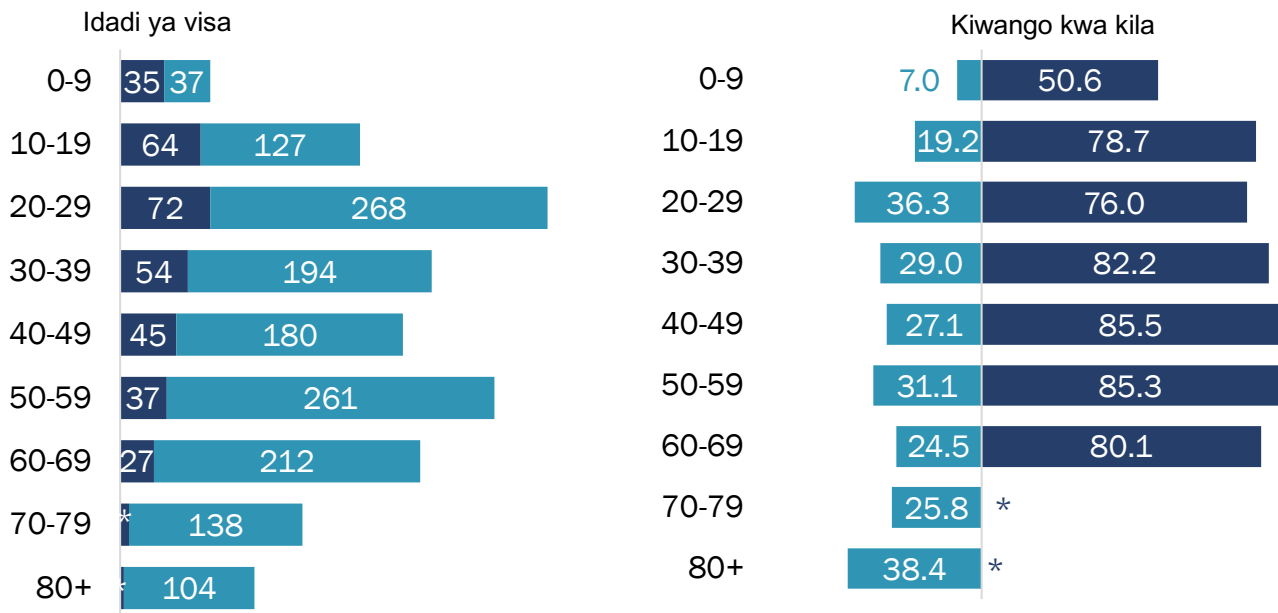
## Umri

Visa kati ya Wanavermont wa BIPOC huwa ni vya umri mdogo ikilinganishwa na visa vya watu weupe wasio wa Kihispania, ambavyo vinahusiana na viwango vya umri vya Wanavermont wote wa

# COVID-19 Miongoni mwa Wanavermont wa BIPOC

BIPOC. Umri wa wastani wa wale walio na COVID-19 ni 33 kati ya Wanavermont wa BIPOC na 46 kati ya Wanavermont weupe wasio wa Kihispania. Kwa kuongezea, 70% ya visa vya BIPOC viko chini ya umri wa miaka 40. Viwango vya visa vya BIPOC ni sawa katika vikundi vyote vya umri, isipokuwa watoto wa miaka 0 hadi 9, ambapo BIPOC wana kiwango cha chini ikilinganishwa na vikundi vingine vingi vya umri. Viwango vyote vya BIPOC kulingana na umri ni vikubwa zaidi kuliko viwango wa watu weupe wasio wa Kihispania. Viwango vya Wanavermont wa BIPOC wa zaidi ya umri wa miaka 70 havionyeshwi kutokana na idadi ndogo.

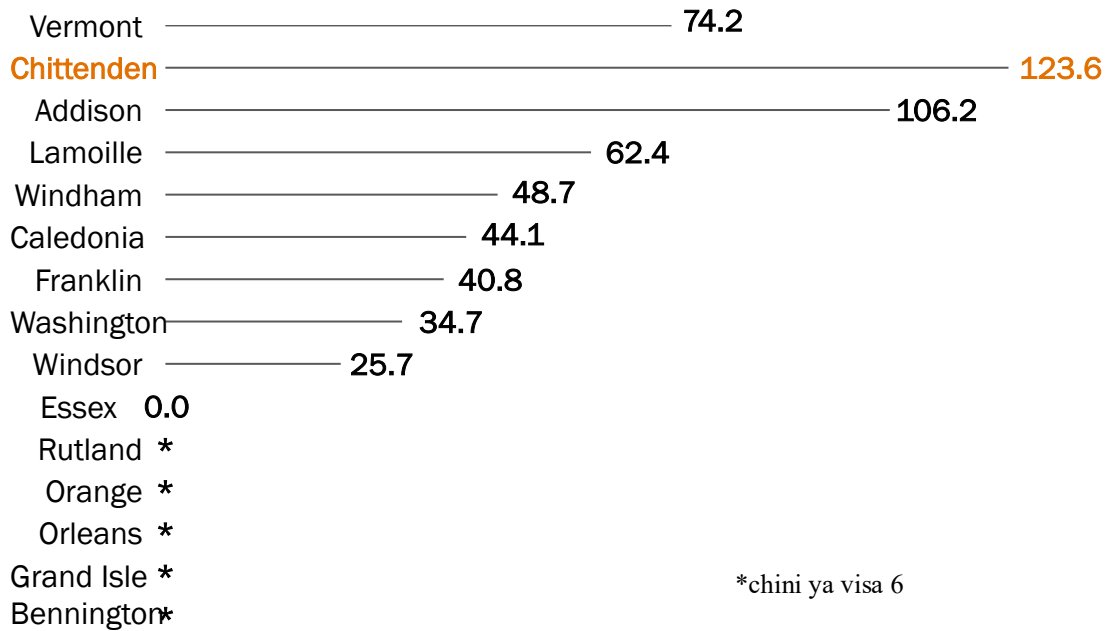
**Visa kati ya Wanavermont wa BIPOC ni vya umri mdogo ikilinganishwa na visa vya watu weupe wasio wa Kihispania. Viwango vya Wanavermont wa BIPOC vinalingana kwa umri.**



## Kaunti ya Makazi

Kaunti ya Chittenden ina kiwango cha juu zaidi cha COVID-19 kati ya jamii za BIPOC na ni kikubwa zaidi ya kiwango cha Vermont. Kaunti ya Addison ina kiwango cha pili cha juu, hata hivyo, kitakwimu ni sawa na kiwango cha Vermont.

**Kaunti ya Chittenden ina kiwango cha juu zaidi cha COVID-19 kati ya BIPOC katika jimbo.**



## Mikurupuko

Karibu visa 6 kati ya 10 vya BIPOC vinahusishwa na mkurupuko (59%, n= 203). Visa vingi vya BIPOC vinavyohusishwa na mkurupuko vilikuwa sehemu ya mkurupuko wa jamii (n=128). Visa vingine vya BIPOC vinahusishwa na mikurupuko katika mahali pa kazi (n=31), kituo cha marekebisho (n=11), kituo cha utengenezaji (n=11), kituo cha utunzaji wa muda mrefu (n=10), au kituo cha burudani (n=7). Kuna aina zingine za mkurupuko kati ya Wanavermont wa BIPOC, lakini idadi ni za chini sana kuonyeshwa katika muhtasari huu.

## Kutangamana kwa Karibu ndani ya Kaya na Mtu Aliyetambuliwa Kuambukizwa

Wanavermont wa BIPOC wana uwezekano mkubwa wa kutangamana kwa karibu ndani ya kaya na mtu aliyeambukizwa ikilinganishwa na watu weupe ambao sio wa Kihispania. Zaidi ya theluthi moja (36%) ya Wanavermont wa BIPOC huambukizwa COVID-19 kupitia utangamano wa karibu ndani ya kaya, ambapo ni 20% tu ya watu weupe ambao sio wa Kihispania hupata COVID-19 kupitia utangamano wa karibu ndani ya kaya. Kwa wastani, visa katika jamii ya BIPOC vinajumuisha watu waliotangamana kwa karibu kwa zaidi kidogo ikilinganishwa na watu weupe ambao sio wa Kihispania (watu 2.0 dhidi ya watu 1.3, mtawaliwa).<sup>‡</sup>

<sup>‡</sup> Hii inawakilisha idadi ya watu binafsi waliotajwa kama watu waliotangamana kwa karibu na aliyeambukizwa.

## Kulazwa hospitalini

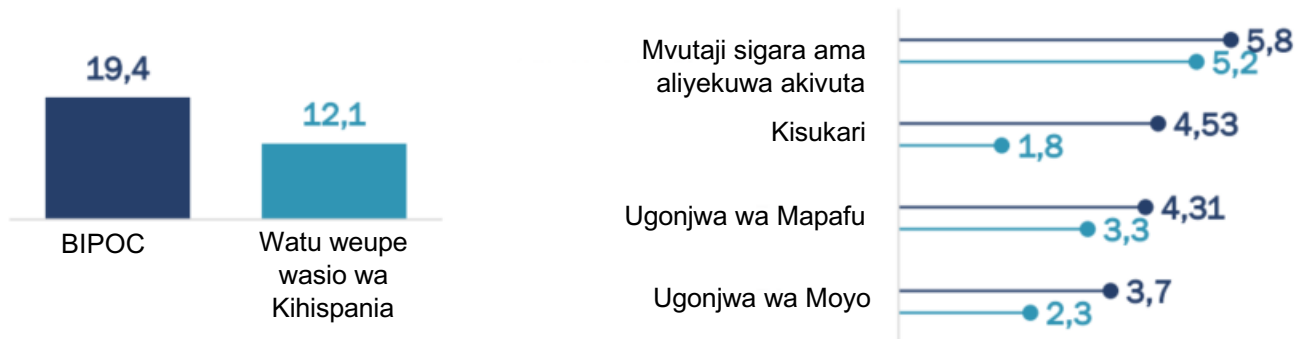
Asilimia tatu ya visa kati ya Wanavermont wa BIPOC wamelazwa kutokana na COVID-19, ambayo ni chini ya asilimia 8 ya watu weupe ambao sio wa Kihispania ambao wamelazwa. Kiwango cha kulazwa hospitalini ni 3.2 kwa Wanavermont 10,000 wa BIPOC, ambacho ni kikubwa zaidi kuliko kiwango cha watu weupe wasio wa Kihispania (1.9). Muda wa wastani wa kulazwa kwa Wanavermont wa BIPOC walio na COVID-19 ni siku 7, hata hivyo hii inategemea idadi ndogo na haiwezi kuwa kiwakilishi cha muda wa wastani wa kulazwa kwa watu wa BIPOC. Wanavermont wasiozidi 6 wa BIPOC wamelazwa katika ICU.

## Matatizo Yaliyopo ya Kiafya

Wanavermont wa BIPOC walio na COVID-19 wana kiwango cha juu zaidi cha matatizo yaliyopo ya kiafya ikilinganishwa na Wanavermont weupe wasio wa Kihispania walio na COVID-19, 19.4 dhidi ya 12.1 kwa Wanavermont 10,000, mtawaliwa. Wanavermont wa BIPOC walio na COVID-19 wana viwango vya juu zaidi vya ugonjwa wa kisukari, mapafu, na ugonjwa wa moyo kuliko viwango kati ya Wanavermont weupe wasio wa Kihispania.

## Watu wa BIPOC walio na COVID-19 wana viwango vya juu vya matatizo yaliyopo ya kiafya.

Viwango vya matatizo yaliyopo ya kiafya kati ya visa vya COVID-19 kwa kila 10,000



## Mambo Muhimu ya Kufahamu

Hali tunazoishi, kufanyia kazi, na kucheza, zinazojulikana kama viamuzi vya kijamii kuhusiana na afya, huathiri matokeo anuwai ya kiafya. Mifumo ya ukandamizaji wa kimuundo na ubaguzi wa rangi huathiri sana viamuzi vya kijamii kuhusiana na afya. Kwa maneno mengine, hata kabla ya janga la COVID-19, sio kila mtu katika Vermont alikuwa na ufikiaji sawa wa hali zinazozingatia afya. COVID-19 inaweka wazi ukosefu huu wa usawa. Wanavermont wa BIPOC wako katika hatari kubwa ya matokeo mabaya ya kiafya, ikiwa ni pamoja na COVID-19. Katika Vermont, kuna idadi kubwa ya Wanavermont wa BIPOC walio na COVID-19, na utofauti huu umekuwa thabiti wakati wote wa janga. Aidha, idadi hii ya watu iko katika hatari kubwa ya kupata matokeo mabaya zaidi, kama vile kulazwa hospitalini, na inaweza kukosa kupata maelezo na rasilimali ili kuzuia ueneaji na ili kujitenga na kujiweka karantini kwa usalama. Kwa maelezo zaidi kuhusu kile Idara ya Afya ya Vermont inafanya ili kukabiliana na utofauti wa kiafya wa kikabila na kimbari, tafadhali tembelea [www.healthvermont.gov/about-us/our-vision-mission/health-equity](http://www.healthvermont.gov/about-us/our-vision-mission/health-equity).

## COVID-19 Miongoni mwa Wanavermont wa BIPOC

Marejeleo:

1. [Mfumo wa Ufuatiliaji wa Hatari ya Kitabia wa Vermont 2018 \(BRFSS\)](#)
2. [Utafiti wa Vijana wa Hatari ya Kitabia 2019](#)
3. [https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days) Data ilifikiwa tarehe 2 Novemba 2020.

Kwa maelezo zaidi kuhusu data ya COVID-19 katika ripoti hii: Maswali kuhusu Afya ya Umma [AHS.VDHCOVID19Inquiries@vermont.gov](mailto:AHS.VDHCOVID19Inquiries@vermont.gov)

Kwa maswali kuhusu usawa wa afya: Kikosi cha Usawa wa Afya, [AHS.VDHHOCEquityTeam@vermont.gov](mailto:AHS.VDHHOCEquityTeam@vermont.gov)

Systemic and structural racism are oppressive systems affecting the conditions in which people are born, grow, live, and work. Because of these systems, Vermonters who are Black, Indigenous, and People of Color (BIPOC) are disproportionately represented in essential frontline jobs that cannot be done at home, require closer physical contact with the public, and offer less access to paid sick time. They are more likely to be living in multi-generational housing or congregate living spaces and may have less access to personal protective equipment, such as face masks and hand sanitizer. Inequities in access to and quality of health care, education, employment, housing, mental health, and social support services also contribute to higher rates of underlying or chronic medical conditions.<sup>1,2</sup> For these reasons, BIPOC Vermonters are overrepresented among COVID-19 cases in Vermont, making up 6% of the population but 18% of positive cases. Nearly 1 in every 5 COVID-19 cases in Vermont are among BIPOC Vermonters. All rates are presented as per 10,000 persons.

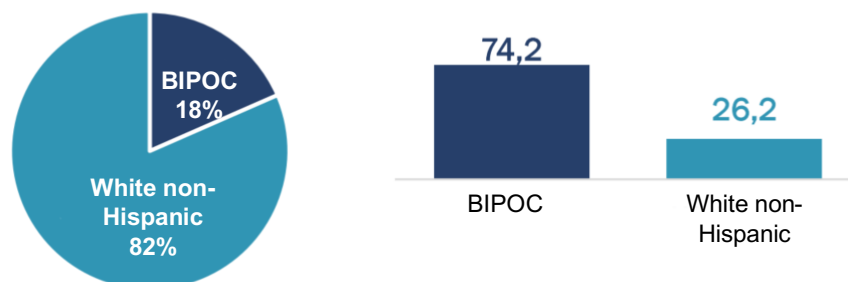
## KEY POINTS

- **BIPOC Vermonters represent 6% of the State's population but 18% of COVID-19 cases.**
- **BIPOC Vermonters with COVID-19 have significantly higher hospitalization and chronic disease rates, relative to white non-Hispanic people with COVID-19.**

## Overview

As of October 31, there are 2,024 COVID-19 cases among Vermont residents and 344 (18%) cases among BIPOC Vermonters.\* The incidence rate of COVID-19 among BIPOC Vermonters (74.2) is significantly higher than white non-Hispanic Vermonters (26.2).† Vermont's COVID-19 incidence rate is lower than the U.S., both overall and among BIPOC Vermonters, suggesting less disease transmission in Vermont thus far. The U.S. COVID-19 incidence rate among BIPOC Americans is 148.0.<sup>3</sup> The case fatality rate for BIPOC Vermonters is 0.9%, compared to 3.6% among white non-Hispanic Vermonters.

**Most COVID-19 cases in Vermont are among white non-Hispanic people. However, the rate among BIPOC Vermonters is significantly higher.**



\* Please note that the 18% of BIPOC Vermont residents with COVID-19 is among the 1,865 with complete race/ ethnicity information. There are 159 people missing race and/or ethnicity.

† Incidence rate is the number of COVID-19 infections divided by the total population, then multiplied by 10,000.

# COVID-19 Among BIPOC Vermonters

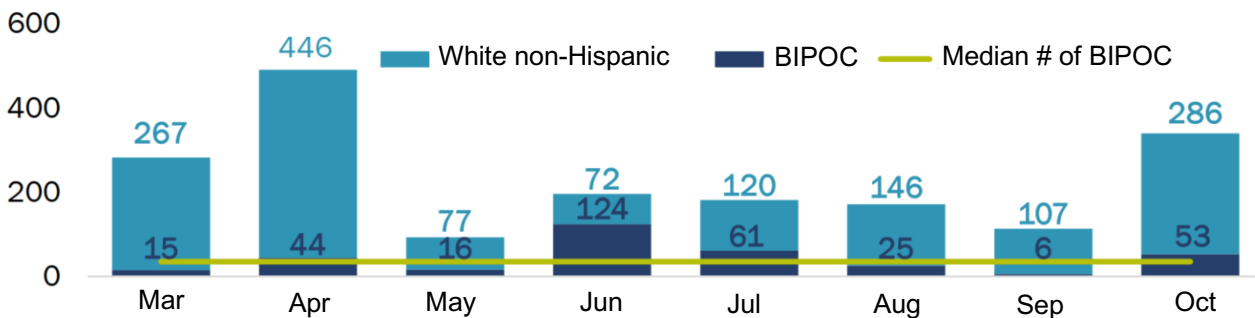
Among BIPOC Vermonters, incidence rates are highest for Black or African Americans (225.7), followed by Asians (61.0), and other races (20.5), which includes people who identify as more than one race, Native Hawaiian or Pacific Islander. The rate among Hispanic people is 41.7.

## Trends Over Time

The number of cases within BIPOC communities was highest in June, when there were 124 cases. Many of these cases were associated with a single community outbreak that primarily affected families living in multi-generational or crowded housing and where adults were essential workers.

In September, we saw the lowest number of cases (6) among BIPOC Vermonters. The median number of cases among BIPOC Vermonters each month is 35.

**The number of BIPOC Vermonters with COVID-19 peaked in June. Over time, BIPOC Vermonters continue to be disproportionately impacted by COVID-19.**



## Sex

Among BIPOC cases, there are 157 females (46%) and 183 males (53%). Rates for males and females are statistically similar (67.7 females versus 78.7 males).

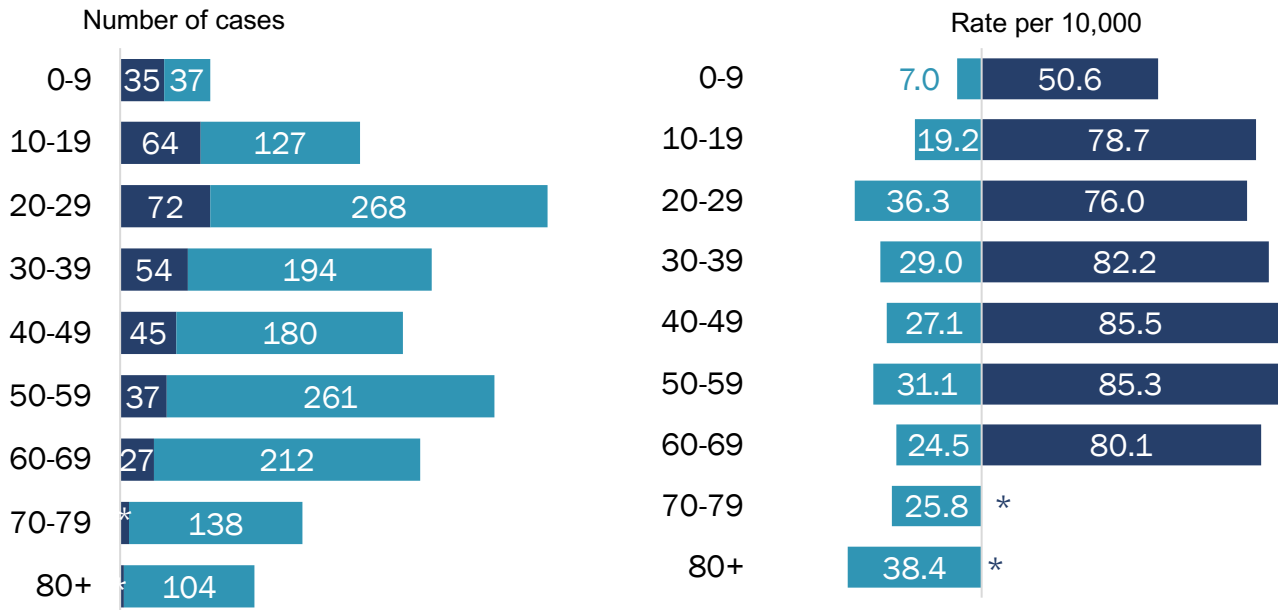
## Age

Cases among BIPOC Vermonters tend to be younger compared to white non-Hispanic cases, which is correlated with the age breakdown of all BIPOC Vermonters. The average age of those with COVID-19 is 33 among BIPOC Vermonters and 46 among white non-Hispanic Vermonters. Furthermore, 70% of BIPOC cases are under the age of 40. Rates for BIPOC cases are similar across age groups, with the exception of 0 to 9-year-olds, where BIPOC have a lower rate than most of the other age groups. All of the BIPOC rates by age are significantly higher than white non-Hispanic rates. Rates for BIPOC Vermonters over the age of 70 are not shown due to small numbers.



# COVID-19 Among BIPOC Vermonters

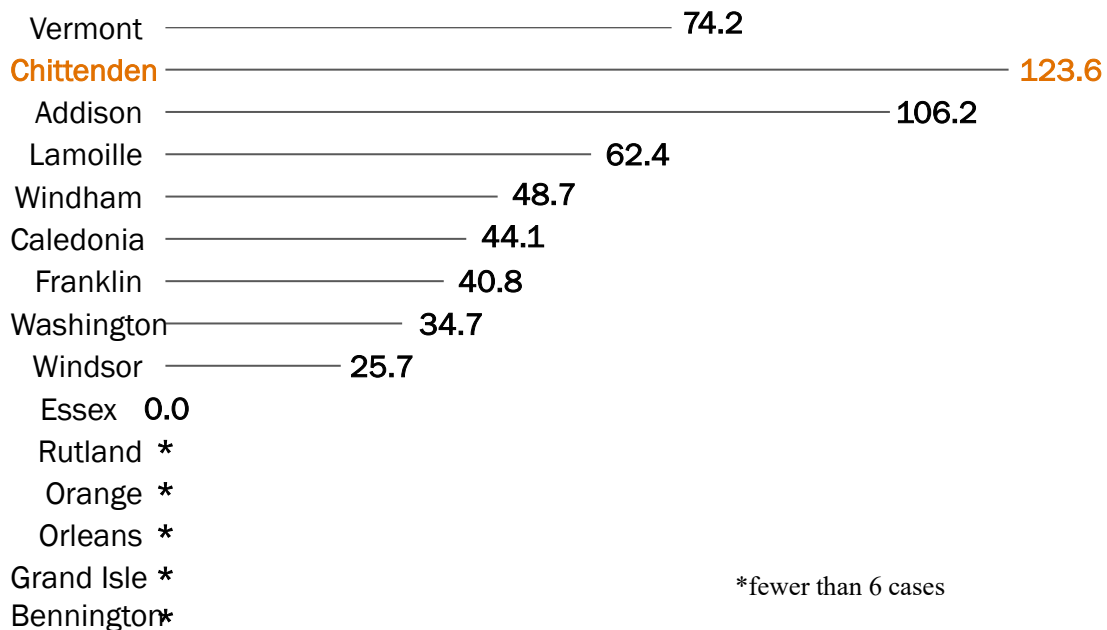
Cases among BIPOC Vermonters are younger relative to white non-Hispanic cases. Rates for BIPOC Vermonters are similar by age.



## County of Residence

Chittenden County has the highest rate of COVID-19 among BIPOC communities and is significantly higher than the Vermont rate. Addison County has the second highest rate, however, is statistically similar to the Vermont rate.

**Chittenden County** has the highest rate of COVID-19 among BIPOC in the state.



## Outbreaks

Nearly 6 in 10 BIPOC cases are associated with an outbreak (59%, n=203). Most BIPOC cases associated with an outbreak were part of a community outbreak (n=128). Other BIPOC cases are associated with outbreaks in a workplace (n=31), correctional facility (n=11), manufacturing facility (n=11), long-term care facility (n=10), or a recreational facility (n=7). There are additional outbreak types among BIPOC Vermonters, but numbers are too small to be shown in this brief.

## Household Contact with a Confirmed Case

BIPOC Vermonters are significantly more likely to have had household contact with a case compared to white non-Hispanic people. Just more than a third (36%) of BIPOC Vermonters get COVID-19 through household contact, where only 20% of white non-Hispanic people get COVID-19 through household contact. On average, cases in the BIPOC community have slightly more close contacts compared to white non-Hispanic people (2.0 versus 1.3 people, respectively).<sup>‡</sup>

## Hospitalization

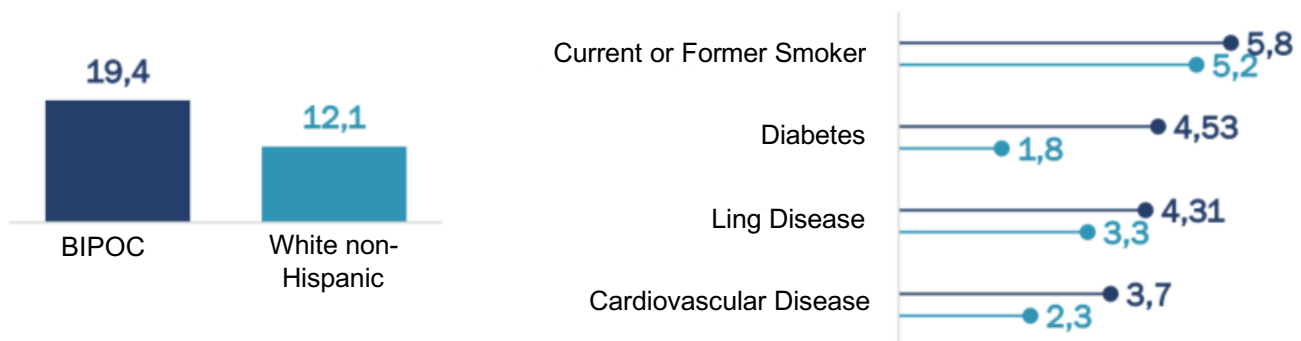
Three percent of cases among BIPOC Vermonters have been hospitalized for COVID-19, which is less than the 8 percent of white non-Hispanic people who have been hospitalized. The hospitalization rate is 3.2 per 10,000 BIPOC Vermonters, which is significantly higher than the white non-Hispanic rate (1.9). The average length of hospitalization for BIPOC Vermonters with COVID-19 is 7 days, however this is based on small numbers and may not be representative of the average hospitalization length for BIPOC people. Fewer than 6 BIPOC Vermonters have been hospitalized in the ICU.

## Pre-existing Conditions

BIPOC Vermonters with COVID-19 have a significantly higher rate of pre-existing conditions compared to white non-Hispanic Vermonters with COVID-19, 19.4 versus 12.1 per 10,000 Vermonters, respectively. BIPOC Vermonters with COVID-19 have significantly higher rates of diabetes, lung, and cardiovascular disease than rates among white non-Hispanic Vermonters.

### BIPOC people with COVID-19 have higher rates of pre-existing conditions.

Rates of pre-existing conditions among COVID-19 cases per 10,000



<sup>‡</sup> This represents the number of individual people named as contacts.

## Key Takeaways

The conditions in which we live, work, and play, known as the social determinants of health, affect a wide range of health outcomes. Systems of structural oppression and racism greatly impact social determinants of health. In other words, even before the COVID-19 pandemic, not everyone in Vermont had equal access to the conditions that favor health. COVID-19 shines a light on these inequities. BIPOC Vermonters are at disproportionate risk for poor health outcomes, including COVID-19. In Vermont, there is a disproportionate number of BIPOC Vermonters with COVID-19, and this disparity has been consistent throughout the pandemic. In addition, this population is at higher risk for more serious outcomes, such as hospitalization, and may lack access to information and resources to prevent the spread and to isolate or quarantine safely. For more information on what the Vermont Department of Health is doing to mitigate racial and ethnic health disparities, please visit [www.healthvermont.gov/about-us/our-vision-mission/health-equity](http://www.healthvermont.gov/about-us/our-vision-mission/health-equity).

### References:

1. [2018 Vermont Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
2. [2019 Youth Risk Behavior Survey](#)
3. [https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days) Data retrieved November 2, 2020.

**For more information about COVID-19 data in this report:** Public Health Inquiries  
[AHS.VDHCovid19Inquiries@vermont.gov](mailto:AHS.VDHCovid19Inquiries@vermont.gov)

**For questions about health equity:** Health Equity Team, [AHS.VDHHOCEquityTeam@vermont.gov](mailto:AHS.VDHHOCEquityTeam@vermont.gov)