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.¹² 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.

**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 148.0.³ 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.
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.**

![Bar chart showing the number of BIPOC and white non-Hispanic cases over time, with the median number of BIPOC cases highlighted.]

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

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Cases</th>
<th>Rate per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>35, 37</td>
<td>7.0, 50.6</td>
</tr>
<tr>
<td>10-19</td>
<td>64, 127</td>
<td>19.2, 78.7</td>
</tr>
<tr>
<td>20-29</td>
<td>72, 268</td>
<td>36.3, 76.0</td>
</tr>
<tr>
<td>30-39</td>
<td>54, 194</td>
<td>29.0, 82.2</td>
</tr>
<tr>
<td>40-49</td>
<td>45, 180</td>
<td>27.1, 85.5</td>
</tr>
<tr>
<td>50-59</td>
<td>37, 261</td>
<td>31.1, 85.3</td>
</tr>
<tr>
<td>60-69</td>
<td>27, 212</td>
<td>24.5, 80.1</td>
</tr>
<tr>
<td>70-79</td>
<td>138</td>
<td>25.8 *</td>
</tr>
<tr>
<td>80+</td>
<td>104</td>
<td>38.4 *</td>
</tr>
</tbody>
</table>

**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.

- Vermont: 74.2
- Chittenden: 123.6
- Addison: 106.2
- Lamoille: 62.4
- Windham: 48.7
- Caledonia: 44.1
- Franklin: 40.8
- Washington: 34.7
- Windsor: 25.7
- Essex: 0.0
- Rutland: *
- Orange: *
- Orleans: *
- Grand Isle: *
- Bennington: *

*fewer than 6 cases
COVID-19 Among BIPOC Vermonters

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).¹

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>BIPOC</th>
<th>White non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current or Former Smoker</td>
<td>5.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4.53</td>
<td>1.8</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>4.31</td>
<td>3.3</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>3.7</td>
<td>2.3</td>
</tr>
</tbody>
</table>

¹ 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.

References:

1. 2018 Vermont Behavioral Risk Factor Surveillance System (BRFSS)
2. 2019 Youth Risk Behavior Survey

For more information about COVID-19 data in this report: Public Health Communications AHS.VDHpubliccommunication@vermont.gov

For questions about health equity: Health Equity Team, AHS.VDHHOCEquityTeam@vermont.gov