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Health Concerns From COVID-19 Much Higher Among Hispanics and Blacks Than Whites

Public divided over who should get ventilators if they are scarce

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How we did this

Pew Research Center conducted this study to understand American's health concerns surrounding the coronavirus outbreak. For this analysis, we surveyed 4,917 U.S. adults in April 2020. Everyone who took part is a member of Pew Research Center's American Trends Panel (ATP), an online survey panel that is recruited through national, random sampling of residential addresses. This way nearly all U.S. adults have a chance of selection. The survey is weighted to be representative of the U.S. adult population by gender, race, ethnicity, partisan affiliation, education and other categories. Read more about the [ATP's methodology](#).

Here are [the questions used for the report](#), along with responses, and [its methodology](#).

Health Concerns From COVID-19 Much Higher Among Hispanics and Blacks Than Whites

Public divided over who should get ventilators if they are scarce

As the number of confirmed cases of [the new coronavirus](#) continues to climb in the United States, the current epicenter of the global pandemic, majorities of Americans are concerned that they may contract the disease and that they may unknowingly spread it to others.

Yet these concerns are much more widespread among black and Hispanic adults than white adults. And there also are differences in concerns across income levels: A third of Americans with lower incomes say they are very concerned they will get COVID-19 and require hospitalization. Among upper-income adults, only about half as many (17%) are very concerned.

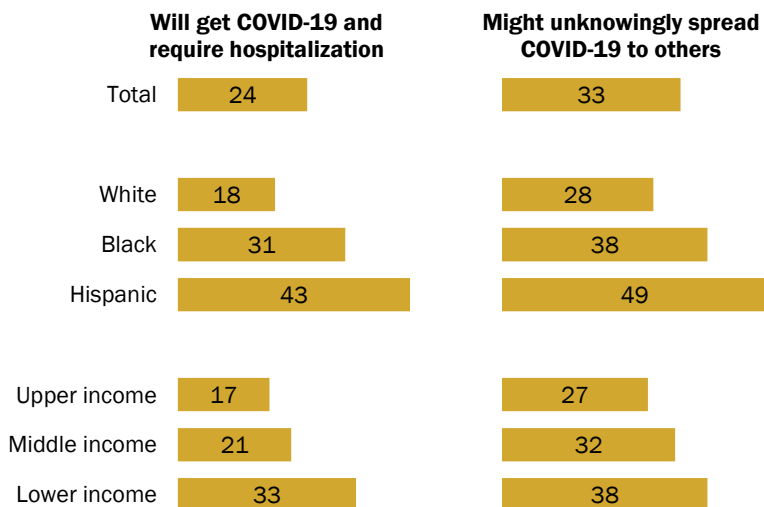
Among the public overall, a majority (55%) say they are very or somewhat concerned they will get COVID-19 and require hospitalization; nearly a quarter are *very* concerned. An even larger share (66%) are concerned they may unknowingly spread the disease to others, including 33% who are very concerned about this.

About half of Hispanic adults (49%) are very concerned

about unknowingly spreading COVID-19 to others, compared with 38% of black adults and 28% of white adults. And Hispanics (43%) and blacks (31%) are far more likely than whites (18%) to be very concerned over getting COVID-19 and needing to be hospitalized.

Racial and income differences in concerns over contracting COVID-19, spreading it to others

% who say they are *very* concerned that they ...



Notes: Whites and blacks include only those who are not Hispanic; Hispanics are of any race. Family incomes are based on 2018 earnings and adjusted for differences in purchasing power by geographic region and for household size. Source: Survey of U.S. adults conducted April 7-12, 2020.

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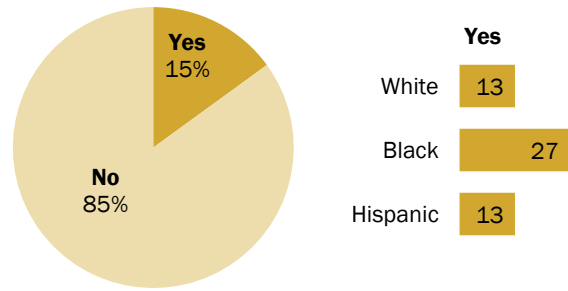
The new national survey by Pew Research Center, conducted April 7 to 12 among 4,917 U.S. adults on the American Trends Panel, finds sharp racial disparities in personal experiences with knowing people who have had serious illnesses arising from COVID-19.

Among the public overall, 15% say they personally know someone who has been hospitalized or died as a result of having COVID-19.

However, about a quarter of black adults (27%) say they personally know someone who has been hospitalized or died due to having the coronavirus. By comparison, about one-in-ten white (13%) and Hispanic (13%) adults say they know someone who has been so seriously affected by the virus.

Black Americans far more likely to know someone who has been hospitalized or died as a result of having COVID-19

Do you personally know someone who has been hospitalized or died as a result of having COVID-19? (%)



Note: Whites and blacks include only those who are not Hispanic; Hispanics are of any race
Source: Survey of U.S. adults conducted April 7-12, 2020.

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Amid reports that some states and cities may face shortages of ventilators to treat seriously ill COVID-19 patients, [some states have developed guidelines](#) for how hospitals and doctors should allocate ventilators if they become scarce.

The survey asks about the priority for critical care if the availability of ventilators became limited in some hospitals.

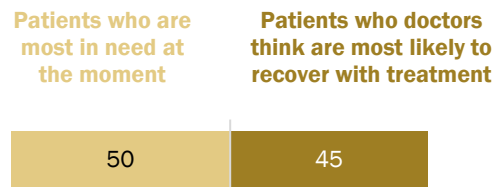
Among U.S. adults overall, 50% say the priority for critical care in that case should be given “to patients who are most at need in the moment, which may mean fewer people overall survive, but doctors do not deny treatment based on age or health status.”

Nearly as many (45%) say the priority should be giving critical care to “patients who are most likely to recover with treatment, which may mean more people survive, but that some patients don’t receive treatment because they are older or sicker.”

Opinions on this question differ by race and ethnicity, partisanship and education. There also are substantial age differences: Adults under age 30 are the only age group in which a majority (58%) says the priority for critical care should be patients with the best chance of recovery. Those ages 30 to 49 are divided, while a majority of those 50 and older (57%) say the priority should be for patients most in need at the moment.

**Public divided on a difficult question:
Which patients should receive
ventilators if they are in short supply?**

% who say that, if some hospitals do not have enough ventilators, priority for critical care should be given to ...



Notes: No responses not shown. See topline for full question wording.

Source: Survey of U.S. adults conducted April 7-12, 2020.

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Concerns about getting, spreading COVID-19 differ by race, age, income, party

Just over half of Americans report being at least somewhat concerned that they could be hospitalized due to the coronavirus (55%), and about two-thirds express concern that they might unknowingly spread it to others (66%). But there are stark racial and ethnic, income, age and partisan differences in the shares saying this.

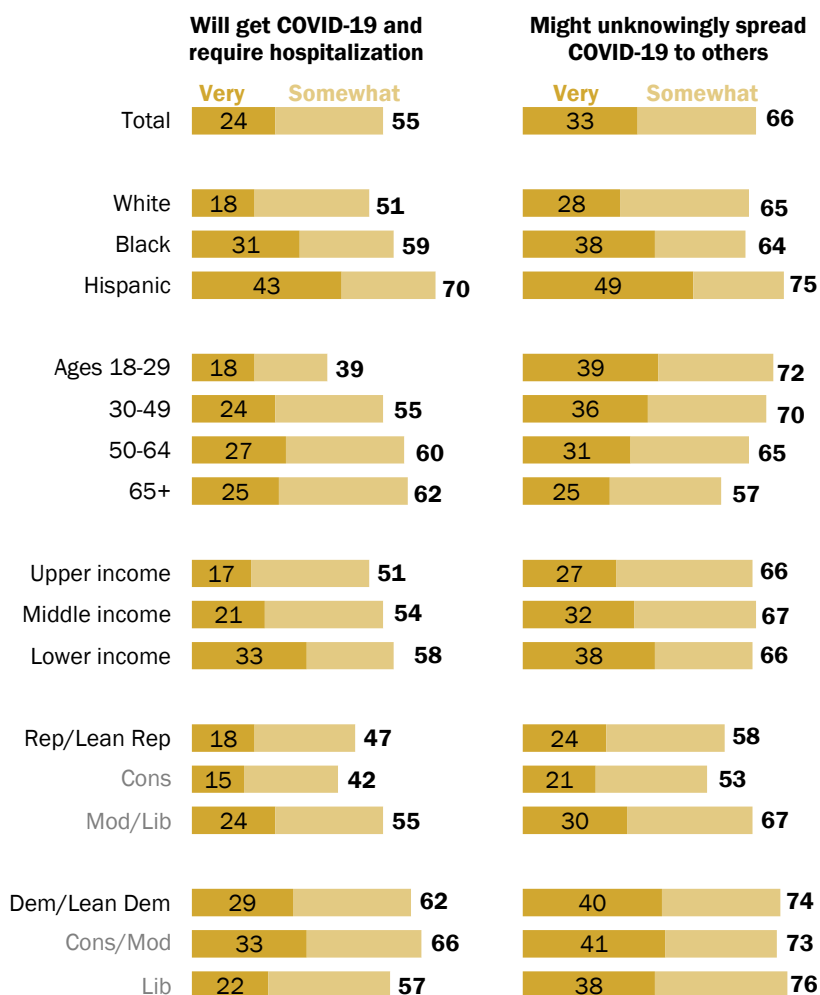
For example, while about six-in-ten adults ages 50 and older (61%) are at least somewhat concerned that they will be hospitalized due to catching the coronavirus, only about four-in-ten adults younger than 30 (39%) say the same.

In contrast, younger adults are more concerned than older adults that they might spread the coronavirus to others without knowing they have it – 72% of 18 to 29 year-olds say they are at least somewhat concerned this could happen, including 39% who say they are very concerned. Among those 65 and older, 57% say they are at least somewhat concerned about this, including a quarter who are very concerned.

Both black and Hispanic adults are substantially more likely than white adults to express high levels of concern over the possibility they will

Younger adults less concerned they will get COVID-19, more concerned they might unknowingly spread it

% who say they are ____ concerned that they ...



Notes: Whites and black include only those who are not Hispanic; Hispanics are of any race. Family incomes are based on 2018 earnings and adjusted for differences in purchasing power by geographic region and for household size. Source: Survey of U.S. adults conducted April 7-12, 2020.

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get the coronavirus or transmit it to others, with Hispanics particularly likely to report having these concerns.

Seven-in-ten Hispanic adults (70%) say they are at least somewhat concerned that they will be hospitalized due to the coronavirus (including 43% who are very concerned about this). Among black Americans, nearly six-in-ten (59%) are at least somewhat concerned about this, including about a third (31%) who are very concerned. By comparison, about half of white adults (51%) express some concern about the possibility of hospitalization as a result of COVID-19, with just 18% reporting being very concerned about this. There are similar racial and ethnic differences in concerns about the possibility of unknowingly being a vector for the spread of the coronavirus.

Republican and Republican-leaning independents are far less likely than Democrats and Democratic leaners to say they are at least somewhat concerned they will be hospitalized due to getting COVID-19 (47% vs. 62%) or that they may spread the coronavirus to others (58% vs. 74%).

However, moderate and liberal Republicans express higher levels of concern about these possibilities than do conservative Republicans. For example, 55% of moderate and liberal Republicans say they are concerned they will get COVID-19 and be hospitalized, while 42% of conservative Republicans say the same.

And although conservative and moderate Democrats (66%) are more likely than liberal Democrats (57%) to say they are at least somewhat concerned they will be hospitalized due to the coronavirus, roughly similar shares of each group express concern about spreading the coronavirus to others.

Democrats and those in hard-hit counties more likely to have concerns about contracting or unknowingly spreading COVID-19

Overall, Americans living in counties hit harder by COVID-19 are more likely to say they are very concerned about getting or spreading the coronavirus.

In particular, Republicans living in counties with higher numbers of COVID-19 deaths are substantially more likely than Republicans living in other parts of the country to say they are very concerned they will get or might spread the coronavirus.

For example, Republicans in counties with more reported deaths from the coronavirus (31%) are about twice as likely to be very concerned that they will get the coronavirus and be hospitalized than those in counties where deaths per county can be classified as more moderate (13%) or low (17%).

Among Democrats, there are only modest geographic differences in levels of concern.

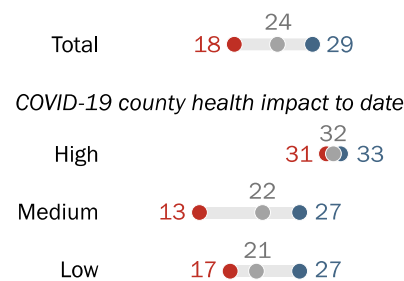
Although Democrats overall remain more likely than Republicans to express concern about getting or transmitting the coronavirus, even accounting for county-level COVID-19 health impact, these differences are more pronounced in areas of the country that have seen fewer deaths than the rest of the country.

Among Republicans, personal health concerns higher in hardest hit areas

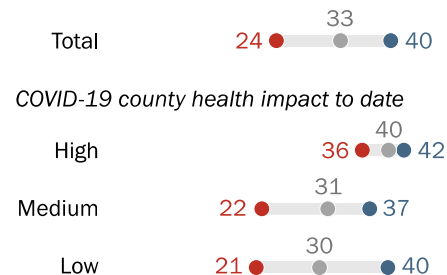
% who say they are **very** concerned that they ...

● Total ● Rep/Lean Rep ● Dem/Lean Dem

Will get COVID-19 and require hospitalization



Might unknowingly spread COVID-19 to others



Note: COVID-19 health impact is based on deaths per county as of April 7, 2020. See Appendix for details.

Source: Survey of U.S. adults conducted April 7-12, 2020.

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If ventilators become scarce, what should the priority be for critical care?

For several weeks there have been concerns about possible ventilator shortages in hospitals with COVID-19 patients and

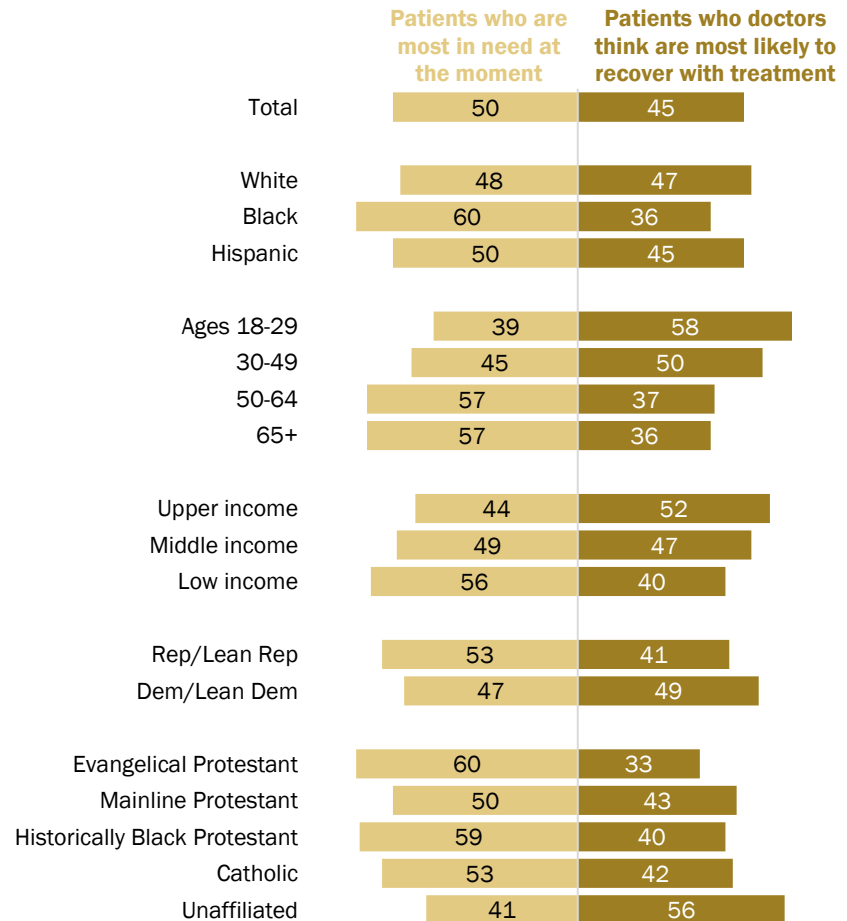
concerns that medical providers might need to make decisions on how to allocate ventilators if that occurred. Among the public, half (50%) say that, if a shortage occurs, the priority for critical care should be given to patients most in need at the moment, while nearly as many (45%) say the priority should be to patients who doctors think are most likely to recover with treatment.

There are differences in these views across groups, including by age, race, income, party and religious tradition.

A majority (58%) of adults under age 30 say the priority in the case of limits on access to ventilators should be “patients who doctors think are most likely to recover with treatment, which may mean more people survive but that some patients don’t receive treatments because they are older or sicker.” By comparison, nearly six-in-ten adults ages 50 and older (57%) say the priority should be “patients who are most in need at the

Americans split over how hospitals should handle critical care for if there are ventilator shortages

% who say doctors should prioritize giving ventilators to ...



Notes: Whites and black include only those who are not Hispanic; Hispanics are of any race. Family incomes are based on 2018 earnings and adjusted for differences in purchasing power by geographic region and for household size. For full question wording, see the topline of this survey.

Source: Survey of U.S. adults conducted April 7-12, 2020.

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moment, which may mean fewer people overall survive, but doctors do not deny treatments based on age or health status.”

There are also substantial differences in these views by religious affiliation. Roughly six-in-ten evangelical Protestants (60%) and those affiliated with historically black Protestant denominations (59%) say that the priority should be given to patients based on their need in the moment. Opinion leans in the same direction among Catholics (53% say give priority to those most in need vs. 42% who say give priority to those most likely to recover). Mainline Protestants are divided about evenly on this question, while most religiously unaffiliated respondents say patients who are most likely to recover with treatment should be given priority if ventilators are scarce (56%).

Acknowledgments

This report is a collaborative effort based on the input and analysis of the following individuals:

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Methodology

The American Trends Panel survey methodology

The American Trends Panel (ATP), created by Pew Research Center, is a nationally representative panel of randomly selected U.S. adults. Panelists participate via self-administered web surveys. Panelists who do not have internet access at home are provided with a tablet and wireless internet connection. The panel is being managed by Ipsos.

Data in this report is drawn from the panel wave conducted April 7 to April 12, 2020. A total of 4,917 panelists responded out of 6,092 who were sampled, for a response rate of 81%. This does not include one panelist who

was removed from the data due to extremely high rates of refusal or straightlining. The cumulative response rate accounting for nonresponse to the recruitment surveys and attrition is 4.4%. The break-off rate among panelists who logged on to the survey and completed at least one item is 1.7%. The margin of sampling error for the full sample of 4,917 respondents is plus or minus 2.1 percentage points.

American Trends Panel recruitment surveys

| Recruitment dates | Mode | Invited | Joined | Active panelists remaining |
|---------------------------|-----------------------|---------------|---------------|----------------------------|
| Jan. 23 to March 16, 2014 | Landline/ cell RDD | 9,809 | 5,338 | 2,310 |
| Aug. 27 to Oct. 4, 2015 | Landline/ cell RDD | 6,004 | 2,976 | 1,335 |
| April 25 to June 4, 2017 | Landline/ cell RDD | 3,905 | 1,628 | 685 |
| Aug. 8 to Oct. 31, 2018 | ABS/web | 9,396 | 8,778 | 6,411 |
| Aug. 19 to Nov. 30, 2019 | ABS/web | 5,900 | 4,720 | 4,686 |
| | Total | 35,014 | 23,440 | 15,427 |

Note: Approximately once per year, panelists who have not participated in multiple consecutive waves or who did not complete an annual profiling survey are removed from the panel. Panelists also become inactive if they ask to be removed from the panel.

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This study featured a stratified random sample from the ATP. The sampling strata were defined by the following variables: age, ethnicity, education, country of birth (among Hispanics), internet status, party affiliation, voter registration and volunteerism.

The ATP was created in 2014, with the first cohort of panelists invited to join the panel at the end of a large, national, landline and cellphone random-digit-dial survey that was conducted in both English and Spanish. Two additional recruitments were conducted using the same method in 2015 and 2017, respectively. Across these three surveys, a total of 19,718 adults were invited to join the ATP, of which 9,942 agreed to participate.

In August 2018, the ATP switched from telephone to address-based recruitment. Invitations were sent to a random, address-based sample (ABS) of households selected from the U.S. Postal Service's Delivery Sequence File. In each household, the adult with the next birthday was asked to go online to complete a survey, at the end of which they were invited to join the panel. For a random half-sample of invitations, households without internet access were instructed to return a postcard. These households were contacted by telephone and sent a tablet if they agreed to participate. A total of 9,396 were invited to join the panel, and 8,778 agreed to join the panel and completed an initial profile survey. The same recruitment procedure was carried out on August 19, 2019, from which a total of 5,900 were invited to join the panel and 4,720 agreed to join the panel and completed an initial profile survey. Of the 23,440 individuals who have ever joined the ATP, 15,427 remained active panelists and continued to receive survey invitations at the time this survey was conducted.

The U.S. Postal Service's Delivery Sequence File has been estimated to cover as much as 98% of the population, although some studies suggest that the coverage could be in the low 90% range.¹ The American Trends Panel never uses breakout routers or chains that direct respondents to additional surveys.

¹ AAPOR Task Force on Address-based Sampling. 2016. "[AAPOR Report: Address-based Sampling](#)."

Weighting

The ATP data was weighted in a multistep process that begins with a base weight incorporating the respondents' original selection probability. The next step in the weighting uses an iterative technique that aligns the sample to population benchmarks on the dimensions listed in the accompanying table.

Sampling errors and test of statistical significance take into account the effect of weighting. Interviews are conducted in both English and Spanish.

In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.

Weighting dimensions

| Variable | Benchmark source |
|--|---|
| Gender | 2018 American Community Survey |
| Age | |
| Education | |
| Race/Hispanic origin | |
| Country of birth among Hispanics | |
| Years lived in the United States among Hispanics | 2019 CPS March Supplement |
| Home internet access | |
| Region x Metropolitan status | |
| Volunteerism | |
| Voter registration | |
| Party affiliation | Average of the three most recent Pew Research Center telephone surveys. |

Note: Estimates from the ACS are based on non-institutionalized adults. Voter registration is calculated using procedures from Hur, Achen (2013) and rescaled to include the total US adult population.

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The following table shows the unweighted sample sizes and the error attributable to sampling that would be expected at the 95% level of confidence for different groups in the survey:

| <i>Survey of U.S. adults conducted April 7-12, 2020</i> | | | |
|---|-----------------------------------|-------------------|--------------------------|
| Group | Unweighted sample size | Weighted % | Plus or minus ... |
| Total sample | 4,917 | | 2.1 percentage points |
| <i>COVID-19 county health impact to date:</i> | | | |
| High | 1,107 | 23 | 4.6 percentage points |
| Medium | 1,374 | 26 | 4.1 percentage points |
| Low | 2,436 | 51 | 3.0 percentage points |
| Rep/Lean Rep | 2,034 | 45 | 3.2 percentage points |
| Dem/Lean Dem | 2,764 | 51 | 3.0 percentage points |

Sample sizes and sampling errors for other subgroups are available upon request.

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Appendix

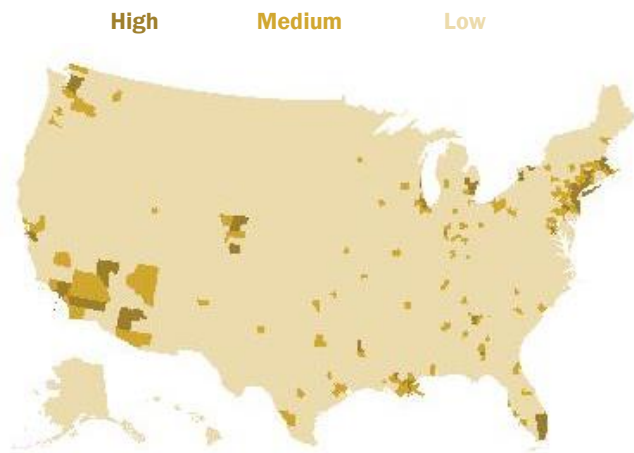
Categorization of COVID-19 county health impact in this report

This report uses the number of deaths attributed to COVID-19 in each respondent's county as a measure of the scale of the health impact of the outbreak for each individual in the survey. Counties are categorized as having a high, medium, or low number of COVID-19 deaths.

Counties were classified as "high" if they had more than 25 deaths as of April 7, 2020. "Low" counties had five or fewer deaths. The remaining counties were classified as "medium" impact.

Categorization of COVID-19 cases by county

Counties where COVID-19 has had a ____ impact on county health (as of survey interview)



Note: COVID-19 county health impact based on number of deaths reported in each county as of April 7, 2020.

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Data for deaths attributed to COVID-19 by county were taken from the [2019 Novel Coronavirus COVID-19 \(2019-nCoV\) Data Repository](#) maintained at John Hopkins University (downloaded on April 9th).

Defining income tiers

To create upper-, middle- and lower-income tiers, respondents' 2018 family incomes were adjusted for differences in purchasing power by geographic region and for household size.

"Middle-income" adults live in families with annual incomes that are two-thirds to double the median family income in our sample (after incomes have been adjusted for the local cost of living and for household size). The middle-income range for this analysis is about \$40,100 to \$120,400 annually for a three-person household. Lower-income families have incomes less than roughly \$40,100, and upper-income families have incomes greater than roughly \$120,400.

Based on these adjustments, among respondents who provided their income, 33% are lower income, 45% are middle income and 22% fall into the upper-income tier.

For more information about how the income tiers were determined, please see [here](#).

2020 PEW RESEARCH CENTER'S AMERICAN TRENDS PANEL
WAVE 65 April 2020
FINAL TOPLINE
APRIL 7-12, 2020
N=4,917

ADDITIONAL QUESTIONS HELD FOR FUTURE RELEASE

ASK ALL:

COVID_INFECT How concerned, if at all, are you that... **[RANDOMIZE ITEMS]**

| | | <u>Very concerned</u> | <u>Somewhat concerned</u> | <u>Not too concerned</u> | <u>Not at all concerned</u> | <u>No answer</u> |
|----|---|---------------------------|-------------------------------|------------------------------|---------------------------------|----------------------|
| a. | You might spread the coronavirus to other people without knowing that you have it | | | | | |
| | Apr 7-12, 2020 | 33 | 34 | 22 | 11 | 1 |
| b. | You will get the coronavirus and require hospitalization | | | | | |
| | Apr 7-12, 2020 | 24 | 31 | 32 | 13 | * |

ASK ALL:

COVID_VENTILATOR As you may know, as a result of the coronavirus outbreak, some hospitals may not have enough ventilators for all of the patients who need help breathing. If that happens, do you think the priority for critical care should be given to... **[RANDOMIZE]**

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2020

| | |
|----|---|
| 45 | Patients who doctors think are most likely to recover with treatment, which may mean more people survive but that some patients don't receive treatments because they are older or sicker |
| 50 | Patients who are most in need at the moment, which may mean fewer people overall survive, but doctors do not deny treatments based on age or health status |
| 5 | No answer |

ADDITIONAL QUESTIONS HELD FOR FUTURE RELEASE

ASK ALL:

COVID_KNOWPATIENT Do you personally know someone who has been hospitalized or died as a result of having COVID-19?

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2020

| | |
|----|-----------|
| 15 | Yes |
| 85 | No |
| * | No answer |

ASK ALL:

PARTY In politics today, do you consider yourself a:

ASK IF INDEP/SOMETHING ELSE (PARTY=3 or 4) OR MISSING:PARTYLN As of today do you lean more to...²

| <u>Republican</u> | <u>Democrat</u> | <u>Independent</u> | <u>Something else</u> | <u>No answer</u> | <u>Lean Rep</u> | <u>Lean Dem</u> |
|-------------------|-----------------|--------------------|---------------------------|----------------------|---------------------|---------------------|
| 28 | 29 | 29 | 13 | 1 | 17 | 22 |

² Party and PartyIn asked in a prior survey.