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REVIEWED
By Chris at 9:12 am, Jul 21, 2020

Audience:

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Coronavirus Disease 2019 (COVID-19)

COVID-19 in Racial and Ethnic Minorit

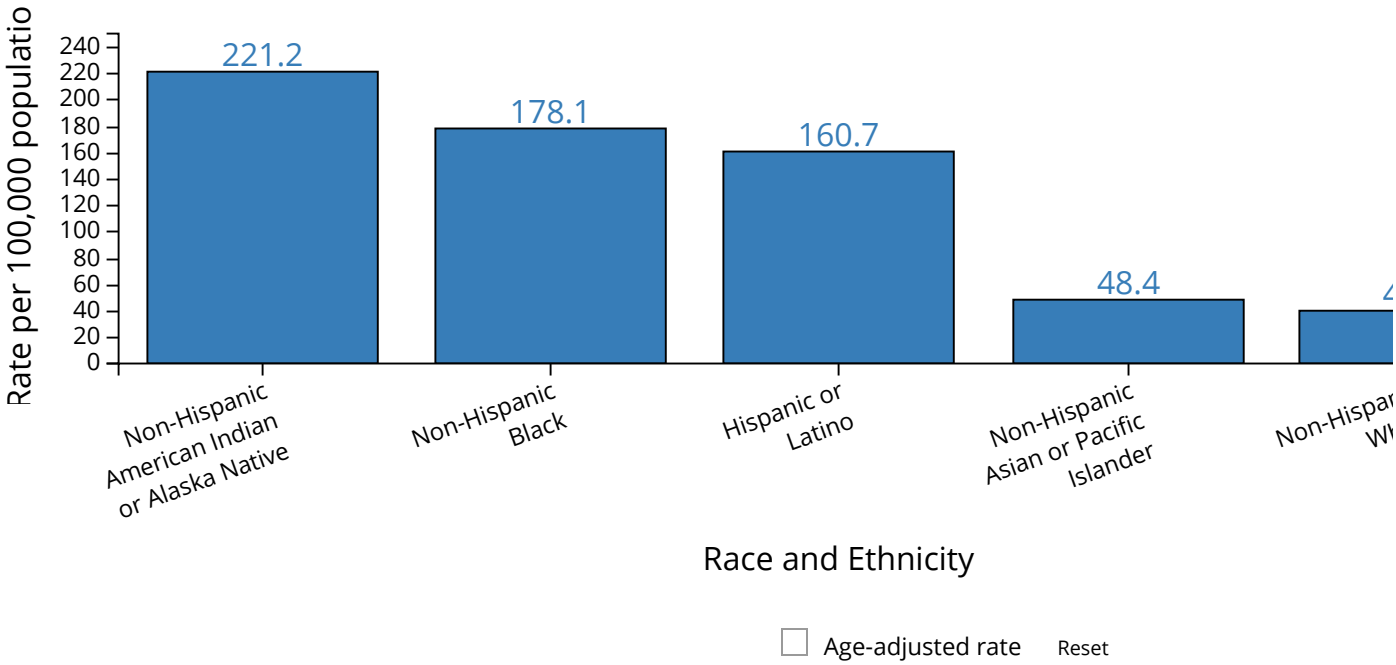
Updated June 25, 2020

Print

Long-standing systemic health and social inequities have put some members of racial increased risk of getting COVID-19 or experiencing severe illness, regardless of age. An minority groups, including non-Hispanic black persons, Hispanics and Latinos, and Americ evidence points to higher rates of hospitalization or death from COVID-19 than among no June 12, 2020, age-adjusted hospitalization rates are **highest among non-Hispanic Ameri and non-Hispanic black persons,** followed by Hispanic or Latino persons.

- Non-Hispanic American Indian or Alaska Native persons have a rate approximately **5** white persons,
- non-Hispanic black persons have a rate approximately **5 times** that of non-Hispanic
- Hispanic or Latino persons have a rate approximately **4 times** that of non-Hispanic w

Age-adjusted COVID-19-associated hospitalization ethnicity, COVID-NET, March – June 13



Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity

While everyone is at risk of getting COVID-19, some people may be more likely to get COV illness. COVID-19 is a new disease, and CDC is learning more about it and how it affects pe more, CDC will continue to update and share new information, including on what we know increased risk for getting severely ill from COVID-19.

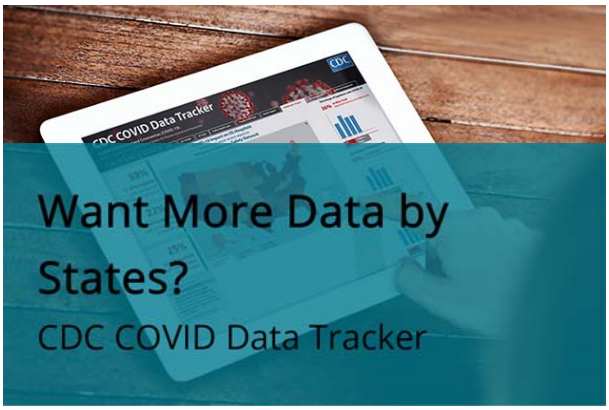
Where we live, learn, work, and play affects our health

The conditions in which people live, learn, work, and play contribute to their health. The to different levels of health risks, needs, and outcomes among some people in certain r groups.

Reducing the Impact of COVID-19 among Racial and Ethnic Minority Populations

History shows that severe illness and death rates tend to be higher for racial and ethnic minority populations during public health emergencies than for other populations. Addressing the needs of these populations in emergencies includes improving day-to-day life and harnessing the strengths of these groups. Shared faith, family, and cultural institutions are common sources of social support. These institutions can empower and encourage individuals and communities to take action to prevent the spread of COVID-19, care for those who become sick, and help community members cope with stress.

CDC has developed resources to help local resources to help local communities, schools, faith-based organizations and other groups and the people they serve during a pandemic.



CDC is also:

- Working with state, tribal, local, and territorial health departments and healthcare systems to **collect data** on the number of COVID-19 cases, hospitalizations, and deaths, and to understand which groups may be more at risk. This information can be used to better direct resources and care to address health disparities.

- Supporting **partnerships** between researchers, professional groups, community groups, tribal medicine leaders, and community members to share information to prevent COVID-19 in racial and ethnic minority communities.
- **Providing** considerations on how to prevent and slow the spread of COVID-19 in schools, workplaces, and communities, including organizations serving racial and ethnic minority groups.

Webinar presenters discuss the actions their cities have taken to mitigate the disproportionate impact of COVID-19 on racial/ethnic minorities.

Public health professionals can:

- **Collect, analyze, and report data** in ways that shed light on health disparities and dr
- **Communicate** often about COVID-19 and its impact on racial and ethnic minority co transparent and credible.
- **Work with other sectors**, such as faith, community, education, business, transportat spiritual and other leaders to share information and find ways to reduce social and e spread of COVID-19.
- **Train** community health workers in underserved communities and tribal areas to e low-cost health services.
- Link people to testing **and care** for COVID-19.
- Link more people to **healthcare services** for serious medical conditions, some of wh severely ill and dying from COVID-19. For example, link people to services to access a follow care plans.
- **Provide information for** healthcare professionals and health systems to understar patients and how patients interact with providers and the healthcare system.
  - The National Standards for Culturally and Linguistically Appropriate Services in National CLAS Standards) aim to improve healthcare quality and health equity.
- **Use** evidence-based strategies to reduce health disparities. Racial and ethnic mino rates of disease and premature death than other groups before a health emergency

health during and after an emergency.

- **Learn more about** social determinants of health and how to improve health by cha people live, learn, work, and play.
- Consider the social, cultural, health, and well-being needs and concerns of specific c **from their perspective**.

Community organizations can:

- **Prioritize resources** for clinics, private practices, and other organizations that serve
- Work across sectors to **connect people with services**, such as grocery delivery or ter practice social distancing. Connect people to healthcare providers and resources to h
- **Promote precautions**, including the use of cloth face coverings. Follow CDC guidanc in crowded living areas and for people living in smaller spaces.
- Work with employers to modify policies to ensure that ill workers are not in the work taking sick leave. Help to ensure employees are aware of and understand these polic
- Help **stop the spread of rumors and misinformation** by providing information from
- More information for community organizations

Healthcare systems and healthcare providers can:

- **Use** CDC's standardized protocols and quality improvement guidance in hospitals a people from racial and ethnic minority groups.
- Provide training to help providers **identify their implicit biases,** making sure provide can affect the way they communicate with patients and how patients react.
- **Train both providers and administrators** to understand how biases can affect their decisions about resources.
- Provide **medical interpreters**.
- Work with communities and healthcare professional organizations **to reduce cultura**
- **Connect patients with community resources** that can help older adults and people conditions follow their care plans. For example, help people get extra supplies and m take their medicines.
- Learn about social and economic conditions that may put some patients at incr COVID-19—for example, jobs that require more contact with the public.

- Promote a trusting relationship by **encouraging patients to call and ask questions.**
- More information for healthcare providers

Everyone, regardless of race or ethnicity, can:

- Follow CDC's guidance for seeking medical care if you think you have been around have symptoms. Follow steps to prevent the spread of COVID-19 if you may have be
- **Take steps to** protect yourself, your community, and others from getting COVID-1 risk of severe illness.
- **Take precautions** as you go about your daily life and attend events.
- **Learn to** cope with stress and help the people you care about and your community stronger.
- **Find ways to connect** with your friends and family members and engage with your c face contact with others.

Why Racial and Ethnic Minority Groups are a Risk During COVID-19

Health differences between racial and ethnic groups result from inequities in living, worki that have persisted across generations. In public health emergencies, such as the COVID- can also isolate people from the resources they need to prepare for and respond to outbr

Living conditions

For many people from racial and ethnic minority groups, living conditions can contribute harder to follow steps to prevent getting sick with COVID-19 or to seek care if they do get

- Many members of racial and ethnic minorities may be more likely to live in **densely p** institutional racism in the form of residential housing segregation. In addition, overc reservation homes and Alaska Native villages, compared to the rest of the nation. Pe areas and homes may find it harder to practice social distancing.
- **Racial housing segregation** is linked to health conditions, such as asthma and other

that put people at increased risk of getting severely ill or dying from COVID-19. Some numbers of racial and ethnic minorities have higher levels of exposure to pollution a hazards.

- **Reservation homes are more likely to lack complete plumbing** when compared to make handwashing and disinfection harder.
- Many members of racial and ethnic minority groups live in neighborhoods that are f **medical facilities**, or may **lack safe and reliable transportation**, making it harder to allow them to stay home and to receive care if sick.
- Some members of racial and ethnic minority groups may be more likely to **rely on pu** make it challenging to practice social distancing
- People living in multigenerational households and multi-family households (which ar racial and ethnic minority groups), may find it hard to protect older family members space in the household is limited.
- Some racial and ethnic minority groups are **over-represented in jails, prisons, home centers**, where people live, work, eat, study, and recreate within congregate environ difficult to slow the spread of COVID-19.

Work circumstances

Some types of work and workplace policies can put workers at increased risk of getting C racial and ethnic minority groups are more likely to work in these conditions. Examples in

- **Being an essential worker**: The risk of infection may be greater for workers in essen care, meat-packing plants, grocery stores, and factories. These workers must be at th their communities, and some may need to continue working in these jobs because o
- **Not having sick leave**: Workers without paid sick leave may be more likely to keep w
- **Income, education, and joblessness**: On average, racial and ethnic minorities earn l have less accumulated wealth, have lower levels of educational attainment, and have These factors can each affect the quality of the social and physical conditions in whic play, and can have an impact on health outcomes.

Health circumstances

Health and healthcare inequities affect many racial and ethnic minority groups. Some of t

at increased risk of getting severely ill and dying from COVID-19.

- Compared to non-Hispanic whites, Hispanics are almost 3 times as likely to be **unins** are almost twice as likely to be uninsured. In all age groups, blacks are more likely th report not being able to see a doctor in the past year because of cost. In 2017, almos Indians and Alaska Natives had no health insurance coverage compared to non-I
- People may not receive care because of **distrust of the healthcare system, languag work.**
- Compared to non-Hispanic whites, blacks experience **higher rates of chronic condit death rates.** Similarly, American Indian and Alaska Native adults are more likely to h pressure, and smoke cigarettes than non-Hispanic white adults. These underlying m people at increased risk for severe illness.
- **Racism, stigma, and systemic inequities** undermine prevention efforts, increase lev and ultimately sustain health and healthcare inequities.

More information

COVID-19: Tribal Communities

Schools, Workplaces & Community Locations

CDC's Office of Minority Health and Health Equity

Healthypeople.gov: Social Determinants of Health

Health System Transformation and Improvement Resources for Health Departments

Strategies for Reducing Health Disparities

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP

Resources for COVID-19 data by race/ethnicity

CDC COVID Data Tracker

Centers for Disease Control and Prevention. COVIDView: A Weekly Surveillance Summa

Emory University. COVID-19 Health Equity Interactive Dashboard

The COVID Tracking Project. The COVID Racial Data Tracker

Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (

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