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**REVIEWED***By Chris at 1:23 pm, Jul 07, 2020*

## Coronavirus Disease 2019 (COVID-19)

# COVID-19 in Racial and Ethnic Minority

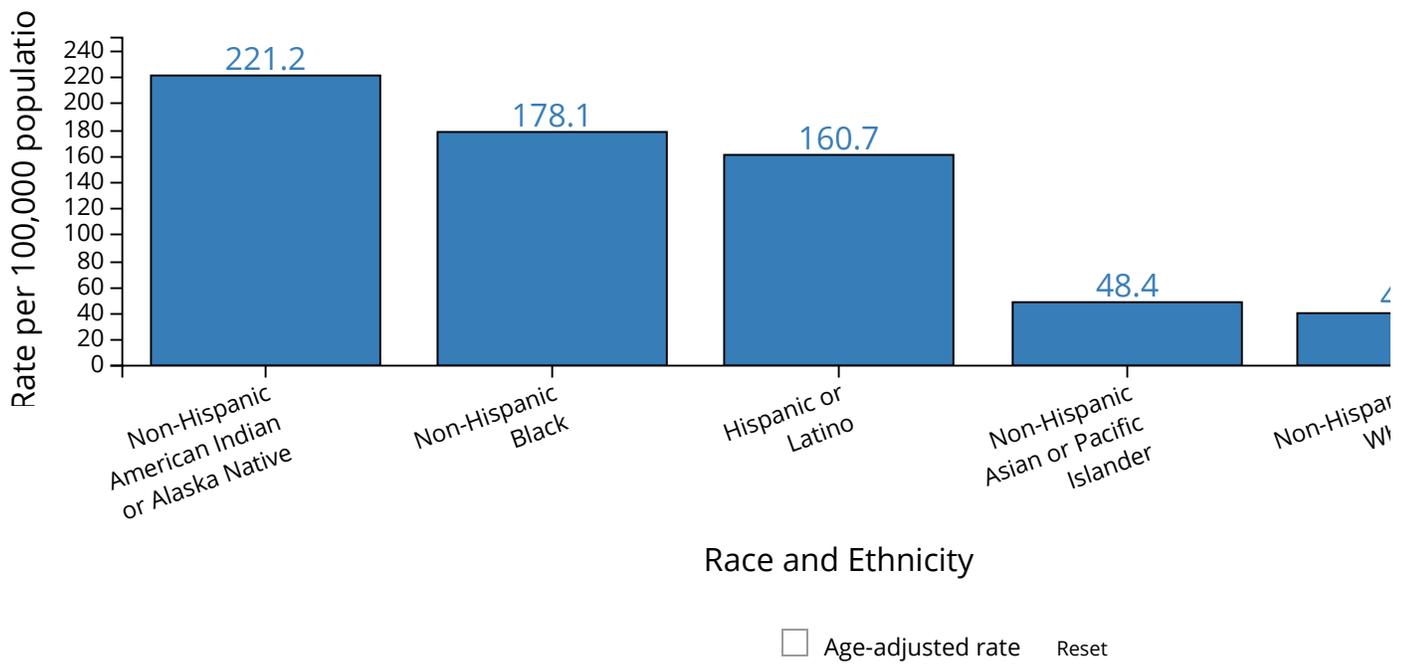
Updated June 25, 2020

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Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at an increased risk of getting COVID-19 or experiencing severe illness, regardless of age. An analysis of data from the United States shows that, as of June 12, 2020, age-adjusted hospitalization rates are highest among non-Hispanic American Indian or Alaska Native persons, followed by non-Hispanic black persons, and Hispanic or Latino persons.

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

# 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 COVID illness. COVID-19 is a new disease, and CDC is learning more about it and how it affects people. As we learn more, CDC will continue to update and share new information, including on what we know about the [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. These conditions can lead to different levels of health risks, needs, and outcomes among some people in certain racial and ethnic 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 drive change.
- Communicate often about COVID-19 and its impact on racial and ethnic minority communities in a transparent and credible way.
- Work with other sectors, such as faith, community, education, business, transportation, and government, and spiritual and other leaders to share information and find ways to reduce social and economic inequities and the spread of COVID-19.
- Train **community health workers** in underserved communities and tribal areas to extend and improve 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 whom are severely ill and dying** from COVID-19. For example, link people to services to access and follow care plans.
- Provide information for **healthcare professionals and health systems** to understand the needs of patients and how patients interact with providers and the healthcare system.
  - **The National Standards for Culturally and Linguistically Appropriate Services in Healthcare** (also known as the National CLAS Standards) aim to improve healthcare quality and health equity.
- Use **evidence-based strategies to reduce health disparities**. Racial and ethnic minority groups have higher 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 changing the conditions where people live, learn, work, and play.
- Consider the social, cultural, health, and well-being needs and concerns of specific communities from their perspective.

## Community organizations can:

- Prioritize resources for clinics, private practices, and other organizations that serve vulnerable populations.
- Work across sectors to **connect people with services**, such as grocery delivery or telehealth, to help **practice social distancing**. Connect people to healthcare providers and resources to help them follow CDC guidance.
- **Promote precautions**, including the use of **cloth face coverings**. Follow CDC guidance 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 workplace and are taking sick leave. Help to ensure employees are aware of and understand these policies.
- Help **stop the spread of rumors and misinformation** by providing information from trusted sources.
- More information for [community organizations](#)

## Healthcare systems and healthcare providers can:

- Use [CDC's standardized protocols](#) and quality improvement guidance in hospitals and clinics to help care for people from racial and ethnic minority groups.
- Provide training to help providers **identify their implicit biases**, making sure providers understand how bias 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 cultural and language barriers**.
- **Connect patients with community resources** that can help **older adults** and **people with chronic conditions** follow their care plans. For example, help people get extra supplies and medications and help them take their medicines.
- **Learn about social and economic conditions** [↗](#) that may put some patients at increased risk for 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 someone who has symptoms. [Follow steps to prevent the spread of COVID-19](#) if you may have been around someone who has symptoms.
- Take steps to [protect yourself, your community, and others from getting COVID-19](#) and reduce your [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 become stronger.
- Find ways to connect with your friends and family members and engage with your community. [Limit face contact with others](#).

## Why Racial and Ethnic Minority Groups are at Higher Risk During COVID-19

Health differences between racial and ethnic groups result from inequities in living, working, and learning conditions that have persisted across generations. In public health emergencies, such as the COVID-19 outbreak, these differences can also isolate people from the resources they need to prepare for and respond to outbreaks.

### Living conditions

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

- Many members of racial and ethnic minorities may be more likely to live in [densely populated areas](#) and experience [institutional racism](#) in the form of residential housing segregation. In addition, [overcrowded housing](#), [substandard housing](#), [reservation homes](#) and [Alaska Native villages](#), compared to the rest of the nation. [People in these areas and homes may find it harder to practice social distancing](#).
- [Racial housing segregation](#) is linked to health conditions, such as asthma and other chronic conditions.

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 and 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 far from **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 public transportation** to get to work, which can make it challenging to practice social distancing.
- People living in **multigenerational households and multi-family households** (which are common in many racial and ethnic minority groups), may find it hard to protect older family members because the space in the household is limited.
- Some racial and ethnic minority groups are **over-represented in jails, prisons, homeless shelters, and group homes**, where people live, work, eat, study, and recreate within congregate environments, making it 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 COVID-19. Racial and ethnic minority groups are more likely to work in these conditions. Examples include:

- **Being an essential worker:** The risk of infection may be greater for workers in essential jobs such as health care, meat-packing plants, grocery stores, and factories. These workers must be at work during outbreaks in their communities, and some may need to continue working in these jobs because of economic conditions.
- **Not having sick leave:** Workers without paid sick leave may be more likely to keep working when they are sick, increasing the risk of spreading COVID-19.
- **Income, education, and joblessness:** On average, racial and ethnic minorities earn lower wages, have less accumulated wealth, have lower levels of educational attainment, and have higher rates of unemployment. These factors can each affect the quality of the social and physical conditions in which people live, work, and play, and can have an impact on health outcomes.

## Health circumstances

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

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 **uninsured** and almost twice as likely to be uninsured. In all age groups, blacks are more likely to report not being able to see a doctor in the past year because of cost. In 2017, almost all American Indians and Alaska Natives had no [health insurance coverage](#)  compared to non-Hispanic whites.
- People may not receive care because of **distrust of the healthcare system, language barriers, and lack of transportation**.
- Compared to non-Hispanic whites, blacks experience **higher rates of chronic conditions** and **higher death rates**. Similarly, American Indian and Alaska Native adults are more likely to have hypertension, diabetes, and smoke cigarettes than non-Hispanic white adults. These underlying conditions put people at increased risk for severe illness.
- **Racism, stigma, and systemic inequities** undermine prevention efforts, increase levels of distrust, and ultimately sustain health and healthcare inequities.

## More information

[COVID-19: Tribal Communities](#)

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[Schools, Workplaces & Community Locations](#)

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[CDC's Office of Minority Health and Health Equity](#)

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[Healthypeople.gov: Social Determinants of Health](#) 

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[Health System Transformation and Improvement Resources for Health Departments](#)

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[Strategies for Reducing Health Disparities](#)

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[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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