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# Coronavirus Disease 2019 (COVID-19)

# COVID-19 in Racial and Ethnic Minority

The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging, but there is a disproportionate burden of illness and death among racial and ethnic minority groups. A study that included race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19 individuals for whom race or ethnicity data was available were white, compared to 59% of the community. However, 33% of hospitalized patients were black, compared to 18% in the community. Hispanic, compared to 14% in the community. These data suggest an overrepresentation of racial and ethnic minority patients. Among COVID-19 deaths for which race and ethnicity data were available, [New York](#) rates among black/African American persons (92.3 deaths per 100,000 population) and Hispanic persons (65.5) that were substantially higher than that of white (45.2) or Asian (34.5) persons. Studies are needed to collect data and understand and potentially reduce the impact of COVID-19 on the health of racial and ethnic minority groups.

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 lead to different levels of health risks, needs, and outcomes among some people in certain racial and ethnic groups.

## Factors that influence racial and ethnic minority health

Health differences between racial and ethnic groups are often due to economic and social factors that are common among some racial and ethnic minorities than whites. In public health emergencies, these factors can isolate people from the resources they need to prepare for and respond to outbreaks.<sup>1,13,</sup>

### Living conditions

For many people in racial and ethnic minority groups, living conditions may contribute to health disparities and make it difficult to follow steps to prevent getting sick with COVID-19 or to seek treatment.

- Members of racial and ethnic minorities may be more likely to live in densely populated areas due to institutional racism in the form of residential housing segregation. People living in these areas find it more difficult to practice prevention measures such as social distancing.

- Research also suggests that racial residential segregation is a fundamental cause of health disparities. **Racial residential segregation** is linked with a variety of adverse health outcomes and health disparities.<sup>3, 4, 5</sup> These underlying conditions can also increase the likelihood of severe illness from COVID-19.
- Many members of racial and ethnic minorities live in neighborhoods that are **farther from medical facilities**, making it more difficult to receive care if sick and stock up on supplies to stay home.
- **Multi-generational households**, which may be more common among some racial and ethnic minorities, find it difficult to take precautions to protect older family members or isolate those who are sick if household is limited.
- Racial and ethnic minority groups are **over-represented in jails, prisons, and detention facilities**, increasing risks due to **congregate living**, shared food service, and more.

## Work circumstances

The types of work and policies in the work environments where people in some racial and ethnic minority groups are overrepresented can also contribute to their risk for getting sick with COVID-19. Examples include:

- **Critical workers:** The risk of infection may be greater for **workers in essential industries** outside the home despite outbreaks in their communities, including some people who are working in these jobs because of their economic circumstances.
  - Nearly a quarter of employed Hispanic and black or African American workers are in essential jobs compared to 16% of non-Hispanic whites.
  - Hispanic workers account for 17% of total employment but constitute 53% of a group of essential workers. African Americans make up 12% of all employed workers but account for 30% of vocational nurses.<sup>7</sup>
- **A lack of paid sick leave:** Workers without paid sick leave might be more likely to come to work when they are sick for any reason. This can increase workers' exposure to other workers who may be sick and expose others to them if they themselves have COVID-19. Hispanic workers have lower rates of paid sick leave than white non-Hispanic workers.<sup>8</sup>

## Underlying health conditions and lower access to care

Existing health disparities, such as poorer underlying health and barriers to getting health care, make many racial and ethnic minority groups especially vulnerable in public health emergencies.

- **Not having health insurance:** Compared to whites, Hispanics are almost three times African Americans are almost twice as likely to be uninsured.<sup>9</sup> In all age groups, black report not being able to see a doctor in the past year because of cost.<sup>10</sup>
- Inadequate access is also driven by a long-standing distrust of the health care system financial implications associated with missing work to receive care.
- **Serious underlying medical conditions:** Compared to whites, black Americans experience higher prevalence rates of chronic conditions.<sup>10</sup>
- **Stigma and systemic inequalities** may undermine prevention efforts, increase levels ultimately sustain health and healthcare disparities.

## What can be done

History shows that severe illness and death rates tend to be higher for racial and ethnic minority groups during public health emergencies.<sup>12</sup> Addressing the needs of vulnerable 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 actions to prevent the spread of COVID-19, care for those who become sick, and help community members [cope with stress](#). For example, families, churches and other groups in affected populations can help their communities face an epidemic by consulting [CDC guidance documents for their organization type](#).

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


## The federal government is undertaking the following

- Collecting data to monitor and track disparities among racial and ethnic groups in terms of complications, and deaths to share broadly and inform decisions on how to effectively

These data will be translated into information to improve the clinical management of resources, and targeted public health information.

- Supporting **partnerships** between scientific researchers, professional organizations, community members to address their need for information to prevent COVID-19 in communities.
- Providing **clinical guidance and guidance to support actions to slow the spread of** workplaces and community settings, including those serving racial and ethnic minority

## Public health professionals can do the following:

- Ensure that **communications** about COVID-19 and its impact on different populations are transparent, and credible.
- Work with other sectors, such as faith and community education, business, transportation organizations, to share information and implement strategies to address social and implementing steps to slow the spread of COVID-19.
- **Link** more people among racial and ethnic minority groups to **healthcare services** for conditions—for example, services to help them obtain necessary medications, follow-up, and treatment if they have COVID-19 **symptoms**.
- Provide information for **healthcare professionals and health systems** to understand patients and how patients interact with providers and the healthcare system. [The National Center for Cultural Competence and Linguistically Appropriate Services in Health and Health Care](#)  (The National Center for Cultural Competence and Linguistically Appropriate Services in Health and Health Care aims to improve health care quality and advance health equity by establishing a framework for organizations serving increasingly diverse communities.)
- Use **evidence-based strategies to reduce health disparities**. Those most vulnerable are the most vulnerable during and after an emergency.

## Community organizations can do the following:

- Prepare community health workers in underserved racial and ethnic minority communities to free or low-cost services.
- Prioritize resources for clinics, private practices, and other organizations that serve
- Leverage effective **health promotion programs** in community, work, school, and home. [Recommendations and information about COVID-19](#).
- Work across sectors to connect people with services, such as grocery delivery or telehealth.

[practice social distancing](#). Connect people to healthcare providers and resources to help them get what they may need.

- To prevent the spread of COVID-19, [promote precautions](#) to protect individuals in their homes, such as the correct use of cloth face coverings and equip communities with supplies to make the use of cloth face coverings easier.
- Help combat the spread of rumors and misinformation by [providing credible information](#).

Learn more about what [community organizations](#) can do.

## Healthcare systems and healthcare providers can do

- Implement standardized protocols [in accordance with CDC guidance](#) and quality improvement programs in facilities that serve large minority populations.
- Identify and address implicit bias that could hinder patient-provider interactions and patient adherence.
- Provide medical interpretation services for patients who need them.
- 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 disabilities adhere to their [care plans](#), including help getting extra supplies and medications they need to take their medicines.
- [Learn about social and economic conditions](#) [↗](#) that may put some patients at higher risk of COVID-19 than others—for example, conditions that make it harder for some people to get needed services and avoid infection.
- Promote a trusting relationship by [encouraging patients to call and ask questions](#).

## What individuals can do

- [Follow CDC's guidance for seeking medical care](#) if you think you have been exposed to COVID-19, such as fever, cough, or difficulty breathing. [Follow steps to prevent the spread of COVID-19](#).
- If you or someone you care for is at [higher risk](#) of getting very sick from COVID-19, [take steps to protect you from getting sick](#).
- Take precautions to [protect yourself, your community, and others](#).
- [Cope with stress](#) to make yourself, the people you care about, and your community more resilient.
- Find ways to connect with your friends and family members and engage with your community. [Limit face-to-face contact with others](#).

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