



## COVID-19

# Health Equity Considerations and Racial and Ethnic Minority Groups

Updated Apr. 19, 2021



**Health equity** is when all members of society enjoy a fair and just opportunity to be as healthy as possible. Public health policies and programs centered around the specific needs of communities can promote health equity.

The COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. It has highlighted that health equity is still not a reality as COVID-19 has unequally affected many racial and ethnic minority groups, putting them [more at risk of getting sick and dying from COVID-19](#). <sup>[1],[2]</sup> The term “racial and ethnic minority groups” includes people of color with a wide variety of backgrounds and experiences. Negative experiences are common to many people within these groups, and some [social determinants of health](#) have historically prevented them from having fair opportunities for economic, physical, and emotional health. <sup>[3]</sup> Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

## Factors that contribute to increased risk

Many factors, such as poverty and healthcare access, are intertwined and have a significant influence on the people’s health and quality-of-life. <sup>[3]</sup> Racial and ethnic minority populations are disproportionately represented among essential workers and industries, which might be contributing to [COVID-19 racial and ethnic health disparities](#). “**Essential workers**” are those who conduct a range of operations and services in industries that are essential to ensure the continuity of critical functions in the United States, from keeping us safe, to ensuring food is available at markets, to taking care of the sick. A majority of these workers belong to and live within communities disproportionately affected by COVID-19. Essential workers are inherently at higher risk of being exposed to COVID-19 due to the nature of their work, and they are disproportionately representative of racial and ethnic minority groups.



To achieve health equity, CDC is committed to understanding and appropriately addressing the needs of all populations, according to specific cultural, linguistic, and environmental factors. By ensuring health equity is integrated across all public health efforts, all communities will be stronger, safer, healthier, and more resilient.

Factors affecting health equity: Some of the many inequities in the social determinants of health that put racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19 include:

- **Discrimination:** Unfortunately, discrimination exists in systems meant to protect well-being or health. Examples of such systems include health care, housing, education, criminal justice, and finance. Discrimination, which includes racism, can lead to chronic and toxic stress, and shapes social and economic factors that put some people from racial and ethnic minority groups at increased risk for COVID-19. <sup>[5]</sup>, <sup>[6]</sup>

- **Healthcare access and use:** People from some racial and ethnic minority groups face multiple barriers to accessing health care. Issues such as lack of insurance<sup>[10]</sup>, transportation, child care, or ability to take time off of work can make it hard to go to the doctor. Cultural differences between patients and providers as well as language barriers affect patient-provider interactions and health care quality. <sup>[8]</sup> Inequities in treatment <sup>[9]</sup> and historical events, like the Tuskegee Study of Untreated Syphilis in the African American Male and sterilization without people's permission, might also explain why some people from racial and ethnic minority groups do not trust healthcare systems and the government. <sup>[10], [11], [12], [13]</sup>
- **Occupation:** People in racial and ethnic minority groups often work in essential settings, such as healthcare facilities, farms, factories, grocery stores, and public transportation <sup>[14]</sup> Working in these settings can lead to more chances of exposure to COVID-19.
- **Educational, income, and wealth gaps:** Overall, people from some racial and ethnic minority groups have less access to high-quality education. Without a high-quality education, people face greater challenges in getting jobs that offer options for minimizing exposure to COVID-19<sup>[16]</sup>. People with limited job options likely have less flexibility to leave jobs that might put them at a higher risk of exposure to the virus that causes COVID-19. They often cannot afford to miss work, even if they're sick, because they do not have enough money saved up for essential items like food and other important living needs.
- **Housing:** Living in crowded conditions can make it very difficult to separate when you are or may be sick. A higher percentage of people from racial and ethnic minority groups live in crowded housing as compared to non-Hispanic White people and therefore may be more likely to be exposed to COVID-19.

These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic minority groups live, learn, work, play, and worship. <sup>[7], [17], [18]</sup> They have also contributed to higher rates of some medical conditions that increase one's risk of severe illness from COVID-19. In addition, community strategies to slow the spread of COVID-19 might cause unintentional harm, such as lost wages, reduced access to services, and increased stress, for some racial and ethnic minority groups. <sup>[19]</sup>



We all have a part in helping to prevent the spread of COVID-19 and promoting fair access to health. To do this, we have to work together to ensure that people have resources to maintain and manage their physical and mental health in ways that fit the communities where people live, learn, work, play, and worship.

## Data on COVID-19 and Race and Ethnicity


### CDC resources

















- [CDC COVID Data Tracker](#)
- [COVID-NET: A Weekly Summary of U.S. COVID-19 Hospitalization Data](#)
- [COVID Data Tracker Weekly Review: a Weekly Summary and Interpretation of COVID-19 Data](#)

### Other resources

- The COVID Tracking Project's [The COVID Racial Data Tracker](#) 
- Emory University's [COVID-19 Health Equity Interactive Dashboard](#) 

## References

- [1] Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:759–765. DOI: <http://dx.doi.org/10.15585/mmwr.mm6924e2external icon> .
- [2] Killerby ME, Link-Gelles R, Haight SC, et al. Characteristics Associated with Hospitalization Among Patients with COVID-19 — Metropolitan Atlanta, Georgia, March–April 2020. *MMWR Morb Mortal Wkly Rep*. ePub: 17 June 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6925e1external icon> .
- [3] U.S. Department of Health and Human Services. Social Determinants of Health [online]. 2020 [cited 2020 Jun 20]. available from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-healthexternal icon> 

- [4] Millet GA, Jones AT, Benkeser D, et al. Assessing Differential Impacts of COVID-19 on Black Communities. *Ann Epidemiol.* 2020;47:37-44. DOI: <https://doi.org/10.1016/j.annepidem.2020.05.003>  .
- [5] Paradies Y. A systematic review of empirical research on self-reported racism and health. *Int J Epidemiol.* 2006; 35(4):888–901. DOI: <https://doi.org/10.1093/ije/dyl056>  .
- [6] Simons RL, Lei MK, Beach SRH, et al. Discrimination, segregation, and chronic inflammation: Testing the weathering explanation for the poor health of Black Americans. *Dev Psychol.* 2018;54(10):1993-2006. DOI: <https://doi.org/10.1037/dev0000511>  .
- [7] Berchick, Edward R., Jessica C. Barnett, and Rachel D. Upton Current Population Reports, P60-267(RV), Health Insurance Coverage in the United States: 2018, U.S. Government Printing Office, Washington, DC, 2019.
- [8] Institute of Medicine (US) Committee on the Consequences of Uninsurance. *Care Without Coverage: Too Little, Too Late.* Washington (DC): National Academies Press (US); 2002. DOI: <https://doi.org/10.17226/10367>  .
- [9] Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: The National Academies Press. DOI: <https://doi.org/10.17226/10260>  .
- [10] U.S. National Library of Medicine. *Native Voices: Timeline: Government admits forced sterilization of Indian Women* [online]. 2011 [cited 2020 Jun 24]. Available from URL: <https://www.nlm.nih.gov/nativevoices/timeline/543.html>  .
- [11] Novak NL, Lira N, O'Connor KE, Harlow SD, Kardia SLR, Stern AM. Disproportionate Sterilization of Latinos Under California's Eugenic Sterilization Program, 1920-1945. *Am J Public Health.* 2018;108(5):611-613. DOI: <https://dx.doi.org/10.2105%2FAJPH.2018.304369>  .
- [12] Stern AM. Sterilized in the name of public health: race, immigration, and reproductive control in modern California. *Am J Public Health.* 2005 Jul;95(7):1128-38. DOI: <https://dx.doi.org/10.2105%2FAJPH.2004.041608>  .
- [13] Prather C, Fuller TR, Jeffries WL 4th, et al. Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity. *Health Equity.* 2018;2(1):249-259. DOI: <https://dx.doi.org/10.1089%2Fheq.2017.0045>  .
- [14] U.S. Bureau of Labor Statistics. *Labor force characteristics by race and ethnicity, 2018* [online]. 2019 [cited 2020 Jun 24]. Available from URL: <https://www.bls.gov/opub/reports/race-and-ethnicity/2018/home.htm>  .
- [15] Economic Policy Institute. *Black workers face two of the most lethal preexisting conditions for coronavirus—racism and economic inequality* [online]. 2020 [cited 2020 Jun 28]. Available from URL: <https://www.epi.org/publication/black-workers-covid/>  .
- [16] The Annie E. Casey Foundation. *Unequal Opportunities in Education* [online]. 2006 [cited 2020 Jun 24]. Available from: <https://www.aecf.org/m/resourcedoc/aecf-racemattersEDUCATION-2006.pdf>   .
- [17] Wadhera RK, Wadhera P, Gaba P, Figueroa JF, Joynt Maddox KE, Yeh RW, & Shen C. Variation in COVID-19 Hospitalizations and Deaths Across New York City Boroughs. *JAMA.* 2020;323(21):2192–2195. DOI: <https://doi.org/10.1001/jama.2020.7197>  .
- [18] Kim SJ, Bostwick W. Social Vulnerability and Racial Inequality in COVID-19 Deaths in Chicago. *Health Educ Behav.* 2020;47(4):509-513. DOI: <https://doi.org/10.1177/1090198120929677>  .
- [19] Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. *JAMA.* 2020;323(24):2466–2467. DOI: <https://doi.org/10.1001/jama.2020.8598>  .

Last Updated Apr. 19, 2021