



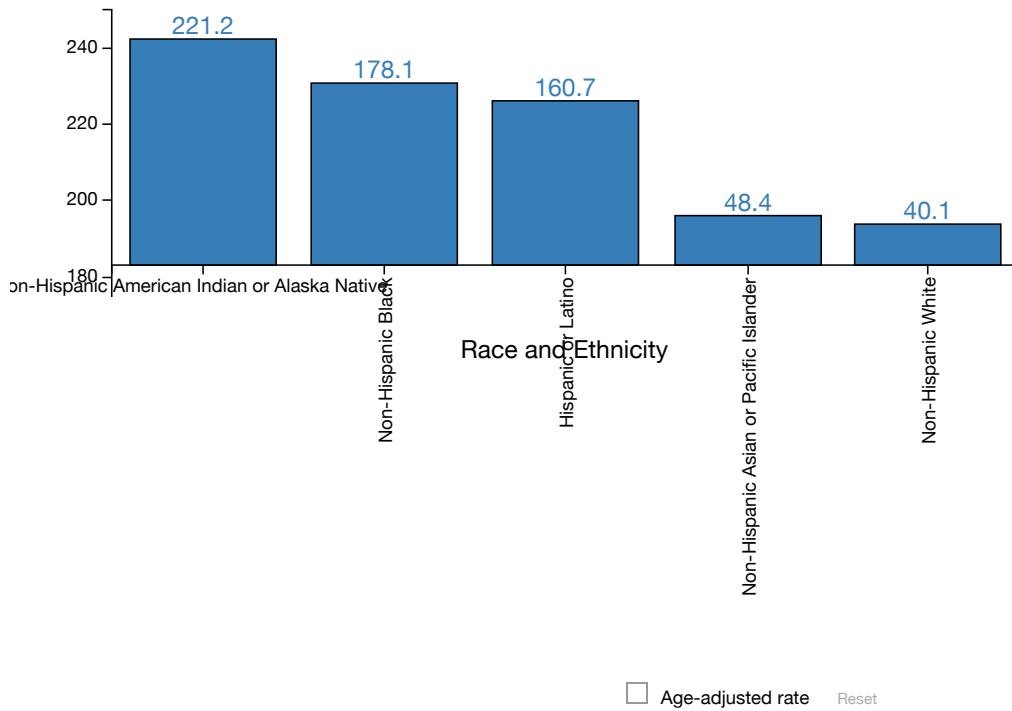
Coronavirus Disease 2019 (COVID-19)

COVID-19 in Racial and Ethnic Minority Groups

Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age. Among some racial and ethnic minority groups, including non-Hispanic black persons, Hispanics and Latinos, and American Indians/Alaska Natives, evidence points to higher rates of hospitalization or death from COVID-19 than among non-Hispanic white persons. As of June 12, 2020, age-adjusted hospitalization rates are **highest among non-Hispanic American Indian or Alaska Native and non-Hispanic black persons**, followed by 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 rates by race and ethnicity, COVID-NET, March – June 13, 2020



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

[Download Table Data \(csv\)](#)

While everyone is at risk of getting COVID-19, some people may be more likely to get COVID-19 or experience severe illness. COVID-19 is a new disease, and CDC is learning more about it and how it affects people every day. As we learn more, CDC will continue to update and share new information, including on what we know about [those who are at 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, over time, lead to different levels of health risks, needs, and outcomes among some people in certain racial and ethnic minority 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](#).

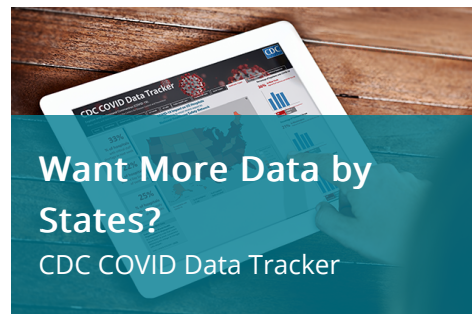
CDC has developed resources to help local [resources to help local communities, schools, faith-based organizations and other groups](#) and the people they serve during a pandemic.

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.

Public health professionals can:

- **Collect, analyze, and report data** in ways that shed light on health disparities and drive solutions.
- **Communicate** often about COVID-19 and its impact on racial and ethnic minority communities in ways that are transparent and credible.
- **Work with other sectors**, such as faith, community, education, business, transportation, housing organizations, and spiritual and other leaders to share information and find ways to reduce social and economic barriers to slowing the spread of COVID-19.
- **Train community health workers** in underserved communities and tribal areas to educate and link people to free or low-cost health services.




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

- Link people to [testing and care](#) for COVID-19.
- Link more people to [healthcare services](#) for serious medical conditions, [some of which increase the risk of getting severely ill and dying](#) from COVID-19. For example, link people to services to access affordable medicines or to help follow care plans.
- **Provide information for [healthcare professionals and health systems](#)** to understand cultural differences among patients and how patients interact with providers and the healthcare system.
 - [The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#)  (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 that have higher rates of disease and premature death than other groups before a health emergency are also most at risk for poor 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. **Aim to see things from their perspective.**

Community organizations can:

- **Prioritize resources** for clinics, private practices, and other organizations that serve minority populations.
- Work across sectors to **connect people with services**, such as grocery delivery or temporary housing, that help [them practice social distancing](#). Connect people to healthcare providers and resources to help them get medicines.
- **Promote precautions**, including the use of [cloth face coverings](#). Follow CDC guidance to address spread of COVID-19 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 not penalized for 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 and credible sources.
- More information for [community organizations](#)

Healthcare systems and healthcare providers can:

- **Use [CDC's standardized protocols](#)** and quality improvement guidance in hospitals and medical offices that serve people from racial and ethnic minority groups.
- Provide training to help providers **identify their implicit biases**, making sure providers understand how these biases can affect the way they communicate with patients and how patients react.
- **Train both providers and administrators** to understand how biases can affect their decision-making, including decisions about resources.
- Provide **medical interpreters**.
- Work with communities and healthcare professional organizations **to reduce cultural barriers to care**.
- **Connect patients with community resources** that can help [older adults](#) and [people with underlying medical conditions](#) follow their care plans. For example, help people get extra supplies and medicines and remind them to take their medicines.
- **Learn about social and economic conditions**  that may put some patients at increased risk for getting sick with 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 with COVID-19 or have symptoms. [Follow steps to prevent the spread of COVID-19 if you may have been exposed or are sick.](#)
- **Take steps to protect yourself, your community, and others from getting COVID-19**, including those at [increased 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 cope with stress to become stronger.
- **Find ways to connect** with your friends and family members and engage with your community while [limiting face-to-face contact with others](#).

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

Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations. In public health emergencies, such as the COVID-19 pandemic, these conditions 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 health conditions and make it 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** because of institutional racism in the form of residential housing segregation. In addition, overcrowding is more likely in tribal reservation homes and Alaska Native villages, compared to the rest of the nation. People living in [densely populated areas and homes may find it harder to practice social distancing](#).
- **Racial housing segregation** is linked to health conditions, such as asthma and other underlying medical conditions, that put people at increased risk of getting severely ill or dying from COVID-19. Some communities with higher numbers of racial and ethnic minorities have higher levels of exposure to pollution and other environmental hazards.
- **Reservation homes are more likely to lack complete plumbing** when compared to the rest of the nation. This may make handwashing and disinfection harder.
- Many members of racial and ethnic minority groups live in neighborhoods that are **farther from grocery stores and medical facilities**, or may **lack safe and reliable transportation**, making it harder to stock up on supplies that would 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**, which may make it challenging to practice social distancing
- People living in [multigenerational households and multi-family households](#) (which are more common among some racial and ethnic minority groups), may find it hard to protect older family members or isolate those who are sick if space in the household is limited.

- Some racial and ethnic minority groups are **over-represented in jails, prisons, homeless shelters, and detention centers**, where people live, work, eat, study, and recreate within congregate environments, which can make 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. Members of some 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 industries, such as health care, meat-packing plants, grocery stores, and factories. These workers must be at the job site despite outbreaks in their communities, and some may need to continue working in these jobs because of their economic circumstances.
- **Not having sick leave:** Workers without paid sick leave may be more likely to keep working when they are sick.
- **Income, education, and joblessness:** On average, racial and ethnic minorities earn less than non-Hispanic whites, have less accumulated wealth, have lower levels of educational attainment, and have higher rates of joblessness. These factors can each affect the quality of the social and physical conditions in which people live, learn, 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 these inequities can put people 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 non-Hispanic blacks are almost twice as likely to be uninsured. In all age groups, blacks are more likely than non-Hispanic whites to report not being able to see a doctor in the past year because of cost. In 2017, almost 3 times as many 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, or cost of missing work**.
- Compared to non-Hispanic whites, blacks experience **higher rates of chronic conditions at earlier ages and higher death rates**. Similarly, American Indian and Alaska Native adults are more likely to have obesity, have high blood pressure, and smoke cigarettes than non-Hispanic white adults. These underlying medical conditions may put people at increased risk for severe illness.
- **Racism, stigma, and systemic inequities** undermine prevention efforts, increase levels of chronic and toxic stress, 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 \(NCCDPHP\) Health Equity](#)

Resources for COVID-19 data by race/ethnicity






[CDC COVID Data Tracker](#)

[Centers for Disease Control and Prevention. COVIDView: A Weekly Surveillance Summary of U.S. COVID-19 Activity](#)

[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 \(COVID-NET\)](#)

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