COVID-19 (Coronavirus Disease)

CASES ARE RISING.
ACT NOW!

WEAR A MASK   STAY 6 FEET APART   AVOID CROWDS

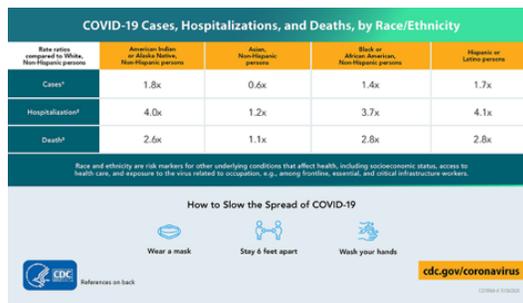# COVID-19 Racial and Ethnic Health Disparities

Updated Dec. 10, 2020   Print

Why are some racial and ethnic minority groups disproportionately affected by COVID-19? —

1. Introduction
2. Risk of Exposure to COVID-19
3. Risk of Severe Illness or Death from COVID-19
4. Disparities in COVID-19 Illness
5. Disparities in COVID-19-Associated Hospitalizations
6. Disparities in COVID-19 Deaths
7. Unintended Consequences of COVID-19 Mitigation Strategies
8. **What We Can Do to Move Towards Health Equity**

What We Can Do to Move Towards Health Equity

Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. The term "racial and ethnic minority groups" includes people of color with a wide variety of backgrounds and experiences. But some experiences are common to many within these groups. Racial and ethnic minority groups are experiencing higher rates of COVID-19 infection, hospitalization, and death. Inequities in the social determinants of health have historically prevented these groups from having the same opportunities for economic, physical, and emotional health. These inequities are highlighted by the factors that contribute to increased risk of COVID-19 exposure, severe illness from COVID-19, death, and unintended consequences of COVID-19 mitigation strategies.

COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases*	1.8x	0.6x	1.4x	1.7x
Hospitalization†	4.0x	1.2x	3.7x	4.1x
Death‡	2.6x	1.1x	2.8x	2.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

How to Slow the Spread of COVID-19

Wear a mask   Stay 6 feet apart   Wash your hands

CDC   References on back   cdc.gov/coronavirus

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We can work together to prevent the spread of COVID-19, reduce the risk of severe illness and death, and lessen the unintended consequences of COVID-19 mitigation strategies. Specific examples of how we all have a part in promoting fair access to health are available at What We Can Do. We can work to ensure that all people have resources to maintain and manage their physical and mental health, including easy access to information, and affordable medical care. We need programs and practices that fit the communities where people live, learn, work, play, and worship. Ensuring fair access to quality, affordable programs and services – for education, housing, transportation, childcare, healthcare, and more – will improve opportunity in our country and ensure that all communities can thrive.

Community- and faith-based organizations, employers, schools, healthcare systems and providers, public health agencies, policy makers, and others all have a part in helping to promote fair access to health.

- Policies, programs, and practices may put people from racial and ethnic minority groups at increased risk of health and social inequities. Reviewing policies, programs, and practices can help identify those that support equal access to health. Promoting these programs and improving services that have equal access for everyone will help prevent poor health outcomes from occurring or getting worse. Failures in systems to provide equal access to resources and opportunities for some individuals or communities have negative effects on the broader society.

- Public health programs, policies, and practices must recognize and respect the diversity of the community they serve. Community engagement efforts can help strengthen cross-sector partnerships, ensure culturally and linguistically appropriate practices, build trust within communities, promote social connection, and advance health equity. Specific steps for effective partnerships for consideration are outlined in Engaging With Communities – Lessons (Re)Learned From COVID-19.

- Health equity is intersectional. Individuals may belong to several groups that historically have experienced discrimination, such as people with disabilities, people experiencing homelessness, and people who are incarcerated or detained. People who have experienced discrimination may be affected by layered health and social inequities. Examining such intersections can help us better understand how to promote health equity and improve health outcomes.

CDC Resources

- What We Can Do to Promote Health Equity
- Tribal Communities
- Key Resources for Health Departments
- Contact Tracing: A Community Engagement Checklist for Health Departments [79 KB, 3 pages] (principles can be broadly applied)

Other Resources

Well Being Trust's Thriving Together: A Springboard for Equitable Recovery & Resilience in Communities Across America ↗

Association of State and Territorial Health Official's Health Equity During COVID-19: Top Strategies for an Equity-Focused Recovery Strategy ↗

Robert Wood Johnson Foundation's Health Equity Principles for State and Local Leaders in Responding to, Reopening and Recovering from COVID-19 ↗

National Academy of Medicine's Resources on Health Equity ↗

Introducing CDC's COVID-19 Health Equity Strategy	CDC COVID-19 Response Promising Practices in Health Equity	CDC COVID-19 Response Promising Practices in Health Equity II

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Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases