

COVID-19 (Coronavirus Disease)

CASES ARE RISING.
ACT NOW!



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](#)

Unintended Consequences of COVID-19 Mitigation Strategies

COVID-19 mitigation activities are actions that people and communities can take to slow the spread of the virus. These mitigation activities include personal prevention practices and actions to safely maintain operations and healthy environments in facilities and workplaces. Some examples of personal prevention practices include handwashing, staying home when sick, practicing social distancing, and wearing a face mask. COVID-19 mitigation activities have also included restrictions on travel and gatherings, academic and business closures, and stay-home orders. The goal of these mitigation activities is to minimize COVID-19 cases and deaths, but they can also have economic, social, and secondary health consequences.

Many of the inequities in [social determinants of health](#) drive poor health outcomes, such as neighborhood and physical environment, health and healthcare, occupation, economic stability, and education. These inequities may become worse during the COVID-19

response, disproportionately affecting racial and ethnic minority groups. Unintended consequences of these inequities may include lost wages, unemployment, and loss of health insurance as a result of business closures; stress and social isolation because of restrictions on social gatherings; and the stigma of having or being suspected of having the virus if wearing a mask. These unintended consequences may cause exceptional difficulties in communities with limited resources and communities in which mitigation strategies are more strictly enforced.

Discrimination exists in systems meant to protect well-being and health. Examples of such systems that are associated with increased risk for exposure to COVID-19 include housing, education, criminal justice, and finance. Discrimination, which includes racism, shapes social and economic factors that can put racial and ethnic minority groups at higher risk for COVID-19 infection.^{1, 2, 3, 4, 5} These same factors, in turn, contribute to worse economic, social, and secondary health consequences of mitigation strategies.

Disproportionate impacts of mitigation strategies

Data and information are limited about unintended consequences of COVID-19 mitigation strategies for different racial and ethnic minority groups. Some studies that have identified disproportionate impacts of COVID-19 mitigation strategies for racial and ethnic minority groups are described below.

-



Fewer childhood vaccines have been given during the COVID-19 pandemic*

To avoid outbreaks of vaccine-preventable diseases and keep children protected, **vaccinations and well-child visits are essential**

*Compared with January-April, 2019

CDC.GOV bit.ly/MMWR5820 MMWR

MMWR

[View Larger](#)

Unemployment and loss of health insurance: Racial and ethnic minority groups experienced higher job losses during the COVID-19 pandemic causing increased financial instability and may result in loss of health insurance, reduced access to healthcare, and food and housing insecurity.⁶

- **Food insecurity:** The COVID-19 pandemic may increase food insecurity for some

people because of loss of jobs and children not getting school lunches. Food insecurity occurs when people do not have stable access to food or do not eat consistently because of lack of money and other resources.⁷ In 2016, 15.6 million U.S. households were food insecure at some time during the year.⁸ Racial and ethnic disparities related to food insecurity existed prior to the COVID-19 pandemic. In 2016, non-Hispanic Black households were nearly 2 times as likely to be food insecure than the national average (22.5% versus 12.3%, respectively) and 18.5% of Hispanic or Latino households reported food insecurity.⁸

From a March 2020 survey, we know that 44% of adults were food insecure in the past 30 days among households with incomes that were less than 250% of the federal poverty level. There were higher percentages of food insecurity among non-Hispanic Black adults, Hispanic or Latino adults, and people of other race or ethnicity compared with non-Hispanic White or Asian adults. Lastly, more severe food insecurity was correlated with challenges meeting basic needs such as access to healthcare, ability to pay rent or mortgage, and issues with employment.⁹ Food insecurity is associated with poor health, which could further worsen health disparities by race and ethnicity.^{10, 11}

- **Housing instability:** Higher unemployment rates for some racial and ethnic minority groups during the COVID-19 pandemic increase financial instability and may lead to greater risk of eviction and homelessness or relying on family or friends for housing. During April–July 2020, a higher percent of adults in racial and ethnic minority groups compared with non-Hispanic White people reported that they were not able to pay rent on time. The percent of adults who reported not being able to pay rent on time increased from April to July for all racial and ethnic groups, with the largest increase reported among Hispanic or Latino adults.¹²
- **Preventive healthcare services:** The COVID-19 pandemic has further strained the U.S. healthcare system. There have been disruptions in providing routine preventive and other nonemergency care, such as routine well-child care, preventive dental care, and immunizations. People may be afraid they could be exposed to COVID-19 if they go to the doctor. Based on a recent survey, an estimated 41% of U.S. adults avoided medical care during the pandemic because of concerns about COVID-19. Avoiding urgent or emergency care was more common among people with underlying medical conditions compared to people without those conditions, non-Hispanic Black and Hispanic or Latino adults compared to non-Hispanic White adults, and people with disabilities compared to people without disabilities. Avoiding or delaying care could increase the risk of severe illness or death from other medical conditions or COVID-19.¹³ Substantial reductions in orders for vaccines started the week after the national emergency declaration on March 13, 2020. The decline in orders for children aged 24 months or younger was smaller compared with vaccination orders for older children and have since started to increase.¹⁴ However, the ongoing COVID-19 pandemic is a reminder of the importance of vaccination, particularly for non-Hispanic Black, Hispanic or Latino, and non-Hispanic Asian people who had lower vaccination coverage for some vaccines before the pandemic.

^{15, 16, 17}

Mental health and bereavement

The disproportionate burden of COVID-19 experienced by racial and ethnic minority groups, combined with the unintended consequences of COVID-19 mitigation strategies, including increased social isolation, may also affect mental health and bereavement.

- **Mental health:** The COVID-19 pandemic has been stressful for many people. Fear and anxiety about a new disease and what could happen can be overwhelming and cause strong emotions in adults and children. Some groups may be more affected than others. Studies about mental health found inconsistent effects of the COVID-19 pandemic on different racial and ethnic groups. One study found elevated depressive symptoms, and fear of COVID-19 among racial and ethnic minority populations (combined) compared with non-Hispanic White people.¹⁸ Another study found symptoms of adverse mental or behavioral health conditions were more common among Hispanic and non-Hispanic Black people compared with non-Hispanic White people.¹⁹ However, another study found that compared with White young adults (aged 18-30 years), Asian American young adults were less likely to report high levels of poor mental health symptoms, including depression, and both Asian American and Hispanic or Latino young adults were less likely to report high levels of anxiety.²⁰ The effect of the COVID-19 pandemic on mental health may be influenced by the intersection of age, income, employment, and other social factors, in addition to race and ethnicity.
- **Bereavement:** Many people are experiencing grief during the COVID-19 pandemic. Grief is a normal response to loss during or after a disaster or other traumatic event. Grief can happen in response to loss of life, as well as to drastic changes in daily routines and ways of life that usually bring us comfort and a feeling of stability. Some groups may be more likely to experience loss of a loved one due to COVID-19. Non-Hispanic Black people were found to be more likely to have a close relative who died from COVID-19.²¹


Inequities in the social determinants of health increase the negative effects of the COVID-19 pandemic for some racial and ethnic minority groups. We need to work together to reduce the negative effects that COVID-19 community mitigation strategies have had on individuals and communities, including working to address inequities in the social determinants of health. Learn more about [what we can do to move towards health equity](#).


CDC Resources

[Homelessness and COVID-19 Frequently Asked Questions](#)

[Stress and Coping](#)

References

1. Price-Haygood EG, Burton J, et al. Hospitalization and Mortality among Black Patients and White Patients with Covid-19. N Engl J Med. 2020. DOI: <https://doi.org/10.1056/NEJMsa2011686> 

2. 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> 
3. 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> 
4. 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> 
5. Cordes J, Castro MC. Spatial Analysis of COVID-19 Clusters and Contextual Factors in New York City. *Spat Spatiotemporal Epidemiol*. 2020;34:100355. DOI: <https://dx.doi.org/10.1016%2Fj.sste.2020.100355> 
6. 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/> 
7. Nord M, Andrews M, Carlson S. Household Food Security in the United States, 2005 [Internet]. Washington: USDA Economic Research Service; 2006 [cited 2020 Aug 27]. Report No.: ERR-29. Available from URL: https://www.ers.usda.gov/webdocs/publications/45655/29206_err29_002.pdf?v=41334  [PDF – 880 KB] 
8. Coleman-Jensen A, Rabbitt MP, Gregory CA, Singh A. Household Food Insecurity in the United States in 2016. USDA-ERS Economic Research Report No. (ERR-237). 2017.
9. Wolfson JA, Leung CW. Food Insecurity and COVID-19: Disparities in Early Effects for US Adults. *Nutrients*. 2020;12:1648. <https://doi.org/10.3390/nu12061648> 
10. Drennan CR, Coleman SM, de Cuba SE, et al. Food Insecurity, Health, and Development in Children Under Age Four Years. *Pediatrics*. 2019;144(4):e20190824. DOI: <https://doi.org/10.1542/peds.2019-0824> 
11. South AM, Palakshappa D, Brown CL. Relationship Between Food Insecurity and High Blood Pressure in a National Sample of Children and Adolescents. *Pediatr Nephrol*. 2019;34(9):1583-1590. DOI: <https://doi.org/10.1007/s00467-019-04253-3> 
12. United States Census Bureau. Household Pulse Survey Data Tables [Week 12 Household Pulse Survey: July 16 – July 21 and Week 1 Household Pulse Survey: April 23 – May 5]. 2020 [cited 2020 Aug 27]. Available from URL: <https://www.census.gov/data/tables/2020/demo/hhp/hhp1.html#techdoc> 
13. Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1250–1257. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6936a4> .

14. Santoli JM, Lindley MC, DeSilva MB, et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration – United States, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:591-593. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6919e2> .

15. Peng-jun L, O'Halloran A, Williams WW, et al. Racial and Ethnic Disparities in Vaccination Coverage among Adult Populations. *Am J Prev Med*. 2020; 49(6 Suppl 4):S412-S415. DOI: <https://doi.org/10.1016/j.amepre.2015.03.005> .

16. Walker AT, Smith PJ, Kolasa M. Reduction of Racial/Ethnic Disparities in Vaccination Coverage, 1995-2011. *MMWR Morb Mortal Wkly Rep Supplements*. 2014;63(01):7-12.

Available from URL: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a3.htm>.

17. Anandappa M, Boakye EA, Zeng W, Rebmann R, Chang JJ. Racial disparities in vaccination for seasonal influenza in early childhood. *Public Health Reports*.

2018;158:1-8. DOI: <https://doi.org/10.1016/j.puhe.2018.01.030> .

18. Fitzpatrick KM, Harris C, Drawve G. Living in the Midst of Fear: Depressive Symptomatology among US Adults During the COVID-19 Pandemic. *Depression and Anxiety*. 2020;1-8. DOI: <https://doi.org/10.1002/da.23080> .

19. Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69:1049-1057. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6932a1> .

20. Liu CH, Zhang E, Wong GTF, et al. Factors Associated with Depression, Anxiety, and PTSD Symptomatology during the COVID-19 Pandemic: Clinical Implications for U.S. Young Adult Mental Health. *Psychiatry Research*. 2020;290. DOI:

<https://doi.org/10.1016/j.psychres.2020.113172> .

21. Verdery AM, Smith-Greenaway E, Margolis R, Daw J. Tracking the Reach of COVID-19 Kin Loss with a Bereavement Multiplier Applied to the United States. *Proceedings of the National Academy of Sciences of the United States of America*. 2020;10:10. DOI:

<https://doi.org/10.1073/pnas.2007476117> .

Last Updated Dec. 10, 2020

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