

# COVID-19 (Coronavirus Disease)

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## COVID-19 Racial and Ethnic Health Disparities

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

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## Disparities in Deaths from COVID-19

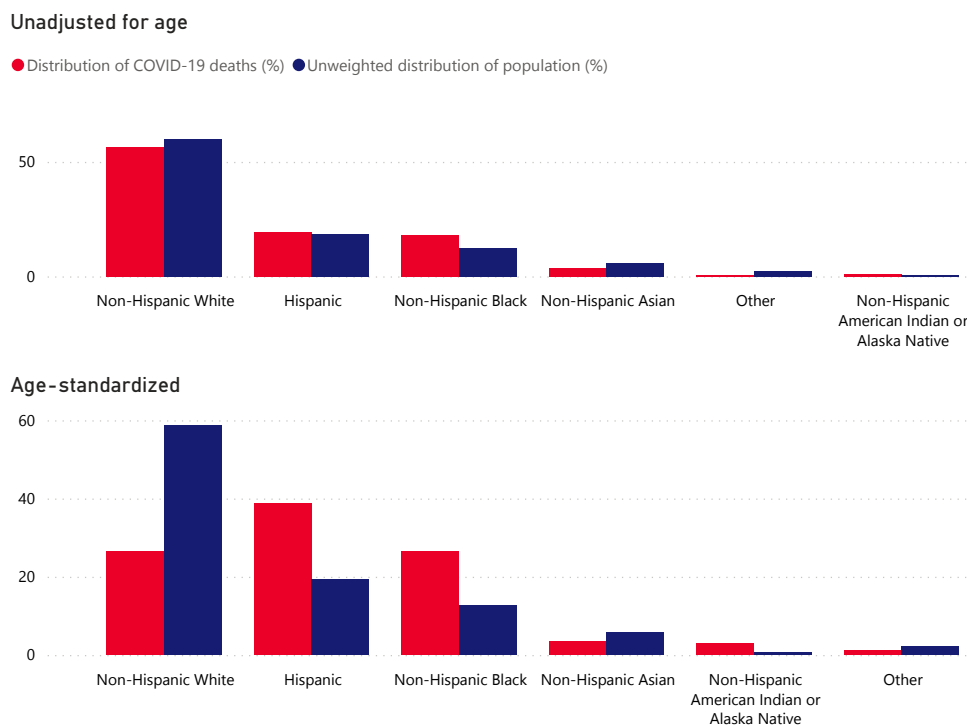
Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as [COVID-19 infection](#), [severe illness](#), and [death](#). These conditions are known as [social determinants of health](#). Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of dying from COVID-19.

### Distribution of COVID-19 deaths and population distributions by race and ethnicity

The distribution of COVID-19 deaths differs by race and ethnicity in the United States as well as by jurisdiction (state or District of Columbia). Data on race and ethnicity for more than 90% of people who died from COVID-19 reveal that the percent of Hispanic or Latino, non-Hispanic Black, and non-Hispanic American Indian or Alaska Native people who have died from COVID-19 (red bars) is higher than the percent of these racial and ethnic groups

among the total U.S. population (blue bars). This disparity is even greater when the percentages are age-standardized (adjusted for differences in the age distribution across racial and ethnic groups). Hispanic or Latino, non-Hispanic Black, and non-Hispanic American Indian or Alaska Native people also have a disproportionate burden of COVID-19 deaths among specific age groups across the lifespan – children, youth, adults, and older adults.

**Figure 1. Crude and age-adjusted percents of COVID-19 deaths and unweighted population distributions by race and Hispanic origin**





The count of COVID-19 deaths, distribution of COVID-19 deaths, and unweighted distribution of the population are displayed in a set of interactive charts.

**Data source:** [National Center for Health Statistics \(NCHS\), provisional death counts.](#)



The percent of deaths reported in this figure represent all deaths received and coded as of the date of analysis; they do not represent all deaths that occurred in that period. Data are incomplete because of the lag in time between when the death occurred and when the death certificate is completed, submitted to the National Center for Health Statistics (NCHS), and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction and cause of death. Provisional counts reported here track approximately 1–2 weeks behind other published data sources on the number of COVID-19 deaths in the U.S. COVID-19 deaths are identified using ICD-10 code U07.1 when it is reported as the cause of death or listed as a probable or presumed cause of death on the death certificate. Unweighted population percentages are based on the [Single-Race Population Estimates](#) from the U.S. Census Bureau for the year 2018. Jurisdictions are included in this table if more than 100 deaths were received and processed by NCHS as of the date of analysis. New York excludes New York City.

Based on the [1997 Office of Management and Budget standards](#)  , race and Hispanic origin are two distinct attributes and are reported separately on the death certificate. Data shown by race and Hispanic origin are based on a combination of the two attributes for the non-Hispanic population. Data shown for the Hispanic population include people of any race. The race and Hispanic-origin groups presented—non-Hispanic single-race White, non-Hispanic single-race Black or African American, non-Hispanic single-race American Indian or Alaska Native, non-Hispanic single-race Asian, and Other (Native Hawaiian and Other Pacific Islander, more than one race, race unknown, and Hispanic origin unknown)—differ from the [bridged-race categories](#) shown in reports using pre-2018 mortality data.

Provisional counts of COVID-19 deaths are based on a current flow of mortality data in the National Vital Statistics System (NVSS). National provisional counts include deaths occurring within the 50 states and the District of Columbia that have been received, processed, coded, and tabulated by NCHS. NVSS is the official source, based on death certificates filed in the U.S., and processed and coded by NCHS based on [International Classification of Diseases, Tenth Edition](#). More information about the processing and coding of death certificates can be found in the NCHS [Technical Notes: Provisional Death Counts for Coronavirus Disease](#). Other data sources include information on COVID-19-related deaths, and although similar, the numbers may not match exactly.

# Evidence from the literature

Studies have revealed similar findings on the disproportionate burden of COVID-19 deaths among some racial and ethnic minority groups.<sup>1,2</sup> A study of selected states and cities with data on COVID-19 deaths by race and ethnicity showed that 34% of deaths were among non-Hispanic Black people, though this group accounts for only 12% of the total U.S. population.<sup>3</sup>

In Chicago, residents in highly segregated neighborhoods with higher social vulnerability, such as higher levels of poverty and lower levels of education, income, and employment, are disproportionately exposed to social and health risks. This intersection of factors was found to be associated with high death rates from COVID-19.<sup>4</sup> Similarly, in a nationwide analysis, counties with higher population percentages of non-Hispanic Black people experienced higher COVID-19 confirmed case and death rates than counties with higher population percentages of non-Hispanic White people.<sup>5</sup>

Together, the evidence from the provisional death data from NCHS and recent studies clearly illustrate the disproportionate burden of COVID-19 deaths among racial and ethnic minority groups, particularly Hispanic or Latino, non-Hispanic Black, and non-Hispanic American Indian or Alaska Native people. To prevent deaths from COVID-19, we need to work together to address inequities in the social determinants of health that increase the risk of death from COVID-19 for racial and ethnic minority groups. Learn more about [what we can do to move towards health equity](#).

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## CDC Resources

[National Center for Health Statistics Health Disparities: Race and Hispanic Origin](#)

## 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> .
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5. Mahajan UV, Larkings-Pettigrew M. Racial Demographics and COVID-19 Confirmed Cases and Deaths: A Correlational Analysis of 2886 U.S. Counties. *J Public Health*. 2020;42(3):445-447. DOI: <https://doi.org/10.1093/pubmed/fdaa070> .

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