

COVID-19 (Coronavirus Disease)

CASES ARE RISING.
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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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Welcome

Click each link above to learn about underlying health and social inequities that put many racial and ethnic minority groups at increased risk of getting sick, having more severe illness, and dying from COVID-19. Racial and ethnic minority groups are also unequally affected by unintended economic, social, and secondary health consequences of COVID-19 mitigation strategies such as [social distancing](#).



“Health equity” means that everyone has the opportunity to be as healthy as possible. Equitable opportunity includes equal access to and distribution of resources. When policies, programs, and systems that support health are equitable, poor health outcomes can be reduced, health disparities can be prevented, and the whole of society benefits.

Some racial and ethnic minority groups are disproportionately affected by 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 inequities in social determinants of health that affect these groups, such as poverty and healthcare access, are interrelated and influence a wide range of health and quality-of-life risks and outcomes.

Social determinants of health

The five key topic areas of social determinants of health listed below contribute to racial and ethnic minority groups being disproportionately affected by COVID-19.

Discrimination, which includes racism and associated chronic stress, influences each of these key topic areas.


- **Neighborhood and Physical Environment**

People from racial and ethnic minority groups are disproportionately affected by difficulties finding affordable and quality housing. This may limit their housing options to neighborhoods and residences with mostly other racial and ethnic minority groups, crowded conditions, and that lack access to reliable transportation. These conditions may make illnesses, diseases, and injuries more common and more severe, when experienced. In addition, access to nutritious affordable foods may be limited, and they may experience more environmental pollution within their neighborhoods. In some cultures, it is common for family members of many generations to live in one household, which could lead to exposure for older adults who are at increased risk for severe illness from COVID-19.

- **Health and Healthcare**

People from racial and ethnic minority groups are disproportionately affected by lack of access to quality health care, health insurance, and/or linguistically and culturally responsive health care. Inequities in treatment may result in distrust of government and healthcare systems. Such barriers increase risks for poor health and health outcomes by limiting health promotion, disease and injury prevention, and condition management activities.

- **Occupation and Job Conditions**

People from racial and ethnic minority groups are disproportionately represented in [essential work settings](#)  such as healthcare facilities, farms, factories, food production and processing, grocery stores, and public transportation. People who work in these settings have more chances to be exposed to COVID-19 because these types of jobs require frequent or close contact with the public or other workers, involve activities that cannot be done from home, and may lack benefits such as paid sick days.

- **Income and Wealth**

People from some racial and ethnic minority groups have lower incomes, experience barriers to wealth accumulation, and carry greater debt. Such challenges may make managing expenses, paying medical bills, and accessing affordable quality housing, nutritious food, and reliable childcare difficult.

- **Education**

People from racial and ethnic minority groups are disproportionately affected by inequities in access to high-quality education which can lead to lower literacy and numeracy levels, lower high school completion rates, and barriers to college entrance. In addition to educational barriers, limited access to quality job training or programs tailored to the language needs of some racial and ethnic minority groups may limit future job options and lead to lower paying or less stable jobs.

These factors may increase risk of COVID-19 exposure, illness, hospitalization, long-term health and social consequences, and death. To stop the spread of COVID-19, we need to ensure resources are equitably available for everyone to maintain physical and mental health. Resources include easy access to information, goods and services, affordable testing, and medical and mental healthcare that are all tailored to meet the needs of people from diverse communities.

At a glance

The pages in **COVID-19 Racial and Ethnic Health Disparities** include data and information about exposure to the virus; illness, hospitalization, and death resulting from COVID-19; and other effects of the pandemic, which are higher among Hispanic or Latino, Black or African American, American Indian or Alaskan Native, and Native Hawaiian and other Pacific Islander people.

- **Introduction:** Brief overview of COVID-19-related racial and ethnic disparities
- **Risk of exposure to COVID-19:** Description of how factors such as discrimination, neighborhood and physical environment, housing, occupation, education, income, and wealth gaps put some racial and ethnic minority groups at increased risk of exposure to COVID-19
- **Risk of severe illness from COVID-19:** Description of how factors such as discrimination, healthcare access and use, general health status, education, income, and wealth gaps put some racial and ethnic minority groups at increased risk of severe illness from COVID-19, including death
- **Disparities in COVID-19 illness:** Data on the disproportionate representation of racial and ethnic minority groups among COVID-19 cases
- **Disparities in COVID-19 hospitalization:** Data on differences in rates of hospitalization, demographic and clinical characteristics (age, underlying medical conditions), and outcomes (admission to an intensive care unit, need for mechanical ventilation, and in-hospital deaths) of hospitalized patients by race and ethnicity
- **Disparities in COVID-19 deaths:** Data on the disproportionate representation of racial and ethnic minority groups among COVID-19 deaths
- **Unintended consequences of COVID-19 mitigation strategies:** Description of how the pandemic has disproportionately affected racial and ethnic minority groups

in many ways including mental health, bereavement, food insecurity, unemployment and loss of health insurance, housing instability, and preventive healthcare services

- **What we can do to move towards health equity:** Overview of important ways that community- and faith-based organizations, employers, healthcare systems and providers, public health agencies, policy makers, and others can increase opportunities to be as healthy as possible

CDC Resources

[COVID-19 Health Equity – Promoting Fair Access to Health](#)

[Social Determinants of Health: Know What Affects Health](#)

[Environmental Public Health Tracking Network](#) – Select “COVID-19” content area for options to view data on several factors related to increased risk of COVID-19

Other Resources

Robert Wood Johnson Foundation’s [2020 County Health Ranking State Reports](#) [↗](#)

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