Coronavirus infection by race: What's behind the health disparities?

August 11 2020, by From Mayo Clinic News Network

Credit: Pixabay/CC0 Public Domain

Research increasingly shows that racial and ethnic minorities are disproportionately affected by coronavirus disease 2019 (COVID-19) in the United States.

For example, according to data from the Centers for Disease Control and Prevention (CDC), African Americans make up only 13% of the U.S. population, but represent a third of people hospitalized with COVID-19. In New York City as of mid-April 2020, the COVID-19 death rate among Black or African American people was 92.3 deaths per 100,000 people and for Hispanic or Latino people 74.3 per 100,000 people. In contrast, the COVID-19 death rate for white people was 45.2 per 100,000 people.

While there's no evidence that people of color have genetic or other biological factors that make them more likely to be affected by COVID-19, they are more likely to have underlying health conditions. Having certain conditions, such as type 2 diabetes, increases your risk of severe illness with COVID-19. But experts also know that where people live and work affects their health. Over time, these factors lead to different health risks among racial and ethnic minority groups.

Where you live and who you live with can make it challenging to avoid getting sick with COVID-19 and get treatment. For example, racial and ethnic minority members might be more likely to live in multi-generational homes, crowded conditions and densely populated areas, such as New York City. This can make social distancing difficult.

The type of work you do also may contribute to your risk of getting COVID-19. Many people of color have jobs that are considered essential or can't be done remotely and involve interaction with the public. In the U.S., according to the CDC nearly 25% of employed Hispanic and Black or African Americans work in the service industry, compared with 16% of non-Hispanic white workers. Black or African Americans also account for 30% of licensed practical and licensed vocational nurses. Many people of color also depend on public transportation to get to work. These factors can result in exposure to the virus.

Your access to health care also affects your health risks. Members of racial and ethnic minority groups are more likely to encounter barriers to getting care, such as a lack of health insurance or not being paid when missing work to get care. In 2017, according to the CDC only about 6% of non-Hispanic white people were uninsured, while the rate was nearly 18% for Hispanics and 10% for non-Hispanic Black people.

Racism may also play a role in health risks. The stress of dealing with racial discrimination can take a toll on your body, causing early aging. This has been linked to underlying conditions, which can increase the risk of severe illness with COVID-19.

All of these factors—underlying health conditions, dense living conditions, employment in the service industry or as an essential worker, access to health care and racism—contribute to the impact of COVID-19 on people of color. But these are long-standing issues. Research shows that people of color are often more greatly affected by public health emergencies, such as Hurricane Katrina.

The COVID-19 pandemic highlights the need to promote the health and well-being of racial and ethnic minorities.