COVID-19 Exposes Health Disparities
Poor and nonwhite Americans are at higher risk for severe illness.

The COVID-19 pandemic has underscored longstanding race-related health disparities. Black and Hispanic Americans, American Indian–Alaska Natives, and Pacific Islanders are all disproportionately affected by COVID-19. According to a report from the Kaiser Family Foundation, the worst outcomes have been seen in the American Indian–Alaska Native nonelderly population, where 34% are at risk for serious illness if infected, followed by blacks at 27%; whites, 21%; Hispanics, 20%; and Asians, 12%.

A recent analysis by Gross and colleagues of data from the 28 states that include race and ethnicity in their mortality reports found that the aggregated death rate of black patients was three and a half times that of white patients. The authors note, however, that their analysis was hindered by gaps and inconsistencies in the way individual states collect racial and demographic data, resulting in significant state-to-state variation. Some show no disparity in death rates between minorities and whites while others show a five-to-10-fold difference. In Louisiana’s records, for example, as a JAMA article points out, 71% of the deaths are among African Americans, though they make up only 32% of the population. Looking at a single city, African Americans in Chicago, who represent 30% of the population, account for 50% of COVID-19 cases and a staggering 70% of deaths.

Health disparities in minority populations are known to be related to underlying social and economic conditions, including discrimination, economic disadvantage, inadequate nutrition, and poor health care access. Some minority populations also carry a higher burden of the comorbidities, such as obesity and diabetes, known to place COVID-19 patients at higher risk for serious illness and death. Yet, a confluence of factors constrains the ability of low-income minority populations to practice social distancing, placing them at greater risk for exposure. They are more likely to hold jobs that require interaction with the public and to live in crowded housing, making it difficult to maintain the recommended six-foot distance from others. Additionally, when they do get sick, they are less likely to have health insurance to pay for care, according to a study of COVID-19 disparities in Indianapolis, where the infection rate among black residents is nearly twice that of whites.

Cities and states are responding to the disparities with increased testing in minority communities. Additionally, HR 6585—the Equitable Data Collection and Disclosure on COVID-19 Act—is pending before Congress. If passed, the measure would require collection of race and other demographic data for each person tested for COVID-19.

—Karen Roush, PhD, RN, FNP-BC, news director