

# COVID-19: HEALTH DISPARITIES EXPOSED

The Alzheimer's Association is committed to the inclusion of all communities and the advancement of health equity through our conversations, work and partnerships. The COVID-19 pandemic has further exposed the health differences that exist between racial and ethnic groups due to economic and social conditions. During public health emergencies, these conditions can isolate people from the resources needed to prepare and keep their families safe.

Most likely, dementia does not increase risk for the respiratory illness caused by the new coronavirus (COVID-19), just like dementia does not increase risk for the flu. However, dementia-related behaviors, increased age and common health conditions that often accompany dementia may increase risk.

Black/African Americans are two to three times more likely to develop Alzheimer's disease than whites, and Hispanics are one to two times more likely to develop Alzheimer's disease than whites. In addition, a higher prevalence of Alzheimer's and dementia can mean a higher likelihood of living in long-term care facilities, resulting in greater exposure to COVID-19.

Health determinants are the range of personal, social, economic and environmental factors that influence health status. The following determinants are heightening the impact of the COVID-19 crisis on racial and ethnic minorities.

## **ACCESS TO STABLE HOUSING, TRANSPORTATION AND HEALTH-ENHANCING RESOURCES**

For some racial and ethnic minorities, unstable housing, transportation and access to health-enhancing resources may make it difficult to follow the necessary precautions to prevent contracting COVID-19 or to seek treatment if they get sick.

- Housing inequality is directly related to racial, social and economic disparities. It is also a cause and an effect of poverty. As a result, some racial and ethnic minorities may be more likely to live in densely populated areas. People living in these areas may find it more difficult to follow physical distancing guidelines.
- Some racial and ethnic minorities live in neighborhoods that are further from grocery stores and medical facilities, making it more difficult to access supplies and receive care during a public health emergency.
- In addition, a reliance on public transportation in these communities may increase exposure to COVID-19.
- Multi-generational households, which are more common among some racial and ethnic minorities, may find it difficult to take precautions to protect older family members or to isolate those who are sick if space in the home is limited.

*Continued*

## WORK CIRCUMSTANCES

The types of work that some racial and ethnic minorities may be more likely to engage in, as well as the policies of these work environments, can influence risk for COVID-19. Workers without paid leave might be more likely to continue working when they are sick. This can increase workplace exposure to COVID-19 or expose others to the virus.

- Nearly a quarter of employed Hispanic and Black or African American workers are in service industry jobs as compared to 16% of non-Hispanic whites.
- Hispanic workers account for 17% of the entire workforce in the United States, but constitute 53% of agricultural workers; Black or African Americans make up 12% of all employed workers, but account for 30% of licensed practical and licensed vocational nurses. These types of jobs provide essential services to the public and can increase exposure to the virus.
- Hispanic workers have lower rates of access to paid leave than white non-Hispanic workers.

## ACCESS TO INSURANCE, AFFORDABLE HEALTHCARE AND UNDERLYING HEALTH CONDITIONS

Lack of access to insurance and affordable health care make some racial and ethnic minorities especially vulnerable to COVID-19.

- Compared to whites, Hispanics are almost three times as likely to be uninsured and African Americans are almost twice as likely to be uninsured. This may prevent some from visiting the doctor due to cost.
- Inadequate access to health care is also driven by a long-standing distrust of the health care system, language barriers and the financial implications associated with missing work to receive care.
- Compared to whites, Black Americans and Hispanic have higher prevalence rates of chronic conditions and higher death rates.
- Stigma and systemic inequalities may undermine prevention efforts, increase levels of chronic and toxic stress, and ultimately sustain health and health care disparities.

## THE ALZHEIMER'S ASSOCIATION IS ADDRESSING THE NEEDS OF FAMILIES LIVING WITH ALZHEIMER'S AND OTHER DEMENTIA DURING COVID-19

- COVID-19 Help Center offering tips and information for families ([alz.org/covid19help](https://alz.org/covid19help))
- Online education programs ([alz.org/learn](https://alz.org/learn))
- Virtual education programs and online or telephone support groups ([alz.org/crf](https://alz.org/crf))
- 24/7 Helpline and live chat (800.272.3900 or [alz.org/help](https://alz.org/help))

Contact **Rey Martinez** ([ramartinez@alz.org](mailto:ramartinez@alz.org)) or **Beverly Berry** ([bmberry@alz.org](mailto:bmberry@alz.org)) for more information on *COVID-19: Health Disparities Exposed*.

## CITATIONS

Centers for Disease Control: "[COVID-19 in Racial and Ethnic Minority Groups](#)"

Health Resources in Action: "[COVID-19 and Dimensions of Health Inequity](#)"

Alzheimer's Association: "[Coronavirus \(COVID-19\): Tips for Dementia Caregivers](#)"