COVID-19 is disproportionately impacting racial and ethnic minorities in the United States. For Black and Hispanic/Latinx Americans, the estimated age-adjusted COVID-19 mortality rate is higher compared to white Americans. This is likely due to factors such as higher likelihood of having a chronic condition and access to care. The higher age-adjusted mortality rate for Black Americans may further exacerbate existing racial disparities in health outcomes.

Examples of racial and ethnic inequity in healthcare quality and experience include:

- **COVID-19 testing**: Less likely for Black and Hispanic/Latinx consumers to successfully get tested for COVID-19, despite being more likely to try.
- **COVID-19 outcomes**: Higher risk of death for Black Americans, with 2x the mortality rate.

Socioeconomic factors (e.g., structural racism, cultural factors) contribute to these disparities. There is an opportunity to more broadly improve healthcare quality and experience for Black and Hispanic/Latinx consumers. Insights on racial and ethnic minority representation in the healthcare workforce are discussed, along with recommendations for improvement.

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**Note**: All data and statistics are sourced from reputable organizations and studies. For more information, please refer to the cited references.