The COVID-19 pandemic has illustrated how public health crises dramatically magnify existing health disparities due to the influence of the social determinants of health (SDOH). This fact sheet is first in a series of tools for addressing SDOH during the COVID-19 pandemic, and outlines how PRAPARE SDOH domains may be associated with individuals’ risk of morbidity and mortality from COVID-19. PRAPARE is the most widely used social risk screening tool among community health centers, whose patient populations are at greatest risk of contracting and developing severe cases of COVID-19. Though the domains below are specific to PRAPARE, many of these domains are aligned with national tools including UDS reporting requirements. While presented separately, all of the social determinants of health are intimately interconnected. Care team members and aligned social services partners can use this information to identify those who may be most vulnerable during this pandemic, prioritize patients in need of outreach and additional services, identify gaps in and develop plans for addressing social risks in the community, and work to attain and maintain health equity.

**PERSONAL CHARACTERISTICS**

**Language**
- Non-English-speaking individuals face barriers in receiving COVID-19-related information (i.e., health guidelines) and in accessing language services in healthcare settings.

**Hispanic/Latinx**
- More likely to work in essential industries — increased risk of exposure.
- Higher rates of chronic disease — more vulnerable to COVID-19.
- Language barriers and mistrust of medical system — impeded access to medical care.

**Agricultural Worker Status**
- Farmworkers classified as essential workers — increased risk of exposure.
- Many lack health insurance, and live and work in crowded conditions.

**Veteran Status**
- Over 50% of American veterans are 65+ — increased risk for COVID-19 mortality/severity.

**Race/Ethnicity**
- Disproportionate impact of COVID-19 on people of color largely due to racism.

**Black/African American**
- Disproportionately affected by COVID-19 linked to structural racism.
- Higher rates of chronic disease — increased risk of COVID-19 mortality.
- Overrepresented in many essential work industries — increased risk of exposure.
- Low rates of insurance and mistrust of the medical system.
- Large immigrant population — restricted access to government benefits.
- Higher rates of incarceration — increased risk of exposure and limited access to quality health care.

**Hispanic/Latinx**
- Disproportionately affected by COVID-19 linked to structural racism.
- More likely to have pre-existing medical conditions linked with COVID-19 severity/mortality.
- Overrepresented in many essential work industries — increased risk of exposure.
- Less likely to receive high-quality medical care because of discrimination in health care, uninsurance, and mistrust of the medical system.
- Higher rates of incarceration — increased risk of exposure and limited access to quality health care.

**Asian American**
- Higher rates of predisposing conditions among Asian American groups.
- Filipino Americans have high rates of diabetes and asthma.
- Asian Americans as a whole have high rates of diabetes.
- Lower rates of health insurance.
- Few language and cultural barriers in health care settings — barrier to insurance and telemedicine.
- Large immigrant population — restricted access to government benefits.
- Coronavirus-related racism and hate crimes — potential impact on mental and overall health.

**Native Hawaiian & Pacific Islander (NHI)**
- Higher rates of predisposing conditions among NHI groups.

**Income**
- Individuals with lower education levels have lost jobs/income at disproportionately high rates due to COVID-19.

**Education**
- Lack of wealth and low-income jobs put the poor and people of color at risk of a disproportionate impact from COVID-19-related economic recession.

**Employment**
- Vulnerable groups are more likely to have jobs that can’t be done from home leading to increased risk of COVID-19 exposure.

**Insurance**
- Vulnerable individuals are less likely to have health insurance and more likely to be underinsured to cover COVID-19-related care.

**Transportation**
- Public transportation restrictions impede access to food, medical care, employment, etc.

**Material Security**
- Ask patients if they’re essential workers when inquiring about employment status.

**Essential worker status puts patients at increased risk of COVID-19 morbidity and mortality.**

**Intersection between essential worker status and PRAPARE domain denoted with (*)**