What do we know about COVID-19 infections and deaths among Latinos?

Rogelio Sáenz

There is much need for information concerning the impact of the COVID-19 on the Latino community. Over the last month, we have heard growing worry regarding the pandemic´s massive ravage on African Americans.[1] For Latinos, for the most part, there is much more scattered rather than systematic information. The analysis presented below is an effort to provide a glimpse of what we know about the virus' assault on the health and well-being of our Latino community using available data.

Information is available from Covid-19 data dashboards for 38 states (the state of New York provides data that excludes New York City) and the District of Columbia that report COVID-19 infection cases and/or deaths for Latinos.[2] I use these data to compute the percentage of all Covid-19 cases and fatalities that are to Latinos in each state for the April 24-28 period. I subsequently compare, for each state, these percentages with the percentage of Latinos in the overall population based on data from the 2018 American Community Survey (ACS).[3] This analysis allows us to determine, at least with these very preliminary data, how Latinos are faring so far in the Covid-19 pandemic. The analysis is limited to cases and deaths in which Hispanic/Latino identification is reported.

Widespread COVID-19 Infections across States

The analysis shows that Latinos are overwhelming overrepresented among people infected with the COVID-19 virus relative to their share in the population in 29 of the 35 states that report Latino cases. Figure 1 shows states classified into five categories on the basis of the ratio of the percentage of infection cases in a given state that are Latino to the percentage share of Latinos in the overall population, as well as another group shown in white consisting of states where data are not available. Ratios above 1.0 signify that Latinos are overrepresented in Covid-19 cases or the dead while those below 1.0 indicate that they are underrepresented. Thirteen states—located predominantly in the Midwest and Northeast, but also a few in the West and South—have proportionately two or more times as many persons among the infected than in the overall population (see Figure 2).

Figure 1. States by Level of Ratio of Percent Latino Covid-19 Infection Cases to Percent Latino Population

[States shown in white did not provide data for Latinos]

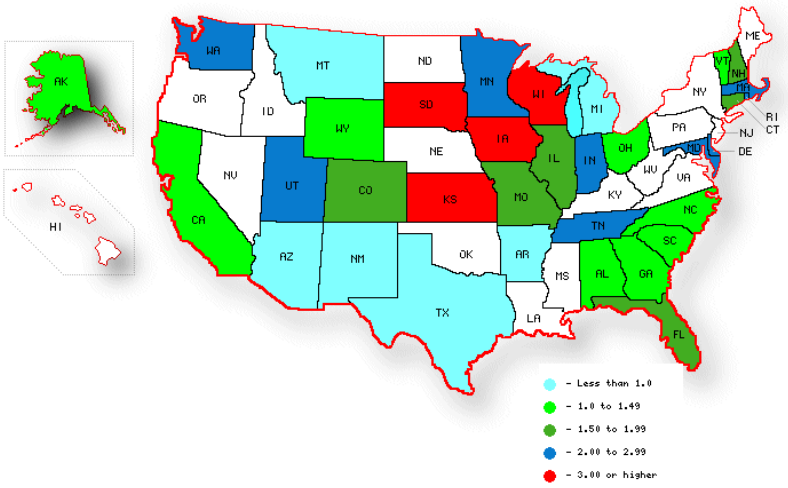
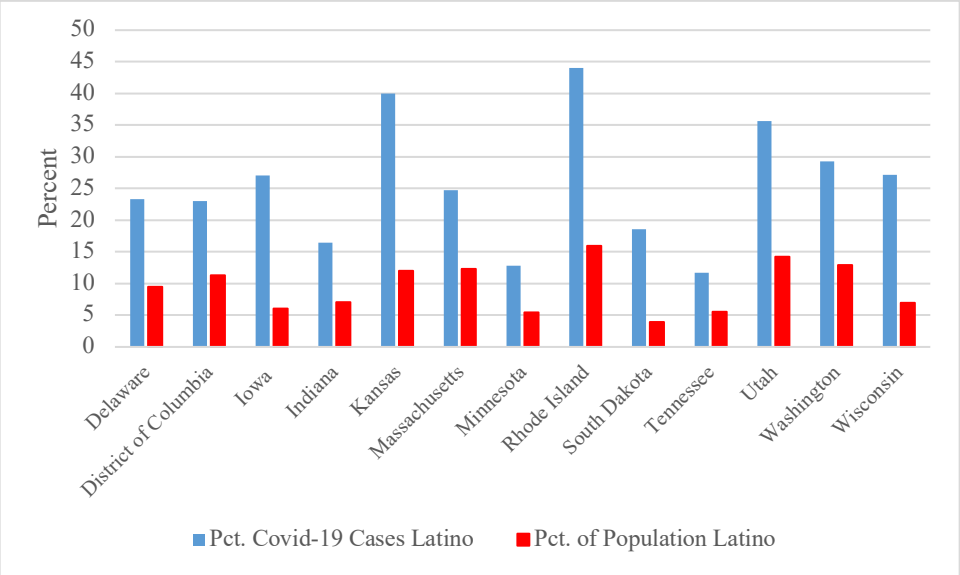


Figure 2. Thirteen States Where Latinos Have Proportionately Twice or More as Many Covid-19 Infected Cases as in the Overall Population



The highest overrepresentation of Latino cases—ratios of 3:1 or above—have occurred in South Dakota (4.74:1 ratio; 18.5% of cases versus 3.9% of population being Latino), Iowa (4:50:1; 27.0% versus 6.0%), Wisconsin (3.93:1 ratio; 27.1% versus 6.9%), and Kansas (3.33:1 ratio; 40.0% versus 12.0%) with other prominent disparities found in Rhode Island, Utah, and Delaware. Some of these states contain meatpacking operations, an industry that has become a hotspot of COVID-19 infections.[4] Particularly noticeable is the absence of Pennsylvania, a state where an outbreak of Covid-19 infections in a meatpacking operation has occurred, but the state has not provided data on Latino Covid-19 cases and deaths.[5]

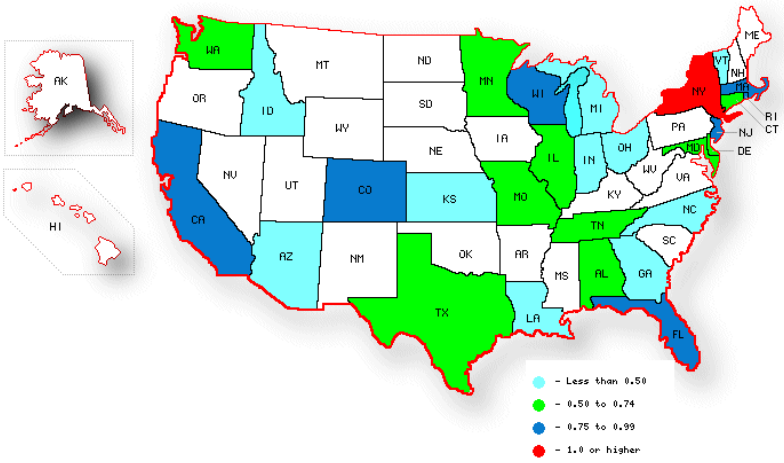
In contrast, Latinos are underrepresented among individuals who have contracted the virus in six states: New Mexico (23.7% of cases versus 49.1% in the population), Montana (1.9% versus 3.9%), Arkansas (4.5% versus 7.7%), Arizona (25.8% versus 31.6%), Texas (36.8% versus 39.6%), and Michigan (4.9% versus 5.2%). New Mexico, in particular, has been lauded for its early aggressive response to sheltering its population from the harm of the virus before other states did so.[6]

A Different Pattern Regarding Latino Deaths from Covid-19

Yet, a distinct portrait emerges when we examine fatalities associated with Covid-19. Of the 29 states that provide data on Covid-19 deaths for Latinos, only one (the state of New York excluding New York City) has greater Latino fatalities compared to their relative presence in the population (Figure 3). The percentage share of Latinos among people who have passed away from Covid-19 is 15% higher than their percentage share in the population of the state of New York *sans* New York City (13.5% of Covid-19 deaths were Latino versus 11.7% in the population). In New York City, Latinos are slightly underrepresented among the dead in comparison to their relative share in the population (27.4% of fatalities were Latino versus 29.2% in the overall population).

Still, despite Latinos faring relatively well across almost all states concerning their level of mortality, three states have ratios that approximate 1.0: Massachusetts (0.94:1 ratio; 11.6% of fatalities versus 12.3% in the overall population), Wisconsin (0.91:1; 6.3% versus 6.9%), and Florida (0.89:1; 23.1% versus 26.1%).

Figure 3. States by Level of Ratio of Percent Latino Covid-19 Deaths to Percent Latino Population
[States shown in white did not provide data for Latinos]



At first glance, it appears that the picture is half negative and half positive regarding how Latinos are faring to date in the Covid-19 pandemic: Latinos are more likely to be among the infected, but less likely to be among the dead.

The Issue of Age

To account for this mixed picture, we need to consider the age structure of the Latino population. Latinos nationwide are a youthful population with an overall median age of 29 compared to whites (median age of 43), Asians and Pacific Islanders (37), and African Americans (34). Just slightly more than one in five Latinos is 50 or older with one in 14 being 65 or older. In contrast, more than two in five whites are 50 and older and one in five is 65 or older. The evidence is clear that Covid-19 is most fatal for older individuals.[7] With a few exceptions relative to African Americans (Florida, Montana, and Utah), across all 39 states providing data on Latino Covid-19 cases and/or deaths, Latinos are younger than African Americans and particularly so in comparison to whites. It is likely, then, that the underrepresentation of Latinos among the fatalities of the virus are due to the youthfulness of the Latino population. In fact, even with their much older age structure, whites tend to be significantly underrepresented among persons who have contracted Covid-19 or who have lost their lives due to the virus.

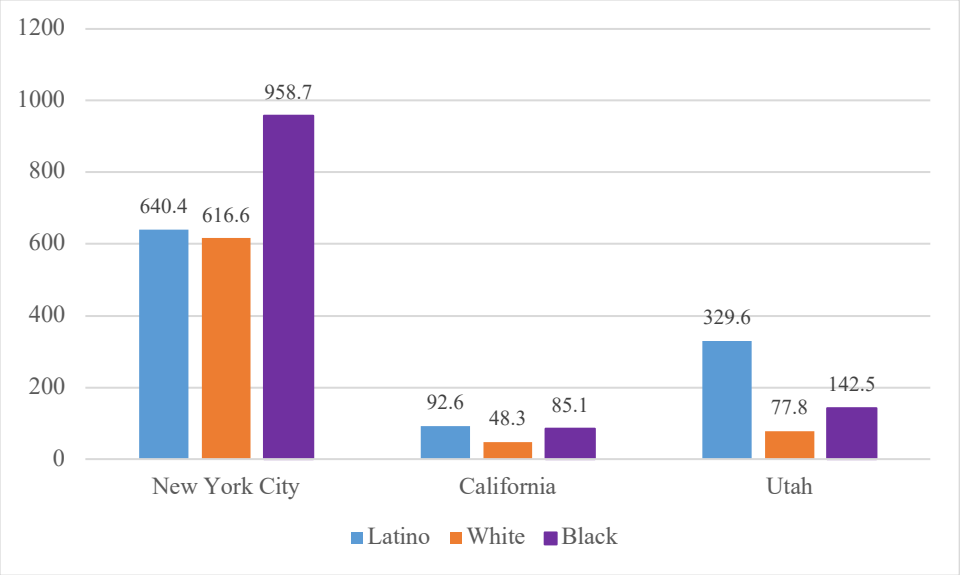
In fact, there are a few instances where data are available to adjust for age differences to obtain more accurate reflections of the ravage of Covid-19 on the Latino community.

More Detailed Data Shows Devastation of Covid-19 among Latinos

It is difficult to accurately compare the prevalence of death across two populations, say Latinos and whites, when they have very different age structures. The likelihood of death is strongly related to age with older individuals having a higher probability of dying than younger people, especially in the case of the Covid-19 virus. As noted above, whites have much larger segments of their population in older age categories than do Latinos. To adjust for age differences, demographers compute the age-adjusted death rate (AADR) to adjust for age differences between groups to assess their level of mortality assuming both groups have the same age structure.[8] The AADR represents the number of deaths per 100,000 persons in a given population. The same approach is used to compute the age-adjusted case rate (AACR) with the value referring to the number of Covid-19 infected cases per 100,000 people in a given population.

Age-adjusted case rates (AACRs) are available for New York City and for the state of Utah and I have used available age-specific case (and below death) data to compute the AACR (and below the age adjusted death rate, AADR) for California. As Figure 4 shows, in each of the three geographic areas, whites have the lowest level of contracting the Covid-19 virus. While the AACR of Latinos in New York City is just slightly above (4% higher) that of whites, Latinos have a Covid-19 case rate that is more than four times higher than that of whites in Utah and nearly twice as high in California. In addition, African Americans also have higher infection rates than do whites. Moreover, while the Covid-19 case rate of African Americans is the highest in New York City (959 persons infected per 100,000), Latinos actually have the highest infection rates in California and Utah.

Figure 4. Age-Adjusted Covid-19 Case Rates for Three Geographic Areas for Latinos, Whites, and Blacks
[Number of Covid-19 cases per 100,000 people]

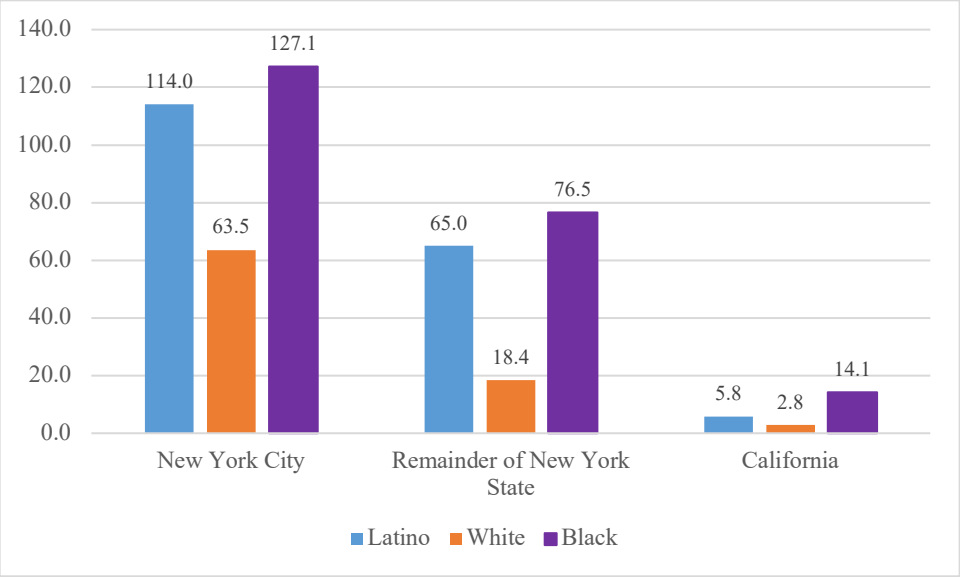


The results associated with taking age into account are particularly striking in the case of Covid-19 deaths. Given that whites represent a much older population than Latinos and somewhat older than blacks, we would expect, all else equal, that whites would be more likely to be among the fatalities of the Covid-19 virus. Is this actually the case?

Figure 5 shows the age-adjusted Covid-19 death rates for three geographic areas (New York City, the remainder of the state of New York excluding New York City, and California). In actuality, whites have much lower death rates than do Latinos and African Americans across the three locales. In addition, Latinos and blacks have death rates that are approximately twice as high as that of whites in New York City, more than twice as high in Utah, and 3.5 times higher in the case of Latinos and more than four times higher in the case of blacks in California. Note also that African Americans have the highest death rates across the three geographic settings.

Unfortunately, data for age-specific Covid-19 infections and deaths for racial and ethnic groups are not available for other states. As such, we have much less accuracy in the interpretation of the observed patterns based on the percentage distributions of Covid-19 cases and deaths presented above because it is difficult to interpret them due to age differences across racial and ethnic groups as well as, for that matter, states. The lack of age-specific data is notably problematic in the analysis of mortality.

Figure 5. Age-Adjusted Covid-19 Death Rates for Three Geographic Areas for Latinos, Whites, and Blacks
[Number of Covid-19 deaths per 100,000 people]



Other Data Limitations

Aside from the absence of age-specific data for the vast number of states, there are a variety of other data shortcomings. First, particularly troublesome is that many states (17) that have released data on Latinos do not allow us to distinguish Latinos from the non-Hispanic racial groups in which they classify themselves or are classified by others with respect to their race. Latinos can be of any race. The race data available in the 17 states include both Latino and non-Hispanic persons within the same racial category. Thus, in the 17 states, we cannot accurately compare Latino Covid-19 cases and deaths with those of the racial groups because the categories contain Latinos who are part of the given racial group with which they identify. This is especially troublesome in the case of the white racial category which is comprised of non-Hispanic whites *and* Latinos who identify themselves racially as white.

Second, there is undoubtedly a considerable amount of error in the designation of race and ethnicity (Hispanic/Latino identity) among those who are infected and particularly the deceased. The accuracy of such racial and ethnic classification is notably challenging given that family members are not allowed to stay with their hospitalized loved ones. As such, doctors, medical personnel, coroners, or funeral home personnel are likely to be identifying the race and ethnicity of the deceased, thus increasing inaccuracies.[9]

Third, across all states, significant proportions of persons who have contracted the virus or who have passed away from it do not have Hispanic/Latino identification information, thus limiting the reliability of data analysis, including my own, because the examination involves only those persons for which we know their race and ethnicity. Among states that provide data for Latinos, on average roughly one-third of Covid-19 cases have missing information on Hispanic/Latino identification as is the case for 15% of Covid-19 deaths.

Fourth, there are still a dozen states that do not provide any data for Covid-19 cases and deaths for Latinos. Among this list are states where Latinos make up a considerable portion of the overall population including Nebraska, Nevada, Oklahoma, Oregon, Pennsylvania, and Virginia.

Fifth, there continues to be difficulties getting access to COVID-19 tests, even more so in the earlier stages of the virus outbreak, and some people may not show noticeable symptoms.[10] These issues along with disparities related to health access undoubtedly are associated with an undercount in the number of infection cases and deaths from the Covid-19 virus.

Finally, there is a prospect of a timebomb that could potentially result in rising rates of infection and death among Latinos. In particular, Latinos being held in detention centers as well as those in jails and prisons are highly susceptible to wide outbreaks because of the extremely close living arrangements in such institutions.[11] Moreover, there are many Latinos who are designated as essential workers who are on the frontlines of the coronavirus pandemic, taking care of the sick and the elderly, cleaning buildings, working in construction, stocking shelves and serving as cashiers and baggers in grocery stores, and picking fruits and vegetables to put on our tables.[12] President Trump's executive order to open meatpacking operations in the midst of major Covid-19 outbreaks among the industry's workforce—much of it being Latino—is worrisome. These individuals are at risk of contracting the coronavirus especially when they do not have access to proper personal protection equipment (PPE).[13] We will undoubtedly observe an uptick of Covid-19 cases and deaths as states open up for business.

Conclusions

What do we know about COVID-19 infections and deaths among Latinos? We know that Latinos are disproportionately overrepresented among people who have contracted the Covid-19 virus, but underrepresented among people who have succumbed from the disease. However, what seems to be relatively good news regarding lower than expected deaths is due to Latinos being a youthful population with comparatively low portions of the population in older ages. In a few instances where data are available to adjust for age, Latinos actually have significantly higher death rates than whites.

We need to stress that the available data are far from perfect and a considerable portion of all infection cases and deaths have missing information on Hispanic/Latino identification, thus not being part of this analysis. In addition, the data used here are very preliminary, as they are subject to change with the daily updating of the existing information, and, unfortunately, with new infection cases and fatalities that will occur in the coming weeks and months. Hence, we need to be constantly monitoring the impact of the pandemic on the Latino community as data on the Covid-19 cases and deaths are amended and added. The portrait will undoubtedly be changing.

In the end, as states begin opening up for business and more people go back to work, it is important that we all take necessary precautions to keep ourselves, our loved ones, and our fellow human beings safe and healthy.

Rogelio Sáenz is professor in the Department of Demography at the University of Texas at San Antonio. He is co-author of the book "Latinos in the United States: Diversity and Change." Sáenz is a regular contributor of op-ed essays to newspapers and media outlets throughout the country.

Endnotes

[1] https://www.theguardian.com/world/2020/apr/08/its-a-racial-justice-issue-black-americans-are-dying-in-greater-numbers-from-covid-19

[2] https://urbanandracialequity.org/covid19equitableresponse/data-for-black-lives-covid-19-data-by-race/

[3] https://usa.ipums.org/usa/

[4] https://www.nytimes.com/2020/04/18/business/coronavirus-meat-slaughterhouses.html

[5] https://www.npr.org/sections/coronavirus-live-updates/2020/04/07/828873225/meat-processing-plants-suspend-operations-after-workers-fall-ill

[6] https://www.nytimes.com/2020/05/01/opinion/new-mexico-coronavirus-curve.html

[7] https://www.vox.com/2020/3/23/21190033/coronavirus-covid-19-deaths-by-age

[8] With the availability of age-specific deaths, demographers can compute the age-adjusted death rate (AADR) to adjust for age differences across groups or geographic units. The following steps are used to obtain the AADR with the use of deaths classified on the basis of age categories: 1) obtain the proportions of persons in different age categories for Group A and Group B that have died from the Covid-19 virus; 2) these age-specific death proportions are then applied to another population (I used the U.S. population in 2018 for the analysis)—referred to as the standard population—to determine the number of people across age groups in the standard population that would be expected to die based on the age-specific death proportions observed for Group A and Group B; and 3) the expected deaths across age groups for each of the two series of proportions (based on Group A and Group B) are summed for each group and divided by the total standard population and multiplied by 100,000, yielding the AADR, which is the number of deaths per 100,000 persons for Group A and Group B, respectively. This approach controls for age because it is assumed that both groups have the same age structure—i.e., that of the standard population.

[9] https://aspe.hhs.gov/report/understanding-disparities-persons-multiple-chronic-conditions-research-approaches-and-datasets/511-observer-bias-and-self-identification-raceethnicity

[10] https://www.upi.com/Health_News/2020/04/08/Testing-shortages-complicate-decisions-on-COVID-19-recovery/1211586288706/
https://www.propublica.org/article/theres-been-a-spike-in-people-dying-at-home-in-several-cities-that-suggests-coronavirus-deaths-are-higher-than-reported

[11] https://www.huffpost.com/entry/detained-immigrants-plead-for-coronavirus-protection_n_5e95677ec5b606109f5f741f

[12] https://nalcab.org/a-profile-of-the-latino-workforce/

[13] https://www.huffpost.com/entry/coronavirus-health-workers-gear-shortage_n_5e776283c5b63c3b64922bc7