

# Disparities in the COVID Crisis

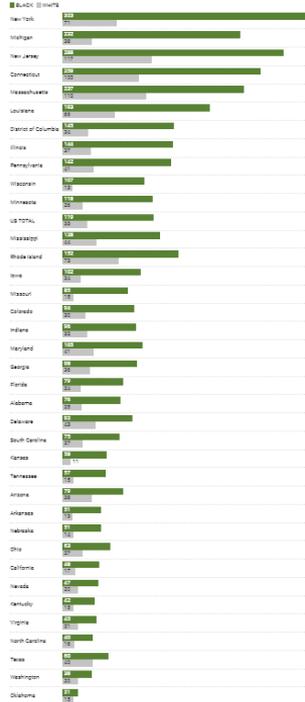
Prepared for Workplace Safety Issues and  
Workforce Issues

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August 20, 2020

White residents by state, sorted from the largest to smallest gap. Rates are calculated for all states with 13 or more deaths. In every state shown, Black mortality outpaces White mortality.

**Black vs White Americans: Age-adjusted COVID-19 mortality rates, through Aug. 18**  
Deaths per 100,000 of each group, for all U.S. states with available data, since 12 per 100,000 deaths have occurred for each group. Sorted from largest to smallest absolute disparity between Black and White.



Initial spreadsheet has been used. All additional deaths reported below the threshold of 12 per state have been used in the calculation of the U.S. total.  
Source: APH Research Lab. For the data - Created with Datawrapper

Amp Research Lab Staff, **THE COLOR OF CORONAVIRUS: COVID-19 DEATHS BY RACE AND ETHNICITY IN THE U.S.,**

<https://www.apmresearchlab.org/covid/deaths-by-race>

# CDC Study of adult cases in Georgia

- 305 patients from 7 hospitals in metropolitan Atlanta and one community hospital in southern Georgia over age 18 with laboratory-confirmed COVID-19 during March 1 – March 30, 2020
- Median Age 60
- 83.2% were Black (compared to 47% of all patients)
- 73.8% had conditions considered high-risk for severe COVID-19

# Comorbidity factors in Georgia study

- Diabetes was documented in 39.7% of patients
  - BUT WAS NOT SIGNIFICANTLY MORE COMMON IN BLACK THAN NONBLACK PATIENTS
- Cardiovascular disease was documented in 25.6% of patients
  - PREVALENCE WAS SIMILAR IN BLACK AND NONBLACK PATIENTS

# Only hypertension (not considered a high-risk condition) showed racial differences

- Chronic lung disease was documented for 20.3% of patients
  - Asthma in 10.5% of patients
  - Chronic obstructive pulmonary disease in 5.2% of cases
  - NO SIGNIFICANT DIFFERENCES BY AGE OR RACE
- Severe obesity (BMI>40) present in 12.7% of patients
  - DID NOT DIFFER SIGNIFICANTLY BY RACE
- Only Hypertension, 67.5% of patients, was more common among Black versus nonblack patients

# Key outcome variable

- THE FREQUENCY OF Invasive Mechanical Ventilation AND FATALITY DID NOT DIFFER BY RACE
- 25% OF PATIENTS HAD NO HIGH-RISK CONDITIONS, BUT 5% OF THESE PATIENTS DIED

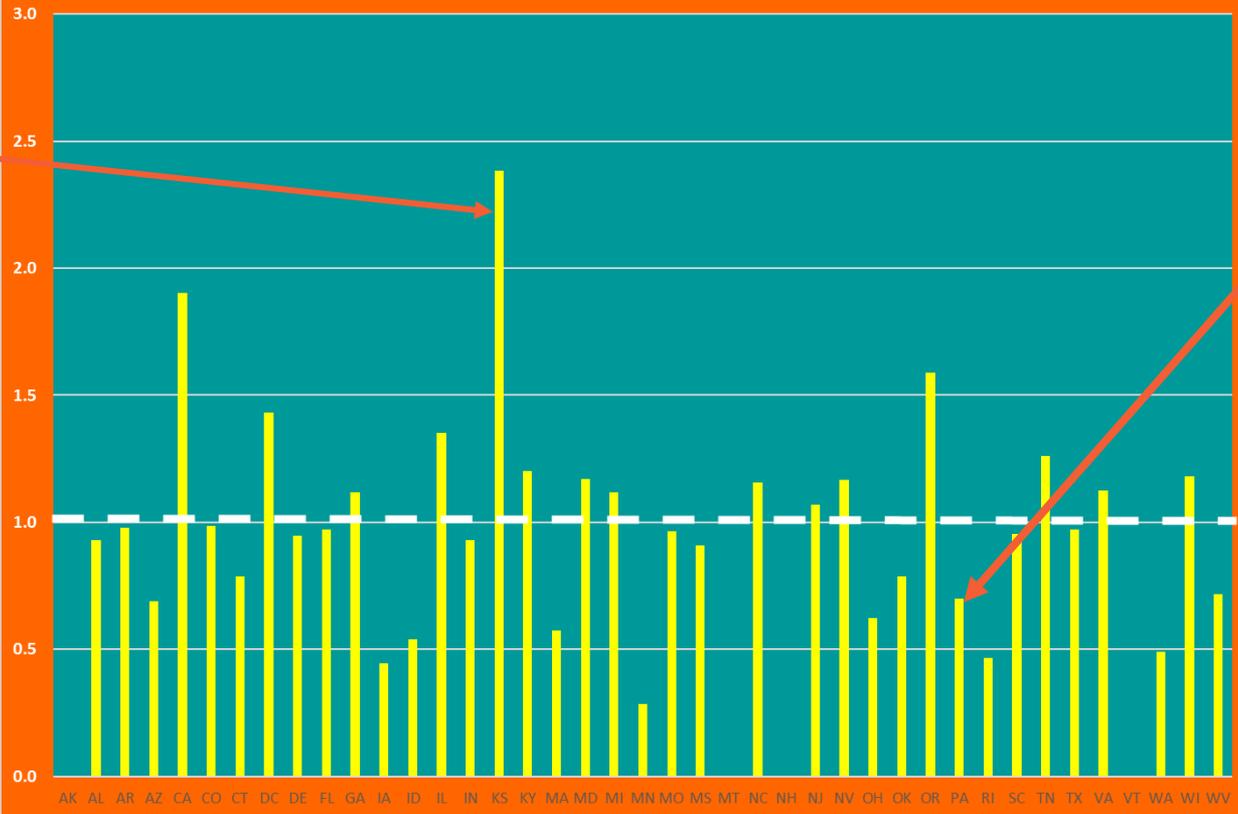
Source: Gold JA, Wong KK, Szablewski CM, et al. Characteristics and Clinical Outcomes of Adult Patients Hospitalized with COVID-19 — Georgia, March 2020. MMWR Morb Mortal Wkly Rep 2020;69:545–550. DOI: <http://dx.doi.org/10.15585/mmwr.mm6918e1>

# Blacks are more likely to get COVID is key

- COVID is more prevalent in the Black community
- But, in most states, while Blacks are a high share of COVID cases, they are a lower share of deaths compared to the share of cases
- If Black deaths were an issue of Blacks surviving COVID, then at worst they would be the same share of COVID cases as they are of deaths
- But, if Blacks are a smaller share of deaths from COVID than they are of those with the disease, that can only be because they are not more likely to die if they catch COVID

## Share of Black Deaths/Share of Black Positive COVID Cases

As of May 31, 2020



In states, like Kansas, Blacks make up a much higher share of those who die from COVID (above the white dashed line at 1.0) than among those who catch COVID, meaning they are more likely to die from COVID

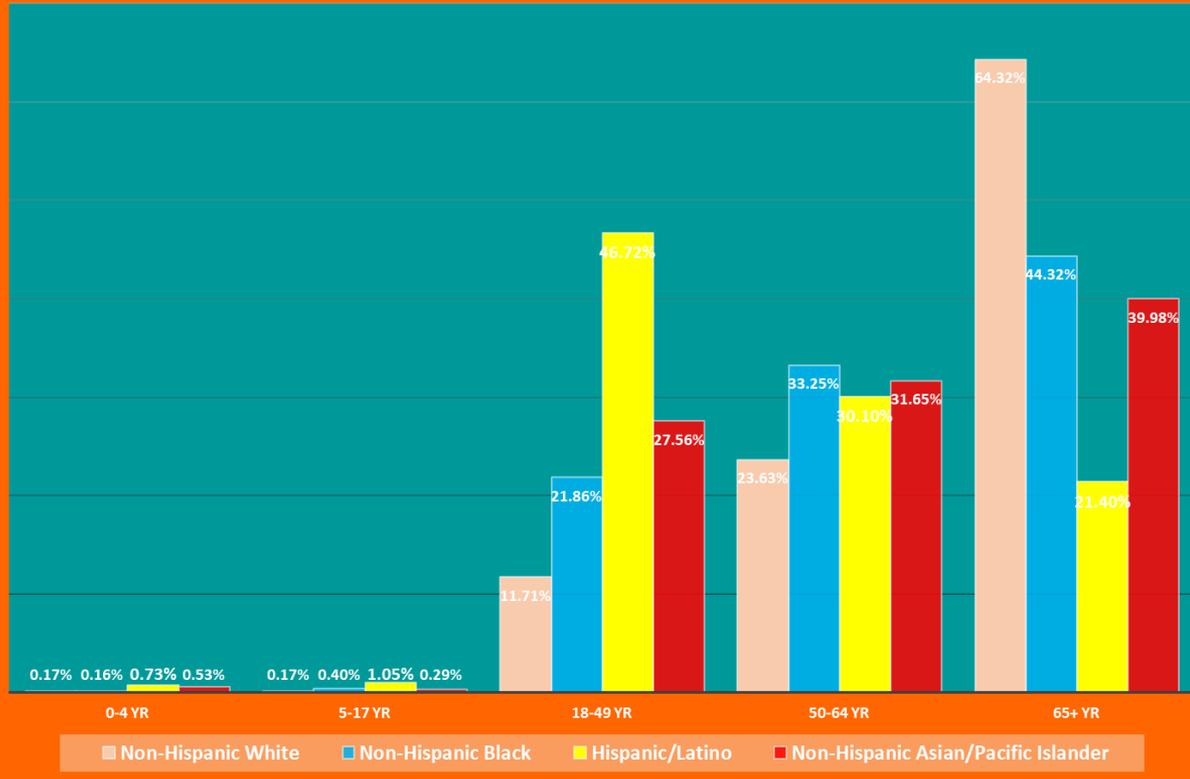
In states, like Pennsylvania, Blacks are a much lower share of those who die from COVID compared to those who catch COVID (below 1.0)

Source: <https://covidtracking.com/race/dashboard>

# For Black and Latinos COVID is a worker problem

- COVID incidence is much greater among working age Black and Latino populations than among whites
- Black and Latino workers are over-represented in those professions at great risk because they interact with the public or work in close proximity of other workers
- And, because they are low wage workers who feel greater pressure to work, even if they are not well
- And, especially for Latino workers, the rise in unemployment has unearthed they lack access to health insurance as a safety-net

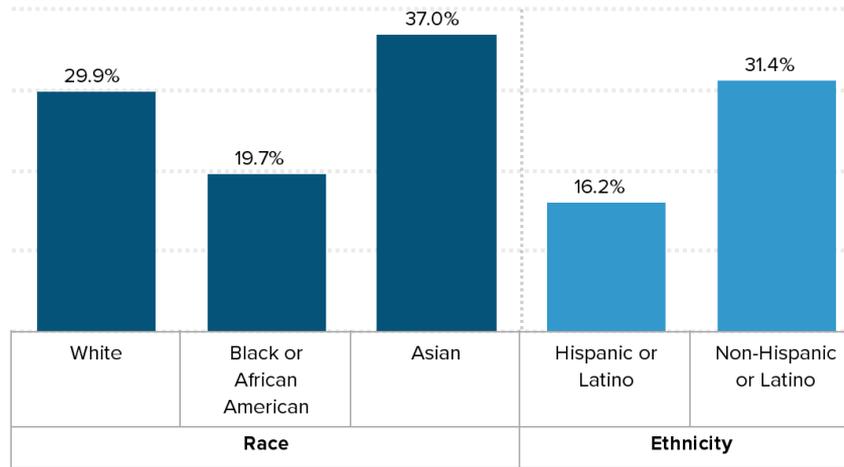
## Laboratory-Confirmed COVID-19-Associated Hospitalizations by Age and Race/Ethnicity as of May 23, 2020



Source: [https://gis.cdc.gov/grasp/COVIDNet/COVID19\\_3.html](https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html)

## Less than one in five black workers and roughly one in six Hispanic workers are able to work from home

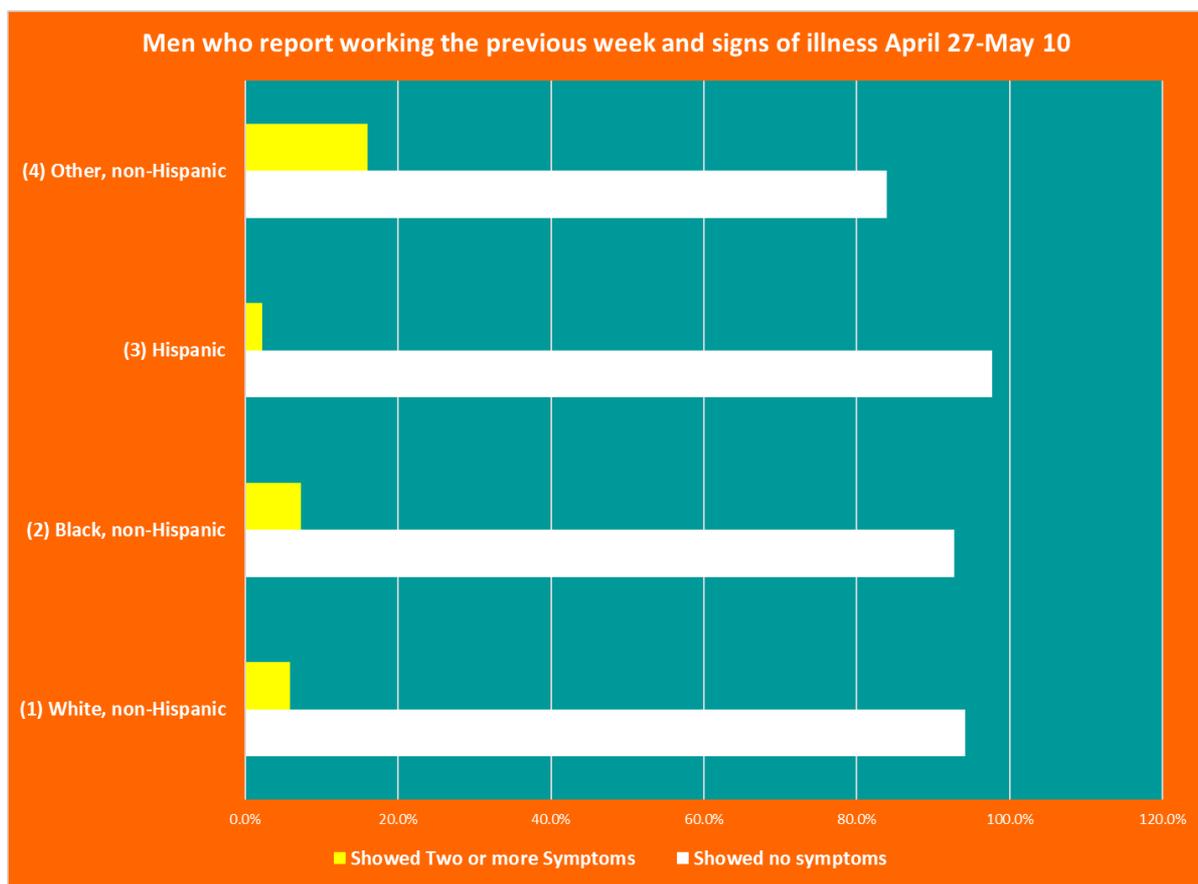
Share of workers who can telework, by race and ethnicity, 2017–2018



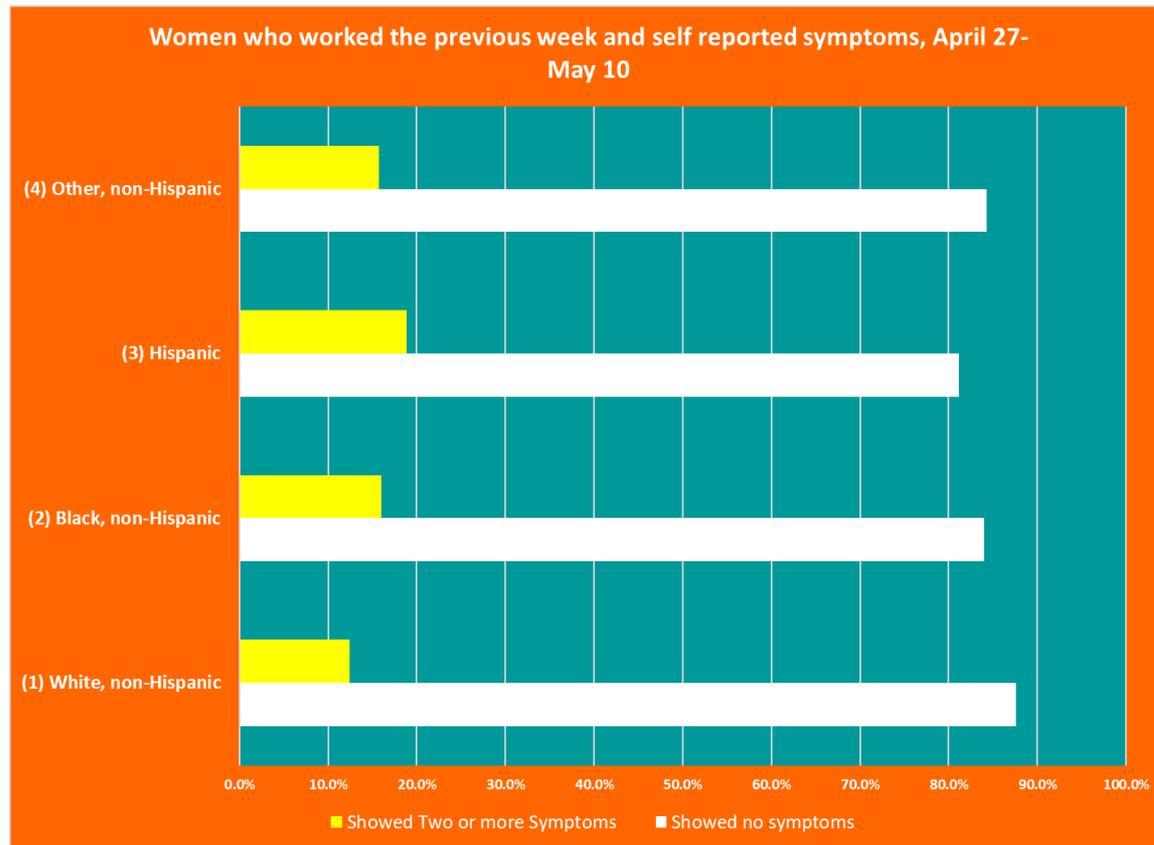
**Source:** U.S. Bureau of Labor Statistics, *Job Flexibilities and Work Schedules — 2017–2018 Data from the American Time Use Survey*

Economic Policy Institute

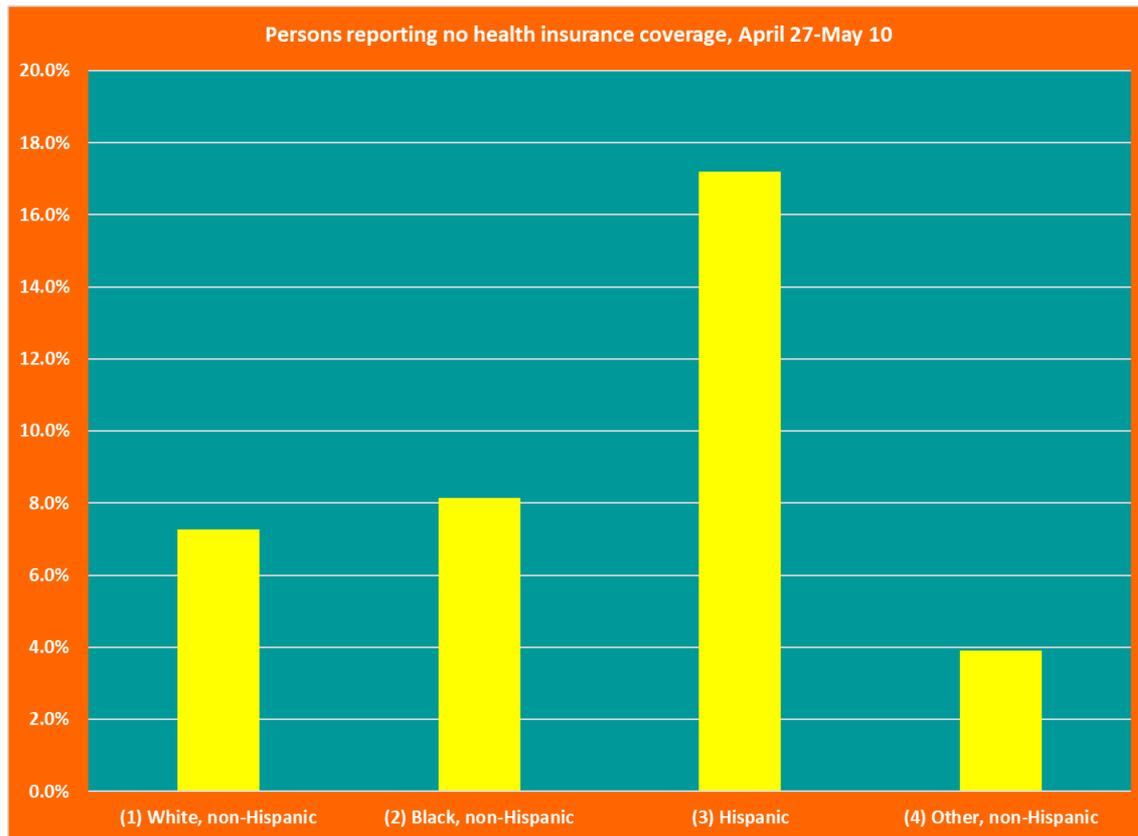
Gould and Shierholz, Not everybody can work from home: Black and Hispanic workers are much less likely to be able to telework, Economic Policy Institute <https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/>



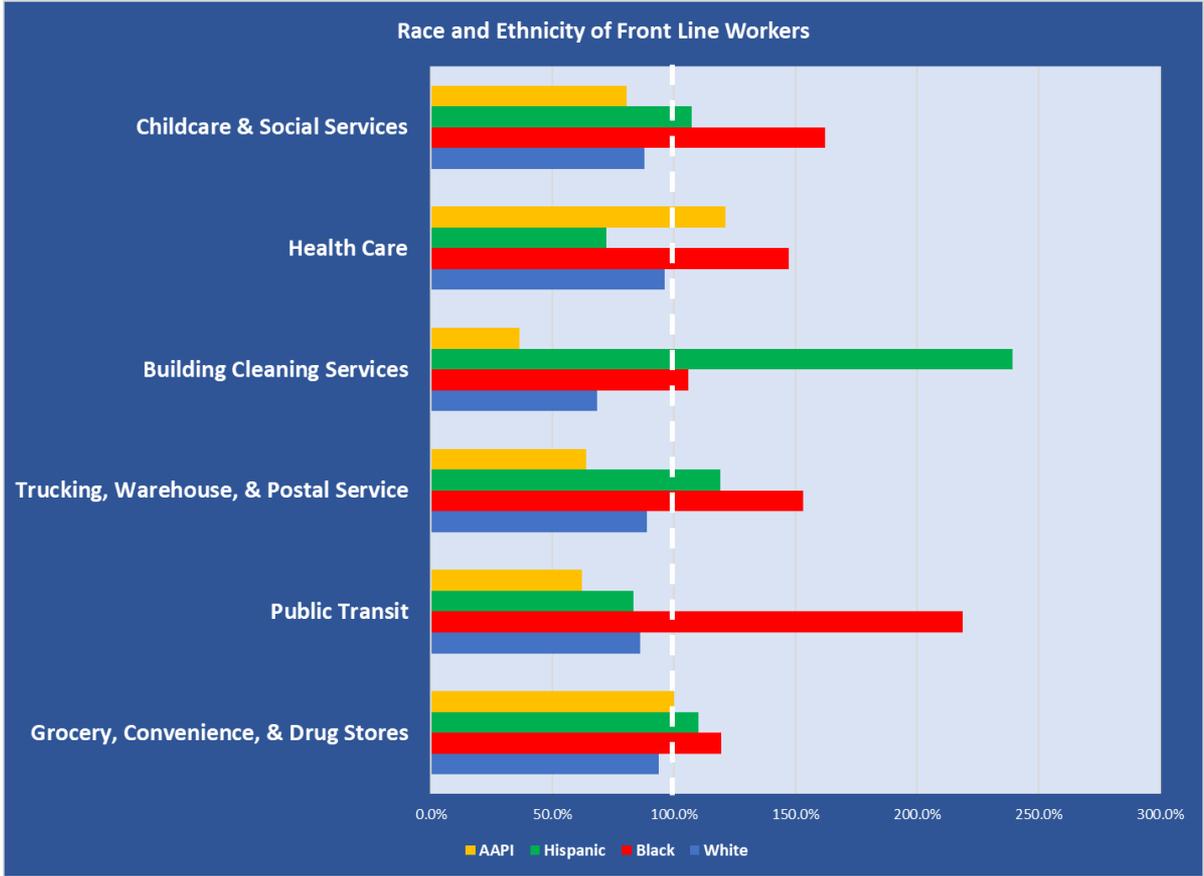
Source: Calculations by Browne and Spriggs using *Abigail Wozniak, Joe Willey, Jennifer Benz, and Nick Hart. COVID Impact Survey: Version 1 [dataset]. Chicago, IL: National Opinion Research Center, 2020.*



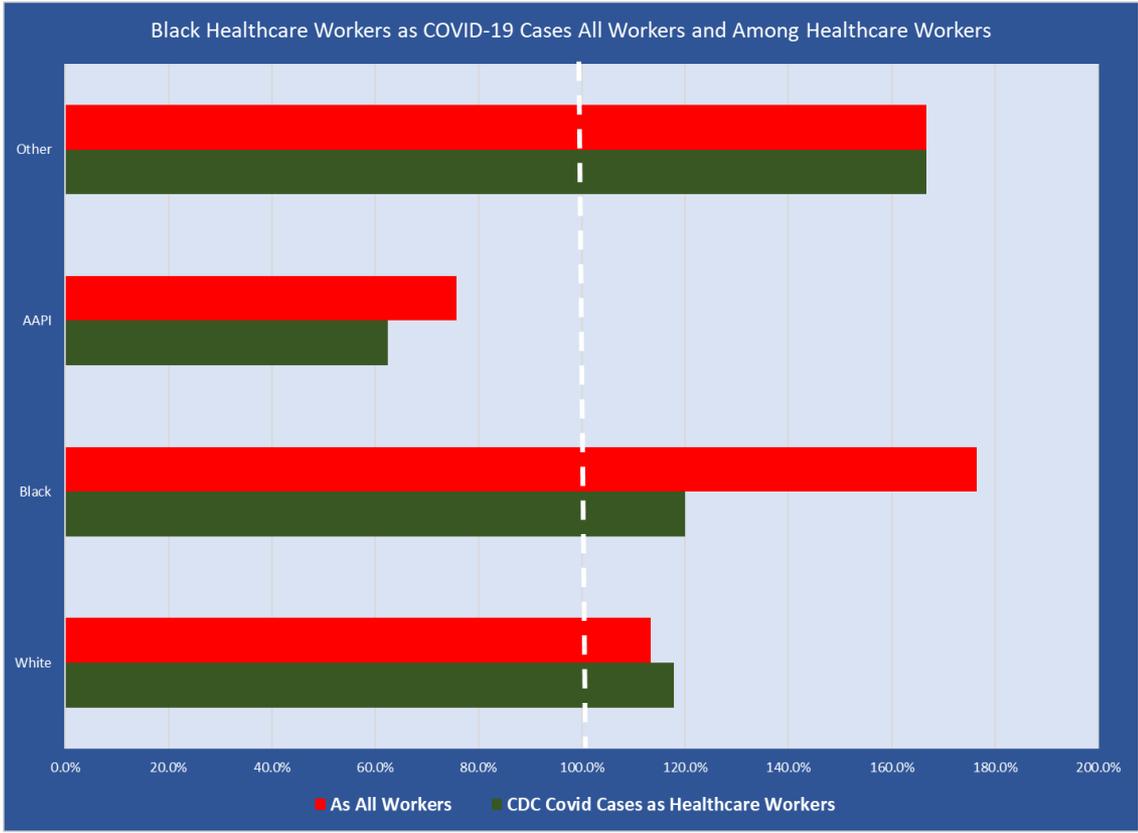
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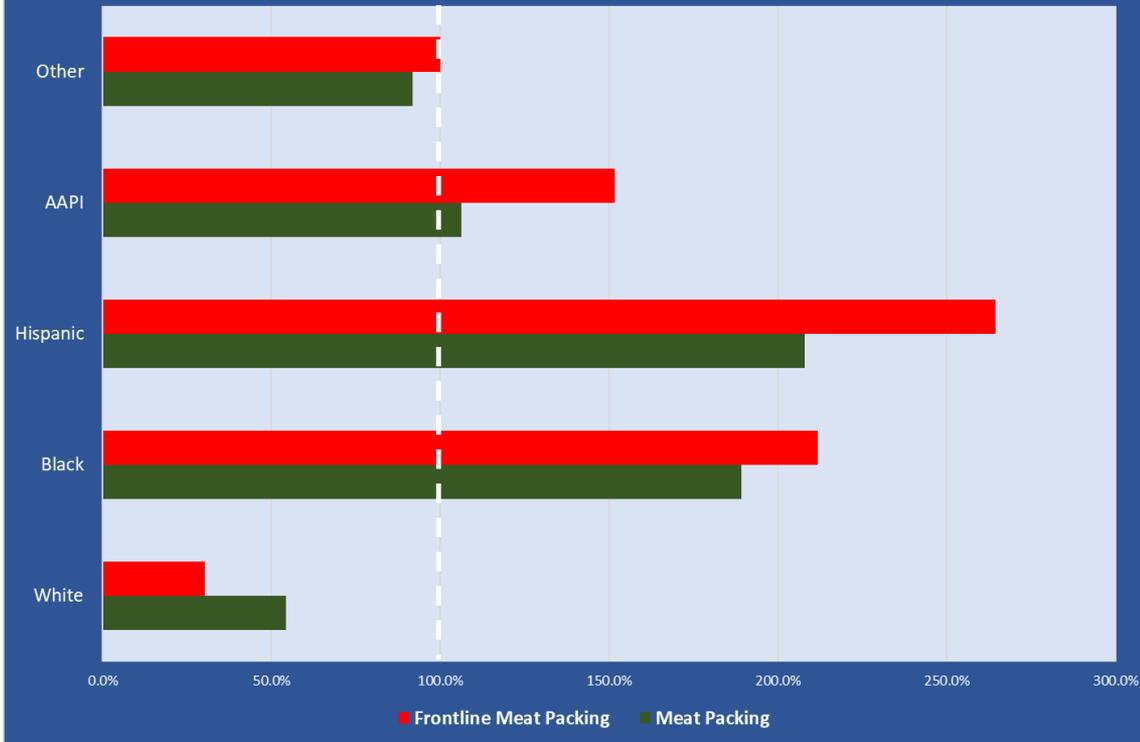


Source: Rho, Brown and Fremsted, A Basic Demographic Profile of Workers in Frontline Industries, Center for Economic Policy and Research, <https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/>



Source: Characteristics of Health Care Personnel with COVID-19 — United States, February 12–April 9, 2020. MMWR Morb Mortal Wkly Rep 2020;69:477–481. DOI: <http://dx.doi.org/10.15585/mmwr.mm6915e6external> icon

### Race and Ethnicity of Meat Packing Workers compared to their share of the Total Workforce



Source: Fernstad, Rho and Brown, MEATPACKING WORKERS ARE A DIVERSE GROUP WHO NEED BETTER PROTECTIONS, <https://cepr.net/meatpacking-workers-are-a-diverse-group-who-need-better-protections/>

# An embarrassing lack of data

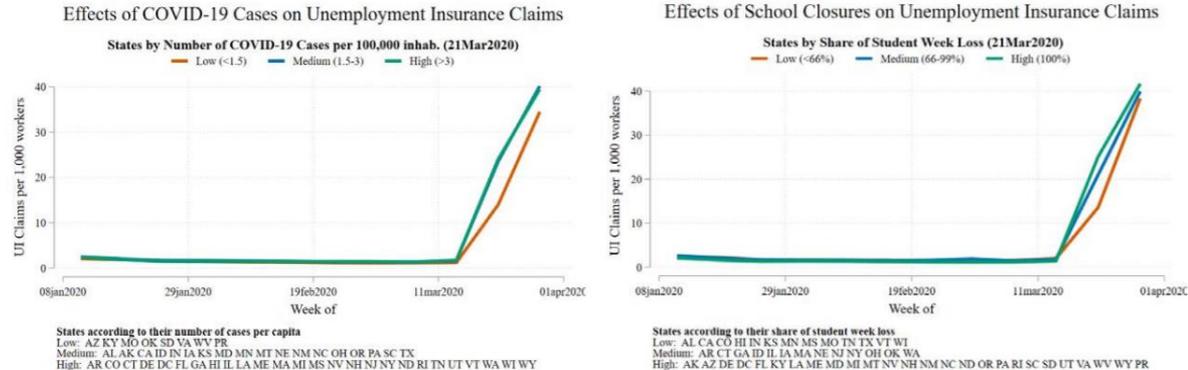
- Given the spread of COVID in workplaces, this from the Center for Disease Control is shocking

Among 315,531 U.S. COVID-19 cases reported to CDC during February 12–April 9, data on HCP occupational status were available for 49,370 **(16%)**, among whom 9,282 **(19%)** were identified as HCP

The findings in this report are subject to at least four limitations. **First, not all states with COVID-19 cases in meat and poultry facilities submitted data for this report.** Second, differences in case counts and percentage of workers with COVID-19 are affected by the testing strategies employed, with more infected workers identified in settings with more testing. As a result, data provided on worker infections should not be interpreted as the prevalence of infection for all meat and poultry facility workers. Third, lag time in reporting to the local and state health departments also affects the counts reported, as does the time from disease onset to death in fatal cases. Finally, widespread community transmission in some settings makes determining the source of exposure and infection difficult.

# The dominant effect of rising COVID infections drove the spike in UI claims much more than school closure policies

Figure 1. Time trends in New Unemployment Insurance Claims by COVID-19 Cases and School Closures.



Panel A and Panel B of Figure 1 show time trends in new Unemployment Insurance (UI) claims grouped by state COVID-19 infection rates and school closures. The horizontal axis shows weeks since January 1st, 2020, and the vertical axis is the log number of unemployment insurance claims per 1,000 workers. Each panel reports time trends for three groups. In Panel A, states are divided into those with a low, medium, or high number of COVID-19 cases per capita as of March 21<sup>st</sup>. Panel B splits the states into low, medium, and high groups based on the share of school time students lost during the corresponding week due to school closures as of March 21<sup>st</sup>. The time trends, in both panels, spike in correspondence of the fourth week of March (22-28 March). The steepness of the spike appears sharpest for states with the earliest school closure and highest per capita COVID-19 cases.

Source: Roja, Jeing, Montenovo, et. al. IS THE CURE WORSE THAN THE PROBLEM ITSELF? IMMEDIATE LABOR MARKET EFFECTS OF COVID-19 CASE RATES AND SCHOOL CLOSURES IN THE U.S., NBER Working Paper 27127

<https://www.nber.org/papers/w27127.pdf>