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COVID-19 and Latinos in Massachusetts

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THE MAURICIO GASTON INSTITUTE
FOR LATINO COMMUNITY DEVELOPMENT
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Introduction

Although much is still unknown about COVID-19, it is clear that the social and economic contexts in which we live and work are shaping the distribution of COVID-19 related morbidity and mortality in the United States and elsewhere.¹ These social and economic contexts, known as the social determinants of health, are the “conditions in the environments in which people are born, live, learn, work, play, worship, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.”² Thus, it is not surprising that among other determinants we have witnessed significant disparities in the incidence, and outcomes of COVID-19 by race and ethnicity, income, housing conditions, types of employment, and access to health care.

When we consider the evolution of COVID-19 in Massachusetts, it is also not surprising that Black and Latino populations have experienced disproportionate effects. From February 1, 2020, when Massachusetts identified its first COVID-19 case, to June 16, 2020 more than 105,000 cases of COVID-19 were reported by the Massachusetts Department of Public Health.³ Because COVID-19 testing has been performed by a variety of private firms, the race and ethnicity of these cases are not always identified (despite a state mandate that this data must be collected). As a result, the race and ethnicity of 35% of COVID-19 cases are unknown in Massachusetts. Of the known cases, however, the racial-ethnic disproportionality is evident: among Blacks and Latinos, the incidence of COVID-19 dramatically surpasses their representation in the population. Cases among Blacks account for 14.4% of the total cases while they account for 7% of the state’s population, while Latinos (who make up 12.3% of the state’s population) account for 30% of all COVID-19 cases.⁴

Disparities in the death rates among Blacks and Latinos are harder to determine because of even greater inconsistency of reporting in cases that result in death: 45% of the COVID-19 deaths reported by the Department of Public Health have an unknown race and ethnicity. Of those where race and ethnicity data are known, the breakdown of deaths is different from the breakdown of total cases. Among both whites and Asians, their share of deaths surpasses their representation among COVID-19 cases. In contrast, the opposite is true among both Blacks and Latinos – their share of deaths is smaller than their representation among COVID-19 cases. Although better race and ethnicity data is needed from the MA-DPH to better understand the mortality and infection rates from COVID-19 of different racial-ethnic groups, from available data we can surmise that both Latinos and Blacks are more likely to be infected by the Coronavirus but less likely to die from their exposure to it.

¹ Gaston Institute (2020) COVID Dashboard; Barron-Lopez (2020); Lazar & Prignano (2020).

² World Health Organization (2020).

³ Massachusetts Department of Public Health (2020); Gaston Institute (2020).

⁴ Lazar & Prignano (2020); Massachusetts Department of Public Health (2020).

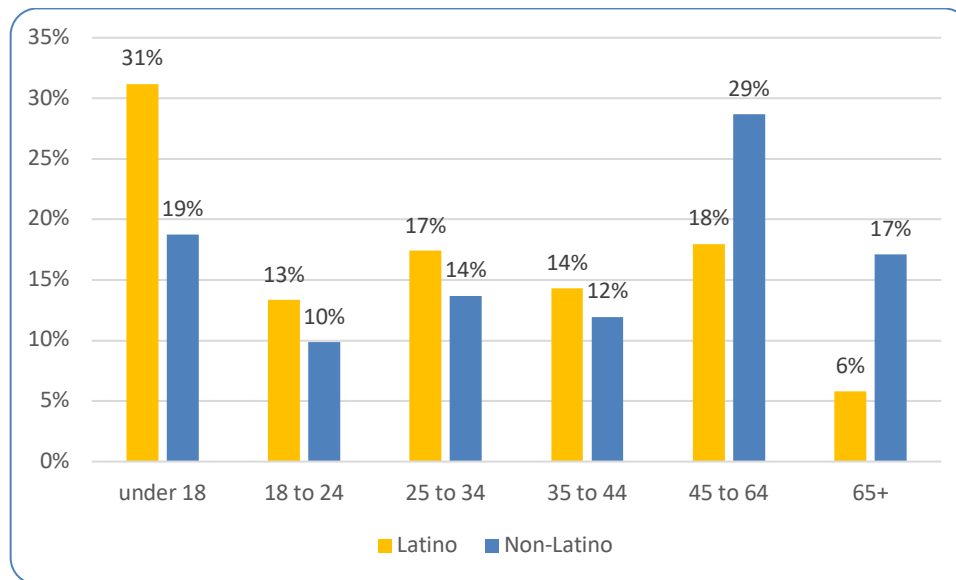
Table 1: MA COVID-19 Cases & Deaths by Race & Ethnicity

	Proportion of MA Population (Total=6.893M)	Proportion of COVID-19 cases (total=105,885)	Proportion of Deaths from COVID-19 (total=7406)		Proportion of MA Population (Total=6.893M)	Proportion of COVID-19 cases (total=105,885)
Asian	6.5	2.0	2.7	Asian	6.5	2.0
Black	6.8	9.4	8.2	Black	6.8	9.4
Latino	12.0	19.0	6.8	Latino	12.0	19.0

MA-DPH Dashboard June 16, 2020 and 2014–2018 American Community Survey (PUMS)

The lower proportion of Latino death in relation to higher proportion of COVID-19 cases may be related to the Latino age profile in Massachusetts. Deaths from COVID-19 are highest among the population 65 years and older, and this age group is only 6% of Latinos compare to 17% of Non-Latinos.

Figure 1: Age Profile



This report focuses on the Latino population of Massachusetts and uses 2014–2018 American Community Survey (ACS) demographic data to explore both Latinos’ vulnerability to COVID-19 infection and the key predictive factors. We explore what is known about the social determinants of health previously identified as critical to understanding the spread and differential infection rates of COVID-19 across populations—for example, opportunities for infection due to employment and housing conditions—and how these apply to the Latino population in Massachusetts. We also briefly explore those factors that lead to COVID-19 severe illness and possibly death from the disease, including the age of the population, the existence of underlying health conditions, and access to health care. We conclude with some recommendations for public policies and further research needed to address the health inequities laid bare by the COVID-19 crisis.

Latinos in Massachusetts

The American Community Survey (ACS) estimates that 846,965 Latinos resided in Massachusetts in 2018, accounting for 12.3% of the state’s population. (The Gastón Institute estimates that the Latino population will grow to over 1 million by 2030, and by then compose nearly 15 percent of the state’s population.) Between 1980 and 2017, the Latino population increased by 475%, with many new arrivals coming from Central and South America. The top ten largest Latino subgroups by population size are: Puerto Ricans, Dominicans, Brazilians, Salvadorans, Guatemalans, Mexicans, Colombians, Cubans, Ecuadorans, and Hondurans.⁵ These Latino ethnic subgroups are characterized by important cultural differences and disparities in quality of life, health outcomes, educational attainment and median household income.⁶

Latinos (36%) are more likely to be foreign born than are non-Latinos (15%). Latinos make up 48% of unauthorized immigrants in Massachusetts. Approximately 528,324 of Massachusetts residents ages 18 and over speak English less than “very well”.⁷ Roughly 10% of the adult population in MA does not speak English well, so multilingual accessibility is needed to address the COVID-19 treatment and prevention.

Table 2: Unauthorized Immigrants by Latino Countries

Country	Unauthorized Immigrants	Share
Brazil	31,630	17%
El Salvador	16,146	9%
Colombia	11,754	6%
Dominican Republic	11,201	6%
Guatemala	7,198	4%
Ecuador	3,742	2%
Mexico	2,628	1%
Honduras	1,915	1%
Venezuela	1,578	1%
Non-Latino	96,942	52%
Massachusetts	184,734	

Source: Center for Migration Studies, 2018⁸

⁵ The Gastón Institute counts Brazilians as Latinos (Granberry & Valentino, 2020). See the debate “Who is Hispanic?” (Hugo-Lopez, Krogstad, & Passel, 2019). Summary: Brazilians are not “Hispanics” because their official language is Portuguese; Brazilians are “Latinos” because Brazil is part of Latin America.

⁶ Rivera (2019); Granberry & Mattos (2019); Uriarte, et.al. (2003).

⁷ Boston Planning and Development Agency (2019).

⁸ Center for Migration Studies (2018).

In Massachusetts, Latino median household income is approximately half of that of non-Latinos, and over a quarter of Latinos live below the federal poverty threshold. The poverty rate for Latinos in Massachusetts is extremely high: 26% compared to non-Latinos, 8%. For children, the disparity is even larger with 31% of Latino children living in poverty compared to 9% of non-Latino children. There is also a severe income disparity between Latinos and non-Latinos. Statewide, Latino median household income, \$41,019, is barely half of the non-Latino median household income, \$81,585.

Table 3: Household Income

	Latino	Non-Latino
Median Household Income	\$41,019	\$81,585
Below Poverty Threshold	26.6%	8.7%

Source: 2014–2018 American Community Survey (PUMS)

Health Insurance Coverage

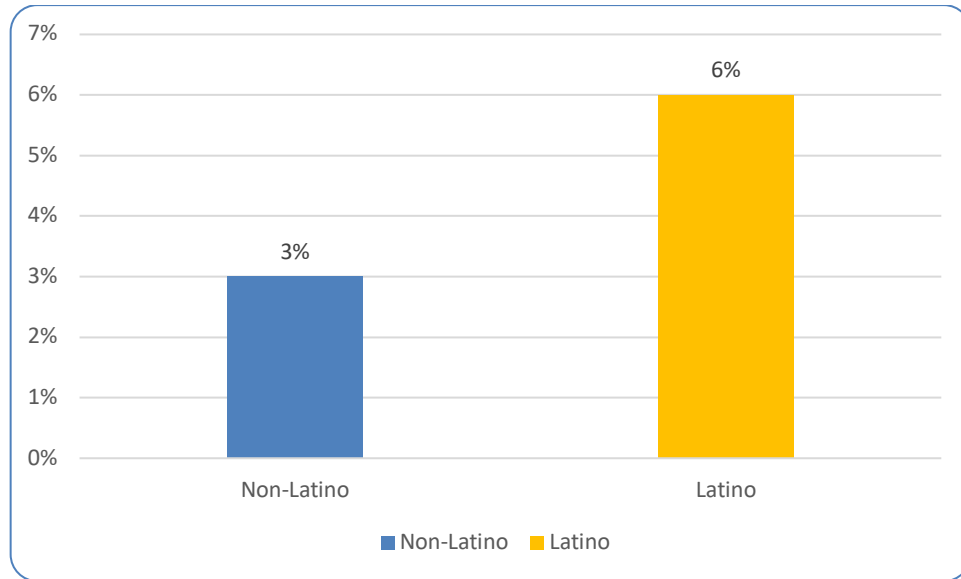
Latinos are less likely to have health insurance than non-Latinos. Lack of health insurance could hinder a person’s decision to get testing and treatment for COVID-19 illness. In other words, even though Latinos account for a disproportionately high percentage of COVID-19 cases, the percentage may be artificially low because of reluctance to get tested.

Along the same lines, a regulation enacted by the Trump Administration in 2019, singling out immigrants who are deemed likely to become “public charges,” is another deterrent to testing for the virus. Gastón Institute research has found that the rule change disproportionately affects U.S. citizen Latino children, as well as Latino non-citizens in Massachusetts, particularly in the 16 cities in which they are concentrated.⁹ The fear of this public charge requirement could prevent some Latinos from seeking testing or COVID-19 medical care. According to Eva Millona, president of the Massachusetts Immigrant & Advocacy Coalition many immigrants are essential workers who are “too fearful of deportation or losing the chance to become citizens to get tested.”¹⁰

⁹ Torres-Ardila, Granberry, Gomez, & Pulos (2018).

¹⁰ Lazar & Prignano (2020).

Figure 2: Persons without Health Insurance.



Source: 2014–2018 American Community Survey (PUMS).

Population Distribution across Massachusetts

Population density raises the probability of a person’s exposure to the COVID-19 virus. Over half of the state’s Latino population lives in 10 densely populated cities and towns in Massachusetts. Chelsea is the state’s second-most densely populated city, and with 7,537 cases per 100,000 has the highest rate of COVID-19 cases in the state.¹¹ Lawrence (3,786), Lynn (3,472), and Revere (2,792) are among the Top Ten Massachusetts cities with the highest number of cases in the state. (The statewide average is 1,551 per 100,000 population.)

¹¹ Garcia (2020a, 2020b); Kowalczyk & Greenberg (2020); Gaston Institute (2020) COVID Dashboard. <https://www.umb.edu/gastoninstitute/research>

Table 4: Top 10 Latino Cities and Towns by COVID-19 Case Rate.

City or Town	Latino Population	Population Density/ Square Mile	COVID-19 Cases per 100,000
Chelsea	26,645	17,139	7,537
Lawrence	64,080	10,747	3,786
Lynn	38,828	8,087	3,472
Revere	17,526	8,656	2,792
Worcester	39,507	4,817	2,620
Lowell	20,927	7,657	2,359
Holyoke	21,054	1,768	2,128
New Bedford	19,152	4,701	2,000
Boston	133,893	13,597	1,958
Springfield	69,131	4,673	1,674

Source: 2014–2018 American Community Survey and MA-DPH as of June 10, 2020

Essential Occupations Providing Services during the COVID-19 Crisis

Latinos made up 12% of all employed workers in the state before the COVID crisis began. During the COVID-19 crisis, many higher-income workers can work from home, while lower-income workers in many service-related occupations continue to leave their homes to go to work. Latinos work in critical occupations providing essential services during the COVID-19 shutdown, and they fill a disproportionate share of many of these jobs (Table 5).

Many Latinos are also entrepreneurs and the long-term economic impact of the COVID-19 on Latino-owned businesses remains to be seen. In the past decade, Latinos nationwide have launched more small businesses than any other demographic group, and these businesses contribute nearly \$500 billion to the U.S. economy. In Massachusetts there were 26,474 Latino-owned businesses, making up 7% of the state’s small business owners. In Boston alone, the share of privately held firms owned by Latinos grew by 60 percent from 2007 to 2012.¹² However, Latino business owners are not benefitting proportionately from COVID-relief technical and financial assistance programs such as the Payroll Protection Program loans.¹³ According to one study, 86% of Latino small business owners reported significant negative impact on their businesses because of COVID-19 closures and two-thirds of Latino business owners reported they might have to close their businesses within six months.¹⁴

Small businesses like *bodegas* have played a critical role in feeding Latino families, especially in neighborhoods where there are no major supermarket chains. According to Jonathan Shaer, executive director of the New England Convenience Store & Energy Marketers Association: “They [bodegas] always have what you need,” and “they stay open in the face of added risk.”¹⁵

¹² Boston Foundation (2019).

¹³ Patterson (2020).

¹⁴ Stanford Latino Entrepreneurship Initiative (2020).

¹⁵ Stanford Leadership Entrepreneurship Initiative (2020).

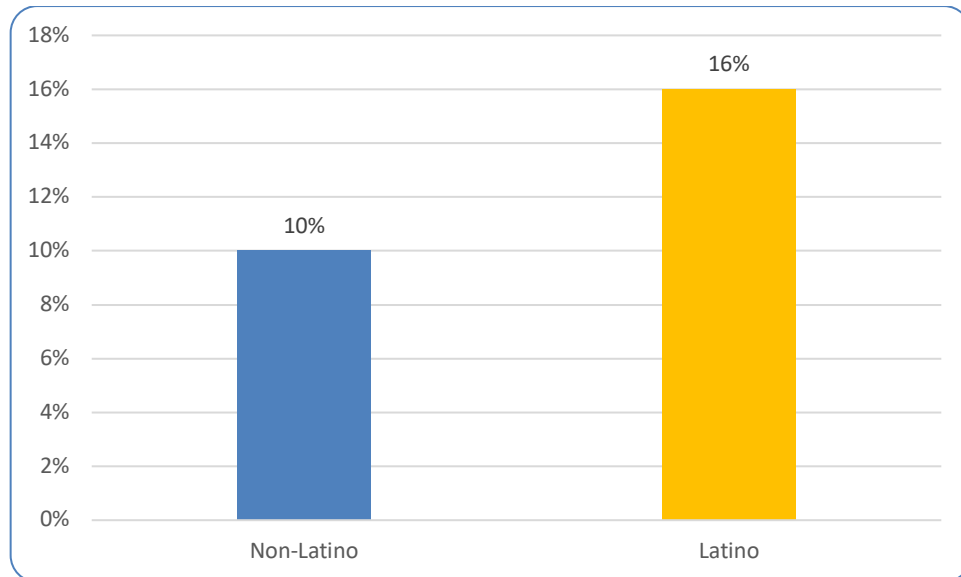
Table 5: Occupations with Highest Number of Latino Workers

Occupation	Latino	Non-Latino	Latino Share
Food Preparation and Serving Related	38,716	157,990	20%
Transportation and Material Moving	32,607	159,822	17%
Healthcare Support	23,035	104,015	18%
Personal Care and Service	11,977	95,513	11%
Healthcare Practitioners and Technical	12,346	228,188	5%

Source: 2014–2018 American Community Survey (PUMS)

For those Latinos who are working, not only do they encounter people in the workplace, but transportation is needed to arrive at the workplace. Public transportation is not conducive to physical distancing guidelines. Larger shares of Latinos depend on public transportation to get to work than non-Latinos.

Figure 3: Use of Public Transportation to Workplace



Source: 2014–2018 American Community Survey (PUMS)

Household Characteristics

One way that families deal with high housing costs in Massachusetts is to have a larger household size and share rental expenses with other individuals. Larger household size increases the possibility of exposure to COVID-19. Latinos in Massachusetts not only live in more densely populated cities and towns, but they also live in more crowded households. The average Latino household size is 3.31 compared to 2.55 for non-Latinos, and over 52% of Latinos live in households with four or more people.

Table 6: Average Household Size

Number of People in Household	Latino	Share	Non-Latino	Share
1	80,996	10.3%	914,368	15.1%
2	132,109	16.7%	1,647,987	27.3%
3	162,810	20.6%	1,187,689	19.7%
4	192,642	24.4%	1,310,202	21.7%
5	115,891	14.7%	609,836	10.1%
6	57,657	7.3%	234,997	3.9%
7	26,158	3.3%	79,890	1.3%
8	13,419	1.7%	30,205	0.5%
9	3,207	0.4%	11,246	0.2%
10 or more	4,127	0.5%	14,775	0.2%
Total Population	789,016		6,041,195	
Average Number of Bedrooms	2.4		2.7	
Average Household Size	2.9		2.4	
Median Rent	\$1,040		\$1,220	

Source: 2014–2018 American Community Survey (PUMS)

Comorbidities that Increase Risks of COVID-19

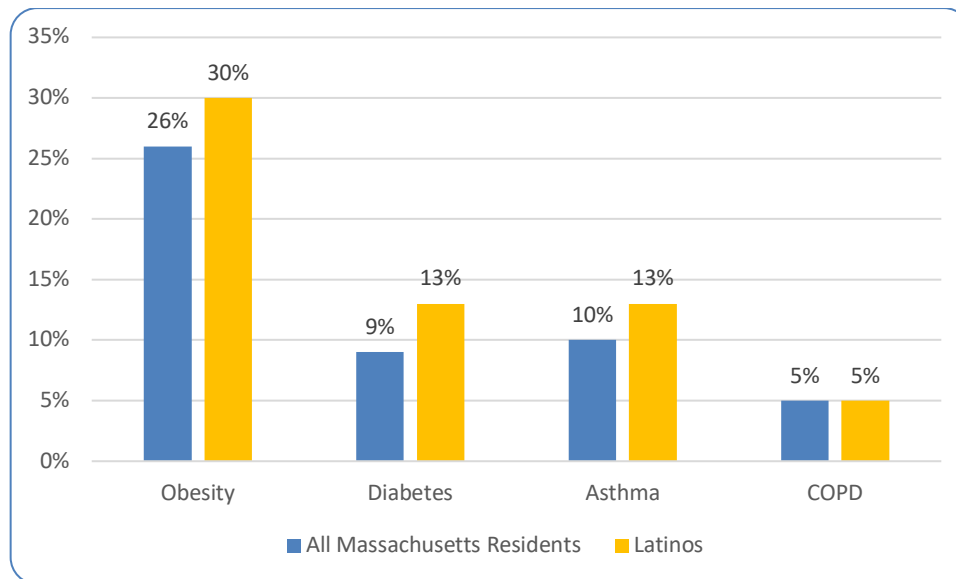
Individuals who have chronic health problems are more likely to contract the COVID-19 virus. These chronic conditions place populations at an increased risk of mortality. Latinos are more susceptible to COVID-19 because they have high rates of obesity (body mass index greater than 25), diabetes, and asthma.¹⁶ They have similar rates as others in the state for chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.¹⁷

Chronic comorbidities such as diabetes, cardiovascular disease, hypertension, and cancer are usually thought of as a result of genetics or individual behaviors. However, there is an abundance of evidence that these health outcomes, and the more immediate behaviors that may be influencing them, are shaped by social inequalities.

¹⁶ World Health Organization (2020). Latinos have higher rates of Type 2 diabetes, and Type 2 Diabetes is associated with 3.7 times increased risk of having severe Covid-19 or dying from it.

¹⁷ Massachusetts Department of Public Health (2019).

Figure 4: Comorbidities and Latino Populations



Source: 2018 Behavioral Risk Factor Surveillance System (BRFSS)

As the data in this report show, the Latino population of Massachusetts is especially vulnerable to COVID-19 infections and infection rates continue to rise in June 2020. Many of the risk factors described thus far are disproportionately found in Gateway Cities like Chelsea across Massachusetts.¹⁸

Understanding the social determinants of health is critical to developing policies to address the differential infection rates of COVID-19 across populations. However, recent studies suggest that racial/ethnic health disparities and in particular, COVID-19 deaths cannot be explained by social determinants alone. There is a need to better understand the impact of systemic racism on the chronic stress and depression experienced by people of color, as well as how systemic racism affects the quality of the health care people of color receive.¹⁹

On June 12, 2020, Boston’s Mayor Marty Walsh declared racism a public health crisis, linking the disparities in infection and death rates affecting communities of color to systemic racism and structural inequalities. Massachusetts is already in Phase 2 of “Re-Opening & Recovery,” yet the spread of COVID-19 disease continues. Latino positive cases in particular tripled between April and June. We conclude with some recommendations for public policies and further research that is needed to address the health inequities laid bare by the COVID-19 crisis.

¹⁸ Rivera (2019).

¹⁹ Chen & Krieger (2020); Knittel & Ozaltun (2020); Estrada-Martínez, Lee, & Shapiro (2019).

Recommendations for Policies and Further Research

We need more accurate data disaggregated by race/ethnicity and research on “Other” and “Unknown” cases.

There continues to be a need for more accurate disaggregated data about the populations most severely affected by COVID-19. The Massachusetts legislature should pass the Data Equity Bill (H.2681) in order to advance racial equity in our state. As of June 19 in MA, 35% of COVID-19 cases are still missing racial/ethnic data despite the fact that the state mandated testing facilities to gather the data.²⁰ Data should be collected about the primary languages spoken by individuals who test positive for COVID-19. The Centers for Disease Control (CDC) should collect data about the occupations of COVID-19 patients so we can better understand which employers are posing the greatest risks of exposure to their workers.

We should adopt more rigorous guidelines for research about race, especially as we seek to better understand and address the health disparities affecting Afro-Latinos. According to the University of New Mexico’s Institute for the Study of Race and Social Justice, Black Hispanics’ health status and health services outcomes are similar to those of Non-Hispanic Blacks. In the study, Black Hispanics did not experience the same type of health access as their White Hispanic family members.²¹

We need more multilingual staff and culturally competent approaches for conducting contact tracing and COVID-19 treatment and prevention.

Some anecdotal evidence suggests that there are not enough Spanish-speakers who are working as Tracers and Resource Counselors.²² Cultural barriers, mistrust and privacy concerns are limiting the rates of contact tracing in Latino communities. There is a need for culturally competent communication about the COVID-19 disease that is both in writing and in social media, television, radio and other forms of communication that are accessible to people who are not literate in English or Spanish.

²⁰ Lazar & Prignano (2020).

²¹ Institute for the Study of Race and Social Justice. (2010). Trans-Disciplinary Guidelines For Researching “Race.” University of New Mexico <https://race.unm.edu/about/race-research.html>

²² Massachusetts Department of Public Health (2020); Landman (2020); Partners in Health (2020).

More research is needed to understand how cultural beliefs and behaviors impact COVID-19 health outcomes in Latino communities. How do we practice “social distancing” with Latino communities that tend to have larger families, and who are accustomed to spending weekends together, attending religious services, playing/attending soccer or baseball games? How is social distancing possible when multiple families are living in the same dwelling? Latino men are reportedly more reluctant to wear masks, so addressing traditional gender roles is needed when developing culturally competent COVID-19 education campaigns.

There is some evidence that Latinos prefer to die at home surrounded by relatives, as opposed to dying at the hospital Emergency Room. What can we learn about how Latinos are grieving and coping with loss? How are families with multiple members who are sick coping? How do we support the mental and spiritual health of Latinos who have been affected by COVID-19? What role can churches and faith-based organizations play in educating Latinos about COVID-19 prevention and treatment?

We need to protect worker’s rights, including their health and safety at work and at home.

Even before the COVID-19 outbreak, wage inequality existed among racial/ethnic groups in Massachusetts. Latinos, for example, earned a median wage income of \$29,324 compared to \$47,526 for non-Latinos. One of the reasons for this wage inequality is Latinos’ occupational segregation. Over 63% of Latinos in Massachusetts work in just seven major occupation categories: Building & Grounds, Cleaning & Maintenance, Food Preparation & Serving, Office & Administrative Support, Production, Sales, Transportation & Material Moving, and Construction.²³ People working in these occupations have contact with large numbers of people. As this report shows, Latinos are overwhelmingly working in essential jobs and they need to know what to do if they get sick at work. Employers need to provide free testing and Personal Protective Equipment, and implement safety protocols and social distancing guidelines at their workplaces.

The most recent unemployment data by race and ethnicity in the United States is for April 2020. Unemployment for the country was 14.7%, Latinos are the hardest hit, with a record jobless rate of 18.9%, higher than any other racial/ethnic group.²⁴ Massachusetts’ unemployment rate was 12.3%, with Leisure & Hospitality, Trade and Transportation, and Construction losing the most jobs. Latinos in Massachusetts disproportionately work in these jobs. For those earning under \$40,000, the Federal Reserve reported that 40% were laid off or furloughed by early April. Latinos make up a large share of those earning less than \$40,000.²⁵ Enhanced unemployment benefits through the CARES Act should not be allowed to expire in July but be guaranteed until employment recovers to

²³ Granberry (2020.)

²⁴ U.S. Bureau Labor Statistics (2020).

²⁵ Powell (2020).

pre-COVID-19 levels. As well, immigrant workers should also receive financial assistance and enhanced unemployment benefits.

As previously discussed, another major social determinant of health is housing. Latinos have the lowest homeownership rates of racial/ethnic groups in Greater Boston²⁶ and they are disproportionately affected by the state's lack of affordable housing. Progressive policies to develop more affordable housing and increase homeownership opportunities for Latinos need to be expanded. Government-funded initiatives to support “rent to own” programs for Latino families can help them become homeowners and build their generational wealth.

We need to ensure access to universal health care for all including undocumented immigrants.

We know that many Latinos are afraid to seek testing or obtain medical care. The provision of health care as an employment-related benefit instead of the right of every resident in the U.S. has been a chronic problem that the COVID-19 crisis has exacerbated. The best solution to the lack of access to healthcare by Latinos is the enactment of the Medicare for All, Senate 1129- Medicare for All Act of 2019, proposed by Senator Bernie Sanders in 2019, which establishes that “...Every individual who is a resident of the United States is entitled to benefits for health care services.” The COVID-19 crisis makes it very clear that the U.S. needs a national health insurance program to provide comprehensive and quality healthcare for our most vulnerable communities.

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About the Gastón Institute

Established in 1989, the Mauricio Gastón Institute for Latino Community Development and Public Policy was created by the Massachusetts Legislature in response to a need for improved understanding about the Latino experience in the commonwealth. Now in its 30th year, the Gastón Institute continues its mission of informing the public and policymakers about issues vital to the state's growing Latino community and providing information and analysis necessary for effective Latino participation in public policy development. To learn more about the Gastón Institute, visit www.umb.edu/gastoninstitute. Follow us on Twitter: @GastonInstitute

One of the goals of the Gastón Institute is to be responsive to the needs of the Latino and policy communities through the research we undertake. Please feel free to contact us with suggestions or requests for specific information.

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