

Utahns of color far more likely to be sick, hospitalized from coronavirus than white residents

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Body

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The coronavirus pandemic is more lethal and spreading far faster among communities of color in Utah — with minorities being infected, hospitalized and killed at higher rates per capita than the state's predominantly white population.

The numbers on race and ethnicity, released for the first time by the state Tuesday, come as the cases here have increased to 2,412. Among those, data show, people of color disproportionately accounted for at least 859, with Latinos and Pacific Islanders the most affected.

That amounts to 35.6% of patients being minorities; their representation in the statewide population is 21.5%.

"We know that our health care system has disparities," said state epidemiologist Angela Dunn during her daily media briefing. "And this pandemic is shining a particular bright light on those."

As it braces to address that challenge, the Utah Department of Health also reported one more death from the illness, now at 19 total. The latest fatality is a Utah County resident under 60, but described as "an older adult" who was immunocompromised, Dunn said. The individual died in a hospital.

Still, the state saw some improvement in its overall cases. Tuesday brought 49 new positive tests, amounting to just a 2% increase and the lowest daily percentage gain since Utah's first confirmed case on March 1.

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Gov. Gary Herbert applauded the relative milestones as a sign that social distancing and a statewide directive to stay home are working to combat the virus. He also hinted, if the trend continues, at soon being able to reopen the state "back into where we were before." That could possibly happen in a few weeks.

"It's a battle that's acute, but I think the numbers show that we're winning," the governor said, after pulling off a face mask as he began speaking at a podium.

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There have been 213 hospitalizations in the state overall, up 12 from Monday. And 47,476 people have been tested.

But it's inequitable access to those tests and health care, in general, Dunn acknowledged, that's at least partially to blame for the racial disparity of those impacted by the virus.

The ethnic community hit the hardest in Utah is Latinos. The group is 14% of the population in the state but amounts for more than 28% of the coronavirus cases here. Dunn believes the number would be even higher if all of those with symptoms were tested — which she confirmed is not happening. Some, including immigrants without documents, are afraid to report being sick. And others, she said, worry about not having insurance coverage (even though the test is free).

Others still haven't had access to medical care for years and haven't been able to address underlying health concerns that exacerbate the virus's impact.

The numbers held, too, for higher rates of hospitalizations and deaths in the Latino community — as well as across all people of color combined in Utah.

"Our Hispanic communities are bearing a bigger burden than others," Dunn said.

People of color accounted for 38% of hospital admissions in Utah and whites 54.5%. (The other 7.5% had an unknown race or ethnicity.) Meanwhile, the white population in the state is roughly 78.5%, according to the most recent 2019 Census estimates.

Additionally, the death rate for white residents is 14 cases of the total 19, or 73.7%, still lower than the proportion of the population. Minorities account for at least four deaths, or 21%.

It's a particularly cruel trend replicated across the country in Milwaukee, Denver, Chicago and Detroit.

Utah has, so far, only provided this overall analysis of the state's 3.2 million residents, and has not broken down the data by every city or county. But an analysis of ZIP codes provided by Salt Lake County shows the same disproportionate impact on minorities within the state's most populous county, and that westside communities within the capital city are being impacted worse than those living on the more affluent and white eastside.

State Sen. Luz Escamilla, D-Salt Lake City, who lives in the westside community of Rose Park, contracted the coronavirus as the Legislative session wrapped up in March. She has since recovered but worries that cultural and economic factors make minorities more vulnerable.

Many in communities of color, she said, work essential jobs, such as at grocery stores or in the service industry, and are not able to shelter in place to avoid contracting the disease. Because of that, they're more likely to be exposed.

Dunn, too, confirmed that the state's directive is "definitely preferential to those in a higher socio-economic status, those that can afford to stay home."

Others live with large families in small apartments and can't self-isolate if they're feeling sick. That means it can spread more easily among members. Escamilla recently spoke with two refugee families on the west side of Salt Lake City living in one household. "How do you isolate with only one bathroom?" the senator asked.

More still, she added, may not speak English as their first language and understand the parameters in place for protection. And some might not have computers at home to access information. There are so many institutional barriers working against minorities, she said, so many ways they've been ignored for years before the pandemic.

"There are realities based on ZIP codes that you can't ignore," the senator said, coughing slightly in the phone as she continues to deal with some lingering effects of the virus. That includes access to food and resources but also health care before an emergency happens or a chronic illness becomes worse.

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At least one Utah woman, Silvia Deyanira Melendez, a 24-year-old Latina who died of the coronavirus, suffered from diabetes and heart issues prior to contracting the virus.

With a special session set to start Thursday, Escamilla and Rep. Angela Romero, D-Salt Lake City, plan to propose opening new testing facilities within communities of color so that people are more comfortable using them and have better access. Romero said some people still believe that racism and racial disparities aren't a problem in Utah.

The numbers, she added, show otherwise.

"This doesn't only happen in New York City; it also happens in Salt Lake City," she said. "It's very alarming. But we can't just look at it when we're dealing with a virus."

Utah's Pacific Islander community has also been disproportionately hit by COVID. The population accounts for 1.1% of residents in the state, but 1.7% of infections in the state, 2.8% of hospitalizations and 5.3% of deaths.

Jake Fitisemanu, a Samoan-Chinese American councilman in West Valley City, said the disparities are not surprising because they represent decadeslong mistreatment and segregation in the U.S. health care system.

"Historically, there definitely is precedent for lack of health care access, lack of language-specific and culturally-responsive health outreach," he said. "It's just tragic it hasn't been fixed."

For instance, he said, Pacific Islanders may be more likely to spread the illness because of a strong cultural belief in a close and tight-knit family. But the health recommendations from the state and federal government haven't specifically addressed that community.

"Social distancing is a challenge in a way that it's completely opposite from our cultural worldview, especially in times of crisis and sickness," he added.

The numbers on race were based on 2,414 cases in Utah, two more than the state's total for Tuesday, because they were pulled later in the day and based on more up-to-date data. It did not change the statistics. Some counties also saw a drop of one or two cases as the numbers were re-classified for the correct area, Dunn said.

Asian residents saw slightly higher counts of contracting the virus, too, then their proportion of the population. They accounted for 2.9% of the cases, though they're 2.7% of Utah's demographic makeup.

But the other two racial groups were slightly lower. American Indians are 0.7% of the cases and 1.5% of the population. And black individuals are 1.2% of cases and 1.4% of the population.

Jeanetta Williams, president of the NAACP in Salt Lake City, said with black residents being such a small part of the population here, she largely expected that. But she worries that as the virus peaks, that could change.

Many, she added, have diabetes, hypertension or asthma, which could contribute to being sicker if they contract the illness. And others are hired to work part-time and don't have health benefits at their jobs. She fears if the state starts to reopen too soon, the community will be the first and worst impacted by a resurgence of the virus.

"It's just a revolving door," she said. "And we don't know which way it's going to swing."

But she's sure minorities will be hit as the door keeps moving.

Reporter Sean P. Means contributed to this story.

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