

Pandemic Gender Snapshot #8 – March 18, 2021

Update on Houston/Harris County Covid-19 Fatalities by Gender, Race/Ethnicity & Age¹

Based on March 8/11, 2021, data; CITE AS: UH IRWGS Analysis

Though vaccines are now being delivered increasingly widely in Houston/Harris County, fatalities continue here. **While we feel optimistic, masking and distancing remain key to getting through what we can hope will be the final phase of the pandemic.** The test positivity rate in Harris County is recently averaging between 7 and 10, with a goal of under 5.

Between December 1, 2020, and the week of March 8, 2021, **971 Covid-19 deaths** were officially reported in Houston/Harris County, raising **the count to 3410 (1354 women & 2053 men—60.2%/39.7%; 3 of unknown sex).**² The lag time for death certification in this data means that it is incomplete, especially as regards deaths in the past two to three months (see [December report](#)).³ Although the current H/HC totals are incomplete, their presentation of detail in the anonymized records allows for analysis of the gender, race-ethnicity, and age patterns in the local data.

Current Data Mortality Rates

As previously, the **gender, race/ethnicity and age differentials in Covid-19 mortality in H/HC have continued marked.** Figure 1 provides a H/HC Covid-19 mortality rate calculation by gender and race/ethnicity based on reported Covid-19 deaths here to date (March 2020 to the present) relative to the adult population of Harris County.⁴ The figure reports the numbers of deaths in each gender/race-ethnicity group per 10,000 individuals here in each.

Rates rise as the pandemic continues and are most informative in relation to one another: they indicate the differentials in reported mortality rates by gender and race/ethnicity. People of

¹ This Snapshot uses current Covid-19 death data based on Houston and Harris County Health Departments' death certificate data (they divide the area based on decedent's residence). **This is provisional, dynamic data.** Gender/sex & Race/Ethnicity are as reported and may not reflect individuals' preferred identities.

² This number only reflects death certificates for which processing has been fully completed and it excludes nonresidents who died here. It is substantially lower than the 5532 reported deaths in Harris County as of March 17th by the Texas Department of State Health Services website, which includes non-county-residents in the major hospitals or otherwise visiting. Other [local](#) and [national](#) databases use the DSHS data, but the local data is more detailed. The state data also involves some processing lag. Anything approaching full data will be unavailable until after the pandemic, when the numbers of "excess deaths" attributable to Covid-19 can be determined through comparison to past years.

³ As of March 17, the total number of reported Covid-19 deaths on the [H/HC dashboard](#) was 3493; the [Texas DSHS](#) Harris County toll was 5532; the [Houston Chronicle](#) listed 7641 reported deaths in the 8-county Houston region; in Texas overall DSHS reported 45,879 Covid deaths and the [Johns Hopkins site](#) reported a total of 537,747 in the US.

⁴ Adult only, because there have been few deaths in the younger population here (six between 10 & 19 years old).

color, particularly men of color, have borne greater losses here. But all communities have been decimated by Covid-19 – the region and the nation are much the poorer for these losses.

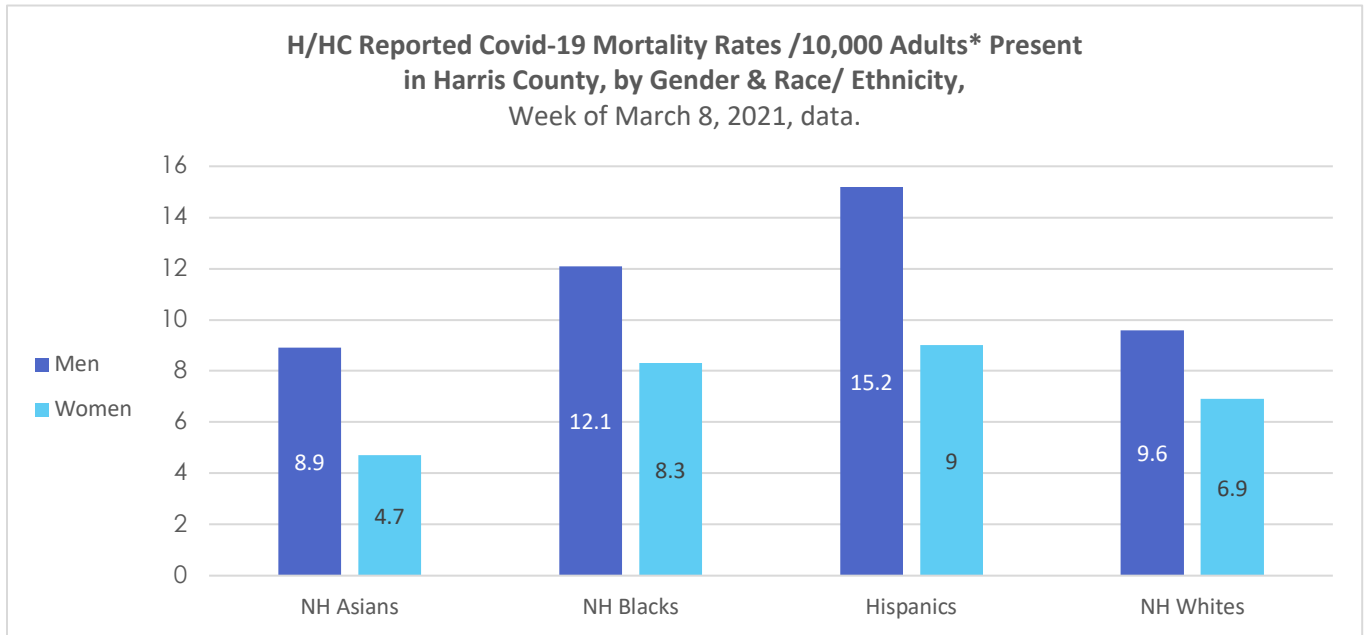


Figure 1 *Adults = 20+ in the Harris County population (per 2019 ACS). NH = NonHispanic.

As of early March 2021, reported deaths by race/ethnicity and gender in H/HC included:

- NH Asian **178** (113m; 65f)
- NH Black **629** (344m; 285f)
- Hispanic **1608** (1022m; 586f)
- NH White **880** (504m; 376f)
- Men & Women of Other/Unknown Race **112** (70m; 42f)
- Unknown Sex and Race **3**

Figure 2 below presents the specific numbers of reported H/HC Covid-19 deaths to date by gender, race/ ethnicity and age.

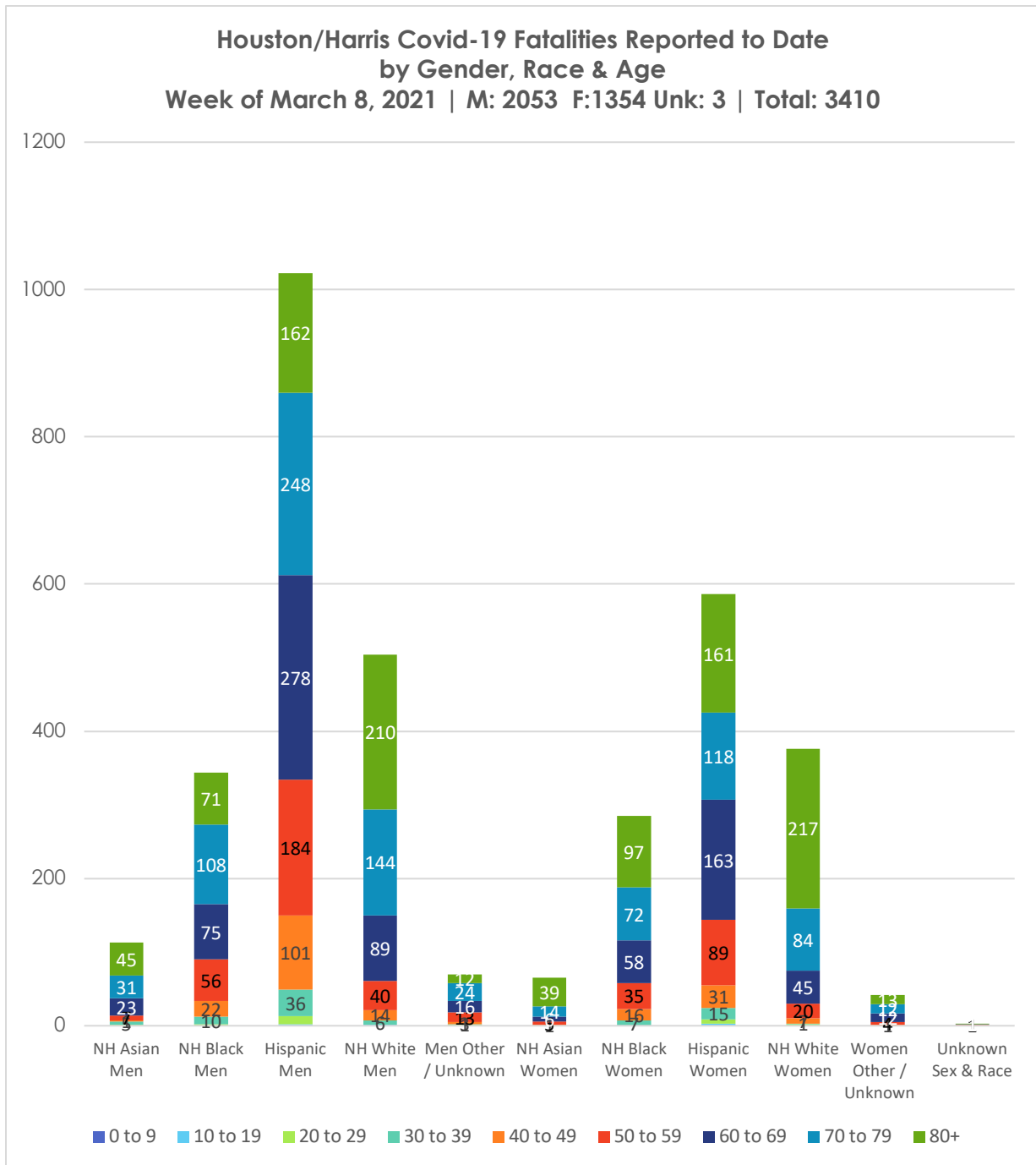


Figure 2 HHD – 2043 | HCPH– 1367 * HHD data for March 11 & HCPH data for March 8, 2021

The **adult population of Houston/Harris County (20+)** breaks out by Gender & Race/Ethnicity thus:
 Male: 7.9% NH Asian; 17.6% NH Black; 41.8% Hispanic; 32.7% NH White
 Female: 8.2% NH Asian; 20.5% NH Black; 38.9% Hispanic; 32.4% NH White (ACS 2019)

Though the documentation of infections does not reliably report race/ethnicity,⁵ so we cannot track infection equity or correlate infection with death rates here, death certificates do document race/ethnicity, fairly consistently. (However, HCPH has increasingly listed race/ethnicity as Unknown⁶: all but four of the 112 of those listed as of Unknown Race in this report come from that source. Designations as Unknown Race were found by a *Washington Post* [Special Report](#) to more often involve people of color than whites).

Figure 3 portrays the adult (20+) reported Covid-19 mortality rate relative to the presence of each group in the full H/HC population, regardless of gender. Since gender is a major determiner of Covid-19 outcomes, Figure 1 gives a fuller portrait of the effects.

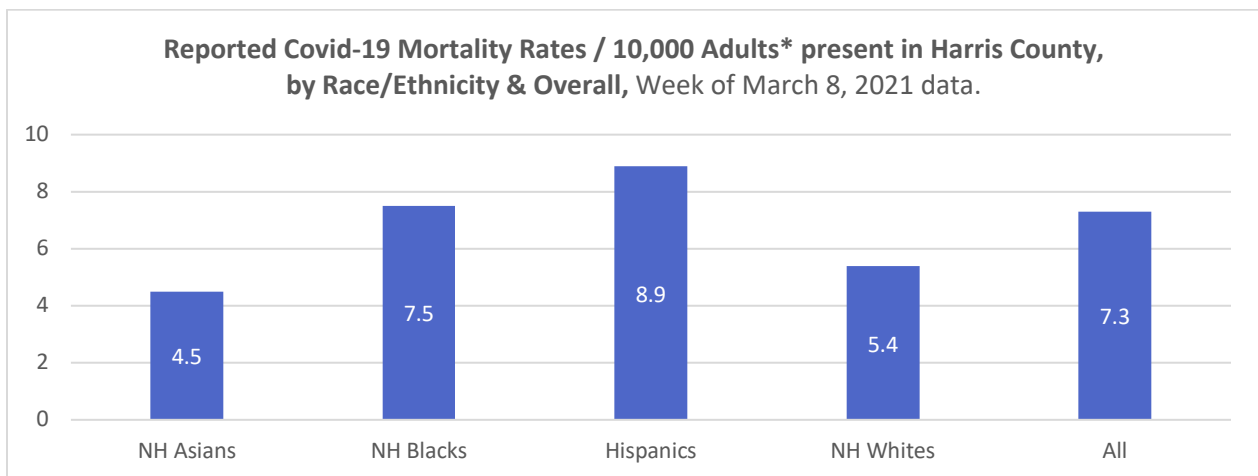


Figure 3 *Adults = 20+ in the Harris County population (per 2019 ACS).

RACE/ETHNICITY ANALYSES

Figure 1 indicates that Hispanic men have died of Covid-19 to date here at a reported rate 58% higher than that of White men, 71% higher than Asian men, and 26% higher than Black men; while Black men have died at a reported rate 26% higher than White men and 36% higher than Asian men, to date.

Mortality rates overall are generally [higher among men as compared to women](#) but variation among women of different racial/ethnic groups is also substantial and some women’s group rates are close to those of some men’s. While Black and Hispanic women in H/HC have died at reported rates lower than men of their same groups, their rates are close to those of White and Asian men. Hispanic women have died at reported rates 30% higher than White women, 91% higher than Asian women, and 8% higher than Black women. Black women have died at reported rates 20% higher than White women and 77% higher than Asian women. Age variation factors in here as well.

⁵ Per the Houston/Harris County Covid-19 Dashboard, 117,000 out of the total 212,686 cases reported as of December 17, 2020, were “Race Unknown.” The dashboard no longer reports on this, but a similar or lower rate is likely in effect.

⁶ While “unknown” race was listed 5 times in June, it ballooned to 30 reported in July, and has varied since then.

Differences are in part attributable to the combination of **higher rates of frontline employment** and **of dense living situations** creating elevated infection rates among Black and Hispanic workers. In addition, **historical bias** and the **work/health insurance link** has created **unequal access to health care**; & doctors when accessed have treated people of color less aggressively; both of which have led to **higher incidence of underlying conditions**.



AGE ANALYSES

Age also significantly intersects Covid-19 deaths. The majority of Covid-19 deaths globally occur among people over seventy, and that is the case here as well (deaths to people 70 and over made up 1882 out of the 3410). Overall, the old, those with underlying conditions and the poor/socially vulnerable, or those with some combination of those factors, have proven most at risk. However, the numbers of deaths here among people in their 40s, 50s and 60s are significant.

AGE & RACE

As a result of frontline employment, **relatively large numbers of young people are included in the Hispanic and Black death tolls, whereas that is not the case among Whites and Asians**. Those who can work at home are not as likely to be infected. *Where 32.7% of Hispanic and 26.2% of Black male deaths were to men 59 and under, this was true for only 12.7% of White and 12.3% of Asian male deaths*. Likewise, where *24.6% of Hispanic and 20.4% of Black female deaths were to women 59 and under, this was true for only 8% of White and 9.2% of Asian female deaths*. ***Though people under 65 may be under the impression that they are immune from serious Covid effects, these fatality data indicate that is not the case, and that they should take the same precautions as their elders***. In addition, some long-term effects of Covid-19 on some who have been infected and recovered, of all ages, including brain damage, are suspected but not yet understood.

Figures 4 & 5 portray the numbers of men and women reported to have died here of Covid-19, by race/ethnicity and decade of death, to clarify the variation in proportions of death among each age group.

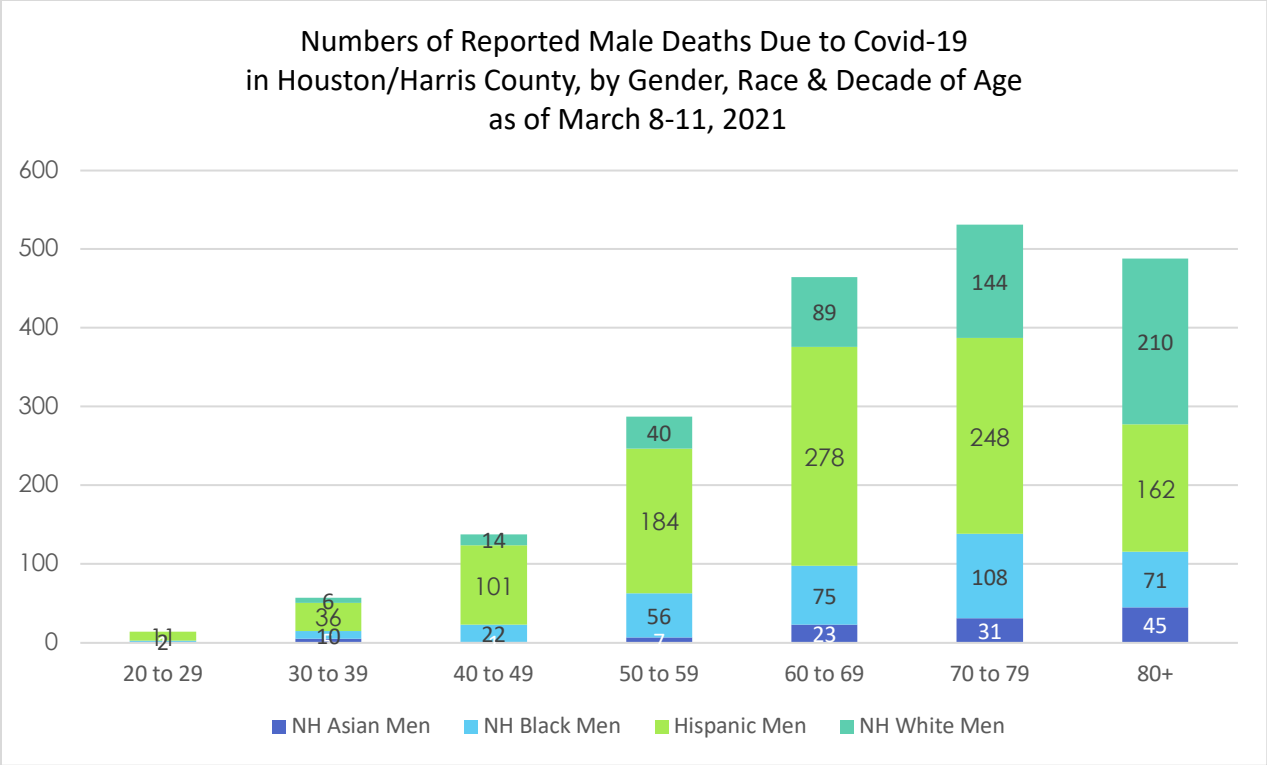


Figure 4

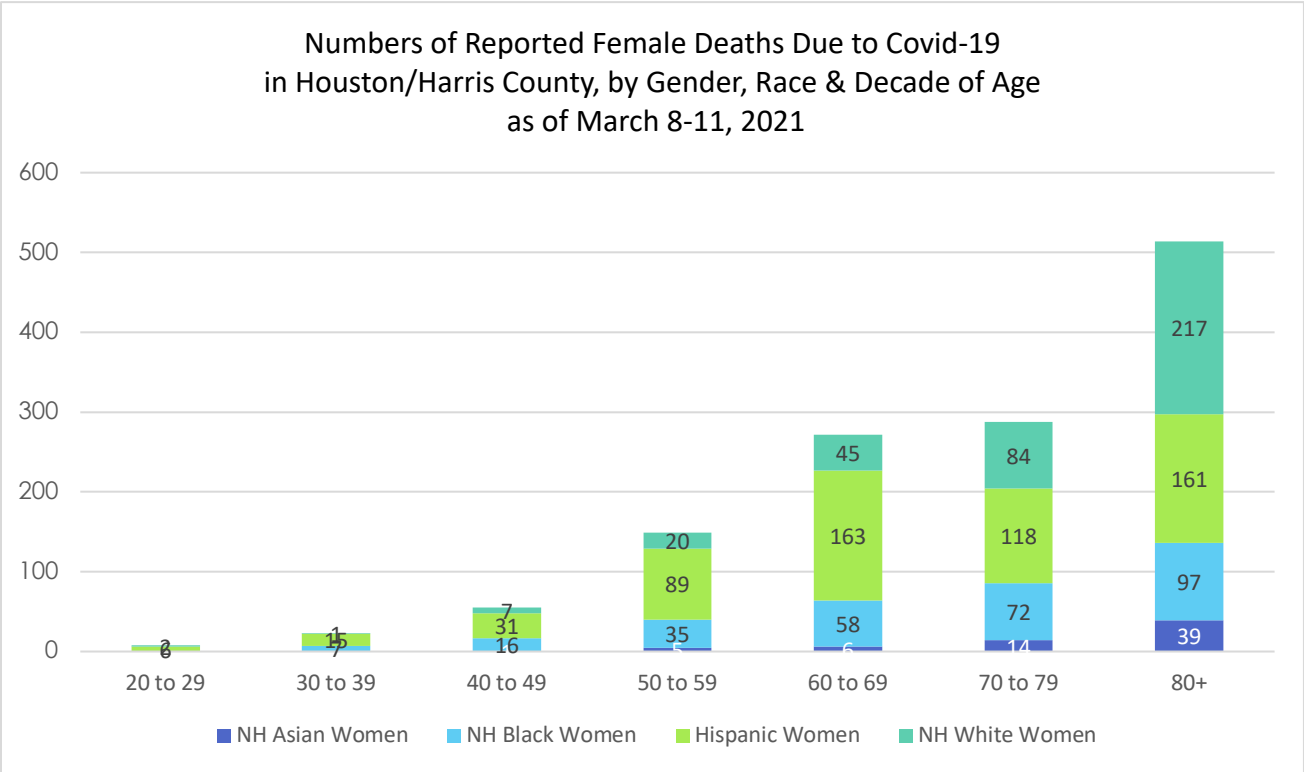


Figure 5

Figure 6 charts mortality rate per thousand based on reported deaths to date by decade per gender and racial/ethnic group – indicating that mortality rates among both Blacks and Hispanics by decade were substantially greater than those of Whites and Asians in all age groups here, with variation by gender.

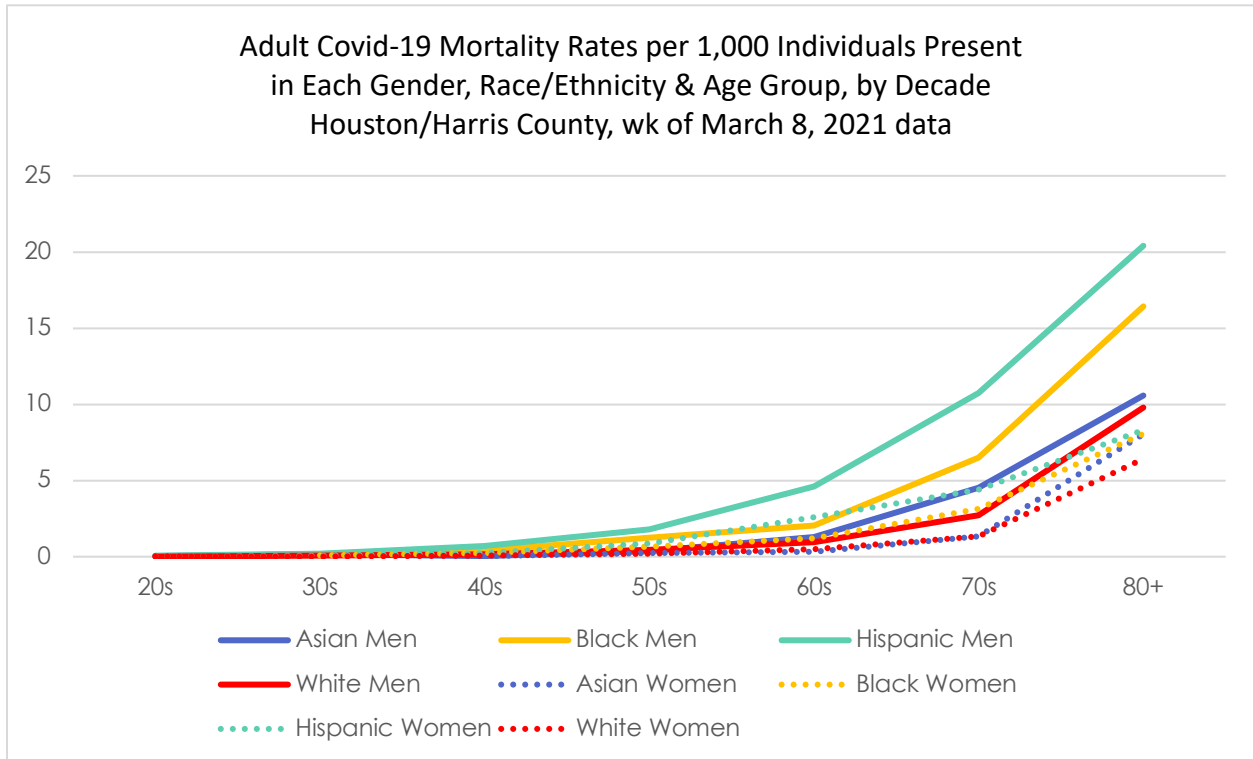


Figure 6

While susceptibility to Covid-19 is greater among the elderly, the numbers of deaths in each age/race-ethnicity group will also relate to which racial/ethnic groups include more elderly people. In Houston, the proportions of elderly present in each group vary widely by race.

GENDER ANALYSES

As noted above, of the total 3410 reported deaths in the two jurisdictions to the week of March 8, 2021, **60.2% (2053) were male and 39.7% (1354) were female, with men’s mortality rate continuing more than 50% higher than that of women. That is consistent with the global pattern of more male deaths**, though testing shows an **infection rate** of roughly **50/50**.⁷ Of the 971 recent reported deaths, a similar proportion seems to hold (the Houston Health Department numbers were 608 total, with 369 Male and 239 Female [60.7/39.3%]).⁸ The global difference is likely due to a combination of biological and behavioral factors, **with behaviors that lead men to be in worse health than women generally**

⁷ Per the Houston/Harris County Covid-19 Dashboard: 51% female, 44% male and 5% unknown, as of Dec. 19, 2020.

⁸ This is a wider gap than the [CDC’s national data](#) indicate, which is 54% male / 46% female (12/19/20). Harris County Public Health data reports have changed, so this break-out is not currently available.

[perhaps more influential](#).⁹ A report in *Nature* on August 26, 2020, found that older men produce a weaker immune response to the virus than older women. The proportion of reported Covid deaths to men in this region has increased over the months.

Other Pandemic Gender Effects

As noted in previous reports, the lower level of female Covid deaths contrasts to a number of **other gender differentials around Covid**, both national and local. These include women's **higher rates of workplace exposure in some frontline jobs** (in Harris County, women make up 74% of health workers, 59% of fast food workers, 73% of pharmacists, and 69% of cashiers); **expanded responsibilities for childcare and homeschooling** given the shutdowns; higher levels of **domestic violence**; and continued **lower levels of pay** (see UH IRWGS [Initial Report on H/HC Gender & Sexuality Data](#), February 2020). State level efforts to **reduce access to birth control and abortion** may also affect women's long-term status. Researchers on workplace equity predict that women overall and single mothers in particular¹⁰ will see long-term career setbacks if they have to step away from jobs due to their greater responsibility for childcare and homeschooling due to pandemic school closures.¹¹

To counteract the negative gender effects, the nation and localities can be inventive and take the opportunity the pandemic offers for large scale interventions in the status quo.

Such programs might include (among many others):

- **incentivize employers to hire back men and women who have lost jobs equitably**
- **in tandem with access to free, good childcare for all families – effectively an expanded Head Start, from age 3 months,**
- **& once school is back in session, make the school day match the workday, from 8am to 6pm, for those who want that, and**
- **start a national taskforce on wage equity, including jobs of comparable worth, with teeth.**

The lack of a support structure for families and for equity has held women back. These and more transformative changes are things to discuss now.

UNDERLYING CONDITIONS & HEALTH CARE

People of all genders, race-ethnicities and ages with such co-morbidities as *obesity, diabetes, heart disease, and respiratory ailments* are at greater risk than those without. Of the deaths documented in

⁹ The [Western Journal of Emergency Medicine](#) reports that in Italy this spring men had 58% of Covid-19 infections & 70% of Covid-19 deaths, while Wuhan China saw most infections (between 51.0 and 66.7%) among men, with a 1:1.64 female/male ratio of deaths (*WJEM* 2020;21(3): 507-509). Respiratory infections SARS (2003) and MERS (2012) also saw sex-linked differentials. In the US, state death data around sex differentials vary widely, which brings researchers at the [Harvard GenderSci Lab](#) to postulate that behavioral reasons like men's going to the doctor less, eating less healthy foods, and smoking more than women overall may play the biggest role. Nonetheless, some hormonal or genetic protection—from higher rates of estrogen/progesterone or from the double X chromosome—may play in. Differential rates of exposure through work outside the home & differences in over health-affecting behaviors (mask wearing, handwashing, etc.) are also potential factors. Grace Huckins, "[Covid Kills More Men Than Women](#). Experts Still Can't Explain Why," *Wired* (7.9.2020). See also [Takahashi, et al.](#), "Sex differences in immune responses that underlie COVID-19 disease outcomes," *Nature*, August 26, 2020.

¹⁰ Single mothers made up 29% of women living with children under 18 in Harris County in 2019 (ACS).

¹¹ Patricia Cohen and Tiffany Hsu, "[Pandemic Could Scar a Generation of Working Mothers](#)," *New York Times*, (June 3, 2020).

the City of Houston since December, **only 2.3% (14/608) were listed as *not* involving an underlying condition.** Recent research suggests that mild overweight can also be a risk factor.¹² All these conditions may be exacerbated in people with low access to health care, high levels of stress, and/or limited healthy dietary options.

The divisions in health access revealed in this data along lines of race/ethnicity are often linked to class/income level as well as to other bias in the US and indicate the need for a more equitable state and national health system. **One way of addressing this in Texas (the most uninsured state even before the pandemic) could begin as early as this Spring 2021 with expanded access to Medicaid through the ACA, which has been further incentivized by the American Rescue Plan.** Such a system would return tax dollars to Texans that they are already paying (to effectively fund health care in other states), with up to 90% of costs covered federally. The remaining costs could be covered by the rise in state tax dollars collected on the new funds brought into the state and spent at Texas businesses. The State Legislature could pass such expansion in the 2021 session and the subject deserves wide consideration.

¹² Roni C. Rabin, "[Extra Pounds May Raise Risk of Severe Covid-19](#)," *NY Times* (Oct. 10, 2020)

For more information on the Institute for Research on Women, Gender & Sexuality & this data:
uh.edu/class/ws/research