COVID-19 ISSUE BRIEF

Increasing number of COVID-19 cases among Hispanic/Latinx individuals under the age of 15 in the city of Milwaukee

BACKGROUND

The State of Wisconsin and city of Milwaukee have seen an increased number of individuals who identify as Hispanic/Latinx that are positive for COVID-19. This shows an unjust and unequal difference in disease burden. Out of all COVID-19 cases in the city of Milwaukee, Hispanic/Latinx positive cases account for 40.2% of cases, while positive cases for Black individuals is 31.4% and 11.3% for White individuals.[4] In fact, in the city of Milwaukee, individuals who are Hispanic/Latinx make up only 20.2% of the population, but 40.2% of positive COVID-19 cases.[5] This inequity is also reflected in State COVID-19 data where individuals who are Hispanic/Latinx make up 7% of the population in Wisconsin, but account for 38% of COVID-19 cases.[2] Furthermore, Hispanics/Latinx test positive for COVID-19 at disproportionate rates in 42 states.[3]

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There are a few potential reasons for this inequity. The Hispanic/Latinx population are overrepresented in essential jobs that increase exposure to COVID-19 and are less likely to have paid sick leave. These essential jobs often have low wages and individuals may feel that they are required to leave their home for work, possibly even while sick.[3] Milwaukee's older housing stock includes many multi-family properties such as duplexes and Polish flats. Multi-generational housing and living in densely populated areas may be more common for Hispanic/Latinx households and neighborhoods that can increase exposure to COVID-19.[1,3] These risk factors are not only increasing positive COVID-19 cases among the working Hispanic/Latinx population, but the virus continues to spread among households and increasing cases among families and children. In the United States, the Hispanic/Latinx population is overall younger – over 65% are millennials or younger in Milwaukee[5] – and this, along with risk factors of their families and housing, may be contributing to more positive COVID-19 cases among individuals under the age of 15 in Milwaukee who are Hispanic/Latinx.

EXPLORING THE DATA

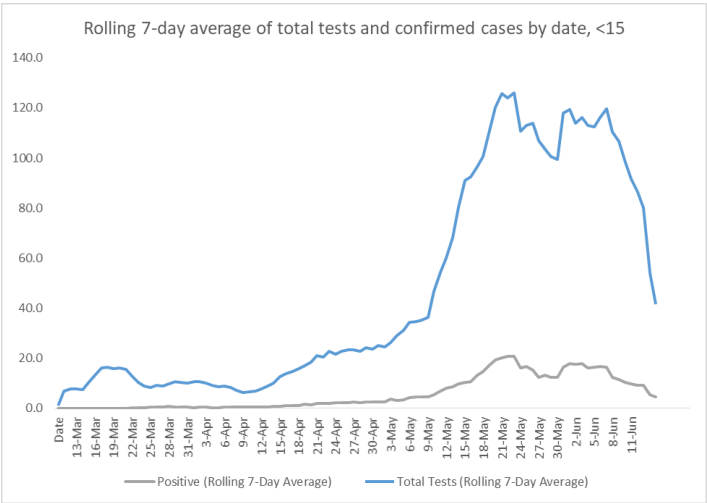

Figure 1: Seven Day Rolling Average of Tests Among Residents Under 15 Years of Age. As of June 7, 2020 approximately 7% of all confirmed cases of COVID-19 in the city have been among those under the age of 15. However, between June 7 - 24, 2020 youth under the age of 15 increased to make up 13% of all confirmed COVID-19 cases in the city.

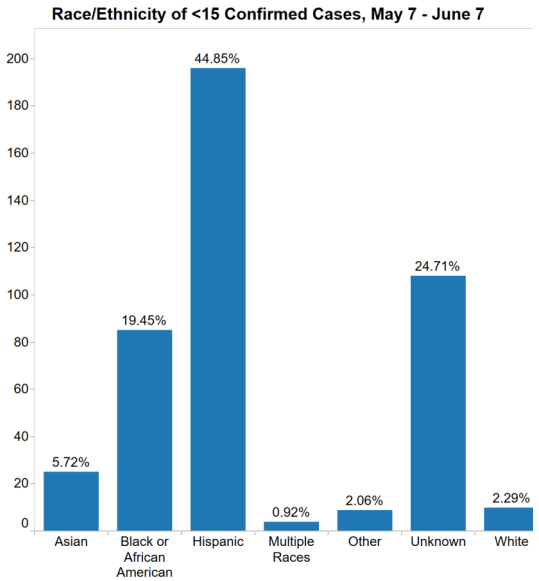

Figure 2: Race/Ethnicity of COVID-19 cases under the age of 15 Over the Past Month (May 7 – June 7, 2020). The increasing number of cases among the under 15 age group have followed similar trends to the overall COVID-19 trends observed in the city of Milwaukee, with a disproportionate number of cases identifying as Hispanic/Latinx.

EXPLORING THE DATA, Continued

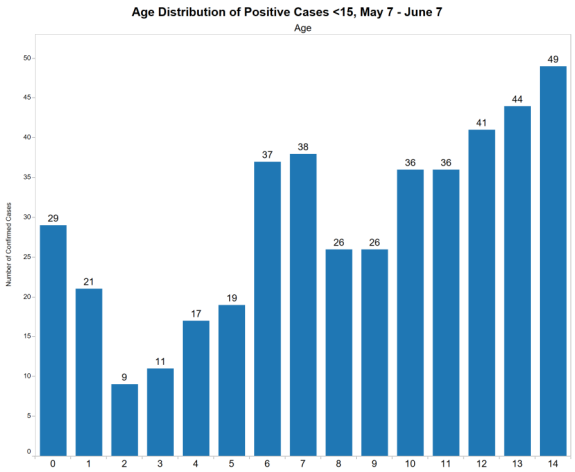

Figure 3: Under 15 Age Distribution of COVID-19 Cases. Case numbers between May 7- June 7, 2020 were notable for ages under 1, 6-7, and 11-14.

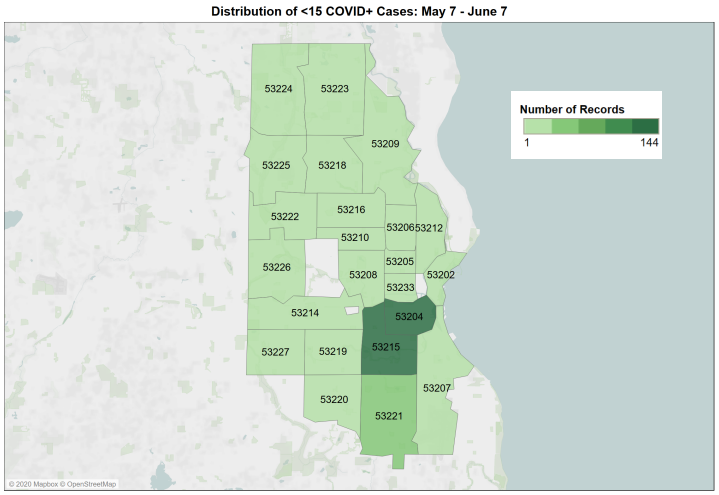

Figure 4: Distribution of COVID-19 Cases under 15 by ZIP code. A majority of cases among children under 15 over the past month are located in 53215 and 53204 ZIP codes and have occurred mostly among the Hispanic population.

Three possible contributing factors to the increase in the number of cases among the under 15 age group have been identified:

1. The increase in positive cases among this age group seems to directly correspond with the opening of the Wisconsin National Guard community testing sites that test asymptomatic and symptomatic individuals. This suggests that the increase of testing availability may have helped identify cases that may not have been otherwise identified.
2. The Sixteenth Street Community Health Center Clinic (located in the 53204 ZIP code, Figure 4) has been making a concerted effort to test entire families. This has likely increased the availability of testing for younger age groups.
3. There is a possibility that as more information has come out surrounding COVID-19 associated with Multisystem Inflammatory Syndrome in Children (MIS-C) that it may be a motivating factor among parents to get their children tested. *(For more information on MIS-C, please visit cdc.gov/mis-c)*

RECOMMENDATIONS

Based on the data presented in this brief, the City of Milwaukee Health Department makes the following recommendations:

1. Initial COVID-19 messaging from the CDC focused on outreach to people that traveled to level 3 countries, not domestic travelers or commuters as being at risk for COVID-19. There was no focus on bracing for COVID-19 due to economic and social determinants of health (SDOH) and culturally specific messaging. As the outbreak spread, there was a lack of COVID-19 incidence and prevalence data by race and ethnicity at the national and state levels. Milwaukee City and County were one of the first jurisdictions to share COVID-19 incidence and prevalence data by race and ethnicity. These actions were supported by our need to declare racism as a public health crisis in 2019. Despite our public health system being under-resourced and understaffed, this data informed our response and outreach efforts. We collaborated with community partners and organizations to provide culturally appropriate messaging and outreach. These efforts are ongoing.
2. Public health professionals must acknowledge that racist policies and practices such as redlining and segregation have and continue to impact the health of people of color across the country. Health disparities will continue to exist, whether chronic (e.g. heart disease) or emergencies such as the COVID-19 outbreak until government, public, and private partners come together to dismantle and rebuild a new system led by the communities that they serve.
3. Public health professionals must work with the community to develop messaging that is relevant and realistic. For instance, how can people isolate or quarantine while living in crowded housing or densely populated conditions; how can people reduce their risk of COVID-19 while using public transportation and essential work?[1]

CITATIONS

1. CDC. (2020). *COVID-19 in racial and ethnic minority groups.* cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html
2. The COVID Tracking Project. (2020). *Racial data dashboard.* covidtracking.com/race/dashboard#state-wi
3. Godoy, M., & Wood, D. (2020, May 30). *What do Coronavirus racial disparities look like state by state?* NPR. cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html
4. Milwaukee COVID-19 Statistics. (2020). *City of Milwaukee Health Department COVID-19 dashboard.* milwaukee.gov/coronavirus. Data from June 15, 2020.
5. U.S. Census Bureau (2018). 2018: ACS 1-Year Estimates Data Profiles. data.census.gov/cedsci

Notes: The Wisconsin Electronic Disease Surveillance System (WEDSS) was used for all data presented in this brief. There can be a delay in reporting positive COVID-19 cases into the system, and as a result, the data change slightly over time. Reported Race and Ethnicity are two separate fields in source data. For reporting, an individual's Race and Ethnicity is determined first by Ethnicity (whether Hispanic/Latinx) then Race.

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