



## Disparities Mark COVID-19 Impact

### New data illuminate the imbalance in Louisiana

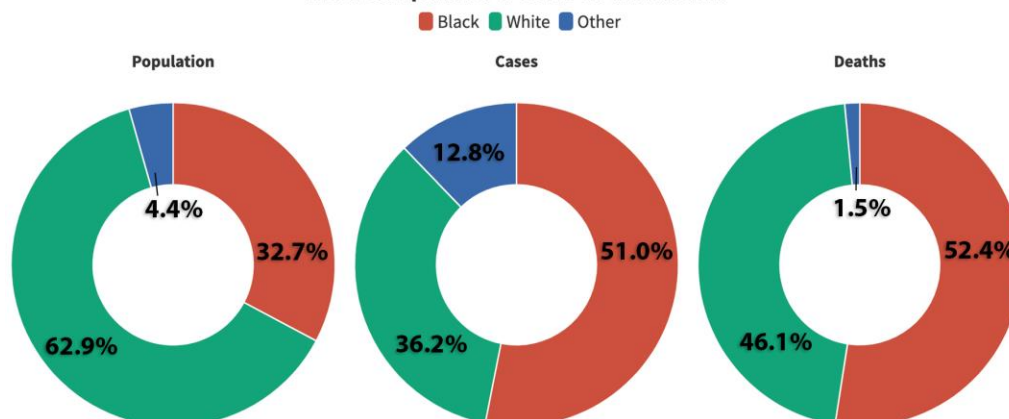
This report by the Public Affairs Research Council of Louisiana (PAR) provides data analysis and further indications of COVID-19's disparate impact on Black people in Louisiana. Although this disparity has been noted previously, new data and analysis now show a fuller though still incomplete picture of the situation. PAR's analysis provides perspectives about the impact on a regional basis and contains newly released information about the number of Blacks and Whites contracting the disease. Among the findings:

- Blacks account for confirmed cases of COVID-19 in disproportionately high numbers. This disparity corresponds to a disproportionate number of coronavirus deaths for Black people.
- Coronavirus confirmed cases among Blacks are considerably disproportionate in every region of the state.
- Blacks are dying from COVID-19 at a disproportionately high rate statewide and in all

but one of the nine health regions of Louisiana. About 52% of COVID deaths are Black people in a state that is 33% Black.

- White people have died from coronavirus at a lower proportion based on population but at a higher level than might be indicated by their rate of contracting the disease.
- A significant number of confirmed cases are lumped into a category of "unknown" racial identity, possibly skewing the results one way or another. That is because the race of many people testing positive is not recorded. The race of those dying from coronavirus is more thoroughly documented.
- Louisiana released limited data on racial disparities early in the outbreak but subsequently was slow to release racial data compared to other states. The state very recently improved its disclosures of racial data, making reports like this one possible.

Racial Components of COVID-19 in Louisiana



## Overview

For data reported as of July 12, total confirmed coronavirus infections had reached more than 66,000 in Louisiana. Of those, Blacks accounted for 27,423 compared to 19,501 among Whites. The category of those counted as “other” race reached 6,884.

However, 12,519 of the confirmed cases were of “unknown” race, meaning that the racial identity was not recorded for that many individuals testing positive. Louisiana is one of many states reporting a large number of unknowns. Stepping back from these officially reported figures, the overall actual number of people infected is generally believed to be much greater than the number confirmed by positive test results.

Louisiana deaths attributed to COVID-19 were reported at 3,189 as of July 12. Only one person of “unknown” race is counted in that number because coroners maintain detailed records. Blacks were counted for 1,671 deaths and Whites for 1,468. The “other” race category accounted for 49 deaths, well below what might be expected considering their number of infections. The process of identifying a person’s race at the testing stage is different from the determination at death.

PAR’s COVID portal on its website includes graphics showing statewide and regional comparisons of impact on Blacks, Whites and others. The “other” race category makes up about 4% of the general population. Some of the graphics in this report focus on the subset of data making direct comparison of the impacts on Blacks and Whites. The population of “unknown” confirmed infections is set aside for the comparisons in this report.

## Key Issues

The disparity of infections among Blacks compared with Whites in Louisiana is a significant set of data that helps inform the public discourse and ultimately could affect future policy, health care and workplace decisions. It is important to investigate why Blacks are getting the disease and dying from it at

disproportionate levels, as opposed to examining only the disproportion in deaths of Blacks. The reasons that Blacks are contracting the disease deserve a serious focus.

The trend of White coronavirus deaths versus positive tests also warrants further examination. This might include a review of nursing home populations and how the disease affected them, especially in the early stages of the pandemic before institutions implemented new and safer protocols. The Data Center of New Orleans has noted that the proportion of Blacks dying from coronavirus rises if nursing home deaths are removed from the calculation, indicating that nursing homes are disproportionately White in their patient population.

In the data gathered so far this year, the number of deaths among Whites represents 7.5% of the number of documented infections among Whites. The number of deaths among Blacks represent 5.6% of Blacks’ infections. Going forward, we cannot assume that, once infected, a White person is more likely to die than a Black person.

Age and underlying health conditions are significant factors in coronavirus mortality.

Medical professionals have improved their methods of treatments. And testing has been expanding. The actual percentage of deaths among those infected is hard to estimate and is smaller than the figures above, because many who have caught the virus are asymptotically unwary or untested.

Definitive answers about the causes of all these disparities are not yet fully understood and are beyond the scope of this initial report. PAR cautions observers of these trends to avoid quick conclusions or to attribute causes without strong evidence. In due course, a clearer and more verifiable picture will emerge.

PAR encourages the public to keep in mind what the numbers and graphics on these pages represent:

*Why are Blacks contracting the disease at such a disproportionate level?*

illness and death, affecting families and friends across the state; economic hardship, for individuals and for large sectors of society; and a degree of uncertainty about the eventual impact. Objective analysis of data is critical to our understanding and mitigation of this crisis and any future outbreaks.

## Background

PAR began tracking COVID-19 health data during the early stages of the pandemic. Various data points are collected and analyzed by the federal Centers for Disease Control and the Louisiana Department of Health. Much, but not all, of this information is shared with the public. PAR's COVID portal on its website contains trendlines and various graphics tracking the spread and impact of the disease. It is updated daily. PAR has been releasing frequent snapshots apprising the public about the trends and focusing on relevant key statistics.

PAR has been tracking data indicating the potential racial disparities of the pandemic's effects. The state has released only partial information about local deaths by race and until last week released no data about the number of confirmed cases according to race. The Louisiana government's reluctance to share this information had caught the attention of national media and local groups attempting to survey the situation. Fortunately, the state health agency now is moving in the right direction by releasing more information.

Deaths counted by the race of the deceased have been among the sets of data the state has made available to the public since early in the outbreak. In April, the data showed 70% of the coronavirus deaths were Black people. This information has been provided on a statewide and regional basis. However, the state has withheld the racial distinction of deaths on the parish level in those parishes with few reported fatalities attributed to COVID-19. State officials say potential privacy concerns have prevented them from releasing the racial breakdown in parishes

with fewer than 25 deaths, which has screened out data for as many as 30 parishes.

Last week, the state began releasing data about incidents of positive testing for COVID-19 according to race on a regional and parish basis. PAR has compiled the local information to determine the statewide impact of confirmed cases by race. A large portion of those testing positive for COVID-19 are listed as having an unknown racial identity. This data gap might be due to a lack of disclosure by some test takers or because of inconsistencies in cataloguing among the public and private testing entities.

Louisiana is among the last of the states to release racial data regularly on the critical measure of confirmed infections. Before last week, 47 other states had already done so. State officials have said the racial data are complex to compile, although nearly every other state has been sharing racial testing data for months.

## The big picture

Based on populations in Louisiana, Blacks are dying from the coronavirus at a disproportionately high level and they are testing positive at a higher proportion also. Whites are dying from coronavirus at a lower proportion based on population but at a higher level than might be indicated by their rate of contracting the disease.

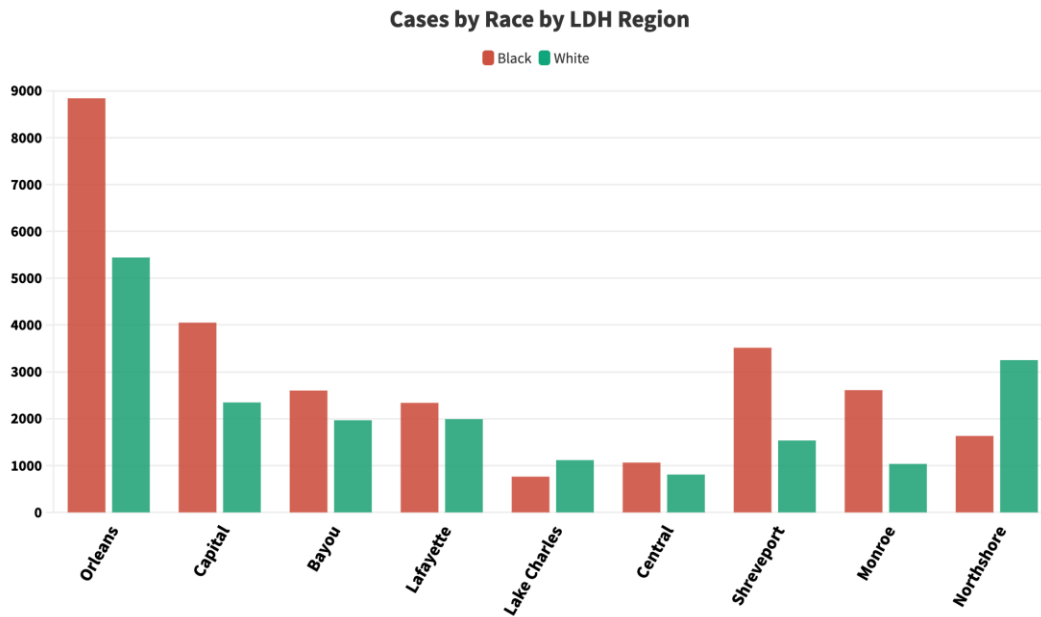
The round charts on page 1 show the state's population and the proportion of COVID-19 confirmed cases and deaths by race. For the cases chart, about 19% of the total number of infections are not included because the race of these people was not recorded. With that caveat, Blacks are contracting the illness in disproportionately high numbers, based on positive test results. Although Blacks are about one-third of the state's population, they account for more than half of the cases of infection. That factor must be considered among the explanations for the higher proportion of coronavirus deaths among Blacks.

## Cases by Race and Region

These charts show numbers of COVID-19 cases in the

population and racial composition. If the number of Blacks and Whites contracting the disease was proportional to their relative populations in a particular

region, the two bars for that region would be the same height. However, a large disparity exists in every region with Blacks showing confirmed cases well beyond their proportion of the population.



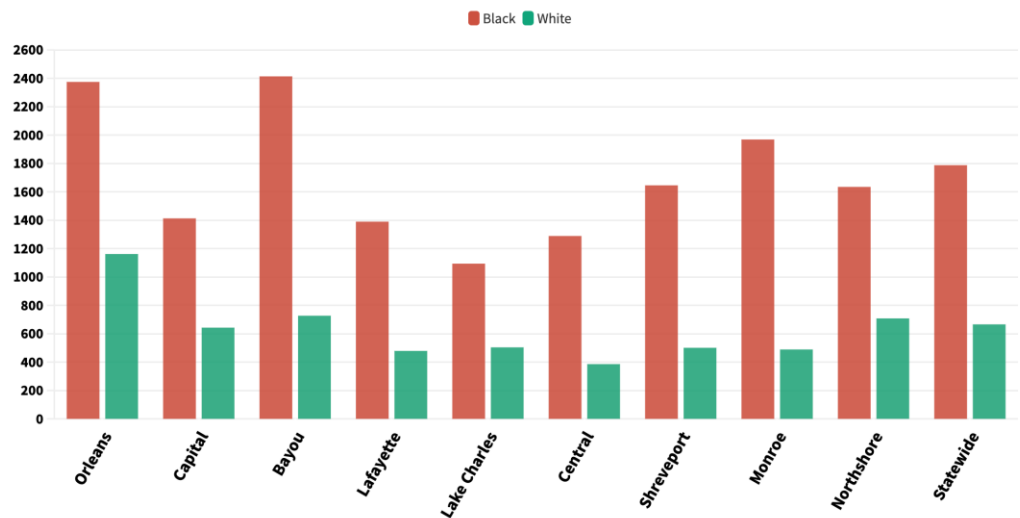
nine Louisiana Department of Health regions according to the race of the people testing positive for contracting the disease. Only recently has LDH made this data available. These charts show numbers for Whites and Blacks, which together make up the great majority of cases. A third category of “other” is not included but can be seen in separate charts in the

COVID portal of PAR’s website. A large number of cases are not represented in these charts because the race of the individuals was not recorded or officially reported and therefore is counted as unknown.

The first chart is simply a count by race of those tested positive for the new coronavirus for each region, not including the “unknowns.” The second chart uses the same data adjusted for each region’s

**Cases by Race by LDH Region**

Adjusted by regional racial composition per 100,000 residents



Understanding the spread of the disease on a regional basis is an important factor in analyzing the outbreak and offers valuable information to communities as they choose how to react to the pandemic.

## Deaths by Race and Region

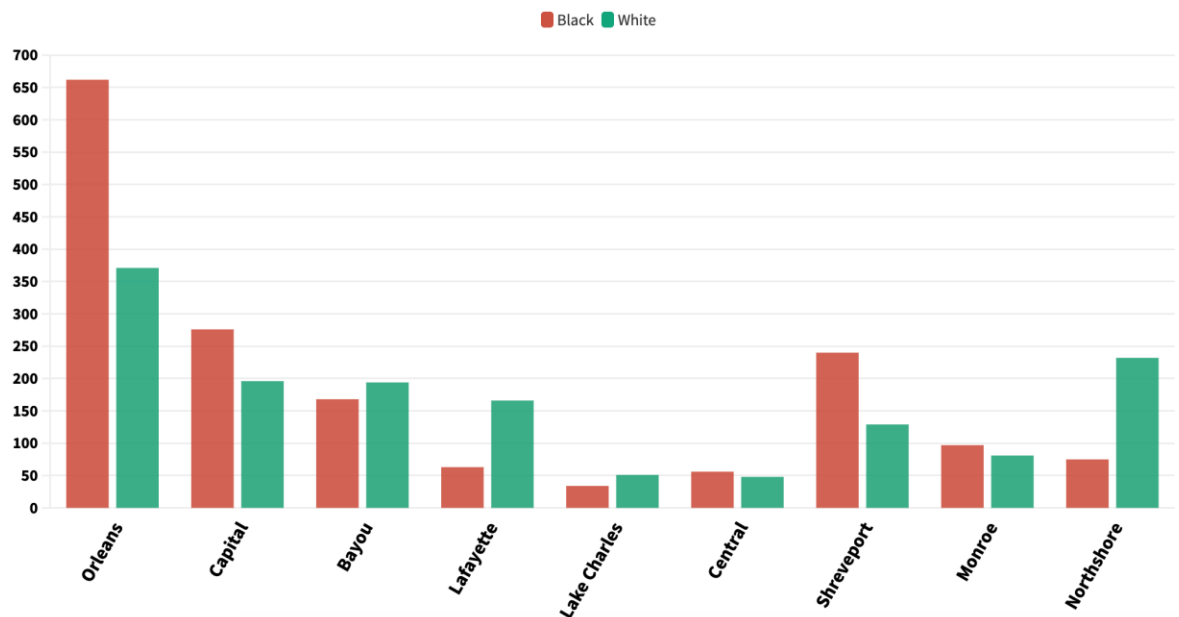
These two charts show numbers of COVID-19 deaths in the nine Louisiana Department of Health regions according to the race of the people who died. The

charts show numbers for Whites and Blacks, which together make up the great majority of deaths. A third category of “other” is not included but can be seen in separate charts in the COVID portal of PAR’s website. In contrast to the data for confirmed cases, the race of those who have died has been recorded with greater regularity.

The first chart is simply a count by race of those who were considered to have died from the new coronavirus in each region. The second chart uses the same data adjusted for each region’s population and racial composition. If the number of Blacks and Whites contracting the disease was proportional to their relative populations, the bars would be the same height. In the region of Lafayette, the bars are close

to the same height and indicate that Blacks and

**Deaths by Race by LDH Region**



Whites in that area have suffered deaths in about the same proportion. However, large disparities exist in every other region with Blacks dying from COVID-19 well beyond their proportion of the population.

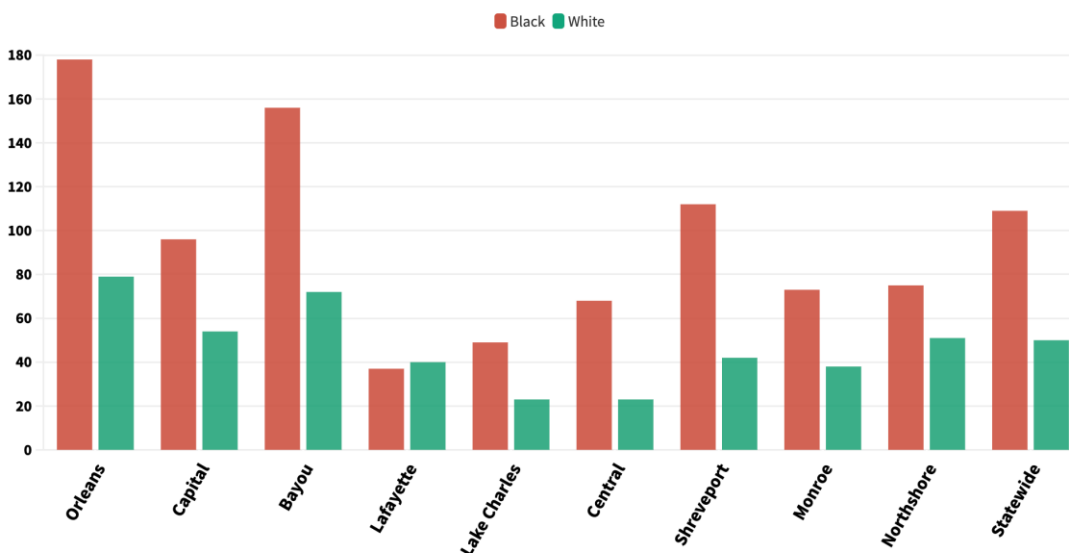
## Summary and Conclusions

Among the questions raised by this new data and analysis are: Why is a larger proportion of Blacks than Whites found to have confirmed cases of COVID-19?

And is the higher incidence of contracting the disease the primary reason that a disproportionate number of Blacks are dying from it? PAR does not immediately have the definitive answers to these questions but encourages all stakeholders to recognize the critical need to address them. While a number

**Deaths by Race by LDH Region**

Adjusted by regional racial composition per 100,000 residents



of credible reasons have been posited by commentators on these trends, we should not draw conclusions until a range of possibilities has been evaluated and the appropriate evidence has been weighed and verified.

A full scope of the possible origins of the problem should be considered, including: potential disparities in access to testing; the types of testing facilities available to different segments of the public; the types of workplaces where many Blacks hold jobs; living conditions; population density; social interactions; access to health care; and health conditions. In short, there might be a different set of factors to consider when a group is disproportionately catching a disease and not just disproportionately dying from it.

Another question is why the proportion of deaths so far among Whites is out of scale with the proportion of confirmed cases. In the early stages of the outbreak, nursing homes saw a large portion of the deaths in the state. Some research has shown nursing homes to be disproportionately White in their patient population, and this factor might provide an indication for further investigation.

Considering the large number of “unknowns” in the set of racial data for confirmed cases, there is also the possibility that the disparities are inaccurate. However, the evidence behind the disparity in COVID-19 deaths up to this point is clearer and more assured. The race of the deceased is documented by professional coroners.

These complex relationships can be more readily analyzed with better information. More documentation of demographics at the testing stage would provide a more solid foundation for further research.

The Resilient Louisiana Commission, which is looking at ways to improve the state’s economic and

healthcare recovery, assigned a study group to the issue of health care inequities resulting from the pandemic. That study group urgently called for more detailed information on testing and COVID-19 impacts. Louisiana officials have been slower than in other states to release certain fields of data. While the public should recognize the complications these officials face, more should be expected. State officials should insist on appropriate and complete information from testing centers.

It is worth repeating that data analysis, while it might seem removed from the deeply felt human impact of this pandemic, is an important tool in understanding and preventing disease. It can help remove myths and misapprehensions that might affect public policy and life choices. Over time it can lead to better informed decisions and a clearer picture of reality.

*Correction: This report is a revision of the July 17 research brief, which used an incorrect number that overstated the count of cases among Blacks in the Central region of Louisiana. The graphics on page 4 have been corrected for this version.*

*Sources: The data in this report are from LDH and are updated as of July 12. Population figures are from the Census Bureau for 2018. Graphics for COVID-19 confirmed cases exclude cases for which race is unknown.*

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