

Pandemic Gender Snapshot #9 – July 20, 2021

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

Based on June 14, 2021, data; CITE AS: UH IRWGS Analysis

It's mid-July in our post-vaccine phase – aiming for herd immunity, but still only 42.9% of Texans and 44% of all Harris County residents (76% of those over 65; 53% of those over 12) are fully vaccinated, with roughly 51% having had at least one dose.² The test positivity rate in Harris County is currently 6.8%, up from 2.9% in mid-June.³ Hospitalization rates are much lower than at the recent peak in January, but have been rising over the past few weeks. Of the deaths occurring locally and nationally, at or near 100% of those are among the unvaccinated.⁴ **While many feel optimistic, masking and distancing remain vital** to getting through the next phases of the pandemic quickly enough **to avoid the emergence of a new variant not covered by the current vaccines** (which *would require everyone to get re-vaccinated, and likely kill thousands more*). Though some suffer from pandemic fatigue now, a vaccine-proof variant would extend the pandemic even further, so vigilance continues key. While fatalities are now comparatively low, they typically rise several weeks after infections do. Sadly, those who advise against vaccination risk killing their own—as well as others.

Looking back over the past few months, between the week of March 8, 2021 (documented in PGS #8), and June 14, 2021, **1342** Covid-19 deaths were officially reported in Houston/Harris County (some from as much as a year prior but most from 2021), raising the total to **4751 deaths⁵ (2848 men & 1898 women—60.1%/39.9%; 5 of unknown sex)**.⁶ The lag time for death certification means that this data is still incomplete (see [December report](#) for discussion 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 July 19, 2021, CDC data - New York Times Tracker website: <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>; one dose data from UT School of Public Health Covid Dashboard, data as of July 19, 2021.

³ See Harris County Covid-19 Dashboard, and TMC and UTSPH Dashboards, per July 19, 2021.

⁴ McEvoy, Jemima. "[Maryland Says 100% of June Covid Deaths Were among the Unvaccinated](#), as Early Data Shows Similar Trend Nationally." *Forbes* (July 6, 2021).

⁵ As of July 18, 2021, the total number of reported Covid-19 deaths on the [H/HC dashboard](#) was 4966 (+215 since 6/14); the [Texas DSHS](#) Harris County toll was 6659; in Texas overall DSHS reported 51,640 Covid-19 deaths and the [Johns Hopkins site](#) reported a total of 608,898 in the US.

⁶ 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 6659 reported deaths in Harris County as of July 18th 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. Nothing approaching full data will be available until, post-pandemic, the "excess deaths" attributable to Covid-19 are determined through comparison to past years.

lags). (All data are provisional and do not include undiagnosed Covid-19 deaths, or deaths with certificate not finalized.) Nonetheless, these anonymized death records present enough detail to allow for analysis of the gender, race-ethnicity, and age patterns in the local data.

Current Data Mortality Rates

As in previous PG snapshots, 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 (March 2020 through 6/14/21) relative to the adult population of Harris County.⁷ The figure reports the numbers of deaths in each gender/race-ethnicity group per 10,000 individuals here in each. Rates rise as pandemic deaths continue, and rates are most informative in comparison: they indicate the differentials in reported mortality rates by gender and race/ ethnicity. People of color, particularly men, have borne greater losses here. But all communities have been devastated by Covid-19 – the region like the nation is much the poorer for these losses.

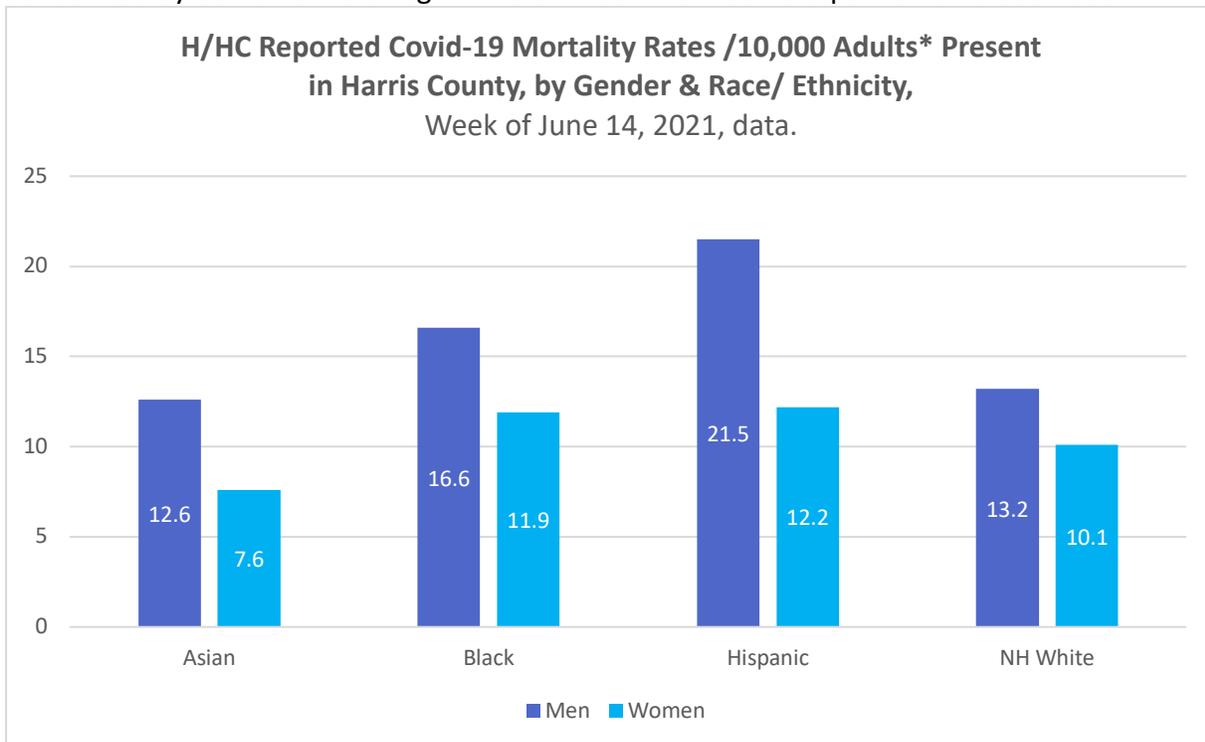


Figure 1 *Adults = 20+ in the Harris County population (per the 2019 American Community Survey [ACS]). NH = NonHispanic

As of mid-June 2021, reported deaths by race/ethnicity and gender in H/HC included:
 NH Asian **263** (159m; 104f) NH Black **881** (474m; 407f) Hispanic **2247** (1448m; 799f)
 NH White **1243** (698m; 545f) Other Race **38** (26m; 12f) Unknown Race **74** (43m; 31f)⁸
 Unknown Sex & Race **5**

⁷ Adult only, because there have been few deaths in the younger population here (seven among 10-19 years olds).

⁸ Unknown R/E – 70 from HCPH, 4 from HHD.

Figure 2 presents numbers of reported H/HC Covid-19 deaths by gender, race/ethnicity & age.

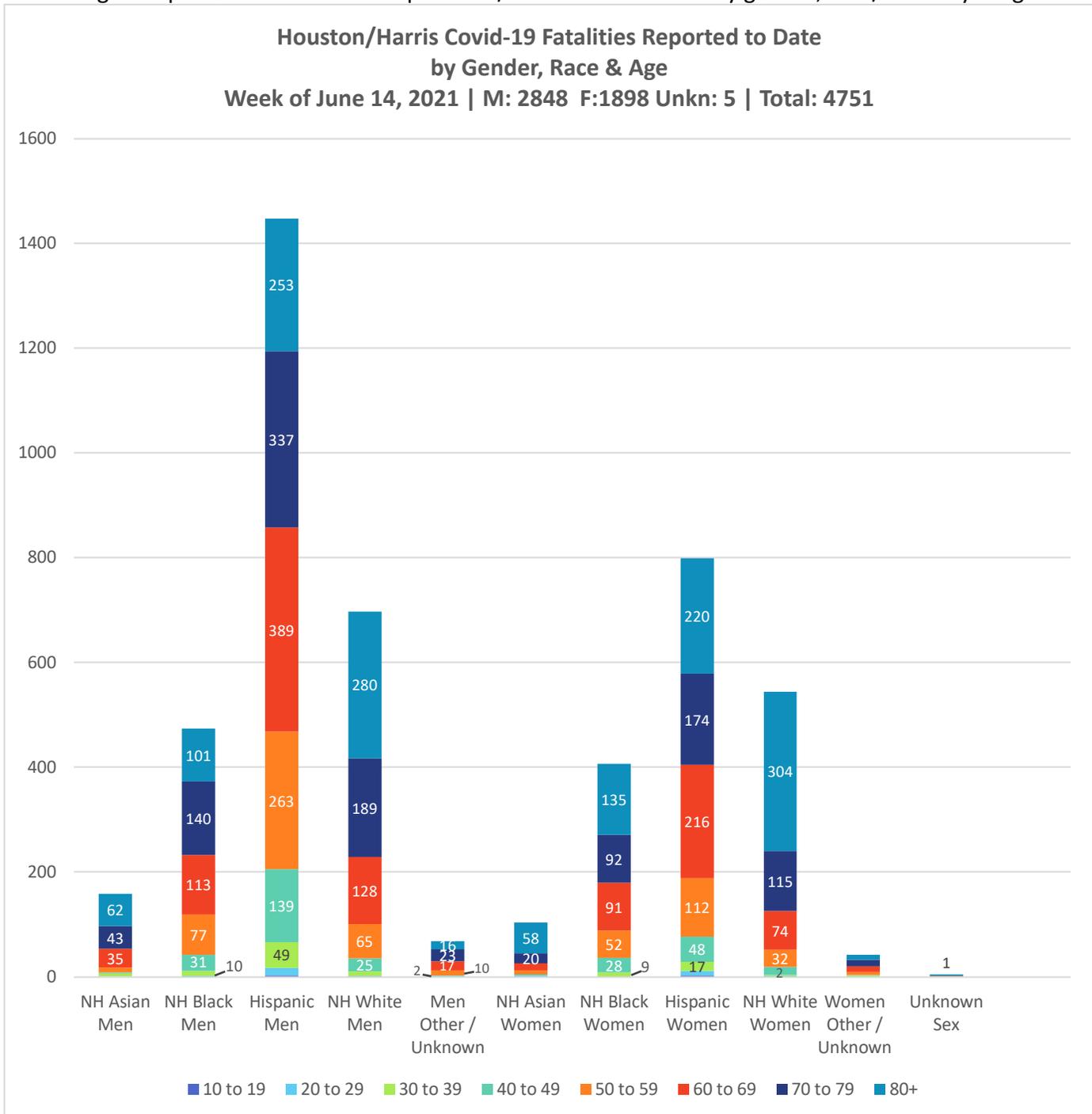


Figure 2 HHD – 2846 | HCPH– 1905 * HHD & HCPH data for June 14, 2021

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,⁹ so we cannot track infection equity or correlate infection with death rates here, death certificates do document race/ethnicity, fairly consistently. (However, HCPH increasingly listed race/ethnicity as Unknown [rising to 70 of the 74]; but that has changed and, between the March PGS and this one, no new Unknown Race/Ethnicity cases have been reported. 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.

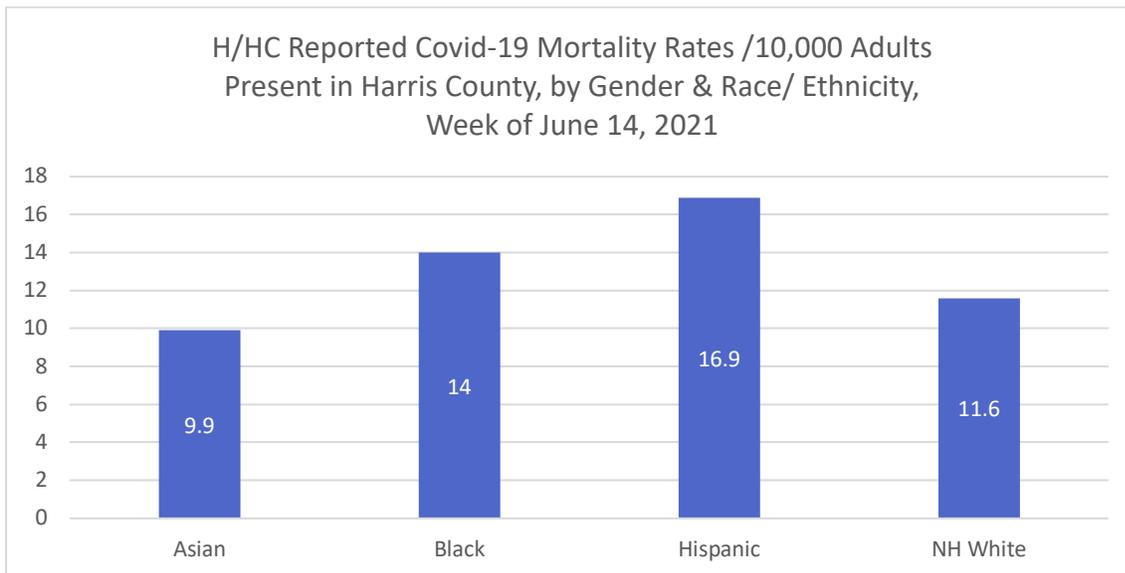


Figure 3 *Adults = 20+ in the Harris County population (per 2019 ACS).

RACE/ETHNICITY ANALYSES

Figure 1 indicates that reported deaths from Covid-19 among Hispanic men have occurred here at a rate half again as high as that among White and Asian men (respectively 21.5%/ 13.2%/ 12.6%); while reported deaths from Covid-19 among Black men have occurred here at a rate about a quarter again as high as Whites and Asians (16.6%) and nearly a quarter less than Hispanics.

Mortality rates overall are generally [higher among men as compared to women](#) but variation among women of different racial/ethnic groups is also substantial. 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. Age variation factors in here as well (see below).

⁹ 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.

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 2487 out of the 4751 – 52.3% of the whole (1444m; 1140f; 3unkn)**). 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 (often low wage) 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 32.4% of Hispanic and 25.3% of Black male deaths were to men 59 and under, this was true for only 14.5% of White and 11.9% of Asian male deaths*. Likewise, where *23.7% of Hispanic and 21.9% of Black female deaths were to women 59 and under, this was true for only 9.5% of White and 12.5% 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.

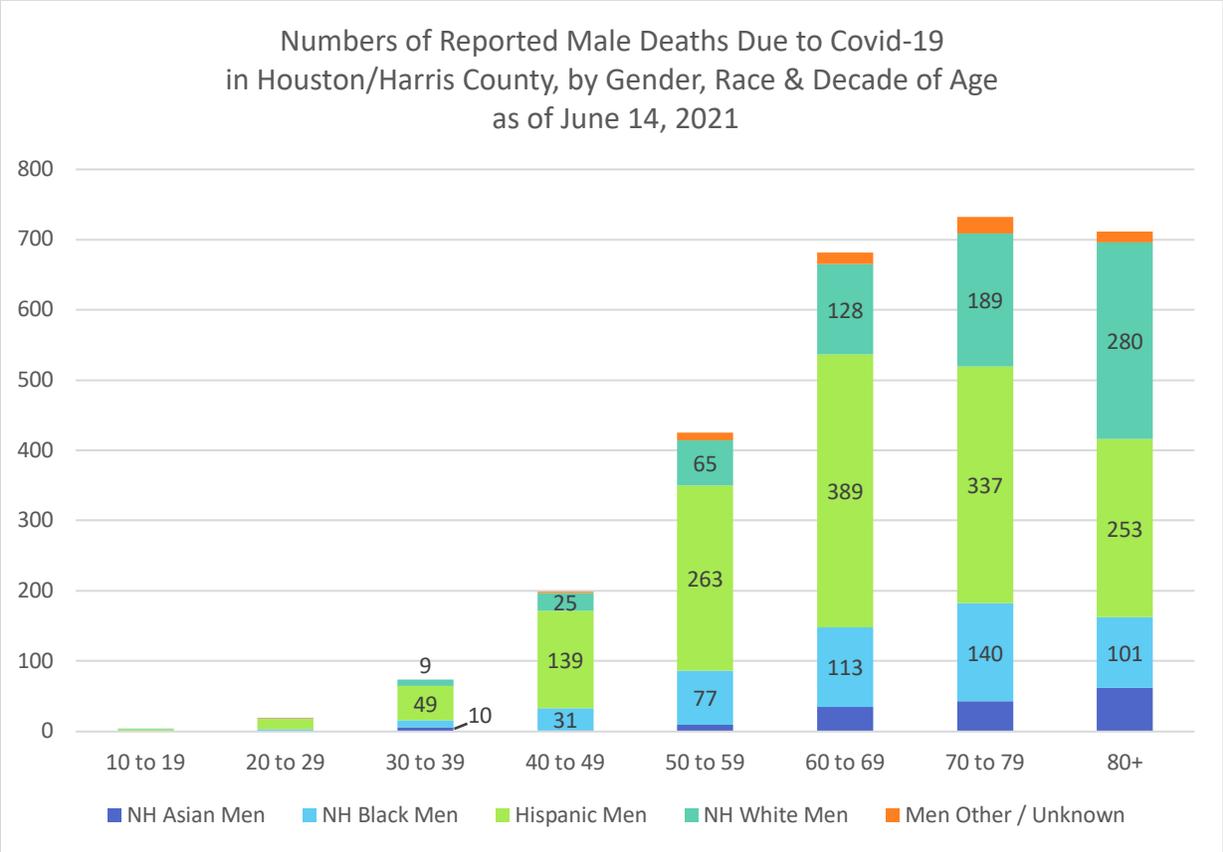


Figure 4

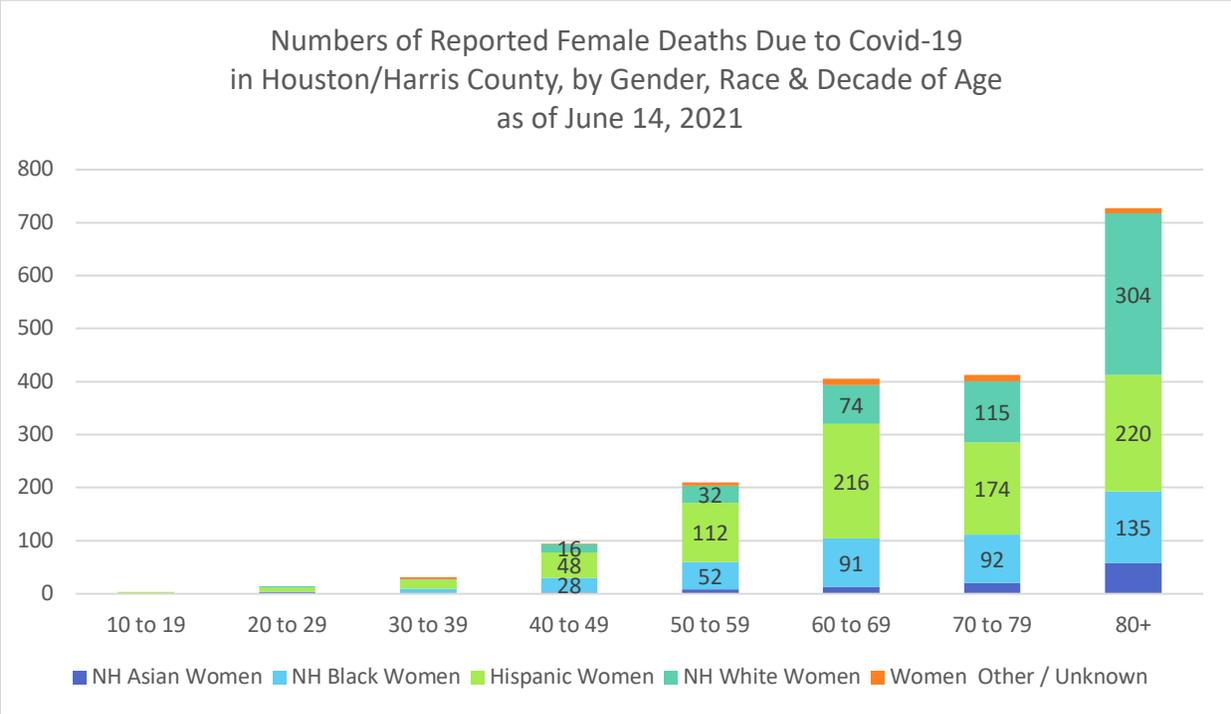


Figure 5

While susceptibility to Covid-19 is greater among the elderly, the numbers of deaths in each age/race-ethnicity group will also connect to which racial/ethnic groups include more elderly people. In Houston, the proportions of elderly present in each group vary widely by race, so for example there were an estimated 21,446 White men 80 and over in Harris County in 2019, but only 7,935 Hispanic men in that age range, 4,321 Black men and 4,251 Asian men.¹⁰ So while the numbers of elders over 70 lost may look roughly similar among, for instance, Hispanic and White men, the proportion of elders lost is much greater among Hispanics.

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.

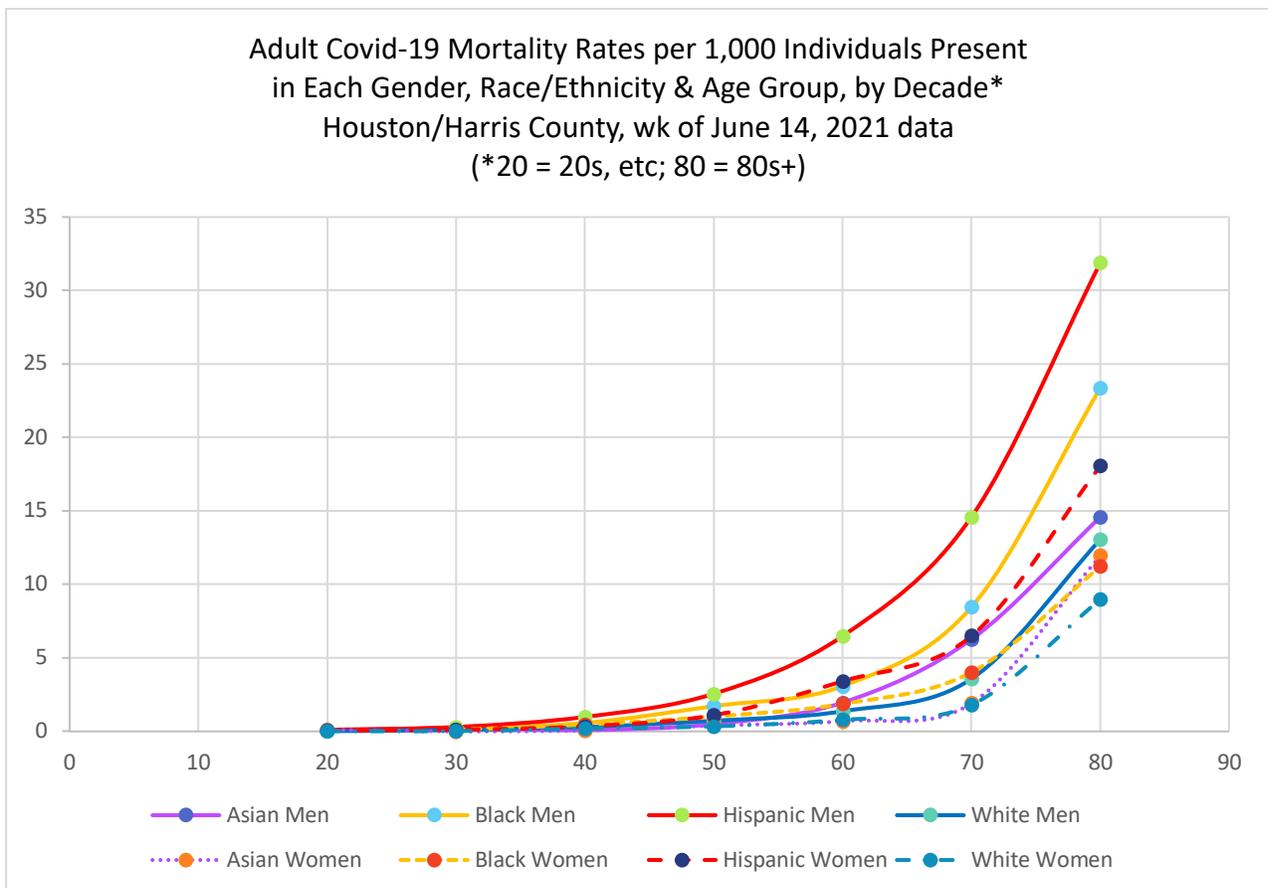


Figure 6

GENDER ANALYSES

As noted above, of the total 4751 reported deaths in the two jurisdictions to the week of June 14, 2021, **60.1% (2848) were male and 39.9% (1898) were female, with men’s likelihood of**

¹⁰ US Census Bureau, American Community Survey, 2019.

death continuing more than 50% higher than that of women in Harris County. That is consistent with the global pattern of more male Covid-19 deaths, though the specifics of both gendered infection rates and gendered fatality rates vary widely by location. For instance, while 34 of 43 states with reported data in one study had notably higher death rates for men than women, 7 had at or near 50/50 and 2 had higher deaths among women.¹¹ Reported infection rate variation may reflect both who gets tested as well as the gendering of who is in frontline jobs, with what degree of masking and social distancing, and that may vary by location. Texas state data on the gender of cases is currently highly unreliable. Deaths however are reported more accurately. Among recently reported deaths in H/HC, a similar proportion seems to continue to hold (the Houston Health Department reported 813 deaths between 3/12/21 and 6/14/21 total, with 485 of them Male and 328 Female [59.7/40.3%]).¹² The global gendered fatality difference is likely due to a combination of biological (sex-linked) and behavioral (gender-linked) factors, **with behaviors that lead men to be in worse health than women generally likely more influential** (less tendency to self-care, including fewer doctor visits, less healthy food, and more smoking, which in some circles predict lower likelihood of Covid-care, like masking, etc.).¹³ [A report in Nature](#) on August 26, 2020, found that older men produce a weaker immune response to the virus than older women.

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), though most of these fields enforce masking and social distancing; **expanded responsibilities for childcare and homeschooling** given the shutdowns; higher levels of **domestic violence**; and continued **lower levels of pay** (see UH IRWGS [Second Annual Report on H/HC Gender & Sexuality Data](#), May 2021). State level efforts to **reduce access to birth control and abortion** may also affect women's long-term civic status and ability to participate in workforce and government. Researchers on workplace equity predict that women overall and single mothers

¹¹ GenderSciLab, [Covid-19 Cases and Deaths Disaggregated by Gender/Sex and US State](#), last updated June 7, 2021. The Houston/Harris County Covid-19 Dashboard no longer reports gender re infections/cases.

¹² This is a wider gap than the [CDC's national data](#) indicate, which is 54% male / 46% female (12/19/20)..

¹³ 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.

in particular¹⁴ 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.¹⁵

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 (School/Work Synchrony), 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 the City of Houston, **only 5.6% (148/2846 [48fm 101m) were listed as not involving an underlying condition.** Recent research suggests that mild overweight can also be a risk factor.¹⁶ 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) would be 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 health care funds brought into the state and spent at Texas businesses. The subject deserves wide consideration.

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

Check out our podcast [HOUSTON DATA FILES](#) for more discussions of Covid-19 and other intersectional data related to Houston/Harris County.

¹⁴ Single mothers made up 29% of women living with children under 18 in Harris County in 2019 (ACS).

¹⁵ Patricia Cohen and Tiffany Hsu, "[Pandemic Could Scar a Generation of Working Mothers](#)," *New York Times*, (June 3, 2020).

¹⁶ Roni C. Rabin, "[Extra Pounds May Raise Risk of Severe Covid-19](#)," *NY Times* (Oct. 10, 2020)