

University of Wisconsin Milwaukee

UWM Digital Commons

Center for Economic Development Publications

Economic Development, Center for

4-2020

Milwaukee's Coronavirus Racial Divide: A Report on the Early Stages of COVID-19 Spread in Milwaukee County

Joel Rast

Yaidi Cancel Martinez

Lisa Heuler Williams

Follow this and additional works at: https://dc.uwm.edu/ced_pubs

This Article is brought to you for free and open access by UWM Digital Commons. It has been accepted for inclusion in Center for Economic Development Publications by an authorized administrator of UWM Digital Commons. For more information, please contact open-access@uwm.edu.



Milwaukee's Coronavirus Racial Divide

**A Report on the Early Stages of COVID-19 Spread in
Milwaukee County**

Prepared by:

Center for Economic Development
College of Letters and Science
University of Wisconsin-Milwaukee
April 2020

For further information contact:

Joel Rast, Ph.D.
UWM Center for Economic Development
jrast@uwm.edu

ABOUT THIS REPORT

This report was written by Joel Rast, associate professor of political science and urban studies and director of the Center for Economic Development at the University of Wisconsin-Milwaukee. Mapping and data analysis were done by Yaidi Cancel Martinez, Ph.D., research scientist and policy analyst at the Center. Additional research assistance was provided by Lisa Heuler Williams, also a policy analyst with the Center. The Center for Economic Development (CED) is a unit of the College of Letters and Science at UWM. The College established CED in 1990 to provide university research and technical assistance to community organizations and units of government working to improve the Greater Milwaukee economy. The analysis and conclusions presented in this report are solely those of CED and do not necessarily reflect the views and opinions of UW-Milwaukee, the College of Letters and Science, or any of the organizations providing financial support to the Center.

CED believes that informed public debate is vital to the development of good public policy. The Center publishes briefing papers, detailed analyses of economic trends and policies, and technical assistance reports. In these ways, as well as in conferences and public lectures sponsored or co-sponsored by the Center, we hope to contribute to public discussion on economic development policy and related matters in Southeastern Wisconsin.

Further information about the Center and its reports and activities is available at our web site:

<https://uwm.edu/ced/>

Introduction

Like many other densely populated urban areas, Milwaukee is experiencing a surge of reported COVID-19 cases. On March 12 there was only one confirmed case in Milwaukee County. By April 8 there were 1,425 confirmed cases. The real numbers are likely far higher than that. Lack of widespread testing has made the spread of the coronavirus difficult to measure with any degree of certainty. Map 1 shows the distribution of confirmed coronavirus cases in Milwaukee County as of April 8, 2020.

Although we do not know precisely how many cases of COVID-19 there currently are in the Milwaukee area, the data that we do have has revealed disturbing patterns. At this point, African American residents are much more likely than white residents to have contracted the virus. As of April 8, nearly twice the number of African American county residents as whites had tested positive for COVID-19. African Americans represent 27 percent of the county's population, but they account for 45 percent of confirmed cases. More disturbing still, of the 67 coronavirus-related deaths reported in Milwaukee County as of April 8, 46 of the victims were black. The disproportionate toll that the coronavirus is taking on African Americans—both deaths and confirmed cases—has been reported in other cities with large black populations, including Detroit, New Orleans, New York City, Boston, and Chicago.¹

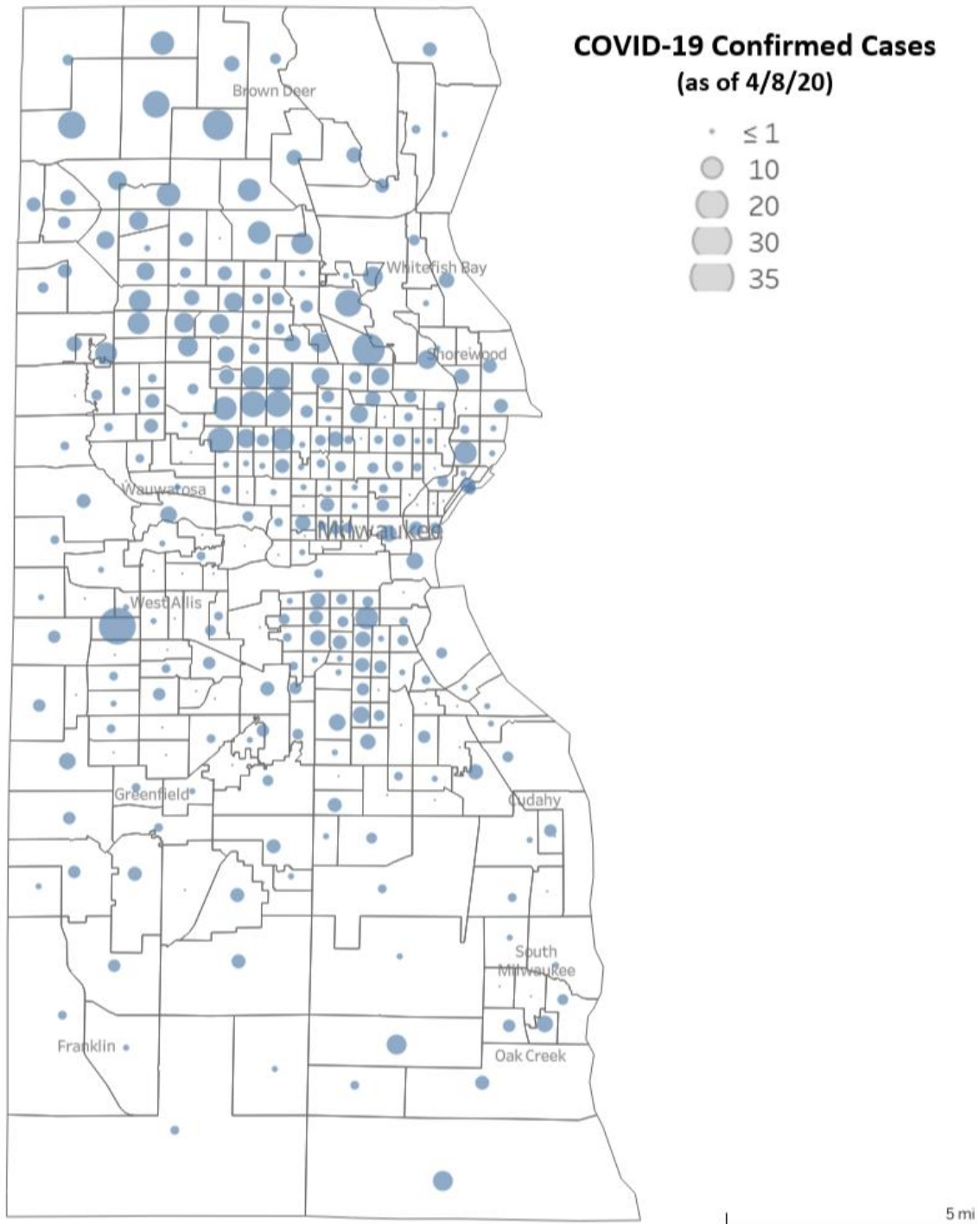
It is unclear whether this pattern will continue. Because the situation is unfolding at an extremely rapid pace, it is possible that the racial disparities we see today will at some point become less pronounced. However, it is also possible that, without intervention, these disparities will persist, perhaps becoming even more exaggerated over time.

The purpose of this report is to provide a snapshot of the geography of coronavirus spread in Milwaukee County in its early stages. We use data on confirmed cases and deaths through April 8, 2020, focusing in particular on how the prevalence of the virus in individual neighborhood areas appears to correlate with neighborhood demographics, especially race and income. This kind of information is already available and updated twice daily through the Milwaukee County COVID-19 Dashboard.² Our goal in this report is to move beyond simple numbers and provide some analysis and interpretation. We know that the rapid spread of the virus means that the numbers and locations of confirmed cases that we report here will be somewhat outdated by the time this report is released, and even more so in the coming weeks. However, given the disparities that have surfaced and the possibility that these patterns will continue, we believe it is urgent that this research be made available now in order to inform the public and provide decision-makers with information that can be used to address the crisis.

¹ "Coronavirus Sweeps Through Detroit, a City That Has Seen Crisis Before," *New York Times*, March 30, 2020; "Virus Erupts in U.S. Cities Where the Poor Have Few Defenses," *Bloomberg News*, March 28, 2020.

² See <https://mcoem.maps.arcgis.com/apps/opsdashboard/index.html#/018eedbe075046779b8062b5fe1055bf>

Map 1: Distribution of Confirmed COVID-19 Cases in Milwaukee County



Source: Milwaukee County COVID-19 Dashboard, April 8 2020.

COVID-19 Spread and Race

We begin by examining the association between coronavirus spread and race. Studies have frequently identified Milwaukee as one of the most segregated metropolitan areas in the country.³ As Map 2 shows, African American residents of Milwaukee County live mostly in the city of Milwaukee, and most of those residents are concentrated on the city's North Side in neighborhoods where the vast majority of other residents are also black. Nearly half of the city's black population lives in census tracts where at least 75 percent of all residents are African American. Many of these neighborhoods suffer from high jobless rates (even before the current pandemic), high poverty rates, substandard housing, high rates of incarceration, and limited access to health care.⁴ Coronavirus is an additional burden being inflicted on areas of the city already experiencing concentrated disadvantage. Governor Tony Evers has called it "a crisis within a crisis."⁵

How closely does the spread of the coronavirus overlap with race and patterns of segregation? The simplest way to answer this question is to look at areas of the city that are mostly black and to see whether these areas contain disproportionate numbers of confirmed coronavirus cases. Milwaukee County has 53 census tracts that are at least 75 percent African American. Approximately 13 percent of the county's population lives in these areas. If COVID-19 cases were distributed evenly across the county population, 13 percent of the confirmed cases should be located in these census tracts.

Map 3 shows the distribution of confirmed coronavirus cases in Milwaukee County along with census tracts that are at least 75 percent African American. A quick visual inspection reveals an overlap between race and confirmed cases. Census tracts that are predominantly African American are also areas where significant numbers of confirmed cases are located. How close is the association? Our analysis shows that while these census tracts contain 13 percent of the county population, they account for 26 percent of confirmed cases, double the percentage of cases that would exist if cases were distributed evenly across the county population.

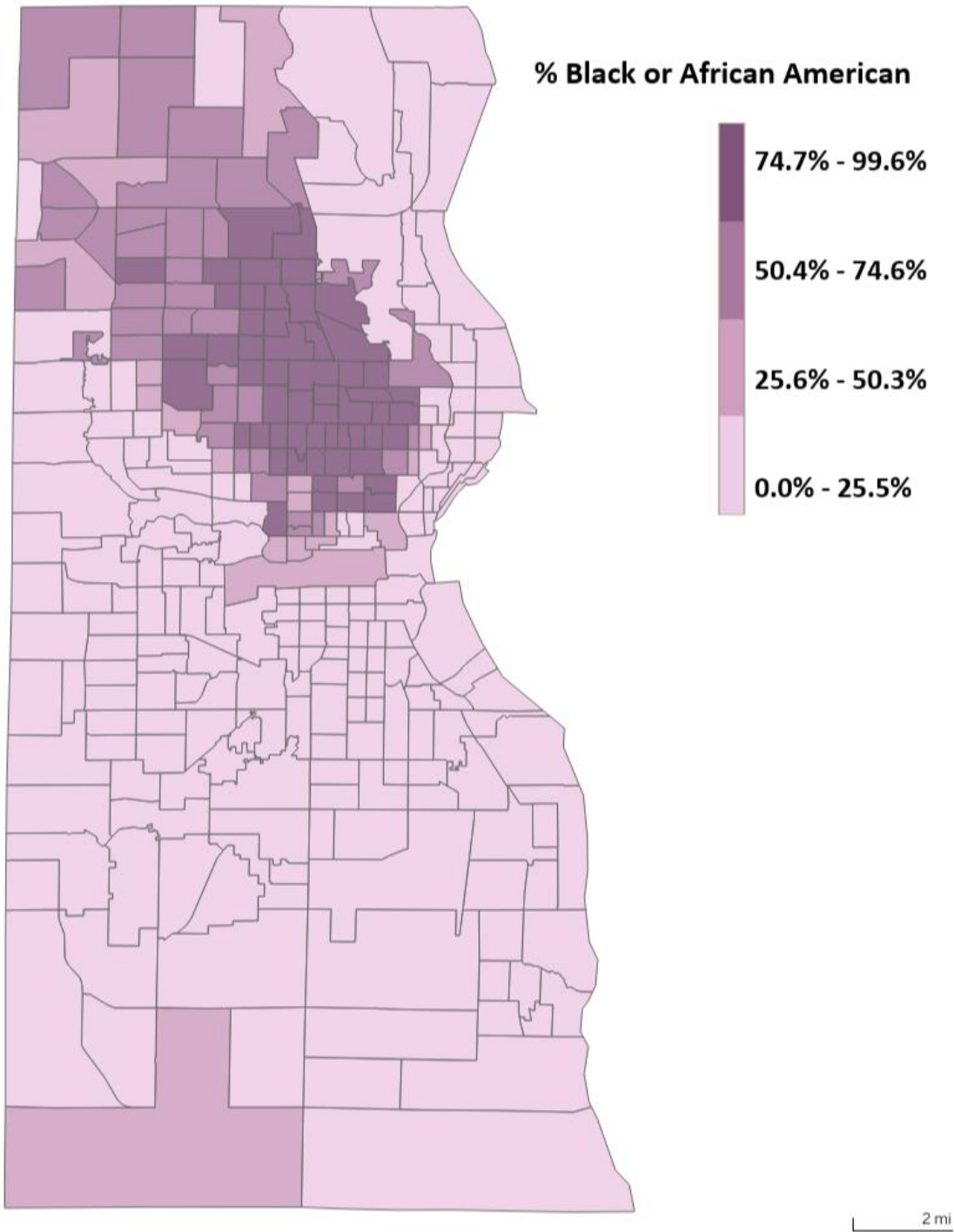
If areas of the county that are mostly African American are being disproportionately impacted by the coronavirus, does it follow that areas that are mostly white are experiencing the fewest effects? Map 4 again shows the distribution of confirmed COVID-19 cases, this time highlighting census tracts that are at least 75 percent white. Milwaukee County has 100 such census tracts. Approximately 31 percent of the county population lives in these areas. Again, if COVID-19 cases were distributed evenly across the county population, 31 percent

³ William H. Frey, "Census Shows Modest Declines in Black-White Segregation," Brookings Institution, December 8, 2015.

⁴ See, for example, Marc V. Levine, "Milwaukee 53206: The Anatomy of Concentrated Disadvantage In an Inner City Neighborhood, 2000-2017," Center for Economic Development, University of Wisconsin-Milwaukee, 2019.

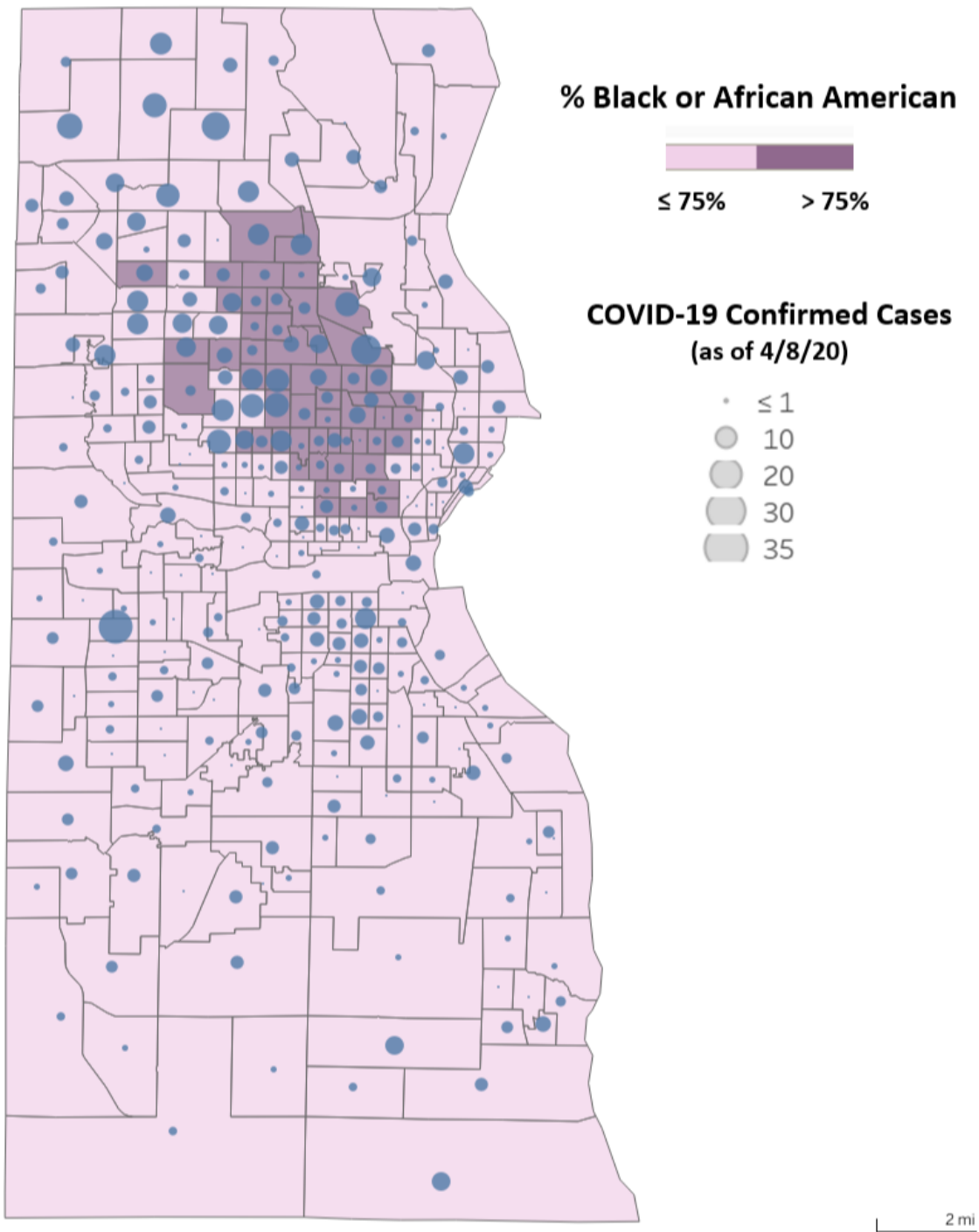
⁵ "Milwaukee's Black Community Hit Hard by Coronavirus," *U.S News & World Report*, March 27, 2020.

Map 2: Percent African American by Census Tract



Source: 2018 Census ACS 5-year estimates

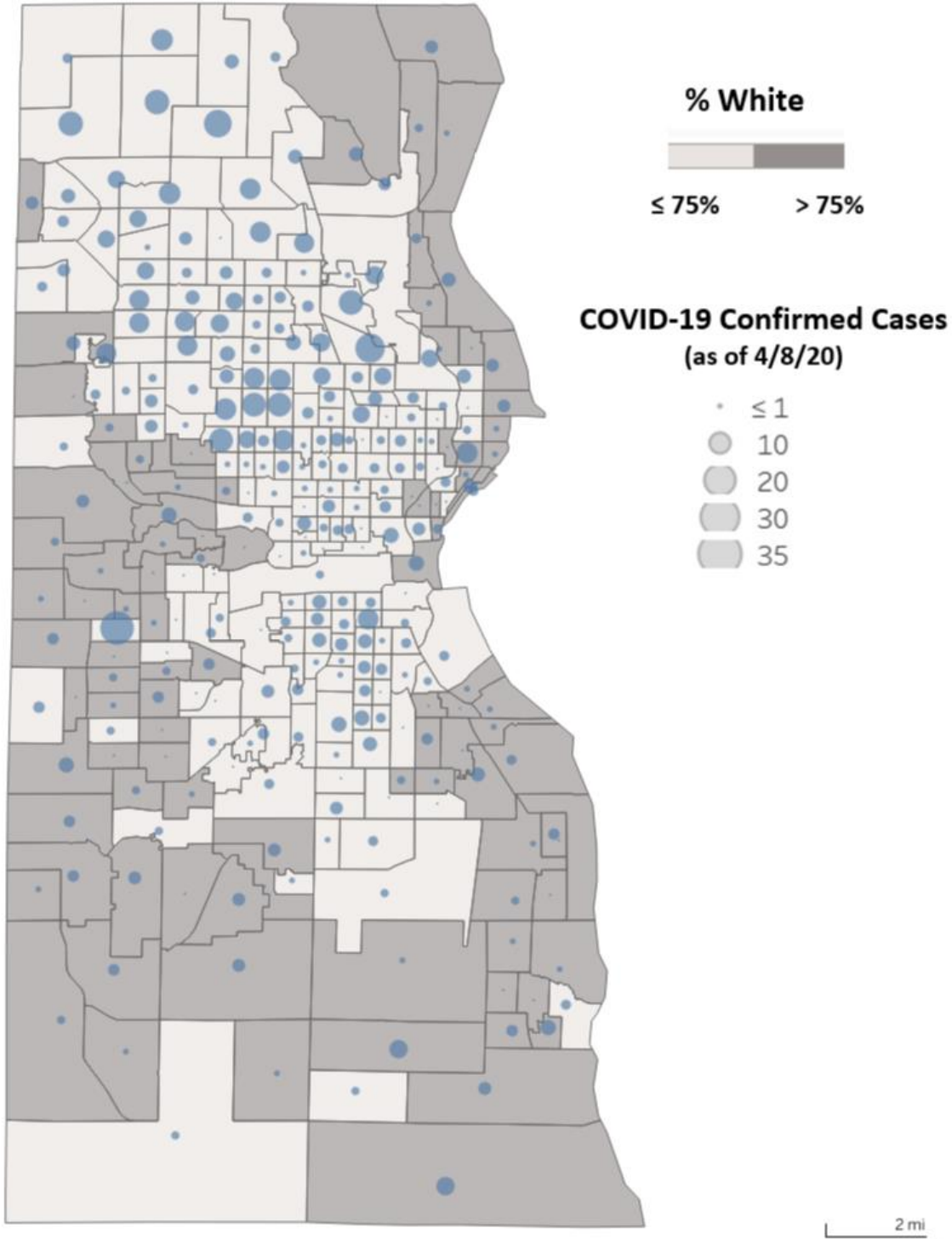
Map 3: Confirmed COVID-19 Cases and African American Population Density*



Source: Milwaukee County COVID-19 Dashboard, April 8 2020 and 2018 Census ACS 5 year estimates.

*Denotes Over 75 Percent African American Population by Census Tracts.

Map 4: Confirmed COVID-19 and White Population Density*



Source: Milwaukee County COVID-19 Dashboard, April 8 2020 and 2018 Census ACS 5 year estimates.

*Denotes Over 75 Percent White Population by Census Tracts.

of the cases should be located in these areas. The actual number, however, is somewhat lower. Areas of the county that are at least 75 percent white contain only 23 percent of confirmed cases.

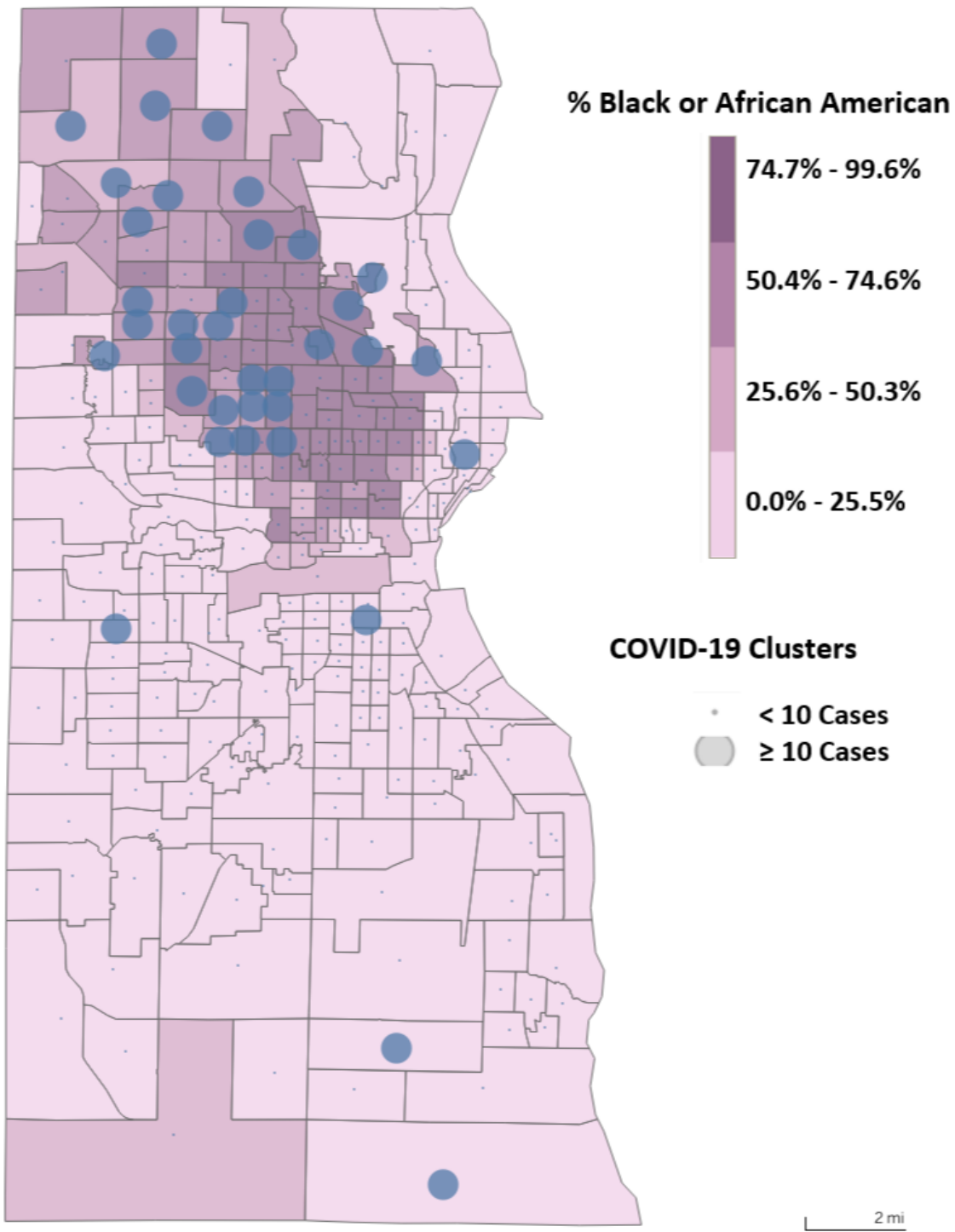
Another way to examine the overlap between coronavirus and race is to look specifically at areas where COVID-19 clusters have been forming. At this point, some census tracts have no confirmed cases or only a few. Other census tracts have as many as 35 cases. In what parts of the county are those census tracts with higher numbers of confirmed cases located? Are they more likely to be areas that are mostly African American and less likely to be areas that are mostly white?

Map 5 shows percentage African American population by census tract together with those census tracts with 10 or more confirmed cases of COVID-19. Again, a quick visual inspection shows that many of the census tracts with higher numbers of cases are also areas that are mostly African American. How closely does race correlate with COVID-19 clusters? Milwaukee County currently has 36 census tracts with 10 or more confirmed coronavirus cases. Twelve of those census tracts (one-third of the total) are tracts which are at least 75 percent African American. If we consider tracts that are 50 percent or higher African American the number increases substantially. More than two-thirds of coronavirus clusters of 10 or more cases are located in census tracts that are at least 50 percent African American.

What about areas of the county that are mostly white? To what extent are these areas less likely to contain greater concentrations of confirmed cases? Map 6 shows percentage white population by census tract along with census tracts with 10 or more confirmed cases. Here the disparity is even more pronounced. Looking specifically at areas in which the white population is 75 percent or higher, we find that such areas contain just 3 of the 36 census tracts with at least 10 confirmed cases.

To summarize, race and patterns of segregation are closely associated with the spread of the coronavirus in Milwaukee County. Areas of the county that are predominantly African American have disproportionately high numbers of cases and coronavirus clusters, while areas that are predominantly white have disproportionately few cases and a very small number of virus clusters. Should this pattern continue, simply living in an area that is mostly African American may significantly increase the risk of contracting the virus in comparison to areas of the county that are mostly white.

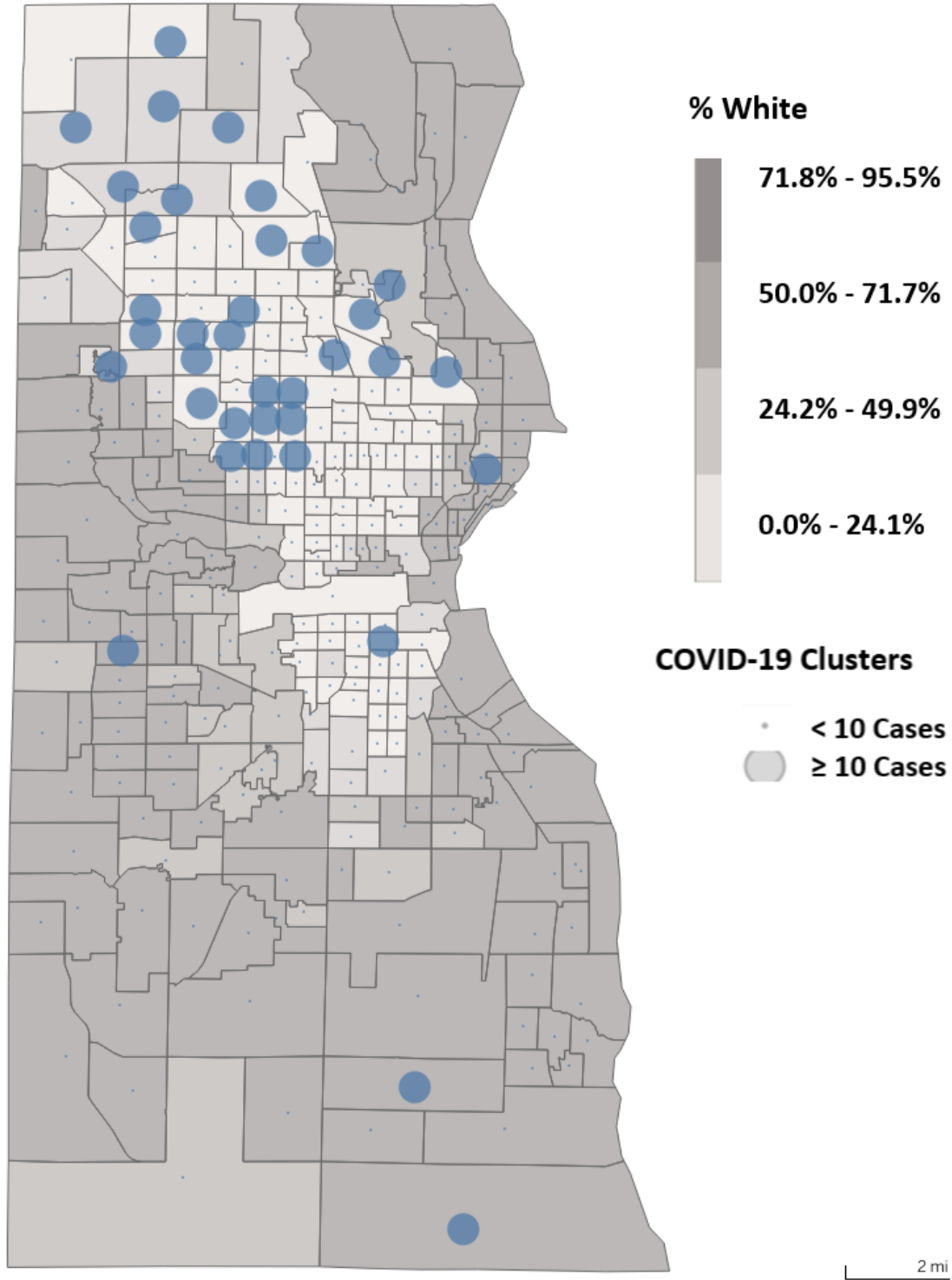
Map 5: Percent African American and COVID-19 Clusters of Confirmed Cases*



Source: Milwaukee County COVID-19 Dashboard, April 8 2020 and 2018 Census ACS 5 year estimates.

*Denotes confirmed COVID-19 cases of 10 or more.

Map 6: Percent White and COVID-19 Clusters of Confirmed Cases*



Source: Milwaukee County COVID-19 Dashboard, April 8 2020 and 2018 Census ACS 5 year estimates.

*Denotes confirmed COVID-19 cases of 10 or more.

Income Effects of COVID-19 Spread

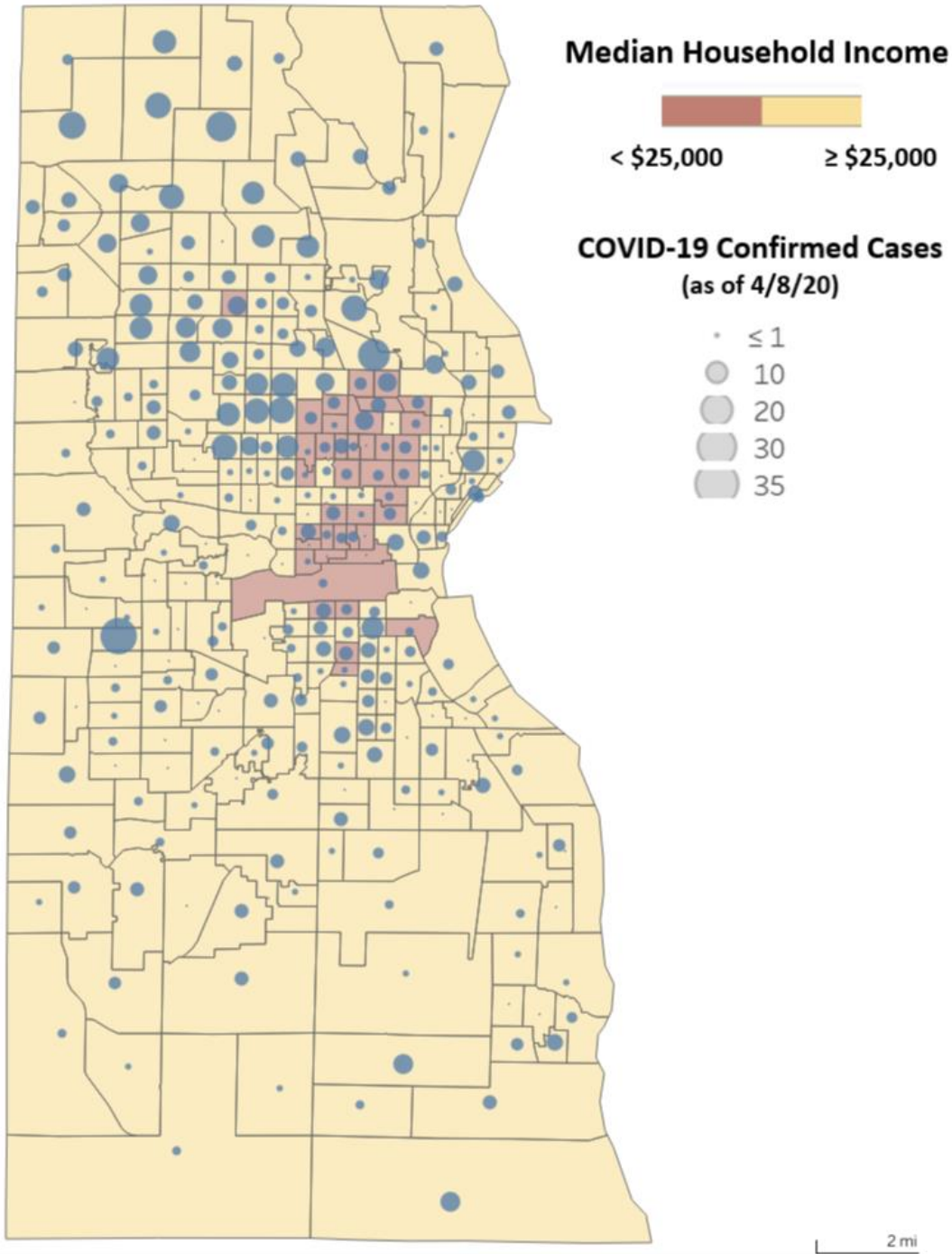
We know that race is correlated with income. Income in areas that are mostly African American is often lower than it is for areas that are mostly white. People with lower incomes are more likely to be working in jobs that cannot be done remotely—such as grocery store cashiers, bus drivers, and food service workers—that increase their risk of contracting the virus. They are more likely to be dependent on public transportation, where social distancing may be impossible. They often live in apartment buildings rather than single family homes, also creating potential challenges for social distancing. They are also less likely to be insured, meaning that they may delay seeking medical attention and testing until they have been infected for some length of time. Perhaps income is as important or even more important than race in determining where and how the coronavirus is spreading.

We tested this proposition by examining the prevalence of confirmed COVID-19 cases in areas of the county with the highest incomes and those with the lowest incomes. The results were somewhat surprising. Map 7 shows the locations of very low-income census tracts, those in which median household income is below \$25,000 per year. There are 40 such census tracts in Milwaukee County. For the reasons described above, we expected these areas to have disproportionately high numbers of coronavirus cases, but we found the opposite. These areas contain 27 percent of the county population but only 11 percent of confirmed cases. While this finding seems somewhat counterintuitive, it may be at least partly the result of high jobless rates in these areas. Individuals who are not working may spend more time at home where they are not as easily exposed to the virus. However, it is also important to recognize that these are *confirmed* cases, not *actual* cases, and that the difference between the two may be sizeable, particularly in very low-income areas where access to treatment and testing may be compromised. It would not be surprising if the actual number of cases in these areas were substantially higher than what is currently being reported.

How does the picture differ for areas of the county with relatively high incomes? Map 8 shows the locations of census tracts in which median household income is \$75,000 or higher. The results are striking. These areas contain 31 percent of the county population but just 8 percent of confirmed cases. This is consistent with what we would expect. Areas in which incomes are higher are likely to contain larger numbers of professionals who are able to work remotely. Unlike many individuals with lower-incomes, they can practice social distancing by staying home, avoiding public transportation, and limiting their contact with neighbors and other non-family members. By working from home, they can avoid bringing others into the household to care for children during the day, a luxury lower-income families may not have. In short, a higher income creates opportunities to reduce exposure to the virus that may not be available to lower-income households.

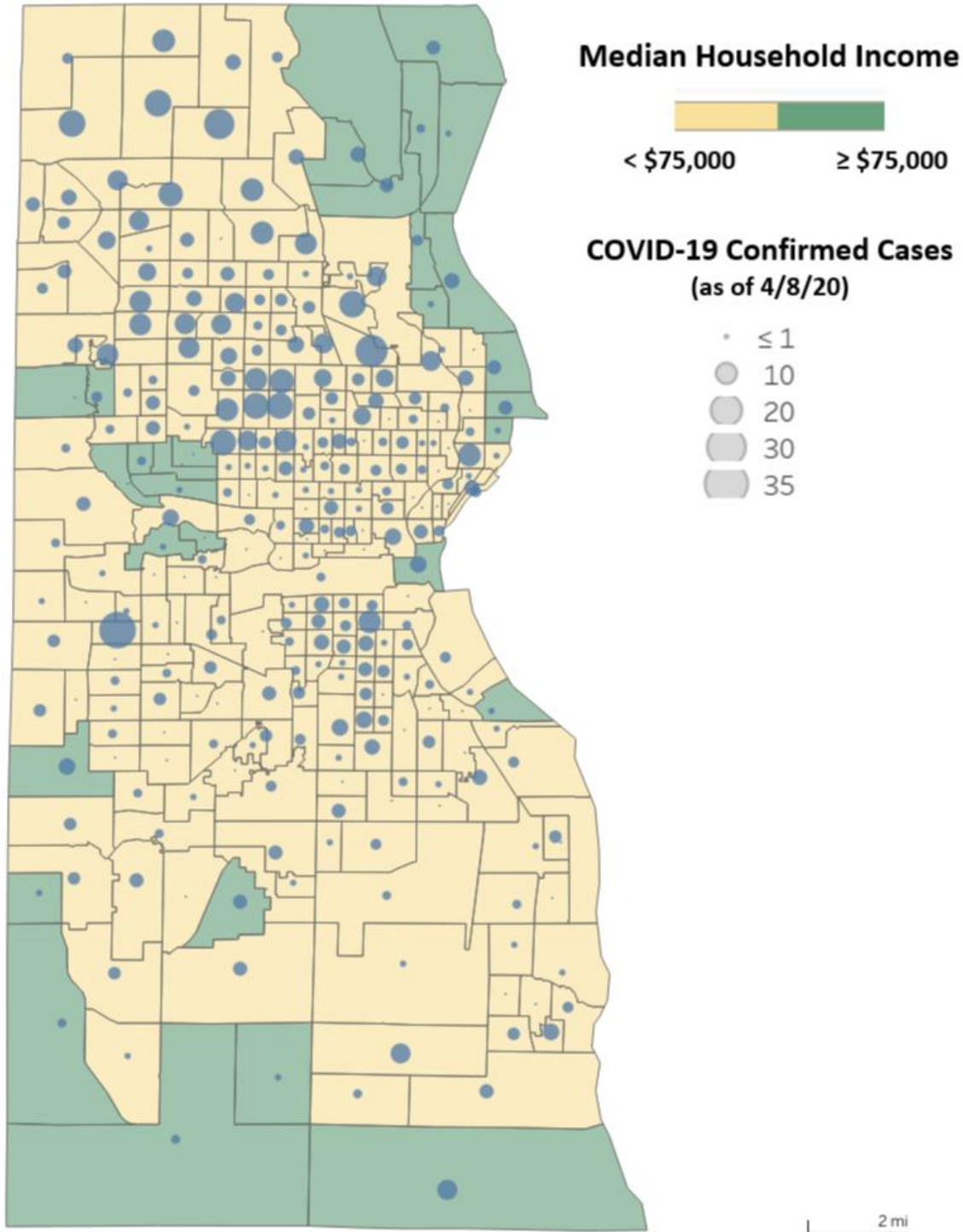
To what extent do our findings with regard to income overlap with those about race? The association is not perfect. Areas that are both mostly white and higher income have relatively few confirmed cases. However, more modest household incomes are not always associated with higher numbers of cases, particularly when it

Map 7: Confirmed COVID-19 Cases and Median Household Income Below \$25,000



Source: Milwaukee County COVID-19 Dashboard, April 8 2020 and 2018 Census ACS 5 year estimates.

Map 8: Confirmed COVID-19 Cases and Median Household Income \$75,000 or Higher



Source: Milwaukee County COVID-19 Dashboard, April 8 2020 and 2018 Census ACS 5 year estimates.

comes to coronavirus clusters of 10 or more cases per census tract. Few such clusters have emerged in areas of the county that are mostly white, even those where household incomes are well below \$75,000. Race seems to be working somewhat independently of income in determining where clusters are forming.

The picture is likewise ambiguous for areas that are experiencing high numbers of confirmed cases. Cases are concentrating in areas that are predominantly African American but less so in areas where household incomes are very low. Contrary to what we anticipated, the latter areas have disproportionately few confirmed cases, at least at this stage. As we pointed out earlier, this finding may reflect disparities in access to treatment and testing in very low-income areas, and the actual number of cases in these census tracts may be substantially higher. Based on the data that we have, however, race appears to be more important than income in determining where cases are concentrating.

Deaths

Not only are African Americans in Milwaukee County more likely than whites to have contracted the coronavirus, but they are also more likely to die from the virus if they do get it. As of April 8, 46 of the 67 individuals who have died from coronavirus-related complications in Milwaukee County have been African American. African Americans make up 27 percent of the county population, but they account for 69 percent of the deaths. Table 1 shows COVID-19-related deaths by gender, race, and ethnicity for Milwaukee County.

Table 1. COVID-19-Related Deaths in Milwaukee County, March 19-April 8

	Number	% of Total
Gender		
<i>Male</i>	38	56.7
<i>Female</i>	29	43.3
Race/Ethnicity		
<i>Black</i>	46	68.7
<i>White</i>	18	26.9
<i>Hispanic</i>	3	4.5
TOTAL Deaths	67	100.0

It is beyond the scope of this report to provide a comprehensive explanation for these racial disparities in survival rates. What we can say, however, is that African Americans are more likely than whites to be at risk of developing potentially life-threatening complications from the coronavirus. Risk factors for coronavirus complications include medical conditions such as hypertension, diabetes, heart disease, and obesity. A newly released study by the Center for Disease Control sampling 180 patients from multiple states found that 90 percent of individuals requiring hospitalization for coronavirus-related complications had at least one underlying health condition.⁶ The risk of complications is further elevated when an individual has more than one preexisting condition. Such occurrences are more likely for African Americans than they are for whites. Much of the blame lies in inequalities in access to health care, health insurance, a healthy environment, and healthy food, all conditions that can be traced to the historic patterns of racism, segregation, and discrimination that blacks have faced in Milwaukee and elsewhere.⁷

Data from the Milwaukee County Medical Examiner on COVID-19-related deaths show that the vast majority of individuals who have died so far had risk factors, and many had more than one. Of the 67 individuals who died between March 19 and April 8, 29 had hypertension, 34 had diabetes, and 31 had heart disease or related problems. Forty-three percent had multiple risk factors.

Recommendations and Conclusion

Our analysis of the early stages of coronavirus spread in Milwaukee County reveals disturbing patterns. As in other cities with large African American populations, stark inequalities are emerging along racial and economic lines. Areas of the county that are predominantly black are experiencing disproportionately high numbers of reported cases and concentrations of coronavirus clusters. Areas that are predominantly white and higher income are reporting fewer cases and very small numbers of virus clusters. Most important, African Americans who have contracted the virus are developing life-threatening complications at a rate much higher than whites. Race is emerging as key factor in determining who lives and who dies as this virus sweeps through the county.

We do not know whether these patterns will continue, but what we have seen so far raises the prospect of a pronounced racial and ethical crisis. While upper-income residents quarantine themselves, secure in the knowledge that should they become ill treatment is close at hand, lower-income residents must often make difficult choices between reporting to work and putting themselves at risk of infection, or staying home and losing income and perhaps employment.⁸ Lack of insurance coverage may cause many such individuals to delay seeking medical attention, leading to further spread of the virus among family members and within the

⁶ "CDC Releases Early Demographic Snapshot of Worst Coronavirus Cases," *New York Times*, April 8, 2020.

⁷ "Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate," *ProPublica*, April 3, 2020.

⁸ There are, of course, exceptions to this pattern. Most obviously, health care professionals put themselves at significant risk every day treating patients with the virus.

community. People with means have access to food and other necessities because grocery store clerks and other service workers continue to do their jobs, often at significant risk to their own personal safety. Income and profession are key determinants of which side of this divide residents are situated on, but the evidence from Milwaukee suggests that race is also a factor.

What can be done at this point to address these disparities and slow the spread of the virus, particularly in communities of color? First, comprehensive demographic data on individuals testing positive for the virus must continue to be made publicly available so that there is transparency about which communities the virus is impacting the hardest. Admirably, Milwaukee County was one of the earliest metropolitan areas to begin providing this kind of information and is well ahead of many other metro areas in this respect. Indeed, without the data reported by the county's COVID-19 Dashboard, this report could not have been written. The continued reporting of this data will be critical to efforts to target responses to the virus in ways that best meet the needs of those who are being impacted the most.

Second, the availability of testing is crucial. The more barriers that stand in the way of testing, the greater the chance that people who have fallen ill will not realize they have the virus until they have infected others. The need for more expansive testing capabilities is a problem that neither the city nor the county can solve on its own. However, when testing does become more widely available, the racial and economic disparities that this report documents—and that the county's own data confirm—should be a key consideration in determining outreach strategies to affected communities and how test kits are distributed.

Third, along with testing, people who are uninsured or underinsured must have access to affordable health care so that if they do fall ill, they do not hesitate to seek treatment. Some have suggested the possibility of coronavirus-related life insurance and health insurance for essential workers.⁹ These workers are in some cases taking substantial health risks simply by doing their jobs. At the very least, they should not have to worry about whether they can afford to see a doctor and whether their families will be taken care of should they fall ill and experience life-threatening complications or even death.

Fourth, businesses that are deemed essential must provide a safe environment for their workers, and city and county officials should take steps to ensure that workers are adequately protected. This means, among other things, providing masks for employees, maintaining adequate distance between workers, and encouraging frequent hand washing in the workplace. Employees who fall ill should be required to stay home. Requirements for doctor's notes or other proof of illness should be relaxed to maximize the likelihood that sick workers will in fact choose to stay home. Public officials should be aggressive in responding to complaints from workers about the safety of their work environment.

⁹ "Location Data Says It All: Staying at Home During Coronavirus Is a Luxury," *New York Times*, April 3, 2020.

Finally, messaging may be important. People with low incomes are often struggling to meet basic needs like food and shelter. As one observer put it, “This virus is odorless, colorless, tasteless, and that renders it almost unreal. So if we’re hungry, or trying to find rent, it’s going on the back burner.”¹⁰ Not only that, decades of discriminatory policies have made many African American residents suspicious of the health care system and government more generally.¹¹ For these reasons, low-income people of color may have been slower than others to respond to Governor Evers “safer at home” order, giving the virus a head start in some communities. Communication with historically disadvantaged communities about steps people can take to slow the spread will be most effective if it comes from a trusted source and is viewed by community members as credible information.

Taking these steps will help to save lives and reduce disparities that we are seeing now in the spread of the coronavirus in Milwaukee County. It will not, however, address the structural inequalities that gave rise to this crisis in the first place. The early stages of this pandemic have laid bare these inequalities for all to see. It is a good time to reflect on racial and economic disparities in Milwaukee more generally, what perpetuates them, and what might be done in the aftermath of this crisis to begin building a more just community.

¹⁰ “Coronavirus Sweeps Through Detroit, a City That Has Seen Crisis Before,” *New York Times*, March 30, 2020.

¹¹ “The Coronavirus is Infecting and Killing Black Americans at an Alarming High Rate,” *Washington Post*, April 7, 2020.