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COVID-19 Has Reduced the Latino Mortality Advantage among Older Adults

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The COVID-19 pandemic is quickly reshaping U.S. mortality patterns and exacerbating previous racial/ethnic disparities in mortality rates. Despite their lower socioeconomic status, U.S. Latinos have long had lower mortality rates than non-Latino Whites - a phenomenon referred to as the Latino mortality paradox.^{1,2} However, the burden of COVID-19 mortality has been disproportionately higher for the older U.S. Latino population.^{3,4} Although the Latino-White COVID-19 mortality gap has narrowed since the beginning of the pandemic, today older Latinos (ages 65+) are still dying from COVID-19 at a rate that is 1.2 times higher than the rate for non-Latino Whites.⁵

This brief describes the Latino-White mortality gaps for COVID-19 deaths and for mortality overall among adults ages 65 and older. Although the overall U.S. Latino mortality advantage has persisted throughout the pandemic, it narrowed considerably in 2020, but rebounded in 2021 and has continued to rebound in 2022 among older Latino adults, where the Latino mortality paradox has been the strongest.

Older Latino Adults Have Had Higher COVID-19 Mortality Rates than Whites Throughout the Pandemic

Despite having a long-standing overall mortality advantage over Whites⁶, older Latino adults have consistently had higher COVID-19 mortality rates than Whites over the three years of the pandemic. As

KEY FINDINGS

- U.S. Latinos have historically exhibited lower mortality rates than Whites, a phenomenon referred to as the Latino mortality paradox.
- COVID-19 mortality rates have consistently been higher among older Latinos than older Whites, though the gap has diminished over time.
- The Latino advantage in all-cause mortality among older adults has persisted throughout the pandemic. However, it has narrowed substantially, in part due to higher rates of COVID-19 mortality among older Latinos than among Whites.

shown in Figure 1, older Latinos died from COVID-19 at 2.1 times the rate of Whites in 2020, 1.6 times the rate of Whites in 2021, and 1.2 times the rate of Whites through April of 2022.

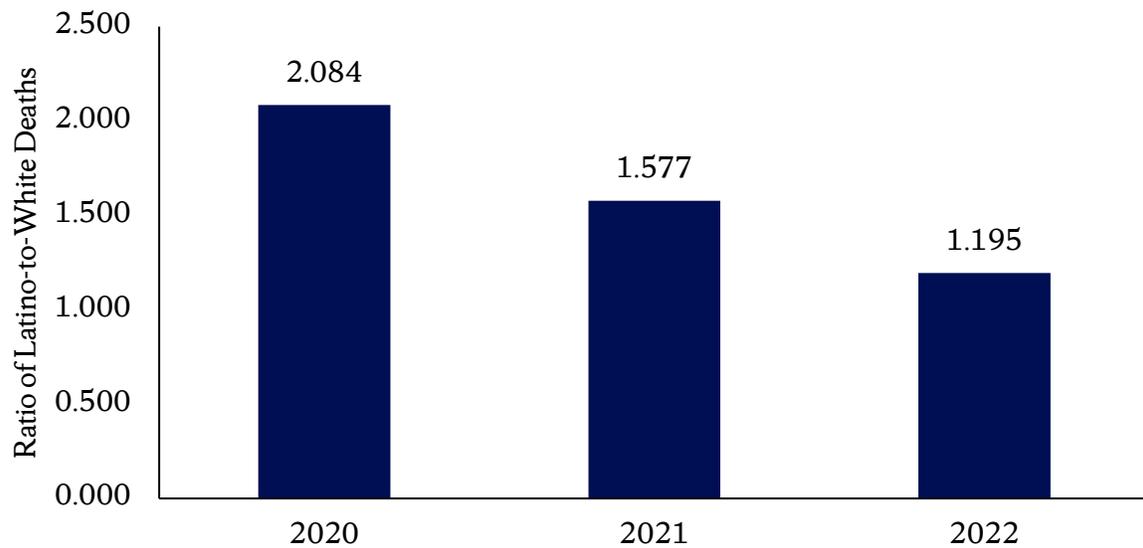


Figure 1: U.S. Ratio of Latino-to-White Age-Adjusted COVID-19 Death Rate for Population 65 and Older, 2020-2022

Data Source: [CDC Provisional COVID-19 Deaths by Race and Hispanic Origin, and Age.](#)

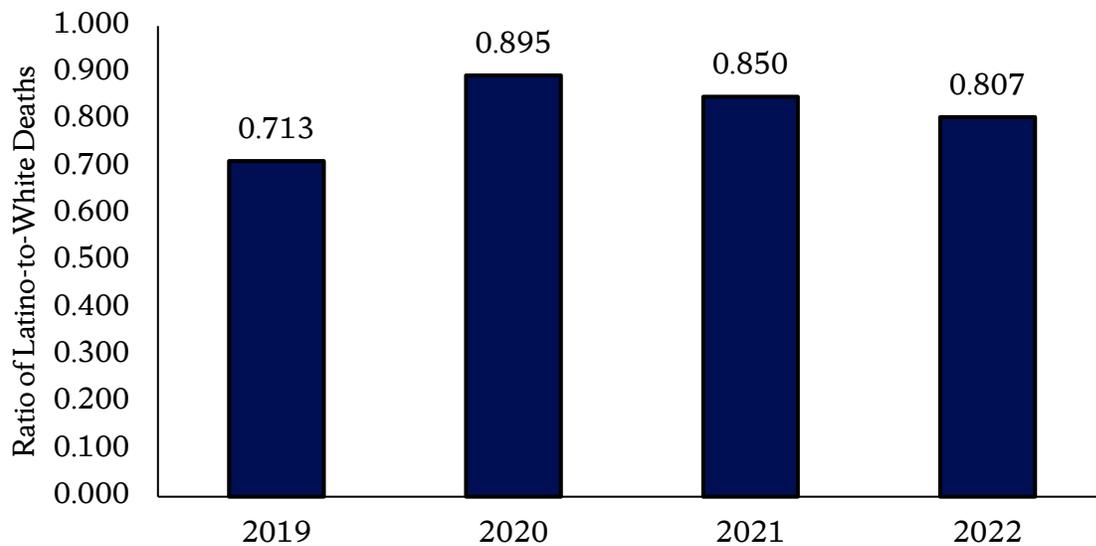


Figure 2: Ratio of U.S. Latino-to-White Age-Adjusted Overall Mortality Rate for Population 65 and Older, 2019-2022

Data Source: [CDC Provisional COVID-19 Deaths by Race and Hispanic Origin, and Age.](#)

Latino Older Adults Have Maintained an Overall Mortality Advantage Throughout the Pandemic, but the Advantage Has Eroded

When we examine all deaths, regardless of cause, it is clear that the Latino mortality advantage has diminished throughout the COVID-19 pandemic (see Figure 2). Before the pandemic (in 2019), older Latino adults had a death rate that was 28.7 percent lower than Whites. In 2020, the Latino advantage in all-cause mortality declined to 10.5 percent. It rebounded in 2021 to 15 percent and has continued to rebound in 2022 (now at 19.3 percent).

Broad Structural Changes are Needed to Prevent Disparities during Future Pandemics

COVID-19 has diminished the long-standing Latino advantage in all-cause mortality relative to Whites due to their disproportionate rate of COVID-19 deaths, particularly during the first two years of the pandemic. Explanations for higher COVID-19 death rates among older Latinos include 1) differences in the risk of exposure to COVID-19 in residential (overcrowded and/or multigenerational households, densely populated areas) and occupational (essential workers) settings, 2) unequal access to quality healthcare that has exacerbated pre-pandemic racial/ethnic health disparities, and 3) and inequities in the distribution of health-promoting resources, such as education, income, and wealth that contribute to various disparities and risk factors in environmental and living conditions experienced by these communities.

The above analysis demonstrates that COVID-19 mortality disparities are likely driven by structural factors that are modifiable by governmental intervention. Local, state, and federal agencies should continue to monitor the impact of COVID-19 on older Latinos to assess the myriad social and economic drivers of COVID-19 transmission and deaths in Latino communities.

To achieve population health equity, transformative actions are necessary to target high-risk populations and improve community infrastructure to reduce the risk of COVID-19 exposure and death. Recent evidence indicates that U.S. Latinos continue to have high rates of COVID-19 infections⁷ and are less likely to feel safe at work compared to Whites⁸. Despite initial vaccine hesitancy, Latinos have recently surpassed Whites in COVID-19 vaccination rates⁸. With the lifting of face mask mandates across the U.S., it is imperative that government agencies provide universal healthcare as a much-needed safety net for the health and wellbeing of vulnerable populations. Older Latinos are more likely to be uninsured and lack access to high-quality healthcare than other racial/ethnic groups. Providing universal healthcare would reduce health disparities for these populations. These bold policy proposals aimed at reducing social and economic inequality are a first step in providing the resources needed to ensure that a resilient community that can weather future public health crises.

Data and Methods

We calculated annual death counts and rates among older adults (ages 65 and older) using data from the U.S. Centers for Disease Control and Prevention. Rates for 2020 and 2021 include deaths for the full year. Rates for 2022 include deaths up to April 23, 2022 (January 1, 2022 to April 23, 2022). We age-adjusted the rates to account for differences in age composition between Latinos and Whites. Race/ethnicity was determined based on the entry on the death certificate.

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