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BROOKINGS CAFETERIA PODCAST

TRACKING COVID-19'S SPREAD INTO LESS URBAN, WHITER
AND MORE TRUMP-FRIENDLY PLACES

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PROCEEDINGS

DEWS: Welcome to the Brookings Cafeteria, the podcast about ideas and the experts who have them. I'm Fred Dews.

When the coronavirus pandemic first started to grow in the United States it primarily affected large, urban areas on the coasts, and particularly places that are more heavily African-American and more likely to have voted for Hillary Clinton in the 2016 election.

My guest today, Senior Fellow William Frey from the Metropolitan Policy Program at Brookings, has been tracking COVID-19 spread from these areas to other parts of the country. His demographic analysis shows how the disease has spread from blue to red America, and now into counties that are less urban, are whiter, and more strongly supported President Trump.

On this episode Frey talks about his analysis and what it means for our understanding of the spread of COVID-19 nationwide. Also on the episode Senior Fellow David Wessel asks, what shape the economic recovery could take in the months and years to come.

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First up, here is David Wessel, Director of the Hutchins Center on Fiscal and Monetary Policy.

WESSEL: This is David Wessel. And this is my economic update. It's official. The recession began in February according to the arbiters of such things at the National Bureau of Economic Research. It will be a deep recession. The April-May-June quarter will be one of the worst in U.S. economic history. It might be a short one though. The recession will be over officially when the economy stops contracting and starts growing again.

The best guess of most forecasters is that will occur sometime this summer, but that doesn't mean the economy will be healthy, or that unemployment is going back to below-4 percent, only that things will be getting better rather than worst.

Analysts have developed an alphabet-shorthand of sorts to describe the possible scenarios for the next couple of years in the economy. Remember, the economy was chugging along nicely until the pandemic hit, then it took an abrupt downturn. The optimistic scenario is that it will be shaped like a V, the sharp down will be followed by a sharp up, as people go back to restaurants, stores reopen, offices and factories resume operation, and soon we'll be back on the path we were on before the pandemic.

That doesn't seem very likely to me, but the recent jobs report in May was better than many anticipated, and has encouraged the optimists, including those who advise President Trump. But that's not the only possible scenario. An alternative resembles the Nike Swoosh, we get a pleasant uptick, a burst of euphoria as businesses open up, but it's a long, slow climb out of the ditch.

Restaurants are only half full for months or years, movie theaters are slow to reopen, and even they reopen a lot of people don't come. People are reluctant to get on airplanes. The National Association for Business Economics said that other day, that nearly all the forecasters it surveyed say the economy won't be producing the same level of goods and services as it did before COVID until the second half of 2021, at the earliest.

So that's the Nike Swoosh. Things get better for a while, we gradually return to the path we were on, but it takes a long time. But that's not the most unpleasant scenario, a less pleasant possibility is the dreaded W, that's when we reopen too quickly, people stop wearing masks, they don't pay attention to social distancing norms, and we get an uptick in COVID cases

this fall, and we have to shut down the economy again.

And that's not the worst case. The worst case looks like an L. The economy does grow but we never get back on the path we were on before the pandemic. Some laid-off workers never find jobs, lots of business go bankrupt, the stores, and restaurants, and malls that are empty, stay empty for a long time, new business don't fill them up very soon.

Businesses shelve investment plans for a few years, and they do less R&D, so we have fewer innovation. It sounds very bleak, but that's that the economy looked like for several years after the 2008-'09 recession, a long, slow climb, but we never quite got back to the path we were on before the crisis hit.

So, what will determine what shape of recovery we get? Well, three things, basically: one the virus, and the speed with which we find treatments or vaccine. Two: how people behave, how reluctant they're to go back to stores, how quickly businesses are willing to reopen, how cautious we all are. And three, whether the Federal Reserve, the Congress and the White House continue to pump money into the economy until the employment is back to where it was before the pandemic hit.

DEWS: And now, here's my interview with Bill Frey. Bill, welcome back to the Brookings Cafeteria.

FREY: Oh. It's good to be with you, Fred.

DEWS: Can you first describe the work that you've been doing in tracking COVID-19 spread, kind of a high-level view of the work you've been doing?

FREY: Sure. Around about the end of March, when we knew that this COVID-19 virus is hitting us, and everybody was aware of it, many people were at home already, I saw in the newspaper, and all the media was telling us that it was hitting very strongly in some parts of the

country, especially in the East Coast, especially in very big areas like New York.

And I decided, well, it might be a good idea, since I knew that the virus was going to spread across the country, and I'm a demographer, I look at demographics. I'm not a public health person or anything like that. But I'd like to understand a little better as it spread, what kinds of people were involved, in other words, from a demographic perspective, from a rural-urban perspective, and for different regions of the country, because that would give me a better sense, and I think maybe give other people a better sense of: it's not just New York City that's hit, but some of the other attributes.

And also the political attributes to this as well, because a lot of what I do is political demography, and at some point during all of this, it became a little bit of a political issue about how strongly we needed to be concerned about it, depending on what part of the country you lived in. And I thought it would be useful to see what the voting patterns were of people who were now encountering the virus for the first time, and how that would spread across the country as well.

DEWS: I'll let listeners know, and perhaps remind them throughout, that your analyses of these factors can be found on the Brookings website in a series of blogs, lots of great charts, and tables and maps. So I encourage people to go look at those.

Bill, when you started this analysis, in putting this analysis on the Brookings website, what were you finding then in terms of those issues that you brought up, the urban-rural divide regions and politics?

FREY: Right at the beginning, as I said, I started reading in the newspaper that was largely a New York City, and Seattle, and a couple places around the country. At the very end of March, that in fact was what the data showed, a very high percentage, over 80 percent of the

people living in what I call high-COVID-prevalent counties, were in urban cores. Highly-dense urban centers, with New York being a big part of it, Detroit, Seattle, New Orleans, and a few other places, Boston, Philadelphia to some degree.

And that was a big part of it. A big part in the northeastern part of the United States, about 80 percent of the populations in these high-COVID counties were in the northeastern part of the country. So this is what I expected to start out with as we moved to, say, three weeks into my analysis. This is from the end of March to, essentially, the first three weeks of April, things moved out a little more, and especially moved out into the Southern States and into the Midwestern States.

So a large number of new high-COVID counties in Alabama, and Mississippi, and Georgia, and in the Midwest a lot of places around bigger metropolitan areas there like Chicago, or Indianapolis, Milwaukee, St. Louis, was also spreading out to maybe smaller places, and then I felt, too, it was moving into places like Baltimore, and Washington, Miami, Atlanta, and all of that.

So going from the northeast into the middle of a country I guess you could say. And then out into west there was a little bit of high-COVID activity in addition to Seattle, Coastal California, San Francisco, Los Angeles, Riverside were big cases too. But this is the beginning of the spread. And as we saw in the first week we've had COVID counties. And I should stop here and say what I'm talking about when I talk high-COVID counties.

DEWS: Sure. Sure.

FREY: Even at the places that are the biggest hotspots that they have reached a threshold of what I determine should be 100 cases per 100,000 people. So any county that had at least 100 cases per 100,000 people, it's kind of a per capita measure, I wouldn't say it's a low threshold,

because I call it a high COVID prevalence, but it's not as high as a lot of other places, but to give me a sense of where things were spreading.

And as I say, at the end of March it was only a small part of the country, only 8 percent of the population, at the end of March, lived in these high-COVID counties, but after three weeks into April, 48 percent of the U.S. population lived in these high-COVID counties. As I said, we're spreading out to the Midwest, and the South, and other parts of the West.

I don't know if you want me to get into the political part of it yet, because I looked also.

DEWS: Yeah. Let's go in that direction. I just want to interject real quick It does seem to me that what we've seen in the media reports of a much higher incidence of getting the disease, and even dying from it amongst people of color, especially African-Americans, and it strikes me that, at least initially, those high prevalence counties in the urban cores in the northeast are where we would expect to see higher percentages of people of color.

And to the political question: higher percentages of people who voted for Hillary Clinton in 2016. So can talk about those two dimensions and how that's changed over time?

FREY: Sure. At the end of March, March 29th actually, is when I looked at it. I did it from Sunday to Sunday, so on a weekly basis. As I started looking for this, essentially only 48 percent of the people living in these high-COVID counties were White, according to the way they identified themselves on the census. About 18 percent African-American, about 21 percent Hispanics, 9 percent Asians and other races, and as you might expect in, these high-COVID counties, and again only 8 percent of the population living there, with a pretty strong vote for Hillary Clinton in the 2016 election.

Her voting margin was 62 to 34, it's about a 28-point margin over Donald Trump the end of March. So, moving three weeks in to April, and just looking at the people who came into

those high-COVID counties in those next three weeks, there we see the population is a little less diverse, 56 percent White, only 16 percent African-American living in these high-COVID counties. And Hillary Clinton won those by 54 to 40, not this 62 to 34 margin she had at the end of March for those counties.

So, they're a little bit less dominantly Democrat, and as I said earlier, it takes in some of the major metropolitan areas in the Midwest, like Chicago, and St. Louis, and part of Detroit, and forth, and then metropolitan areas in the South that voted for Clinton.

But still, not quite as dominantly Democratic as it was the case the end of March, much wider, and also moving out to smaller metropolitan areas. It's going hand-in-hand here, it's the population in these high-COVID counties disperses to smaller areas. Those are the places that tended to vote Republican in the 2016 Election, and that's kind of what of what we saw a little bit of in the first three weeks of April.

DEWS: Also, in one of your analyses, in late-April I think it was, you mapped COVID-19's prevalence against income data. Can you talk about that?

FREY: Yeah, I looked at sort of a broad income distribution of high-COVID counties in different points in time. And at the very beginning it was kind of an income inequality picture. I mean if you think of places like New York and other big cities, fully 35 percent of the households in these high-COVID counties made over \$100,000 a year in the middle-income categories, from 50- to 100,000, about 26 percent; from 20- to 50,000, about 22 percent, and less than 20,000 about 15 percent.

But it was very heavily skewed toward richer folks. And as we move into the next category, the next three weeks of April, and then that comes down a little bit, only 30 percent of those households made \$100,000 or more in the tranche of the counties we looked at the first

three weeks of April, and a bigger percentage in those middle-income categories.

So, it's getting more middle-income groupings, we're moving into somewhat whiter areas, I also looked at the foreign-born population, there were less foreign-born toward where we're getting into the middle part of April than at the end of March and, as we say, more Republican. So, a little bit more like the rest of America than in these major metro areas.

DEWS: And so, Bill, as we're talking now, it's the second week of June, so can you bring us up to date on what you found in terms of demographic picture through the end of May?

FREY: Yes. And I think, here's where the most consequential spread of the COVID virus is apparent, especially when you look at the demographics and the political attributes of people who were being affected over time. You know, as I said, as we got to the middle of April, we got to about 48 percent of the population in these high-COVID counties. As we get to the end of May, we have about 86 percent of the U.S. population in these high-COVID counties, and number of counties increased dramatically, 714 counties were in this picture by April 18th.

When we get to the end of May, it's 1,859 counties that are in that picture, and a lot of them smaller counties because as we've spread out to different parts of the country, and many more rural areas are into this picture. And what we see is many more rural counties in the South and in the Midwest. Of these 1,859 new counties, the vast majority of them are smaller, metropolitan areas, what we call non-metropolitan areas, and sort of excerpts outside of bigger metropolitan areas, and a good number of these smaller counties are in the Midwest, and as well as the South.

In the South we see bigger numbers in Texas, in Virginia, in Georgia, in North Carolina. Of course, there were some in Georgia in the earlier part, but there's even more moving into those places. As well as Florida and Kentucky, Tennessee, South Carolina, into the interior part

of the South, again, smaller metropolitan areas, not just big metropolitan areas.

In the Midwest going out to Iowa and Indiana, bigger parts of Illinois, Minnesota, Nebraska, Ohio and, you know, sure there were more metropolitan areas as well being covered, like Austin, and Dallas, and Orlando and Tampa in the south, or Minneapolis, or Kansas City, in the Midwest. But this is much of a broader spread I would say, and also into the west, again, the west tended to be more metropolitan, more urban than was the case in the Midwest and in the South, but we did more moving into the inner part of California, the inland Empire of California into the smaller populations there.

And again, as we moved into these smaller areas in the middle of the country the population became somewhat less diverse, we're about 62 percent White compared to 48 percent White at the end of March, for these new COVID counties, the new high-COVID counties, only 10 percent Black, 19 percent Latino, and also, again, more middle-income than was the case before.

Again, fewer households in the high-income category, so what we're talking about here is just a huge spreading out to what's called the rest of the country, but the most interesting part of this is the political aspect of it. Because we said in the first three weeks of April, we got to be a little less Democrats in terms of how people voted in the 2016 election.

But for the six weeks between April 20th and the end of May, there was actually a Trump dominance of the voting patterns. In other words, the people in all of those counties Trump won by a margin of 50 to 44 for Hillary Clinton in 2016.

And on top of that, when you look at the number of counties that were involved in all of this, it's really startling. Of the 11,045 counties that we've seen added to the list of counties in the six weeks between the middle of April, and the end of May, 993 of them voted for Trump, and

115 of them voted for Clinton.

And again, a lot of these are very small counties, many of these counties are in the Midwest States of Iowa, and Indiana, and Ohio, and the Southern States of Texas and Georgia. And also in a lot of the kind of swing states where you see this might make a difference depending on how people living in these counties might think of how President Trump is handling the phenomenon, in Michigan, in Pennsylvania, Wisconsin, North Carolina and Florida, swing states like that, there were many more rural, small metropolitan counties that are affected by the COVID-19 in the six-week period between the middle of April and the end of May.

DEWS: One thing that's so fascinating about that timetable, and I'm sure this is a question on the minds of a lot of listeners, is that this wave of anti-lockdown protests started in Michigan on April 15th, so just before that period that you're talking about. And it continued for a week or so. Is it possible to connect any of the increases in COVID-19 to any of that activity?

FREY: That's a good question. And I don't want to play like I'm a public health expert, and be able to say, well, because people were protesting, and they were a little more cavalier about going out, maybe that helped to spread the virus. I can't really say that. But I do say that having more of this information get out there, including my studies which we put out almost on a weekly basis, coming up to that, I want people to recognize the spread of all of this.

And my guess is that people get to understand this, and especially in rural areas where, of course, many times the hospitals are not nearby. People have to go a long distance to get treatment, and so forth, I think it's important to understand that this is not a political thing.

And I'm sort of happy now, that it's become a little less political. We've had other politics recently, but the idea that only urban people, only racial minorities are going to get this, and if you're living out in the rural area somewhere you don't have to be concerned about it, and if your

governor tells you, you've got to sort of hunker down, and not get out there, that it's something to be concerned about as a political issue. I think that's maybe changed a little bit as people understand how this CO-virus is spread.

DEWS: So, would that be the same answer to the phenomenon we've seen over the past two weeks which are massive, nationwide, even global demonstrations to protest police violence in the wake of George Floyd's murder in Minneapolis. These public demonstrations and police response have brought far more people to the streets than those anti-lockdown protests that were in April.

FREY: Yeah, you know, here I think the answer is a delicate one because I believe even a number of public health experts, physicians and such around the country have signed a petition saying, although there may be some risks in going out there, there's also the risk if we don't stand up to this issue, the racial divide in terms of access to health care, and obviously the criminal justice system, which is the trigger for all of this.

But there's also risk to our population, and we have to weigh all of that. Again, I'm not a public health expert. I do see more people wearing masks that are involved in these protests, and I do see that there is some social distancing, not a whole lot of social distancing. But I think we'll only know the answer to that a few weeks from now, because it takes the virus a little time to incubate and to spread. I'm hopeful that the caution people have taken in wearing masks, and so forth, will not make it spread, but we'll only know that in a few weeks.

DEWS: Looking ahead, Bill, can you think about, in general terms, why it's important to keep tracking COVID-19 spread throughout these demographic lenses? And I assume that you will continue to produce this analysis in the coming weeks.

FREY: Yeah. And I do think it's important because lots of times when you look at the

newspaper, they show you a map, and shows you the number of cases at a place at a certain point in time, and it's true, even if you look at that map today, and even though the number of cases that have gone down on a daily basis in places like New York, or Seattle, or those initial hotspots, if you look at them on the map and you say, oh, it's still high there.

And it is still high there, but what you don't get when you just look at that one point in time piece of it, is how it has spread over time, even if it's not as high, or even nearly as high as it is in those coastal places, it's moving in those directions.

And it really makes sense to actually look at it on a week-by-week basis to understand where it's starting hitting that lower threshold, because that's a key that it might move up in those places, and then spread out in those places as well. And not only to look at the period of changes across the country, but the demographics that are associated with those places.

I highlighted the politics of this because it's kind of a hot item, maybe several weeks ago when it became a politicized issue, that some politicians were saying, oh, we don't have to worry about COVID virus because it's only in urban areas. And I tried to show them, no, it's moving to these other areas. But you also want to look at the income, and race ethnic makeup of these areas, and those sorts of things, because it gives people a better sense of who is being affected, and who is likely to be affected. And it's a slow-moving kind of operation.

Again, I'm not a public health person. You need to have that person look at these numbers as well to tell you how fast the virus is going to change in an area once it hits. But I think it's important from a demographics perspective to understand the general kinds of folks who are being affected by this in different parts of the country.

And I've learned a lot from looking at this myself. I've done letters and notes from people saying they appreciate what I've done as well, to be able to paint the picture in this particular

way.

DEWS: Well, it's really amazing analysis as always from you, Bill. And I just wanted to point out to listeners that it's on our website, Brookings.edu, either look for your bio, or it's on The Avenue blog. And I also want to point out to listeners something that you've just published on The Avenue blog, which is on a topic we were just talking about, but it's about the racial justice protests are a pivotal moment for millennials in Generation Z.

We could probably have a whole different discussion on that, but I just want people to know that that's another issue that you've been looking at, all kinds of fascination demographic questions that you're analyzing. So, I much appreciate, Bill, your time and your expertise to that.

FREY: Oh, well, thank you, Fred, always good to have a discussion with you about these things.

DEWS: The Brookings Cafeteria Podcast is the product of an amazing team of colleagues, starting with Audio Engineer, Gaston Reboledo. Bill Finan and Robert Wicks of The Brookings Institution Press do the book interviews. Thanks also to my colleagues Adrianna Pita, Marie Wilkin, and Chris McKenna for their collaboration. Finally, my thanks to Camilo Ramirez and Emily Horne for their guidance and support.

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Until next time, I'm Fred Dews.

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