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***THE PANDEMIC SHINES A LIGHT ON  
SOCIAL INEQUITIES***

***An analysis of COVID-19'S Impact On  
Pima County District 5***

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*A Report By:*

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**PIMA COUNTY**

**Introduction:**

As Pima County plans for life on the other end of this coronavirus pandemic crisis, it should plan for a new “normal” as the pre-pandemic normal was not working for many in the community. As Pima County moves forward, principles of equity should guide government decisions. The Robert Wood Johnson Foundation published five key health equity principals (figure 1) for local and state leaders to use for responding, reopening, and recovering from COVID-19.<sup>1</sup> Pima County should use a framework that addresses the inequities that were present in pre-COVID-19. These inequities, exacerbated during the pandemic, will continue to plague our community post-pandemic unless efforts are made now to address them. The five drivers of health inequity are structural discrimination, poverty and disparity in income and wealth accumulation, disparities in opportunity, disparities in power, and lack of health equity focused laws and policies.<sup>1</sup>

As part of our office’s efforts to better understand how COVID was impacting our community we compiled data from the areas we deemed as COVID-19 hot spots within the district based on the number of virus cases in district census tracts. A census tract was marked a hot spot if according to the May 23, 2020 it had 11 or more cases. Data regarding ethnicity, health coverage, eviction rates, poverty rates, and food-stamp use were collected. These data points were collected from the census along with the County’s new vulnerability study. Data was also collected on presence of congregate living facilities. Of the 22 Hot Spots in District 5 only six have a congregate living facility within its boundary according to our research utilizing google maps, which yielded 34 congregate living facilities in District 5. Of those 6 census tracts only one is located in the Southside.

D-5 hot spots are home to a majority of working-class people. Of the 22 hot spots in District 5, 15 are located on the Southside with an average poverty rate of 24.6 percent. Working class neighborhoods tend to have workers who do not have the luxury of working from home, working in grocery stores, distribution facilities, and healthcare centers including nursing homes. They often cannot physically distance and can be exposed to dozens of people a day. The Latino population in the Southside hot spots is 77.63 percent. Nationwide 36 percent of Latino workers are still going to work in essential jobs and at the start of the pandemic nationwide only 16 percent of Latinos had jobs that allowed them to work from home.<sup>(2)(3)</sup> It is important that COVID-19 resources and education are brought to the people keeping our community running providing essential work.

In the data there is a clear picture that the county’s most vulnerable pre-COVID census tracts are disproportionately impacted during COVID. In total, there are 22 hot spot census tracts in District 5, the majority of which are on the Southside (15). These 22 census-tract hot spots in District 5 have a higher poverty rate, Hispanic population, residents on food stamps, and uninsured people than the average of the rest of the city and county. Thus, the virus impacts our low-income, minority-majority areas disproportionately.

From the data collected recommendations on County actions have been formed. These include actions during the COVID-19 response as well as actions that should continue once the pandemic is over.

Health Equity Principles	
1. Collect, analyze and report disaggregated data.	
2. Include those who are most affected in decisions, and benchmark progress based on their outcomes.	
3. Establish and empower teams dedicated to racial equity.	
4. Proactively fill policy gaps while advocating for more federal support.	
5. Invest in public health, health care and social infrastructure.	Figure 1

### **Latino Outreach Task Force:**

We should involve those who are being hardest hit by the pandemic to participate meaningfully in the communications created to inform their communities as well as in deciding on actions taken to slow the spread. This can be accomplished through creation of a Latino Outreach Task Force to address COVID-19. Outreach to the Latino Community is important because, as Dr. José Ramón Fernández-Peña, President elect of the American Public Health Association, states “A persistent problem is that there is a large segment of the Latinx community getting information that is not science-based... Many get their information from informal sources and not necessarily from organizations such as Centers for Disease Control or their local health department.”<sup>4</sup>

This type of task force already is operating in San Francisco, Austin and San Jose. These task forces aim to provide community-driven outreach, and bring community leaders from the areas the pandemic hits hardest to the table to help inform strategies to be used to address the disproportionate impact COVID-19 is having on the Latino community. In San Francisco, its Latino Task Force played an integral role in community-wide COVID-19 testing in its Mission District.<sup>(5)</sup> The one in Austin was formed because of outcries from community activists that the city government was not doing enough to address the disproportionate virus impact on the Latino community.<sup>(6)</sup> In San Jose, the taskforce is called the Health and Racial Equity Task Force and it was created to address the disproportionate impact of COVID-19 on the city’s overall minority populations.<sup>(7)</sup> All three of these cities have large Latino populations. In Pima County the Latino population also is disproportionately COVID-19 impacted and the Latino community should be engaged to help shape and inform the County response to reducing this phenomenon. The messenger during these times is as important as the message.

### **Mobile Testing:**

Equity is needed in how and where COVID-19 testing occurs in Pima County. Testing is increasing in the region, but great inequity exists when it comes to accessing tests. Pima County should implement a mobile testing program utilizing the county’s mobile health units, which currently are idle. Mobile testing is important because it brings testing to areas that are hardest hit and have transportation barriers for residents to access tests. Mobile units can provide targeted testing in areas known to be hot spots in the community. Many jurisdictions across the country are using a mobile-clinic model to take testing to marginalized and hard-hit communities. Mobile clinics also serve to provide direct outreach to communities whose residents often lack access to internet and social media. [Hartford, Connecticut](#), [Dallas, Texas](#), the state of [South Carolina](#), and [Utah County](#) in Utah are examples of jurisdictions that employ mobile testing.

CARES act funds can pay for mobile-clinic COVID-19 testing. A community-trusted health provider such as El Rio Community Health Center should be engaged to partner with the county to staff mobile clinics. A provider such as El Rio affords those who may end up testing positive for the virus a direct connection to a provider that can help them get treatment. Mobile clinic use in hot spots can connect participants with the resources they need to make it through the COVID-19 pandemic. The mobile-clinic model is used in San Francisco’s Mission District. Mobile clinic staff members connect folks there were to food, housing, and medical resources as needed. Housing resources are important to hot spots in Pima County since they often have high eviction rates. These areas in Pima County also see large level of food insecurity and high level of uninsured. Using mobile clinics as a one-stop shop could be very beneficial to the hot spots in Pima County, especially those in the Southside.

### **Racial/Health Equity Task Force:**

In addition to a task force centered on outreach in the Latino community, it would be useful to create a separate Racial/Health Equity Task Force. This task force should be created to continue after the pandemic to address inequities in Pima County. The national furor over the police killing of George Floyd in Minneapolis on Memorial Day is an example of why governments need to take meaningful actions toward racial and health equity. Governments need to invite the community in to work in conjunction with them to break down systems of inequity and injustice and replace them with systems of equity and justice.

Franklin County, Ohio, is forming a task force of this type after passing a measure declaring racism to be a Public Health Crisis on May 18. The county in central Ohio, the largest in the state with 1.3 million residents, is implementing measures to address racial inequity, which it recognized as a major element of poverty in the county.<sup>(8)(9)</sup> A lot of the work in the county, which has Columbus, the state capital, as its county seat, could be replicated here. The inequity that plagues the African-American community in Franklin County is parallel to that which impacts the Latino community in Pima County

This task force could help provide recommendations to government leaders on policies to enhance equity in the region and ensure that policies are considered through a lens of equity. A task force like this can ensure that once the pandemic is over we do not simply go back to normal, since normal was not working for many in our community. Issues of equity affect how people in Pima County access health care, interact with law enforcement, and obtain employment. Many Latino, Native American and Black neighborhoods struggle to access healthy foods, safe places for physical activity, affordable and safe housing, transit, social support, and a healthy school environment. The pandemic is highlighting these disparities. Our government need to address successfully these racial and health inequities.

### **Declaring Racism a Public health Crisis:**

Pima County should follow the example of Franklin County and declare racism a public health crisis. Racism is a public health crisis according to Dr. Sandro Galea of Boston University. They note a public health crisis is when "the problem must affect large numbers of people, it must threaten health over the long-term, and it must require the adoption of large-scale solutions."<sup>8</sup> By acknowledging publically that these types of inequities exist in Pima County it would signal to the community that actions will be taken to move toward equity. Specific actions should be included in the resolution.

Franklin County's work on racial inequity began before the coronavirus pandemic, but ramped up as the virus spread. The importance of its resolution is that it is a statement that the county cannot go back to normal. Normal was not working and those that were hurting before the pandemic are hurting more now and are going to need more support. In Pima County, there are inequities in housing, education, employment, and criminal justice. A resolution will address a prioritization of racial equity in decision making, acknowledge that communities of color have borne the burdens of inequitable social, environmental, economic, and criminal justice policies and practices, and investments. In Pima County African Americans made up 9.6 percent of the jail population in 2016 but were only 3.3 percent of the population.<sup>10</sup> In the nation 56.9 percent of Latinos are housing-cost burdened and 19 percent lack health insurance.<sup>(11)(12)</sup> One third of the deaths from COVID were in the Black community.<sup>(13)</sup> Latinos and African Americans have higher rates of heart disease, diabetes and obesity than Caucasians.<sup>(13)</sup>

### **Pima County Adopt a Health in all Policies Approach:**

The County should adopt a Health in All Policies approach to planning its services and initiatives. Under a Health in All Policies approach leaders and policymakers work together to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services. By addressing health inequities we change the environments in which people live, work and play. Implementing a Health in All Policies approach encourages government departments that impact public health, but are not under the Health Department, to improve the, social, physical, economic, and environmental forces that can lead to poor health outcomes. <sup>(14)</sup>

COVID-19 is devastating communities of color at disproportionate rates because of health inequities that were present prior to the pandemic. In order to protect these communities in the future and possibly during a second and third wave of the virus, steps at every level of county government need to be taken to improve the health of the community. Health inequities in Pima County lead to chronic illness. The presence of chronic illness causes the majority of complications and deaths related to COVID-19. In Pima County, 27 percent of Latinos compared to 13 percent of Caucasians are considered to be of poor or only fair health.<sup>(15)</sup> Furthermore, before the virus outbreak the Centers for Disease Control reported Latinos having a 50 percent higher death rate from diabetes, 24 percent more poorly controlled high blood pressure, and 23 percent more obesity than Caucasian populations.<sup>(16)</sup> Incorporating a Health in All Policies approach engages diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment. These are all actions that will begin being taken during the recovery from the pandemic and decisions that must involve a lenses of health equity to uplift the populations hit hardest by the crisis.

### **Conclusion:**

Equity needs to be at the forefront of the county's response to COVID-19. This disease does not discriminate who it infects but its impact on those infected is not equitable. As the public health authority in the region it is our responsibility to ensure that everyone, regardless of their financial means, has the resources and knowledge they need to combat this virus. Beyond COVID, equity needs to be a much greater factor in the setting of county policies. As the government with a public health mandate, we need to lead the charge and set the tone. The action steps called for above are a beginning. To ensure an equitable community here in Pima County, it is going to take continued work and community partnerships. When there is more equity in the community and the social determinants of health are addressed as a priority, our community is not only healthier, it is safer and more prosperous. We are only as strong as the most disenfranchised in our community.

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# Appendices

Appendix 1: Vulnerability among District 5 Hot Spots

District 5 Hot Spots Vulnerability Composite Scores		
Census Tract	Number of Infections	Composite Score
44.07	11-20	44.07
38.01	11-20	22.29
37.04	11-20	20.47
12	11-20	19.78
37.05	11-20	19.19
2	11-20	18.76
43.2	11-20	17.33
38.02	11-20	16.91
25.01	21-40	14.12
25.06	11-20	13.22
18.01	11-20	12.43
31.02	21-40	11.05
43.12	11-20	9.56
39.03	11-20	8.77
30.02	21-40	7.96
29.01	11-20	6.49
43.22	21-40	5.8
14	21-40	5.57
33.04	11-20	4.23
43.11	11-20	0.25
29.04	21-40	-3.27
44.22	11-20	-6.91

This data comes from the Making Action Possible for Southern Arizona [Neighborhood Vulnerability Index](#). The data from this index has been updated to reflect the 2018 American Community Survey data. The complete methodology for this data can be found [here](#).

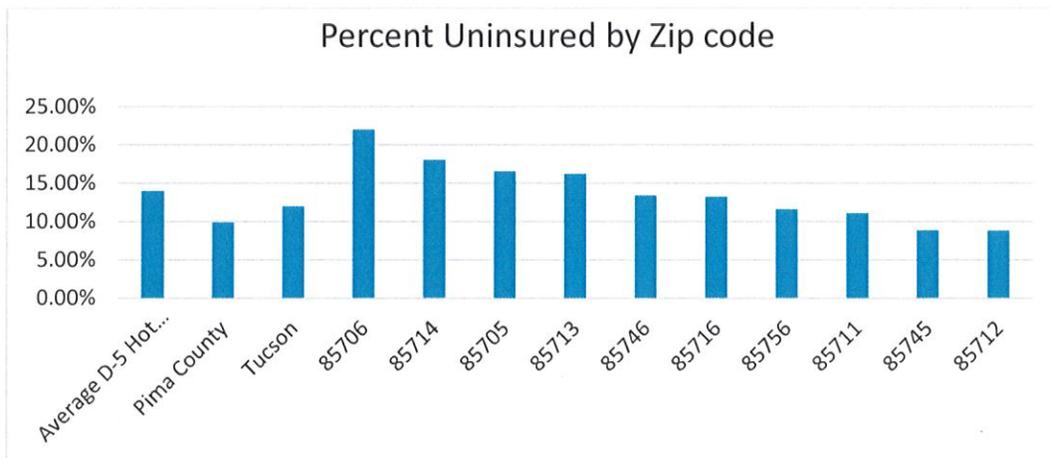
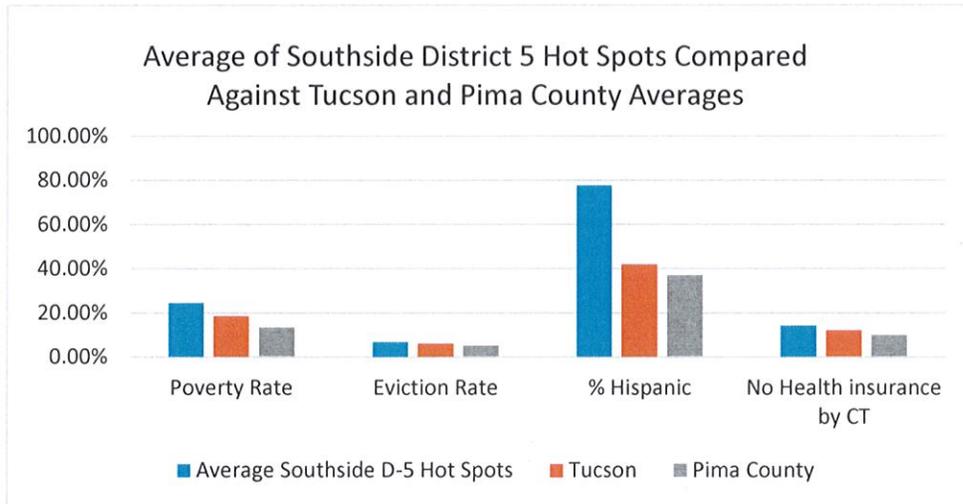
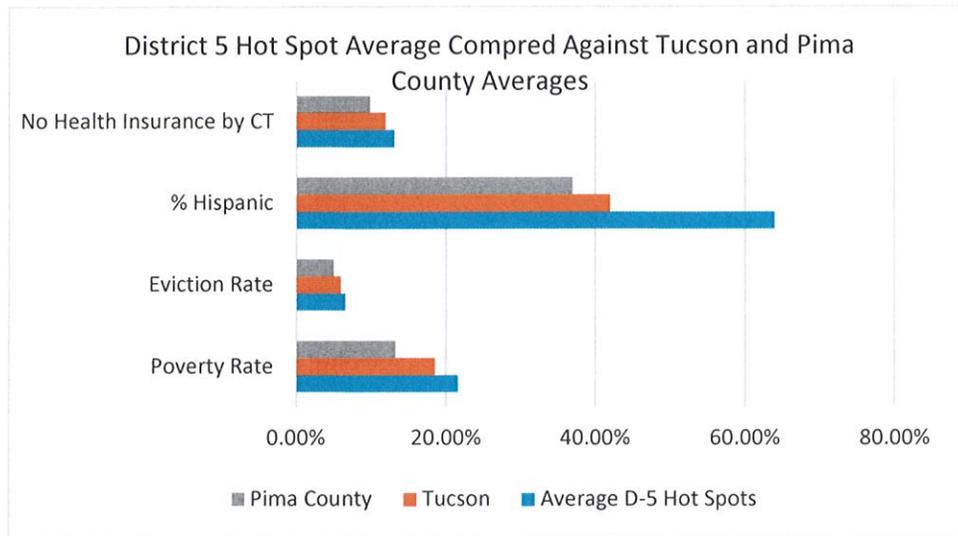
Vulnerability:

A tract is considered vulnerable when the composite score is more than zero; the greater the composite score is above zero, the greater the magnitude of vulnerability in that tract.

The Composite Score includes five areas that have been identified as an indicator of vulnerability. They include:

- How many of the residents identify as something other than non-Hispanic white
- How many people are renters
- How many people over 25 lack higher than a 4 year bachelor’s degree
- How many households have an income 80% under the median average for the area
- How many households below the official poverty line have children

Appendix 2: District 5 Hot Spot Averages Compared against the Region



Appendix 3: Top eviction rates amongst District 5 Hot Spots

Highest Eviction Rates in District 5 COVID-19 Hot Spots

Census Tract	Zip Code	Eviction Rate
37.04	85706	18.20%
37.05	85706	16.16%
44.07	85713	11.34%
43.12	85746	10.52%
33.04	85711	9.78%
18.01	85716	9.41%
29.01	85712	8.16%
30.02	85711	7.90%

Appendix 4: In depth demographics for District 5 Hot Spots

**District 5 Southside Hot Spot Demographics by Census Tract**

Census #	Zip Code	Poverty Rate	Eviction Rate	% Hispanic	No Health insurance by Census Tract
38.02	85706	25.10%	4.49%	91.80%	21.90%
39.03	85756	12.21%	3.54%	90.00%	14.20%
37.04	85706	39.90%	18.20%	88.40%	23.00%
37.05	85706	28.53%	16.16%	86.60%	19.00%
38.01	85714	38.90%	5.41%	85.70%	16.30%
25.06	85746	35.50%	6.96%	84.00%	10.40%
43.12	85746	25.93%	10.52%	78.60%	13.00%
44.07	85713	26.21%	11.34%	77.90%	19.20%
43.2	85746	28.66%	5.93%	76.5%	12.70%
43.22	85746	17.30%	3.79%	74.4%	9.50%
25.01	85713	14.95%	3.93%	72.70%	16.30%
43.11	85746	7.92%	3.08%	70.60%	8.50%
2	85745	38.19%	3.11%	68.70%	11.40%
12	85745	25.48%	3.76%	65.9%	13.30%
44.22	85745	4.18%	5.18%	52.6%	6.50%
Tucson		18.56%	6.03%	42.10%	12.00%
Pima County		13.32%	5.06%	37%	9.90%
Average South Side D-5 Hot Spots		24.60%	7.03%	77.63%	14.35%

**District 5 Hot Spot Demographics by Census Tract**

Census Tract	Zip Code	Poverty Rate	Eviction Rate	% Hispanic	Food Stamps	No Health insurance by Census Tract
38.02	85706	25.10%	4.49%	91.80%	30.90%	21.90%
39.03	85756	12.21%	3.54%	90.00%	26.40%	14.20%
37.04	85706	39.90%	18.20%	88.40%	34.30%	23.00%
37.05	85706	28.53%	16.16%	86.60%	31.80%	19.00%
38.01	85714	38.90%	5.41%	85.70%	4.30%	16.30%
25.06	85746	35.50%	6.96%	84.00%	25.50%	10.40%
43.12	85746	25.93%	10.52%	78.60%	13.70%	13.00%
44.07	85713	26.21%	11.34%	77.90%	27.80%	19.20%
43.2	85746	28.66%	5.93%	76.5%	37.90%	12.70%
43.22	85746	17.30%	3.79%	74.4%	25.40%	9.50%
25.01	85713	14.95%	3.93%	72.70%	34.00%	16.30%
43.11	85746	7.92%	3.08%	70.60%	10.10%	8.50%
2	85745	38.19%	3.11%	68.70%	26.10%	11.40%
12	85745	25.48%	3.76%	65.9%	44.10%	13.30%
44.22	85745	4.18%	5.18%	52.6%	8.40%	6.50%
31.02	85712	15.17%	5.18%	34%	25.60%	10.40%
18.01	85716	22.62%	9.41%	32%	23.40%	18.90%
33.04	85711	21.50%	9.78%	30.00%	13.2%	12.70%
30.02	85711	20.32%	7.90%	28.80%	17.50%	12.00%
14	85705	10.03%	1.99%	27.26%	9.90%	5.70%
29.04	85712	10.12%	1.99%	16.60%	4.90%	5.90%
29.01	85712	22.13%	8.16%	16.5%	26.10%	9.30%
Average D-5 Hot Spots		21.69%	6.60%	64.04%	23.03%	13.19%
Tucson		18.56%	6.03%	42.10%	19.50%	12.00%
Pima County		13.32%	5.06%	37%	13.60%	9.90%

