

A POOR PEOPLE'S PANDEMIC REPORT:

Mapping the Intersections of Poverty, Race and COVID-19

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Executive Summary

Crises do not unfold independently of the conditions from which they arise. The COVID-19 pandemic exacerbated preexisting social and economic disparities that have long festered in the US. Widespread and unequal distribution of wealth, income, and resources prior to the pandemic created the conditions for many of the negative outcomes associated with the virus.

However, there have been glaring omissions in efforts to consistently collect and disseminate data on poverty, income, and occupation as they relate to COVID-19 outcomes. Income and wealth information are not systematically collected for people who have died or fallen ill from COVID-19 in the US; therefore, there is no systematic way to know the poverty status of those who have died. This has left a gap in our assessment of the pandemic, including both its drivers and solutions.

A Poor People's Pandemic Report: Mapping the Intersections of Poverty, Race and COVID-19 aggregates data from more than 3,200 counties to connect information about COVID-19 deaths to other demographic characteristics, including income, race, health insurance status, and more. The data are organized in an interactive dashboard and digital report (StoryMap) to narrate the intersections between poverty, race, and the pandemic. To overcome the limits of current poverty measures, these poverty data include everyone living under 200% of the poverty line (Official Poverty Measure, or OPM). Where the Supplemental Poverty Measure (SPM) is used, it is clearly indicated. An intersectional analysis was used as a methodological tool to uncover intersections of poverty, age, gender, race, ethnicity, disability, and class with COVID-19 outcomes.





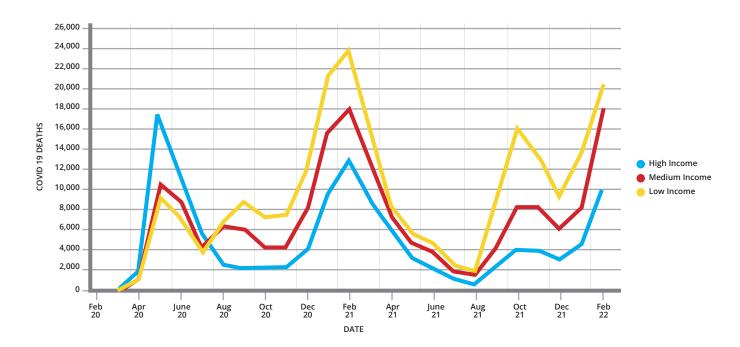






Key findings include the following:

- During the pandemic, people living in poorer counties died at nearly two times the rate of people who lived in richer counties: After grouping counties by median household income into ten groups with equal population size (deciles), the report shows that death rates in the highest income group are half the death rates in the lowest income group.
- During the deadliest phases of the pandemic, poorer counties saw many times more deaths than wealthier counties: A recent Pew study that broke the pandemic up into six phases shows that the deadliest phases of the pandemic to date were in winter 2020-2021 and the Omicron period. Except for the first phase in March 2020, death rates were many times higher in poorer counties than in richer counties:
 - The second phase was mostly experienced by poorer counties.
 - During the third phase (winter 2020-2021), death rates were 4.5 times higher in counties with the lowest median income than in counties with the highest.
 - During the Delta variant phase (August-November 2021), death rates were five times higher in these low-income counties.
 - The Omicron variant phase (approx. December 2021-February+) has had a death rate nearly three times higher in counties with the lowest median incomes compared to those with the highest median incomes.









- Vaccination status cannot explain all the variation in death rates across income groups: In almost every income group, county vaccination coverage rates range from nearly full coverage (85%+) to almost no coverage (under 5%). Average vaccination rates are generally higher in high income counties than in middle- and low-income counties; however, these differences do not explain variations in death rates in the later waves of the pandemic.
- Characteristics of counties with the highest death rates: Counties with the highest death rates are poorer than counties with lower death rates, and have higher percentages of people of color.
 - The 300+ counties with the highest death rates have a poverty rate of 45%, which is 1.5 times higher than in counties with lower death rates.
 - Median incomes in counties with the highest death rates are on average \$23,000 less than counties with lower death rates.
 - The population across these counties is 56% white, 21% Hispanic, 16% Black, 4% Indigenous, and 1% Asian, and accounts for approximately 2% of the U.S. population, or 7.5 million people.
- **Characteristics of the poorest counties:** In counties in the poorest decile, more than half of the population lives under 200% of the poverty line and people of color are over-represented.
 - Because counties have been divided into deciles, each with approximately 10% of the population by income, if poverty were experienced equally by each racial group, it would be expected that poorest counties would be made up of approximately 10% of each racial group. However, these poorest counties are home to nearly 27% of all Indigenous people in the US, and 15% of all Black people, 13% of all Hispanic people, 9% of all white people, and 2% of all Asian people.
 - As compared to higher income counties, there are more than twice as many Black people in the poorest counties. Nearly one quarter of the population in these counties is Hispanic and over half of the population in these counties is white.
 - Uninsured rates are twice as high in these counties as the highest median income counties
 - More than half of people living in the poorest counties have received their second COVID-19 vaccination shots.
 - There are approximately 31 million people living in these counties.









County snapshots show the following:



MINGO COUNTY, WEST VIRGINIA

Mingo County is one of the lowest income counties in the US. Its COVID-19 death rate is 470 per 100,000, ranking it in the highest 25% of counties by COVID-19 death rates. It is 95% white, with over half (52%) of its residents living under 200% of the poverty line.



BRONX COUNTY, NEW YORK

Bronx County is one of the most diverse counties in the state of New York. It is also among the lowest income counties in the US, with 51% of the county living under 200% of the poverty line and over 60% of residents being rent-burdened; i.e., paying more than 30% of household income towards rent. It has a COVID-19 death rate of 538 per 100,000, which is among the highest 10% death rates in the country.



GILA COUNTY, ARIZONA

Gila County is among the lowest income counties in the U.S., with 45% of its population - which is 62% white, 18% Hispanic or Latino, and 16% Native - living under 200% of the poverty line. During the pandemic, it had a COVID-19 death rate of 641 per 100,000, one of the highest death rates in the country. Approximately one in ten of its residents are uninsured. The San Carlos Apache Reservation, which is partially situated in Gila County, established a COVID-19 response team to assess and meet community needs in the pandemic. One of their main goals was to protect their elders.



HINDS COUNTY, MISSISSIPPI

Hinds County is among the poorest third of counties in the US, with a poverty rate of 44%. Its COVID-19 death rate is 320 per 100,000 and its uninsured rate is more than twice the uninsured rate of the wealthiest counties in the country. Olivia Womack, a college student from Hinds County, lost more than 20 members of her family to COVID-19.











MARATHON COUNTY, WISCONSIN

Marathon County is right in the middle of Wisconsin. Its population is predominantly white (89%). It is typical of the "Rust Belt," which has experienced the impacts of deindustrialization over the past several decades. It is a higher median income county (\$62,000) where poverty is still prevalent: one in four residents are living under 200% of the poverty line.



HARRIS COUNTY, TEXAS

With over 4.7 million people, Harris County is the most populous county in Texas. It is approximately 43% Hispanic or Latino, 29% white, and 18% Black. Houston, the county seat, is home to the largest concentration of healthcare and research institutions in the world; however, over 20% of the county is uninsured. Harris is another county where median household income is relatively high (over \$61,000), but poverty is widespread: one-third of its residents live under 200% of the poverty line and nearly half of the population are rent-burdened. During the pandemic, the county's death rate (233 out of 100,000) concealed a high number of county deaths (10,499).



WAYNE COUNTY, NORTH CAROLINA

Wayne County is a rural county in Eastern North Carolina. Approximately 42% of its residents live under 200% of the poverty line, nearly half of the county is rent-burdened, and its uninsured rate (13%) is more than two and a half times the uninsured rate in the wealthiest counties of the country. Its residents are 53% white, 30% Black, and 12% Hispanic or Latino. During the pandemic, it had a death rate of 302 out of 100,000.









The report builds on previous research that demonstrates connections among poverty, race, gender, ability, and COVID-19, and examines the effects of the virus on the economy and well-being. Previous research shows that poor people who are also racial/ethnic minorities were disproportionately impacted by COVID-19; a rise in the number of people living with disabilities; and connections between job loss in the pandemic and poverty, race, and gender. (See citations on page 8.)

As this report reveals, poverty was not tangential to the pandemic, but deeply embedded in its geography. Yet, the failure to consider how poverty intersected with race, gender, ability, health insurance status, and occupation during the pandemic created blind spots in policy and decision-making that wrought unnecessary suffering upon millions of people.

Consequently, the structural drivers of the pandemic and its economic impacts persist. This analysis and interactive dashboard offer a more complete account of poverty, economic insecurity, race, and COVID-19 to develop our understanding of these intersections and summon the political will to implement bold policy solutions to fully address them.

The interactive dashboard with county-level data is available <u>here.</u>

County Snapshots Data at a Glance:

	Gila County, AZ	Bronx County, NY	Mingo County, WV	Marathon County, WI	Hinds County, MS	Wayne County, NC	Harris County, TX
Poverty Under 200%	44.000/	E4 040/	FO 440/	05.470/	44.000/	40.000/	00.070/
(OPM)	44.68%	51.01%	52.41%	25.47%	44.22%	42.68%	36.27%
Black %	0.60%	29.20%	2.30%	0.60%	72.30%	30.30%	18.60%
Pop White %	62.30%	9.10%	95.80%	88.70%	24.50%	53.40%	29.60%
Pop Hispanic/Latino %	18.70%	56.00%	0.00%	2.80%	1.50%	11.80%	42.90%
Pop Asian %	0.80%	3.60%	0.10%	5.80%	0.80%	1.20%	6.90%
Pop Native %	16.10%	0.00%	0.10%	0.20%	0.10%	0.30%	0.20%
Median Income	\$43,524	\$40,088	\$32,746	\$62,633	\$44,625	\$44,416	\$61,705
Death Rate (Per 100,000)	641	538	470	324	320	302	223
Uninsured Rate	10%	8.60%	4.50%	5.90%	12.40%	12.60%	20.20%
% Pop Rent Burdened (paying more than 30%	00.000/	22.224	50.000/	20.000/	50.400/	40.400/	40.000/
of income to rent)	39.20%	60.30%	52.00%	36.90%	52.40%	48.40%	49.90%









Organizational descriptions

The UN Sustainable Development Solutions Network (SDSN) mobilizes scientific and technical expertise from academia, civil society, and the private sector to support practical problem solving for sustainable development at local, national, and global scales. The SDSN has been operating since 2012 under the auspices of UN Secretary-General Ban Ki-moon. The SDSN builds national and regional networks of knowledge institutions and solution-focused thematic networks. The SDG Academy is the flagship online education initiative of SDSN. SDSN USA is a network of knowledge institutions across the United States, building pathways towards sustainable development in the United States by mobilizing research, outreach, collective action, and global cooperation.

Launched in 2018 with an historic wave of nonviolent civil disobedience, the **Poor People's Campaign:** A National Call for Moral Revival is a national campaign to address the interlocking injustices of systemic racism, poverty, ecological devastation + denial of health care, militarism & the war economy, and the false moral narrative of religious nationalism. Drawing on the history of moral fusion movements, the Poor People's Campaign is made up of over 40 state coordinating committees, over 200 partner organizations and thousands of religious leaders, bringing together the nation's 140 million poor and low-income people across race, ability, religion, gender and sexual orientation, region, and issue. The Poor People's Campaign's moral "Third Reconstruction" agenda is rooted in the needs and priorities of the 140 million, as well as our deepest constitutional and moral values. It is anchored by Repairers of the Breach and the Kairos Center for Religions, Rights and Social Justice.

Repairers of the Breach seeks to build a moral agenda rooted in our deepest moral and constitutional values to redeem the heart and soul of our country. We declare that the moral public concerns of our faith traditions are how our society treats the poor, women, LGBTQ people, children, workers, immigrants, communities of color and the sick. Our deepest moral traditions point to equal protection under the law, the desire for peace within and among nations, the dignity of all people, and the responsibility to care for our common home.

Drawing on the power of religions and human rights, the **Kairos Center for Religions, Rights and Social Justice** works to raise up generations of religious and community leaders committed to the unity and organization of the poor as the leading social force in the building of a broad transformative movement to end poverty.

Howard University is a private, doctoral university classified as a high research activity institution and a Historically Black College and University (HBCU) located in the nation's capital. Howard is a community of more than 11,000 undergraduate, graduate and professional students representing 53 states and territories. Since 1867, the University has long held a commitment to the poor and disadvantaged persons in American society and throughout the world. The goal is the elimination of inequities related to the intersections of race, poverty, ethnicity, gender, socioeconomic and political circumstances that undermine efforts to achieve peace, justice and sustainable development for all.











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