

HEALTH

# Data shows more white seniors in Arizona are getting COVID-19 vaccines than seniors of color. The inequity could get worse

**[Daniel Gonzalez](#)** Arizona Republic

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For many low-income seniors of color such as Phoenix resident Librado Otero Estrada, getting the COVID-19 vaccine has been an especially difficult if not insurmountable task.

On top of the challenges other eligible people have experienced, including the often frustrating process of figuring out how to register online for a COVID-19 vaccine appointment, low-income seniors of color face many other obstacles that are preventing them from getting the shot.

Yet because they often have higher rates of chronic medical conditions, low-income seniors of color are especially vulnerable to the coronavirus, making getting vaccines all the more critical, health experts say.

They often don't own cars or don't drive because of age and health issues, and therefore are dependent on someone else driving them to and from one of the limited COVID-19 vaccine sites.

Many don't own computers or tablets or don't have access to the Internet, making it difficult to register for a vaccine appointment. And many, such as Otero Estrada, an 81-year-old immigrant from Cuba, are more comfortable speaking languages other than English.

Otero Estrada and his Cuban-born wife, Catalina Baños Piloto, 77, live at the Lemon Grove Apartments. The federally subsidized housing complex for low-income seniors in northwest Phoenix has residents from Cuba, Mexico, Guatemala, Vietnam, Sudan, Iraq, and Iran in addition to many Americans.

For more than a month, the couple had pleaded with the apartment complex's resident services coordinator to help them register for the COVID-19 vaccine. Both husband and wife have type 2 diabetes and don't own a car or a computer.

**COVID-19 vaccines:** Map shows which parts of Maricopa County get the most, least

Gilda Genova, the resident services coordinator, said she was flooded with similar requests. But over a three-week span in January trying to register residents for COVID-19 vaccines on top of her normal duties, she managed to make appointments for just four residents, a small fraction of the nearly 100 residents who live at the complex.

Otero Estrada and his wife were not among them.

Otero Estrada said the couple had nearly given up hope of getting a vaccine. Then in early February, Genova met them in the lobby with some good news: They would be able to get the COVID-19 vaccine at the Lemon Grove Apartments without having to leave the building.

On Friday, they were among about 70 residents who received the Moderna COVID-19 vaccine thanks to a new mobile program that targets low-income seniors living in public housing, many of whom are from racial and ethnic minority groups.

"Who knows how we would have gotten (a vaccine)," said Baños, standing next to her husband, shortly after receiving their shots. If it wasn't for the mobile vaccine program, they "probably wouldn't have gotten it."

The program, run between the University of Arizona College of Public Health's Phoenix campus and Maricopa County, is aimed at reducing some of the glaring inequities in the distribution of the COVID-19 vaccine among seniors that have become increasingly evident in Arizona.

"We are making every effort to go to the population of color, the hard to reach, the vulnerable using our mobile health unit," said Dr. Cecilia Rosales, associate dean and professor at the University of Arizona Mel and Enid Zuckerman College of Public Health who is overseeing the program. "So we are going to people who need it most."

## **More white people getting shots than people of color**

Data shows that white seniors in Arizona are getting more COVID-19 vaccine shots than seniors of color, which experts say is because of the additional barriers seniors of color face.

Just 8% of the more than 1.5 million doses of the COVID-19 vaccine allocated statewide have gone to Latinos, even though according to Census data Latinos make up nearly 32% of the state's population, according to data posted on the Arizona Department of Health Services dashboard.

Only 1.5% of the COVID-19 doses have gone to Black people, who make up 4.7% of Arizona's population. Native Americans have received 3.1% of COVID-19 vaccine doses, yet make up 4.6% of the population, followed by Asian people who have received 2.3% of COVID-19 vaccination doses, yet make up 3.3% of the population.

Non-Hispanic white people have received 49% of the doses, the largest share. That is about on par with the 54% of the state's population made up of non-Hispanic white people, according to Census data.

Limited supplies of vaccines, along with other obstacles such as access to transportation, computers, the internet and language barriers have led to inequities in the distribution of vaccines that have made it particularly hard for low-income seniors of color to get vaccines, Rosales said.

Reducing those inequities is especially urgent in Arizona because the state has a large senior population, driven in part by retirees who moved to Arizona from other states, health experts say.

With 1.3 million people 65 and over, Arizona's senior population makes up 18% of the overall population, and ranks 13th among all states, according to Census data.

What's more, seniors of color tend to live in higher rates of poverty than white seniors, which could exacerbate inequities in access to COVID-19 vaccines. Twenty-five percent of Native American seniors, 16% of Hispanic seniors, 13.6% of Black seniors, and 8.9% of Asian seniors in Arizona live in poverty compared to 7.7% of white seniors, according to the United Health Foundation.

Seniors from racial and ethnic minority groups also have higher rates of type 2 diabetes, high blood pressure and other chronic diseases that make them more vulnerable to COVID-19, Rosales said.

African Americans, Hispanics, Native Americans and Asian-Americans are about twice as likely to have Type 2 diabetes than whites, according to the 2018 Burden Report.

## **Vaccine equity a priority**

Officials at the Arizona Department of Health Services say vaccine equity is a high priority and they are working with community leaders to get more underserved populations vaccinated.

They are also working to provide more information to the public about who is getting vaccines on the dashboard of the department's website.

"It will become increasingly important when increased vaccine supply allows ADHS and county public health partners, who are the local allocators for COVID-19 vaccine in their communities, to move from groups prioritized largely by professions to more of the general public," Steve Elliott, a spokesperson for the Arizona Department of Health Services, said in a written statement.

The agency recently added an online option that allows people to register for a vaccine in Spanish, in addition to a telephone hotline that takes calls in English and Spanish, 844-542-8201.

The agency this week launched a campaign that targets residents in the 85009 ZIP code in Phoenix, where 82% of the residents are Latinos but only about 16% of the eligible residents have been vaccinated. The agency is planning to open state vaccine sites in Maricopa and Pima counties that operate 24/7 in addition to the site already in operation at State Farm Stadium, Elliott said.

The 24/7 sites will increase options for people who have difficulties getting vaccinated during normal business hours because of work schedules or other challenges, he said.

"In all of these stages, engaging underserved populations is a top agency priority," Elliott said.

## **Concern vaccine inequities could get worse**

Still, concerns remain that inequities in COVID-19 vaccine allocation will get worse as vaccinations are rolled out to wider segments of the population unless more steps are taken to address the obstacles for marginalized communities of color.

"People talk about equality, having equal access to the vaccine. But what we should be really thinking about is the equity, not equality," said Aggie Yellow Horse, a professor of Asian

Pacific American Studies at ASU's School of Transformation who studies racial health disparities.

One problem has been a lack of data needed to gauge who is getting vaccines and who isn't.

"Without data, it is hard to estimate whether the vaccine is being distributed equitably," Yellow Horse said.

The Arizona Department of Health Services didn't start posting COVID-19 vaccine data with a breakdown by race and ethnicity until Feb. 9, nearly two months after the first dose was administered in Arizona.

The health department's dashboard shows that of the more than 1.5 million doses of the COVID-19 vaccine given so far, the race and ethnicity for 36% of the recipients are listed as unknown, making it difficult to fully analyze the data, Yellow Horse said.

"So I don't think we're doing a really good job, even like systematic documenting racial differences," Yellow Horse said. "Without accurate data, we don't really even know how to assess how vaccine is being distributed across groups."

The data that has been made available suggests that the way vaccines have been distributed so far favors more affluent white residents and disadvantages the poor and communities of color.

"It is safe to make assumptions that the vaccine is not being distributed equitably," Yellow Horse said.

Some of the disparities in the data could be because whites people make up a larger share of the state's population that is 65 and over, Yellow Horse said.

The health department data shows that 40% of the 1.5 million doses given out so far have gone to people 65 and over.

Even so, the data suggest that inequities exist.

For instance, Census data shows that Latinos make up 13% of the state's population 65 and over, a still far higher share than 8% of COVID-19 vaccine doses that have gone to Latinos.

Maricopa County's data also shows inequities in the distribution of the COVID-19 vaccine.

Of the 633,594 people who have received at least one dose of a vaccine, just 36,464, or 5.8%, have gone to Latino people. Asian people have received 25,523, or 4%, of the doses; Native

Americans, 13,193, or 2.1%; and Black people, 14,518, or 2.3%; the data shows.

Non-Hispanic white people have received 251,874, or 39.8% of the doses, Maricopa County data shows.

The race of 10% of the people who have received a vaccine in Maricopa County was listed as unknown and the ethnicity was not known for 54.5%, the data shows.

Maricopa County data published by ZIP code also shows inequities in who has received the COVID-19 vaccine so far, Yellow Horse said.

For example, 79% of the residents in the predominantly white 85255 ZIP code in Scottsdale have received the COVID-19 vaccine, compared to 26% of the residents in the predominantly Latino 85337 ZIP code in Gila Bend, Yellow Horse said.

"Some of (the inequity) could be the age differences between the two ZIP codes but there is pretty clear racial differences between those two ZIP codes and it's kind of stark looking at 26% to almost 80% in Scottsdale," Yellow Horse said.

## **'It's going to be a mess'**

Another concern is that people of color have higher rates of contracting COVID-19 yet are getting fewer doses of vaccines, said Joe Garcia, director of public policy at Chicanos Por La Causa, a social services agency that primarily serves low-income Latinos and other people of color.

That is because Latinos and other people of color are disproportionately employed in essential worker occupations including factories, food service, farms and health care that do not allow them to work from home. That puts them at higher risk of being exposed to the virus, according to the CDC.

Systemic discrimination and racism in health care, housing, education, criminal justice and finance also puts people of color at greater risk of getting sick and dying from the virus, the CDC says.

Data compiled by the Kaiser Family Foundation shows that the percentage of COVID-19 cases among both Hispanics and Native Americans in Arizona is higher than their share of the overall population. The percentage of white people contracting the virus, meanwhile, is lower than their share of the overall population, the KFF data shows.

The first dose of the COVID-19 vaccine in Arizona was given on Dec. 15 to a 94-year-old World War II veteran.

Since then, vaccines have been distributed in phases to priority groups based on U.S. Centers for Disease Control and Prevention guidelines.

Maricopa County is in Phase 1B, which includes people over 65 (and started with people over 75), school and childcare workers, law enforcement, and some essential workers. Phase 1A included health care workers, emergency medical service workers and long-term care facility staff and residents. Vaccines will continue to be rolled out in phases until the general population becomes eligible in late spring or summer as more vaccines become available.

"Once this opens up to the general population, we already know it's going to be a mess. It's a mess already," said Gilberto Lopez, a professor at ASU's School of Transborder Studies who studies health inequities among racialized minority populations.

If obstacles such as transportation, access to computers and language barriers are not addressed, then the rollout is "going to disenfranchise groups that are already disenfranchised. That's kind of a given," Lopez said.

In addition to structural barriers, some cultural barriers also will have to be addressed, Lopez said.

Some of his own early research in collaboration with researchers who interviewed farmworkers in central California found that some Latinos are reluctant to get the COVID-19 vaccine based on the myth that it can cause infertility, Lopez said.

Some Latinos, who tend to be Catholic, may also be reluctant to get vaccines for religious reasons, Lopez said, because fetal cells were used by some companies to help create COVID-19 vaccines.

## **Seniors thrilled vaccine brought to them**

Meanwhile, at the Lemon Grove Apartments, residents lined up on Friday to receive their first COVID-19 shot. Each resident was then handed a card reminding them that they would receive their second shot on March 19.

One of the residents, 78-year-old Kim Dung Pham, who originally is from Vietnam and who was a solderer before retiring, sat on a bench outside in the shade waiting to make sure she

didn't have a reaction to the shot. Nearby, other residents also sat waiting on wooden chairs spaced at least 6 feet apart.

Through Michelle Pham, a translator who had volunteered to spend the day translating for Vietnamese residents, Pham said a relative had died of COVID-19 and she and her husband had contracted the virus in early January but recovered.

Her doctor suggested she still get the shot, but although her husband has a car, they were apprehensive about driving themselves to State Farm Stadium to get shots. They also were unable to get an appointment.

Pham said she was thrilled when the resident director informed them that they would be able to get the shot at the apartment complex where they live.

Rosales, the University of Arizona public health administrator who oversees the program, said the mobile health unit, funded in part by grants, plans to travel to 40 senior public housing apartment complexes throughout Maricopa County over the next several months to give COVID-19 shots to residents. They plan to vaccinate 480 people by the end of February and the program will continue until at the end of June, and maybe longer.

In addition to health care professionals, public health students, some of whom are bilingual, help administer the shots.

The program began Feb. 8 when the mobile health unit traveled to a housing complex in El Mirage, where all of the senior citizen residents are Latinos, she said.

"This population, in many cases, they don't have access to the Internet, they don't have computers, they don't have iPads. These are like my abuelitos," Rosales said.

But the lack of access to transportation is the biggest obstacle for many of the residents, she said.

"A lot of these 75-year-olds, 65-year-olds that are living in these housing units don't have transportation. They don't own cars. And so we have to go to them."

*Arizona Republic reporter Ralph Chapoco contributed.*

*Reach the reporter at [daniel.gonzalez@arizonarepublic.com](mailto:daniel.gonzalez@arizonarepublic.com) or at 602-444-8312. Follow him on Twitter @azdangonzalez.*

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