

Unexpected racial-ethnic Covid-19 inequality in Israel: the role of extreme spatial segregation

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Extreme spatial segregation

- Today 90% of Palestinian citizens live within fully segregated localities
- Residential segregation and distinct native languages contribute to the near complete segregation of the school system
- A high level of segregation in the labor market
- As a result, the two groups are highly socially segregated
- This situation is in effect since the establishment of the state of Israel in 1948

Method

Comparing rates of Covid-19 infection, hospitalization, and mortality between two racial (or ethno-national) spaces

- Dominant Jewish space
excluding Haredi Jews, about 13% of Jewish population
- Palestinian space
excluding those in mixed cities, about 10% of Palestinians

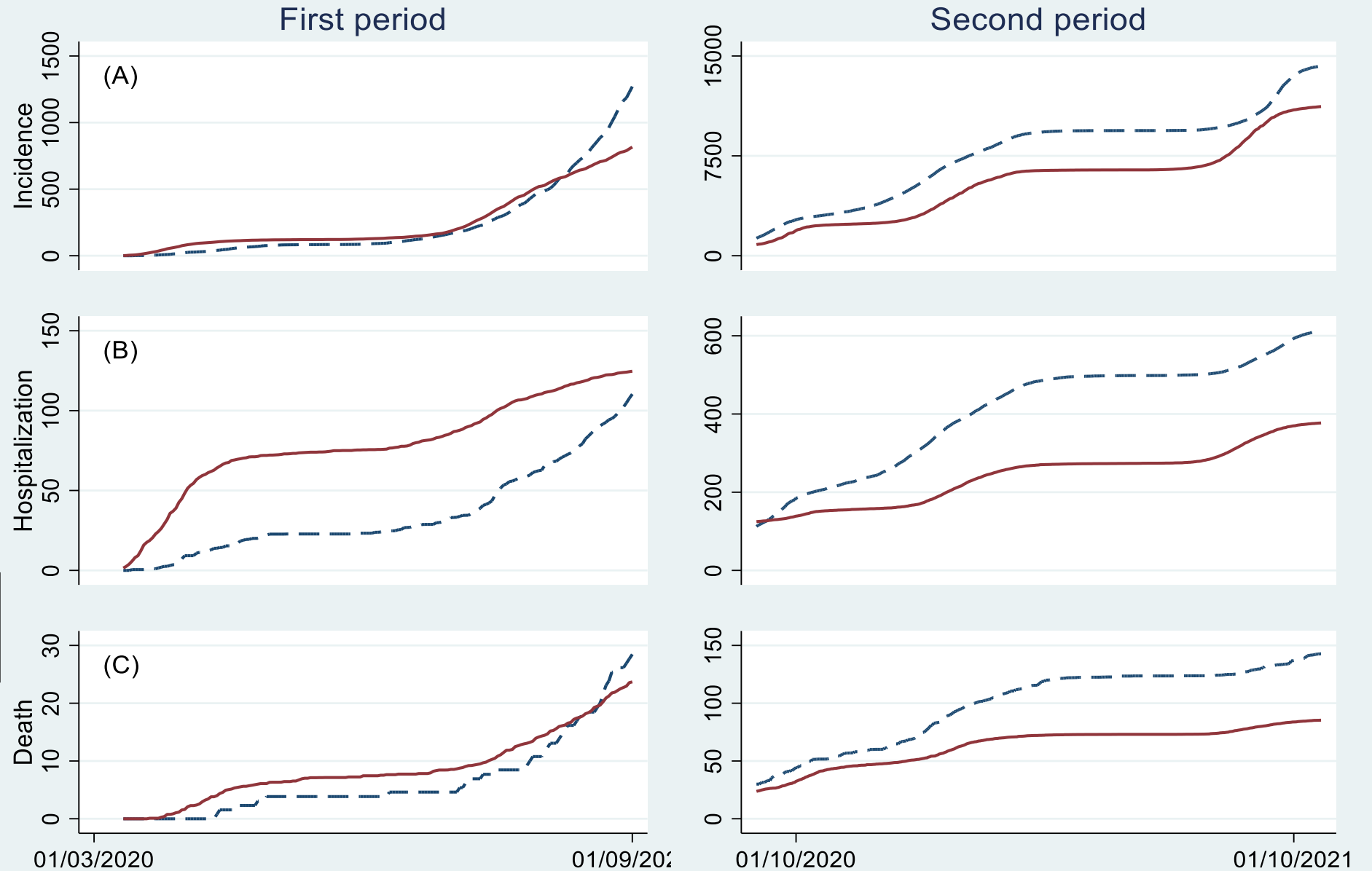
Comparisons between the early and late stage of the pandemic

- First period: March, 2020- Sept, 2020 (6 mons.)
- Second period: Sept, 2020 - June, 2021 (following 9 mons.)

Method and data

- Administrative registration (by MoH) of daily counts of verified cases of infection and cases of hospitalization and mortality from Covid-19
- Daily counts are linked to localities or Statistical Areas (smaller areas within localities)
- Rates of Covid-19 infection, hospitalization, and mortality are calculated using the daily counts of these events and estimates of the 2020 population of localities and statistical areas
- Cumulative rates

Figure 1:
Incidence,
hospitalization
and death rates
from Covid-19,
1st and 2nd
periods



--- Palestinian space
— Jewish space

Figure 2:
Rates per
100,000
persons,
log scale,
March 2020 –
Sept. 2021

--- Palestinian space
— Jewish space

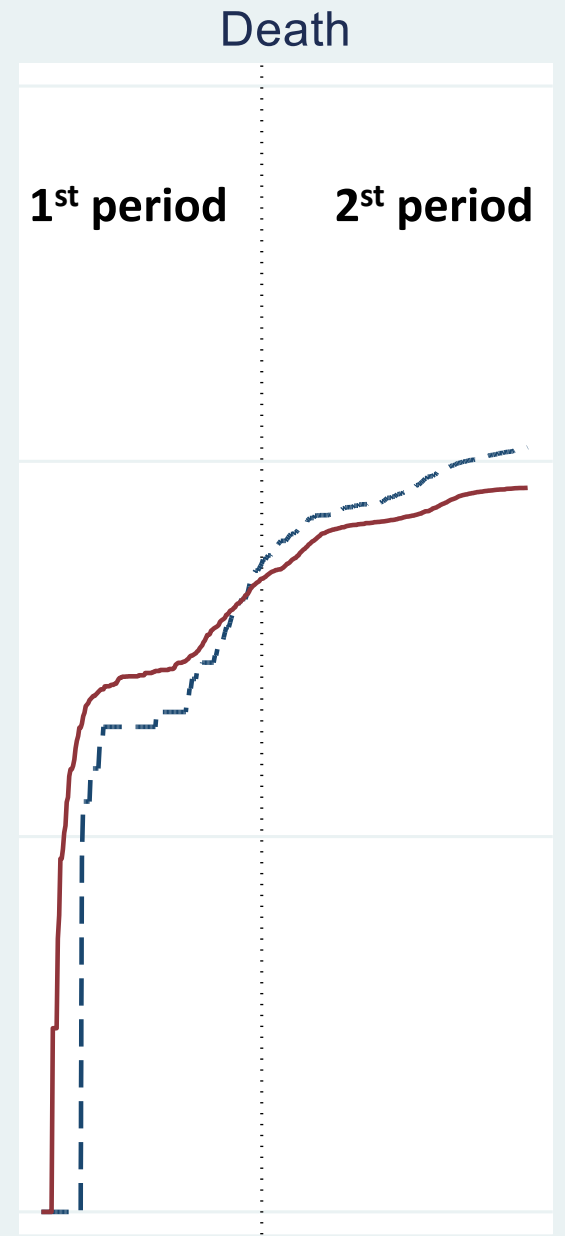
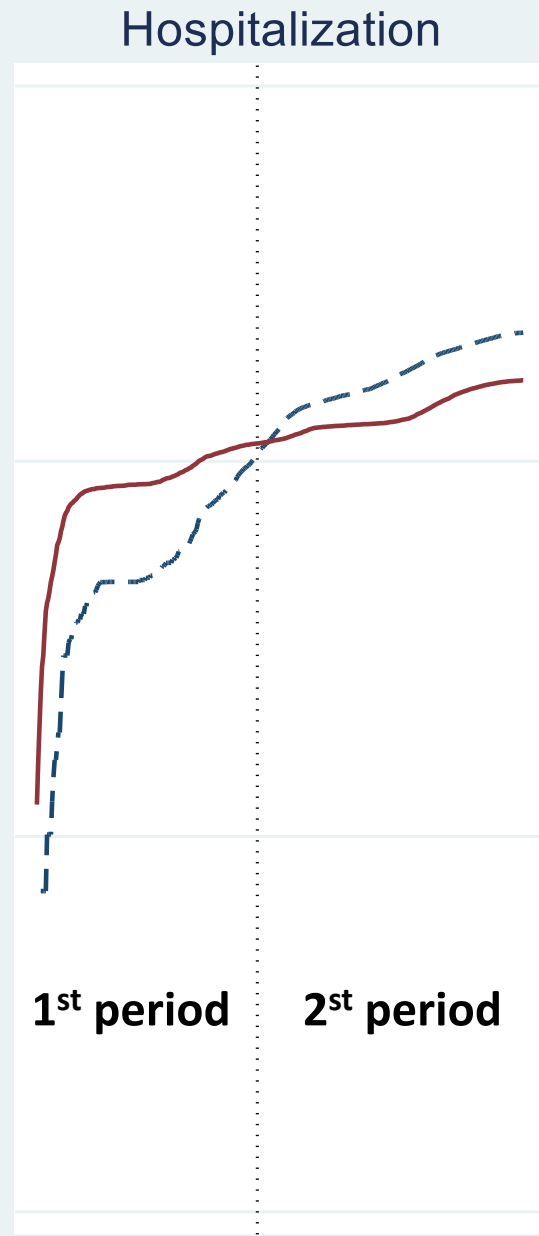
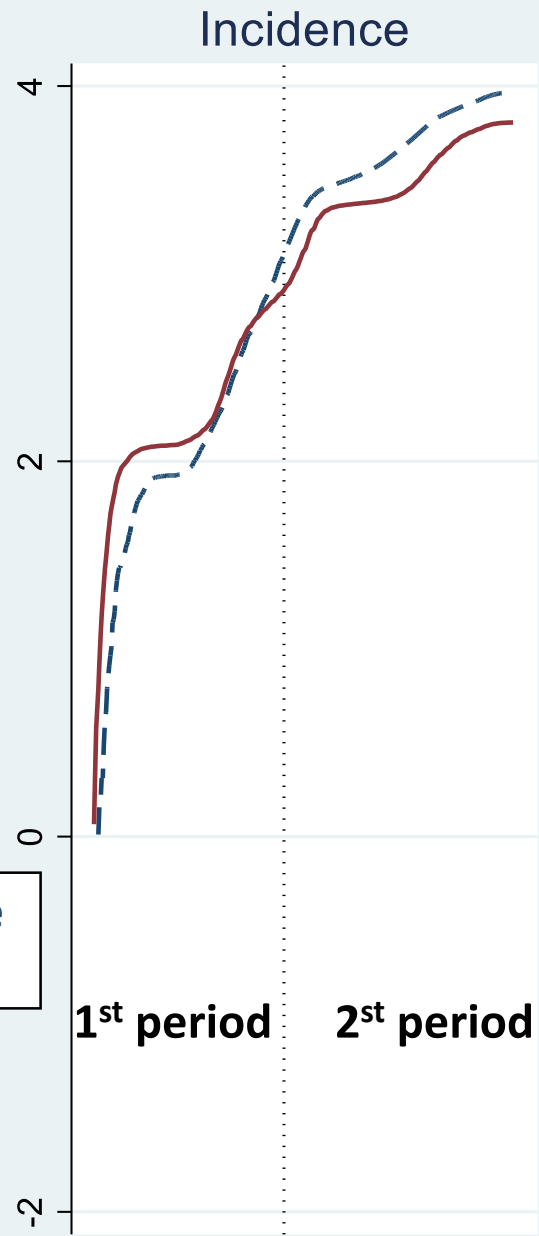


Figure 3:
Incidence rates
per 100,000
persons,
log scale,
different times

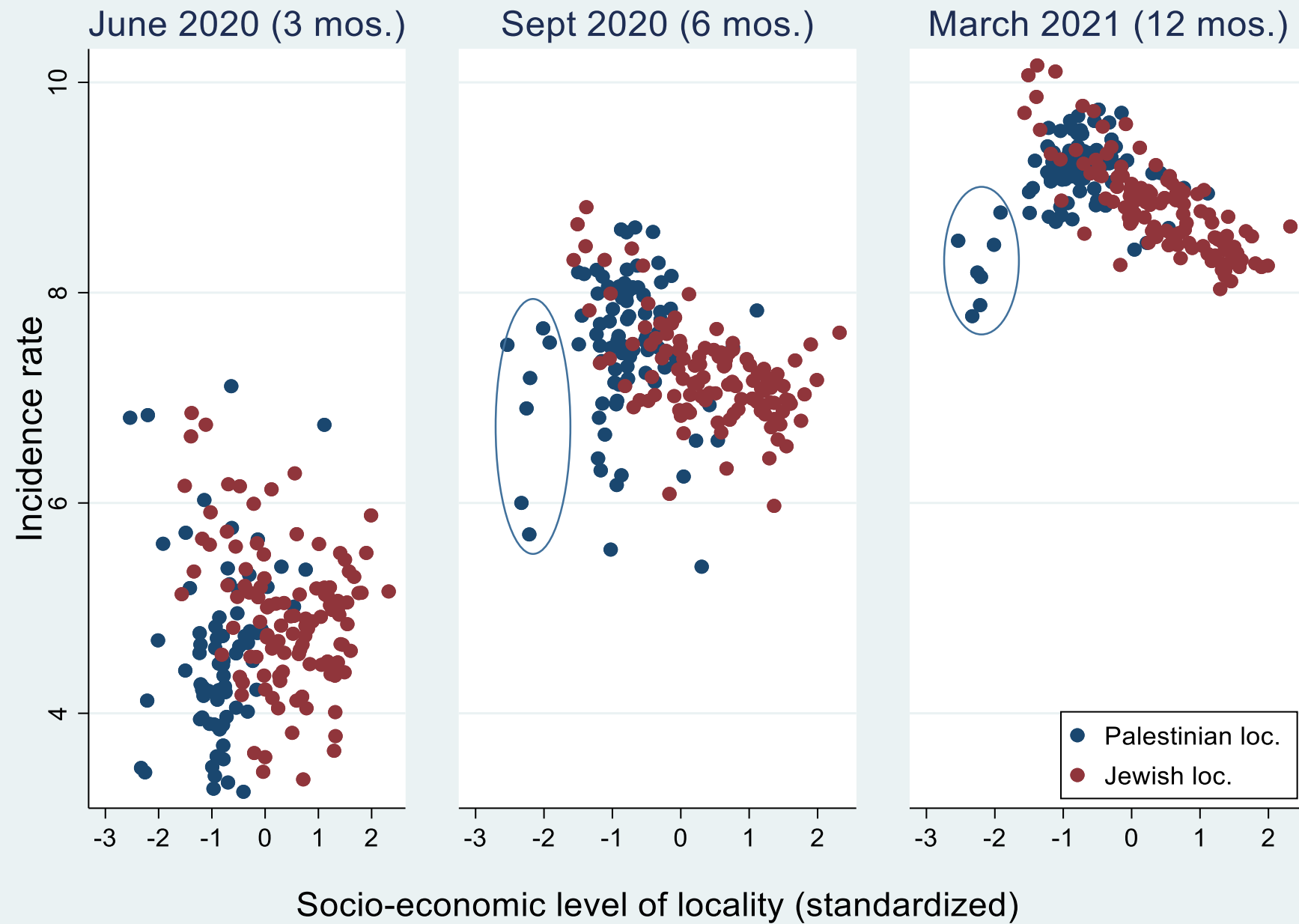


Figure 4:
Hospitalization
rates per 100,000
persons,
log scale,
different times

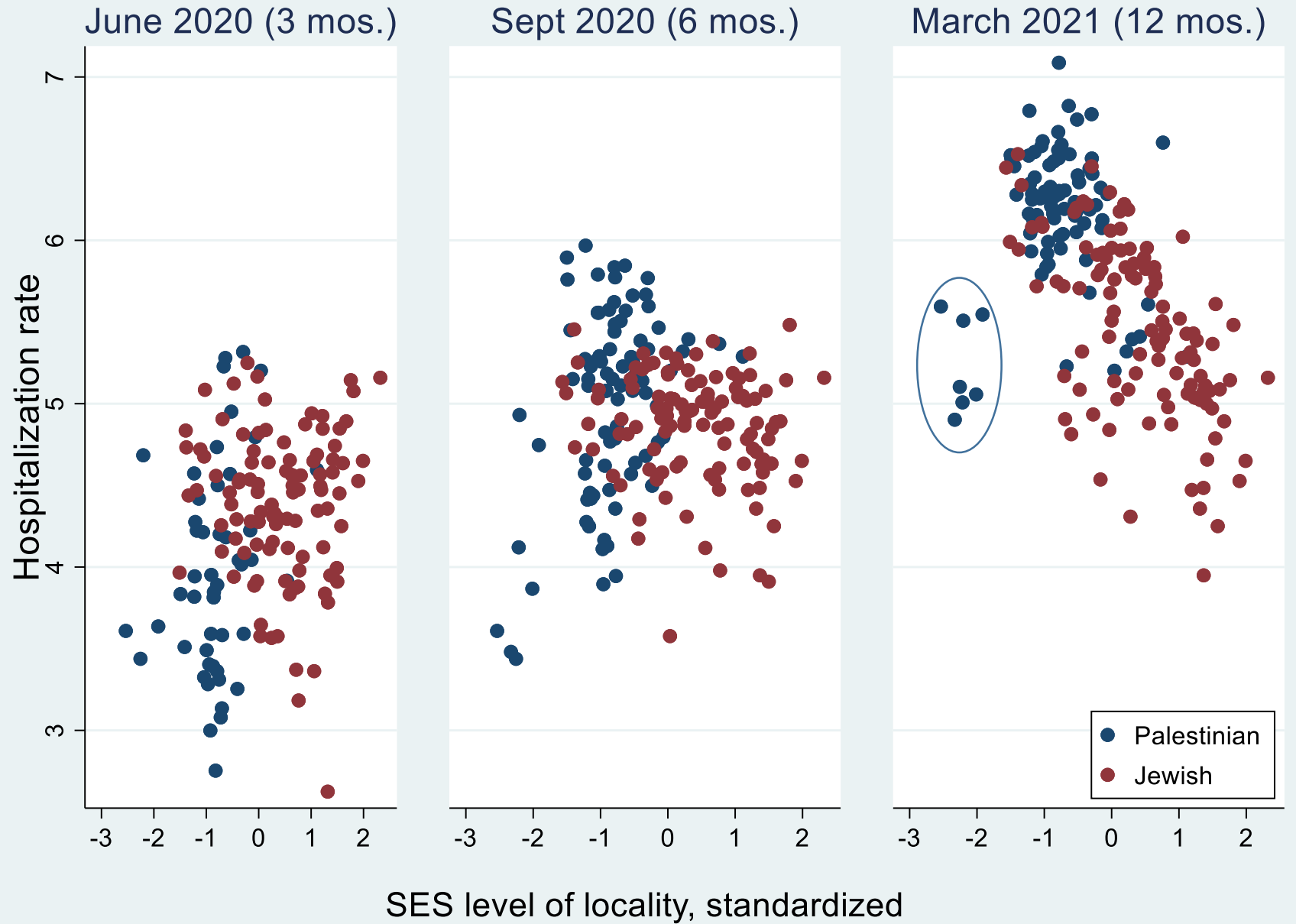
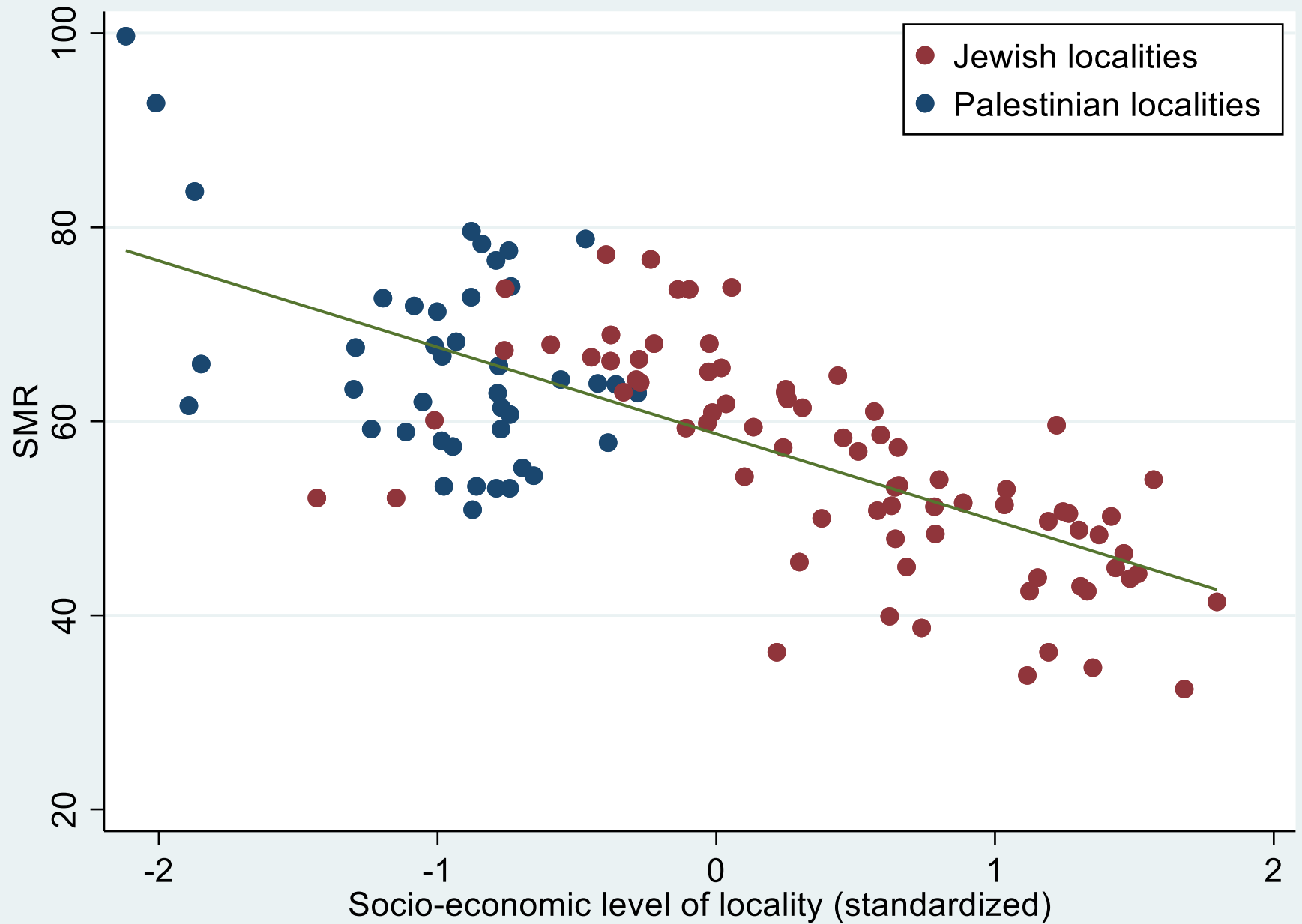


Figure 5:
Standardized mortality rate (SMR) by socio-economic level of locality



Summary of results

- 1. Unexpected pattern of racial inequality in different Covid-19 measures in early stage of pandemic**
 - *Because Palestinians are spatially, residentially, and socially segregated, the spread of coronavirus into their communities was delayed*
- 2. Palestinian community's advantage was only temporary; eventually, as expected, it endured higher rates of Covid-19**
- 3. Both observations, the "advantage" in the early stage and the disadvantage in the late stage, are both demonstrations of the same condition, spatial segregation**
 - *A temporary "sheltering effect" that lasted few months then went back to the long-lasting, harmful impact*

How segregation impacts health?

Possible mechanisms

- Spatial and residential segregation at the level of locality enables differential urban and economic development State policies, where Palestinian ones are less developed and with lower socio-economic levels, which in turn translates to poor health outcomes.
- Being segregated away from the central regions and being largely confined to peripheral ones, translates to lower access to advanced health services and poor health outcomes.