Health Conditions in the Clarke Square Neighborhood
A data digest from Data You Can Use

While we should all be taking extreme precautions to avoid the spread of COVID-19, some factors put people in certain areas at greater risk. The Centers for Disease Control and Prevention (CDC) has identified certain things that put people at higher risk for severe illness. These include people of any age who have serious underlying medical conditions such as asthma, high blood pressure, diabetes, COPD, and those who are immunocompromised including those being treated for cancer.

For some of these conditions, people in the Clarke Square neighborhood have prevalence rates that are higher than the average rate for the City of Milwaukee. The chart below shows the rate in Clarke Square (orange) and for the City of Milwaukee (gray).

In Clarke Square, based on health conditions, residents face risks of COVID-19 similar to the residents of the city as a whole. The rate of diabetes in Clarke Square is slightly higher than the city as a whole.

While people of all ages should follow the CDC guidelines, older people may be at risk for more severe complications from COVID-19. In Clarke Square, 10% of the residents are age 55 or older, which is actually lower than the proportion of older adults in the City of Milwaukee as a whole (19%).

More recent data are indicating that people of any age with severe obesity might also be at greater risk. In Clarke Square, 43% percent of the population are reported to be obese compared to 37% citywide. This indicator suggests greater precautions for this population.

In addition to these health conditions, people’s occupations can also affect their exposure to the virus. In the Clarke Square neighborhood, 27% of residents are employed in the service industry – they may be in healthcare, food service, or be first responders and be more likely to be exposed to COVID-19.

Access to health care and testing can also be affected by race and ethnicity and in the Clarke Square neighborhood 68% of the population is Latino, compared to 18% city wide. Health disparities mean this population may be overrepresented and underserved in this pandemic. It is also the case that the Latino population, for a variety of reasons, is undercounted in census data meaning the prevalence rates may be higher than reported, and access to testing, care and other resources may present additional barriers.

Finally, where uncertainty, fear, disruption of routine, and social isolation associated with the virus can negatively affect all of us, we need to be especially concerned about people with poor mental health. Eighteen percent of residents of the Clarke Square neighborhood report poor mental health, slightly higher than the city average of 15%. Sharing support, resources, and suggestions for coping can be especially important for this population.