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Exploration of Temporal-spatially varying Impacts on COVID-19 Cumulative Case in Texas using geographically weighted regression (GWR)

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Abstract: Since COVID-19 is extremely menacing human's health, it is a significant to expose on its factor's impacts for curbing the virus spreading. To tackle the complexity of COVID-19 expansion in spatial-temporal scale, This research is appropriatedly analyzed the spatial-temporal heterogeneity at county-level in Texas. First, factors impacts of COVID-19 are captured on social, economic, and environmental multiple-facets and the Communality is extracted through Principal Component Analysis (PCA). Second, this research is used COVID-19 CC as the dependent variable and the common factors as the independent variable. According to the virus prevailing hierarchy, spatial-temporal disparity is are categorized four quarters in the modeling GWR analysis according to the virus prevailing hierarchy. The findings are exhibited that GWR models provided higher fitness, more geodata-oriented information than OLS models. In Texas El Paso, Odessa, Midland, Randall and Potter County areas, population, hospitalization, and age structure presented static, positive influences on COVID-19 cumulative casesm, indicating they should be adopt stringent stratgies in curbing COVID-19. Winter is the most sensitive season for the virus spreading, implying the last quarter should be pay more attention to prevent the virus and take pracutions. This research are expected to provide references for preventing and controlling COVID-19 and related infectious diseases, evidences for disease surveillance and response systems to facilitate the appropriate uptake and reuse of geographical data.

Keywords: Geographical Weighted Regression (GWR); Temporal-spatially varying impacts; COVID-19 Cumulative Case

1. Introduction

A new coronavirus, called coronavirus disease 2019 (COVID-19), is causing an outbreak of respiratory illness worldwide. It caused a deadly severe acute respiratory syndrome, WHO reported, initially found in Wuhan of China (Holshue et al., 2020; Moghadas et al., 2020; Sha et al., 2020; Yang et al., 2020). Given coronavirus disease (COVID-19) swept through the world, everything about people's mobilities is changed. COVID-19, as a global social, environmental, and economic comprehensive crisis, extremely impacts on people's daily life and reshape people's routine behaviors, especially a pervasive sense of quarantine fatigue and panic attacks of getting infected are challenging human's fortitudes (Ahmar et al., 2020; Bashir et al., 2020; Bilal et al, 2020). Most countries have been forced to take emergency measures, including closing cities, suspending school classes, restricting population movement, and keeping social distances, having great negative effects on economic development and resident's health (Jin et al., 2020; Yuan et al., 2020; P.D. et al, 2020; Menut et al., 2020). The U. S was called the first highest country with confirmed cases of COVID-19 in the world (Ahmar et al, 2020; Worldometer, 2020). Until Feb. 05, 2021, there are 27.3 million cumulative cases, 65,236 new cases, 468,780 total deaths cases, and 1,786 new deaths cases in the U.S. A severe economic downturn behind figures was predicted by considering how policy has supported businesses and families since March 2020. The first COVID-19 case in the United States was confirmed on January 19, 2020, in Washington State (Holshue et al., 2020; Ellis, et al, 2020; Qu, et al, 2020). From summer to winter in 2020, the virus, as a perfect storm, virtually spreads every part of the U.S. at a speed unprecedented in American history, according to Johns Hopkins University data. Jamie Ducharme argued the pandemic had claimed more than three times the American lives that were lost in the Vietnam War (Ducharme, 2020). The coast-to-coast surge is causing hospitals across the country to the edge of catastrophe. Doctors and

48 nurses exhausted and their intensive-care units running dangerously low on beds.

49 Texas, as the 28th state of the union in 1845, occupies the south-central segment of the country and is the
50 largest state in area except for Alaska and California. The state extends nearly 1,000 miles (1,600 km) from
51 north to south and about the same distance from east to west. Its average population growth has exceeded that of
52 the country. Texas is facing issues associated with increased longevity and an aging population. The state's
53 overall population is aging, and about one-tenth of Texans are over age 65. Considering the total number of
54 coronavirus cases in the U.S, Texas plays a significant role in curbing the spread of COVID-19 in the U.S.
55 Therefore, it is plausible to choose Texas as our study object of COVID-19. Ostensibly, the Texas government
56 made stringent policy inventions to mitigate the spread of COVID-19 coronavirus based on unremitting Texas
57 Executive Orders (TEO) and Public Health Disaster Declarations (PHDD). On March 16, 2020, the U.S
58 promulgated the President's Coronavirus Guidelines for America, calling upon Americans to slow the spread of
59 COVID-19 by avoiding social gatherings in groups of more than 10 people, using the drive-thru, pickup, or
60 delivery options at restaurants and bars, and avoiding visitation at nursing homes, among other steps. Texas
61 experienced 5 stages of COVID-19 risk-based guidelines, including the first phase on April 4th, the second
62 phase on May 18th, the third phase on June 3rd, the fourth phase on July 4th, the fifth phase on Dec 15th for
63 Travis County. Stage 5 signifies the most unfettered spread of the virus and includes the most stringent
64 guidelines. In addition to curfew considerations, under Stage 5 guidelines, it is suggested that only essential
65 businesses remain open and that everyone avoids non-essential travel and gatherings involving people outside of
66 those in a person's immediate household. Those recommendations are in addition to social distancing measures
67 such as avoiding the sick, wearing a facial covering, and maintaining distance from others. There are 28
68 executive orders regarding containing the spread of COVID-19 from Executive Order 8 on March 19 to
69 Executive Order 32 on October 7. There are 11 times of publishing PHDD During March 19, 2020 -January 15,
70 2021. "The novel coronavirus (COVID-19) has been recognized globally as a contagious respiratory virus"
71 mentioned on Gov. Abbott Issues Executive Order 8. On March 19, 2020, "Tests for human diagnostic purposes
72 of COVID- 19 should submit to Texas Department of State Health Services (DSHS)." Claimed on March 24,
73 2020. The spread speed of COVID-19 is outpacing the density policy updating. Meanwhile, the once-in-a-100-
74 year Nevertheless, coronavirus disease 2019 took a toll on Texas counties beyond words, from Facebook to
75 Twitter, from nursing homes to children's daycare, from communities to churches, from groceries to restaurants,
76 from elementary schools to universities (Sha et al. 2000). The socioeconomic impact of COVID-19 is well
77 documented as well (Bashir et al, 2020 Sha et al, 2020, Yang et al, 2020). When tracing the COVID-19
78 footprint, the first case was announced by The Texas Department of State Health Services on March 4th in Fort
79 Bend County. Texas surpasses 2,433,110 total COVID-19 cases and 128,000 deaths cases so far. These figures
80 are dramatically increasing every single day. Some counties in Texas are already playing out their dystopian
81 worst-case scenarios. In particular, the dead in El Paso have been shunted to mobile morgues partially staffed by
82 the incarcerated (Hogue et al., 2020). Some of the critiques are thought that non-controlling the virus expansion
83 is mainly responsible for potential policy from the Trump Administration, who has done little to
84 counter rampant misinformation about the pandemic and has made numerous incorrect statements about the
85 virus's origins, spread, and deadness. Indeed, it is worth noting that establishing a long-lasting, real-time, and
86 dynamic emergency alert system of health will mitigate natural disasters and lower disaster risks. Accordingly, it
87 is imperative to tease out the spatial-temporal changes of the COVID-19 pandemic spread, sensitive area of
88 vulnerability, and most vulnerable groups based on the county level. The objective of this paper is to investigate
89 spatial-temporal variability between population (age structure, race, gender) and COVID-19 cumulative cases at
90 254 Texas counties, in the context of considering of impacts of social-economic (unemployment, annual
91 income) and environmental factors, via spatial stratified heterogeneity analysis of using GWR models. This

92 research will facilitate scientific recognition of COVID-19. In other words, if the COVID-19 data has a spatial-
93 temporal resolution to capture the trajectories, both approaches are adequate for the spread of COVID-19
94 recognition (Camara, 2020).

95 Under global limelight, COVID-19 research is widespread and interdisciplinary concerning, triggering
96 people's brainstorming, swept in the world. For example, social injustice during the pandemic is advanced by
97 Sarah Blue et al. regarding asylum seekers im/mobility at the US - Mexico Border during the COVID-19
98 Pandemic (Blue et al.2020). There are 482958 academic journals published COVID-19 topic. In light of Web of
99 Science, 567 articles are being published different journals, including health, religion, cultural studies, history
100 philosophy of science, humanities multidisciplinary, and philosophy. COVID-19 in South Korea is investigated
101 in policies and innovations (Doowon et al, 2020). COVID-19 pandemic and lockdown In India have led to the
102 collapse of regular mental health services (Grover, 2020). Interestingly, a comparison about COVID-19 response
103 between the UK, USA, Germany, and South Korea is rooted in the systemic weaknesses of neoliberalism. Timothy
104 I. proposed that economic recession and austerity impeded healthcare investment in U.K and U.S (Timothy I. et
105 al. 2020). Air quality impacts COVID-19 are mentioned in Europe and China (Menut et al. 2020; Liu et al., 2020).
106 From a macro spectrum perspective, global collaboration and a data-driven systems approach will contribute to
107 addressing the COVID-19 pandemic and potential public health crisis (Francisco et al.2020).

108 Since the COVID-19 preading represented geographical dependence, GIS can combine divergent spatial data
109 sets based on georeferencing, promoting the integration of health data with contextual characteristics. At the same
110 time, descriptive modeling research that depends on GIS strength has examined the spatial associations of
111 COVID-19 with socioeconomic and environmental characteristics (Smith et al., 2020). Currently, the uneven
112 distribution of the COVID-19 pandemic is well enough to represent patterns of spatial heterogeneity with GIS
113 spatial tools, which incorporate multidimensional social, economic, and health consequences, exposing to
114 geographical inequity and a long-term impact on global health accurately, no matter what linear-regressions or
115 non-linear regressions (Rosenkrantz et al., 2020; Smith, 2020; Guliyev, 2020) For instance, Ansari Saleh Ahmar
116 predicted COVID-19 confirmed cases in the U.S with SutteARIMA method (Ahmar et al. 2020). Yaowen Luo
117 exhibited a spatial nonlinear analysis of the COVID-19 death rate in the U.S (Luo et al.2020). Unfortunately, GIS
118 spatial-temporal analysis is seldom mentioned. Chaowei Yang et al. (2020) put forward a spatial-temporal
119 COVID-19 paradigm through modeling socioeconomic patterns to analyze at a finer scale using weekly confirmed
120 cases in Massachusetts. They merely took into account the poverty rate, educational attainment, elderly people
121 rate, and income four variables (Yang et al.2020). The drawback is the lack of environmental variables to underpin
122 the model. Although population mobility, age, and race, as significant factors, are mentioned in the research,
123 Mollalo only considered black females infection risk of COVID as an explanatory variable, it is limited to get the
124 outcome on the most vulnerable groups of COVID-19 (Mollalo 2020, Smith 2020, Lakhani 2020, Rosenkrantz et
125 al., 2000). Different methods are used to observe the goodness-of-fit test of the regression (e.g., multiple
126 geographical weighted regression method and geographical weighted random forest method, but they do not
127 account for the significance of the single variable. Furthermore, previous study areas are based on the macro
128 spectrum, involving China, India, Italy, and the U.S (Rakhohori et al., 2020, Mollalo et al., 2020; Xie et al., 2020),
129 regional study of COVID is almost ignored. As community gathering is the main reason for COVID-19, micro-
130 study is a dispensable part of COVID-19 research, which could provide useful implications for preventing the
131 spread of the COVID-19 pandemic. Even if the spatial-temporal ontology and semantic COVID-19 are completely
132 performed in the context of big data in the Age of AI (Sha et al. 2020), longitudinal detection and explanation of
133 COVID-19 in the U.S is essential for dealing with the linear scenario in a local regression model. On the other
134 hand, according to empirical study, it is important to select variables that reveal the degree of social vulnerability.
135 This is because disparity of social vulnerability is determined by location-based variables, which incorporate

136 factors such as race/ethnicity and socioeconomic status, leading to encode the vulnerability to adverse health
 137 outcomes such as negative effects of COVID-19.

138 Analysis of the relationship between these possible risk factors (e.g., AQI, race, gender) and COVID-19 in
 139 different counties will help develop policies to prevent and control the spread of COVID-19 technically. The
 140 spatial-temporal distribution of COVID-19 will also contribute to county-driven COVID-19 real-time and
 141 dynamic monitor systems. The advantage is that the results are directly used to draw up community containment
 142 strategies, which are fundamental public health measures used to control the spread of communicable diseases,
 143 including isolation and quarantine (Mollalo et al., 2020). Therefore, this paper unveils spatial-temporal
 144 heterogeneity on county-level within a state, providing real-time scientific evidence for creating an effective
 145 disease surveillance system in COVID-19.

146 **2. Methodology**

147 2.1 Data source

148 Demographical factors such as age structure, gender, and race are examined to detect the most vulnerable
 149 groups. Since PM2.5 and Air Quality Index (AQI) are used to measure the severity of air pollution, which is highly
 150 related to respiratory diseases. PM2.5 and AQI are also considered explanatory variables. COVID-19 data
 151 (cumulative cases and new cases) as dependent variables are from the Centers for Disease Control and Prevention
 152 (CDC), COVID-19 fatality data based on death certificates. A fatality is counted as a COVID-19 fatality when the
 153 medical certifier attests to the death certificate that COVID-19 is a cause of death. Mortality is equal to fatalities
 154 divide by cumulative cases. Hospitalization (i.e., THB, BPC) from The Texas Department of State Health
 155 Services (DSHS) is reported daily by hospitals through eight Hospital Preparedness Program providers that
 156 coordinate health care system preparedness and response activities in Texas. They are viewed as explanatory
 157 variables over 2020. Population data (e.g., race, diverse age group, gender, population density) as explanatory
 158 variables are from the 2019 U.S Census Bureau. Economic data (e.g., annual income) as explanatory variables are
 159 from the Texas Association of Counties, the statistical period is 2019. Environmental data is the result through
 160 interpolating limited samples, which are from the United States Environmental Protection Agency (i.e., AQI,
 161 PM2.5) and National Weather Service (i.e., temperature, precipitation), Statistical period is the whole year of 2020,
 162 categorized four quarters. Quarterly data are real-time raw data at the end day of each quarter.

163 Table. 1 A List of Variables Used for Geostatistical Analysis

Variable category	Variable name	Acronym	Variable description
Economic	Annual income	PCI	Annual income per 1,000 residents
	Unemployment	UEM	Percent of residents who don't have job
Environmental	Precipitation	PCN	Mean precipitation per month
	Temperature	TPE	Mean temperature per month
	PM2.5	PM2.5	Mean PM2.5 per day
	Air quality	AQI	Mean air quality per day
	Land Area	LA	Total land area per county
Demographic	Population density	POD	Population density
	Total population	TP	Total population
	Male population	PMP	Percent of residents who are male
	Black population	PBP	Percent of residents who are black
	Population between 20-59	P59	Percent of residents who are between 20-59
	Population beyond 80	P80	Percent of residents who are beyond 80

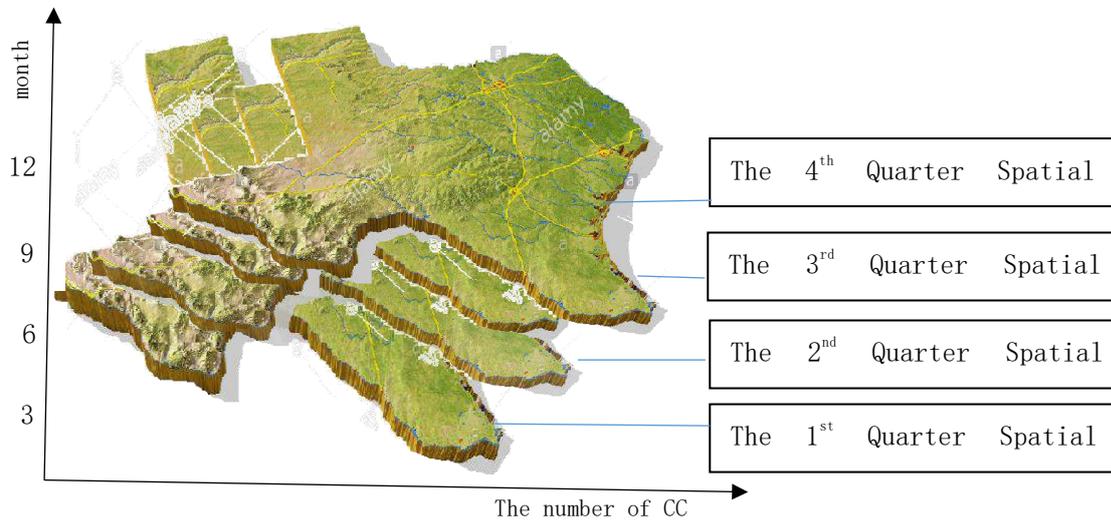
Health	Total hospital beds	THB	Total hospital beds
	Beds per capital	BPC	Incidents per 1,000 residents
Covid-19	Cumulative Case	CC	Cumulative Case number
	New Case	NC	New case number per season
	Incidence Rate	IRP	Percent of Case on total population
Covid-19	Fatalities	TF	Total death number
	Mortality Rate I	MR1	Percent of fatalities case on total case
	Mortality Rate 2	MR2	Incidents per 10,000 residents

164 2.2 Study Area

165 In this paper, 254 counties of Texas are our research objects.

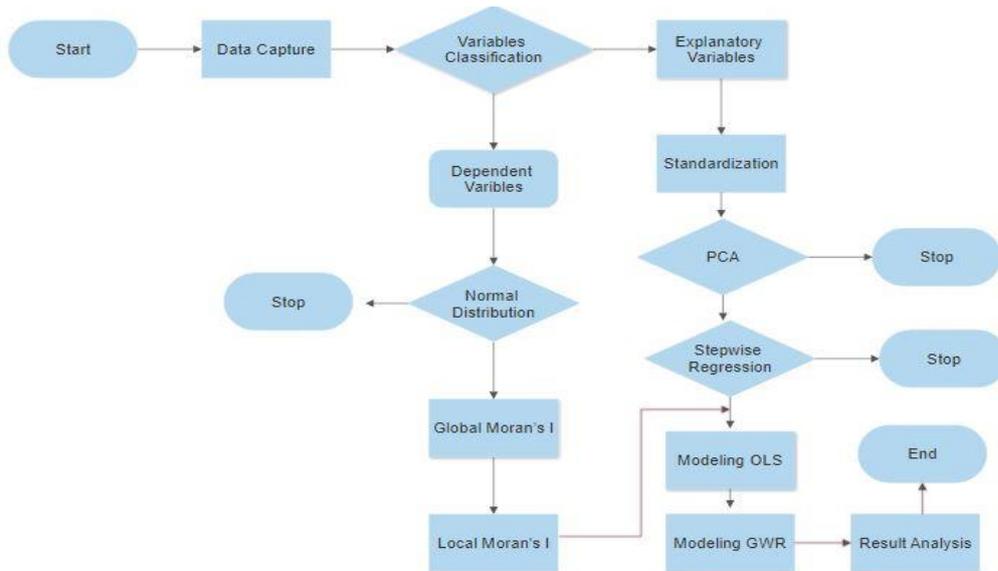
166 2.3 Spatial-temporal Study Framework

167 For temporal study in the paper, time series thought was classified into four layers according to four seasons
 168 in 2020. Quarterly statistical data are based on environmental, social-economic indexes at the end of the season
 169 in response to COVID-19 NC and TC at that time. The temporal-study framework is in Fig. 1.



170
 171
 172 Fig. 1 Temporal-Study Framework

173 For spatial-study perspective, we explore correlations between variables with SPSS before building GWR
 174 models, no matter what kinds of variables. Since dependent variables must meet the assumption of a normal
 175 distribution, we have to describe their statistical characteristic property and spatial autocorrelation analysis.
 176 Simultaneously, all explanatory variables after standardization should be examined by Principal Component
 177 Analysis to eliminate multicollinearity. After that, we try to model simple Ordinary Least Square (OLS) and
 178 geographically weighted regression between variables. Finally, via two models' comparisons, we pay more
 179 attention to their differences in spatial heterogeneity and analyze how did it happen, as shown in Fig.2.

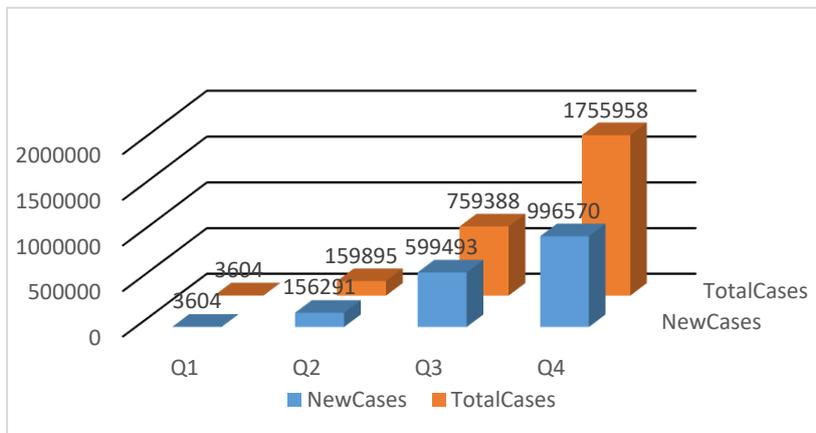


180

181 Fig. 2 Data Flow

182 2.4 data preprocessing and preparing

183 In Fig. 3, The number of NC and CC in the first season is the same as 3604. The number of NC in the second
 184 season is five times more likely than the first season. The number of NC in the third season is tetra more likely to
 185 the second season. The number of NC in the last season is double more likely to the third season. From the number
 186 of CC perspective, the number of CC is taking surge without turn points. That means the spread of COVID-19 is
 187 monotonically increasing without controlling.



188

189 Fig.3 Texas Cases Changes over time in 2020

190 Data standardization is this process of making sure that your dataset can be compared to other data sets. It is
 191 a key part of the research, and standardized data is essential for accurate data analysis. It is also easier to make
 192 clear conclusions about current data when there are other data to measure it against. The condition of
 193 standardization with the Z-score is that the data mean is equal to 0 and the standard deviation is equal to 1.

194 To reduce the dimensionality of the dataset down to fewer explanatory variables, Principal Component
 195 Analysis (PCA) is one of the common techniques to avoid multilinearity without losing the attribution of variables.
 196 PCA could increase interpretability but at the same time minimize information loss. It does so by creating new

197 uncorrelated variables that successively maximize variance. In the PCA procedure, a set of possibly correlated
 198 variables is transformed into a set of linearly uncorrelated variables using the orthogonal transformation. This set
 199 of linearly uncorrelated variables is also called a PC. The number of PC extracted from PCA is less than or equal
 200 to the number of previous possibly correlated variables (Pai et al., 2017).

201 Stepwise Regression (SR) is an automatic variable selection procedure that selects from a couple of
 202 candidates the explanatory variables, which are the most related. We used the unidirectional forward methods.
 203 Forward selection begins with no variables in the model, examining each variable with a chosen model-fit
 204 criterion until none of the remaining variables improves the model to a statistically significant extent (Massimo,
 205 2020).

206 3 Method

207 3.1 Ordinary Least Square

208 In regression analysis, Ordinary Least Squares (OLS) is a traditional method for estimating a linear
 209 regression between dependent variables and independent variables.

210 Simple OLS is the estimation of a linear relationship between two variables, Y_i , and X_i , of the form:

$$211 Y_i = \alpha + \beta X_i + u_i \quad i=1, 2, \dots, n \quad (1)$$

212 Where Y_i denotes the i th observation on the dependent variable Y which could be CC, and X_i denotes the
 213 i th observation on the independent variable X which could be synthetic factors. OLS assumptions involve the
 214 disturbances have zero mean and a constant variance, in addition to are not correlated. The explanatory variable
 215 X in OLS is non-stochastic.

216 3.2 Geographical Weighted Regression

217 According to the first law of geography, there is more similarity between more adjacent geographical
 218 entities (Tobler, 1970). Meanwhile, due to the unbalanced distribution of natural resources endowment and
 219 socioeconomic factors in different provinces, there also exists interregional spatial correlation and spatial
 220 heterogeneity. And because of these, such global-regression-model-related assumptions do not hold anymore,
 221 for instance, data values are independent of geographical location, there exists no spatial correlation, and sample
 222 data are balanced. Therefore, it is impossible to properly explain an individual situation, and herein spatial
 223 heterogeneity, by using global overall parameters. Based on Foster's spatial varying parameter regression, a
 224 Geographically Weighted Regression model (GWR) (Fotheringham et al., 2002) was further proposed by
 225 Fotheringham using a local smooth processing method to solve the spatial heterogeneity. With spatial
 226 heterogeneity taken into consideration, geographic coordinates and core functions are utilized to carry out local
 227 regression estimation on adjacent individuals of each group. The equation of the GWR fitted model is in Eq(2)
 228 (Nakaya, 2016).

$$229 y_i = \beta_0(u_i, v_i) + \sum_k \beta_k(u_i, v_i) x_{k,i} + \varepsilon_i \quad (2)$$

230 where i denotes the individual sample; (u_i, v_i) is the coordinates of sample i ; $\beta_k(u_i, v_i)$ is the k th regression
 231 parameter of sample i ; y_i is the dependent variable of sample i , $x_{k,i}$ is the k th independent variable for the
 232 sample i , ε_i is random error term which obeys normal distribution when the variance is a constant, thus the
 233 parameter estimation value of sample i is given by:

$$234 \hat{\beta}(u_i, v_i) = (X^T W(u_i, v_i) X)^{-1} X^T W(u_i, v_i) y \quad (3)$$

235 where W is the spatial weight matrix, whose selection and the setting is the core issue of GWR regression.
 236 And its calculation consists of two major steps. The first step is the selection of a proper kernel function to
 237 express a spatial relationship between the observed units. Specifically, four major kernel functions are being
 238 used in existing research, namely fixed Gaussian, fixed Bi-square, adaptive Bi-square, and adaptive Gaussia.
 239 Since the merits of a kernel function play a direct and decisive role in obtaining the most accurate possible
 240 regression parameter estimation of spatial heterogeneity, after careful analysis and comparison, Fixed Gaussian

241 was chosen as the kernel function in the paper, which is expressed as

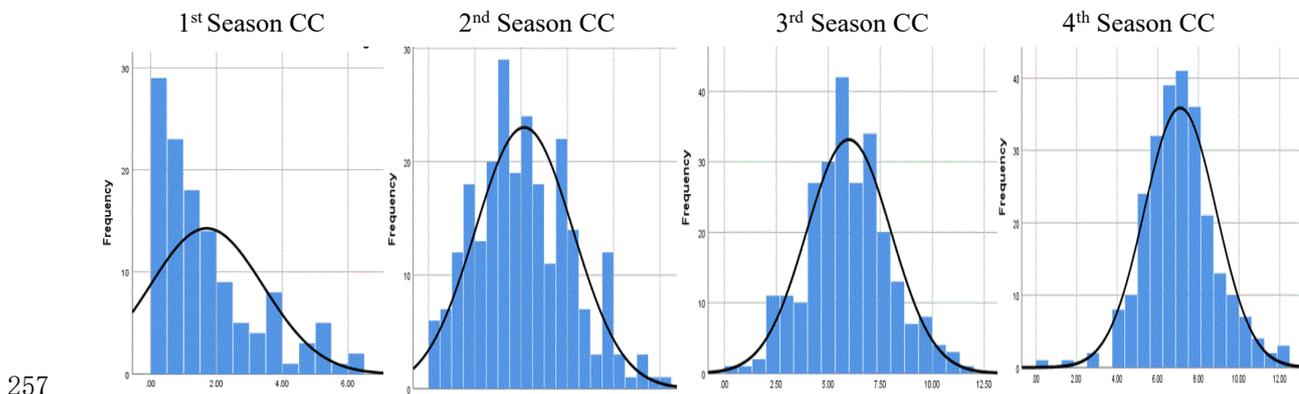
$$242 \quad w_{ij} = \exp(-d_{ij}^2/\theta^2) \quad (4)$$

243 where w_{ij} represents the distance weight from sample i to sample j ; d_{ij} is the Euclidean distance between
 244 sample i and sample j ; θ is the bandwidth, which determines the speed at which the spatial weight attenuates
 245 with distance. The second step of spatial weight matrix calculation is the selection of optimal bandwidth which
 246 could contribute to a higher fitting degree. According to the GWR4.09 User Manual (Nakaya, 2016), bandwidth
 247 selection criteria include AIC (Akaike Information Criterion), AICc (small sample bias-corrected AIC), BIC,
 248 and CV (Cross Validation).

249 4. Results and Findings

250 4.1 Normal Distribution

251 The precondition of regression analysis is that the dependent variable should meet the normal distribution.
 252 The request for normal distribution has two conditions. One is uncertain variable is symmetric about the mean,
 253 another is that uncertain variable is more likely to be in the vicinity of the mean than far away. Thus, a normal
 254 distribution is conducted in 5 dependent variables quarterly. After logarithm transformation, quarterly CC within
 255 is qualified normal distribution except for the first quarter in Fig.4. When modeling GWR regressions, the first
 256 quarter CC is overlooked as skewed distribution.



257 Fig. 4 CC distribution graph

258 4.2 Correlation

259 According to table 2, the first quarter CC is positively significant to THB, POD, PCI, TP, PBP, and P59. It
 260 is negatively significant to P80. The second quarter CC is positively significant to TPE, PCN, THB, POD, TP,
 261 PBP, UEM, P59, and negatively significant to P80. The third quarter CC is positively significant to TPE, PCN,
 262 AQI, THB, POD, TP, PBP, UEM, P59. While it is negatively significant to P80. The last quarter CC is positively
 263 significant to TPE, PCN, AQI, THB, POD, TP, PBP, UEM, P59, and negatively significant to P80. As the result,
 264 the correlation from the second quarter to the fourth quarter is similar.
 265

266 Table 2 Person Correlation between CC and Explanatory Variable

Explanatory Variables	CC Quarter 1 Coef. / Sig.	CC Quarter 2 Coef. / Sig.	CC Quarter 3 Coef. / Sig.	CC Quarter 4 Coef. / Sig.
TPE	0.155/0.088	0.128*/0.042	0.365**/0.000	0.292**/0.000
PCN	0.038/0.679	0.307**/0.000	0.378**/0.000	0.325**/0.000
AQI	0.106/0.246	0.021/0.744	0.249**/0.000	0.260**/0.000
THB	0.645**/0.000	0.481**/0.000	0.495**/0.000	0.509**/0.000
BPC	0.154/0.091	0.047/0.454	0.036/0.573	0.097/0.123
POD	0.749**/0.000	0.570**/0.000	0.581**/0.000	0.600**/0.000
LA	0.133/0.145	-0.430/0.499	-0.066/0.297	-0.031/0.628

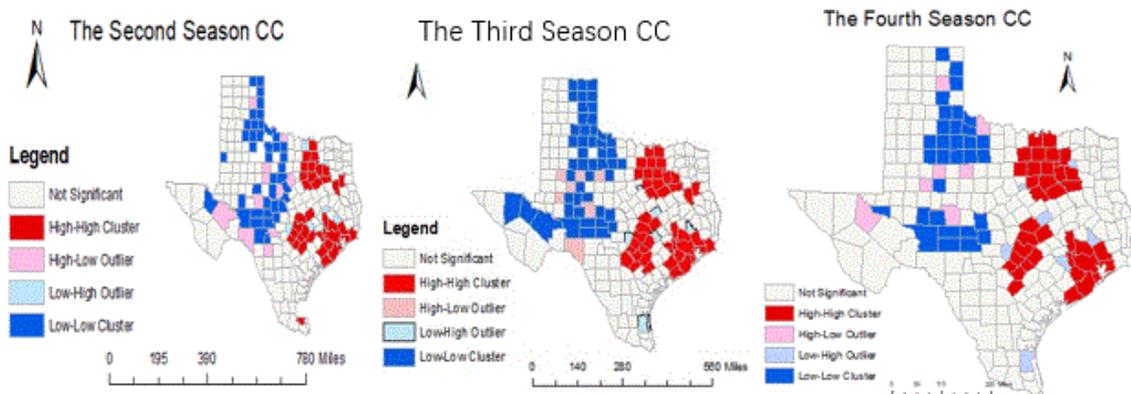
PCI	0.335**/0.000	-0.020/0.753	-0.048/0.450	-0.024/0.702
TP	0.690**/0.000	0.512**/0.000	0.526**/0.000	0.541**/0.000
PBP	0.243**/0.007	0.455**/0.000	0.398**/0.000	0.362**/0.000
UEM	-0.073/0.422	0.161**/0.010	0.181**/0.004	0.165**/0.008
PMP	-0.174/0.056	-0.055/0.380	-0.053/0.398	-0.077/0.219
P59	0.467**/0.000	0.503**/0.000	0.474**/0.000	0.473**/0.000
P80	-0.451**/0.000	-0.501**/0.000	-0.450**/0.000	-0.399**/0.000

Note: *Correlation is significant at the 0.05 level (2-tailed), ** Correlation is significant at the 0.01 level (2-tailed).

267
268

269 4.3 Spatial Autocorrelation

270 The Spatial Autocorrelation (Global Moran's I) tool measures spatial autocorrelation based on both feature
271 locations and feature values simultaneously. Given a set of features and an associated attribute, it evaluates
272 whether the pattern expressed is clustered, dispersed, or random. In this paper, Global Moran's I and local
273 Moran's are implemented. The results of Global Moran of the accumulative case are more than 2.58, indicating
274 quarterly CC is remarkable and clustered. In Anselin local Moran's I (Fig 5), the second season CC is classified
275 four clusters, including HH, HL, LH, and LL. HH is distributed in northern Texas of 39 counties, HL is
276 distributed at 11 counties, LH is limited at 6 counties, LL occupied the south and east of Texas of 41 counties. In
277 the third season, HH is distributed in northern Texas of 44 counties, HL is distributed at 7 counties, LH is
278 limited at 6 counties, LL is distributed south and eastern of Texas of 48 counties. In the fourth season, HH is
279 distributed in northern Texas of 37 counties, HL is distributed at 7 counties, LH is limited at 7 counties, LL is
280 distributed south and eastern of Texas of 31 counties.



281

282 Fig. 5 Local Moran's Model of CC

283 4.4 Factor analysis

284 Through PCA, the dataset was examined using Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity.
285 The KMO test compares the correlation statistics to identify if the variables include sufficient differences to extract
286 unique factors. A KMO value of 0.616 for 14 explanatory variables is more than the threshold value of 0.5, The
287 Bartlett's Test of Sphericity (BTS) value of 0.0 was significant ($p < 0.001$), validating that correlation between
288 variables does exist in the GWR models.

289 Community is a common variance between 0 and 1, using the remaining variables as factors, was used to
290 determine if any variables should be excluded from the factor analysis. 0.7 threshold is used to determine the
291 significance of explanatory variables.

292 PCA was conducted as the factor analysis method within this paper. Given an eigenvalue threshold greater
 293 than 1.0, 6 components in the second quarter, 5 components in the third quarter and the fourth quarter are produced,
 294 explaining cumulative 76.57% (the second quarter), 70.60% (the third quarter), 70.81% (the fourth quarter) of the
 295 variance within the models. A varimax rotation was used to assist in the interpretation of the PCA analysis. The
 296 rotated component matrix was examined for variables with a cutoff threshold of 0.7. In the second quarter, the
 297 first factor exhibited high loading on variables related to THB, POD, and TP, indicating COVID-19 cases are
 298 positively related to hospitalization and total population. That means the population and medical care are two
 299 main indicators of COVID-19. Factor 2 was a composite age structure index related to P59 and P80, COVID-19
 300 CC are positively related to 20-59 Population but negatively related to 80 Populations. That means 20-59
 301 population directly contribute COVID-19 patients, P80 leads to CC reduction. That means race and weather are
 302 two underlying elements of COVID-19. Factor 3 is air quality, directly positive relevant to COVID-19 CC,
 303 indicating air quality improvement play positive roles in COVID-19 reduction. Factor 4 represents the economic
 304 index, including PCI and UEM. It represents annual income is negatively related to COVID-19 (i.e., a decrease
 305 of annual income, a high risk of COVID-19 infection), unemployment is positively related to COVID-19 (i.e., an
 306 increase of unemployment rate leads to a high risk of COVID-19 infection). Factor 5 is natural supply (i.e., LA),
 307 which is negatively related to COVID-19 CC. That demonstrated that keep spatial distancing benefits COVID-19
 308 CC reduction. Factor 6 refers to medical supply (i.e., BPC), meaning hospital beds is positive related to COVID-
 309 19 CC. 5 factors in the third quarter is identical with the 5 factors in the first quarter except for factor 6. 5 factors
 310 in the last quarter are similar with the 5 factors in the first quarter except for factor 3. The distinction in the last
 311 quarter is that factor 3 is added to PCN in natural supply, meaning precipitation positively influences on COVID-
 312 19 increasing. The concreted relationships are shown in Table 3 and Table 4.

313 Table 3 Factors' roles in modeling OLS and GWR regressions

No.	Items	Quarter 2	Quarter 3	Quarter 4
1	Population and hospitalization	Factor1(THB, POD, TP)	Factor1(THB, POD, TP)	Factor1(THB, POD, TP)
2	Age structure	Factor2(P59, P80)	Factor2(P59, P80)	Factor4(P59, P80)
3	Air quality	Factor3(AQI)	Factor5(AQI)	
4	Economic	Factor4(PCI, UEM)	Factor4(PCI, UEM)	Factor2(PCI, UEM)
5	Natural supply	Factor5(LA)	Factor3(LA)	Factor3(PCN, LA)
6	Medical supply	Factor6(BPC)		Factor5(BPC)

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Table 4 Rotated Component Matrix

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Variables	The second quarter component						The Third quarter component					The Fourth quarter component							
	Extract	1	2	3	4	5	6	Extract	1	2	3	4	5	Extract	1	2	3	4	5
TPE	0.771	0.140	-0.001	0.826	0.230	0.131	-0.012	0.795	0.142	-0.063	0.48	0.32	0.662	0.616	0.145	0.548	0.213	0.027	-0.498
PCN	0.698	0.115	0.097	-0.454	0.307	0.582	-0.190	0.81	0.122	-0.118	0.647	0.368	0.476	0.769	0.104	0.372	0.769	0.056	-0.163
AQI	0.742	-0.023	-0.023	0.828	-0.006	-0.181	-0.149	0.633	0.294	0.021	-0.191	0.031	0.713	0.504	0.175	0.551	0.24	-0.022	-0.334
THB	0.956	0.973	0.083	0.021	-0.022	0.003	0.043	0.952	0.974	0.056	0.013	-0.015	-0.006	0.958	0.974	0.012	0.024	0.082	0.044
BPC	0.779	0.108	-0.099	-0.090	-0.010	0.070	0.863	0.343	0.148	0.04	0.048	0.081	-0.558	0.642	0.121	-0.003	0.085	-0.053	0.786
POD	0.927	0.942	0.158	0.033	-0.053	0.097	-0.020	0.926	0.945	0.124	0.1	-0.056	0.072	0.926	0.942	-0.013	0.115	0.151	-0.039
LA	0.755	0.083	0.072	-0.111	0.198	-0.831	-0.018	0.71	0.069	0.062	-0.804	0.18	0.148	0.613	0.077	0.195	-0.747	0.1	0.034
PCI	0.658	0.145	0.076	-0.015	-0.782	0.109	-0.083	0.69	0.138	0.046	0.097	-0.807	0.094	0.626	0.177	-0.728	0.093	0.071	-0.227
TP	0.972	0.978	0.117	0.038	-0.029	0.008	-0.012	0.967	0.978	0.08	0.019	-0.028	0.061	0.972	0.979	0.013	0.031	0.112	-0.02
PBP	0.683	0.280	0.229	-0.223	0.349	0.603	0.133	0.593	0.293	0.274	0.514	0.314	-0.262	0.71	0.227	0.258	0.698	0.234	0.223
UEM	0.721	0.032	0.019	0.159	0.815	0.129	-0.115	0.676	0.025	0.004	0.126	0.801	0.136	0.658	0	0.806	0.071	0.014	-0.062
PMP	0.529	-0.169	0.430	-0.046	-0.016	-0.111	0.549	0.358	-0.141	0.533	-0.161	0.013	-0.168	0.454	-0.159	-0.019	-0.077	0.46	0.459
P59	0.796	0.162	0.851	0.064	-0.094	0.172	0.053	0.786	0.185	0.835	0.196	-0.101	0.075	0.777	0.17	-0.077	0.17	0.844	-0.034
P80	0.700	-0.189	-0.805	0.087	-0.047	0.065	0.041	0.646	-0.209	-0.774	0.045	-0.025	-0.022	0.688	-0.188	-0.034	0.052	-0.805	0.028

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318 4.5 Comparison of composite OLS & GWR models

319 Modeling OLS is to examine whether there is a linear relationship between CC and its factors. By the T-
 320 test and F test, all factors are passed. Modeling GWR is to examine whether there is a spatial-temporal
 321 relationship between CC and its factors. Since COVID-19 CC is clustered and varies around the study area, and
 322 ADAPTIVE kernel in GWR models is appropriate. The AICc method I chose to find the bandwidth which
 323 minimizes the AICc value – the AICc is the corrected Akaike Information Criterion (it has a correction for small
 324 sample sizes). In the second quarter, the AICc value is decreased from 883.74 in the OLS model to 811.99 in the
 325 GWR, R² is changed from 0.54 in the OLS model to 0.77 in the GWR model. Neighbors are declined from 254
 326 neighbors in the OLS models to 77 neighbors in the GWR models. In the third quarter, the AICc value is
 327 decreased from 870.29 in the OLS model to 790.31 in the GWR, R² is changed from 0.55 in the OLS model to
 328 0.77 in the GWR model. Neighbors are declined from 254 neighbors in the OLS models to 77 neighbors in the
 329 GWR models. In the fourth quarter, the AICc value is decreased from 850.42 in the OLS model to 778.75 in the
 330 GWR, R² is changed from 0.49 in the OLS model to 0.72 in the GWR model. Neighbors are declined from 254
 331 neighbors in the OLS models to 83 neighbors in the GWR models. All residuals of the GWR maps are lower,
 332 less than that of the OLS maps. Predicted CC in GWR quarterly map is more clustered than OLS quarterly map,
 333 the cluster area is in eastern and northern Texas. Therefore, the GWR model is superior to the OLS model. In
 334 table 5,

335 Table 5 GWR & OLS models' Comparison List

items	quarterly	5fOLS	5fGWR
AICc	2	883.74	811.99
R ²	2	0.54	0.77
Std. Deviation	2	1.55	1.73
Neighbors	2	254	77
Max_Value	2	14.58	10.78
Min_Value	2	0.37	0.74
Sum	2	1008.23	1020.12
Average	2	4.13	4.18
AICc	3	870.29	790.31
R ²	3	0.55	0.77
Std. Deviation	3	1.464	1.626
Neighbors	3	254	77
Max_Value	3	15.589	12.31
Min_Value	3	3.078	1.595
Sum	3	1500.37	1505.32
Average	3	5.954	5.973
AICc	4	850.42	778.75
R ²	4	0.49	0.72
Std. Deviation	4	1.24	1.42
Neighbors	4	254	83
Max_Value	4	16.49	12.94
Min_Value	4	4.57	3.64
Sum	4	1804.85	1809.34
Average	4	7.11	7.12

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4.6 GWR result analysis

4.6.1 Spatial change of CC factors.

Based on existing research, COVID-19 quarterly GWR models are also implemented in the research era (Lau et al. 2020, Mollalo et al. 2020). Fig. 4 incorporates Texas spatial-temporal distribution maps based on 6 factors in terms of 6 aspects in table 3 in three quarters.

In the second quarter, factor 1 among 6 factors has the largest effects on CC in northern Texas thanks to the maximum coefficient is 6.88. It's the lowest impact in eastern Texas due to the coefficient range of 0.61-0.88. indicating total population and hospitalization are the key factor of COVID-19 and northern Texas is the main precaution and control area of COVID-19. Factor 2 (Age structure) positively affects COVID-19 spatial heterogeneity in central Texas with pink color. The area of the largest coefficient range 1.41-1.6 is distributed in northern Texas. The smallest impacts of the coefficient range 0.43-0.83 are the coastal area at the bottom of the map. Factor 3 is an air quality index, having remarkable spatial disparity for its coefficient is from range -1.78--1.09 to range 0.15-0.66. In central Texas, the improvement of air quality is driven by COVID-19 CC, but it reversely works in northern Texas. That indicates AQI has spatial non-stationary and environmental harness is available reducing CC in northern Texas. Factor 4 is an economic composite index that coefficient is from range -0.86—0.50 to range 0.56-0.81. The spatial heterogeneity is located between northern Texas, coastal counties, and eastern Texas. Factor 5 is the natural supply index that coefficient is from range 0.02-0.28 to range 1.24-1.90. The spatial heterogeneity is subtle. Factor 6 is the medical supply index that coefficient is from range -0.56--0.31 to range 0.32-0.51. It is evident to see the change of spatial heterogeneity that the medical condition in northern Texas is worse than in other Texas counties (<https://www.dallasnews.com/news/2021/01/22>).

In the third quarter, factor 1 among 6 factors is the dominant effect on CC due to the maximum range of coefficient is 4.86-7.22. It's the lowest impact in central Texas due to the coefficient range of 0.63-1.00, implying it is the most important factor and the spatial heterogeneity is subtle. Factor 2 (Age structure) positively affects COVID-19 spatial heterogeneity in the eastern area with pink color. The area of the largest coefficient range 1.05-1.22 is distributed in northern Texas. The smallest impacts of the coefficient range 0.18-0.45 are on 15 counties of western Texas. Factor 3 is a natural supply index, having remarkable spatial disparity for its coefficient is from range -1.10—0.26 to range 0.83-1.36. In central Texas, land area is driven COVID-19 CC, but it reversely works on northern Texas. That indicates spatial distancing is not available for northern Texas, compared to central Texas. Factor 4 is an economic composite index that coefficient is from range -0.49--0.28 to range 0.54-0.82. The spatial heterogeneity is located between Central Texas, coastal counties, and eastern Texas. Factor 5 is air quality index that coefficient is from range -1.09--0.41 to range 0.84-1.34. The spatial heterogeneity is obvious to be seen in the change of spatial heterogeneity that positive impacts are from western Texas to eastern Texas while negative impacts are from north Texas to western and southern Texas.

In the fourth quarter, factor 1 among 6 factors is still the dominant effect on CC without the range of maximum coefficient is 3.99-6.6. Spatial heterogeneity is slight, implying it is a fixed factor. Factor 2 is an economic composite index that coefficient is from range -0.58--0.23 to range 1.12-1.74. The spatial heterogeneity is that areas of positive impacts are decreased while areas of negative impacts are increased. Factor 3 is a natural supply index that coefficient is from range -0.28-0.03 to range 1.65-2.49. The spatial heterogeneity is that areas of positive impacts are decreased while areas of negative impacts are moved from north Texas to eastern Texas. Factor 4 is Age structure index that coefficient is moved from range 0.28-0.49 to range 1.02-1.16. The spatial heterogeneity is that both areas of positive impacts and negative impacts are increased. Factor 5 is air quality index that coefficient is from range -1.09--0.41 to range 0.84-1.34. The spatial heterogeneity is obvious to be seen in the change of spatial heterogeneity that positive impacts are from western Texas to eastern Texas while negative

380 impacts are from north Texas to western and southern Texas. Factor 6 is the medical supply index that coefficient
381 is from the range -0.87 to -0.52 to range 0.29 to 0.58 . It is evident to see the change of spatial heterogeneity that areas
382 of positive impacts are moved from eastern Texas to western and south Texas while areas of negative effects are
383 decreased and moved.

384 4.6.2 Temporal change of CC factors

385 Population and hospitalization impact on COVID-19 within 3 quarters is relatively positive without a
386 change in terms of two aspects. For coefficients, the value of the coefficient is fixed between 0.52 and 7.22 . For
387 the movement of spatial impacts, the spatial distribution of COVID-19 impacts is stagnant across three quarters.
388 Importantly, northern Texas, including El Paso, Odessa, Midland, Lubbock, and Amarillo areas, are the most
389 important areas of curbing Texas COVID-19 CC spread. Hence, community containment measures are the
390 crucial result of cluster spreading as one of the characteristics of COVID deterioration.

391 Age structure impacts during 3 quarters are stably positive regarding two aspects. First, the coefficients from
392 the second quarter to the fourth quarter are still, accounting for 0.28 to 1.60 . Second, the spatial distribution of
393 COVID-19 impacts is increased across three quarters. The areas of positive impacts with red color are sprawling
394 while the areas of small impacts with blue color are extending. That means policy restrictions are gradually
395 working and the virus is extremely spreading along with geographical trajectory.

396 Air quality impacts during three quarters are flexible in terms of two aspects. First, the coefficient range in
397 two quarters is increased from -1.78 to 0.66 to -1.09 to 1.34 . It demonstrated that the role of environments is rising.
398 Second, both the areas of positive impacts with red colors and the areas of negative impacts with blue colors are
399 moved from south to north, from north to west, respectively. Interestingly, air quality impacts are ignored in the
400 fourth quarter, compared to other quarters. It implies that the rules of environmental impacts are a complicated
401 and stochastic process.

402 Economic impacts during three quarters are flexible as well. On one hand, the coefficient range in three
403 quarters is increased from -0.86 to 0.81 to -0.58 to 1.74 . It demonstrated that the role of economic impacts is rising.
404 Second, the areas of positive impacts with red colors are decreasing surround north Texas, whereas the areas of
405 negative impacts with blue colors are extending around Houston. Interestingly, coastal county of positive
406 impacts in the bottom of the map is shrinking until it is disappeared in the last quarter. It reveals that policy
407 controlling and human self-consciousness are beneficial for mitigating COVID-19 spread.

408 Natural supply impacts in three quarters have fluctuated. First, the coefficient range within three quarters are
409 changed 0.02 to 1.9 , -1.10 to 1.36 , into -0.28 to 1.49 . It demonstrated that the role of natural supply is out of control.
410 Second, the cluster of positive impacts with red colors is decreasing from 24 counties in north Texas to 9
411 counties. Simultaneously, the areas of negative impacts with blue colors are changing from the east to the north,
412 finally landing on the east. It means that natural impacts are weakening, compared to other factor's impacts.

413 Medical supply impacts in three quarters have fluctuated as well. First, the coefficient range within two
414 quarters is changed -0.5 to 0.51 , 0 , into -0.87 to 0.58 . It demonstrated that the role of medical supply impacts is slight
415 and out of control. Second, the cluster of positive impacts with red colors is increasing from the east-south
416 tracking to the west-south tracking. Simultaneously, the areas of negative impacts with blue colors are
417 decreasing from the center to the north. Interestingly, the impacts of the third quarter are ignored, representing
418 medical capacity is limited and scarce.

419 5. Discussion

420 In this study, 14 potential risk variables are selected from the race, climate, land cover, demographic categories,
421 hospitalization, gender, age structure, and socioeconomic as independent variables to estimate their spatial-
422 temporal impacts on the distribution of the COVID-19 cumulative cases at the county-level in Texas. Since current
423 research is lack of consideration of time series models, spatial-temporal GWR is explored to accurately identify

424 the imbalanced distribution of COVID-19 cumulative cases and the complex relationship between the COVID-19
425 CC and its risk factors (Luo et al. 2020). Four quarters in 2020 are categories to model quarterly GWR model to
426 observe COVID-19 CC temporal-spatial change in Texas county. A spatial-temporal COVID-19 trajectory is
427 simulated in the aforementioned analysis. Population, hospitalization, and age structure are exhibited stable,
428 positive influences on COVID-19 cumulative cases. Climate, natural, economic, and medical conditions are
429 displayed non-stationary, stochastic change processes. The longitudinal monitor mechanism bridges the gap of
430 geographical analysis of COVID-19. Spatial-temporal geographical analysis is the main part of Spatial-Temporal
431 Information System (STIs), which is defined by the positions of objects within the environment, the use of
432 dynamic time intervals, ontology or the study of the relationships of the objects, real-time or real-world modeling,
433 and the use of analytical tools. It is a mix of conventional Geographical Information Systems (GIS) with the use
434 of modeling and simulation skills (Mcneil et al.2013).

435 Previous studies have shown that many social-environmental and economic variables are captured to
436 analyze the distribution of COVID-19 cases, death rate with GIS tools via multiple (Desjardins et al. 2020; Shim
437 et al. 2020; Lau et al. 2020, Mollalo et al. 2020) patterns of spatial change such as health status, disaster,
438 transportation, atmosphere, climate, and socioeconomic indices, though they did not mention dimension
439 reduction methods to avoid multicollinearity. In this study, for purposes of demonstrating the effectiveness of
440 environmental and social-economic contributions on COVID-19 CC, PCA is used to simply multiple
441 dimensions in CC spatial-temporal heterogeneity research. It is a useful statistical technique that has found
442 application in fields such as face recognition and image compression and is a common technique for finding
443 patterns in data of high dimension. The principal components of the faces in the training set are calculated.
444 Recognition is achieved using the projection of the face into the space formed by the eigenfaces (Zou et al.
445 2018). Especially, composite factors are optimized GWR models fitness so that the models are catered for the
446 demand of reality.

447 As previously described, variables are weighted to reflect their relative significance and relationship with
448 other variables. However, researchers ought to figure out the meaning of synthetic factors. In this study, the
449 findings are included: (1). The most important quarantine areas of COVID-19 in Texas are El Paso, Odessa,
450 Midland, Lubbock, and Amarillo areas. (2). 20-59 population is the main source of Cumulative Case with a
451 lower death rate, while over 80 population have lower infection rates and higher COVID death rates. Thus, over
452 80 population is the most vulnerable group of COVID-19. (3). Race and gender should be paid no attention to
453 controlling COVID-19 since they are not components of factors. (4). Economic, environmental, race, and
454 natural condition factors directly facilitated COVID-19 cumulative cases change with spatial-temporal
455 heterogeneity.

456 This study is helpful to reshape disease surveillance and response systems, which remain the core of modern
457 public health practices. COVID-19 extremely challenged the critical role of surveillance systems in offering
458 timely and reliable health information to inform operational and strategic decision-making for multi-level health
459 systems (Gadicheria et al. 2020). An ideal integrated disease surveillance and response system should collect
460 and transmit data in real-time to all the stakeholders. It should be able to incorporate data from existing
461 surveillance systems in real-time and analyze data to devise rapid response strategies (Bashir et al. 2020).
462 Spatial-temporal Geostatistical Analysis on COVID-19 CC is selected real-time raw to expose real scenarios in
463 Texas counties. Accordingly, the results of this research will provide evidence for current disease surveillance
464 and response systems to facilitate the appropriate uptake and reuse of geographical data.

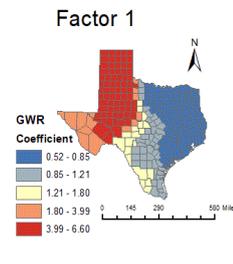
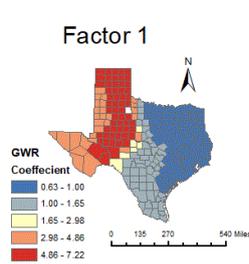
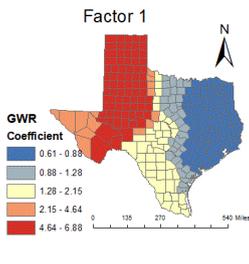
465 Spatial-temporal Geostatistical Analysis on COVID-19 CC can also be employed for local government and
466 health care organizations to make scientific judgments of Covid-19 expansion and target vulnerable
467 communities in Texas to prevent person-to-person spreading. Besides, it benefits to adjust health care resource

No. The 2nd Quarter

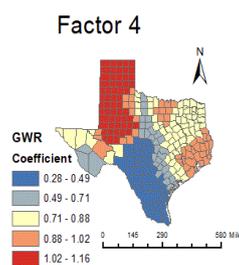
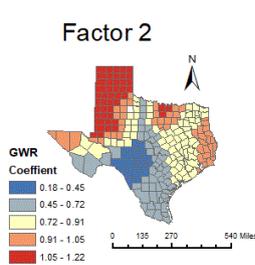
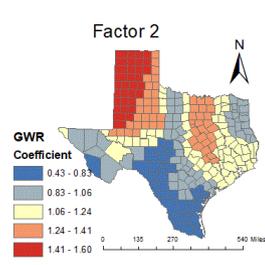
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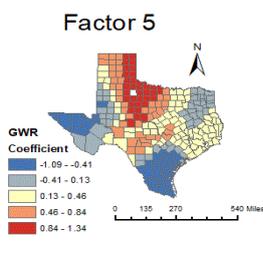
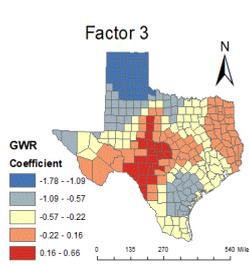
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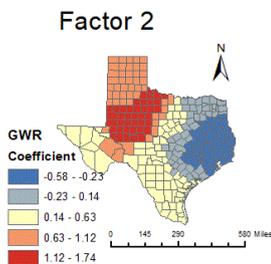
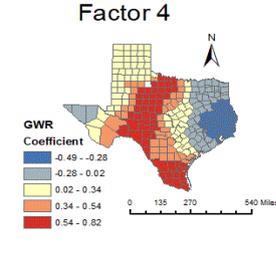
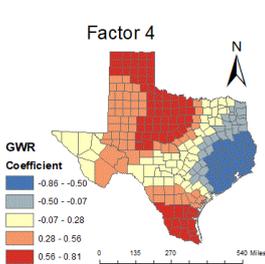
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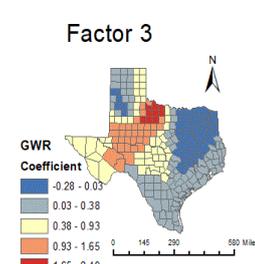
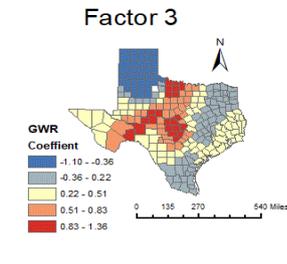
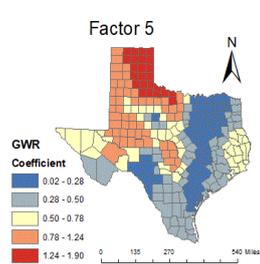
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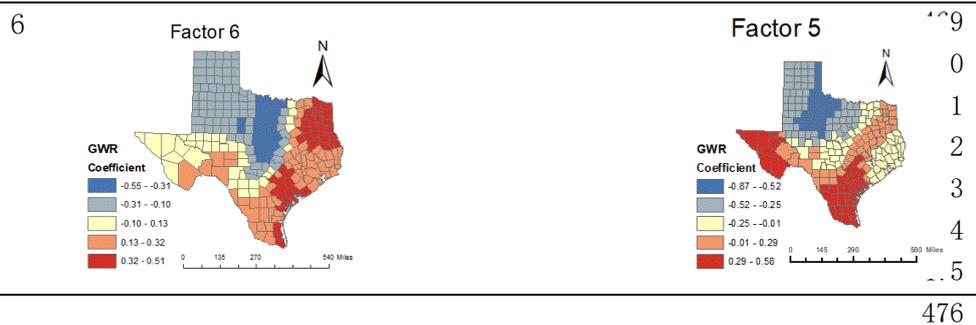


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477 Fig. 4 Factors spatial-temporal distribution of CC in the GWR Model

478 **6 Conclusion**

479 **6.1 Limitations**

480 This research just focuses on the Texas Covid-19 scenario, the application of research is limited to apply
 481 other states. There is no chronic disease data to supports this research. As explanatory variables, they should be
 482 incorporated in future studies, although are excited to see diabetes (Gupta et al., 2020) and cardiovascular
 483 conditions (Du et al., 2020) potential impacts on COVID-19 health outcomes. Collecting data of multiple
 484 dimensions might improve and enrich spatial variability findings of COVID-19. This research merely intended
 485 to spatial-temporal quarterly GWR models, yet there is a distance to be reached for real-time dynamic GWR
 486 models. GTWR or more effective spatial-temporal models are considered in future research.

487 **6.2 Implications**

488 The COVID-19 pandemic revealed systemic flaws in the food distribution system that fails to protect
 489 against hunger and dietinfluenced non-communicable diseases. It also exposes the conditions that made people
 490 who are living on low-incomes, disenfranchised, discriminated-against, and chronically ill the most vulnerable
 491 to harm from COVID-19. Especially COVID-19 accelerated the decline of health in the USA. Under the Trump
 492 administration's healthharming policies, some state and local governments have stepped in to protect their
 493 residents, but have done so unevenly. Some have attempted to maintain environmental and health insurance
 494 regulations, fund health insurance expansions, and protect immigrants. However, other local authorities have
 495 done the opposite by imposing work requirements on Medicaid enrollees, restricting access to abortion and
 496 contraception, and collaborating with federal agencies in apprehending and detaining immigrants. This
 497 geographical policy divergence continues a trend of devolution of responsibility for regulation and social service
 498 provision from federal to state and local levels (Woolhandler et al., 2020). This research will benefit
 499 geographical health divides evenly and provide food nutrition distribution reference transparently. Inspired by
 500 Mollalo et al. (2020) and Luo et al. (2020), who applied and compared the performance of multiscale GWR
 501 models across the United States for incident rates and death rates to account for the spatial variability of
 502 COVID-19, spatial-temporal GWR models are considered to compare global of OLS model to disclosure
 503 different change of COVID-19 cumulative case in response to social-economic and environmental variables at
 504 county-level in Texas. To add spatial-temporal variability understanding of empirical COVID-19 analysis, there
 505 is a lack of county-level research on COVID-19 GWR modeling. Therefore, the results of this study provide
 506 new empirical evidence to support future geographic modeling of the diseases.

507

508 **Author contributions** Xiu Wu: conceptualization, writing—original draft, formal analysis,
 509 methodology, software, formal analysis, investigation, visualization. F. Benjamin Zhan and
 510 Edwin T Chow: supervision and project administration, Jinting Zhang: conceptualization,
 511 validation, writing— review and editing, supervision.

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513 **Availability of data and materials:** The datasets used during the current study are
514 available from the corresponding author on reasonable request.

515 **Compliance with ethical standards**

516 **Competing interests**

517 The authors declare that they have no competing interests.

518 **Ethical approval** Not applicable.

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Reference

523

524 Ahmar, Ansari Saleh, and Eva Boj. 2020. "Will COVID-19 Confirmed Cases in the USA Reach 3 Million? A
525 Forecasting Approach by Using SutteARIMA Method." *Current Research in Behavioral Sciences* 1
526 (November). doi:10.1016/j.crbeha.2020.100002.

527 Bag, R., Ghosh, M., Biswas, B., & Chatterjee, M. (2020). Understanding the spatio-temporal pattern of
528 COVID-19 outbreak in India using GIS and India's response in managing the pandemic. *Regional
529 Science Policy & Practice*, 12(6), 1063.

530 Bashir, Muhammad Farhan, Benjiang MA, and Luqman Shahzad. 2020. "A Brief Review of Socio-Economic
531 and Environmental Impact of Covid-19." *Air Quality, Atmosphere & Health: An International
532 Journal* 13 (12): 1403. doi:10.1007/s11869-020-00894-8.

533 Bashir A, Malik AW, Rahman AU, Iqbal S, Cleary PR, Ikram A. MedCloud: Cloud-Based Disease
534 Surveillance and Information Management System. *IEEE Access, Access, IEEE*. 2020;8:81271-
535 81282. doi:10.1109/ACCESS.2020.2990967

536 Bilal, Faiza Latif, Muhammad Farhan Bashir, Bushra Komal, and Duojiang Tan. "Role of Electronic Media in
537 Mitigating the Psychological Impacts of Novel Coronavirus (COVID-19)." *Psychiatry Research* 289
538 (July 2020): 113041. doi: 10.1016/j.psychres.2020.113041.

539 Carteni, A., Di Francesco, L., & Martino, M. (2021). The role of transport accessibility within the spread of the
540 Coronavirus pandemic in Italy. *Safety Science*, 133.
541 <https://doi-org.libproxy.txstate.edu/10.1016/j.ssci.2020.104999>

542 Cássaro, F. A. M., & Pires, L. F. (2020). Can we predict the occurrence of COVID-19 cases? Considerations
543 using a simple model of growth. *Science of the Total Environment*, 728.
544 <https://doi-org.libproxy.txstate.edu/10.1016/j.scitotenv.2020.138834>

545 Congressional Research Service, 2020. Global Economic Effects of COVID-19. Retrieved
546 from. <https://fas.org/sgp/crs/row/R46270.pdf>.

547 Dexuan Sha, Anusha Srirenganathan Malarvizhi, Qian Liu, Yifei Tian, You Zhou, Shiyang Ruan, Rui Dong, et
548 al. 2020. "A State-Level Socioeconomic Data Collection of the United States for COVID-19
549 Research." *Data* 5 (118): 118. doi:10.3390/data5040118.

550 Development of a Composite Model of Quality of Life: A Case Study in Austin, Texas.
551 (2012). *GIScience & Remote Sensing*, 49(6), 802–821.

552 <https://doi-org.libproxy.txstate.edu/10.2747/1548-1603.49.6.802>

553 Du, H., Wang, D. W., & Chen, C. (2020). The potential effects of DPP-4 inhibitors on cardiovascular system in
554 COVID-19 patients. *Journal of Cellular & Molecular Medicine*, 24(18), 10274–10278.

555 <https://doi-org.libproxy.txstate.edu/10.1111/jcmm.15674>

556 Ducharme, Jamie. "Class of COVID-19." *TIME Magazine*, vol. 197, no. 1/2, Jan. 2021, pp. 38–

557 43. EBSCOhost, search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=147960785&site=eds-
558 live&scope=site.

559 Ellis, Robert Evan. 2020. COVID-19: Shaping a Sicker, Poorer, More Violent, and Unstable Western Hemisphere.
560 Strategic Studies Institute, United States Army War College.
561 <https://search-ebscohost.com.libproxy.txstate.edu/login.aspx?direct=true&db=cat00022a>
562 [&AN=txi.b5452419&site=eds-live&scope=site](https://search-ebscohost.com.libproxy.txstate.edu/login.aspx?direct=true&db=cat00022a&AN=txi.b5452419&site=eds-live&scope=site)

563 Fotheringham, A.S., Charlton. M.E., 2002. Geographically Weighted Regression: the Analysis of Spatially
564 Varying Relationships. Wiley. New York. Chris Brunsdon.

565 Gray, V. (2017). *Principal Component Analysis: Methods, Applications, and Technology*.
566 Nova Science Publishers, Inc.

567 Gilberto Câmara. On the semantics of big Earth observation data for land classification. *Journal of Spatial*
568 *Information Science*. 2020;2020(20):21-34. doi:10.5311/JOSIS.2020.20.645

569 Guidolin, M., & Pedio, M. (2020). Forecasting commodity futures returns with stepwise regressions: Do
570 commodity-specific factors help? *Annals of Operations Research*,
571 <https://doi-org.libproxy.txstate.edu/10.1007/s10479-020-03515-w>

572 J. Harcourt, A. Tamin, X. Lu, S. Kamili, S.K. Sakthivel, J. Murray, *et al.* Isolation and characterization of SARS-
573 CoV-2 from the first US COVID-19 patient *BioRxiv* (2020), 10.1101/2020.03.02.972935

574 Lakhani, A. (2020). Which Melbourne Metropolitan Areas Are Vulnerable to COVID-19 Based on Age,
575 Disability, and Access to Health Services? Using Spatial Analysis to Identify Service Gaps and Inform
576 Delivery. *Journal of Pain and Symptom Management*, 60(1), e41–e44.
577 <https://doi-org.libproxy.txstate.edu/10.1016/j.jpainsymman.2020.03.041>

578 Liu, Q., Sha, D., Liu, W., Houser, P., Zhang, L., Hou, R., Lan, H., Flynn, C., Lu, M., Hu, T., & Yang, C. (2020).
579 Spatiotemporal Patterns of COVID-19 Impact on Human Activities and Environment in Mainland China
580 Using Nighttime Light and Air Quality data. *Remote Sensing*, 12(10), 1576.
581 <https://doi-org.libproxy.txstate.edu/10.3390/rs12101576>

582 Luo, Y., Yan, J., & McClure, S. (2020). Distribution of the environmental and socioeconomic risk factors on
583 COVID-19 death rate across continental USA: a spatial nonlinear analysis. *Environmental Science and*
584 *Pollution Research*,
585 <https://doi-org.libproxy.txstate.edu/10.1007/s11356-020-10962-2>

586 Mollalo, A., Vahedi, B., & Rivera, K. M. (2020). GIS-based spatial modeling of COVID-19 incidence rate in the
587 continental United States. *Science of the Total Environment*, 728.
588 <https://doi-org.libproxy.txstate.edu/10.1016/j.scitotenv>.

589 Nakaya, T., (2016). GWR4.09 User Manual. Pp. 2-27.

590 Qu, Jie-Ming, Bin Cao, and Rong-Chang Chen. 2020. *Covid-19. [Electronic Resource]: The Essentials of*
591 *Prevention and Treatment*. Elsevier. [https://search-ebscohost-com/login.aspx?direct=true&db](https://search-ebscohost-com/login.aspx?direct=true&db=cat00022a&AN=txi.b5571489&site=eds-live&scope=site)
592 [=cat00022a&AN=txi.b5571489&site=eds-live&scope=site](https://search-ebscohost-com/login.aspx?direct=true&db=cat00022a&AN=txi.b5571489&site=eds-live&scope=site).

593 Rosenkrantz, L. (1), Schuurman, N. (1), Bell, N. (2), & Amram, O. (3). (n.d.). The need for GIScience in
594 mapping COVID-19. *Health and Place*.
595 <https://doi-org.libproxy.txstate.edu/10.1016/j.healthplace.2020.102389>

596 Sha, D., Malarvizhi, A.S., Liu, Q., Tian, Y., Zhou, Y., Ruan, S., Dong, R., Carte, K., Lan, H., Wang, Z. and Yang,
597 C., 2020. A State-Level Socioeconomic Data Collection of the United States for COVID-19 Research.
598 *Data*, 5(4), p.118

599 Smith, C. D., & Mennis, J. (2020). Incorporating Geographic Information Science and Technology in Response
600 to the COVID-19 Pandemic. *Preventing Chronic Disease*, 17, E58.

601 <https://doi-org.libproxy.txstate.edu/10.5888/pcd17.200246>

602 S.M. Moghadas, A. Shoukat, M.C. Fitzpatrick, C.R. Wells, P. Sah, A. Pandey, *et al.* Projecting hospital
603 utilization during the COVID-19 outbreaks in the United States. *Proc. Natl. Acad. Sci.*, 117 (2020),
604 pp. 9122-9126, 10.1073/pnas.2004064117

605 Tobler, W. R., 1970. A computer movie simulating urban growth in the Detroit region. *Econ. Geogr.* 46, 234-
606 240.

607 Yang, C. (1,2), D. (1,2) Sha, Q. (1,2) Liu, Y. (1,2) Li, H. (1,3) Lan, Z. (1,6,7) Zhang, Z. (1,2) Wang, et
608 al. 2021. "Taking the Pulse of COVID-19: A Spatiotemporal Perspective." *International Journal of*
609 *Digital Earth* 13 (10): 1186–1211. Accessed January 27. doi:10.1080/17538947.2020.1809723.

610 Worldometer. The United State Coronavirus2020.
611 <https://www.worldometers.info/coronavirus/country/us/> (accessed February 28, 2021).

612 Wu, D. (2020). Spatially and temporally varying relationships between ecological footprint and influencing
613 factors in China's provinces Using Geographically Weighted Regression (GWR). *Journal of Cleaner*
614 *Production*, 261.
615 <https://doi-org.libproxy.txstate.edu/10.1016/j.jclepro.2020.121089>

616 "BC THE ED SHOW with ED S 01." 2011, July 14.
617 <https://search-ebcsohost.coom/login.aspx?direct=true&db =>
618 <apg&AN=dee9d391ee174b16bd70d0e720fd23e6&site=eds-live&scope=site>.

619 Himmelstein DU, Woolhandler S, Cooney R, McKee M, Horton R. The Lancet Commission on public policy
620 and health in the Trump era. *Lancet*. 2018 Sep 22;392(10152):993-995. doi:
621 10.1016/S0140-6736(18)32171-8. Epub 2018 Sep 20. PMID: 30264712.

622 Huajie Jin, Haiyin Wang, Xiao Li, et al. Economic burden of COVID-19, China, January-March, 2020:
623 a cost-of-illness study. *Bulletin of the World Health Organization*. 2021;99(2):112-124.
624 doi:10.2471/BLT.20.267112

625 Zheming Yuan, Yi Xiao, Zhijun Dai, Jianjun Huang, Zhenhai Zhang, and Yuan Chen. 2020. "Modelling
626 the Effects of Wuhan's Lockdown during COVID-19, China." *Bulletin of the World Health*
627 *Organization* 98 (7): 484–94. doi:10.2471/BLT.20.254045.

628 Megaloikonomos, P.D. (1), M. (2) Thaler, I. (2) Khosravi, V.G. (3) Igoumenou, T. (4)
629 Bonanzinga,
630 M. (5) Ostojic, A.F. (6) Couto, and J. (7) Diallo. 2021. "Impact of the COVID-19 Pandemic
631 on
632 Orthopaedic and Trauma Surgery Training in Europe." *International Orthopaedics* 44 (9): 1611–
633 19. Accessed February 6. doi:10.1007/s00264-020-04742-3.

634 Menut, L. (1), B. (1,2) Bessagnet, S. (1) Mailler, R. (1) Pennel, A. (1) Cholokian, and G. (3)
635 Siour. 2021. "Impact of Lockdown Measures to Combat Covid-19 on Air Quality over Western
636 Europe." *Science of the Total Environment* 741. Accessed February 6.
637 doi:10.1016/j.scitotenv.2020.140426.

638 Blue, Sarah A.; Devine, Jennifer A.; Ruiz, Matthew P.; McDaniel, Kathryn; Hartsell, Alisa R.; Pierce,
639 Christopher J.; Johnson, Makayla; Tinglov, Allison K.; Yang, Mei; Wu, Xiu; Moya, Sara; Cross,
640 Elle; Starnes, Carol A. 2021. "Im/Mobility at the US–Mexico Border during the COVID-19
641 Pandemic" *Soc. Sci.* 10, no. 2: 47. <https://doi.org/10.3390/socsci10020047>

642 Lee D, Choi B. Policies and innovations to battle Covid-19 – A case study of South Korea. *Health*
643 *Policy and Technology*. 2020;9(4):587-597. doi:10.1016/j.hlpt.2020.08.010

644 Sandeep Grover, Aseem Mehra, Swapnajeet Sahoo, Ajit Avasthi, Adarsh Tripathi, Avinash D'souza,

645 Gautam Saha, et al. 2020. "State of Mental Health Services in Various Training Centers in India
646 during the Lockdown and COVID-19 Pandemic." *Indian Journal of Psychiatry* 62 (4): 363–69.
647 [https://search.ebscohost-](https://search.ebscohost-com.libproxy.txstate.edu/login.aspx?direct=true&db=lah&AN=20203452166&site=eds-live&scope=site)
648 [com.libproxy.txstate.edu/login.aspx?direct=true&db=lah&AN=20203452166&site=eds-](https://search.ebscohost-com.libproxy.txstate.edu/login.aspx?direct=true&db=lah&AN=20203452166&site=eds-live&scope=site)
649 [live&scope=site](https://search.ebscohost-com.libproxy.txstate.edu/login.aspx?direct=true&db=lah&AN=20203452166&site=eds-live&scope=site).

650 Mellish Timothy I., Luzmore Natalie J., Shahbaz Ahmed Ashfaque. Why were the UK and USA
651 unprepared for the COVID-19 pandemic? The systemic weaknesses of neoliberalism: a
652 comparison between the UK, USA, Germany, and South Korea. *Journal of Global Faultlines*.
653 2020;7(1):9-45. doi:10.13169/jglobfaul.7.1.0009

654 Ros, Francisco, Rebecca Kush, Charles Friedman, Esther Gil Zorzo, Pablo Rivero Corte, Joshua C.
655 Rubin, Borja Sanchez, Paolo Stocco, and Douglas Van Houweling. 2021. "Addressing the
656 Covid-
657 19 Pandemic and Future Public Health Challenges through Global Collaboration and a Data-
658 driven Systems Approach." *Learning Health Systems* 5 (1): 1–12. doi:10.1002/lrh2.10253.

659 Guliyev, Hasraddin. 2020. "Determining the Spatial Effects of COVID-19 Using the Spatial Panel Data
660 Model." *Spatial Statistics* 38 (August). doi:10.1016/j.spasta.2020.100443.

661 Luo Y, Yan J, McClure S. Distribution of the environmental and socioeconomic risk factors on COVID-
662 19 death rate across continental USA: a spatial nonlinear analysis. *Environmental Science and*
663 *Pollution Research*. 2021;28(6):6587. doi:10.1007/s11356-020-10962-2

664 McNeil, L. M., & Kelso, T. S. (2013). *Spatial temporal information systems : an ontological approach*
665 *using STK@*. CRC Press.

666 Zou H, Xue L. A Selective Overview of Sparse Principal Component Analysis. *Proceedings of the*
667 *IEEE, Proc IEEE*. 2018;106(8):1311-1320. doi:10.1109/JPROC.2018.2846588

668 Gadicherla S, Krishnappa L, Madhuri B, et al. Envisioning a learning surveillance system for
669 tuberculosis. *PLoS ONE*. 2020;15(12):1-14. doi:10.1371/journal.pone.0243610
670 <https://www.dallasnews.com/news/2021/01/22>
671

Figures

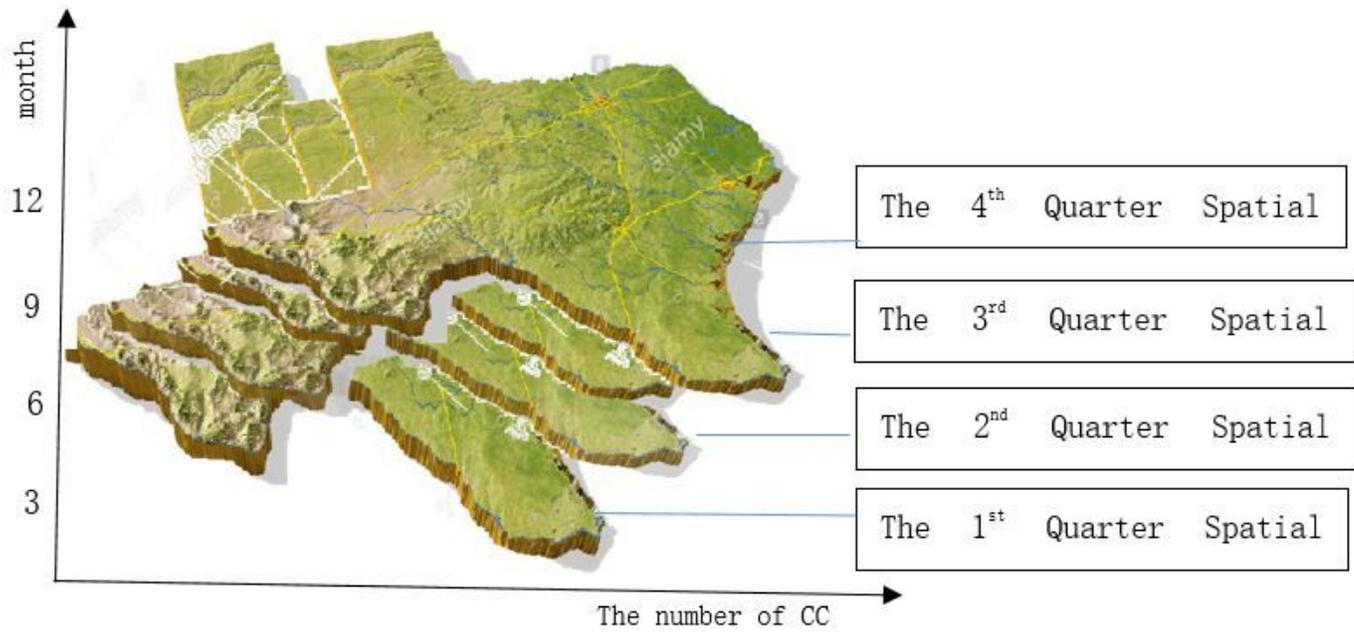


Figure 1

Temporal-Study Framework

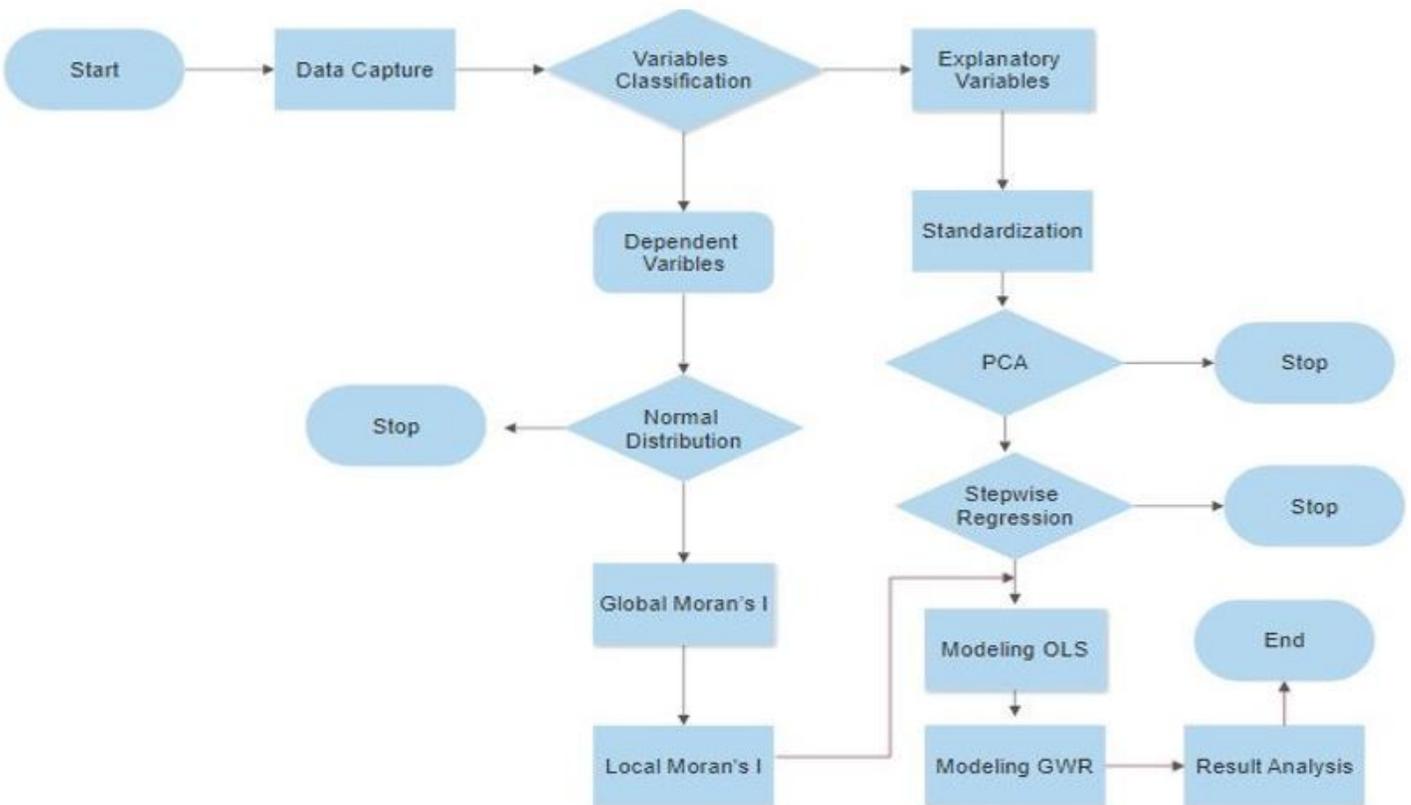


Figure 2

Data Flow

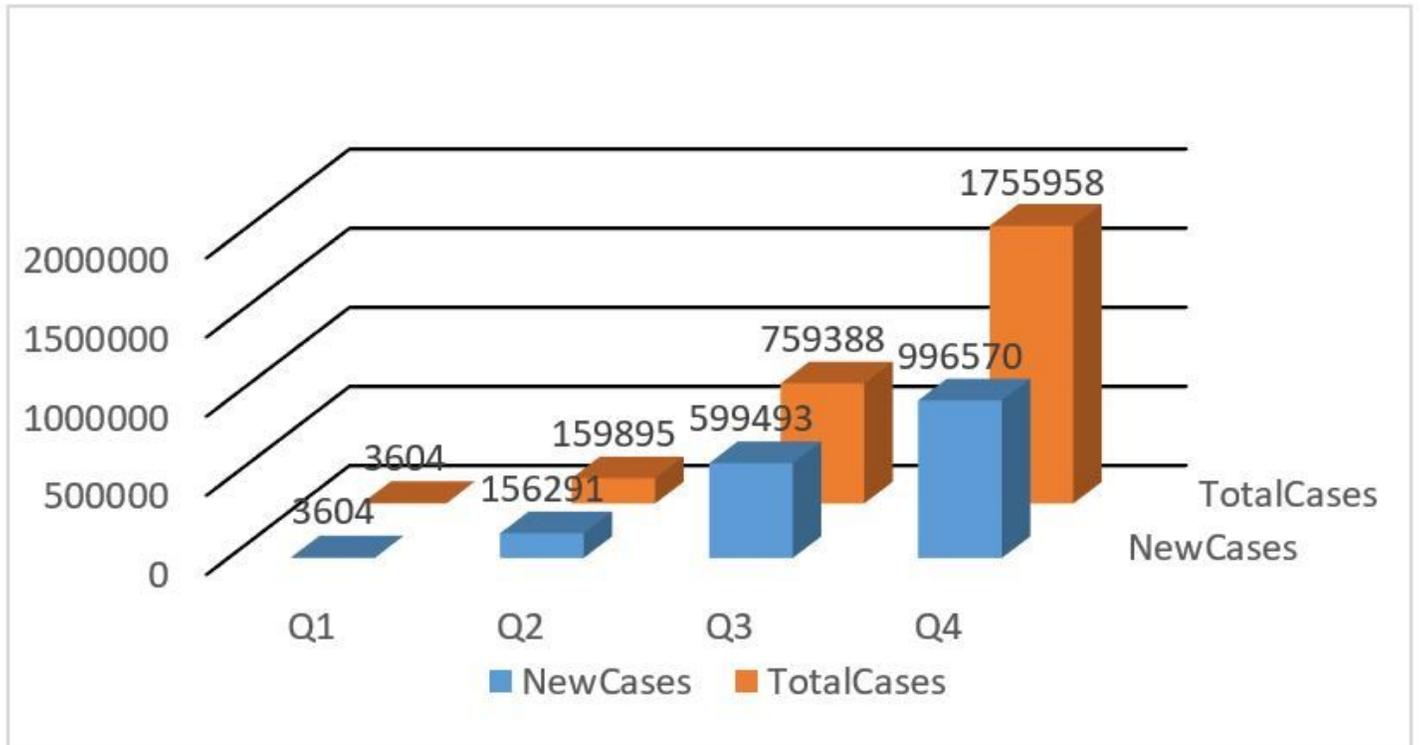


Figure 3

Texas Cases Changes over time in 2020

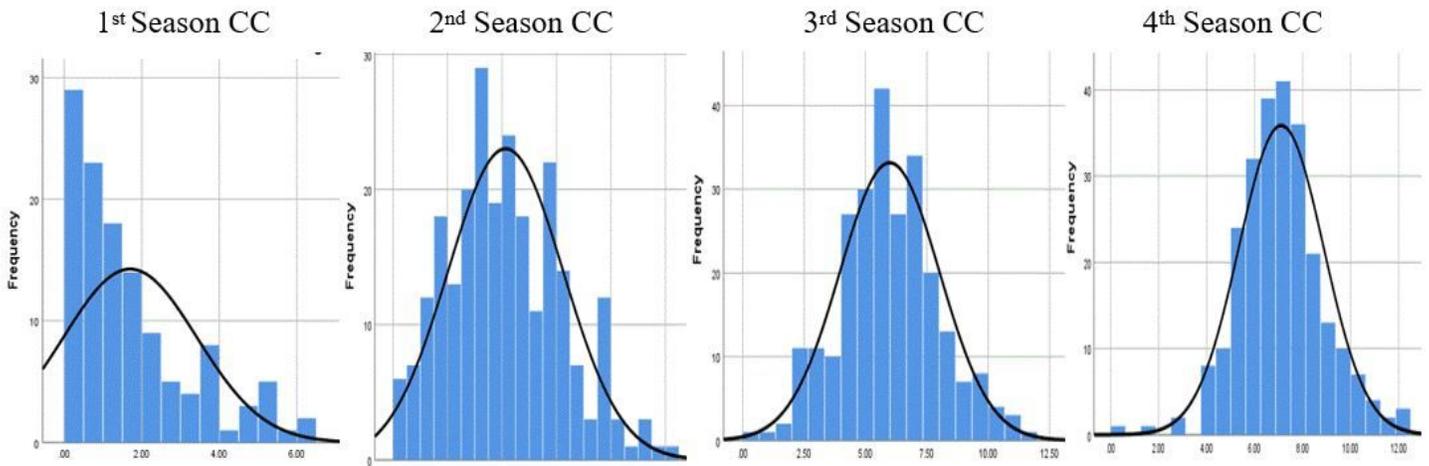


Figure 4

CC distribution graph

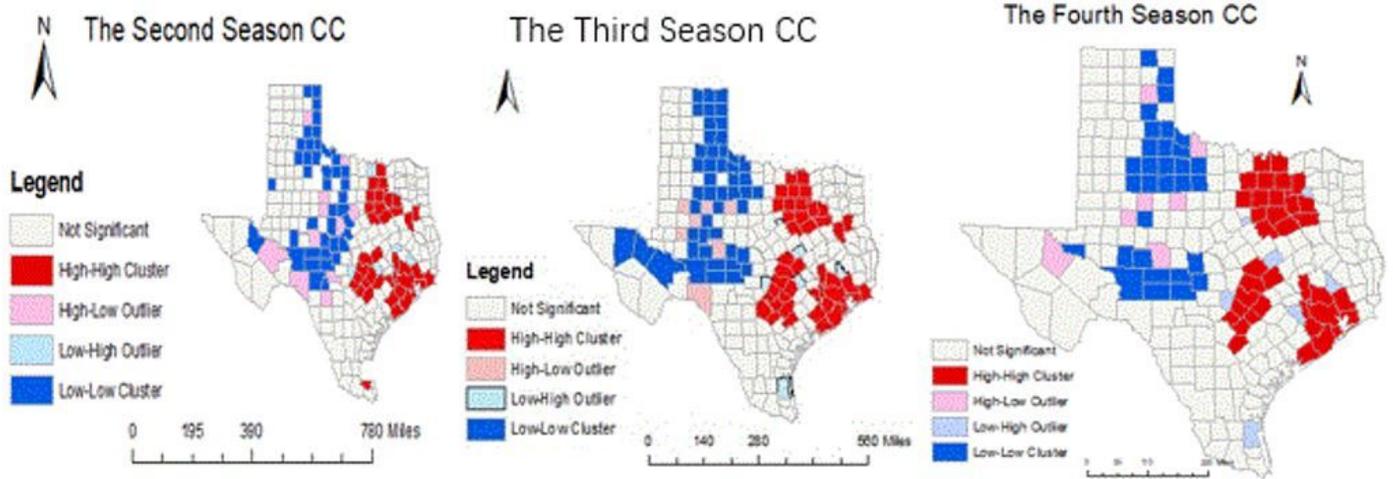


Figure 5

Local Moran's Model of CC

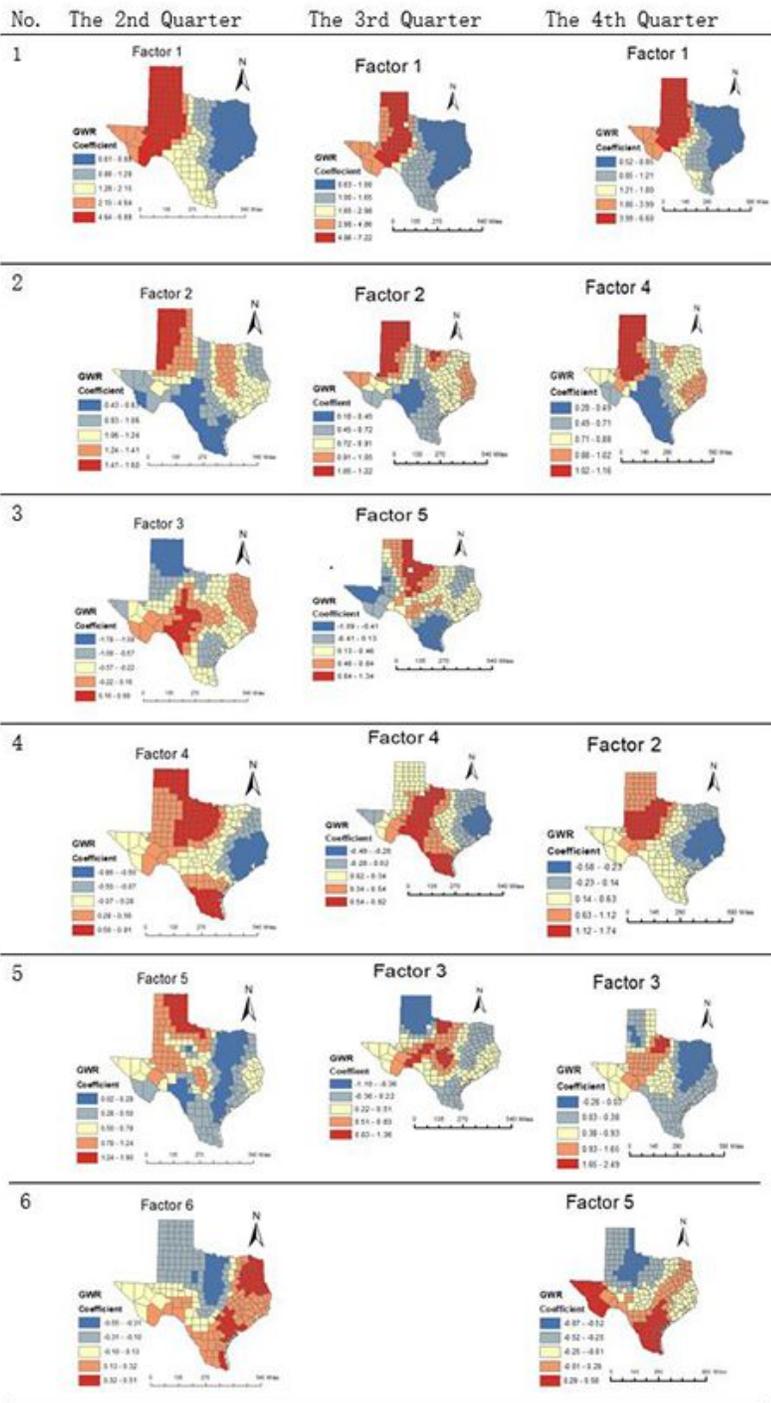


Figure 6

Factors spatial-temporal distribution of CC in the GWR Model