

## **COVID Casts Stark Light on Structural Inequalities in California**

David E. Hayes-Bautista, Ph.D., Paul Hsu, M.P.H., Ph.D., Giselle D. Hernández

Center for the Study of Latino Health and Culture  
UCLA Health

### **ABOUT CESLAC**

Since 1992, the UCLA Health Center for the Study of Latino Health and Culture (CESLAC) of the David Geffen School of Medicine at UCLA has provided cutting-edge, fact-based research, education, and public information about Latinos, their health, their history, and their roles in California society and economy.

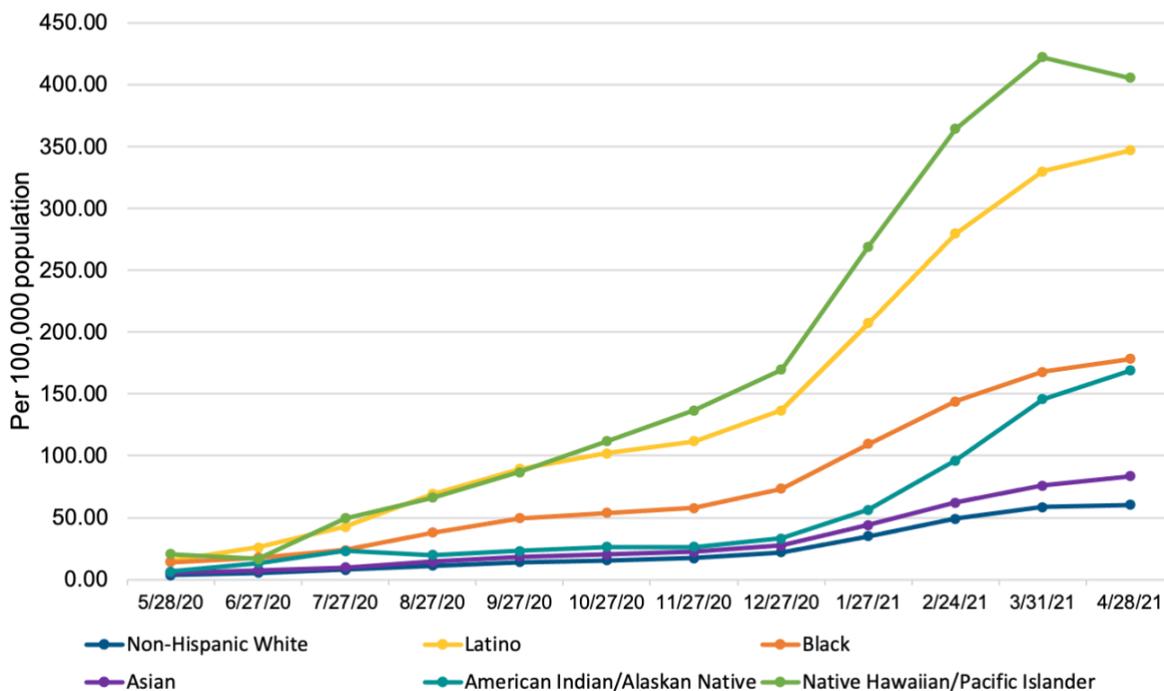
## The Epidemiology of California's Diversity

In a society with no structural inequalities, the COVID-19 mortality curve for California would have been a single line, with two-thirds of all deaths packed within one standard deviation of that central line. In such an ideal world, there would have been no marked differences in mortality between the state's diverse racial/ethnic (R/E) populations. After a year of the pandemic, the vast majority of deaths for all groups would have been randomly scattered within one standard deviation.

But in real life, the first pandemic year has shined a bright light on the various inequalities that are part of California's social structure. Over those twelve months, all non-white R/E groups have had COVID-19 mortality rates that are many times greater than the non-Hispanic white (NHW) mortality rate.

Figure 1 shows mortality rates for the age group 50 to 64 over the first pandemic year.

**Figure 1. COVID-19 Death Rates by Race/Ethnicity, California, May 28, 2020, to April 28, 2021, Ages 50-64.**



Source: UCLA CESLAC Tabulations, CDPH, 05-28-2020 to 04-28-2021, Population: ACS 2018

All non-white R/E groups suffered increasingly higher rates of mortality, compared to non-Hispanic whites. The Latino death rate, for example, went from merely twice as high as the NHW rate in May 2020, to nearly six times as high by April of 2021. With minor variations, all the other non-white R/E groups showed similar, growing disparities, resulting in higher and higher death rates.

This drastic, disproportionate increase in death rates in non-white R/E groups reflects structural inequalities present from day one of the pandemic—March 19, 2020—the day Governor Gavin Newsom ordered California to close down. As the pandemic raged through the state, these structural inequalities offered more and more opportunities for the coronavirus to find its way into these populations. Each group has its own experience of structural inequality, so each group’s experience needs to be understood on its own terms.

For Latinos, the structural inequalities present on day one, as already reported by CESLAC and *La Opinión*, include:

- The majority are essential workers, which means they have higher exposure to co-workers and clients. **Report #3. “COVID-19 and Diversity: The Emerging Picture.”**
- They have less access to PPE. **Report #2. “COVID-19 Case Rates and Pandemic Protection.”**
- They have less health insurance. **Report #1. “Uninsured Latinos and COVID-19.”**
- They earn lower salaries. **Report #10. “COVID-19: Who can Afford to Pay the Costs of Care?”**
- They live in under-served communities. *La Opinión*, June 13, 2020, “**La reapertura ha sido prematura.**”
- They have more workers and more children per household. **Report #12. “COVID-19 Punishes Latinos for Hard Work and Larger Families.”**

These structural inequalities have been present for years—some for nearly 170 years (e.g., being under-served by public and private health services). If these structural inequalities are not remedied, the next pandemic will have the same disproportionate, tragic outcome for the population that supplies so many essential workers to the state’s economy. California is a very diverse state, and those in power need to understand that a one-size-fits-all approach will not work.

## **Methods**

The initial count of deaths from COVID-19 as of May 28, 2020, to April 28, 2021, stratified by race/ethnicity and age group, was released by the California Department of Public Health (CDPH). Population denominators were tabulated from the 2018 American Community Survey.

---

For more information, or to arrange a telephone interview with the Center’s Director, David E. Hayes-Bautista, Ph.D., Distinguished Professor of Medicine, please contact Seira Santizo-Greenwood, at (310) 794-0663 or [cesla@ucla.edu](mailto:cesla@ucla.edu).