UCLA Health | Center for the Study of Latino Health and Culture

PRESS RELEASE

Center for the Study of Latino Health and Culture
Suite 200-Q
924 Westwood Boulevard
Los Angeles, CA 90024
uclahealth.org/ceslac

For Immediate Release
July 20, 2020

Contact:
Adriana Valdez, (310) 794-0663, cesla@ucla.edu

For Whom the Bell Tolls: COVID-19 Death Patterns in California

Los Angeles, California— Report no.7 of UCLA's Center for the Study of Latino Health and Culture addresses the effects of the novel coronavirus disease 2019 (COVID-19) pandemic on Latino communities. As of July 8, 2020, a total of 6,519 people in California had died due to COVID-19–associated conditions. These deaths did not occur randomly in the state's population. Rather, they occurred more in some racial/ethnic (R/E) populations than in others.

California's Latino population has suffered the most deaths (2,807) and the American Indian/Alaska Native population the least (23). We would expect more Latino deaths than American Indian ones, due to the simple fact that there are more Latinos in California---a lot more, in fact: there are 15.5 million Latinos in the state, compared to 128,060 American Indians/Alaska Natives.

"How do we compare the nearly 3,000 COVID-19–associated Latino deaths with the 23 American Indian/Alaska Native deaths?" said David E. Hayes-Bautista, Distinguished Professor of Medicine at the David Geffen School of Medicine at UCLA, lead author of the report. "We are able to do this by converting the total number of deaths in a population into a rate of 'deaths per 100,000 population'—in other words, out of each group of 100,000 individuals in a total population, how many have died of COVID-19–related illnesses."

In order to control for the effects of age---because older people tend to die at higher rates than younger people, for almost any cause of death---- these rates have been calculated for specific age groups. For example, in the late middle age group (50 to 64 years), the Latino death rate, which was 31.1 COVID-19–associated deaths out of every 100,000 Latinos, was over six times as high as the white rate of 5.9 per 100,000. For American Indians/Alaska Natives, the rate was between those of Latinos and whites, at 19.9 deaths per 100,000 population.

"The trend is pretty clear," said Paul Hsu, M.P.H., Ph.D., an epidemiologist at UCLA's Fielding School of Public Health and co-author of the report. "In every age group, from young adults between 18 to 34 years to old elderly aged 80+ years, non-whites have higher death rates than whites." The report shows that the Latino death rate ranges from twice as high to six times as high as the white rate, depending on the age group. The Black rate ranges from three to four times higher than the white rate, and the Asian rate is about half again as high as the white rate.

The report makes clear that the coronavirus does not discriminate against anyone. If people from one R/E group are more exposed to the coronavirus than other R/E groups, more people from that group will become ill, more of them will be hospitalized, and more people from that group will die as a result of the infection, compared to people from less exposed groups.

UCLA Health | Center for the Study of Latino Health and Culture

PRESS RELEASE

Center for the Study of Latino Health and Culture
Suite 200-Q
924 Westwood Boulevard
Los Angeles, CA 90024
uclahealth.org/ceslac

Early in the pandemic, physicians and nurses were designated as essential workers, and much attention was paid to ensuring their supply of personal protective equipment (PPE), so that they could avoid contagion and remain healthy enough to take care of patients. Only much later were other occupations discovered to be just as essential as medical personnel, for example: farm workers, meat plant workers, grocery store employees, public transportation drivers, construction workers; nursing home attendants—all of which are occupations primarily filled by Latino, Black, Asian, and other non-white populations. These essential workers often went for weeks and months without access to PPE on the job; and not surprisingly, they were, and are, more likely to be infected and consequently more likely to have suffered death.

This pattern is clear, and a number of conditions explain the consistently higher case and death rates for Latino, Black, Asian, American Indian/Alaska Native, and Native Hawai'ian/Pacific Islander populations. "The extended exposure to coronavirus, less access to health insurance and doctor's visits, and less access to care result in more comorbidities," added Hayes-Bautista.

Methods. Data on COVID-19 cases, stratified by race/ethnicity and by age group, were furnished by the California Department of Public Health (CDPH) on July 9, 2020. Population denominators to calculate the rate of cases per 100,000 were tabulated from the 2018 American Community Survey (ACS), the latest available.

About CESLAC. Since 1992, the 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's society and economy.

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 Adriana Valdez, at (310) 794-0663 or cesla@ucla.edu.