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Adriana Valdez, (310) 794-0663, cesla@ucla.edu**From Memorial Day to Fourth of July Weekends 2020:
The COVID-19 Case Rate Increase in California**

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Paul Hsu, Ph.D., M.P.H.

Shortly after the first cases of COVID-19 were detected in California, in late February and early March, the state aggressively took protective measures to flatten the curve of coronavirus spread, by discouraging the emergence of large, closely packed crowds. Crowded classrooms transitioned to online learning; office workers “sheltered at home” and telecommuted to work; teeming shopping malls were closed down. Only “essential workers” were allowed to travel to and from work.

And the prevention measures worked! While New York hospital intensive care units (ICUs) were swamped with critically ill COVID-19 cases in spring, California seemed to have dodged that bullet. But there was a blind spot in the state’s aggressive measures. While some essential workers, such as physicians and nurses, were provided with N-95 masks and personal protective equipment (PPE), other essential workers were overlooked: farm workers; meat and produce packers; truck drivers, grocery clerks, automobile mechanics, gardeners, construction workers, and nursing home attendants. These workers, largely Latino or other minorities of color, were exposed to the coronavirus while performing their essential jobs, but were not provided with PPE, and often did not have medical insurance or a regular physician to consult.

“The policies of sheltering at home, working from a distance, and supporting children learning their lessons at home had a huge blind spot,” said David E. Hayes-Bautista, Distinguished Professor of Medicine at the David Geffen School of Medicine at UCLA and co-author of this report. “Farm workers cannot plant tomatoes from home. In order for the rest of us to eat, they have had to work shoulder to shoulder in large crews nearly every day, often without personal protective equipment, usually without health insurance, and without a regular source of care.” Hayes-Bautista noted that other essential workers labored under similar conditions, such as grocery store clerks, who may have a hundred customers or more pass within arm’s length during a shift at the cash register. He concluded that only recently have these workers been recognized as essential workers, no less important to the state’s health than physicians and nurses treating patients in a hospital.

Starting in April, certain groups in California, as elsewhere in the nation, began to object that these preventative measures were restricting their personal freedom to play on a beach or sing with friends in a bar. They pushed the state to re-open prematurely. By mid-May, California was in the process of re-opening on an accelerated basis, despite public health officers’ warnings that a rapid re-opening would lead to a new surge in COVID-19 cases.

“The measures that ‘flattened the curve’—social distancing, face coverings, and eliminating dense crowds of people—slowed the spread of the contagion,” said Paul Hsu, an epidemiologist with the Fielding School of Public Health at UCLA and co-author of this report. “But once we relaxed the controls, the virus surged again, and we are now worse off than we were at the end of April.” He added that the result has been a tragic upswing in cases in California, as expressed in the “case rate”: that is, the number of cases per 100,000 population.

This report shows the percent increase in COVID-19 case rates by race/ethnicity, in the fateful period between Memorial Day and the Fourth of July, 2020. All racial/ethnic groups experienced huge growth in their case rates between these two holidays. The Asian case rate had the smallest increase, at 59.9%. All other groups had higher percent increases: the Native Hawai’ian/Pacific Islander case rate rose by 72.6%; the white and Black case rates nearly doubled (89.1% and 89.8%, respectively). The Latino case rate more than doubled, with a 147% increase.

The report also details, for each race/ethnic group, its respective case rate for Memorial Day and its corresponding rate for the Fourth of July. The Asian rate grew from 113.7 cases per 100,000 population to 181.8; the Native Hawai’ian/Pacific Islander rate grew from 437.0 per 100,000 to 754.2; the white rate grew from 98.0 to 185.3; the Black rate grew from 167.9 to 318.7; and the Latino rate had the highest growth, from 230.0 to 570.0 cases per 100,000 population.

Methods. Data on COVID-19 cases, stratified by race/ethnicity and age group, were furnished by the California Department of Public Health (CDPH). On July 2, 2020, out of a total 240,195 cases across all age groups, 80,895 (34%) were missing data on race/ethnicity, and so were not included in these figures. Population denominators 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 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.