

EMBARGOED UNTIL MAY 21, 6:00 AM

Report #4  
**The COVID-19 Case Rate and California’s Diversity:  
 Patterns in Coronavirus Exposure**

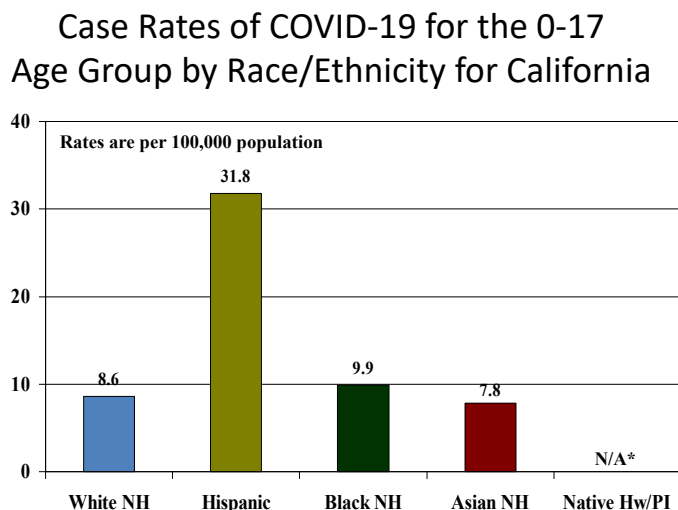
David E. Hayes-Bautista, Ph.D.  
 Paul Hsu, M.P.H., Ph.D.

Every case of COVID-19 is the result of someone having been exposed to the coronavirus. Here in California, as elsewhere, different people experience different exposures to the virus. Some individuals and families—those with work that can be done remotely, robust health insurance, and relatively easy access to a physician—have been able to reduce their coronavirus exposure by sheltering at home for the past eight weeks.

In order for them to stay home, however, other individuals have had to expose themselves to the virus, in order to provide the essential goods and services that make sheltering at home possible for others. Farmworkers growing food, truck drivers delivering supplies, grocery store stockers and checkout clerks, bus drivers, auto mechanics, nursing home attendants, and construction workers expose themselves daily so that others can stay home. This, in turn, potentially exposes the essential workers’ families more frequently to the virus. In addition to higher levels of exposure to the virus, many of these essential workers and their families are also less likely to have health insurance or regular access to a doctor.

Different patterns of coronavirus exposure in California’s major racial/ethnic (R/E) groups can be seen in different patterns of actual COVID-19 cases per 100,000 population. State-level data released May 14, 2020, has been compared by R/E for six different age-groups: children (0–17), young adults (18–34) early middle age (35–49), late middle age (50–64), older adults (65–79) and oldest adults (80+). In almost every age group, Latinos, African-Americans, Asian-Americans, and Native Hawai’ian/Pacific Islanders have higher age-specific case rates for COVID-19 than do non-Hispanic (NH) whites. This indicates that these four racial/ethnic populations are experiencing various degrees of greater exposure to the virus than are non-Hispanic whites.

Figure 1. Children: Latino and Black Higher Case Rates.



\*the number of cases (n < 30) did not allow for a meaningful calculation.

UCLA CESLAC Tabulations, Deaths: CDPH, 05-14-2020, Population: ACS 2018

Figure 2. Young Adults: Latino, Black, Asian, and Hawai'ian/Pacific Islander Higher Case Rates.

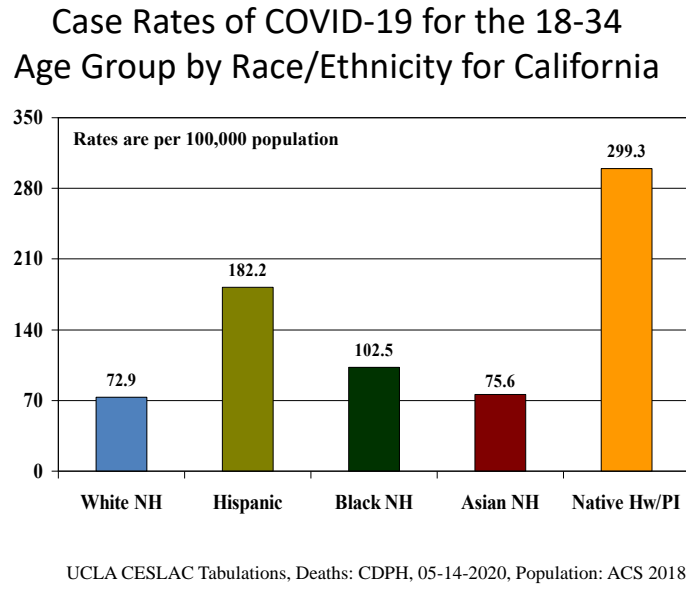


Figure 3. Early Middle Age: Latino, Black, Asian, and Native Hawai'ian/Pacific Islander Higher Case Rates.

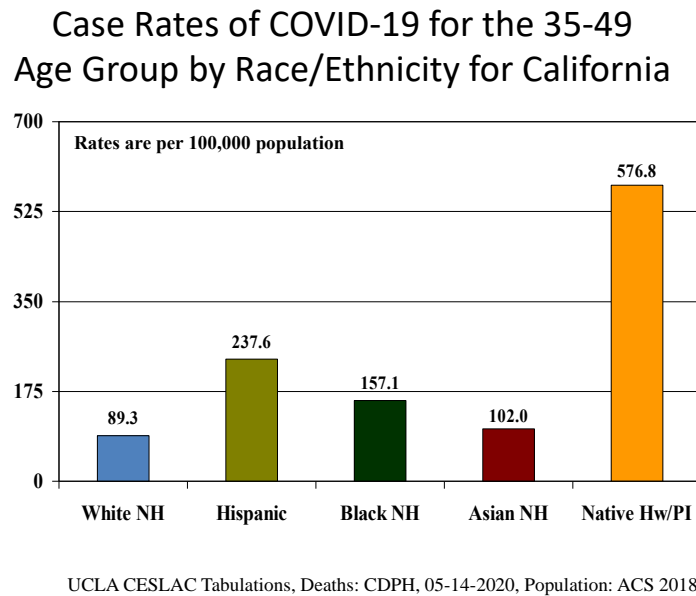


Figure 4. Late Middle Age: Latino, Black, Asian, and Native Hawai'ian/Pacific Islander Higher Case Rates.

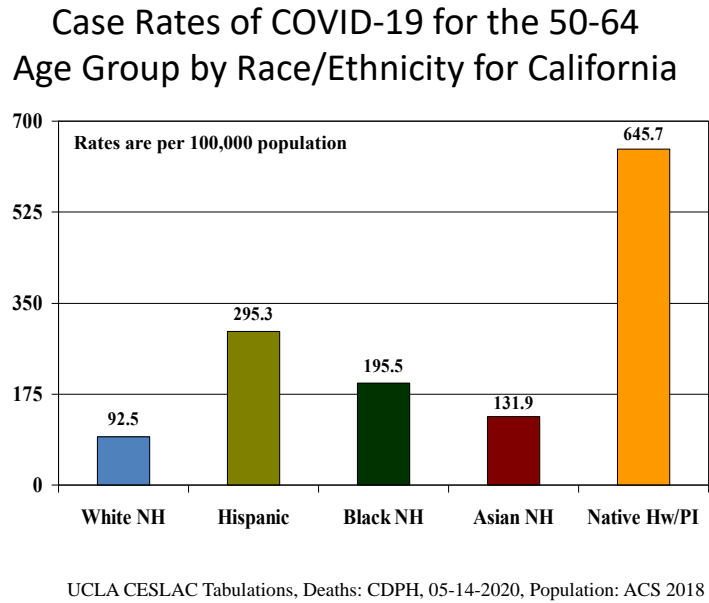


Figure 5. Older Adults: Latino, Black, Asian, and Native Hawai'ian/Pacific Islander Higher Case Rates.

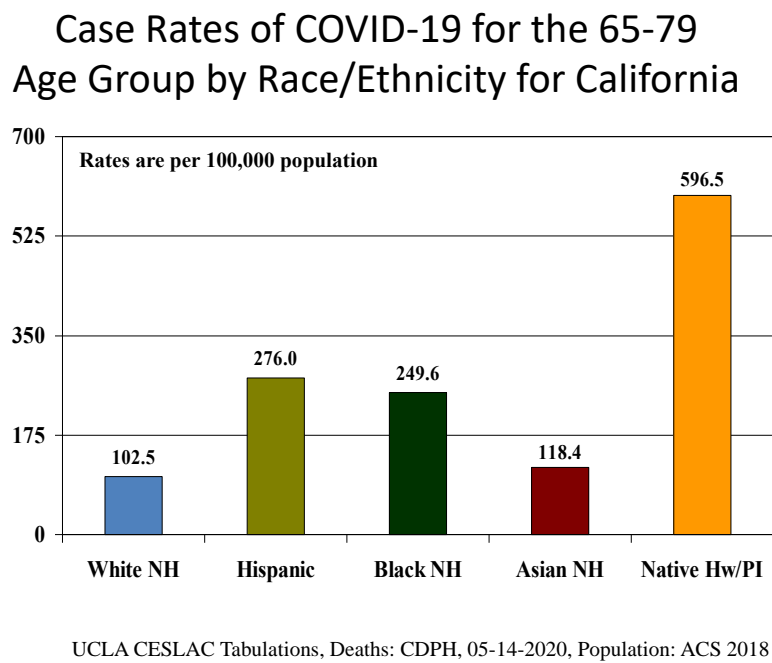
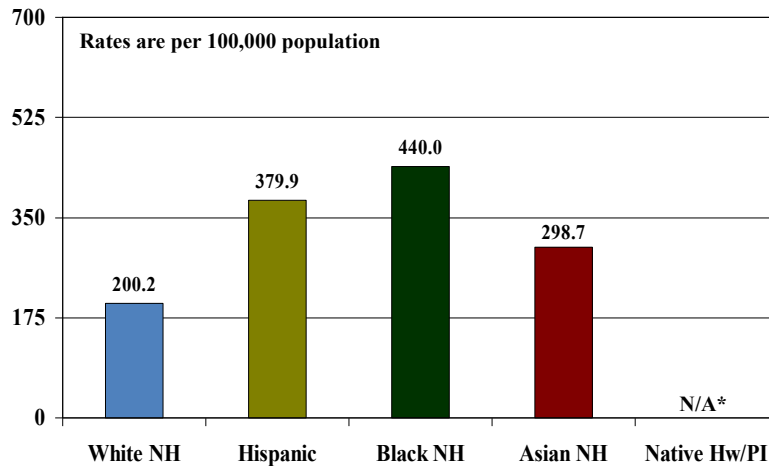


Figure 6. Oldest Adults: Latino, Black, and Asian Higher Case Rates.

### Case Rates of COVID-19 for the 80+ Age Group by Race/Ethnicity for California



\*the number of cases (n < 30) did not allow for a meaningful calculation.

UCLA CESLAC Tabulations, Deaths: CDPH, 05-14-2020, Population: ACS 2018

These case rates indicate that exposure to the coronavirus has not been randomly distributed across California's racial/ethnic groups. While the current data do not allow us to draw conclusions as to why the exposure patterns are so different, preliminary data from the American Community Survey suggest that essential occupations and industries may be disproportionately represented by Latino, African-American, Asian-American, and Native Hawai'ian/Pacific Islander workers. While there were fewer than 30 cases for American Indian/Alaska Natives in every age group, the rates for their population also trended higher than NH white.

**Methods.** Data on COVID-19 cases, stratified by race/ethnicity and age group, were furnished by the California Department of Public Health (CDPH).<sup>1</sup> Of 74,936 cases across all age groups, 23,853 (32%) were missing data on race/ethnicity, and so were not included in these figures. Population denominators were tabulated from the 2018 American Community Survey, the latest available.<sup>2</sup>

**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](mailto:cesla@ucla.edu)

<sup>1</sup> <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx>

<sup>2</sup> <https://www.census.gov/programs-surveys/acs>