



BRIEF REPORT

COVID-19 and the Latino Community in Los Angeles County

Picture courtesy of KOMO News

Overview

This report summarizes the latest information about COVID-19 and the Latino community in Los Angeles (L.A.) County, including the impact of the pandemic on this community, vaccinations, and other key successes and risks. The report draws on data from USC's Understanding Coronavirus in America tracking survey (UAS, 2021), that has monitored COVID-19 related outcomes among a representative sample of approximately 1,800 adult L.A. County residents, including ≈43% Latinos. Panel participants have typically been surveyed every two weeks since March 2020. We also draw upon qualitative data collected by our research team through community meetings (N=3) and public townhalls (N=2) held with Latino residents and community stakeholders in East L.A from September 2020 to January 2021. Key findings are that Latinos in L.A. County have been more likely to get a COVID-19 infection and to suffer many of the negative secondary consequences of the pandemic. Although there is enthusiasm for getting the COVID-19 vaccine, much work remains to improve vaccine access and equity among Latinos, and to support their pandemic recovery.

1. Impacts of COVID-19 on the Latino Community in L.A. County

L.A. County residents have been hit hard by the COVID-19 pandemic, and overwhelming evidence shows that Latino residents have endured some of the worst impacts.

L.A. County has the largest population of any county in the nation, with over 10 million residents. While Latinos represent 49% of the L.A. County population (U.S. Census Bureau, 2019), they represent 64% of all COVID-19 cases and over one-half (53%) of all COVID-related deaths (LAC DPH, 2021).

Overall, Latinos in the county have been nearly twice as likely to get a COVID-19 infection, compared to other residents (Los Angeles Times, 2020).

Fig 1. % of L.A. County COVID-19 cases and deaths among Latinos



Source: L.A. County Department of Public Health • Created with Datawrapper

Like cities across the United States, the COVID-19 crisis in LA County has magnified existing health disparities and socioeconomic inequities among Latinos that increase their risks for exposure to the coronavirus infection and severe disease. Compared to their white counterparts, Latinos are more likely to be exposed to the following risks:

- Live in multi-unit and often overcrowded households with extended family members
- Work in essential sectors (e.g. food processing and agriculture, grocery, transportation and logistics, health care supportive staff)
- Have higher rates of chronic diseases such as diabetes, obesity, and heart disease
- Have lower rates of health insurance

Because of the concentrated risks among Latino residents, there are large differences in the rates of COVID-19 infections in predominantly Latino neighborhoods (Figure 2).

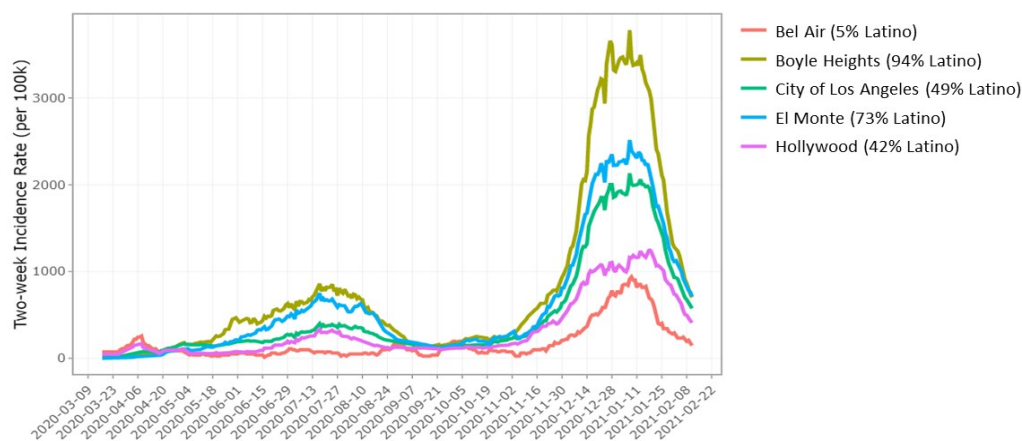
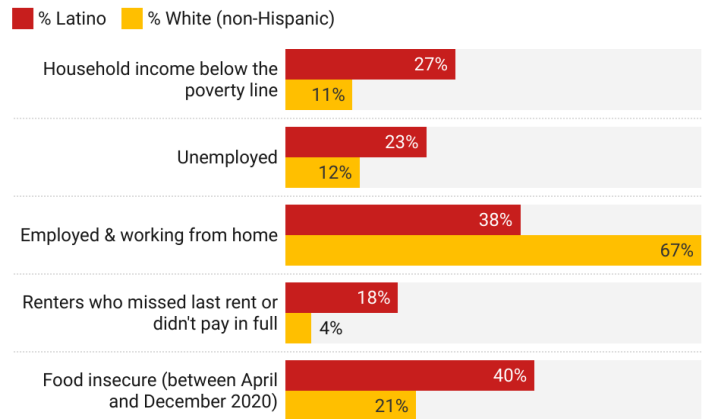


Figure 2. Past two-week COVID-19 incidence rate (per 100K people) across Los Angeles neighborhoods (Source: USC COVID-19 Pandemic Research Center, [LAC/USC Data Dashboard](#))

A rare and serious inflammatory syndrome linked to COVID-19, MIS-C, has been reported among 62 children in LA County. *Latino children account for 72% of the reported cases.* This mirrors trends seen nationwide, with Latino children making up the largest percentage of MIS-C cases among all race and ethnic groups in the U.S., according to the Centers for Disease Control and Prevention (CDC, 2021).

Latinos in L.A. County are more likely to become infected and ill from COVID-19, and to experience many of the **negative secondary consequences** of the pandemic. More than 1 in 4 Latinos are currently living in poverty, and almost 1 in 4 are unemployed (Figure 3). Among those who are employed, just 1 in 3 reported that they were working from home. Almost 1 in 5 Latinos who rent their home reported having missed their rent payment, or not paid in full, in the past month. And throughout 2020, 40% of all L.A. County Latinos experienced food insecurity (vs. 21% of non-Hispanic Whites).

Fig 3. Disparities in COVID-19 impacts for L.A. County Latinos



Income, employment, and rent data was measured from February 3 to March 2, 2021. Food insecurity was measured from April 1 to December 23, 2020.
 Source: USC Understanding Coronavirus in America tracking survey · Created with Datawrapper

In our townhall meetings with Latino residents of East L.A., challenges were raised:

“Many of our family members are travelling to and from work every day - often going to many jobs in different locations – we aren’t just working from home”

“It’s hard to socially distance – especially for people who work at restaurants and stores serving the public”



Picture courtesy of Voice of America News

2. Getting the Vaccine: What Latinos are Thinking and Doing

As of March 8, 2021, 1.7 million residents of L.A. County have received at least one dose of the COVID-19 vaccine, and 427,019 of them (25%) are Latino. Among adults 65 years of age and over, 44% of Latinos have received at least one dose of the COVID-19 vaccine, compared to 56% of White adults in the same age group (LAC DPH, 2021). Much work remains to improve vaccine access and equity.

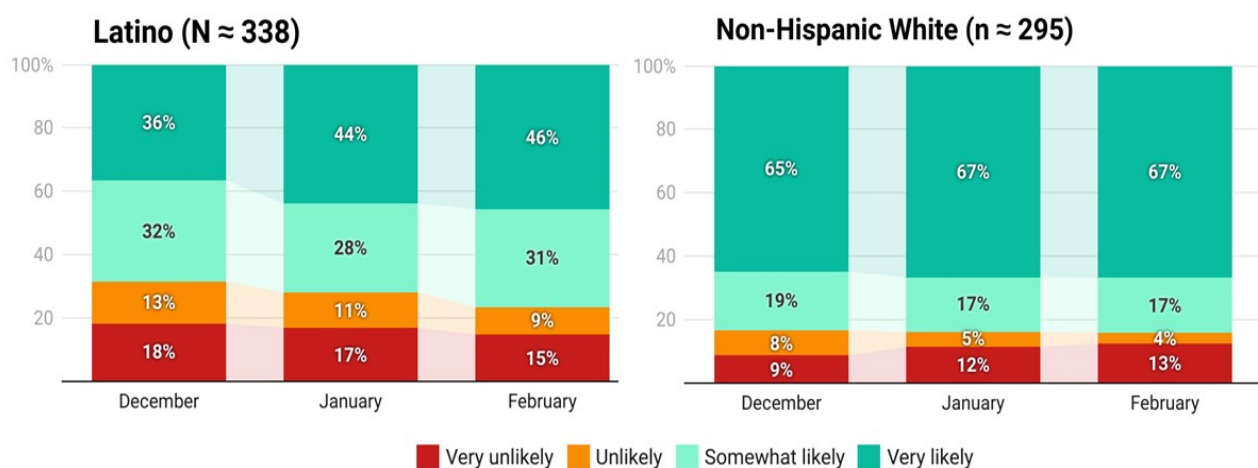
Vaccine enthusiasm and hesitancy

In our townhall and Community Advisory Committee meetings, we heard a mix of concerns and hope about the COVID-19 vaccine, including:

- Concerns over children, pregnant women, nursing mothers: *“What is the safety? Is it safe for children, and will they get it?”*
- Skepticism from young people: *“Younger people are skeptical of the vaccine, but they are doing a lot of the spreading”; “I got the flu shot last year and got sick – so I’m not going to get this vaccine.”*
- Conspiracy theories and misinformation: *“I’m not sure who to believe or not believe”*
- Role modeling from family and community members: *“If I got it [COVID-19 vaccine], others in my family would too. If trusted people in the community get vaccinated, others would too”*

These complex beliefs and emotions are also reflected in the USC Understanding Coronavirus in America tracking survey data (Figure 4). The percentage of L.A. County Latinos who said they are likely (*somewhat likely* or *very likely*) to get the vaccine once it’s available to them was 68% in December 2020, 72% in January 2021, and 77% in February 2021 (vs. 83%, 84%, and 84% respectively, among non-Hispanic Whites). Although vaccine hesitancy has been declining in the past three months, much work remains to address the higher rates of hesitancy among Latinos: **at the end of February 2021, 23% of Latinos, vs. 16% of non-Hispanic whites, still report that they are unlikely or very unlikely to get vaccinated.** Vaccine hesitancy among Latinos was highest among females, 18 to 30-year olds, and those with the lowest household incomes.

Fig 4. Likelihood of getting the coronavirus vaccine, when available



Vaccination likelihood from December 9, 2020 to March 3, 2021 among L.A. County Latino and non-Hispanic White residents (Source: USC Understanding Coronavirus in America tracking survey).

The complex issue of vaccine access

At the time of writing, there are 'service deserts' and significant structural and access barriers to vaccination that impact Latinos, especially older adults (Los Angeles Times, 2021). These include:

- Lack of access to transportation to vaccination sites (i.e., Dodger Stadium)
- Lack of access to computers, smart phones, email, and reliable internet service to register for vaccinations
- Immigrants and undocumented individuals may lack information about how to access vaccines, including trust issues regarding information security

Members of the Latino community who participated in our town hall and Community Advisory Committee meetings shared concerns and suggestions about accessing the vaccine, with the following key themes emerging:

It has to be easy:

- Drive through is good, *"like how they did the testing at Dodger Stadium"*
- *"Use mobile vans that come to our neighborhoods... clinics and even drug stores like CVS can be far to travel for lots of people"* (especially when public transport is considered unsafe and people may not have access to a car).

Concerns for undocumented people:

- *"They may not have a primary doctor – where will they go?"*
- *"They will not want to give out their address"* (out of fear police/ICE will seek them out).

It has to be based on trust:

- *"Best to have vaccinations at trusted places where people are already going, like community centers and churches... places where people already have a connection"*
- *"NOT the government":* it would be better if it comes from local people, doctors, or even CVS.
- *"Trust is really important for undocumented people."*
- *"Could people get a card when they get the first dose so they can use this to get the second one? This would be better than asking people for their information."*
- *"They will not want to give out their address."*



Picture courtesy of Dallas Morning News

3. Latinos in L.A. County have adopted many health safety behaviors but continue to face many COVID-19 risks

Latino residents in L.A. County have adopted many new behaviors during the pandemic to protect their health, including wearing masks, handwashing, and social distancing. However, social settings pose some risks. The USC Understanding Coronavirus in American tracking survey has monitored many of these behaviors since April 2020, and shown that:

- Throughout the pandemic, most Latinos (>95%) wore a mask or face covering, and washed their hands several times a day, and ~95% continue to do so.
- In April and May 2020, ~90% of Latinos avoided public spaces in the past week, and this percentage has steadily dropped to ~70% as of March 2021.
- In April and May 2020, ~20% of Latinos visited a friend, relative or neighbor at their house, or had a someone visit them at their home (who was not a household member). This percentage has steadily increased to ~40% in March 2021.
- Since the start of 2021, there has been a steady uptick in the percentage of Latinos who attend gatherings of 10 or more people (~10% as of March 2021).

The adoption of these safety behaviors was discussed at our townhall meetings with Latino residents:

“We have a responsibility to keep each other safe”	“I’m looked up to my family, so if I wear a mask or avoid going out others do it too”
“Children are learning coronavirus safety behaviors at school, and telling their families about it”	

Challenges for families adopting these behaviors were also consistently brought up:

“Kisses and hugs, physical contact - these are part of our culture”	“My brother doesn’t wear a mask outside. He’s a macho man.”
“[It] can be difficult based on seniority – I don’t want to disrespect elders and parents”	“The guards come down at home – family members follow safety behaviors out of the home, but relax when they are around family”

Many of these safety behaviors will be important to maintain as we work towards vaccination of the whole population. Both “pandemic fatigue”, and the return of some public activities, are likely contributing to an uptick in behaviors that increase people’s risk of virus infection. Messages that continue to encourage social distancing and safety behaviors (e.g., staying outdoors, wearing masks, washing hands) when in public and when interacting with people who are not in your household will be important to maintain, even post-vaccinations, and especially as new viral variants take hold.

4. Summary and Recommended Next Steps

The COVID-19 crisis among the Latino community in L.A. County highlights the continued and urgent need for information, educational campaigns, support, and mitigation behavioral interventions that are ***tailored for*** and ***developed with this community***, to reduce the health impacts of the pandemic. Specific recommendations include:

- Increase ease of access to the vaccine
- Encourage vaccine uptake, particularly among females, young adults, and those with the lowest household incomes
- Continue to encourage safety behaviors, such as wearing a mask, social distancing, and handwashing, particularly among individuals not yet vaccinated.

In summary, the county's Latino community is clearly in need of ongoing support and resources that will help their physical, emotional, economic, and social recovery, as L.A. County moves towards a "post-pandemic" world.



AUTHORS

Kayla de la Haye, PhD, Assistant Professor of Preventive Medicine, Keck School of Medicine of USC
Lourdes Baezconde-Garbanati, PhD, MPH, Professor in Preventive Medicine, Keck School of Medicine of USC

Jane Steinberg, PhD, MPH, Assistant Professor of Preventive Medicine, Keck School of Medicine of USC

Tess Boley-Cruz, PhD, MPH, Associate Professor of Preventive Medicine, Keck School of Medicine of USC

Bonnie Olsen, PhD, Professor of Clinical Family Medicine, Keck School of Medicine of USC

Nicole Karpowicz, Masters Student, Department of Preventive Medicine, USC

Leo Lerner, Doctoral Student, Spatial Sciences Institute, USC

Bibiana Martinez, Doctoral Student, Department of Preventive Medicine, USC

Edward Chauca, PhD, MA, Doctoral Student, Department of Preventive Medicine, USC

Talie Cloud, Student, USC

Nicole Reynoso, Student, USC

Derek Duong, Student, USC

Mercedes Amezcua, Project Specialist, Keck School of Medicine of USC

Rosa Barahona, BA, Project Manager, Keck School of Medicine of USC

ACKNOWLEDGMENTS

This project was supported by the Keck School of Medicine of USC COVID-19 Research Fund through a generous gift from the W. M. Keck Foundation, awarded to Drs. Baezconde-Garbanati and de la Haye as Multiple Principal Investigators. We would also like to acknowledge USC's Understanding Coronavirus in America project, as well as the USC Dornsife's Center for Economic and Social Research, which administers the surveys and provides support for the data analysis. Qualitative data stems from the Stay Connected Los Angeles Project, which is part of the Center for Pandemic Research in the Department of Preventive Medicine at the Keck School of Medicine of USC.

DISCLAIMER

The views expressed herein are those of the authors and not necessarily those of the Keck School of Medicine, or the University of Southern California as a whole.

DATA SOURCES

Understanding Coronavirus in American survey data.

Some of the results in this report are based on data from the Understanding Coronavirus in America tracking survey, administered by the USC Dornsife Center for Economic and Social Research (CESR). Respondents are members of CESR's Understanding America Study (UAS) probability-based internet panel who participated in tracking survey waves conducted between April 1, 2020 and March 3, 2021. All respondents are 18 years or older, and sampling is representative of all households in L.A. County. The survey is conducted in English and Spanish.

All results are weighted to CPS benchmarks, accounting for sample design and non-response. Participants were recruited for the UAS internet panel using an ABS household sample; internet connected tablets are provided as needed. Graphical results and full methodological details for the tracking survey are available at <https://covid19pulse.usc.edu/>.

Questionnaires with full text of questions, topline, data files, and press releases are available at <https://uasdata.usc.edu/page/Covid-19+Home>.

Methodological details for the UAS panel are available at <https://uasdata.usc.edu>.

The Understanding Coronavirus in America Tracking Survey has been funded in part by the Bill & Melinda Gates Foundation, the University of Southern California, and many others who have contributed questions to individual waves or sets of waves.

Qualitative data We supplemented survey data with qualitative data collected by our research team through community meetings (N=3) and public townhalls (N=2) held with Latino residents and community stakeholders in East L.A. from April 2020 to January 2021.

REFERENCES

- Bureau of Labor Statistics (Oct 2019). *Labor Force Characteristics by Race and Ethnicity, 2018*. US Bureau of Labor Statistics, Report 1082, <https://www.bls.gov/opub/reports/race-and-ethnicity/2018/home.htm>.
- Centers for Disease Control and Prevention (CDC). (2021). *Health Equity Considerations and Racial and Ethnic Minority Groups*. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html#fn17>
- Centers for Disease Control and Prevention (CDC). (2021). Health Department-Reported Cases of Multisystem Inflammatory Syndrome In Children (MIS-C) In The United States. <https://www.cdc.gov/mis-c/cases/index.html>
- L.A. County Department of Public Health (LAC DPH). (2021). *L.A. County COVID-19 Surveillance Dashboard*, http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/
- L.A. County Department of Public Health (LAC DPH). (2021). *COVID-19 Vaccines*. <http://www.publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm>
- Los Angeles Times. (2020). *Latinos now twice as likely as whites to get coronavirus in L.A. County*, <https://www.latimes.com/california/story/2020-07-10/l-a-countys-latino-residents-contracting-coronavirus-faster-than-other-groups>
- Los Angeles Times. (2021). *New state report breaks down vaccine distribution by age, race, gender, and shows disparities*, <https://www.latimes.com/california/story/2021-02-14/state-data-on-vaccine-distribution-reveals-disparities>
- U.S. Census Bureau. (2019). *QuickFacts: Los Angeles County, California*. <https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia,CA/PST045219>
- Understanding America Survey (UAS), 2021. *Understanding Coronavirus in America tracking survey*. <https://uasdata.usc.edu/index.php>