

# Board of Supervisors | Mendocino County

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## Disparities in COVID-19 Cases and Deaths: An Evolving Crisis and Impact

**Sergio Aguilar-Gaxiola, MD, PhD**

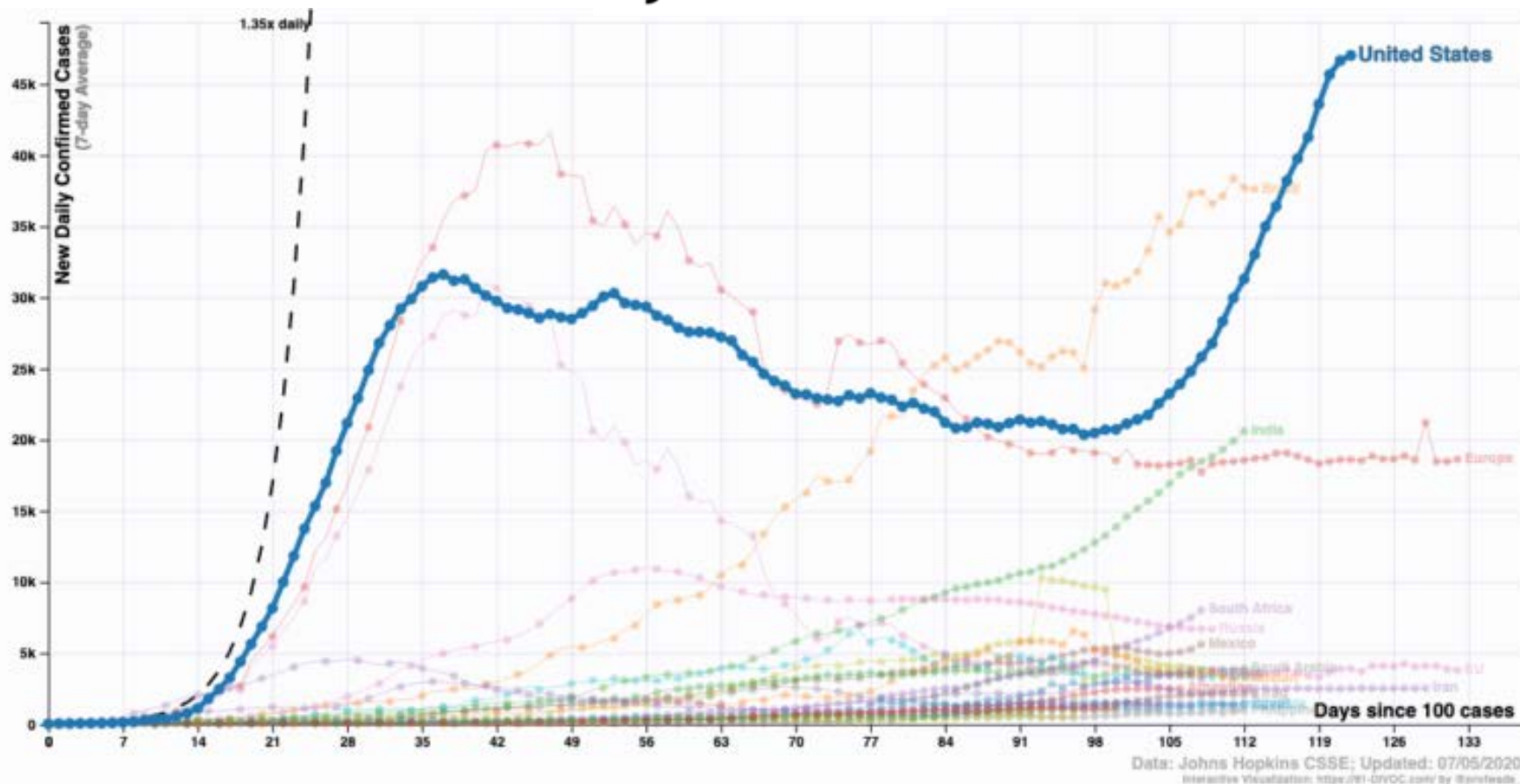
Professor of Clinical Internal Medicine

Director, Center for Reducing Health Disparities

Director, CTSC Community Engagement Program

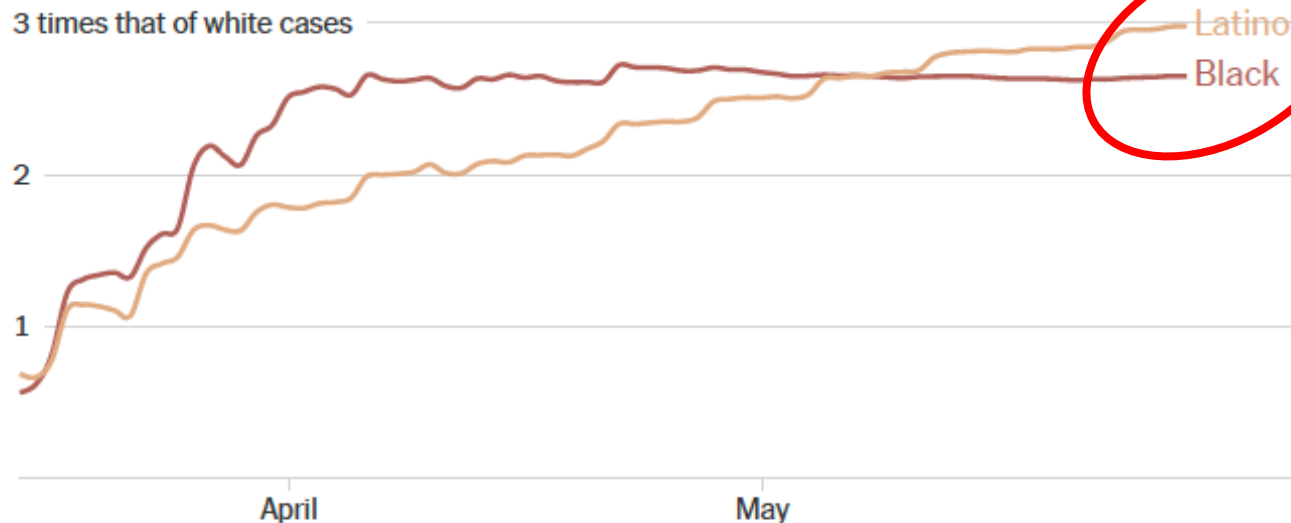
UC Davis School of Medicine

**July 21, 2020**



# The New York Times

## Rate of Black and Latino coronavirus cases, compared with white cases



Source: Centers for Disease Control and Prevention | Note: Data is through May 28.

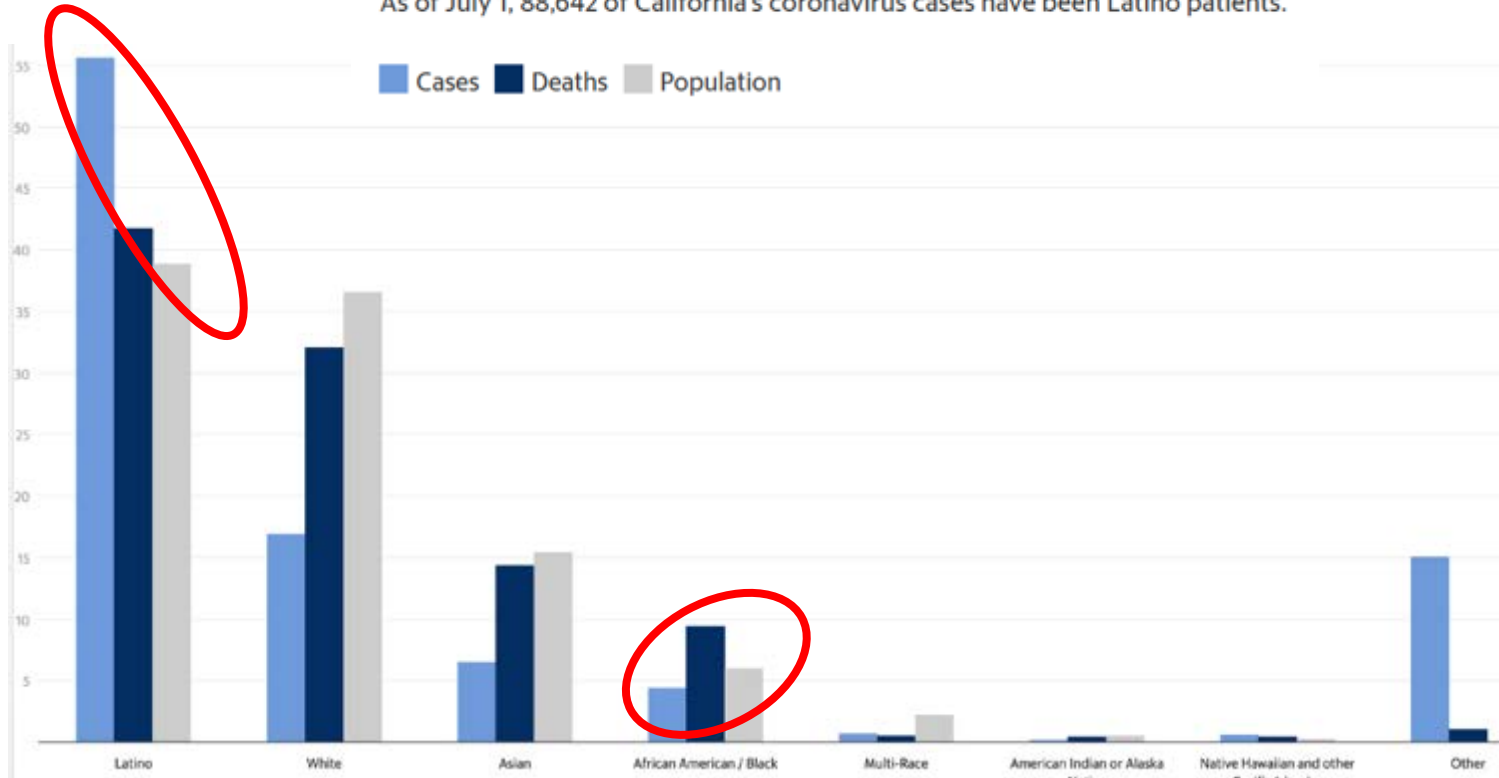
By [Richard A. Oppel Jr.](#), [Robert Gebeloff](#), [K.K. Rebecca Lai](#), Will Wright and [Mitch Smith](#) July 5, 2020

# THE SACRAMENTO BEE

## RACIAL BREAKDOWN OF CALIFORNIA'S CORONAVIRUS PANDEMIC

07/05/20

As of July 1, 88,642 of California's coronavirus cases have been Latino patients.



<https://www.sacbee.com/news/coronavirus/article243965407.html>; Chart: Jason Chesler.

## COVID-19

Guidance Documents

Community Outreach  
Resources &  
Communications

COVID19.ca.gov

COVID-19 Racial  
Demographics

COVID-19 County-Level  
Data

COVID-19 Hospital Data  
and Case Statistics

COVID-19 Home

COVID-19 Skilled Nursing  
Facilities

## COVID-19 Race and Ethnicity Data

### Cases and Deaths associated with COVID-19 by Race and Ethnicity

**April 26, 2020**

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA population
Latino	12465	44.1	514	32.7	38.9
White	7885	27.9	543	34.6	36.6
Asian	3508	12.4	271	17.3	15.4
African American/Black	1871	6.6	173	11	6.0
Multi-Race	231	0.8	4	0.3	2.2
American Indian or Alaska Native	59	0.2	7	0.4	0.5

## COVID-19

Guidance Documents

Community Outreach  
Resources &  
Communications

COVID-19 County  
Variance Attestation Form

COVID-19 County Data  
Monitoring

COVID-19 Racial  
Demographics

COVID-19 County-Level  
Data

COVID-19 Hospital Data  
and Case Statistics

COVID-19 Skilled Nursing  
Facilities

Contact Tracing FAQs

Find a COVID-19 Test Site

## COVID-19 Race and Ethnicity Data

July 8, 2020

### All Cases and Deaths associated with COVID-19 by Race and Ethnicity

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA population
Latino	104,040	54.7	2,808	43.1	38.9
White	33,275	17.5	2,055	31.5	36.6
Asian	11,815	6.2	903	13.8	15.4
Black	8,336	4.4	593	9.1	6.0
Multi-Race	1,382	0.7	34	0.5	2.2
American Indian	393	0.2	23	0.4	0.5

# California Department of Public Health

## Cases and Deaths Associated to COVID-19 by Race/Ethnicity

Proportions of Cases and Deaths by Race and Ethnicity Among **Ages 18-49**

04/26/20

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA population
Latino	5414	47.2	49	60.5	43.5
White	2830	24.7	10	12.3	31.2
Asian	1364	11.9	7	8.6	15.9
Black	672	5.9	15	18.5	6.3
Multi-Race	115	1	0	0	2.2
American Indian or Alaska Native	28	0.2	0	0	0.6
Native Hawaiian or Pacific Islander	161	1.4	0	0	0.4
Other	883	7.7	0	0	0
Total	11467	100	81	100	100

# California Department of Public Health

## Cases and Deaths Associated to COVID-19 by Race/Ethnicity

**Proportions of Cases and Deaths by Race and Ethnicity Among Ages 18-34**

**07/08/20**

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA Population
Latino	34,880	57.5	47	61.8	45.0
White	8,667	14.3	10	13.2	30.2
Asian	2,743	4.5	4	5.3	14.7
African American	2,298	3.8	12	15.8	6.5
Multi-Race	470	0.8	2	2.6	2.6
American Indian	127	0.2	0	0.0	0.6
Native Hawaiian and other Pacific Islander	314	0.5	1	1.3	0.4
Other	11,205	18.5	0	0.0	0.0
Total	60,704	100.0	76	100.0	100.0



# California Department of Public Health

## Cases and Deaths Associated to COVID-19 by Race/Ethnicity

Proportions of Cases and Deaths by Race and Ethnicity Among **Ages 35-49**

07/08/20

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA Population
Latino	27,961	58.1	260	77.6	41.5
White	6,756	14.0	23	6.9	32.5
Asian	3,000	6.2	24	7.2	17.5
African American	1,867	3.9	21	6.3	5.9
Multi-Race	326	0.7	5	1.5	1.6
American Indian	111	0.2	1	0.3	0.5
Native Hawaiian and other Pacific Islander	329	0.7	0	0.0	0.4
Other	7,770	16.1	1	0.3	0.0
Total	48,120	100.0	335	100.0	100.0



# California Department of Public Health

## Cases and Deaths Associated to COVID-19 by Race/Ethnicity

**Proportions of Cases and Deaths by Race and Ethnicity Among Ages 50-64**

04/26/20

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA population
Latino	2536	39.6	80	42.6	32.2
White	1850	28.9	51	27.1	43
Asian	858	13.4	24	12.8	46.3
Black	498	7.8	25	13.3	6.4
Multi-Race	44	0.7	0	0	1.2
American Indian or Alaska Native	12	0.2	1	0.5	0.5
Native Hawaiian or Pacific Islander	104	1.6	2	1.1	0.4
Other	505	7.9	5	2.7	0
Total	6407	100	188	100	100

# California Department of Public Health

## Cases and Deaths Associated to COVID-19 by Race/Ethnicity

Proportions of Cases and Deaths by Race and Ethnicity Among **Ages 50-64**

07/08/20

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA Population
Latino	20,913	52.8	686	63.8	32.2
White	7,568	19.1	197	18.3	43.0
Asian	2,928	7.4	86	8.0	16.3
African American	1,971	5.0	83	7.7	6.4
Multi-Race	300	0.8	2	0.2	1.2
American Indian	79	0.2	6	0.6	0.5
Native Hawaiian and other Pacific Islander	285	0.7	5	0.5	0.4
Other	5,555	14.0	11	1.0	0.0
Total	39,599	100.0	1,076	100.0	100.0



## Navajo Nation: The people battling America's worst coronavirus outbreak

By Joshua Cheatham

“The Navajo Nation, among other tribes, is facing some of the worst rates of COVID-19 in the United States. Long-standing health inequities due to persistent federal neglect, a high prevalence of chronic disease, and geographically dispersed multi-generational homesteads, often with no running water or internet access.”

Michener, et al., 2020



Substance Abuse and Mental Health  
Services Administration

## **Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. (Submitted by OBHE)**

People of color are:

- at an increased risk for serious illness if they contract COVID-19 due to higher rates of underlying health conditions, such as diabetes, asthma, hypertension, and obesity compared to Whites;
- more likely to be uninsured and to lack a usual source of care which is an impediment to accessing COVID-19 testing and treatment services;
- more likely to work in the service industries such as restaurants, retail, and hospitality that are particularly at risk for loss of income during the pandemic;
- more likely to live in housing situations, such as multigenerational families or low-income and public housing that make it difficult to social distance or self-isolate; and
- often working in jobs that are not amenable to teleworking and use public transportation that puts them at risk for exposure to COVID-19. ([Kaiser Family Foundation, 2020](#); [Health Affairs, 2020](#))



CORONAVIRUS

## Special Report: As cases surge, California struggles to slow COVID-19 in Latino communities

BY NADIA LOPEZ, KIM BOJÓRQUEZ, ALEXANDRA YOON-HENDRICKS, ROSALIO AHUMADA, AND TONY BIZJAK

JULY 05, 2020 05:00 AM , UPDATED JULY 05, 2020 11:51 AM

“As California scrambles to respond, there’s the question of whether officials should have noticed the surge in cases among Latinos sooner and acted more assertively. But there’s a more pressing issue now.”



7/16/2020 19:44:

## CASOS POR EDAD



## ESTADÍSTICAS DE LAS PRUEBAS

LABORATORIOS	NEGATIVO	POSITIVO	EN ESPERA	TOTAL
Salud Pública:	1855	32	40	1926
Comercial:	7569	123	1032	8783
UCSF:	2376	22	291	2689

## ORIGEN ÉTNICO



## CASOS POR ORIGEN



## REGIÓN

07/16/20



## CASOS DETECTADOS



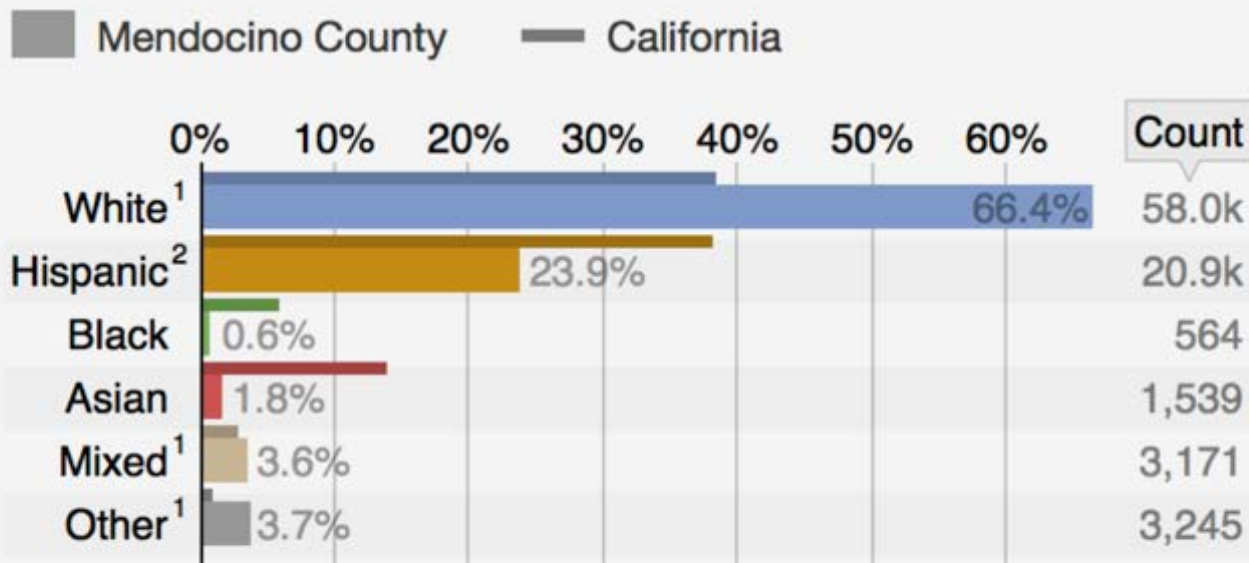
# Race and Ethnicity in Mendocino County, California

## Race and Ethnicity

#1

Percentage of the total population.

Scope: population of California and Mendocino County



Count number of members in ethno-racial group

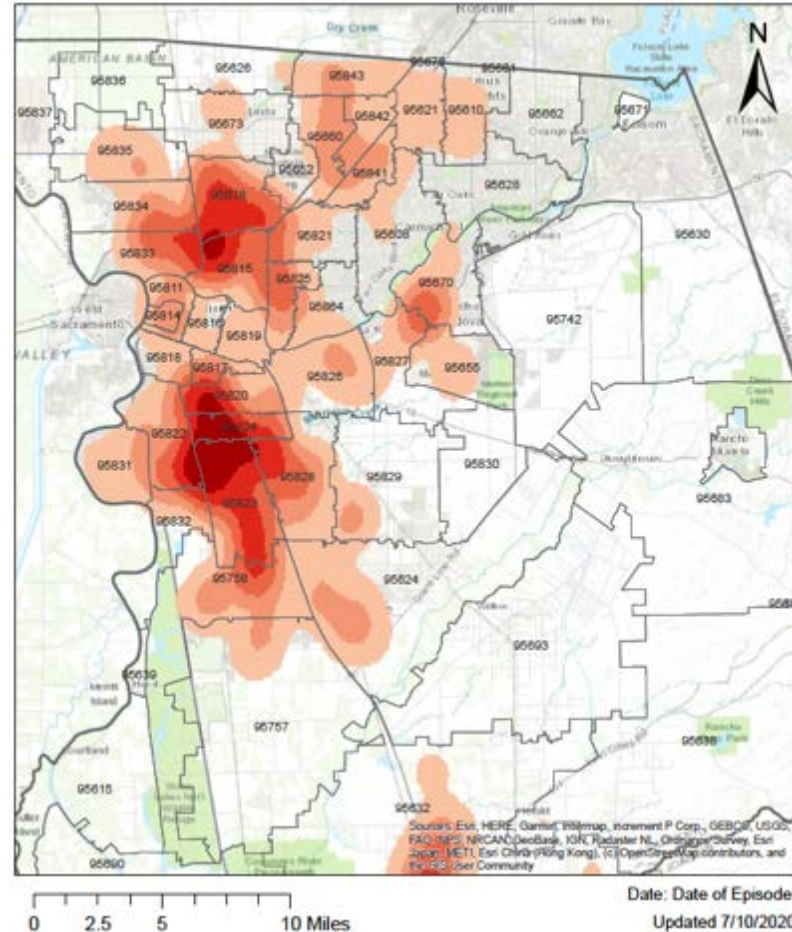
<sup>1</sup> non-Hispanic

<sup>2</sup> excluding black and Asian Hispanics



**07/10/20**

We need timely data (e.g., geo mapping) that can help us strategize and come up with community-based approaches to prevent the spread through testing, case identification and contact tracing and prevent deaths as much as possible



COMMENTARY

### Engaging With Communities — Lessons (Re)Learned From COVID-19

“We learned that in AIDs, in SARS, and we are relearning as we respond to COVID-19, that health and health equity begins with communities.”

L. Michener

## Public Health Implications

- **Engagement with communities early on and throughout is critical**, especially communities of color and other vulnerable groups that require a public health response
- **Gather timely data on those affected**; build from community strengths and priorities to shape actions collecting, sharing, and interpreting data with the communities; develop plans with community leaders; communicate risk and harm reduction strategies through already existing communication credible channels; and rapidly track and adjust plans as the epidemic progresses
- **Meaningful engagement, partnerships, and trust of communities** in shaping, communicating, implementing, and disseminating recommended strategies **is crucial**
- **Engage communities as partners in addressing what matters to them**, including inequities in testing, treatment, and potentially future access to vaccines

## Case Investigation/Contact-Tracing: What Needs To Be Done

- **Case investigation:** Contact COVID-19+ individuals and find out who they've been in close contact with
- **Contact Tracing:** Contact people the infected person has had close contact with. Help their contacts effectively self-quarantine and self-isolate as needed
  - Moving very fast is crucial. Infected individuals' maximum infectiousness is from 2-3 days before they have symptoms to 7 days after. Half of cases are asymptomatic. 40% of transmission before infected individuals recognize symptoms (pre-symptomatic).
  - Thoroughness/accuracy is crucial. Must identify 90% of contacts to successfully suppress exponential spread. Each new case not quarantined/isolated infects 3 or more others.
  - Persuasive Communication. Contact-tracers need to explain to contacts that they should presume they're infected until they get test results, persuade them to self-quarantine
  - Isolation/Quarantine--Rapidly secure temporary lodging, food support, assure daily check-ins and advice during course of illness (and recovery).

## Case Investigation/Contact-Tracing: What Needs To Be Done (2)

- **County public health nurtures hubs for community consortia and grassroots networks for case investigation/contact tracing**-- Not just “going it alone” and asking for help from others. Bona fide collaborative partnerships. Not just with health-oriented programs, also a broad spectrum of service providers/outreach workers!
- **Integrate testing, case investigation and contact-tracing to community health centers for “one stop shopping.”** A crucial step in shortening pathway from **symptom recognition**→**seeking advice**→**testing**→**diagnosis**→**case investigation**→**contact-tracing**→**isolation or quarantine**→**safe recovery**
- **Build on existing relationships (*Confianza*) to enhance case investigation/contact-tracing impact** -- Mendocino Latinx Alliance (countywide), Ukiah Vecinos en Acción, La Coalición Latina de la Costa de Mendocino (Fort Bragg), South Coast Latino Coalition, Nuestra Alianza de Willits. Sueño Latino (Anderson Valley), Periódico Al Punto (online and print media), MendoLatino (bilingual radio show on KZYX)

## Long-Term Implications....

- **Re-frame COVID-19 pandemic as a “community” problem, not just a siloed “public health” problem.** Focus on outcomes--not on activities, process....incorporate community oversight as quality assurance tool...Relevant/reliable and actionable indicators (Friedan Op-Ed 6-10)
- **COVID-19 is a paradigm case of an illness where social determinants of health play the leading role in transmission and outcomes.** Pivot from information delivery toward “popular education”/community conversation as optimal mode for impacting: Knowledge→Beliefs→Attitudes→Aspirations→**Behavior**

## HEALTH

## This Is Not a Normal Mental-Health Disaster

If SARS is any lesson, the psychological effects of the novel coronavirus will long outlast the pandemic itself.

“One thing that is certain about the current pandemic is that we are not doing enough to address its mental-health effects. Usually...the damage a disaster does to mental health ends up costing more than the damage it does to physical health. Yet of the \$2 trillion that Congress allocated for pandemic relief through the CARES Act, roughly one-50th of 1 percent—or \$425 million—was earmarked for mental health. In April, more than a dozen mental-health organizations called on Congress to apportion \$38.5 billion in emergency funding to protect the nation’s existing treatment infrastructure, plus an additional \$10 billion for pandemic response.”