

February 11, 2021

The Honorable Gavin Newsom
1303 10th Street, Suite 1173
Sacramento, CA 95814

RE: COVID-19 Vaccination is Leaving Latino Californians Behind

Dear Governor Gavin Newsom:

We are deeply grateful for your leadership during this unprecedented public health crisis and write as a diverse cadre of Latino leaders and allies who have coalesced to provide your Administration strategic input on substantive and descriptive representation in the world's fifth-largest economy. We find ourselves at yet another major crossroads in the COVID-19 pandemic and believe that your Administration must take concrete steps to prioritize the state's plurality population in vaccine distribution to immediately correct the unequal rollout that is leaving too many frontline communities behind.

The future saliency of California's economy is inextricably linked to the health and wealth of its plurality population—diverse Latino communities from Chula Vista to Redding, who have worked to establish the state as a global economic powerhouse and continue to put their bodies on the line to keep the state afloat during COVID-19. Latinos are a growing and youthful population, with a median age of 30, nearly three-quarters of whom are millennials or younger.¹ Of the 60.6 million Latinos who live in the U.S., over 25% of the Latino population reside in California, making it home to the largest concentration of Latinos in the nation, and California the nation's fifth-youngest population.² Today, the state's 3.4 million Latino students represent over half (55%) of California's K-12 student population³ and 7.2 million Latino workers represent 37% of the state's labor force, including an outsized share (55%) of essential workers.⁴ Additionally, Latino households have more children and more wage-earners than non-Hispanic whites, increasing their susceptibility to infection as they leave the house every day to work.⁵ Further, research suggests that some Latino households

¹ Katherine Schaeffer, [The most common age among whites in U.S. is 58-more than double that of racial and ethnic minorities](#), Pew Research Center, July 30, 2019.

² Current Population Survey (CPS) March 2020 Annual Social and Economic Supplement: California, [available online](#); Public Policy Institute of California, [Just the Facts: California's Population](#), April 2020.

³ California Department of Education, [Fingertip Facts on Education in California](#), October 12, 2020.

⁴ U.S. Bureau of Labor Statistics, [Hispanics made up 44.7 percent of the labor force in New Mexico in 2019](#), October 13, 2020; Sarah Thomason and Annette Bernhardt, [Front-line Essential Jobs in California: A Profile of Job and Workers Characteristics](#), UC Berkeley Labor Center, May 14, 2020.

⁵ David Hayes-Bautista, Giselle Hernandez, and Paul Hsu, [The First Year of Latino COVID-19 Deaths: Why Should Anyone Care?](#), UCLA Center for the Study of Latino Health and Culture, December 3, 2020; David Hayes-Bautista, Paul Hsu, and Giselle Hernandez, [COVID-19 Punishes Latinos for Hard Work and Larger Families](#), UCLA Center for the Study of Latino Health and Culture, January 28, 2021.

are even more at-risk for COVID-19, including households that include: people living in close quarters or multigenerational formations, are below the poverty level, lack internet and broadband services, and require food stamp benefits.⁶ Demographics cement the outsized role Latino Californians have in the efficacy of American recovery, necessitating prioritization of these households in relief and recovery efforts.

Yet, Latinos have been largely neglected from the state's COVID-19 vaccine rollout and response efforts, even as they continue to suffer the most egregious health ramifications of any racial/ethnic population group. According to the California Department of Public Health, Latinos are overrepresented in the state's COVID-19 cases (1,382,352 or 55% of the state's cases) relative to their population.⁷ Even worse, Latinos have the highest number of deaths associated with COVID-19 (46%), representing a 7.1 percentage point overrepresentation in relation to their share of the population.⁸ Of the 15 most populous counties in California, 2 have Latino plurality populations: Los Angeles and San Joaquin, and 4 are majority-Latino: Riverside, San Bernardino, Fresno, and Kern. Together, these 6 counties are home to about 8.65 million Latinos and all are in the purple risk tier under the state's risk level for counties.⁹ In Los Angeles and Riverside counties alone, Latinos represent over half a million (622,365) cases and just over 10,000 deaths, and Latino COVID-19 deaths are up 1,000% since November in Los Angeles County.¹⁰ Research has made clear that the effects of the pandemic are racialized; in California, across almost every age group, Latinos, Blacks, Asians and Native Hawai'ian/Pacific Islanders have higher age-specific case rates for COVID-19 than their white peers.¹¹ To ensure California's workforce is not eviscerated during their most productive years, the Administration must recalibrate vaccine distribution policies.

The correlation between essential work and COVID-19 infection and mortality only add to the economic devastation facing Latinos and other households of color during the pandemic. California's Latino population has endured the worst economic brunt of the pandemic. At peak unemployment in April 2020, Latina women across the U.S. had the highest unemployment rate, followed by Latino men: 20.2% and 16.7%, respectively.¹² During the second quarter of 2020, Latinos in California had the second-highest unemployment rate (18.1%), just behind Black

⁶ Laura E. Martinez, Arturo Vargas-Bustamante, et al., [COVID-19 in Vulnerable Communities, An examination by race and ethnicity in Los Angeles and New York City](#), UCLA Latino Policy & Politics Initiative and UCLA Center for the Study of Latino Health and Culture, July 27, 2020.

⁷ California Department of Public Health, [COVID-19 Race and Ethnicity Data](#), February 3, 2021.

⁸ [Ibid.](#)

⁹ Using [2019 Census Quickfacts](#), the following counties have Latino plurality populations: Los Angeles County (48.6% Latino) and San Joaquin County (42% Latino), and the following counties are majority-Latino: Riverside County (50% Latino), San Bernardino County (54% Latino), Fresno County (53% Latino), and Kern County (54.6% Latino).

¹⁰ In Los Angeles County, Latinos represent 509,626 cases (47.6% of all county cases) and 8,528 deaths (52.1% of COVID-related deaths). In Riverside County, Latinos represent 112,739 cases (40.6% of all county cases) and 1,490 deaths (45.5% of COVID-related deaths). Data come from the UCLA Center for Health Policy Research, [Covid-19 Dashboard](#), February 3, 2021. See State of California, Blueprint for a Safer Economy: Current tier assignments as of February 9, 2021, [available here](#). See also Rong-Gong Lin II and Luke Money, [Latino COVID-19 deaths hit 'horrifying' levels, up 1,000% since November in L.A. County](#), Los Angeles Times, January 30, 2021.

¹¹ See Martinez, et al., 2020.

¹² U.S. Bureau of Labor Statistics, [Employment Situation News Release](#), May 8, 2020.

workers.¹³ Further research has established that Latino households have largely been left out of COVID-19 relief and recovery, from the CARES Act stimulus checks to unemployment insurance benefits to the Paycheck Protection Program.¹⁴ California's potential to recover from the impacts of the pandemic depends on effectively responding to widespread racial/ethnic inequities to ensure the state's current and future workforce are vaccinated in a timely manner.

Today, any early optimism surrounding the rollout of a COVID-19 vaccine has quickly dimmed as Latinos across California face disadvantages in the distribution process. Among the total vaccines distributed across California, only 67% of those vaccines have been administered.¹⁵ To date, California lags behind 8 of the 10 most populous states in terms of vaccine administration as a share of vaccine distribution. As the home of the technological revolution, California should be a national model, yet we are trailing Texas, Florida, New York, Illinois, Ohio, Georgia, North Carolina, and Michigan in terms of vaccine administration.¹⁶ Worse, our state lacks racial/ethnic data on vaccine distribution, even though states with fewer resources are reporting these key metrics in real-time, including North Dakota, Louisiana, Mississippi, Nebraska, North Carolina and Vermont, among others.¹⁷ The consequences of these failures are clear: workers and frontline communities who need immediate and robust access to a vaccine are being left behind.¹⁸

Throughout the pandemic, Latino workers are keeping California and the nation afloat, toiling across our food distribution and care systems, albeit with limited worker protections and social safety net benefits, whether in our fields or at our grocery stores or childcare centers. Yet, ensuring these essential workers and their households are vaccinated has received little attention. California continues to underinvest in culturally competent vaccination access initiatives and implement vaccine prioritization that ensures Latinos and other Californians who carry a disproportionate share of COVID-19 infections and mortality are first in line. Effective and equitable vaccination policies are

¹³ Jhacova Williams, [Latest Data: Black-white and Hispanic-white Gaps Persist as States Record Historic Unemployment Rates in the Second Quarter](#), Economic Policy Institute, August 2020.

¹⁴ Silvia R. Gonzalez, Rodrigo Dominguez-Villegas, and Kassandra Hernandez, [Disparities in the Distribution of Paycheck Protection Program Funds Between Majority-White Neighborhoods and Neighborhoods of Color in California](#), UCLA Latino Policy & Politics Initiative, December 16, 2020; Raul Hinojosa-Ojeda, Rodrigo Dominguez-Villegas and Julie Aguilar, [Undocumented During COVID-19: Essential for the Economy but Excluded from Relief](#), UCLA Latino Policy & Politics Initiative, August 10, 2020; Silvia R. Gonzalez, Sonja Diaz, and Julie Aguilar, [Jobless During a Global Pandemic: The Disparate Impact of COVID-19 on Workers of Color in the World's Fifth Largest Economy](#), UCLA Latino Policy & Politics Initiative, June 11, 2020.

¹⁵ Kaiser Family Foundation, [COVID-19: Metrics by State, Administered Vaccines as a Share of Total Distributed: California](#), February 1, 2021.

¹⁶ Kaiser Family Foundation: [State COVID-19 Data](#); noting California is only doing better than Pennsylvania in vaccine administration.

World Population Review, [US States - ranked by population 2021](#), 2021.

¹⁷ Kaiser Family Foundation, [COVID-19: Vaccinations by Race/Ethnicity](#), February 1, 2021.

¹⁸ NBC News, [California's vaccine distribution woes reflect a state long troubled by wealth and class divides](#), February 5, 2021; The Los Angeles Times, [Clinic in Latino area gets 100 vaccines for 12,000 patients](#), February 6, 2021; NBC News, [Latino workers, groups blast California officials over Covid-19 vaccine rollout changes](#), February 7, 2021; The Los Angeles Times, [L.A. Latino, Black seniors trail whites in COVID-19 Vaccine](#), February 8, 2021; The New York Times, [Dying of Covid in a 'Separate and Unequal' L.A. Hospital](#), February 8, 2021; The Guardian, [Black and Latino Californians vaccinated at far lower rates than others](#), February 9, 2021.

not novel; the state invested in trusted messengers for the 2020 U.S. Census in hard-to-count communities and, in coordination with a robust community clinic network was able to successfully enroll millions of Californians into Covered California. Inadequate public sector coordination and infrastructure investment that centers on vaccinating Latino communities and other medically and linguistically underserved groups engender the success of the state's vaccination efforts.

Furthermore, the overreliance on a tech-based vaccine distribution process to schedule appointments and third-party administrator will only elongate the unprecedented logistical and public education challenges to full vaccine adoption. To date, residents without access to transportation, a computer or smartphone, and digitally-literate advocates who can navigate the myriad of online vaccine portals are largely shut out of California's vaccine distribution systems.

In order to facilitate a more equitable and effective rollout of the COVID-19 vaccine, we implore your Administration to implement these immediate measures:

1. Immediately create a statewide COVID-19 data repository of disaggregated data on vaccine distribution that includes geographic (vaccination site), priority group (healthcare workers, seniors, essential workers, fire/rescue/police/teachers), and demographic information (race/ethnicity, gender, age) at jurisdictional level (census tract, zip code, city, county). Make this information publicly available to foster transparency on the vaccine distribution and administration process.
2. Prioritize frontline communities for vaccines by recalibrating the current system's age-based preferences to account for the Latino community's youthfulness and allow flexibility to ensure frontline workers and their households remain a priority group for vaccine access until 85% of that population is vaccinated.
3. Institute a vaccine distribution policy that ensures that sufficient vaccination sites are in frontline communities, as defined by measures including the Health Places Index, UCLA Brite Center COVID-19 Vulnerability Indicators. Ensure that these sites are equipped with an equitable number of vaccines throughout the state's pandemic response efforts, even when and if the state contracts with a third party administrator: pharmacy, primary care provider [PCP], government or non-government community-based site, and federally qualified health centers.
4. Double-down on building out the public and community infrastructure necessary to serve medically and linguistically underserved Californians. This includes ensuring local public health departments have the funds necessary for public education programming and marketing, fully-staffed public vaccination sites with adequate PPE, and technological support to reach frontline communities. This also includes providing local governments with funds to contract with community-based organizations to conduct vaccine outreach and education and support targeted systems navigation services that are in-language and in-culture for medically underserved communities, including the state's diverse immigrant communities. Ultimately these pandemic-related investments should help ensure California's

vulnerable communities are more resilient in the face of future pandemics and climate disasters.

5. Fully integrate and activate California's state and local hospitals and community health centers as trusted messengers and vaccine distribution sites through targeted investments and infrastructure support, with latitude in who to vaccinate across frontline communities. This will include robust investment into multilingual community support programs, administration of non-tech-based vaccination initiatives in frontline communities, incentive payments to cover the cost of delivering vaccines, and the technological infrastructure build-out to increase digitally underserved community's capacity to access social safety net and COVID-relief programs and benefits. Ultimately, maximizing the efficacy of vaccine distribution is contingent on utilizing state and local hospitals, community health centers, and other trusted social service agencies that are frequently used by frontline communities.
6. Lastly, following Riverside County's example with farmworkers, we must also provide onsite and workplace vaccination options for farmworkers and other essential workers to not only speed vaccine administration, but ensure equitable and priority access to our most vulnerable residents.

Time is of the essence for California to double down on its commitment to equity and fully institute our recommendations to ensure that our most vulnerable residents are protected from the continued unnecessary loss of life and economic devastation that results from inequitable relief and recovery efforts. Getting our most critical and vulnerable workers and their households vaccinated will be pivotal to fostering a stable and prosperous recovery for all Californians. We hope that by heeding our advice and taking the critical steps to expand access to the COVID-19 vaccine, we can more quickly end the pandemic, bridge racial and economic divisions, and truly bring to fruition an inclusive democracy and agile economy.

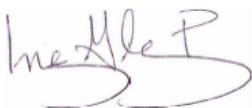
Signed,



Sonja Diaz, Founding Director, UCLA Latino Policy & Politics Initiative



Arnulfo Manriquez, President & CEO, MAAC



Dr. Inez González Perezchica, Executive Director, MANA de San Diego

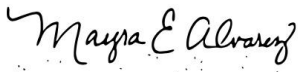


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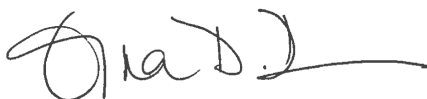
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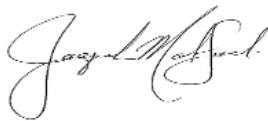
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Veronica Flores, CEO, Community Health Councils



Dr. Wilma Franco, Executive Director, Southeast Los Angeles Collaborative



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Jacqueline Garcel, CEO, Latino Community Foundation



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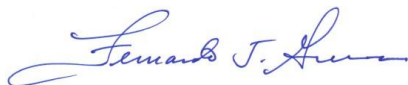
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Monica Lozano, President, College Futures Foundation



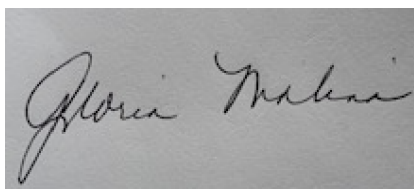
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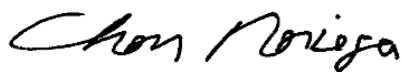


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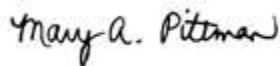
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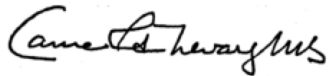


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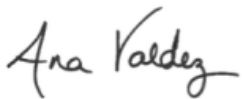
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*For identification purposes only.

**New signatories added after February 11, 2021