



Public Health

in affiliation with



Riverside County Public Health
COVID-19 Needs Assessment

Hispanic/Latinx Residents Profile

July 2022

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EXECUTIVE SUMMARY

Introduction

The purpose of this report is to provide the results of a county-wide needs assessment by racial/ethnic category. The report provides survey results about Hispanic/Latinx Riverside County residents.

Established in 1926, the Riverside University Health System – Public Health (RUHS – Public Health) is the local public agency responsible for ensuring the health and well-being of county residents and visitors in service of the well-being of the community. HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation organization based in Riverside County. HARC advances quality of life by helping community leaders use objective research and analysis to turn data into action. RUHS – Public Health and HARC partnered to produce this report, as well as a series of other reports to understand the impact of COVID-19.

Methods

Ace Printing purchased a random sample of 40,000 households in Riverside County. HARC and Ace mailed an “invitation package” to all 40,000 households, which included a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a pre-paid return envelope, and a \$2 bill as a pre-incentive. Each survey was printed with a unique identifier code so that each household could only participate once.

Results

The results from a total of 2,784 surveys are included in this report. When weighted, these 2,784 surveys represent more than 830,600 Hispanic/Latinx residents.

Demographics

Hispanic/Latinx residents make up 45.6% of the population in Riverside County; it is the largest racial/ethnic group in Riverside County. Nearly 20% of Hispanic/Latinx adults are living below the poverty line. Hispanic/Latinx residents are more prevalent in the Northwest and Mid regions of Riverside County, followed by the Coachella Valley and the Southwest.

COVID-19 Attitudes and Behaviors

For Hispanic/Latinx residents, the most impacted life domains were work/school participation (46.6% “to a great extent”) and social life or relationships (41.9% “to a great extent”). The most common negative COVID-19 experience was worrying about friends and family (66.1%), followed by anxiety (53.6%), and fear of getting sick (51.0%).

Results show that 36.1% of Hispanic/Latinx residents did not get needed dental care and 30.5% did not get needed medical care during the pandemic.

COVID-19 Diagnosis and Vaccination

Approximately 30.8% of Hispanic/Latinx residents reported having tested positive for COVID-19.

Most Hispanic/Latinx adults in Riverside County (79.6%) are fully vaccinated against COVID-19; however, 11.3% are not vaccinated and have no plans to get vaccinated. Reasons for not being vaccinated include concerns about allergies/side effects (48.8%), the desire to wait longer to see the reactions of others (43.2%), concerns about it being a new type of vaccine (35.0%), and a lack of trust in the government (26.6%).

Disproportionate Impact of COVID-19 on Communities of Color

Most Hispanic/Latinx residents “strongly agree” or “somewhat agree” that people of color are facing more of both a health impact (52.0%) and an economic impact (60.1%) of COVID-19 than are white residents.

COVID-19 Information Seeking

Residents were asked how well they trust information from members of their community. Most Hispanic/Latinx residents (61.2%) trust the information from their community “moderately” or better; however, 15.3% do not trust the information at all.

Trust in Local Government

When asked how much one trusts local government (such as county public health departments), most Hispanic/Latinx residents (73.6%) have a moderate amount of trust or better; however, 7.7% have no trust in local government at all.

INTRODUCTION

The purpose of this report is to provide the results of a county-wide COVID-19 needs assessment by race and ethnicity. The report focuses on residents who identify as Hispanic/Latinx (of any race).

For brevity, detailed methods and appendices have been removed from this report, and only the most pertinent pieces of information remain. The initial report includes comprehensive analyses and information regarding survey development, sampling protocol and timeframes, and data weighting. If desired, please contact Riverside University Health System – Public Health (RUHS – Public Health) or HARC for a copy of the initial report.

This report is a custom analysis of data collected from a county-wide study measuring COVID-19 attitudes and health needs. This project was supported by Epidemiology and Laboratory Capacity Enhancing Detection funds, which expands upon previous COVID-19 awards and is provided by the Centers for Disease Control and Prevention by way of the Paycheck Protection Program and Health Care Enhancement Act Response Activities for Cross-Cutting Emerging Issues. The present report was developed by HARC, Inc., on behalf of RUHS – Public Health.

About RUHS – Public Health

Established in 1926, RUHS – Public Health is the local public agency responsible for ensuring the health and well-being of county residents and visitors in service of the well-being of the community. RUHS – Public Health’s values of respect, integrity, service, and excellence are demonstrated through their strong partnerships with community-based organizations, academic institutions, tribal organizations, faith-based organizations, local governmental agencies and community leaders, local business, social service providers, nongovernmental organizations, and other relevant partner organizations necessary to improving the health and well-being of Riverside County’s community.

About HARC

HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation organization based in Riverside County. HARC advances the quality of life by helping community leaders and residents use objective research and analysis to turn data into action. HARC specializes in providing data that helps improve the social determinants of health.

METHODS

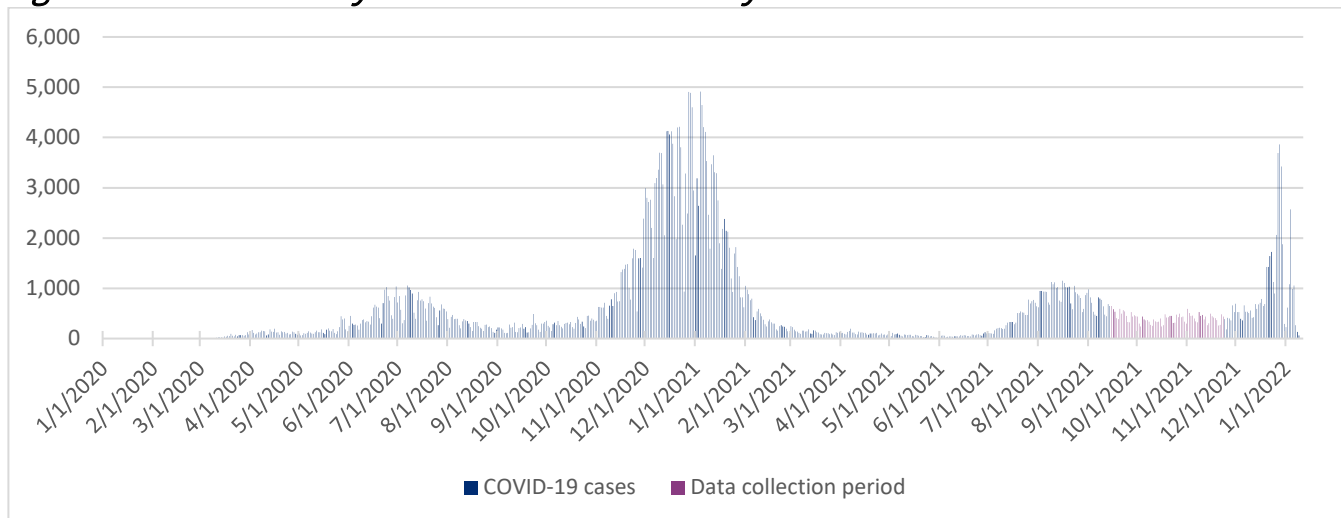
Ace Printing purchased a random sample of 40,000 households in Riverside County. HARC and Ace mailed an “invitation package” to all 40,000 households, which included a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a pre-paid return envelope, and a \$2 bill as a pre-incentive. Each survey was printed with a unique identifier code so that each household could only participate once. Invitation packages were mailed out in eight batches of 5,000 on the following dates:

- Batch 1: 9/15/21
- Batch 2: 9/16/21
- Batch 3: 9/21/21
- Batch 4: 9/22/21
- Batch 5: 9/24/21
- Batch 6: 9/27/21
- Batch 7: 9/29/21
- Batch 8: 9/30/21

Residents were offered a \$25 Visa card as a post-incentive; as such, those who returned the survey were sent a \$25 Visa card within two weeks of receipt of their paper survey. On 11/24/21, the completed dataset was sent to a statistician for weighting. Weighting is important to ensure that the results of the survey appropriately represent the county. Missing data were imputed using a hot deck method. Iterative proportional fitting was used to ensure marginal distributions for age, sex, race by ethnicity, and household income aligned. In the end, a response rate of approximately 21.5% was achieved.

Figure 1 below provides additional context to the data collection timeline. That is, data were being collected right after the detection of the Delta variant and before the detection of the Omicron variant. The purple cases in the figure below indicate the data collection period.

Figure 1. COVID-19 Daily Cases in Riverside County



Note: Data in the chart are from RUHS - Public Health.

RESULTS: COVID-19 Needs Assessment

Weighted Data

A fair amount of demographics from the surveys were approximately similar to Riverside County demographics; however, there were some slight biases towards older and White-identifying individuals. Thus, the survey results were weighted to account for these demographic differences to provide a more representative illustration of the county.

All results that follow were weighted according to the United States Census Bureau, American Community Survey, 1-year estimates (Household Income, Age, and Sex), and the Decennial Census, 2020 (Race, Ethnicity, and Race by Ethnicity). This weighting essentially “corrects” the skewed data.

Understanding the Data

While figures/tables may include estimates such as “percentages,” “frequencies,” “counts,” etc., these all refer to weighted estimates and percentages. Furthermore, the survey results contain data for and are weighted for the **adult population only**. Thus, this report may refer to “residents” several times, and these residents are always Riverside County residents who are ages 18 and older.

Because this report is based on weighted data analyzed by a variety of categories, there are times when the data may become unreliable (**statistically unstable estimates**). These statistically unstable estimates are based on the ratio of the standard error of the estimate to the estimate itself. When this ratio exceeds 30%,¹ the estimate is deemed unreliable and should not be interpreted. When this occurs in the report, the unstable estimate in the figure/table is highlighted in red.

¹ California Health Interview Survey (n.d.). UCLA Center for Health Policy Research.
<https://healthpolicy.ucla.edu/chis/faq/Pages/default.aspx#e4>

Demographics

The results from 2,784 surveys are included in this report. When weighted, these 2,784 surveys represent more than 830,600 Hispanic/Latinx residents. Most Hispanic/Latinx participants (84.1%) took the survey in English; 15.9% took the survey in Spanish.

Race/Ethnicity

The survey's racial/ethnic categories were drawn from the U.S. Census.² Survey participants were asked, "Are you of Hispanic, Latino, or Spanish origin?" Survey participants were then asked, "Which one of these groups would you say best represents your race?" and were presented with the following options: "White/Caucasian," "Black/African American," "Asian," "American Indian/Alaska Native," "Native Hawaiian/Pacific Islander," "Multiracial/more than one race," or "Other." For the "other" category, they were invited to write-in their response.

Race was crossed with ethnicity to provide clarity on the number of people identifying as Hispanic/Latinx (e.g., when asked about race, respondents may choose "other" since Hispanic is not an option). There are five racial/ethnic categories used in the full report: Hispanic/Latinx; not Hispanic, White alone (referred to as White); not Hispanic, African American/Black alone (referred to as African American/Black); not Hispanic, Asian American/Asian alone (referred to as Asian American/Asian); and not Hispanic, other (referred to as "other"). The Hispanic/Latinx category includes people of all racial identities. The White, African American/Black, and Asian American/Asian categories include people only of one racial identity. The "other" category includes people who identified their race as American Indian/Alaska Native, Native Hawaiian/Pacific Islander, "multiracial/more than one race," or "other." This report focuses on the Hispanic/Latinx participants, which is the largest racial/ethnic group in Riverside County (45.6% of residents).

As noted above, Hispanic/Latinx is not a race for the purposes of the survey and includes people of all racial identities.³ However, rather than dividing Hispanic/Latinx residents according to their racial identity, this report uses "Hispanic/Latinx" as a category

² The survey's racial categories differ slightly from that of the 2020 U.S. Census: The Census uses only the terms "White" (not also "Caucasian") and "Some Other Race" (not "Multiracial/more than one race" or "Other"). See "Additional Instructions for Respondents." 2020. US Census. <https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires/2020/response-guidance.html>

³ The survey did not ask participants to specify what national origin they identify with. However, this information is collected by the U.S. Census. According to the U.S. Census, in Riverside County the five largest national origin groups among the total Hispanic/Latinx population are Mexican (87.9%), Salvadoran (2.1%), Guatemalan (1.6%), Puerto Rican (1.5%), and Spaniard (0.9%). American Community Survey 5-Year Estimates. Table B03001. (2020.) "Hispanic or Latino Origin by Specific Origin." U.S. Census Bureau. <https://data.census.gov/cedsci/table?q=B03001%3A%20HISPANIC%20OR%20LATINO%20ORIGIN%20BY%20SPECIFIC%20ORIGIN%20riverside%20county>

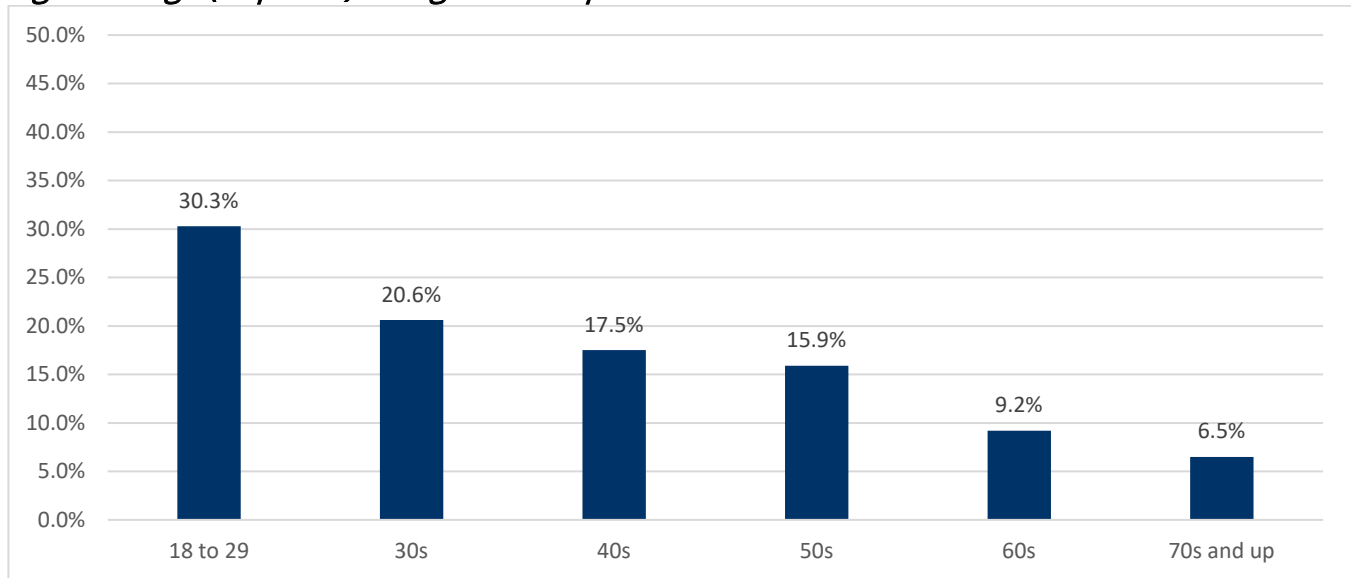
comparable to racial identities. This is for three reasons. First, Hispanic/Latinx residents are an ethnic group that has historically been racialized (i.e., ethnic traits such as language or Spanish surnames have been stigmatized markers of racial difference within the dominant society). Second, Hispanic/Latinxs comprise a historically cohesive community, comparable to other racialized groups. Third, Hispanic/Latinx survey participants often gave their race as “other”; thus, grouping these participants in the “other” racial category would have split apart residents who identify as members of a shared social group.

Age

Hispanic/Latinx residents ranged in age from 18 to 96; the average age was 42.

As illustrated in the figure below, Hispanic/Latinx adults in Riverside County tend to skew younger, with about half (50.9%) being under age 40.

Figure 2. Age (Imputed) Categories: Hispanic/Latinx Residents



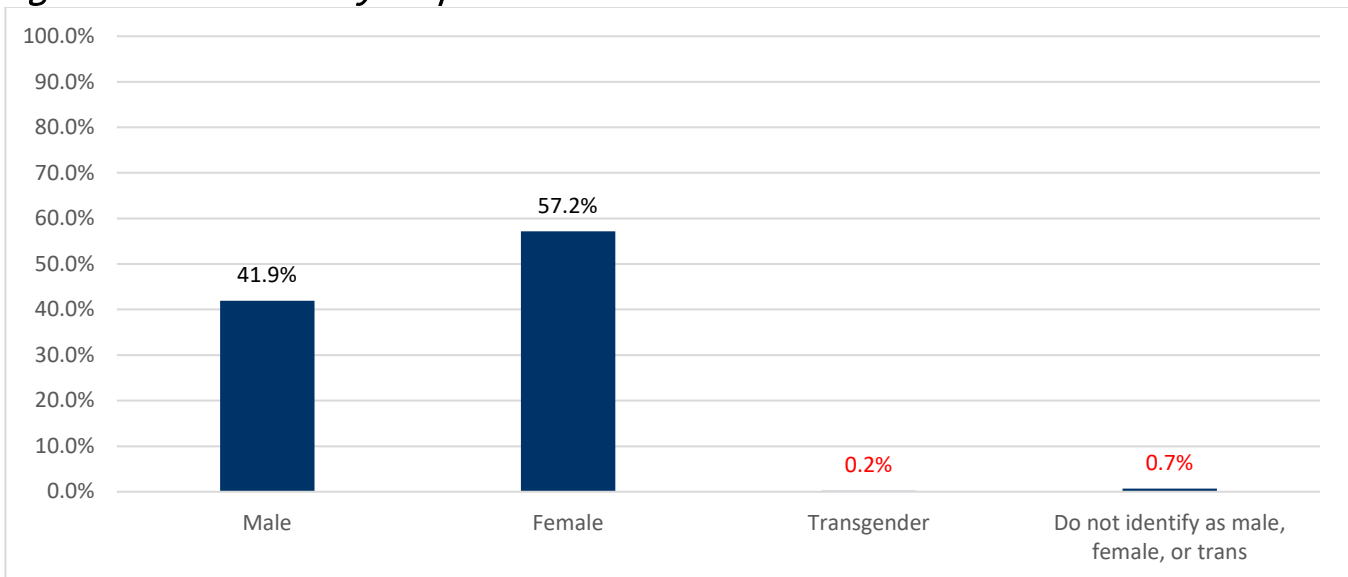
Note: $n = 830,607$.

Gender Identity

Two questions were utilized to measure gender identity per best practices established in the field of survey research.⁴ First, residents were asked, “What sex were you assigned at birth, on your original birth certificate?” Response options were “male” and “female.” Results showed that 43.1% were male and 56.9% were female.

Next, residents were asked about their current gender identity: “How do you describe yourself?” Residents could indicate “male,” “female,” “transgender,” or “do not identify as female, male, or transgender.” As illustrated below, 41.9% identified as male, and 57.2% identified as female. The percentages of those identifying as transgender and as neither male, female, nor transgender were statistically unstable.

Figure 3. Gender Identity: Hispanic/Latinx Residents



Note. $n = 814,212$

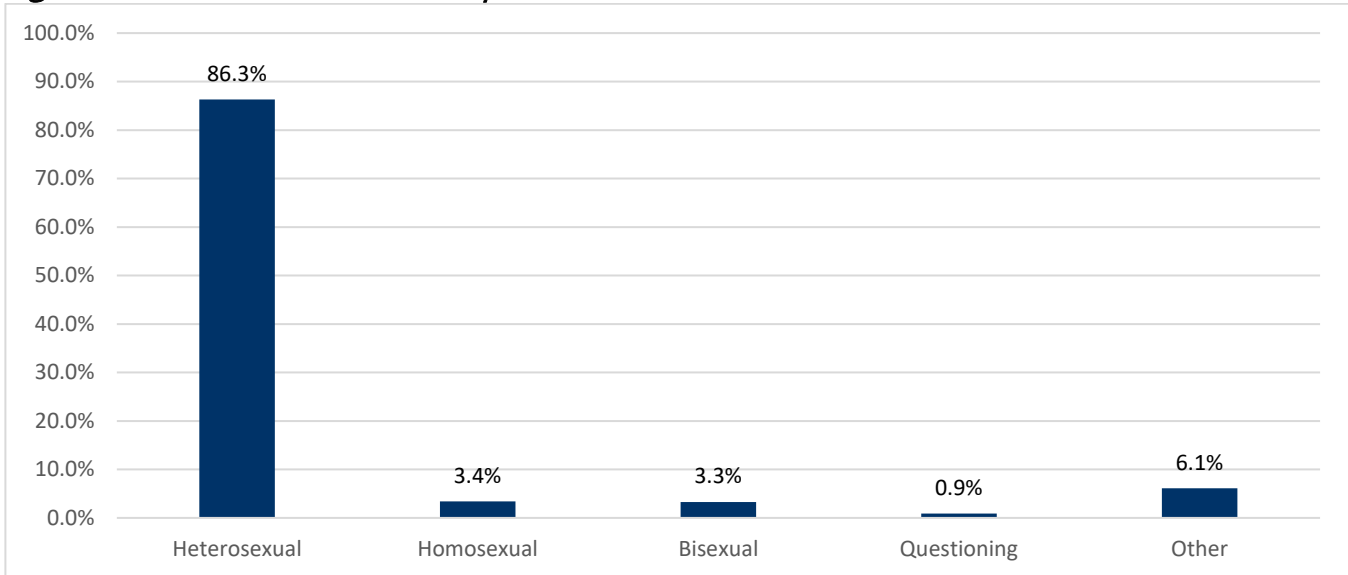
A total of 1.3% Hispanic/Latinx adults (about 10,245 adults) have a gender that does not match their original birth certificate (e.g., born male and now identify as female, etc.).

⁴ Williams Institute (2009). Best practices for asking questions about sexual orientation on surveys (SMART). Available online at <https://williamsinstitute.law.ucla.edu/publications/smart-so-survey/>

Sexual Orientation

To measure sexual orientation, participants were asked, “Do you consider yourself to be...” and presented with a list of responses to select from. As illustrated below, 86.3% of Hispanic/Latinx residents identified as heterosexual (i.e., straight), 3.4% identified as homosexual (i.e., gay or lesbian), 3.3% as bisexual, 0.9% as questioning, and 6.1% as “other.”

Figure 4. Sexual Orientation: Hispanic/Latinx Residents

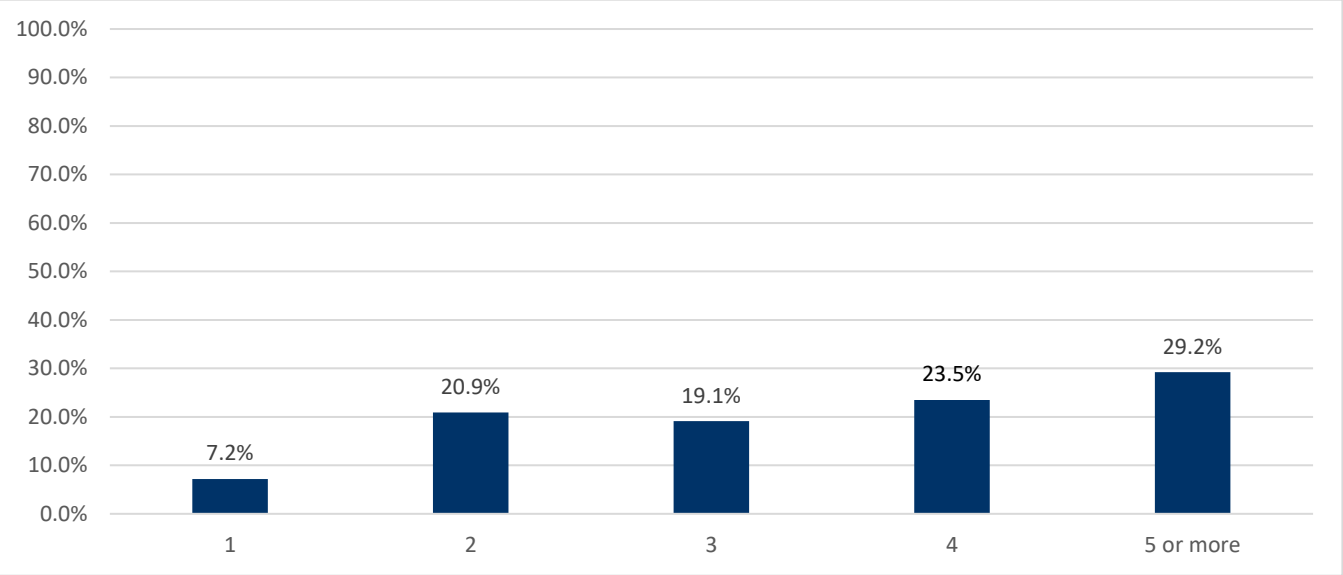


Note: $n = 756,611$.

Household Size

As illustrated below, about 7.2% of Hispanic/Latinx adults live alone. At the other end of the spectrum, 29.2% of Hispanic/Latinx adults live in homes with five or more people.

Figure 5. Household Size: Hispanic/Latinx Residents

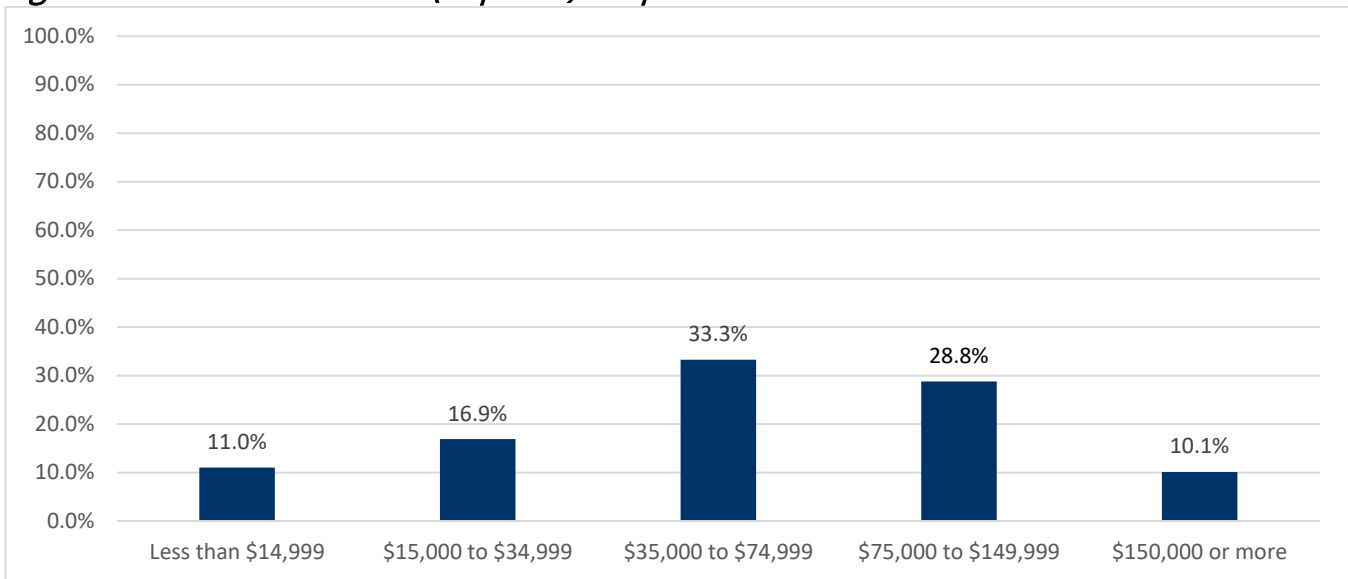


Note: *n* = 815,509.

Income and Poverty

Residents were asked, “Last year, what was your household income from all sources before taxes?” The average income was \$78,988, whereas the median was \$60,000. As illustrated below, about 1 in 10 Hispanic/Latinx adults (11.0%) live in households with an annual income below \$15,000.

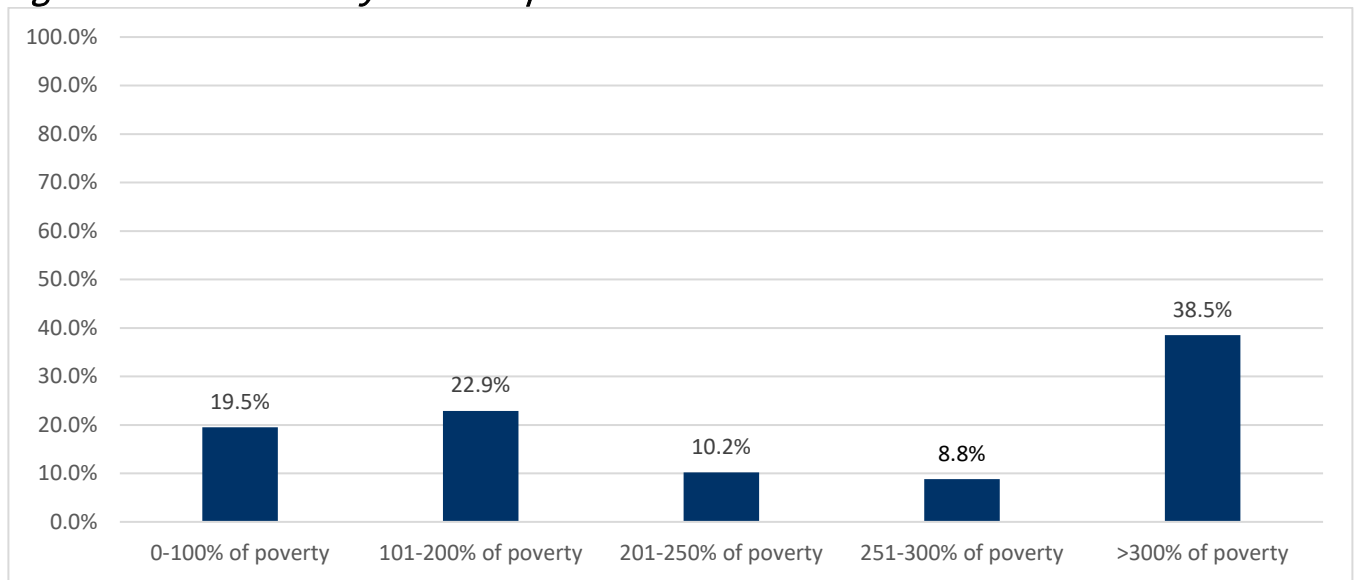
Figure 6. Household Income (Imputed): Hispanic/Latinx Residents



Note: $n = 830,607$.

By using household income and the number of people within the household, the federal poverty level (FPL) was calculated with the Department of Health and Human Service’s guidelines for poverty in 2021. As illustrated below, about 2 in 5 Hispanic/Latinx adults (38.5%) live at or above 300% of the poverty level (and thus, are relatively financially stable; however, about 1 in 5 Hispanic/Latinx adults (19.5%) are living in poverty.

Figure 7. Federal Poverty Level: Hispanic/Latinx Residents

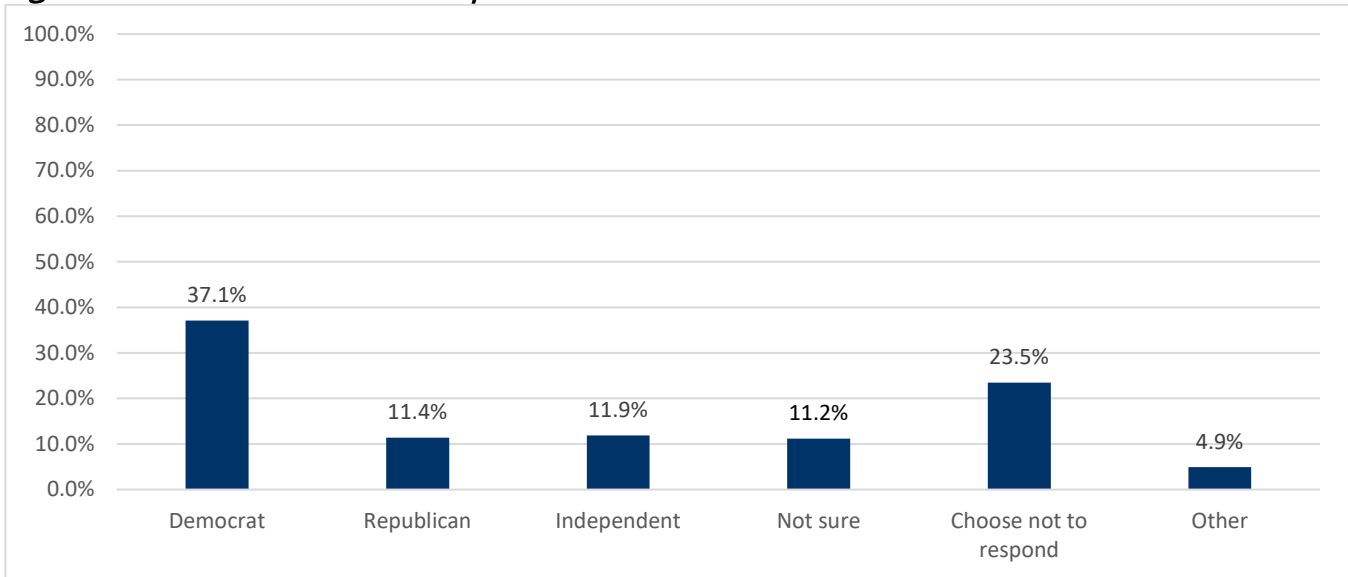


Note: *n* = 635,283.

Political Affiliation

Residents were asked, “Generally speaking, do you think of yourself as a...?” and were presented with a list of responses to select from. As illustrated below, the most common response (from those who chose to respond) was Democrat (37.1%).

Figure 8. Political Affiliation: Hispanic/Latinx Residents

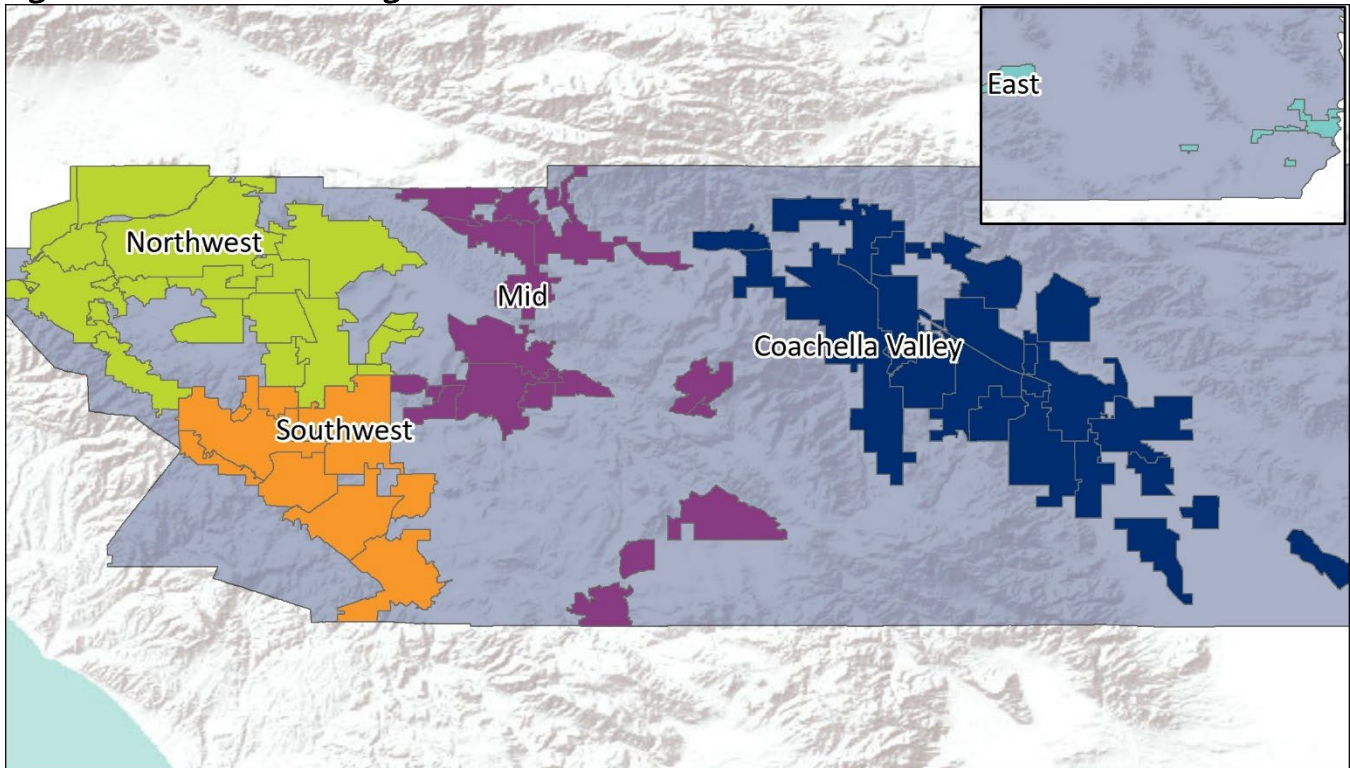


Note: $n = 807,057$.

Geography

There are five Riverside County Public Health regions: the Coachella Valley, East, Mid, Northwest, and Southwest, as illustrated below.

Figure 9. Public Health Regions



The region with the largest Hispanic/Latinx population is the Northwest (51.1%), followed by Mid (42.9%), the Coachella Valley (43.4%), and Southwest (37.4%). There were not enough residents from the East region to generalize the results with any statistical reliability.

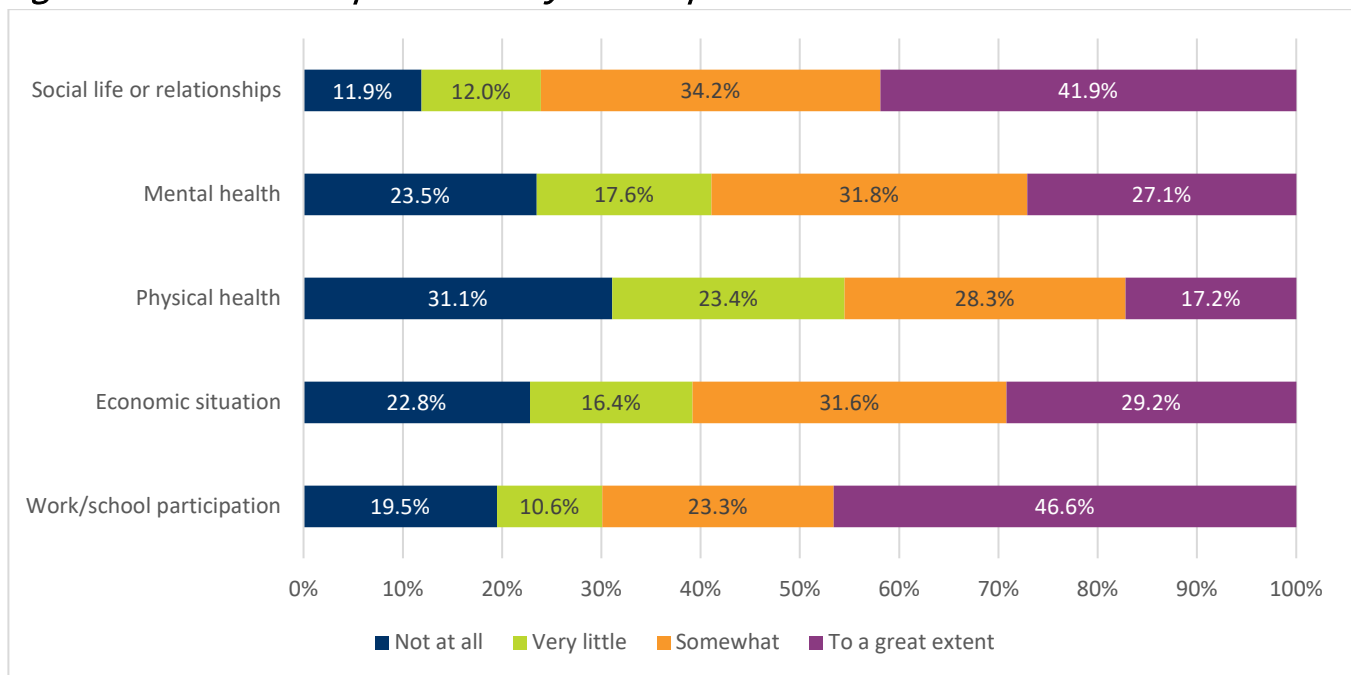
COVID-19 Attitudes and Behaviors

Impact of COVID-19

The world has forever changed since the first case of COVID-19. To understand areas of impact, residents were asked, “How had the COVID-19 pandemic impacted your personal daily life with regards to...” and were given a list of options.

For Hispanic/Latinx residents, the most impacted life domains were work/school participation (46.6% “to a great extent”) and social life or relationships (41.9% “to a great extent”).

Figure 10. COVID-19 Impacts on Daily Life: Hispanic/Latinx Residents

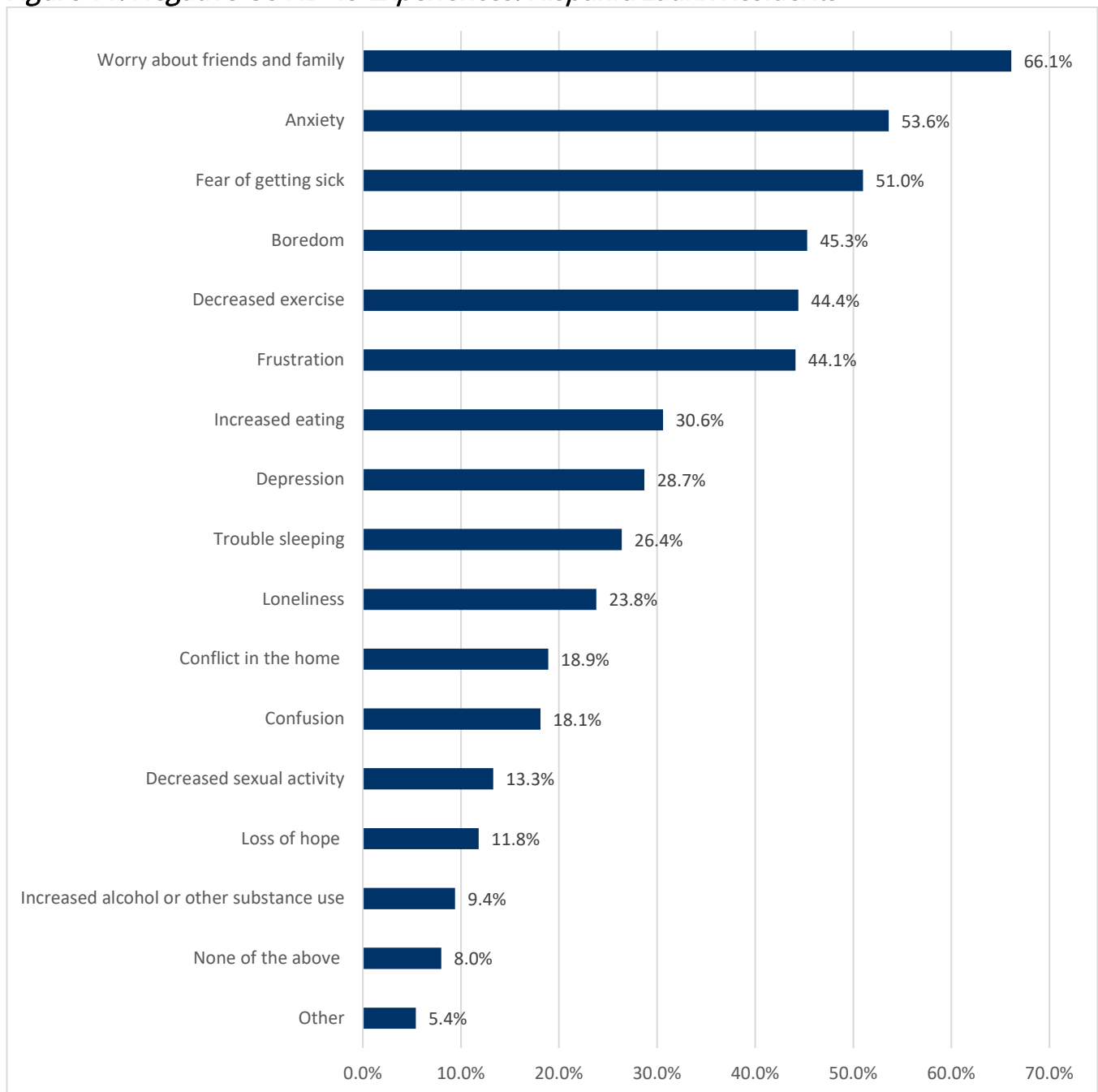


Note: Economic situation: $n = 780,694$; mental health: $n = 776,057$; physical health: $n = 772,223$; social life or relationships: $n = 798,235$; work/school participation: $n = 767,030$.

Residents were also asked to select from a list of ways in which they were affected by COVID-19. They were asked, "COVID-19 had also affected how people feel and act. Which of the following have you experienced due to COVID-19? Please select all that apply."

As illustrated in the figure below, most Hispanic/Latinx residents worried about their friends and family (66.1%), experienced anxiety (53.6%), and were afraid of getting sick (51.0%).

Figure 11. Negative COVID-19 Experiences: Hispanic/Latinx Residents



Note: $n = 817,829$.

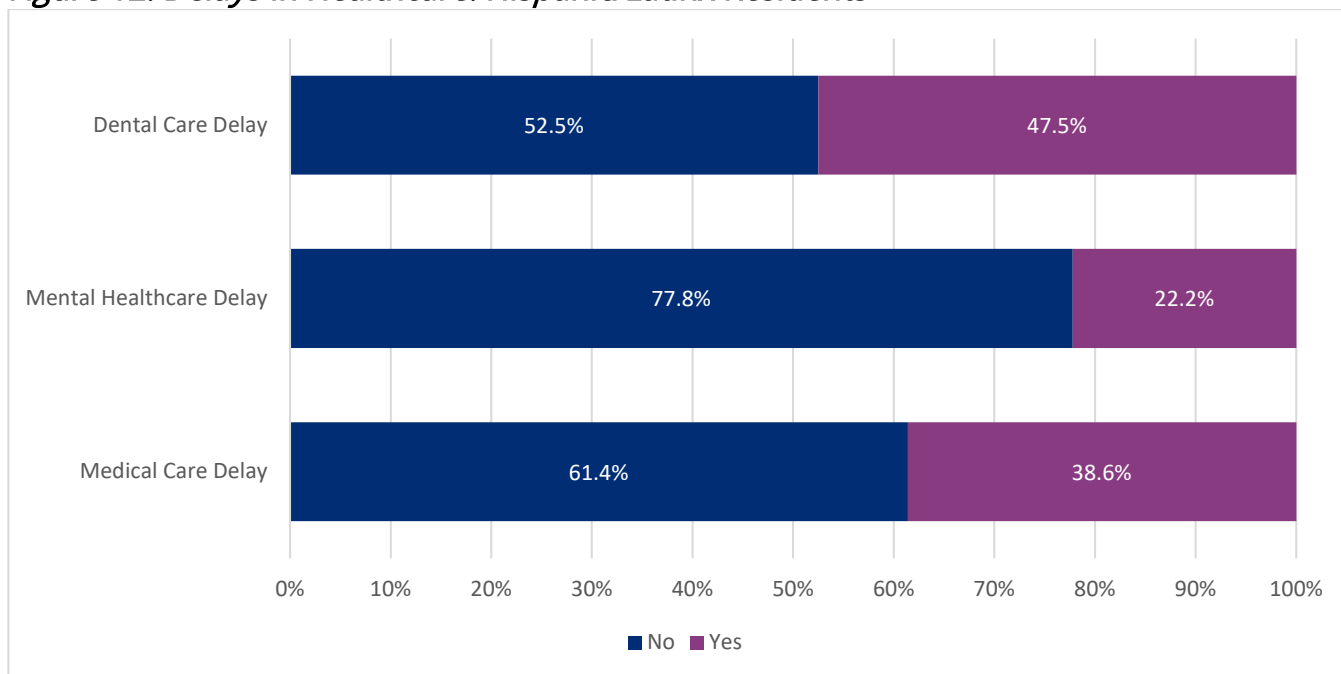
Delay/Absence of Healthcare During COVID-19

Access to regular, affordable healthcare is critical to the overall health and well-being of an individual. As a result of COVID-19, many day-to-day activities were either delayed or canceled. Among these activities was access to healthcare, which is dangerous as a disruption in care can increase the risk of life-threatening medical emergencies.⁵

To assess the delay in healthcare, residents were asked, “At any time in the last 12 months, did you DELAY getting _____ because of the coronavirus pandemic?” and could rate three types of care: dental care, mental healthcare, and medical care.

As illustrated below, nearly half (47.5%) of Hispanic/Latinx residents delayed getting necessary dental care due to the pandemic. More than 1 in 3 Hispanic/Latinx residents (38.6%) delayed getting necessary non-COVID-19-related medical care during the pandemic as well.

Figure 12. Delays in Healthcare: Hispanic/Latinx Residents



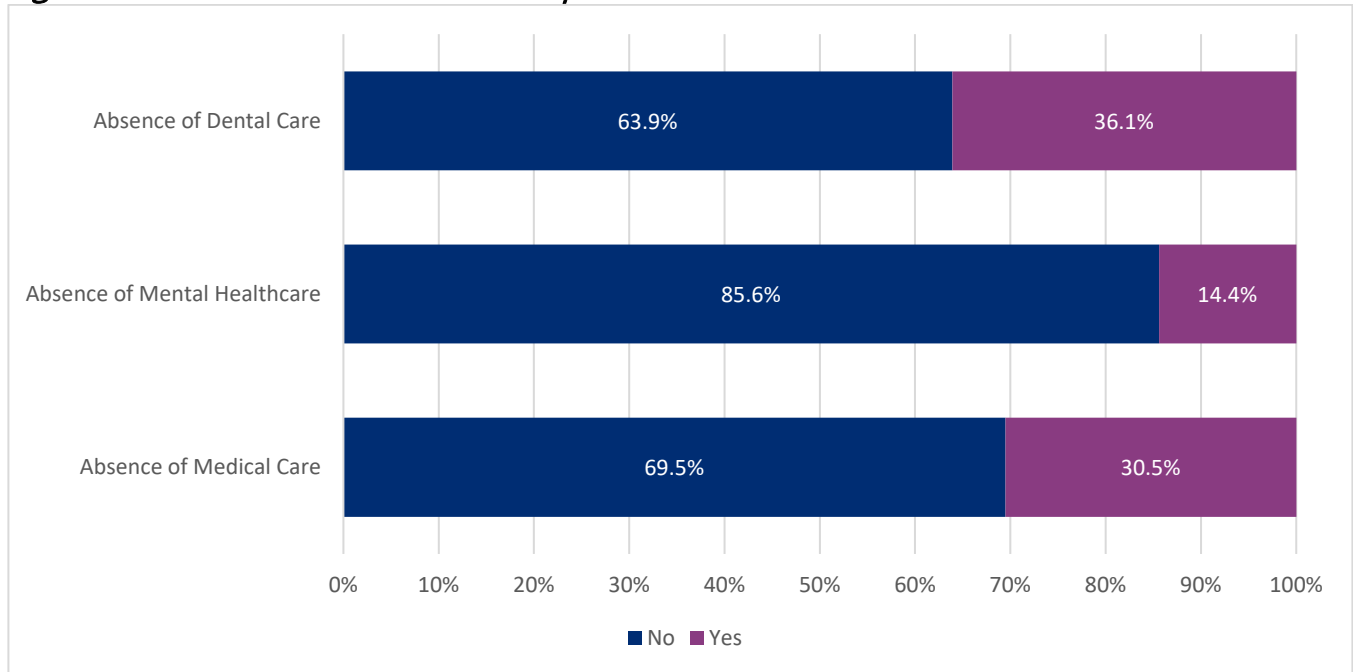
Note: Dental Care: $n = 802,398$; Mental Healthcare: $n = 764,304$; and Medical Care: $n = 803,525$.

⁵ Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns – United States, June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1250-1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4external icon>

Whereas the above question asked about delays in healthcare, the next question asked about the absence of healthcare. Residents were asked, "At any time in the last 12 months, did you need _____ for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic?"

As illustrated below, roughly 1 in 3 Hispanic/Latinx residents (30.5%) completely went without needed non-COVID-19-related medical care in the past year due to the pandemic. Results are similar for dental care (36.1%) and lower for mental healthcare (14.4%).

Figure 13. Absence of Healthcare: Hispanic/Latinx Residents



Note: Dental Care: $n = 802,398$; Mental Healthcare: $n = 764,304$; and Medical Care: $n = 803,525$.

COVID-19 Diagnosis

Residents were asked, “Have you ever tested positive for COVID-19?” Approximately 30.8% of Hispanic/Latinx residents tested positive for COVID-19. This represents approximately 237,489 Hispanic/Latinx residents.

COVID-19 Treatment

Many people infected with COVID-19 had to seek emergency medical care throughout the pandemic. Typically, when people experience trouble breathing, persistent pain, confusion, inability to wake, or pale, gray, or blue skin, emergency care is recommended immediately.⁶

Residents who stated they tested positive for COVID-19 were then asked, “Did you have an overnight stay in a hospital for suspected or diagnosed COVID-19?”

A total of 5.8% of Hispanic/Latinx participants with a positive COVID-19 test have had an overnight hospital stay due to COVID-19.

COVID-19 Recovery

Most people infected with COVID-19 recover quickly (i.e., within weeks); however, some people experience symptoms for a prolonged period (e.g., a month or more).⁷

Among the residents who tested positive for COVID-19, they were further asked, “If you know, or believe, that you had COVID-19: have you recovered to your usual state of health?”

Most Hispanic/Latinx residents with COVID-19 have recovered to their usual state of health (83.0%). However, 17.0% reported not having fully recovered to their usual state of health.

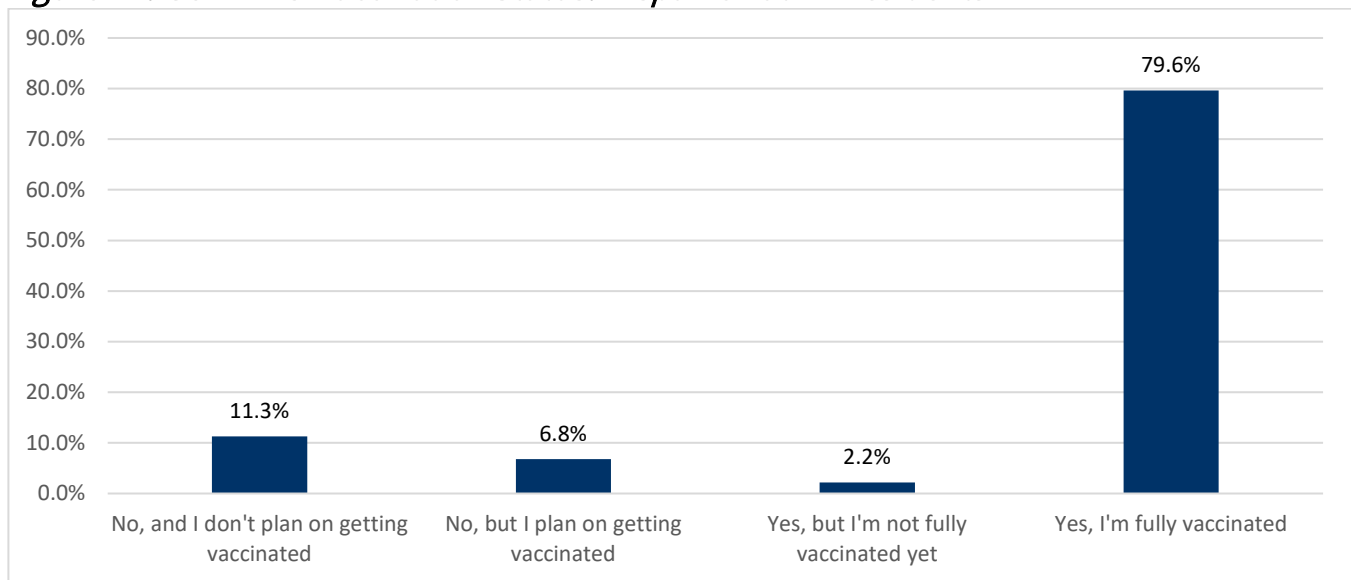
⁶ What to do if you are sick? (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

⁷ Post-COVID Conditions (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

COVID-19 Vaccination

In California, the COVID-19 vaccine was distributed in a phased approach to reach populations with the highest risk of acquiring the disease or of the highest risk of developing severe illness. However, at the time of the data collection (September to November 2021), the general adult population was eligible for the COVID-19 vaccine and had been so for several months. As such, residents were asked, "Have you had the COVID-19 vaccine?" As illustrated below, about 79.6% of Hispanic/Latinx residents were fully vaccinated. However, 11.3% were not vaccinated and had no plans to get vaccinated.

Figure 14. COVID-19 Vaccination Status: Hispanic/Latinx Residents



Note: $n = 821,281$.

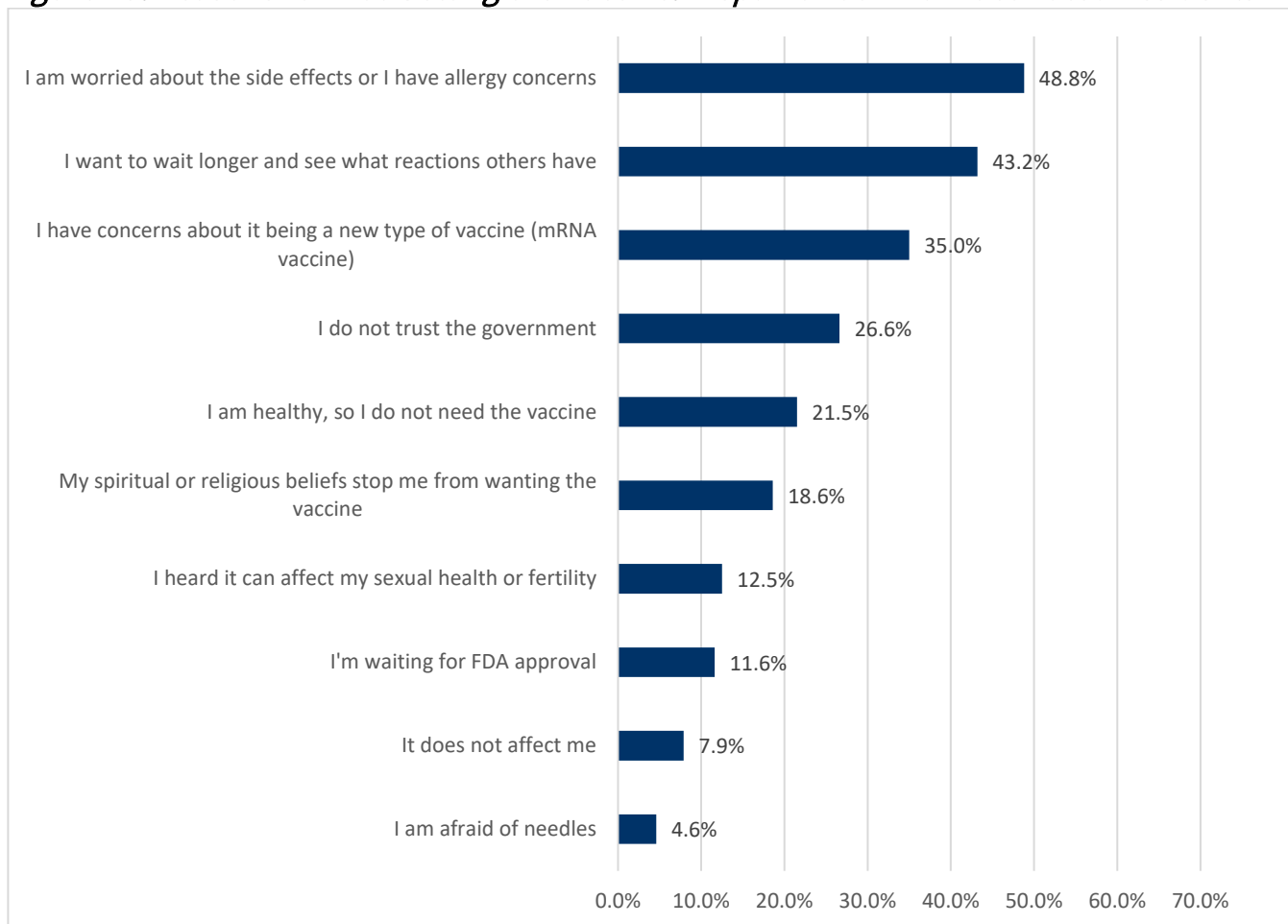
As of July 2022, COVID-19 vaccines are safe and effective at reducing the risk of acquiring and transmitting the virus for the population six months and older.⁸ However, there are some who still choose not to receive the COVID-19 vaccine. Participants who had *not* been vaccinated (both those planning and not planning to get vaccinated) were then asked, “What is/are the main reason(s) you have not taken the vaccine?” and were then encouraged to select all that apply, including an “other, please specify” option.

This question included many statistically unstable estimates, and only statistically stable responses are included in the figure below. As illustrated in the figure below, the most common reason for not getting the vaccine is side effects/allergy concerns (48.8%), followed by the desire to wait longer to see the reactions of others (43.2%). It is worth noting that 1 in 4 unvaccinated Hispanic/Latinx residents (26.6%) are hesitant because they do not trust the government.

⁸ Benefits of Getting a COVID-19 Vaccine (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>

COVID-19 Vaccine for Children and Teens (2022). Centers for Disease Control and Prevent. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html>

Figure 15. Reasons for Not Getting the Vaccine: Hispanic/Latinx Unvaccinated Residents



Note: $n = 13,884$.

Disproportionate Impact of COVID-19 on Communities of Color

The COVID-19 pandemic exacerbated a variety of health, social, and economic problems. Among these areas, health inequities were highlighted among communities of color as racial and ethnic minorities were disproportionately at risk of becoming ill or dying from COVID-19.⁹

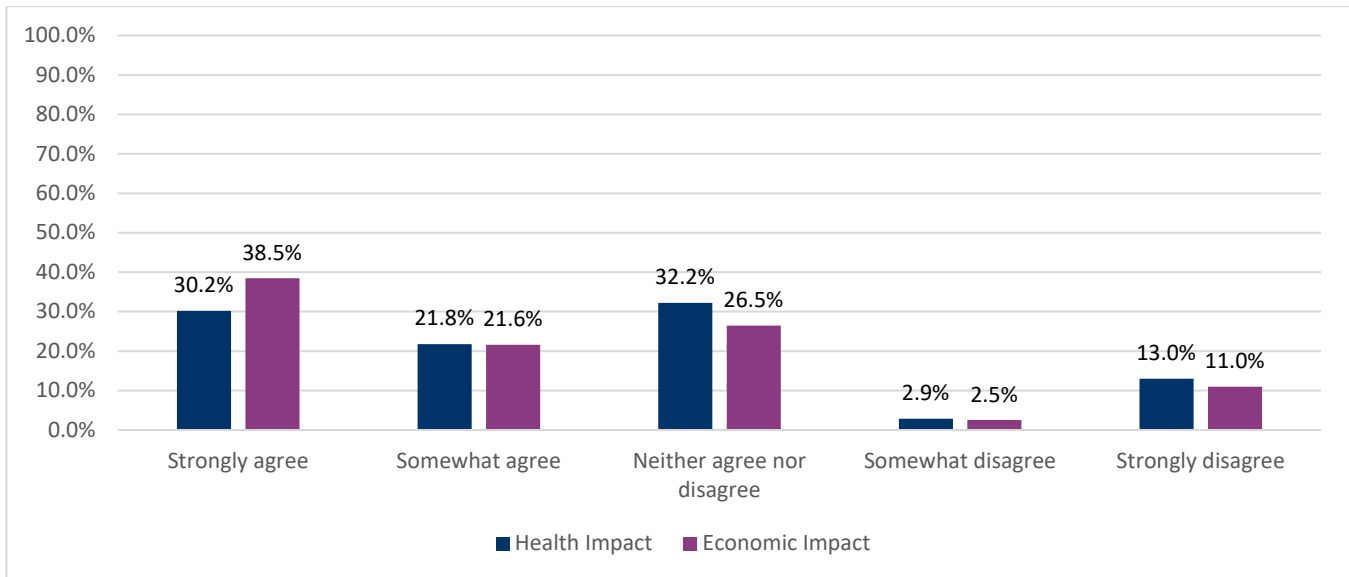
To understand perceptions of these health inequities, residents were provided with two statements to rate their agreement/disagreement:

- “People of color (e.g., African Americans, Latinos) are facing more of the health impact of coronavirus (COVID-19) than whites.”
- “People of color (e.g., African Americans, Latinos) are facing more of the financial/economic impact of coronavirus (COVID-19) than whites.”

⁹ Health Equity Considerations and Racial and Ethnic Minority Groups (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

As illustrated in the figure below, most Hispanic/Latinx residents “strongly agree” or “somewhat agree” that people of color are facing more of a health impact *and* an economic impact of COVID-19 than are whites (52.0% and 60.1%, respectively).

Figure 16. Disproportionate Impact of COVID-19 on Communities of Color: Hispanic/Latinx Residents

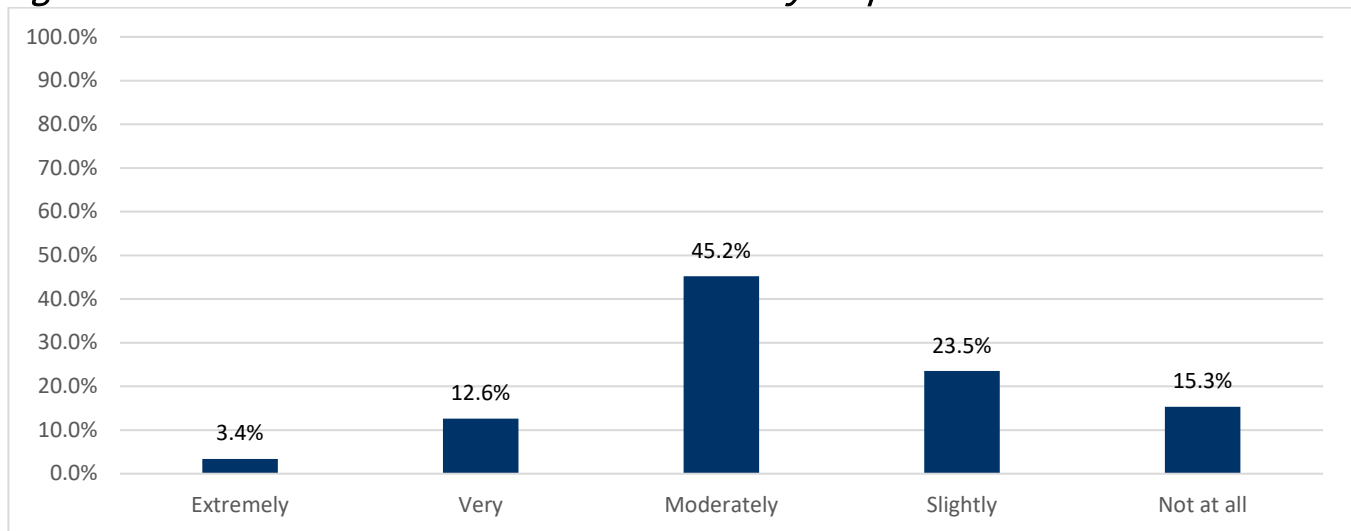


Note: Health impact $n = 816,304$. Economic impact $n = 814,550$.

COVID-19 Information Seeking

Residents were asked, “How well do you trust information from members of your own community?” As illustrated below, most Hispanic/Latinx residents (61.2%) trust information from their community “moderately” or better; however, 15.3% have no trust in their community’s information.

Figure 17. Trust in Information from Own Community: Hispanic/Latinx Residents

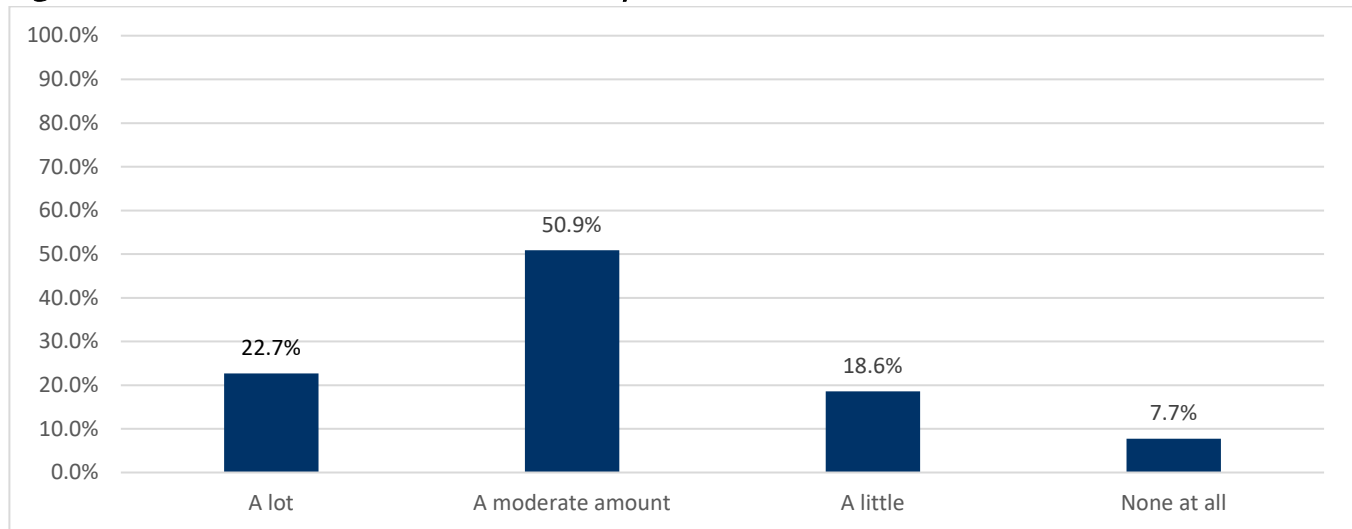


Note: $n = 821,013$.

Trust in Local Government

Residents were asked, "How much do you trust local government such as County Public Health departments?" As illustrated in the figure below, most Hispanic/Latinx residents (73.6%) have at least a moderate amount of trust for their local government; however, 7.7% have no trust at all.

Figure 18. Trust in Local Government: Hispanic/Latinx Residents



Note: $n = 817,133$.

CONCLUSION

The purpose of this report was to provide a profile of COVID-19 needs in the Hispanic/Latinx community in Riverside County. The information provided here can help to inform outreach and education, as well as to understand specific attitudes and behaviors towards COVID-19 and vaccination for Hispanic/Latinx adults in our county.

Overall, local Hispanic/Latinx residents have been negatively impacted by COVID-19. Residents reported being impacted to a great extent in their work/school participation (46.6% “to a great extent”) and social life or relationships (41.9% “to a great extent”). There has also been a substantial amount of worry about friends and family (66.1%), anxiety (53.6%), and fear of getting sick (51.0%) among Hispanic/Latinx residents.

Fortunately, nearly 8 out of 10 Hispanic/Latinx adults (79.6%) are fully vaccinated against COVID-19. However, more than 1 in 10 Hispanic/Latinx adults (11.3%) are not vaccinated against COVID-19 and have no intention of getting vaccinated. Those who are unvaccinated primarily are concerned about side effects/allergies (48.8%), want to wait to see side effects experienced by others (43.2%), are concerned about the newness of the vaccine (35.0%), and have a lack of trust in the government (26.6%).

Altogether, this report provides information about Hispanic/Latinx residents regarding their attitudes and behaviors and the impact of COVID-19. Health and human service agencies may use this report to respond appropriately with outreach and education.