Systemic Racism & Health Disparities: The Impact of COVID-19 on Latinx populations

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Learning Objectives

1. Describe the impact of COVID-19 among Hispanic/Latinx communities in the US
2. Describe the social and structural factors that place Hispanic/Latinx communities at increased risk for COVID-19
3. Provide historical overview of how same factors are associated with health outcomes inequalities in the Hispanic/Latinx populations
4. Discuss potential solutions to promote health equity among Hispanic/Latinx in the U.S.
Pan-ethnic terms: Latin vs. Hispanic vs. Latinx

“Hispanic” – coming from a Spanish-speaking country

”Latino” – origins in Latin America

“Latinx” – gender-neutral & inclusive of those not identifying as a binary gender

**Provide NO information on racial background**

Source: PEW Research
Latinos make up 19% of the U.S. population yet account for 35% of all COVID cases & 38% of deaths

Sources: NYT, June 2020   CDC Health Disparities   US Census 2020
## COVID-19 Hospitalization and Death by Race/Ethnicity

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1.6x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>2.0x</td>
</tr>
<tr>
<td><strong>Hospitalization</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>3.3x</td>
<td>1.0x</td>
<td>2.9x</td>
<td>2.8x</td>
</tr>
<tr>
<td><strong>Death</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2.4x</td>
<td>1.0x</td>
<td>2.0x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

Data updated June 17, 2021

United States - COVID-19 Weekly Cases by Race/Ethnicity

Data updated July 03, 2021

Cases per 100,000 Population

https://covid.cdc.gov/covid-data-tracker/#demographics overtime
Hispanics account for high % of COVID-19 cases

As of June 7, 2021

63% of cases
40% of population

30% of cases
18% of population

42% of cases
27% of population

51% of cases
40% of population

Source: KFF
Cost Burden associated with COVID-19 among Latinx households

Share of Adults Ages 18 to 64 Whose Families Lost Jobs, Work Hours, or Work-Related Income Because of the Coronavirus Outbreak, by Family Citizenship Status and Race/Ethnicity, March/April 2020

- Hispanic, any noncitizen in the family: 68.8%
- Hispanic, all family members are citizens: 49.1%
- Non-Hispanic white: 38.0%
- Non-Hispanic black: 40.7%
- Other: 35.1%

Impact of the Coronavirus Outbreak on Family Financial Decisions among Hispanic Adults Ages 18 to 64, by Family Citizenship Status, March/April 2020

- Any noncitizen in the family
- All family members are citizens

- Put off major household purchases: 48.0%***
- Cut back spending on food: 46.9%**
- Reduced savings or increased credit card debt: 49.9%**
- Used up all or most savings: 38.7%***
- Took money out of retirement, college, or other long-term savings: 12.2%***
- Increased credit card debt: 23.5%**

Why are Latinos so disproportionately impacted by COVID-19?

“Disparate impacts of COVID-19 mirror and compound existing racial and ethnic inequities in health and health care that are driven by broader underlying structural and systemic barriers, including racism and discrimination.”

Sources: https://www.kff.org/policy-watch/health-disparities-symptom-broader-social-economic-inequities/
- Point prevalence of COVID-19 for Latinx populations: 20X higher than non-Latinx participants (3.9% vs. 0.2%)

- No association between individual co-morbid conditions and recent COVID-19 positivity

- More than 60% of Latinx PCR+: young men, living in poverty, working frontline service jobs
Employment type

- Hispanic populations overrepresented in essential service industries
  - Food/beverage
  - Food processing
  - Housekeeping & maintenance
- Social distancing and work from home NOT feasible

Source: CDC, 2020; Poteat, Millet, Nelson and Beyrer, 2020; van Dorn A, Cooney R, Sabin ML, 2020; Yancy, 2020
Risk of COVID-19 among frontline food industry workers

21 State Study:
- 9,919 workers (animal slaughtering & processing) with COVID-19 between April and May 2020

COVID-19 cases among workers in meat and poultry processing facilities in 21 states

Source: CDC, 2020; Waltenburg MA et al, MMWR 2020
Employment Risk

Employers fail to provide:

• Basic protections: masks, physical distance
• Employer-based health insurance
• Paid sick leave
• Childcare options
• Additional risk from dependency on public transportation, congregated buses to and from work
Housing segregation

- Urban metropolitan gateways areas: “barrios”/“border colonias” or newer destinations in the South & Midwest

- Housing insecurity → undocumented status, poverty, language barrier, systemic racism

- Multigenerational families: 27% of the Hispanic people vs. 16% of Whites

- **Result**: families/roommates congregate in small spaces within segregated neighborhoods

[https://www.cdc.gov/pcd/issues/2020/20_0165.htm](https://www.cdc.gov/pcd/issues/2020/20_0165.htm)

PEW Research, 2018
Dallas Morning News, July 2020
Stories from the field

34 y/o Hispanic male works in construction

Lives with multiple co-workers during the week

Lack of PPE at work

Reliance on public transport

Hospitalization of multiple family members

Art by Jorge Garza
Immigration policies and COVID-19

• Intensified law enforcement immigration practices → constant fear of deportation/detainment in ICE facilities/family separation
  • Fear of going to COVID-19 testing sites
  • Fear of sharing personal health information

• Ineligibility of undocumented for publicly-funded health plans (ACA, Medicaid, Medicare): limited health access

• “Public charge” rule → refrain from going to clinics/hospitals when ill for fear of future issues with obtaining US permanent residency or citizenship

• Inability to obtain driver’s license for undocumented individuals → dependency on public transportation
Latinos say their situation has grown worse

Share of Latinos who say their situation has gotten better, gotten worse or stayed about the same compared with one year ago

Sources: PEW Research Center
NYT, August 2019
Time Magazine, March 2019
Increased COVID impact on Latinx communities

- Disproportionate representation in front-line jobs
- Lack of employer protections
- Housing segregation
- Anti-immigrant policies and sentiment
- Limited healthcare access
- Poverty
- Limited transportation options

SYSTEMIC RACISM
Community based testing for COVID-19:
- On-site registration
- Secure spaces
- Accessible
- Community support
COVID-19 Vaccine Clinical Trials: A call for racial & ethnic diversity

• Key to have representation from different communities
  • Biological differences
  • Ensure safety & effectiveness across populations
  • Increased confidence in research & medical establishment

• Target enrollment --> populations at highest risk for infection

• Clinical trials have historically lacked inclusion of racial/minority groups
  • 1993 – NIH Revitalization Act mandating inclusion of women & minorities
# Race/ethnicity representation in vaccine clinical trials (2011-2020)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Adult trials</th>
<th>US adult population in 2011, %</th>
<th>US adult population in 2018, %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race reported</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>38,543 (77.9) [77.4-78.4]</td>
<td>74.1</td>
<td>76.3</td>
</tr>
<tr>
<td>Black or African American included</td>
<td>5,246 (10.6) [10.2-11.0]</td>
<td>12.6</td>
<td>13.9</td>
</tr>
<tr>
<td>Asian included</td>
<td>2,832 (5.7)  [5.5-6.0]</td>
<td>4.8</td>
<td>5.9</td>
</tr>
<tr>
<td>American Indian or Alaska Native included</td>
<td>202 (0.4)  [0.3-0.5]</td>
<td>0.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Hawaiian or Pacific Islander included</td>
<td>83 (0.2)  [0.1-0.2]</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>&gt;1 Race</td>
<td>1,129 (2.3)  [2.1-2.5]</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Other, unknown, missing</td>
<td>1,424 (2.9)  [2.7-3.1]</td>
<td>4.7</td>
<td>NA</td>
</tr>
<tr>
<td>Ethnicity reported^c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2,313 (11.6) [11.1-12.0]</td>
<td>16.7</td>
<td>18.5</td>
</tr>
<tr>
<td>Sex reported^d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>75,325 (56.0) [55.7-56.2]</td>
<td>51.5</td>
<td>50.8</td>
</tr>
</tbody>
</table>
Mission: Intentional recruitment & participation of priority populations

- Community Outreach
- Targeted recruitment approaches for bilingual/monolingual participants
- Representation of racial/ethnic minorities on study teams

Inpatient COVID therapeutic clinical trials & Moderna Phase III study:
One of the highest enrolling sites for Black/Latinx participants
% of COVID-19 Vaccinations received among Hispanics

As of July 3, 2021

Illinois

Distribution by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>65%</td>
</tr>
<tr>
<td>Black</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14%</td>
</tr>
<tr>
<td>Asian</td>
<td>7%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>NHPI</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Race Categories are Non-Hispanic

Distribution by Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Hispanic Ethnicity</td>
<td>14%</td>
</tr>
<tr>
<td>Non-Hispanic Ethnicity</td>
<td>86%</td>
</tr>
</tbody>
</table>

Source: KFF
Race/Ethnicity of People Receiving a COVID-19 Vaccine in the U.S. as of June 28, 2021

Based on race/ethnicity data available for 57% of people who have received at least one vaccine dose:

People who have Received at least One Dose:
- White: 60%
- Black: 15%
- Hispanic: 1%
- Asian: 0%
- AIAN: 8%
- NHAPI: 8%
- Other: <1%

People who Initiated Vaccination in Last 14 Days:
- White: 61%
- Black: 39%
- Hispanic: 13%
- Asian: 7%
- AIAN: 32%
- NHAPI: 8%
- Other: <1%

Total U.S. Population:
- White: 61%
- Black: 39%
- Hispanic: 13%
- AIAN: 8%
- NHAPI: 8%
- Other: <1%

Source: https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic
COVID-19 Vaccine Enthusiasm Among Latinx Communities

Source: KFF
Latinx Equity Initiative
“Community vaccinating community”

Photo credit: Latino Community Fund Georgia
Same factors, different illnesses...
Health outcomes inequities among Latinx populations

• Disproportionate risk of Diabetes and Diabetes-related complications (compared to White pop.)

• Disproportionate risk of HIV/AIDS acquisition, progression to AIDS (compared to White pop.)

• Mental health: chronic stress and stigma generated by passage of immigration-related legislature → lowered enrollment in SNAP benefits, lower self esteem, anxiety/depression

• Limited access to healthcare → limited prenatal care for Latina moms

Source: https://www.kff.org/policy-watch/health-disparities-symptom-broader-social-economic-inequities/
Policy implications of the Affordable Care Act

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2018

NOTE: Includes individuals ages 0 to 84. AIAN refers to American Indians and Alaska Natives, NHOPPI refers to Native Hawaiians and Other Pacific Islanders. SOURCE: KFF analysis of the 2010-2018 American Community Survey.
Policies Matter: Public Charge, Deferred Action for Childhood Arrivals, Section 1557 Language (ACA)

- Emotional & financial stress
- Fear of being treated differently for speaking Spanish
- Fear of exposing immigration status by accessing testing sites or healthcare institutions
- Dependance on free clinics or community-based health clinics
- Trauma associated with the presence of ICE agencies
Potential strategies to overcome these social and structural factors

Representation matters
• Hiring Latinx staff (including in leadership positions)
• Intentional inclusion of Latinx populations in educational & public health strategies

Public health departments → safe space for immigrants
• Honest & visible messaging of not sharing personal health information with immigration authorities
Potential strategies to overcome social and structural factors

Financial investment and partnership with local CBOs is **VITAL**
- Organization of community outreach
- Promotion of health education
- Community empowerment

Community priorities & preferences to optimize engagement
- Selection of COVID-19 testing and vaccination locations
- Avoid pre-registration requirements
- Flexible testing hours
- No need to show ID at testing/vaccination sites
Potential strategies to overcome these social and structural factors

• Tackle implicit bias from an organizational standpoint

• Optimize data gathering to learn more about COVID-19 racial disparities

• Learn from YOUR local Latinx community: Latinx populations are not a monolith

• Advocacy: use your privilege to shine a light on these injustices and advocate for change at the state and federal level
Thank you!

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