

Physicians detail COVID-19's impact in Latinx communities

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More than 28% of people diagnosed with COVID-19 in the United States are Hispanic, according to the Centers for Disease Control and Prevention (CDC). Despite that percentage and the fact that Latinx are the largest racial marginalized group in the United States, the effect of COVID-19 on this community has not been widely addressed, said Aletha Maybank, MD, MPH, chief health equity officer and group vice president of the AMA.

Four Latinx physicians joined Dr. Maybank on Thursday, May 14, to address how the pandemic is affecting their community in “Prioritizing Equity: COVID-19 and Latinx Voices in the Field,” a part of the AMA’s YouTube health equity series. The panelists identified a variety of disconnects in communication that are likely causes for the large number of positive COVID-19 cases among Latinx patients.

“The messaging is not culturally sensitive to our community,” said Joaquin J. Estrada, MD, who serves as the surgical director of the Digestive Health Institute at Advocate Illinois Masonic Medical Center in Chicago. “The trusted guides that normally would be helping to articulate this message aren’t immediately available.”

Dr. Estrada, who is also vice president of the Medical Organization for Latino Advancement (MOLA), said many Latinx people are not able to access information from the local newspapers or church gatherings they previously got news from. He also acknowledged that many do not have the luxury of working from home and serve as essential workers, and that fact has led to confusion and reservations related to ongoing stay-at-home orders across the country.

The AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 pandemic. Learn more at the AMA COVID-19 resource center. Also check out the AMA’s physician guide to COVID-19 and get guidance from the AMA on reopening amid COVID-19.

How to create support

Erika Flores Uribe, MD, MPH, said she understands the above reservations on a personal and professional level as an emergency physician. Her parents are monolingual Spanish speakers who work as custodians and are faced with limitations to practice public health recommendations as part of the essential workforce, as do many of Dr. Flores Uribe’s patients.

“My family is confronted with a lot of those challenges and confronted with the messaging around social distancing and living in multigenerational homes,” she said. “We’re also very family centric, so most of our support comes from being able to gather in what I would say is a small gathering, but it would be greater than 10 people and against our public health recommendations.” As a family, they have talked through how to support one another while maintaining physical distancing.

As director of language access and inclusion for the Los Angeles County Department of Health Services, Dr. Flores Uribe highlights her organization’s focus on “cultural-linguistic appropriateness of the communication that is public-facing,” including translating key materials into other target languages. She also shared approaches to integrating the community voice for more effective communication campaigns.

“We serve a very large immigrant population,” she said, “at times, written material is not the most effective communication tool.” Dr. Flores Uribe shares that “working with our patient-family advisory councils” as well as “our Emergency Operations Joint Information Center in order to co-design some of our interventions” has been effective in understanding what communication platforms are reaching patients to better frame public health messages in plain language from a cultural and linguistic lens.

The AMA is compiling an ongoing list of health equity resources related to COVID-19.

Tales from the front lines

Ricardo Correa, MD, is the director of the endocrinology, diabetes and metabolism fellowship and the director of diversity for graduate medical education at the University of Arizona College of Medicine in Phoenix. He also serves as the medical director for Phoenix Allies for Community Health, a nonprofit volunteer-run clinic geared toward those who are medically marginalized in the Phoenix area. Ninety-nine percent of the clinic’s patients are undocumented immigrants.

“This population has no insurance—we’re the safe place for them,” said Dr. Correa, an AMA member. “We have been trying to provide as much as we can to this population. ... We didn’t have resources

to test our population, and there were some events where we were sending patients that require testing to centers that are approved for testing, and ICE [U.S. Immigration and Customs Enforcement] was outside.

“The community was very afraid,” Dr. Correa added.

The clinic began providing its own COVID-19 testing in mid-May. It also continues to produce educational materials to help inform about best practices related to COVID-19.

For Luis Seija, MD, a resident at Icahn School of Medicine at Mount Sinai in New York City, caring for patients with COVID-19 has been “an experience and a journey.” The pandemic has highlighted social determinants of health—particularly as it relates to who is admitted to the hospital—and led to the most difficult discharges he’s encountered.

“A lot of patients are coming into contact with the health care system for the first time,” he said. Some of these patients have newly diagnosed illnesses such as diabetes, or they could be undocumented, or they may not be able to easily conduct a telehealth follow-up appointment—or all of the above—and these obstacles make the discharge particularly challenging for physicians and for patients.

“It’s not enough to hand someone their discharge paperwork and have the instructions about quarantining in Spanish and hope they understand it,” said Dr. Seija, also an AMA member. “There are a lot of ways that we have to rethink our discharge planning. [We] have to be up front and have a lot of honest conversations not only with the patient, but also with our consultants, the primary team and social workers [about] what is realistic for someone.”