Why COVID-19 hits Latinx at nearly double overall U.S. rate

OCT 23, 2020

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The structural drivers that have led to health inequity in Latinx communities have been exacerbated by COVID-19 and have contributed to the disproportionate impact of the pandemic on these communities.

That is a key finding of “Latinx COVID-19 Health Inequities Report: Insights for the Health Care Field,” which was produced by the AMA Center for Health Equity and gleaned from interviews with physicians and other key health stakeholders “at the intersection of the Latinx community and the COVID-19 response.”

Throughout the COVID-19 pandemic, the AMA is curating critical health equity resources from across the web to examine the structural issues that contribute to and could exacerbate already existing inequities.

“Though COVID-19 did not create the circumstances that have led to deep-seated inequities in the Hispanic community, this report clearly highlights how the pandemic continues to exacerbate them,” said AMA President Susan R. Bailey, MD. “The AMA remains committed to ensuring that vulnerable patients do not suffer disproportionately and to removing obstacles that stand in the way of culturally competent care for Hispanic patients.”

Tragic figures on COVID-19 cases, deaths

Complete data is still lacking, but a more predictable picture is forming of the pandemic’s devastating impact. For example, Latinx people account for 18% of the U.S. population, but make up 33% of the nation’s COVID-19 cases. As of June, similarly lopsided ratios existed in 42 of 50 states.

Nationally, the Latinx COVID-19 fatality rate appears to be proportionate to the population, though
geographic disparities are noticeable. In New York, for example, Latinx makeup 19.2% of the population, but account for 34% of the state’s COVID-19 deaths. In New Hampshire, Latinx account for 2.9% of the population, but 7.6% of COVID-19 fatalities, the report says.

The report identifies and provides guidance in understanding challenges and opportunities in Latinx communities to physicians, health professionals and others working to serve the community in a more equitable manner.

A recent episode of the AMA’s “Prioritizing Equity” video series features a panel discussion on COVID-19 and the Latinx community. Topics included structural racism, the invisibility of the Latinx community in mainstream topics and the impact this has on health care access and quality.

What’s driving the inequities

The AMA report identifies 13 drivers of inequity divided among three categories. Structural drivers of inequity include:

- Anti-immigration policies and rhetoric.
- Restrictive health care insurance access.
- Poorly funded safety-net infrastructure.
- Socioeconomic vulnerability due to the overrepresentation of Latinx in low-wage labor markets.
- Invisibility from national discourse and lack of public health surveillance data to capture the impact of COVID-19 on Latinx communities.

Social determinants of health drivers include:

- Lack of timely, accurate and culturally appropriate Spanish-language COVID-19 resources.
- Limited access to multilingual and culturally responsive digital health technologies.
- Limited COVID-19 testing in Latinx communities.
- Increased police and immigration enforcement in Latinx communities amid COVID-19 pandemic.
- Limited availability of Latinx physicians to provide culturally responsive care and education.

The report cites a Pew Charitable Trust study that found, among all Latinx, 38% are Spanish-only speakers, with 60% of foreign-born Latinx speaking only Spanish. Low-English literacy has created “additional layers of confusion in a rapidly changing information landscape,” the AMA report explains.

Ongoing aggressive action by Immigration and Customs Enforcement (ICE) agents adds to the

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community's concerns.

“Because of the huge surge and police presence outside and the decrease in the number of community members out, it's definitely created a lot of anxiety and pressure for undocumented patients to stay in,” said one of the leaders consulted for the report. (The document contains quotes from those interviewed, but their names are not given with the quotes.)

“Even though we're a sanctuary city, they still associate the police presence with immigration and ICE, and there's a reluctance to go to the doctor unless you're dying,” said the person quoted in the report.

Having more Latinx physicians would help deliver a more culturally sensitive response.

“We need more Latinx epidemiologists, more Latinx public health workers, and doctors and physician scientists who are sensitive to these communities and can deliver these messages when moments like this occur,” one interviewee said.

Starting point to address problems

Recommended strategies for improvement include:

- Coordinating outreach efforts to Latinx communities to increase access to culturally appropriate public education campaigns and services.
- Creating consistent, culturally appropriate public health campaigns and informational materials that are inclusive of the Latinx community.
- Leveraging trusted outlets and community members.
- Equipping physicians with culturally responsive resources.
- Advocating for broader societal change to advance health equity for all marginalized groups inclusive of the Latinx community.

Public education messages should specifically address what symptoms to pay attention to, where people can get testing, and reassurance to the immigrant community that it is safe to access COVID-19 services. Being aware of, and combating, misinformation being shared in the community is also important.

The report also includes a call to seize this moment of crisis to promote health equity and transformation.

“The only way to solve these issues in the future and to have healthy populations and to have equity for all populations is to have a system that has supports in place,” said an interviewee quoted in the
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