



Latinx COVID-19 health inequities report: Insights for the health care field



Purpose

At the onset of the epidemic in the U.S., it was unclear precisely how COVID-19 would impact racially marginalized communities. However, based on what we know about health inequities in the U.S., we knew that the burden would be profound. States and cities began releasing troubling figures about the disproportionate death toll in African American communities. African American individuals accounted for 70% or more of deaths in Milwaukee and similar concerning disproportionate percentages were reported across the U.S., including in Chicago and in Washington, D.C. Initially data on the burden of COVID-19 for Latinx communities were scarce, with few states and cities systematically collecting or reporting on the extent to which the Latinx community was impacted by COVID-19. Furthermore, as states and localities began publishing data, concerns arose over the data's completeness after initial reports indicated that the data suffered from very high rates of missing values. Anecdotally, providers perceived a concerning gap in the extent to which timely and key COVID-19 information was reaching Latinx communities. Hearing this gap from multiple Latinx physician leaders, in April 2020 we conducted a landscape analysis to better understand the communication needs and opportunities to support physicians and health care organizations working with the Latinx communities impacted by COVID-19.

Across the continuum of COVID-19, there are clear indicators this is a major issue. While the Latinx community accounts for 18% of the U.S. population, they now make up 33% of COVID-19 cases revealing the disproportionate toll on the community. As of June 2020, Latinx cases were disproportionately represented in 42 of the 50 states. For example, in Illinois, most new cases are now in predominantly Latinx communities where a high concentration of essential workers live.

While nationally, the Latinx fatality rate suggests deaths occur at a rate proportionate to their share of the U.S. population, there are geographical disparities that illustrate the disproportionate death toll on the Latinx community. For example, Latinx communities are overrepresented in 3 of the 31 states reporting fatalities along with Latinx demographic data. In New York, for example, Latinx account for 19.2% of the state population, but account for 34% of the fatalities in the state. In New Hampshire, Latinx account for 3.9% of the state population and comprise 7.5% of the fatalities in the state. In Maryland, Latinx account for 2.9% of the population and comprise 7.6% of the fatalities. However, given the lack of testing in Latinx communities early in the epidemic, plus the lack of consistent and reliable reporting of Latinx ethnic data for testing and fatalities, public health officials and health care providers are concerned that underreporting has underestimated the true magnitude of COVID-19 on the Latinx community.

Finally, there has been little discussion about the territory of Puerto Rico and the impact of COVID-19 on its 3.2 million inhabitants. As of July 8, 2020, the island has seen 8,714 confirmed and likely cases of COVID-19 with 157 deaths. There are serious concerns about the ongoing negative impact that COVID-19 will have on an already vulnerable territory. In the last couple of years, Puerto Rico has suffered economically and socially with severe droughts, continuous earthquakes happening across the island and with the ongoing Hurricane Maria disaster recovery efforts that are still underway even amidst COVID-19. In addition, Puerto Rico already experiences an alarming poverty rate of 40%, amongst the highest in the US and its territories, and the highest rate of unemployment of 23% in the US and its territories. There are major concerns that this rate will continue to increase due to COVID-19 and the travel restrictions impacting the tourism industry. These circumstances have and will continue to directly impact Puerto Rico's ability to address the current public health and environmental crises.

Although stories detailing the effect of COVID-19 on the Latinx community have emerged in the media, these stories initially lagged due to the lack of accessible testing in Latinx communities and the lack of reliable, consistent demographic data about COVID-19. Given all these challenges, we aim to provide guidance in identifying and understanding the vulnerabilities, needs and opportunities present in the Latinx community in order to allow physicians, essential health care workers and health care organizations to serve this community in a more equitable manner.

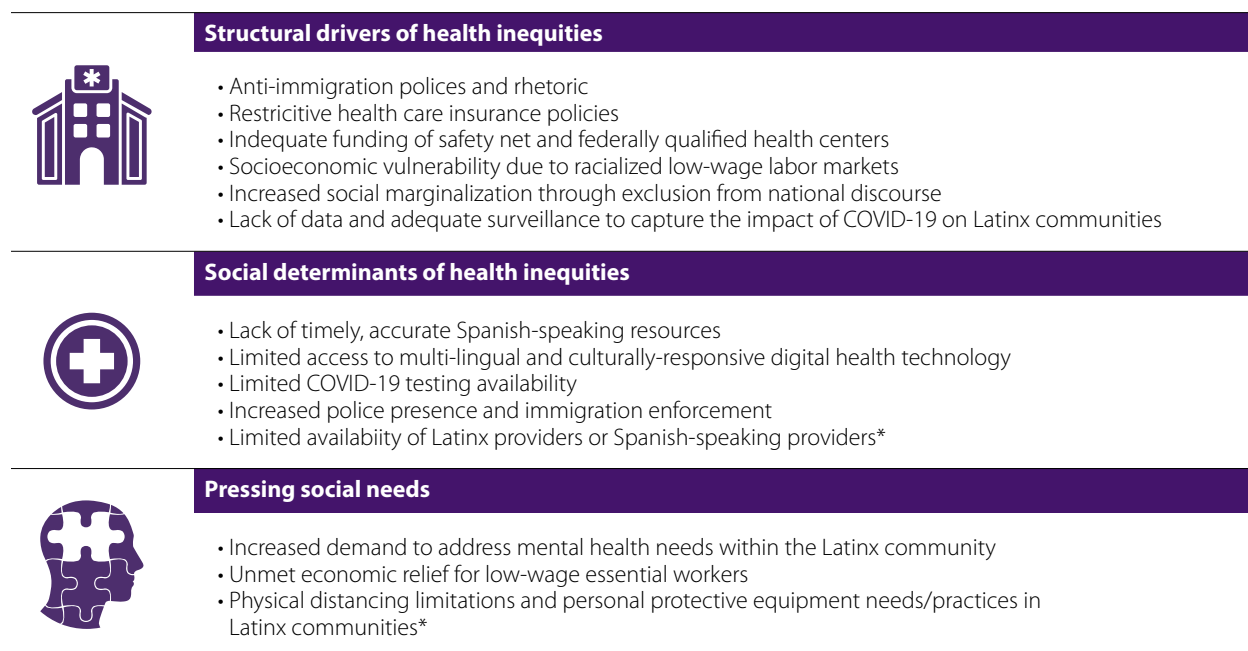
Methodology

This summary is based on N = 16 one-on-one phone interviews with key stakeholders at the intersection of the Latinx community and the COVID-19 response. Interviews lasted between 30 and 45 minutes. In order to maintain respondents' confidentiality no attribution of quotes will be provided. Also, please note individual quotes presented for each theme represent different interview respondents. Insights gleaned here represent a rapid thematic analysis approach. This approach entailed completing interview summaries, gleaming key themes and capturing illustrative quotes to represent key themes that emerged from the interviews. Additional insights were gleaned from respondents through member check-in process to confirm findings reflected their perspectives and additional factors were incorporated into the final summary document and denoted by * in Figure 1. Respondents represented the following types of organizations and geographic regions:

Total	Advocacy	Academia	Community-based non-profits	Health care providers	Chicago/Illinois	National
16	3	5*	2	9*	10	6
				Of these, 5 identified as physicians		1- California 1- Maryland 1- Massachusetts 1- Texas 2-New Jersey

* Two respondents are health care providers and faculty in an academic setting.

Figure 1. Structural, social determinants and social needs contributing to the Latinx COVID-19 health inequities



Summary

Structural drivers of COVID-19 health inequities

There are important structural drivers of the health inequities experienced by the Latinx community. These drivers also impact the community's vulnerability to COVID-19. Our interview respondents identified anti-immigration policies and rhetoric, restrictive health care insurance access, poorly funded safety net infrastructure, socioeconomic vulnerability due to racialized low-wage labor markets, invisibility from national discourse and lack of data and adequate public health surveillance to capture the impact of COVID-19 on Latinx communities.

*"That's why we use the term othering [of Latinx communities], because the way they are positioned at risk, or placed at risk, it ends up being structure. That's the one thing that as physicians and clinicians and health care workers, **we can become more informed in that approach to recognize that the risk factors are being structured and designed and imposed upon certain groups and communities.**"*

Those pre-existing conditions or underlying conditions are the result of institutional racism that has positioned that community disproportionately on the outside of receiving appropriate care to be able to do health promotion and as well as receiving any treatment so if we anchor those things as inherent to those communities we're dismissing the role that our policy and our structures and our institutions have had in failing to provide them with the adequate treatment and care that we haven't done over decades.

COVID is merely bringing that to bear to have to contend with and it's not anything new, it's just exacerbating it."

Anti-immigration policies and rhetoric restrict access to health care and economic recovery services

Respondents expressed concerns there **that access to health care and economic recovery services have been extremely restricted for Latinx immigrants due to anti-immigration policies and feared repercussions for those seeking health care services.** With recent changes to the rules around Public Charge, these concerns have only been exacerbated. Public charge ruling impacts the ability to seek permanent residency based on the premise that one must be self-sufficient to become a U.S. resident or citizen. According to the U.S. Citizenship and Immigration Services, the 2019 final rule changed the definitions for what entails public charge and what public benefits are considered and expanded what federal benefits count towards public charge consideration. It also changed the standard that DHS uses when determining when an individual is likely to become a "public charge" at any time in the future and is therefore inadmissible and ineligible for admission or adjustment of status. Respondents specifically highlighted the following barriers:

- Those who are immigrants or are undocumented face additional fears and vulnerabilities. These community members will often avoid government-run health institutions for fear of being detained by immigration or law enforcement agencies.
- Undocumented individuals are excluded from economic stimulus protections. Additionally, according to the LA Times, of the 1.2 million Americans married to immigrants, only those who file joint tax returns and are not in the military are ineligible for stimulus checks.
- Undocumented individuals are hesitant to seek care at health care facilities outside of an FQHC because of Public Charge rules.
- Rhetoric and actions against immigration have created distrust in the government in these communities.

“Those folks that then do have eligibility for some of those social services are being forced with those tough decisions. They were forced with this prior to the rise of COVID, this COVID pandemic further exacerbates that problem. Do they go and receive care in the moment and risk potentially compromises any opportunity they would have for receiving residency or citizenship status in the United States.”

“Because we know the undocumented immigrants and anyone with an undocumented member in their household, it would be excluded from the \$1,200 per adult and \$500 per child [coronavirus stimulus checks]. Anyone who has an undocumented person in their household is being penalized because they’re not getting anything, even for their citizen children, or even for a citizen adult.”

“It’s always been challenge to engage Latino communities in to responding to the census because of the perception of being exposed to being included in the process of deportation, et cetera. The consequences of COVID-19 are going to be significant, and very negative for the Latino community as a group, and as a social group that is going to be broadly less well-represented at many levels.”

“The stimulus package is obviously structuring out folks who are of undocumented status and other immigrants and migrant workers and such. That in itself is depriving folks of that tangible resource which could be used for their own health and wellbeing.”

Restrictive health care Insurance policies that by design exclude undocumented Latinx adults

Respondents noted that insurance coverage is a principle barrier to care for the Latinx community. Since the introduction of the Affordable Care Act (ACA) marketplace and Medicaid expansion, Latinx adults experienced increased access to affordable coverage. This resulted in a significant decrease in uninsured Latinx adults. Despite these advances, Latinx adults still experience the highest uninsured rate of any other racial/ethnic groups. This is primarily due to systemic exclusion of immigrants, especially those who are undocumented. Half of those uninsured Latinx adults are undocumented and therefore ineligible for ACA coverage. The interview respondents specifically highlighted the following barriers:

- Insurance coverage is one of the largest barriers to care for the Latinx community and is a growing concern as job losses increase and state Medicaid systems become increasingly overwhelmed.
- Latinx communities often have high percentages of uninsured individuals. With all the COVID-19-related job losses and economic concerns, the uninsured population has undoubtedly increased.
- Many respondents note that health care providers caring for Latinx communities need a health care system that offers universal health insurance coverage, so that community members can utilize the health care system for acute illness before a health emergency, as well as obtain preventive care to prevent future hospitalizations from health complications.

“Honestly, number one would be if I had to choose would be health insurance. Health insurance for all of the community members, regardless of their status, their legal status or immigration status, would at least reduce some of the burden, financial and otherwise.”

“Before we have any conversation about COVID or anything else, certainly in this time, insurance and insurance status and that being more or less a social determinant of health, is really applicable to the Latinx communities. . . New Jersey because a majority of them, from our recent study, our recent data, suggests that they’re uninsured. A good portion of them, I should say, a third are uninsured.”

“One third of Latinos don’t have health insurance and. . . about one third of Latinos use federally funded community health centers. We have seen less people who have insurance and therefore the burden gets higher on community health centers and other community health agencies.”

Inadequate funding of safety net and federally qualified health centers limit access to health care

Federally qualified health centers (FQHCs) are the safety net providers for vulnerable populations including the uninsured, immigrants who are excluded, by design, from ACA marketplace and Medicare/Medicaid, and non-English populations, many of whom are Latinx. FQHCs serve 24 million patients annually, 34% of which are Latinx. FQHCs experienced significant demographic shifts from 2004 to 2014 when the populations served became increasingly younger and increasingly Latinx as a result of legislative actions (ACA, American Recovery and Reinvestment Act) to expand the role for FQHCs. With the onset of COVID-19, these safety net providers which remain underfunded will become overburdened due to increased patient demands since the onset of COVID-19. The interviewed respondents specifically highlighted the following issues:

- Public hospitals and FQHCs that uninsured Latinx populations typically rely on are also struggling to keep up with increased patient loads due to COVID-19.
- Public hospitals and FQHCs are experiencing a severe lack of resources and staff to handle the influx of patients and still be able to address multiple health issues in the face of the COVID-19 pandemic.
- Already underfunded and overcrowded, safety net hospitals need additional funding that could come from increasing Medicaid payments and expanding Medicaid coverage.

"40% [of patients] are new patients that we've never seen before. Somehow, they're getting to our triage line. We haven't really had the capacity to dig a little bit deeper, like 'Is this the first time that you're getting care in general? Is it because you don't have access at your primary care physician?' I suspect it's a mix of both."

"We are now looking at lack of resources for health centers as a major crisis. We would have equity and resources for those centers, those federally qualified centers that serve individuals. At the short-term thing, we have to raise Medicaid payments."

Socioeconomic vulnerability due to racialized low-wage labor markets

The Latinx community is particularly vulnerable due to heightened involvement in the racialized low-wage labor market as essential workers. Essential services during COVID-19 pandemic include health care, food service and agriculture, and public transportation amongst other essential professions. Many of these workers must work and often do so without access to personal protective equipment. Food & agriculture industry workers are less likely to have protections such as the right to refuse dangerous assignments, are less likely to be granted hazard pay, despite working in difficult and dangerous conditions. Furthermore, food service and agriculture workers have the lowest median wage of \$13.12 per hour, with women, Black and Latinx workers having lower median wages than the overall median wage. Overall, Latinx workers comprise 21% of all essential workers and are overrepresented in the food & agriculture industry (28%) and the industrial, commercial, residential facilities and services industry (40%). Latinx workers in food processing plants and amongst those working in agricultural migrant camps have experienced COVID-19 outbreaks due to hazardous working conditions. The interview respondents specifically highlighted the following issues:

- Many people in the Latinx community are balancing health risks against economic needs. A high percentage of Latinx are in low-wage or essential service jobs, in which they must risk COVID-19 exposure in order to continue earning their living.
- Many are also in the service industry or small business owners who are out of work from the pandemic, leaving insurance status in question or affordability of health care a concern.
- Ultimately, many must prioritize primary needs like finding food and paying rent before they can worry about seeing a doctor.

"The folks between 20, maybe 24 to 50, those are people that are taking it extremely serious, gloves, mask. I know there's been a lot of adamant for people who still have to go to work like the grocery store people. I was talking to a youth yesterday, they said, "Well, my brother works at Dollar Tree and my other cousin works at Walgreens and they're considered essential workers and I didn't know what to do because they did still have to go to work and their lives are being put at risk."

"Another thing we've been hearing and seeing in clients in the hospital, a lot of materially poor or working-class families who are now unemployed. Whatever little bit of resources they're already hanging on by a thread and now they're unemployed and their health care could have been adept to unemployment and now there's a disconnection of services."

"It's more transitioned to bracing for what's to come because a lot of folks in some of the communities that we partner with and in the Latino communities work in jobs that are considered essential. They're either hourly or they may be undocumented. We've been hearing that folks are afraid to say, "I don't want to go to work" or "I don't want to lose my job because if I lose my job, that's going to impact me."

Increased social marginalization through exclusion from national discourse

The Latinx community does not garner meaningful or consistent media coverage or attention in the English-language media. This results in the erasure of the Latinx community and its concerns. Furthermore, many of the stories at the national level about the Latinx community are centered on the immigrant and refugee experience. Media coverage of multi-generational Latinx communities are not often highlighted in the media. This ongoing invisibility in mainstream media promotes the otherness of the Latinx community. Otherness is a term used to imply that the Latinx community, or other immigrant-focused communities, are not part of the American narrative. Otherness centers these communities as foreign and/or distinct from the American experience thereby excluded. The interview respondents specifically highlighted the following issues:

- The impact of COVID-19 on the Latinx community now accounts for the largest proportion of COVID-19 cases amongst minority and marginalized populations. Despite this disproportionate impact, the Latinx community is not garnering enough national discourse.
- There is an enormous amount of diversity within the Latinx community and COVID-19 can impact the sub-communities in different ways and to varying degrees. It is important to recognize that under the broad "Latinx" umbrella term are many groups that differ in countries of origin, language and dialects, ages, immigration and documentation status, education level, and employment type.
- Given the diversity of the Latinx community, there is a perceived overemphasis on the immigrant and refugee community within the Latinx community and limited national attention to the needs of the vast majority of the Latinx community which is comprised of U.S. citizens or residents. Multi-generational Latinx communities faced increased health inequities tied to poverty and discrimination but are often left out of the public discourse.

"First I just want to thank you for the opportunity to comment on where are the Latinos in the COVID health crisis. And I want to express appreciation for bringing the impact of the crisis on Latinos since it really has not been part or a strong part of the national discourse. And that has been very worrisome to many of us."

"Again, the largest population is Mexican American and Puerto Rican, they make up like 75% of all Latinos and they are US citizens. The rates of disadvantage are higher among US citizens than among the others. We have to remember that."

"If we have such an abundance of a particular [Latinx] population and even the sub-populations within the Latinx community, if we have clinicians and public health professionals that are committed to that community, the hospitals and the university should really consider how to socialize these people's commitment to this particular community."

Lack of comprehensive, timely and reliable data to understand the extent to which COVID-19's impact on Latinx communities

There is a lack of comprehensive, timely and reliable data, especially sociodemographic data, about COVID-19 testing, confirmed cases, hospitalizations and deaths. These data are needed to guide intervention efforts and to direct needed resources to areas most impacted by the pandemic. Comprehensive racial and ethnic data should be inclusive of the diversity within the Latinx community to ensure that response efforts are culturally tailored and responsive to their needs. Not having the right information available will make it difficult to raise awareness about who's being impacted. The interview respondents specifically highlighted the following issues:

- COVID-19 data on infection and mortality within Latinx communities is not well-collected or shared.
- Specific ethnic groups within the Latinx community may be underrepresented due to limitations in data collection around ethnicity.
- Limitations in data collection keeps local and national government, community organizations and health care providers from understanding how the virus is spreading and impacting these already vulnerable populations.

"And then the other big overarching health concern that I was interviewed yesterday for was, and you know this better than I, I'm sure, but the way that the data is collected, Latinos are often counted as white and not as Latino. There's likely to be a severe under reporting of Latinos who both are infected and regrettably passed away from this crisis."

"The Latinx community in New Jersey is a very vast diversity... There's a Colombian population, there is a Mexican American population, there is also Central American. Really being specific about what sub-population within the Latin population is impacted by this and how action may be designed to address some of that cultural nuance that non-Latinx populations I don't know have a good grip on as an epidemic unfolds."

Social determinants of COVID-19 health inequities

There are important social determinants contributing to the COVID-19 health inequities experienced by the Latinx community. The interview respondents identified lack of timely, accurate Spanish-language COVID-19 resources, limited access to multi-lingual and culturally responsive digital health technologies, limited COVID-19 testing in Latinx communities, increased police and immigration enforcement in Latinx communities amidst COVID-19 pandemic, and limited availability of Latinx physicians to provide culturally responsive care and education.

Lack of timely, accurate Spanish-language resources to address COVID-19 pandemic

Many Latinx communities in the U.S. are predominantly Spanish-speaking and have limited English proficiency. Although a recent Pew report indicated that there was a decline in households that are Spanish speaking in the top 25 U.S. metro areas (from 78% in 2006 to 73% in 2015), the majority of Latinx households still speak Spanish at home. Additionally, language usage varies by age group, generational status, and country of origin. Amongst all Latinos, 25% are English-only speakers, 36% are bilingual in both English and Spanish and 38% are Spanish-only speakers. Amongst foreign born Latinos, the majority (60%) are Spanish-only speakers. While there is considerable variability in language usage, Spanish language remains relevant for Latinx community and additional resources are needed to ensure information is widely accessible for Spanish-only and bilingual speakers. The interview respondents specifically highlighted the following issues:

- Lack of timely and accurate resources is an ongoing challenge which continues to put these communities at risk for unequal access to constantly changing information related to COVID-19 and other related concerns.
- Members of the Latinx population who predominately or only speak Spanish have limited access to authoritative and credible sources of information related to the pandemic because information is not translated from English to Spanish, is inadequately translated, or is not available in Spanish-language media.
- Low English-literacy within Latinx communities create additional layers of confusion in a rapidly changing information landscape. Additionally, navigating complex systems that are providing information, assistance and care – government, health care or social services – is made more difficult by literacy limitations.

“One of the things that we noticed was when the president did this first national talk on the COVID-19 pandemic, it took the CDC and the Department of Health and Human Services about four to five days to provide the same information in Spanish. And in a pandemic where we know that delaying, just a day or two, can mean hundreds if not thousands of lives infected. Any delay in sharing information and vital information can impact many more lives.”

“We translate all documents in Spanish, because we just operate assuming that there isn’t going to be enough Spanish language or appropriate information out there.”

“We have to deliver that information [in Spanish] especially from big organizations, CDC, AMA, statements that really affect our communities. We need to really think about that, and not just make them translations, but make them applicable to our communities so they have to be adapted appropriately.”

Limited access to multi-lingual and culturally responsive digital health technology

COVID-19 has resulted in an unprecedented shift to telemedicine to minimize the exposure and spread of COVID-19 within health care settings. This rapid transition has exposed access issues for multi-lingual communities, including limited access to electronic devices or necessary software, lack of Spanish-language friendly software, lack of direct outreach and education about digital health technology to Latinx community, and accessibility and privacy concerns related to delivering telehealth.

- Technology access is becoming increasingly critical as information and resources are made available over the internet. Low-income Latinx families are unable to easily utilize these sources due to a higher reliance on smart phones for internet access and lower use of home broadband internet generally. Additionally, Latinx families have lower access to computers/tablets per household member.
- Limited access to health information and computers/tablets and limited internet connections impact quality of access to telehealth services and limits use of videoconferencing technology.
- As preventive and primary health care services shift to telehealth services, respondents’ question if there has been enough outreach and education to Latinx communities on these services.
- Uninsured patients, those with low-English proficiency, and those without in-home broadband internet and internet-accessible devices have limited access to these services.
- Multi-family and multi-generational households face privacy concerns for virtual visits as space is limited within the household. Concerns about privacy impact individual’s ability to talk about sensitive issues including stress/anxiety, depression, sexual activity and other private concerns.
- Technology literacy is a challenge for some groups within the Latinx community, particularly older, non-English speakers.

“Telehealth? Yeah. That’s one thing that’s being done. Then there’s also an issue of, we’re going to see this play out with remote learning as well is that do homes have technology? The Comcast stuff, with the free internet, are there pockets of people who haven’t heard about that yet? We don’t know. With the telehealth medicine, is it a smartphone, a video chat app, is it a phone call? There’s that technology piece in terms of the concern of reaching out to folks.”

“As well as recognizing that when we move to telehealth, there’s also the additional factor of interpretation and differences in the community. While the majority of folks at telehealth are monolingual speakers as providers, then be unable to serve a predominantly, I don’t want to say Spanish speaking, but just other languages, as well, in addition to Spanish speaking families. Those are some of those divides, the visual divides, the language divides, that can be heightened during this COVID pandemic.”

Access to testing and awareness of testing sites remains a challenge

Concerns over access to testing and the community’s awareness of the testing sites in their communities were pervasive throughout the interviews. Respondents indicated that many Latinx community residents had limited access to COVID-19 testing and this remains a concern. Early in the epidemic, testing was prioritized for those that indicated traveling internationally or with serious symptoms or complications presenting at hospitals and testing was cost prohibitive initially. While testing availability increased in the subsequent months, the messaging and communication around testing, testing sites, and testing costs remains a challenge.

- Latinx communities are unsure where to get tested for COVID-19 and the potential costs of testing, especially if they are uninsured. In Chicago, there is also a lack of drive-through testing sites in low-income, predominantly Latinx communities.
- Latinx testing sites often have testing dates and times that are inconsistent. Testing sites may rotate locations, dates, and times which in turn make it challenging for the Latinx community to seeking testing.

“There’s just a huge disconnect between the access to information on COVID and where they can obtain testing, and where they cannot obtain testing. There is a lack of information on just where to obtain testing, for sure.”

“What we’ve done is we created a resource guide to try to have our health promoters call different health clinics that are available to people and update them through this spreadsheet to update all the staff what resources exist and who and what has been made available for people at this time.”

Increased police presence/immigration enforcement

Concerns were raised over the increased police presence in Latinx communities amidst the COVID-19 lockdown. This increased police presence and perceived connection to the ongoing active immigration enforcement results in delayed access to health care services including testing and treatment.

- Minorities, whether immigrants or not, are reluctant to leave their homes to seek testing or care if they develop symptoms consistent with COVID-19 infection.

“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... And because 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. And I had one patient come in that was uninsured, I’m pretty sure undocumented. He came in very sick in acute respiratory distress [and was hesitant to go to the hospital].”

Lack of Latinx physicians serving the Latinx community

Latinx physicians are underrepresented in the health care workforce. This remains a challenge for delivering culturally responsive care and information to the Latinx community. Furthermore, as it relates to COVID-19, there is a lack of public health officials of Latinx background with public speaking roles.

“Now we have very few Latino physicians. . . we have decreased diversity as opposed to increased it with the focus on diversification.”

“It can’t be just like a one approach, but also we need to do a better job at diversifying the academic physician workforce, as well as the health care workforce, right? 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.”

Pressing social needs as a result of the COVID-19 pandemic

Increased demand to address mental health needs within the Latinx community

Latinx communities face increasing mental health challenges amidst COVID-19 and the financial, physical and emotional aftereffects due to isolation, quarantine and economic fallout. Interviewees expressed concerns around increased anxiety, adjustment and suicide risk. Furthermore, providers working with the Latinx community express concern about increased PTSD as a result of working through so many social and emotional challenges.

- Providers report an increase in anxiety and adjustment disorder symptoms among Latinx patients caused by fear of the pandemic’s financial and health impacts

“I’m seeing a lot of acute anxiety, adjustment disorder, panic attacks. I see a lot of that at the ED, I’m seeing that in my clinic as well. I’m getting a lot of calls for that. As we’re moving to tele-health, we’re starting to set up a lot of appointments for tele-health just for anxiety.”

- Some are also concerned about the potential of PTSD for health care workers who are treating COVID-19 patients, especially without proper protection and support.

“We had to start support groups for the staff because the staff themselves are overwhelmed with the need in their own personal situations. Yeah, we definitely have to take care of each other during this time.”

Unmet economic relief for low-wage essential workers

As articulated in the previous sections, low-wage workers are vulnerable to job losses and economic hardship during this time and as a result have a dire need for economic relief. COVID-19 relief efforts are intended to mitigate the economic hardship and include expanded unemployment insurance benefits, financial assistance, and other related recovery supports. Undocumented immigrants are explicitly left out of these relief efforts and are therefore vulnerable to experiencing extreme poverty given the job losses and lack of income. In addition, it is estimated that approximately 5 million U.S. children of Latinx undocumented immigrant parents are also experiencing extreme poverty as a result of these restrictions.

“The overall message, which we know and we’re feeling and hearing from all of the community providers that we’re speaking to are the crisis situations of people no longer having jobs and because of the immigration situation and Latinos also are less likely to make use of safety net programs, less likely to have access to Medicaid, less likely to have other kinds of resources, safety net resources that are available to other low-income communities. Not that there aren’t still some using them, they are, but there are many reasons and complicated reasons why their usage ineligibility is not what it could be.”

Resources and efforts directed toward the Latinx community

Respondents highlighted existing resources and efforts that are successful for reaching the Latinx community. Interviewees highlighted the trusted home-grown community infrastructure and institutions that deploy resources and information to address people's immediate needs. Despite the glaring challenges, there are opportunities for physicians, community-based organizations and public health officials to ensure the health and safety of the Latinx community by equitably resourcing these trusted networks and institutions.

- Latinx communities trust the following sources for up-to-date, accurate information:
 - Community members, especially via word-of-mouth
 - Spanish-language television and radio news
 - Social media, particularly Facebook, Instagram/Snapchat of influencers deemed to provide up-to-date, accurate information
 - Of note: There are also cautionary stories about social media and COVID-19 misinformation spreading rapidly
 - Local schools
 - Personal relationships with physicians and health care providers
 - Community health workers
- To increase access to timely information in Spanish, many states and counties are providing information and updates on COVID-19 in Spanish on their websites and in their press conferences. Even though such efforts increase access to such information, a huge gap in access to these resources persists, highlighting the need for concerted efforts to ensure all states and counties are providing multi-lingual information that reflects their residents' language needs.
- To bridge gaps in access and to ease burden on emergency rooms, some respondents suggested community efforts to deploy community paramedic models and mobile medical units that bring care and education to under resourced communities. As one respondent noted about this approach, "One (option) is the community paramedic model where instead of having individuals, especially those that are frequent users of the emergency room, the community paramedic model will allow for care at home."
- Community health workers are being tapped to share key information in relevant, culturally competent language.

"Latinos, based on the studies I've done, and I've worked in clinics and I've visited clinics, they tend to trust not only those who look like them, but those who engage in a caring manner and a welcoming manner to them. And a common language helps sometimes, not all the time. I do think there's a tremendous trust between patients and community health centers because these are individuals who they've seen for years and who stay."

"Spanish language networks, Univision, Telemundo, those are probably primary. And then social media. There's a lot of information from the community network systems that are posting accurate information on their pages. Because a lot of folks are still heading to work, on the radio, the morning news programs, Spanish language. That's also another place where they are getting information."

"We do have quite a significant portion of the residents that we work with who are on social media, and that's a good vehicle for sharing resource information."

Opportunities to support the Latinx community amidst the COVID-19 pandemic and beyond

In terms of opportunities to engage with the Latinx community, the respondents highlighted the following efforts to ensure a comprehensive, multi-prong approach to address the health inequities related to COVID-19 but also to the related long-standing structural and social determinants of health.



Coordinate outreach efforts to Latinx communities to increase access to culturally appropriate public education campaigns and services

- Many organizations are interested in helping these communities and coordinating efforts can make the response more effective, especially if these efforts engage organizations already known and trusted by Latinx communities.
- Make sure efforts serve everyone in the Latinx community. The information should be widely available to ensure messaging reaches less dense suburban areas and immigrants.



Create consistent, culturally sensitive public health campaigns and informational materials that are inclusive of the Latinx community

- It is of the utmost importance to provide up-to-date, authoritative and consistent information in Spanish. Resources should be translated by appropriate health care professionals working in the health care field to ensure accuracy, while still being written at an appropriate literacy level.
- Resources should be peer reviewed and reviewed by community members to ensure effectiveness and comprehension by the target population.
- Materials and campaigns should be cognizant of cultural nuances when addressing Latinx communities, such as the proper level of formality and acknowledging the unique needs and experiences within sub-populations of the community. English-written materials should also ensure that campaigns are inclusive of the Latinx community experiences, values and norms.
- Be aware of and combat misinformation being shared in the community.
- Be aware of placing blame on Latinx community because of cultural factors, living conditions or working conditions that place them at increased vulnerability. Being family-centric and having close social connections should not be used to place blame on individuals.
- Be aware of negative impacts of using policing or law enforcement presence in health care and community settings that may unintentionally deter Latinx community engagement.

"The Illinois Department of Public Health having, the doctor who's speaking about all the health recommendations and precautions we're taking is delivering her messaging in both English and Spanish, that is a way to improve accessibility to Spanish speaking folks. Again, I don't emphasize Latinx because there's a broad range of linguistic ability of Latinx folks. You might have Latinx that are only English speaking, only Spanish speaking, and then multi-lingual Latinos."



Leverage trusted outlets and community members

- Public health information and campaigns should be disseminated through sources trusted and utilized by the community. This includes Spanish-language news and radio, social media, community health workers, and schools and students who can personally share authoritative information with their families.
- Health care providers should partner with these trusted institution and community partners to community about increased availability of testing and treatment options for COVID-19.



In messaging, address key topics and common questions such as:

- What symptoms to pay attention to, and what to do if someone is experiencing symptoms.
- Specifically, where community members can obtain testing, what requirements (like an initial assessment from a PCP) are needed (as well as highlighting what will NOT be needed or asked of community members, such as immigration status).
- How to leverage telehealth options, while being cognizant of privacy, access to technology and technology literacy issues
- Reassurance to the immigrant community that they are safe to access COVID-19 services
- Provide culturally nuanced recommendations about how to isolate, quarantine, and seek COVID-19 testing and related health care services



Equip physicians with culturally responsive resources

- Physicians are a key trustworthy source of information. Many Latinx community members turn to their physicians with questions. Resources for physicians should equip them with accurate and consistent information to relay to their patients, as well as community resources they should be aware of (such as social services, financial resources, etc.).
- Ensure physicians, medical staff and patients have access to medically trained translators in instances where language barriers exist.
- Educate physicians with structural competencies needed for serving Latinx communities.

"I don't know that there are any special kind of resources for Latinx providers in caring for their Latinx community. That's one where I would like to see a lot more resources, where you have physicians, providers, caretakers that are within the Latinx community themselves, or are Latino, or Latina taking care of Latinx communities. There should be resources devoted to that first and foremost."



Advocate for broader societal change to advance health equity for Latinx community

- Urge more effective data collection and analysis on Latinx populations, especially methods which account for diversity within the demographic
- Ensure personal protective equipment (PPE) for health care workers as well as essential staff workers (cleaning crew, security, etc.)
- Promote Medicaid expansion and other efforts to improve access to care for all residents, regardless of immigration status
- Ensure equitable access and participation for Latinx and other racially marginalized and minoritized communities in COVID-19 clinical trials for vaccines and emerging treatments.
- Use this current moment as an opportunity to promote health equity and transformation.

"We need to look now to the institutions to transform and change institutions because 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. When we have a crisis, everyone will have this support and they don't have to get sicker or become more vulnerable because of the stress and strain of losing everything under them."



Note lessons for the future

- Throughout this process, it will be important to take note of lessons to better prepare for and prevent crises like this in the future.
- Identify areas where there is or is not infrastructure in place to support this community in crisis situations, and initiate plans to address these gaps.
- Identify and share out these best practices for better addressing the needs of Latinx communities for future crises.

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Additional resources

For additional resources related to the impact of COVID-19 on the Latinx community and other COVID-19 equity-focused resources, please visit our AMA’s Center for Health Equity COVID-19 Equity resource page.

Visit the AMA’s Center for Health Equity [COVID-19 health equity resources overview page](#) or view featured topics for more resources:

- [AMA’s Health literacy resources on inequities & for non-English & for Spanish speakers](#)
- [Impact of COVID-19 on minoritized and marginalized communities](#)
- [COVID-19 FAQs: Health equity in a pandemic](#)
- [The role of data collection in the COVID-19 pandemic](#)
- [States tracking COVID-19 race and ethnicity data](#)

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