The Impact of Racism, Inequality and COVID-19 on the Health of Latinos

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Transdisciplinary Research, Equity and Engagement Center for Advancing Behavioral Health

The Transdisciplinary Research, Equity and Engagement Center for Advancing Behavioral Health is among twelve research centers of excellence funded by the National Institute of Minority Health & Health Disparities.

The TREE Center cultivates the collective passion and responsibility among local state, tribal and national stakeholders to create opportunities for transformative impact to:

1. Improve behavioral health equity among diverse communities;
2. Nurture community/academic ways of knowing; and
3. Prepare the next generation for conducting transdisciplinary multi-level intervention research.

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Latinos make up 18.5 percent of the U.S. population yet they account for **34 percent** of all coronavirus cases.

Latinos make up an increasing portion of COVID-19 deaths in state-hot spots.
Obesity, uninsurance, unemployment, percent of immigrant population and Limited English Proficiency were the strongest predictors of COVID-19 cases.

Confirmed COVID-19 cases per 1000 population

Sources: B. Boursaw (TREE Center) analysis of COVID-19 data from John Hopkins (September 2020).
Note: At the county level only thing being released is case counts, confirmed cases and numbers of death. Not being disaggregated. Almost all states giving breakdowns by race/ethnicity.
Poverty, uninsurance, Limited English Proficiency & high percent immigrant were the strongest predictors of Latino COVID-19 death rates.

Confirmed COVID-19 deaths per 1000 population

<table>
<thead>
<tr>
<th>Category</th>
<th>Confirmed COVID-19 deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Majority Latino counties</td>
<td>0.38</td>
</tr>
<tr>
<td>Majority Latino (ML) counties</td>
<td>0.79</td>
</tr>
<tr>
<td>ML counties, high % uninsured</td>
<td>1.03</td>
</tr>
<tr>
<td>ML counties, high % poverty</td>
<td>0.89</td>
</tr>
<tr>
<td>ML counties, high % not proficient in English</td>
<td>1.00</td>
</tr>
<tr>
<td>ML counties, high % immigrant</td>
<td>0.96</td>
</tr>
</tbody>
</table>

Sources: B. Boursaw (TREE Center) analysis of COVID-19 data from John Hopkins (September 2020).
Note: At the county level only thing being released is case counts, confirmed cases and numbers of death. Not being disaggregated. Almost all states giving breakdowns by race/ethnicity.
Latinos in three of the four states in the US/Mexico border region had percentage of COVID-19 cases and deaths in well in excess of their proportion in state populations.

Data sources: Johns Hopkins Coronavirus Resource Center and the County Health Rankings & Roadmaps Project
*The percentages of confirmed cases and deaths in this infographic are among those of known race/ethnicity only.
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/
https://www.keepinspiring.me/martin-luther-king-jr-quotes/
Types of Racism

Structural
Social, economic or political systems featuring public policies and practices, cultural representations and other norms that perpetuate inequities.

Institutional
Policies and practices within and across institutions (schools, health care, employment) that put certain racial groups at a disadvantage.

Individual
Face-to-face or covert actions toward a person that express racial prejudice, hate or bias.

Intersectional Vulnerabilities

Individual & Interpersonal
- Discrimination
- Profiling
- Bias in medical treatment

Institutional
- School-WiFi
- Health care
- Poverty & Wealth
- Employment
- Housing

Structural
- Federal, state, local & private policies
- Health - (ACA)
- Welfare (public charge)
- Immigration (family separation)
- Exposure to air pollution


**Notes:** 2016 dollars. No comparable data are available between 1963 and 1983. Black/Hispanic distinction within nonwhite population available only in 1983 and later.

Source: https://apps.urban.org/features/wealth-inequality-charts/
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic, any noncitizen in the family</td>
<td>68.8%</td>
</tr>
<tr>
<td>Hispanic, all family members are citizens</td>
<td>49.1%</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>38.0%</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>40.7%</td>
</tr>
<tr>
<td>Other</td>
<td>35.1%</td>
</tr>
</tbody>
</table>

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
  - 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: 25.6%
  - Increased credit card debt: 23.5%

- All family members are citizens
  - Cut back spending on food: 40.3%
  - Reduced savings or increased credit card debt: 39.5%
  - 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: 27.6%

Latinos work in frontline jobs: grocery stores, waste management, cleaning and sanitation services, and food delivery, putting them at constant exposure to people or materials that may be infected with COVID-19

- 21 State Study: among 9,919 workers (animal slaughtering & processing) with COVID-19 with race/ethnicity reported, approximately 56% were Hispanic, 19% were black, 13% were white, and 12% were Asian

Crowded and substandard housing conditions exacerbate COVID-19 rates

• A quarter of Latino people live in multigenerational households (compared with only 15% of non-Hispanic white people)
  • Challenging to take precautions to protect older family members or to isolate those who are sick if space in the household is limited

• Border Colonias
  • Crowded and poor housing conditions
  • Inadequate water, heating/air and sewage

• ICE detention centers
  • cramped, unsanitary conditions make them dangerous incubators for COVID-19

Sources:
Pew Research Center (US Census)
American Community Survey: October 2012
https://www2.census.gov/library/publications/2012/acs/acsbr11-03.pdf
Time Magazine, Migrants are gathered inside the fence of a makeshift detention center in El Paso, Texas on Wed. March 27, 2019.
Discrimination, hate crimes/violence, financial stressors, depression, anxiety & barriers to accessing mental health resources magnifies a sense of catastrophe

Street-Race is linked to health inequities among Latinx:

- Men reporting their street race as Latinx & Arab were associated with higher odds of reporting worse mental health outcomes.
- Among women, those reporting their street race as Mexican were associated with lower odds of reporting optimal physical health.

2020 Survey found:

- Over 20% of Latinos say they are suffering anxiety.
- 15.7% say they suffer from increased stress.
- 12% of Latinos say they have gained weight.
- 33% of Latinos say they “fear what the future may hold.”

Policy Matters: There were large coverage gains for Latinos under the Affordable Care Act (ACA)

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

NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives, NHOPI refers to Native Hawaiians and Other Pacific Islanders. SOURCE: KFF analysis of the 2010-2018 American Community Survey.
Policy Matters: The number of uninsured children now exceeds 4 million—wiping out a sizable share of the gains in coverage made following the implementation of ACA.
Policy Matters: Of the 4 border states, New Mexico had the most consistent and comprehensive mitigation actions

- **Arizona**: March 16, cancellation of mass gatherings; March 19, closure of bars and some restrictions on restaurants in some counties; March 19, stay at home order for all residents; March 23, all non-essential businesses closed and further gathering restrictions;
- **California**: March 19, stay at home order for all residents; May 13, order allowing most retailers to re-opening at 25% capacity; May 15, mask mandate issued; July 9, initial second shutdown orders issued;
- **Texas**: March 19, mass gatherings prohibited, business restriction guidance issued; April 17, initial re-opening order issued; April 28, further re-opening guidance issued; May 13, order allowing most retailers to re-opening at 25% capacity; May 15, mask mandate issued; July 9, initial second shutdown orders issued;
- **New Mexico**: March 19, mass gatherings prohibited, business restriction guidance issued; April 17, initial re-opening order issued; June 17, local governments allowed to set own mask mandates; July 6, second shutdown began in select counties; July 13, second shutdown extended in scope.

- **COVID-19 cases per 1000 population in border states by date.**
  - **July 31**: Arizona 23.9; California 12.7; Texas 15.1; New Mexico 9.8.
  - **Aug 15**: Arizona 26.5; California 15.6; Texas 18.8; New Mexico 11.1.
  - **Aug 31**: Arizona 27.8; California 18.1; Texas 22.0; New Mexico 12.1.
  - **Sep 15**: Arizona 28.7; California 19.4; Texas 23.9; New Mexico 12.8.

New Mexico also had notably lower COVID-19 cases rates per population from July 31 to September 15. Arizona had the highest cases rates over this same time period. If Arizona had been able to experience New Mexico’s case rates it would have had 93,458 cases on September 15 instead of 209,209 cases.

Policies Matter: Public Charge, Deferred Action for Childhood Arrivals, Section 1557 Language (ACA)

- Emotional and financial stress of lacking health insurance
- Being treated differently, indifferently or discriminated against for speaking Spanish.
- Fear of exposing one’s immigration status to a healthcare institution
- Dependence on community health clinics (hospitals as the last resort)
- Presence of Immigration and Customs Enforcement (Migra) has characterized the lives of border communities, influencing their individual decisions concerning health, employment, and household decisions.

Sources:
Solutions to Advance Latino Health Equity

- Guarantee Universal coverage of ALL children
- Medicaid buy-in for All
- Protect the ACA & Medicaid coverage expansions
- Rescind the public charge rule
- Assure protection of DACA

- Tackle Implicit Bias Anti-discrimination
- Expand services for LEP’s
- Mobile access points for mental health resources
- Invest in patient navigators & CHW’s

- Data on racial disparities in COVID-19
- State & local mitigation policies
- Assure equitable federal assistance dispersement (SDH)
- Communication, Health Literacy, and Public Awareness
- Make testing and care readily accessible

- Community-Centered Solutions
- Intersectoral partnerships
- Promote safety & belonging for ALL

- Housing Development & Home-ownership models
- Establish automatic savings in retirement plans
- Non-discrimination laws
“Economic and racial justice as the unfinished business of the Civil Rights Movement.”

- Dr. Martin Luther King, Jr.