Double Jeopardy: COVID-19 in the US and Latino Communities

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Take a moment

WHAT ARE YOU DOING NOW THAT YOU WOULD LIKE TO CONTINUE DOING?
<table>
<thead>
<tr>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is epidemiology?</td>
</tr>
<tr>
<td>How epidemiologists contribute to efforts to combat COVID19</td>
</tr>
<tr>
<td>Scope of the pandemic</td>
</tr>
<tr>
<td>How racial/ethnic minorities are impacted, and Latino communities in particular</td>
</tr>
<tr>
<td>Long-standing issues that are getting public attention now because of the COVID19 pandemic</td>
</tr>
<tr>
<td>How these issues are being addressed at the community level during the pandemic</td>
</tr>
</tbody>
</table>
What is Epidemiology?

The study of the distribution and determinants of disease frequency in human populations and the application of this study to control human problems.

Epidemiologists and Health Policy

- Conducting and disseminating his or her own research
- Serving on expert groups that make policy recommendations
- Serving as an expert witness in litigation
- Testifying before a policy-making body (e.g., city council or state legislature)
- Working as an advocate (e.g., within a health-related coalition) to achieve a specific policy objective
Many Routes from Epidemiologic Activity to Policy Formation...

- Surveillance raises awareness of issue
- Measurement research progressively refines exposure and outcomes
- Etiologic research identifies causal relations to natural settings
- Intervention research pilots potential actions
- Evaluation research considers impacts of policies

Annals of Epidemiology 2012; 22: 446-455
Five Key Steps of the Policy Cycle

Assessment of population health
Policy evaluation
Policy implementation
Policy choices
Assessment of potential interventions

SOURCE: Adapted from Spasoff, 1999
Assessment of Population Health

Descriptive epidemiology
- Measure the health of the population
- Assess health risks
- Assess health needs
- Identify priority targets for policy development

Analytical epidemiology
- Individual level and population level causes
Assessment of Potential Interventions

01 Identify potential policy interventions
02 Synthesize existing knowledge regarding their effectiveness
03 Contribute relevant new research
04 Assess the potential of each approach
Project impact of potential interventions on the health of the population

- Computer simulations of different interventions

Assist the process of consensus development
Policy Implementation

- Help to set targets for the chosen policies
- Inform needs-based resource allocation for health services
- Guide development of information systems
Policy Evaluation

Assess the impacts of policies

Monitor future health
COVID-19 Status Update: May 3, 2020

Worldwide (WHO)
- More than 3.3 million cases
- More than 236,000 deaths
- 215 countries, areas, territories

United States (CDC)
- More than 1 million cases
- More than 64,000 deaths

Maryland (MDH, JHU)
- More than 24,000 confirmed cases
- More than 1,100 confirmed deaths
- More than 1,600 currently hospitalized
- 19.5% of tests were positive
- Testing rate: 2,111.98 per 100,000 persons (2.1%)
- Incidence rate: 411.77 per 100,000 persons
- Hospitalization Rate: 20.06%
- Case fatality ratio: 5.11%

Examples of Websites showing the Who, When, Where

- **COVID-Net (Hospitalizations)**: [https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html?fbclid=IwAR0SDOUMhQwTOVt88w2GVmHS-p19FDaZs8y9CN8hfudZJSA_OafkbfdfV0w](https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html?fbclid=IwAR0SDOUMhQwTOVt88w2GVmHS-p19FDaZs8y9CN8hfudZJSA_OafkbfdfV0w)
- **Johns Hopkins Univ**: [https://coronavirus.jhu.edu/data/new-cases](https://coronavirus.jhu.edu/data/new-cases)
- **NACCHO county level data**: [https://covid19-naccho.hub.arcgis.com/?fbclid=IwAR0hEUigA5YY8yy2SRenCfPzFHKaaABHzZ7OUuHJBEHbRkbwchd5Ef0VkE](https://covid19-naccho.hub.arcgis.com/?fbclid=IwAR0hEUigA5YY8yy2SRenCfPzFHKaaABHzZ7OUuHJBEHbRkbwchd5Ef0VkE)
- **Maryland Department of Health**: [https://covid19.maryland.gov/](https://covid19.maryland.gov/)
- **91-Divoc**: [http://91-divoc.com/pages/covid-visualization/?fbclid=IwAR04jRvhu20Q01CPpitjNii4mgCWgYd_aGZIFWR7e6IPmTovFbG2uePi0E](http://91-divoc.com/pages/covid-visualization/?fbclid=IwAR04jRvhu20Q01CPpitjNii4mgCWgYd_aGZIFWR7e6IPmTovFbG2uePi0E)
- **https://www.bloomberg.com/graphics/2020-coronavirus-cases-world-map/**
- **Google community mobility report**: [https://www.google.com/covid19/mobility/?fbclid=IwAR01roZPzY3gB95SsOss97bsrD9OtOJahT2538tWdMgongs2wtXaZwQ8mx8](https://www.google.com/covid19/mobility/?fbclid=IwAR01roZPzY3gB95SsOss97bsrD9OtOJahT2538tWdMgongs2wtXaZwQ8mx8)
Projected timeline and milestones for a return to work in the U.S. (Actual/estimated new case count, United States, non-cumulative)

SOURCE: https://www.morganstanley.com/ideas/coronavirus-peak-recovery-timeline

COVID vs. US Daily Average Cause of Death

HTTPS://PUBLIC.FLOURISH.STUDIO/VISUALISATION/1712761/
Ripped from the Headlines

Hispanic Community in NYC ‘Disproportionately’ Impacted by COVID-19 (NBC New York)

Coronavirus, mirroring other health inequalities, impacting Minnesota’s black and Hispanic residents disproportionately (Twin Cities Pioneer Press)

New Data Show Latinos In Oregon Are Still Disproportionately Affected By COVID-19 (OPB)

Santa Barbara County’s Hispanic population hardest hit by COVID-19 (Santa Maria Times)
Hispanics/Latinos in our area are also more likely to get COVID-19.

<table>
<thead>
<tr>
<th>Geographic area</th>
<th>Percent of COVID-19 cases</th>
<th>Percent in population</th>
<th>Ratio</th>
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</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>24.7%</td>
<td>11.3%</td>
<td>2.19</td>
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<tr>
<td>Maryland</td>
<td>21.8%</td>
<td>10.4%</td>
<td>2.10</td>
</tr>
<tr>
<td>USA</td>
<td>25.4%</td>
<td>18.3%</td>
<td>1.39</td>
</tr>
</tbody>
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Data as of 5/1/20:
- [https://coronavirus.maryland.gov/](https://coronavirus.maryland.gov/)
- [https://www.census.gov/quickfacts/fact/table/MD/PST040218](https://www.census.gov/quickfacts/fact/table/MD/PST040218)
Immigrant workers are disproportionately vulnerable

• Immigrant workers are significant share of workers cleaning hospital rooms, staffing grocery stores and producing and transporting food across the country

• Immigrant workers are over-represented in sectors that are suffering mass layoffs: Restaurants and hotels, cleaning services for now-shuttered office buildings and personal services such as in-home childcare

• Immigrant workers in the hardest-hit industries tend to have lower incomes than their U.S.-born peers, and are more likely to lack health insurance, and/or have a minor child at home

Maryland Latinos & African Americans are more likely to live in poverty (2014)

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<tr>
<th>Poverty</th>
<th>Percent in poverty</th>
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<tr>
<td>Hispanics 17 and younger</td>
<td>16%</td>
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<tr>
<td>Non-Hispanic whites 17 and younger</td>
<td>8%</td>
</tr>
<tr>
<td>Non-Hispanic blacks 17 and younger</td>
<td>19%</td>
</tr>
<tr>
<td>Hispanics 18-64</td>
<td>13%</td>
</tr>
<tr>
<td>Non-Hispanic whites 18-64</td>
<td>7%</td>
</tr>
<tr>
<td>Non-Hispanic blacks 18-64</td>
<td>13%</td>
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SOURCE: http://www.pewhispanic.org/states/state/md/
Maryland Hispanics/Latinos are less likely to have health insurance (2014)

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<tr>
<td>Hispanics</td>
<td>27%</td>
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<tr>
<td>U.S.-born Hispanics</td>
<td>7%</td>
</tr>
<tr>
<td>Foreign-born Hispanics</td>
<td>47%</td>
</tr>
<tr>
<td>Non-Hispanic whites</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Hispanic blacks</td>
<td>8%</td>
</tr>
<tr>
<td>Hispanics 17 and younger</td>
<td>9%</td>
</tr>
<tr>
<td>Non-Hispanic whites 17 and younger</td>
<td>2%</td>
</tr>
<tr>
<td>Non-Hispanic blacks 17 and younger</td>
<td>3%</td>
</tr>
</tbody>
</table>

SOURCE: http://www.pewhispanic.org/states/state/md/
Figure 2

Nonelderly Uninsured by Citizenship Status, 2018

- US-Born Citizens: 70%
- Non-Citizens: 24%
- Naturalized Citizens: 6%

Total Nonelderly Uninsured: 27.9 Million

Note: Totals may not sum to 100% due to rounding.
Source: KFF analysis of 2018 American Community Survey (ACS), 1-Year Estimates.
Households living in close quarters

Average household size is larger (3.87) for Maryland Latinos, and Salvadoreans in particular (4.9), than the state overall (2.61).

More likely to be living in apartments.

Children often live in households with adults and the elderly--there might be multiple generations in one household, or less opportunities for social distancing.

Recommendations do not reflect reality (e.g.,

SOURCE: https://planning.maryland.gov/MSDC/Pages/census/Cen2010/sf2/sf2_main.aspx
Health disparities are not new; neither are the recommendations on how to address them

- Universal access to health care
- Adequate infrastructure for providing health care
- Enlarging the pool of Latino health professionals to provide culturally competent care
Health Priorities for Maryland Latinos

• Common issues for MD Latinos: access to care, language barriers, low SES
• Interrelatedness of health issues to other problems (e.g., employment, stress)
• Our in-person surveys found that fewer Latino adults have health insurance than telephone-based surveys suggest
• Latinos under-utilize emergency departments
• Recommend use medical interpreters, U.S. healthcare system workshops, licensure of foreign-trained nurses, outreach clinics

Framework for understanding the relationship between Latino ethnicity and health

SOURCE: Carter-Pokras & Bethune, 2009
Subgroups at high-risk for severe illness from COVID-19

• 65 years of age or older
• Live in a nursing home or long-term care facility
• Have underlying medical conditions, particularly if not well controlled:
  • Chronic lung disease or moderate to severe [asthma](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)
  • Serious heart conditions
  • Immunocompromised (e.g., cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled [HIV](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html) or AIDS, and prolonged use of corticosteroids and other immune weakening medications)
  • Severe obesity (body mass index [BMI] of 40 or higher)
  • Diabetes
  • Chronic kidney disease undergoing dialysis
  • Liver disease

Asthma prevalence, by selected demographic characteristics: US, average annual 2008–2010

SOURCE: https://www.cdc.gov/nchs/products/databriefs/db94.htm
New HIV Diagnoses Among the Most-Affected Subpopulations in the US and Dependent Areas, 2017

- Black/African American, Male-to-Male Sexual Contact: 9,807
- Hispanic/Latino, Male-to-Male Sexual Contact: 7,436
- White, Male-to-Male Sexual Contact: 6,982
- Black/African American Women, Heterosexual Contact: 4,008
- Black/African American Men, Heterosexual Contact: 1,717
- Hispanic Women/Latinas, Heterosexual Contact: 1,058
- White Women, Heterosexual Contact: 999

SOURCE: https://www.cdc.gov/hiv/group/racialethnic/hispaniclatinos/index.html
Prevalence of severe obesity among 5–14 year old NYC students in 2010–11

Children’s Hospital: “If you have a child with an underlying condition like a cardiac condition, obesity, asthma, any chronic medical illness…this could lead to hospitalization or critical care admission”

Latino & African American adults are more likely to have diabetes

- Nationwide, 12.1% of non-Hispanic whites, 20.4% of non-Hispanic blacks, 22.1% of Hispanics and 19.1% of non-Hispanic Asian adults have diabetes (age and sex adjusted prevalence)

- Among Hispanic adults, the prevalence of total diabetes was 24.6% for Mexican, 21.7% for Puerto Rican, 20.5% for Cuban/Dominican, 19.3% for Central American, and 12.3% for South American subgroups.

### Age-adjusted Chronic Liver Disease and Cirrhosis Death Rates per 100,000 (2017)

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Non-Hispanic White</th>
<th>Hispanic / Non-Hispanic White Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>20.4</td>
<td>14.6</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>8.7</td>
<td>8.2</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14.3</td>
<td>11.3</td>
<td>1.3</td>
</tr>
</tbody>
</table>

- Latinos are more likely to die of chronic liver disease
- Known risk factors for chronic liver disease include hepatitis B or C infection, heavy/binge drinking, obesity, diabetes, and metabolic syndrome

Possible sources of disparities during a pandemic influenza outbreak

SOURCE: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600245/
Underlying conditions are less likely to be well controlled among racial/ethnic minorities

• High Blood Pressure control is lower
  • Among those recommended to take blood pressure medication, blood pressure control is lower for non-Hispanic black adults (25%), non-Hispanic Asian adults (19%), or Hispanic adults (25%) than non-Hispanic whites (32%).

• Type 2 Diabetes – worse glycemic control

• Asthma - more likely to have uncontrolled or severe asthma

• HIV – more likely to be unaware they have it
  • 1 in 6 Hispanics & 1 in 7 blacks/African Americans with HIV are unaware they have it

Need to also address other health care barriers such as transportation, interpretation, literacy, hours available etc.
Despite some lower adoption, blacks and Hispanics own smartphones at similar shares to whites

% of U.S. adults in each group who say they have the following

<table>
<thead>
<tr>
<th>Device</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desktop or laptop computer</td>
<td>82</td>
<td>58</td>
<td>57</td>
</tr>
<tr>
<td>Home broadband</td>
<td>79</td>
<td>66</td>
<td>61</td>
</tr>
<tr>
<td>Smartphone</td>
<td>82</td>
<td>80</td>
<td>79</td>
</tr>
<tr>
<td>Tablet computer</td>
<td>53</td>
<td>58</td>
<td>43</td>
</tr>
<tr>
<td>All of the above</td>
<td>40</td>
<td>33</td>
<td>28</td>
</tr>
</tbody>
</table>

Note: Those who did not answer are not shown. Whites and blacks include only non-Hispanics. Hispanics are of any race.

Digital Divide Persists

Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare

Source: Gomes and McGuire, 2001
Implicit Racial/Ethnic Attitudes

Latino:White IAT

Percentage of Sample

Preference for Latinos

Preference for Whites

Primary Care Providers
Community

Growing evidence that providers hold **implicit racial biases** which harm patients

- Poorer communication by providers (Cooper 2012; Penner, 2010; Hagiwara, 2013)

- Lower patient satisfaction (Blair, 2013; Cooper 2012)

- Suboptimal clinical decision-making in some but not all vignette studies (Green, 2007; Haider, 2011; Oliver, 2014; Sabin, 2012)

*Implicit biases assessed using Implicit Association Test (IAT)*

[www.implicit.harvard.edu/implicit/](http://www.implicit.harvard.edu/implicit/)
National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care (2001)

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Resistance takes many forms

“It’s an unfunded mandate. We’re not getting paid for this.”

“There are higher priorities. Our system lacks the basic services.”

“These requirements are prescriptive and administratively burdensome.”

“This is special treatment for a small group of people.”

“These standards exceed current service standards.”

“Our services are available to everyone.”

“How do we operationalize this?”

https://www.leg.state.mn.us/docs/2005/other/050050.pdf
When Emergency Strikes

• “challenges with some of the residents getting sufficient information about aid and assistance and help that was available to them”

• “lack of Spanish-speaking staff at the shelter but at the scene of disaster, when survivors were seeking information about shelter and other help”

We are frightened because we don’t know what’s going to happen (with immigration) . . . this is an emergency”

“Some people don’t even want to go out (of their house)”
1st Wave
Immediate mortality and morbidity of COVID-19

2nd Wave
Impact of resource restriction on urgent non-COVID conditions

3rd Wave
Impact of interrupted care on chronic conditions

4th Wave
- Psychiatric trauma
- Mental illness
- Economic injury
- Burnout

Health Footprint of Pandemic
Time
Persistence of disparities

Need to rethink approaches to addressing health disparities

Interventions and initiatives targeting upstream social determinants of health are likely most effective for improving health equity
Healthy People 2020 includes high school graduation rates as a leading health indicator – acknowledging the importance of social determinants of health.
Recommendations to achieve health equity

Individuals and communities should:
- advocate for political, social & economic policies & programs that will improve health for most vulnerable, and support health advancement of multicultural populations.
- understand legal rights and obligations to uphold civil rights laws and disability laws
- advocate for enforcement of civil rights & disability laws.

Federal, state and local governments should: adopt a “health in all polices approach” to assure that health issues are addressed broadly, especially with respect to social policies that affect vulnerable populations

# BLUEPRINT PRIORITY AREAS

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>A. Health Promotion</strong></td>
<td>Expand and refocus health and wellness promotion efforts</td>
</tr>
<tr>
<td><strong>B. Equitable Access to Care</strong></td>
<td>Ensure equitable access to and utilization and quality of health and social services</td>
</tr>
<tr>
<td><strong>C. Meaningful Participation</strong></td>
<td>Ensure meaningful Latino participation in decisions that affect the health and well-being of the Latino community</td>
</tr>
<tr>
<td><strong>D. Cultural competency</strong></td>
<td>Ensure the availability of culturally and linguistically competent services</td>
</tr>
<tr>
<td><strong>E. Data</strong></td>
<td>Improve the collection, analysis, reporting and utilization of health and other data for Latinos</td>
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<tr>
<td><strong>F. Health Professionals</strong></td>
<td>Increase the number of Bilingual and Bicultural professionals working in Montgomery County</td>
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</table>
Examples of what is needed

- Access to resources (e.g., testing, PPE, education)
- Access to dormitories or hotel rooms for to self-quarantine or separate from others who are ill.
- Support food pantries and meal delivery services, or waivers of restrictions on food assistance.
- Fund childcare services, food, and educational resources due to economic hardship resulting from the pandemic.
- Protective policies for workers, including paid sick leave, health insurance, Medicaid expansions, and extending enrollment periods for health insurance exchanges.
- Streamline relief fund application processes and allow extensions of subsidies when the crisis begins to subside.

SOURCE: https://coronavirus.jhu.edu/data/racial-data-transparency
What's Important to COMMUNICATE to each other?

- Be understanding
- Be WELCOMING!
- Use Diagrams!
- Know the Culture!
- Advocate for the patient
- Take them at their word!
- Find a Common Denominator
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What's Important to KNOW for Cultural Competency?

- Consider your Privileges
- Understand your own background
- How it AFFECTS everyday life
- Know their background
- Understand Barriers
- Eliminate barriers to participation
- Participant as customer
- Where they may Balance Plain English without dumbing it down
- Go Back and Report to them
- STRATEGIES that WORK:
  - BLOGS Technology
  - CHILDCARE
  - LISTEN! Ask the RIGHT QUESTIONS!
  - Give the RIGHT INFORMATION
  - Scribe
  - Research
  - Provide Resources
  - Educate
  - Bridge the Gap Between Researchers & Patients
  - Lobby for Funding Together
  - "EMBED Researchers from DayOne"
  - Direct Access between Researchers & Patients
  - "I'm not just a number." Recognize our BIASES
  - Know their INSURANCE BENEFITS
  - "Partner浦ste with their culture"

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Reflective Learning can:

- Lead to a deeper understanding of one’s unconscious thoughts, attitudes, and biases
- Promote self awareness, confidence, and growth
- Serve as a tool to elicit ongoing change and improvements in clinical effectiveness and quality service
- Build on a developmental process of reflective learning from everyday experiences
Epidemiologists are contributing in many ways to efforts to combat COVID-19

Latinx are more likely to get COVID-19; Interrelatedness of health issues to other problems

Many Latinx have underlying conditions that are not well controlled, placing them at higher risk of severe illness from COVID-19

Long standing recommendations to improve access and quality of care need to be implemented
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