COVID-19 and Health Disparities: The Impact on Latinx Communities in the United States
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The COVID-19 pandemic has resulted in more than 2.3 million cases and more than 120,333 deaths in the United States as of June 23.[i] While the pandemic has touched every community in our country, it has revealed the striking socioeconomic and healthcare inequities in the U.S. that disproportionately impact Black/African Americans, Latinx, Native American in addition to underserved communities such as individuals in correctional facilities, rural and immigrant populations, people with disabilities and individuals experiencing homelessness.

The Infectious Diseases Society of America and its HIV Medicine Association represent more than 12,000 infectious diseases and HIV physicians and other health care providers, public health practitioners and scientists committed to ending the health disparities that have historically impacted the lives of Black and Brown and other underserved Americans and that have been exacerbated by COVID-19. This brief is part of a series that examines COVID-19 and health disparities in the United States.

This brief calls attention to the significant health disparities among Latinx communities accentuated by the COVID-19 pandemic that puts these individuals at higher risk for both exposure to, and death from, this disease, and to advocate for policies that minimize these disparities. Latinx communities and other underserved communities disproportionately impacted by COVID-19 share the following:

- Experience higher rates of pre-existing and underlying health conditions,[ii]
- Are more likely to be uninsured,[iii]
- Are more likely to be low wage frontline workers,[iv] and
- Are disproportionately impacted by structural racism and socioeconomic factors.[vvi]

Higher Rates of Pre-existing, Underlying Health Conditions

COVID-19 is a novel disease and more comprehensive data regarding the contribution of underlying health conditions that are risk factors for this disease as well as improved reporting on race and ethnicity are needed. In the Centers for Disease Control and Prevention (CDC) COVID-19 most recent case report, 52% of data collected had missing race and ethnicity data.[vii] Among COVID-19 cases, 32% had cardiovascular disease as the most common underlying health condition followed by 30% of cases who had diabetes and 18% who had chronic lung disease.[viii] Currently available data suggest that older Americans and individuals who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. Latinx populations are 50% more likely than Whites to develop type 2 diabetes [ix] and have a:

- 50% higher death rate from diabetes or liver disease
- 24% more uncontrolled high blood pressure
- 23% more obesity.[x]

Disproportionate mortality rates of COVID-19 are reported among the Latinx and Black/African American communities in cities across the country. The New York City Department of Health and Mental Hygiene reported death rates among Latinx and blacks twice that reported among whites. Age-adjusted death rates were 259.2/100,000 and 265.0/100,000 among Latinx and black NYC residents, respectively, compared to 130.3/100,000 among whites.[xi]

CALL TO ACTION

Policies should be centered on reducing or eliminating socioeconomic and racial and ethnic disparities to improve the health of Latinx, Black/African Americans, Native Americans and other underserved communities. We call on policymakers to improve surveillance and data collection, provide medical relief and financial assistance as well as to develop strategies to address the underlying inequities in our public health infrastructure, which have been further exposed by the COVID-19 pandemic.

Protect Essential and Frontline Workers

The compounding effect of the pandemic and the economic downturn has negatively impacted Latinx workers and is reflected in the surging unemployment rate. As of June 5, 2020, the overall unemployment rate had risen to 14.7% and was higher among Latinx populations at 18.9%. [xii] In a survey conducted by the Pew Research Center, 49% of Latinxs reported that they or someone in their household had taken a pay cut and/or lost a job because of the COVID-19 outbreak, compared with 33% of all U.S. adults.[xiii]

Eight million Latinx workers are at higher risk of losing their job as a result of working in industries acutely affected by COVID-19, including meatpacking plants, restaurants, hotels and other service-sector positions.[xiv] These industries often pay low wages and employ a disproportionate number of people who already face barriers to economic opportunity. These frontline employees face heightened risks for COVID-19 exposure and acquisition, lack of personal protective equipment, little to no social distancing, and the threat of loss of the ability to file for unemployment benefits if the employee determines it is unsafe to return to the job.

Racially segregated occupations that have systemically provided low wages and inadequate benefits, as well as a limited ability to create flexible work arrangements have forced many to continue to commute to work, increasing exposure to COVID-19 through public transportation. Low-income and historically marginalized households account for 63% of public transit users.[xv] Staying home may not be economically feasible for persons in lower-wage occupations. Only 16% of Latinx workers can work from home, compared with 30% of White workers.[xvi] In addition, employment in settings such as meat and poultry processing plants, where conditions in which employees work in close proximity for long hours, and use cramped break areas, make appropriate social distancing impossible.[xvii] These conditions, together with punitive attendance policies that make it more likely that employees will show up for work even when feeling unwell, increase the risk of COVID-19 transmission in the workplace. In addition to employment challenges, Latinx communities in the U.S. are more likely to share a household with large or extended families, with more persons per household than White and Black/African Americans.[xviii] We recommend that Congress:

- Ensure that the Employment and Training Administration enforces federal standards that apply to determine whether workers can maintain their eligibility to receive regular state unemployment insurance and Pandemic Unemployment Assistance when their employers are

not taking the proper health and safety precautions to protect against COVID-19, including nonadherence to CDC established guidelines.[xix]

- Require employers to furnish recommended personal protective equipment and provide access to COVID-19 testing materials and supplies at no charge to employees.
- Immediately pass the Healthy Families Act (H.R. 1784) which provides for paid and unpaid sick leave for employees to meet their own medical needs and those of their families.
- Pay in full medical bills for essential workers who contract COVID-19.
- Enhance support for businesses with a focus on supporting minority and women-owned small businesses and businesses in rural communities.

Ensure the Collection of COVID-19 Data by Race, Ethnicity, Gender, Age and Zip Code

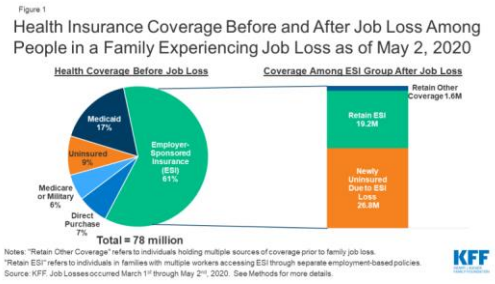
The inclusion of information about race, ethnicity, gender, age and disability status by zip code for COVID-19 is critical to allow federal, state, local, tribal, and territorial public health officials to better respond to the current COVID-19 pandemic and future public health emergencies. Uniform data collection including for race and ethnicity will also allow for more targeted resource allocation and recovery planning to communities hardest hit by COVID-19 and future pandemics. We recommend:

- CDC collect and publicly report COVID-19-related data on number and percent positive of diagnostic tests, hospitalizations, deaths, case figures and mortality by race, ethnicity, gender, age, disability status, and zip code.
- CDC prepare to collect data on vaccination rates by race, ethnicity, gender, age and disability status.
- Congress increase funding to ensure a coordinated, national surveillance system across all states and territories that ensures timely and comprehensive data collection.
- Congressional and state support for public health officials to specifically collect these data to ensure quality and completeness. Funding should be allocated from the federal and state governments to local health departments for these officials.

Increase Access to Affordable Healthcare Coverage and Healthcare Services

Following the passage of the Patient Protection and Affordable Care Act (ACA), the uninsured rate among individuals who are Latinx dropped from 32.6% in 2010 to 19% in 2018.[xx] However, the uninsured rate among individuals who are Latinx remained 2.5 times higher than that for Whites.

With higher rates of job loss, individuals who have been receiving their health insurance through their employers are also at risk of losing their health coverage. A Kaiser Family Foundation analysis finds that nearly 27 million people will lose health insurance because of being laid off during the COVID-19 pandemic (see Appendix 1).[xxi] Latinx communities who are left uninsured are expected to turn to the ACA or the Medicaid program. Individuals who lack health insurance, as well as those who lack documentation of U.S. citizenship, often delay seeking care because of out of pocket costs.[xxii]



The ACA's coverage expansions have led to historic reductions in racial and ethnic disparities in access to healthcare coverage since 2013, but progress has stalled and, in some cases, eroded since 2016. This setback can be attributed in part to congressional, regulatory, and executive actions that have

negatively affected Americans' coverage and access to care, including the repeal of the individual mandate penalty for not having health insurance.[xxiii] We recommend:

- The 14 remaining states expand Medicaid coverage without restrictions.[xxiv]
- Congress support an additional increase in the temporary enhancement of the federal matching rate for state Medicaid programs to prevent eligibility and coverage restrictions due to increased demand and strains on state budgets.
- Congress support enhanced coverage for COVID-19 treatment and prevention for Medicaid and Medicare patients.
- A nationwide special enrollment period for individuals without health care coverage to enroll in an Affordable Care Act (ACA) compliant marketplace plan.
- Congress provide adequate funding for community health centers and take steps to ensure the long-term financial viability of health centers, which are often the only source of health care for lower-income individuals in many communities and that care for patients regardless of their ability to pay.
- The administration rescind the "Public Charge" rule establishing new restrictions on immigrants' eligibility to live and work legally in the United States based on their use of essential services because it is a deterrent to immigrants and their families accessing healthcare services.

Ensure Timely Access to High-Quality, Culturally Competent COVID-19 Testing, Care, and Prevention

The populations disproportionately impacted by COVID-19 should be prioritized for COVID-19 testing, care and treatment and when available vaccines. We recommend:

- Congress provide resources geared specifically to address the disproportionate impact on the Black/African American, Latinx and Native American communities and to strengthen COVID related support for other vulnerable populations.
- Testing and treatment delivery that is culturally competent and geographically and economically accessible.
- Contact tracing programs and staff are culturally competent and reflect the communities they work with, and fully engage organizations with experience and expertise in the community.
- Congress work with all public and private health insurers and vaccine and drug developers and manufacturers to provide access to affordable prevention, care and treatment services for COVID-19 for all patients regardless of ability to pay, including by sustaining the CARES Act Provider Relief fund.
- Health systems and institutions implement cultural competency training for health care providers and provide organizational accommodations and policies to reduce administrative and linguistic barriers to health care.
- All public health education and information be made available in Spanish and other languages reflecting the populations in local communities.

Address Social Determinants of Health

Significant structural changes are needed to address the social and economic determinants of health that disproportionately harm the health and well-being of African American, Latinx and Native American communities and other underserved populations. Over the long-term, systemic changes are needed to promote economic stability, healthy neighborhoods, education, food security and access to culturally

competent healthcare in addition to ending structural racism throughout these systems.[xxii] In the short-term, the following should be considered:

- Increased funding for the Federal Communications Commission's Lifeline program to support unlimited minutes and Internet access for low income individuals and families to stay connected to health care and educational programs.[xxiii] This is particularly important in sustaining telehealth access in communities with limited access to healthcare and transportation to healthcare facilities.
- Provide a 15% increase in the Supplemental Nutrition Assistance Program maximum benefit level to provide additional resources to low income household to purchase food.[xxiv]
- Continue the moratorium on evictions for failure to pay rent.
- Increase the availability of housing assistance and temporary housing for individuals experiencing homeless and those living in shared housing with a large or extended family to quarantine.

Ensure Equitable Access to Clinical Trials

The inclusion of safety-net hospitals and providers and the patients they serve in COVID-19 clinical trials is critical to ensure equitable access to investigational treatments as well as to ensure treatments under investigation are studied and evaluated in the populations disproportionately impacted by COVID-19. We recommend that:

- COVID-19 clinical trial sponsors ensure participation by Latinx, Black/African American and other underserved communities.
- Research enrollment activities should include comprehensive information about COVID-19, clinical trials and research studies and include a transparent informed consent process.
- Federal and private sector clinical trials should include researchers representing Black/African American, Latinx and other underserved populations.
- Therapeutics should not be approved by the FDA unless they have been investigated in disproportionately affected groups.
- Research practices directly address the history of racism in clinical research, including lack of consent in research and other unethical research practices by engaging the Black/African American, Latinx and other underserved populations throughout the process, including study and trial design.

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[i] Centers for Disease Control and Prevention. Case Report in the U.S. Available at: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html. Accessed June 23, 2020.

[ii] Artiga S, Garfield R, Orgera K. Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. Kaiser Family Foundation. April 7, 2020. Online at: https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/. Accessed June 9, 2020.

[iii] Artiga, S., et al. Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018. Kaiser Family Foundation. March 5, 2020.

[iv] Blau FD, Koebe J, Meyerhofer PA. Essential and Frontline Workers in the COVID-19 Crisis. Econofact. April 30, 2020. Online at: https://econofact.org/essential-and-frontline-workers-in-the-covid-19-crisis. Accessed June 9, 2020.

[v] Artiga S. Health Disparities are a Symptom of Broader Social and Economic Inequities. Kaiser Family Foundation. June 1, 2020. Available at: https://www.kff.org/coronavirus-policy-watch/health-disparities-symptom-broader-social-economic-inequities/. Accessed June 9, 2020.

[vi] Bailey ZD, Krieger N, Z Agénor M, et al. Structural racism and health inequities in the USA: evidence and interventions. Lancet 2017; 389: 1453–63.
[vii] Centers for Disease Control and Prevention. Case Report in the U.S. Last updated June 24, 2020. Available at: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html
[viii] Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance—United States, January 22-May 30, 2020. MMWR Morb Mortal Wkly Rep. ePub: 15 June 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6924e2.
[ix] Centers for Disease Control and Prevention. Hispanic/Latino Americans and Type 2 Diabetes. Available at: https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html#:~:text=Diabetes%20Affects%20Hispanics%2FLatinos%20More,it%20at%20a%20younger%20age.
[x] Centers for Disease Control and Prevention. Vital Signs. May 5, 2015. Available at: https://www.cdc.gov/vitalsigns/hispanic-health/index.html
[xi] NYC Health Data. Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-05142020-1.pdf.
[xii] U.S. Bureau of Labor and Statistics Available at: https://www.bls.gov/web/empsit/cps_charts.pdf
[xiii] Pew Research Center Survey. U.S. Latinxs Among Hardest Hit By Pay Cuts, Job Losses Due To Coronavirus. April 3, 2020. Available at: https://www.pewresearch.org/fact-tank/2020/04/03/u-s-Latinxs-among-hardest-hit-by-pay-cuts-job-losses-due-to-coronavirus/
[xiv] Pew Research Center Analysis. Young Workers Likely To Be Hard Hit As COVID-19 Strikes A Blow To Restaurants And Other Service Sector Jobs. March 27, 2020. Available at: https://www.pewresearch.org/fact-tank/2020/03/27/young-workers-likely-to-be-hard-hit-as-covid-19-strikes-a-blow-to-restaurants-and-other-service-sector-jobs/
[xv] Pucher J, Renne JL. Socioeconomics of urban travel: evidence from the 2001 NHTS. Transportation Quarterly. 2003; 57:49–77.
[xvi] American Progress. The Economic Fallout of the Coronavirus for People of Color. April 14, 2020. Available at: https://www.americanprogress.org/issues/race/news/2020/04/14/483125/economic-fallout-coronavirus-people-color/
[xvii] Dyal JW, Grant MP, Broadwater K, et al. MMWR Morb Mortal Wkly Rep. 2020 May 8;69(18):557-561
[xviii] Myers D, Baer WC, Choi SY. The changing problem of overcrowded housing. J Am Plann Assoc. 1996; 62:66–84.
[xix] Centers for Disease Control and Prevention. Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020. Available at: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
[xx] Artiga, S., et al. Kaiser Family Foundation. Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018. March 5, 2020. Available at: https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/
[xxi] Kaiser Family Foundation. Eligibility for ACA Health Coverage Following Job Loss. May 13, 2020. Available at: https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top
[xxii] West Health Gallup Poll. April 28, 2020. Available at: https://news.gallup.com/poll/309224/avoid-care-likely-covid-due-cost.aspx?mod=article_inline
[xxiii] The Commonwealth Fund. How the Affordable Care Act Has Narrowed Racial and Ethnic Disparities in Access to Health Care. Data Brief. January 16, 2020. Available at: https://www.commonwealthfund.org/publications/2020/jan/how-ACA-narrowed-racial-ethnic-disparities-access
[xxiv] Kaiser Family Foundation. Status of State Action on the Medicaid Expansion Decision, April 27, 2020. Available at: https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D