

INTRODUCTION

The term health disparities refers to preventable differences in the healthcare system's history among disadvantaged populations including race, ethnicity, socioeconomic status, age, location, gender, disability status, sexual orientation, etc. These disparities result in comorbidities, increased mortality rates and unnecessary costs. There is a strong correlation between low household income and increased risk of poor health. Poverty is recognized as a contributor to death and disease. This highlights the need for policies that promote and advocate for racial, economic and healthcare equality. The pandemic's striking differences in social and ethnic groups provide the opportunity to reaffirm and further explore these disparities.



Craig F. Walker/Boston Globe



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Objective

The aim of this study is to bring awareness to the disparities to which U.S. Hispanics/Latinxs are facing. These disparities are variables that put the Hispanic/Latinx community at higher risk of becoming infected by SARS-CoV-2; these variables are specific to this community.

Methods

The primary database used was Medline (via PubMed). The key words used were COVID-19 [tiab] AND SARS-CoV-2 [tiab] AND Hispanic [tiab] AND Latinx [tiab] AND Health disparities. This research was further supplemented by hand-searching of relevant literature. Literature published between February 2020 and February 2021 was reviewed. Only articles published in English and in the U.S. were included. Initially, 62 articles were obtained, 19 mentioned U.S. health disparities, only 7 addressed health disparities, U.S. Hispanics/Latinxs, and COVID-19

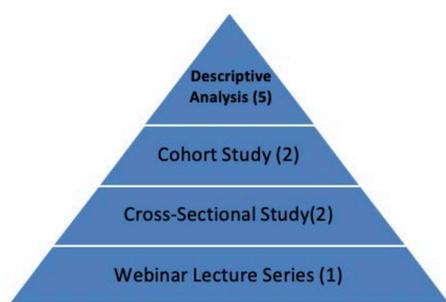


Figure 1: Level of Evidence of Identified Literature



Figure 2: Sequence of Eligibility Selection

Results

There has been a steady increase in COVID-19 cases and deaths among U.S. Hispanics/Latinxs. Despite being 18% of the U.S. population, the CDC revealed that they account for 34% of all U.S. COVID-19 cases. Hispanics/Latinxs have one of the highest probabilities of testing positive for COVID-19 in the U.S. (Figure 3).

Rate ratios compared to White Non-Hispanic	American Indian or Alaska Native, Non-Hispanics	Asian, Non-Hispanics	Black or African American, Non-Hispanic	Hispanic or Latinos
Cases	1.9x	0.7x	1.1x	1.3x
Hospitalizations	3.7x	1.1x	2.9x	3.2x
Deaths	2.4x	1.0x	1.9x	2.3x

Figure 3: Covid-19 Race Ratios Compared to Whites. CDC 2021

Conclusion

Health disparities and inequities are not new to U.S. Hispanics/Latinxs. These injustices have been long implemented on minorities, which stem from the basis of individual/systemic racism and discrimination. U.S. minorities carry a greater burden of SARS-CoV-2 infections and deaths compared to their White counterparts. These disparities include, but are not limited to, language barriers, immigration status, delayed help-seeking behavior, larger and multi-generational households, access to healthcare, underlying health issues, lower income, lower educational levels, health insurance coverage, transportation, and greater risk of exposure to SARS-CoV-2 by being "essential workers". These disparities are expected to play a role in the current/future distribution of the COVID-19 vaccine. From a public health perspective, more research is recommended to expose these disparities, recognize and mitigate them.

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