National Minority Health Month
WEEKLY OPED BY SEP HS INTERNS
HISPANIC, LATINO/A/X, AND MEXICAN AMERICAN HEALTH INEQUITIES
BY OLIVIA STRANDBERG AND VALERIA DAVILA

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"Can you hear us?" was the last thing a loving wife told her husband who was laying on a bed in a San Diego hospital minutes away from his death. Jose Alfredo Reyes was a 59-year old man and a longtime farmworker in Imperial County in California. Margarita Reyes and Jose Alfredo Reyes, like many other Hispanic or Latinx/Mexican American families living in the United States, had to battle against the horrible outbreak of COVID-19. Jose’s only hope was to get proper treatment in San Diego, which is 2 hours away from their home, because of the lack of hospitals near him. Jose’s story ends with a heartfelt goodbye from Margarita, by leaning in low to his ear and whispering that his elderly mother, his children, and his grandchildren would all be OK and with a final "I love you". Like the Reyes, there are many other families facing the repercussions of health inequalities before and during the pandemic of COVID-19, but this is just one of the few stories that are told about the reality lived by the Hispanic or Latinx/Mexican American community on a daily basis in the United States.

The Hispanic or Latinx/Mexican American community has high work exposure due to not being able to do their jobs from home and, with a small portion of the community getting vaccinated, there are high hospitalization and death rates. These health inequities need to be addressed. 62.1 million people from the Hispanic or Latinx/Mexican American community live in the US which is 18.5% of the population, but the Hispanic or Latinx/Mexican American community makes up 25.1% of COVID-19 cases and 33.3% of COVID-19 deaths. Data also shows that, in comparison to state populations, there is a smaller number of Hispanic or Latinx/Mexican Americans getting vaccinated.

Industries like agriculture (43.4%), construction (32.3%), and maintenance (36.7%) have high concentrations of Hispanic or Latinx/Mexican American workers. These jobs lead to high exposure rates for COVID-19 and its variants because they cannot be done from home. Long working hours around other people increases the likelihood of being exposed and contracting COVID-19. This data explains the prevalence of cases, but it doesn’t explain the increased morbidity rates. The Hispanic or Latinx/Mexican American community has always faced health disparities that are now amplified due to COVID-19, like higher rates of diabetes, obesity, hypertension, kidney disease, and high blood pressure. These pre-existing conditions are shown to correlate with worsened effects of COVID-19. Another area with inequities is healthcare access and treatment. The US spent the least amount of healthcare dollars on the Hispanic population compared to their proportion, with only 11% of patients benefiting despite their 18% population makeup. The Hispanic or Latinx/Mexican American community is also the least likely to go to the doctor with a medical issue, which could be due to the lack of access to high-quality health care illustrated by the fact that only 36.3% of the population has public health insurance coverage. All of these factors lead to worsened health outcomes for all conditions, but it’s been brought to the forefront with COVID-19.

Prize Question: What is the TEACH BACK technique used to facilitate cross-cultural engagement?
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The Hispanic or Latinx/ Mexican American community is also getting booster shots at lower rates than others, and when states break down the data, a smaller number of Hispanic or Latinx/ Mexican Americans are vaccinated than live in the state, like in Washington, Oregon, and California. This can be explained by lack of access: not prioritizing essential workers that aren’t in healthcare, like the people who make up the service jobs that the Hispanic or Latinx/ Mexican American community tends to populate, and also the location of vaccination sites. In Boston, less than 26% of the Hispanic or Latinx/ Mexican American population lives within a mile of a vaccination site, so to get vaccinated they have to travel. Traveling to these sites takes money and time away from work, which isn’t a possibility for some.

The Hispanic or Latinx/ Mexican American community is facing health and healthcare inequities that are being amplified by this pandemic. To help them overcome these inequities, we need to intentionally increase access to vaccination sites and confidence in vaccines. There needs to be more sites in areas with high Hispanic or Latinx/ Mexican American populations or provided transportation to already established vaccination sites. The information about COVID vaccines needs to be in Spanish as well as English so that it’s more comfortable and accessible to those who aren’t bilingual. All of these things will lead to higher Hispanic or Latinx/ Mexican American vaccination rates which will diminish the gap in COVID prevalence and mortality. The change needs to be done, and it can start by simple but meaningful acts such as: calling your state representative to support increased funding and vaccination sites, donating to local organizations providing support, for example, Love Not Fear Fund and Latino Community Fund Washington State. Other important measures are attending local government meetings to advocate for more vaccination sites and being aware and letting others know about the existing problem. It’s essential that this vaccination gap closes so that our Hispanic or Latinx/ Mexican American community stays healthy.

**EVENTS NEXT WEEK**

**Speakers Enrique Maymi-Torres and Martha Zuniga:** Advocating for the LGTBQIA+ and the People Living with HIV in the Latin Community  
Wednesday  
12:00PM

**Brave Space Discussions: continuation of speakers themes**  
Thursday  
12:00PM

**Prize from Emails**  
Announced every Friday

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**References:**  
Salud America®, 2022. “Prize from Emails.”  
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