

Concerns remain as COVID-19 pandemic weighs on Hispanic people in US

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Early in the COVID-19 pandemic, the U.S. Hispanic population faced

disproportionately high case numbers. As the coronavirus crisis enters its fourth year, and with some federal resources set to expire soon, concerns remain about the continuing impact of COVID-19 on Latino people.

Between Jan. 22, 2020, two days after the first COVID-19 case in the United States was confirmed, and May 30, 2020, there were more than 1.3 million lab-confirmed cases in the country, according to the Centers for Disease Control and Prevention. Of the nearly 600,000 cases in which race and ethnicity data were available, about a third were Hispanic people.

"What we know now is that the Latino community really suffered from a significant loss of parental and family figures that disrupted many family units across the U.S.," said Bertha Hidalgo, an associate professor of epidemiology at the University of Alabama at Birmingham.

Systemic disparities, including lack of access to health care and [food insecurity](#), that were aggravated by the pandemic continue to pose a threat to Latinos. Even as the number of cases and deaths linked to COVID-19 has decreased in the U.S., Hispanic people comprise 24.3% of all COVID-19 cases in which race and ethnicity data are available, despite making up only about 19% of the U.S. population. That's just second to non-Hispanic white people, who total 53.8% of cases and make up about 60% of the U.S. population, according to CDC data from mid-April.

CDC data also shows that Hispanic people make up 16.8% of the nation's COVID-19 deaths.

Hidalgo said economic stress related to the disease poses an additional challenge for Hispanic people, who hold a large portion of jobs in crowded or poorly ventilated conditions—including meatpacking plants and warehouses—that increase their risk of infection.

"People who disproportionately comprise the workforce may not be financially equipped to buy high-quality masks or to pay for rapid testing at home," Hidalgo said.

She said financial stressors could get worse after the public health emergency ends on May 11 that provided various free COVID resources, including access to health care and government purchases of supplies.

As long as supplies last of government-purchased COVID vaccines and treatments, they will still be free for anyone, regardless of insurance coverage. Private insurers and Medicare will no longer be required to cover at-home tests. People enrolled in Medicaid, however, will continue to receive free tests through September 2024.

Although the extent of COVID-19's impact on Latinos is not fully understood, Hidalgo said it "has affected people's ability to work, to live quality lives, to access care that can help monitor and change the symptoms." To address health inequities in a growing Hispanic population that currently tops 62 million, Hidalgo said it's going to require continued efforts from [community leaders](#), local organizations, advocates and the scientific community.

On the scientific front, two recent studies from the National Institutes of Health's Researching COVID to Enhance Recovery project found Black and Hispanic COVID-19 survivors may experience more symptoms and [health problems](#) related to long COVID—yet may be less likely to receive a diagnosis. The research also found that long COVID's symptoms and conditions manifested differently in Hispanic people, who were more likely than white adults to have problems such as headaches and chest pain but were less likely to have cognitive issues or fatigue.

Disproportionately more Hispanic adults who have tested positive for

COVID-19 say they have ever experienced long COVID symptoms—nearly 29%, according to the latest estimates from the U.S. Census Bureau's Household Pulse Survey.

A high prevalence of certain cardiovascular risk factors, such as diabetes and obesity, among Hispanic people also has factored into COVID-19's effect, said Dr. Jorge Saucedo, chief of cardiology at the Medical College of Wisconsin in Milwaukee. Both diseases are on the CDC's list of conditions that increase the chances of getting very sick from COVID-19.

"These comorbidities made them more prone to ... have worse outcomes," Saucedo said. "Additionally, of course, there are the socioeconomic considerations, such as where people live. It's not rare that many Hispanics live in smaller spaces."

And many Latino people with chronic medical conditions have less access to [health care](#) and [healthy food](#), and they live in a less-favorable environment, he said. "Under those circumstances, you're going to get sick and when you get sick, you're going to do more poorly."

Hidalgo said that while the pending loss of government resources may signal that the pandemic is nothing to worry about anymore, people should still view COVID-19 as a threat and take precautions, including wearing a mask in crowds and staying up to date with vaccinations.

The CDC recommends everyone 6 months and older receive an updated, or bivalent, booster to protect against the original virus as well as more recent variants. The Food and Drug Administration on Tuesday authorized a second bivalent booster dose for people 65 and older and those with a weakened immune system. The CDC signed off on the additional booster for those groups on Wednesday.

"If you're a high-risk person and you get infected, you can still get sick and die," Hidalgo said.

As people adapt to a world that includes COVID-19, it's important to continue using common sense to stay healthy, Saucedo said. He likened it to the flu: "Every year we're going to be having this, and we just will have to be careful and protect ourselves."

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