



COVID 19

Arizona Hispanic / LatinX

Virtual Town Hall Meeting

Sponsored by Mayo Clinic
and in partnership with
Magellan Health
Equality Health

Arizona Hispanic Chamber of Commerce

University of Arizona, Phoenix

University of Arizona, Tucson

National Hispanic Medical Association

Valle del Sol

Mary Rabago Productions

May 19, 2020





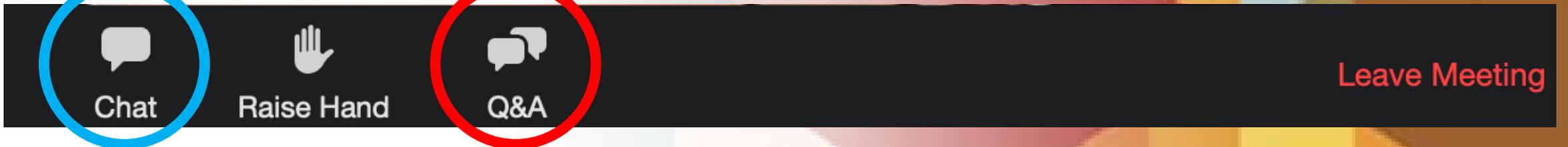
Dr. Keith J. Cannon

Consultant,
Division of Hospital Internal Medicine

Mayo Clinic

To ask a Question

Chat Feature



Chat



Raise Hand



Q&A

Leave Meeting



Mary Rabago

Speaker / Entrepreneur /
Journalist

Mary Rabago Productions



Join key leaders in healthcare and community leaders for a candid discussion that highlights the underlying conditions that put our communities at great risk to health and well-being.





Learn about the direct impact of COVID-19 on the Hispanic & LatinX community, ways to lessen the impact of disease, and how we as a community can come together for a call to action.





Dr. Judith Flores

Chairwoman

National Hispanic Medical
Association (NHMA)



National Impact of Coronavirus: Latinos

JUDITH FLORES MD FAAP, CHCQM

BOARD CHAIR , NATIONAL HISPANIC MEDICAL ASSOCIATION

CHIEF OF AMBULATORY CARE, HEALTH + HOSPITALS NYC/CONEY ISLAND HOSPITAL



Latino, Hispanic residents make up largest percentage of coronavirus cases in Clark County
by Tiffany Lane, Thursday, May 14th 2020.

The health district says Hispanics make up 27 percent of the total positive cases in the county



CORONAVIRUS
Hispanic Community in NYC
'Disproportionately' Impacted by COVID-19: Officials

Overall, data suggests that minorities, particularly the African American and Latino communities, are disproportionately affected by the virus
By Jennifer Vazquez • Published April 8, 2020 • Updated on May 6, 2020 at 2:47 pm



Real Possibilities

Blacks, Hispanics Hit Harder by the Coronavirus, Early U.S. Data Show

Chronic health conditions and social factors are to blame, experts say
by Rachel Nania, [AARP](#), Updated May 8, 2020



For Latinos and Covid-19, Doctors Are Seeing an 'Alarming' Disparity
The outsized infection rate among Hispanics in some states could hobble efforts to quash the spread of Covid-19, prompting states like Oregon to step up testing and take emergency measures.

May 7, 2020
By MIRIAM JORDAN and RICHARD A. OPPEL JR.



Latinos disproportionately hurt by coronavirus in Maryland, Baltimore and among Johns Hopkins patients
Thalia Juarez
By THALIA JUAREZ
BALTIMORE SUN |



MAY 12, 2020 | 1:05 PM



The impact of the coronavirus pandemic on Latinos
Wednesday, May 13, 2020

COVID-19 has hit minority communities especially hard. Latinos are also being impacted by the collapsing economy and the "types" of businesses that are closing. Horizonte host Jose Cardenas talked to Gilberto Lopez, from ASU's school of trans-border studies, about the impact of COVID-19 on the Latino community.

Covid-19 Cases in the U.S and Latinos

- Total US Cases: 1,467,065

Number of Cases by AGE						
	0-17	18-44	45-64	65-74	75+	
	35,141	438,069	400,556	120,890	142,742	

Percent cases by RACE*						
	AI/AN	Asian	Black/AA	Multiple/other	NH/PI	White
	1.2	4.7	27.0	14.2	0.3	52.5

Percent cases by Ethnicity**	
Hispanic/Latino	Non-Hispanic/Latino
28.4	71.6

COVID-19 Deaths in the US and Latinos

On May 13, 2020, CDC reports on available racial/ethnic data on provisional death counts for COVID19.



The current Latino population in US is 18.3%.

The CDC reports that 16.6% of U.S. COVID-19 deaths are among Latinos.

However, when you look at comparable geographic locations with large populations of Latinos, the Latino COVID -19 death rate is much higher on average 26. 8%.

Distribution of deaths involving coronavirus disease 2019 (COVID-19) by age and by race and Hispanic origin group, U. S. *

Age group	Total COVID-19 Deaths	Non-Hispanic White	Non-Hispanic Black or African American	Non-Hispanic American Indian or Alaska Native ²	Non-Hispanic Asian ³	Non-Hispanic Native Hawaiian and Other Pacific Islander ⁴	Non-Hispanic More than One Race	Hispanic or Latino	Unknown ⁴
All Ages	54,861	28,701	12,312	234	3,164	41	139	9,105	1,165
Under 1 year	4	2	0	0	0	0	0	2	0
1–4 years	2	1	1	0	0	0	0	0	0
5–14 years	6	1	4	0	0	0	0	0	1
15–24 years	59	15	17	0	2	0	1	23	1
25–34 years	388	64	133	8	22	3	4	146	8
35–44 years	973	152	312	15	45	0	3	426	20
45–54 years	2,772	625	875	27	188	5	11	963	78
55–64 years	6,725	2,201	2,141	48	490	6	22	1,617	200
65–74 years	11,524	4,996	3,307	60	752	15	31	2,041	322
75–84 years	14,930	8,274	3,257	44	807	8	34	2,186	320
85 years and over	17,478	12,370	2,265	32	858	4	33	1,701	215

* As of May 9, 2020. Numbers do not reflect all the deaths since only single ethnicity Latino is reported, not all states reporting racial/ethnicity data, time lag in death reports.

Why are Latinos disproportionately impacted by COVID19?



Employment

Essential workforce- higher risk of exposure (hospitals, transit systems)

Service industries – loss of jobs (restaurants, hotels)

Agricultural industry



Socio -Economic inequities

Low wages

Less savings

Higher poverty rates

Food insecurity



Health Vulnerabilities

Loss/lack of health insurance

Less healthcare access

High incidence of Chronic diseases



Undocumented Immigrants

Fear of accessing care

No unemployment aid

No stimulus check



Dr. Cecilia Rosales

Associate Dean
Professor & Chair
Division of Public Health Practice
& Translational Research

University of Arizona, Phoenix

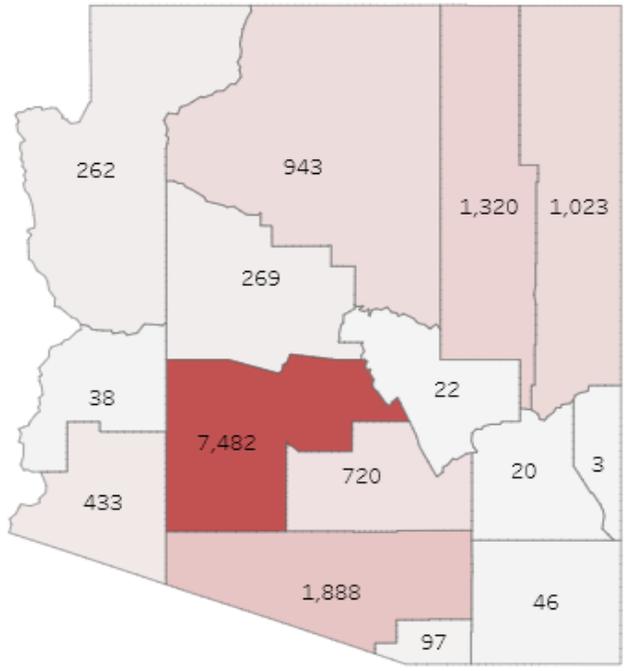


Number of Cases
14,566

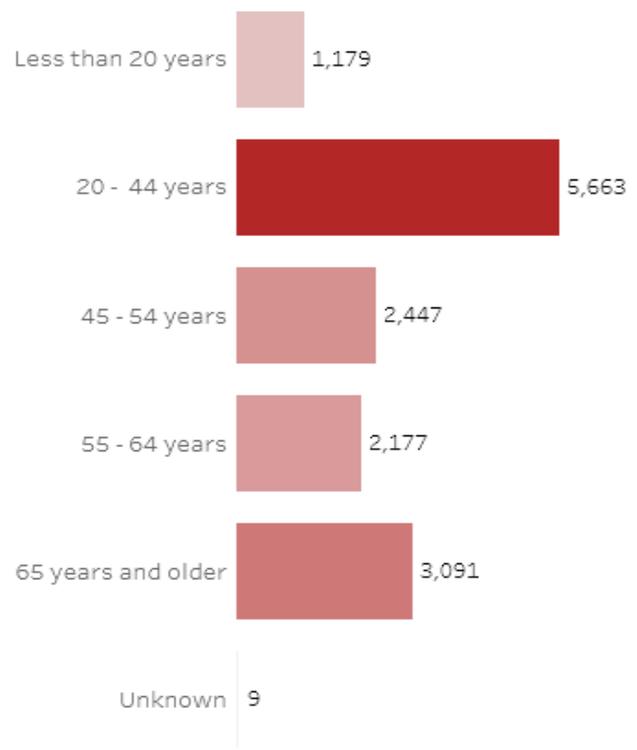
Hover over the icon to get more information on the data in this dashboard.



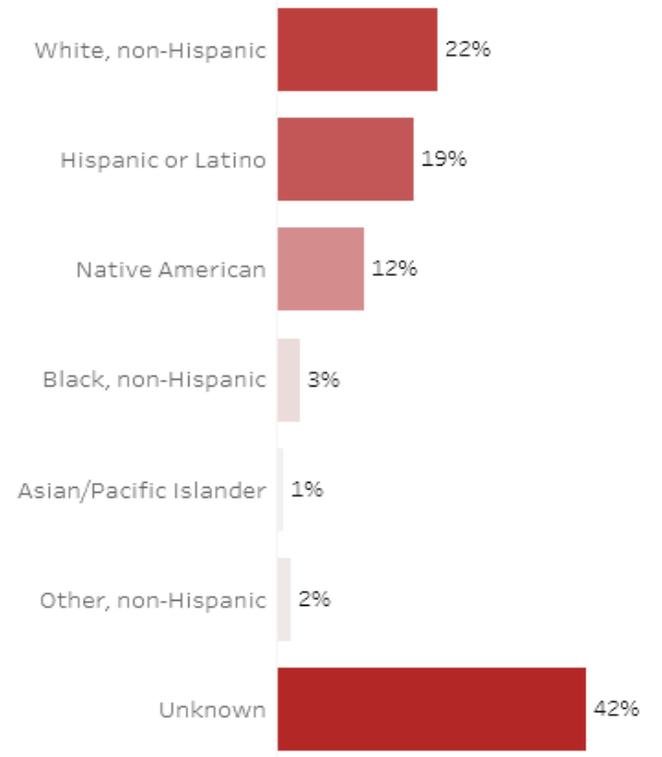
Select a county to filter the other graphs.
Graphs will not be displayed for counties with fewer than 10 cases.



COVID-19 Cases by Age Group



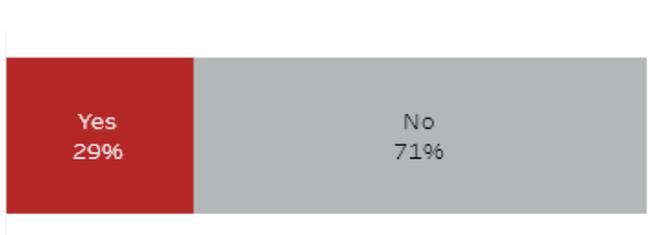
COVID-19 Cases by Race/Ethnicity



COVID-19 Cases by Gender



Chronic medical condition



High-risk
(65+ years OR 1+ chronic medical condition)



Date updated: 5/19/2020

Chronic medical conditions include diabetes, cardiac disease, hypertension, chronic pulmonary disease, chronic kidney disease, or chronic liver disease.

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COVID-19 Deaths



Hover over the icon to get more information on the data in this dashboard.

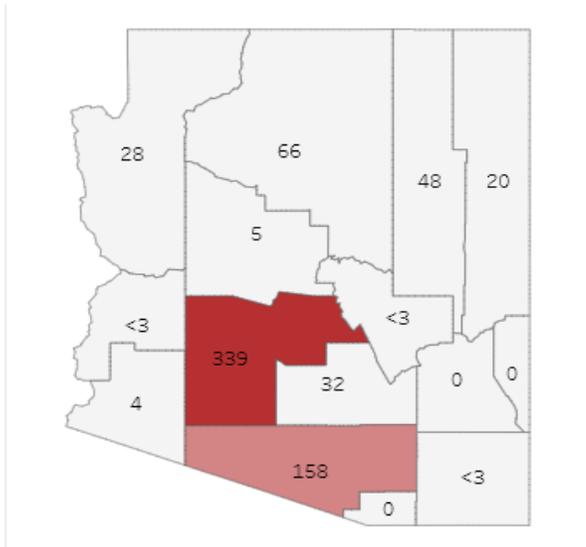


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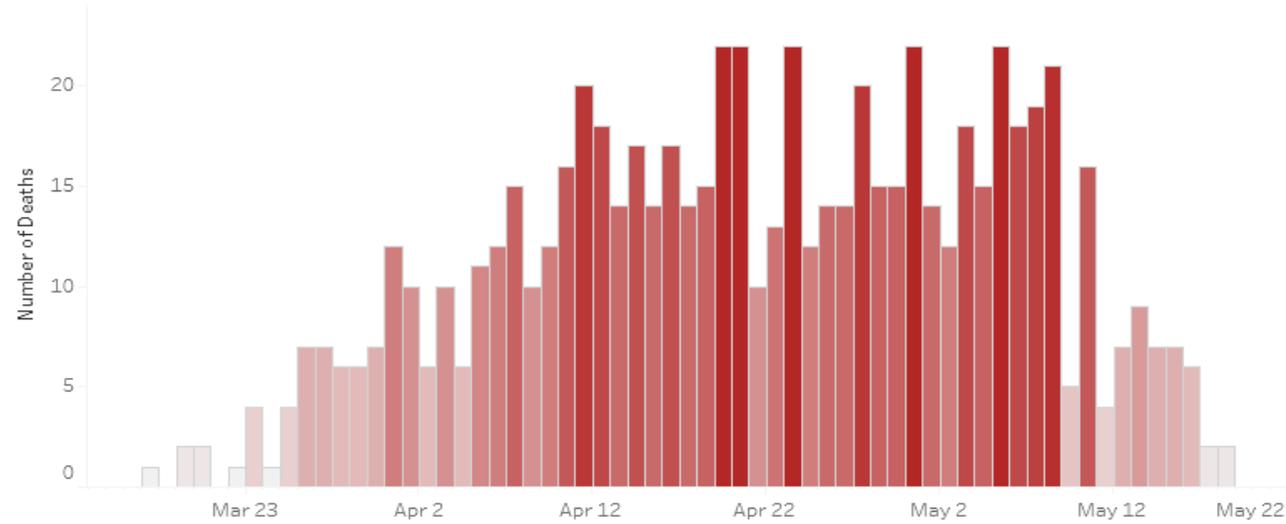
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COVID-19 Deaths by County

Data will not be shown for counties with fewer than three deaths.



COVID-19 Deaths by Date of Death

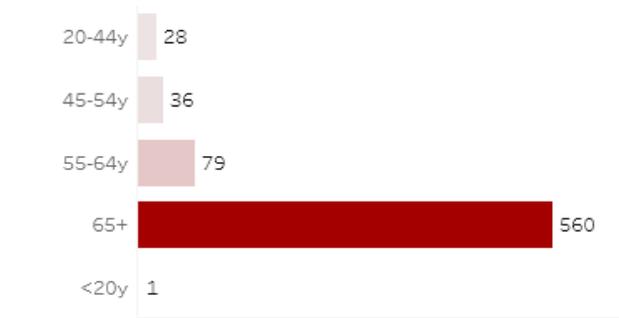


Recent deaths may not be reported yet.

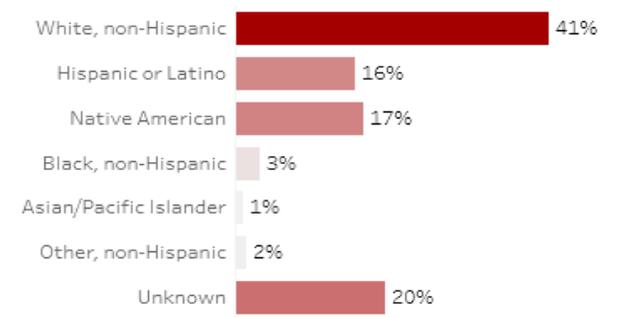
COVID-19 Deaths by Gender



COVID-19 Deaths by Age Group



COVID-19 Deaths by Race/Ethnicity



Hospitalization

Hover over the icon to get more information on the data in this dashboard.

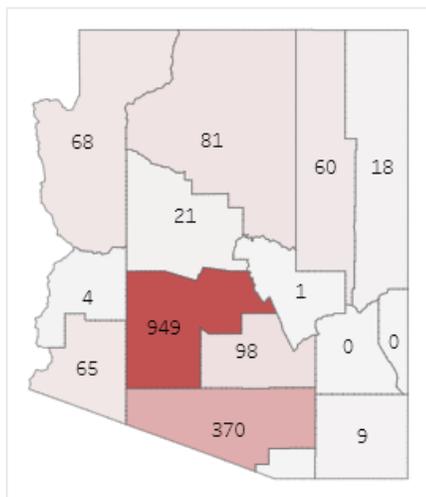


Number of Cases Hospitalized

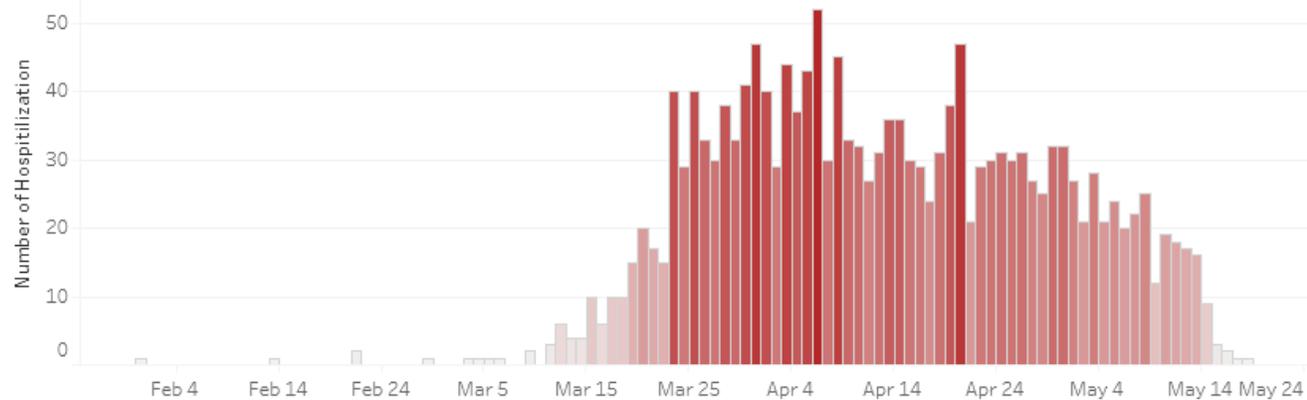
1,746

Percent of Cases Hospitalized

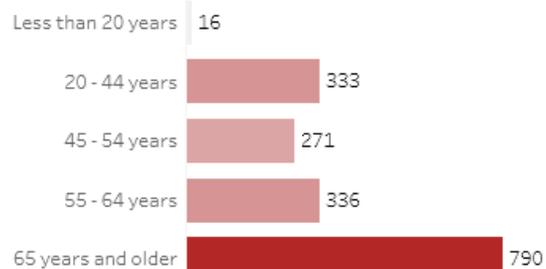
12%



Number of COVID-19 Cases that are Hospitalized by Date of Hospitalization



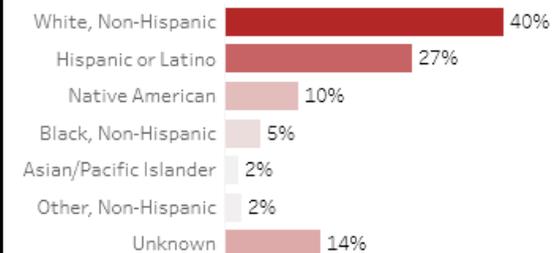
COVID-19 Hospitalized Cases by Age Group



COVID-19 Hospitalized Cases by Gender

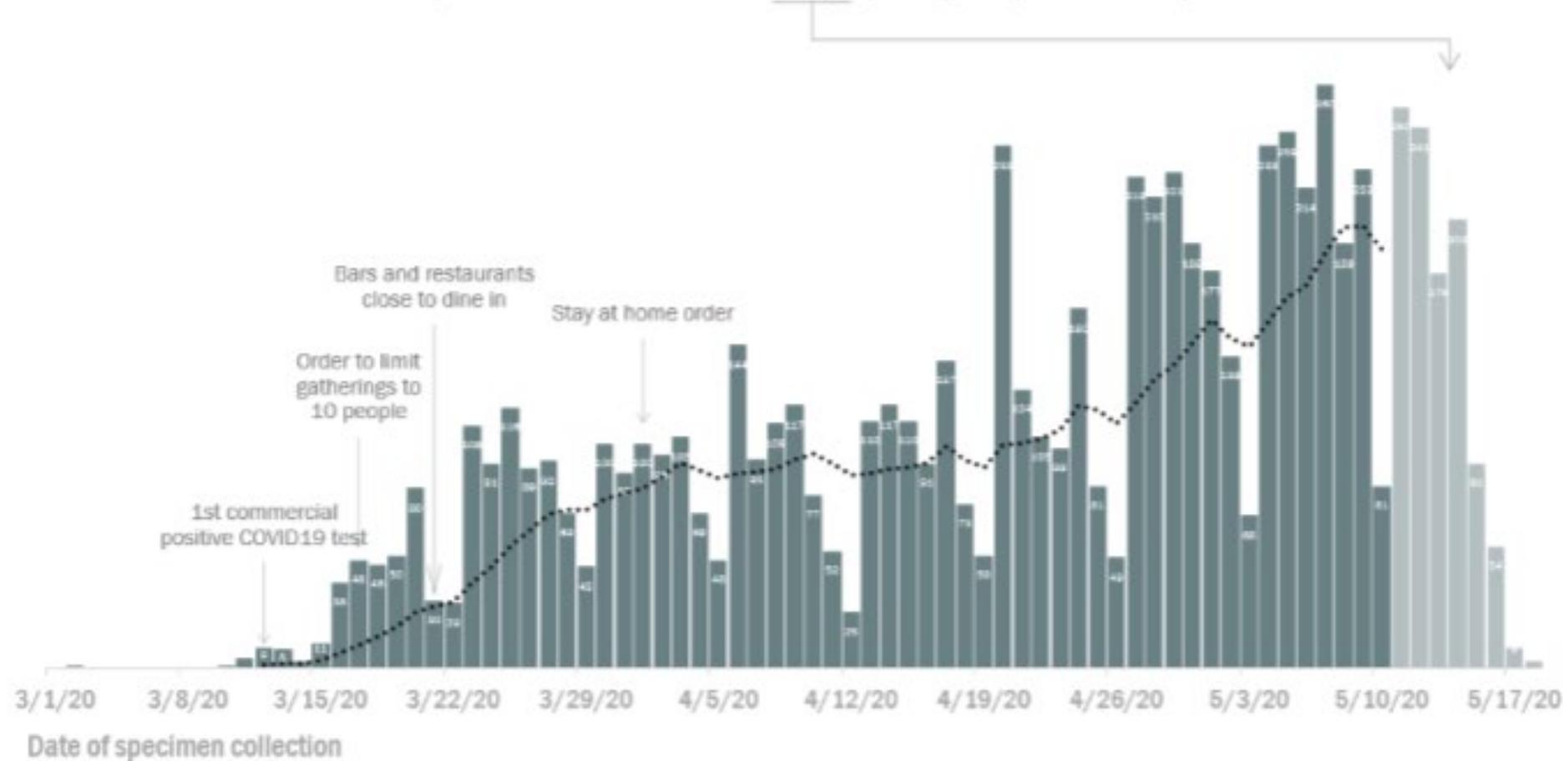


COVID-19 Hospitalized Cases by Race/Ethnicity



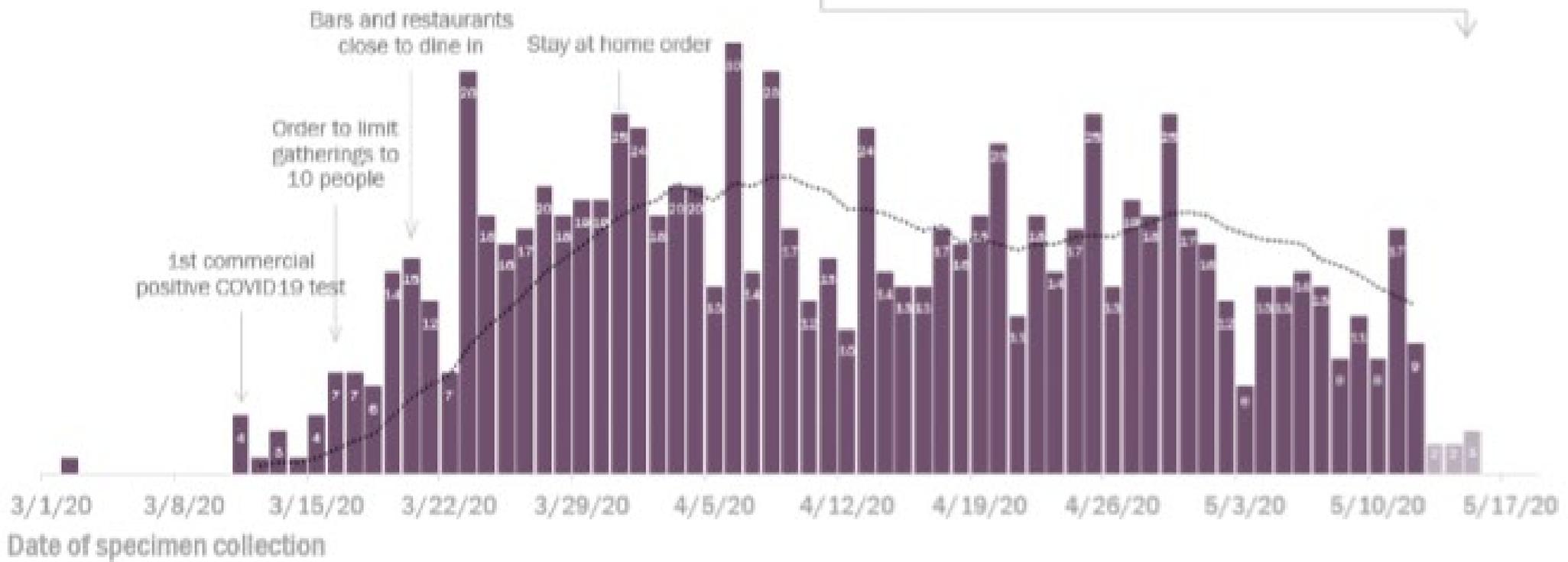
Maricopa County

This number is likely to increase as there is an 8 day reporting delay from when specimens were collected.





This number is likely to increase as there is a 6 day reporting delay from when specimens were collected.



These numbers present a more severe picture than what is actually happening in the community.

	Total number of cases*		Cases as of yesterday	
	<i>number</i>	<i>(%) (% overall)</i>	<i>number</i>	<i>(change)</i>
Cases	7409	(100%)	7225	(+184)
Sex				
Female	3951	(53%)	3841	(+110)
Male	3458	(47%)	3384	(+74)
Age group				
0-19 years	490	(7%)	471	(+19)
20-44 years	2914	(39%)	2833	(+81)
45-64 years	2338	(32%)	2278	(+60)
65+ years	1664	(22%)	1638	(+26)
Unknown	3	(0%)	5	(-2)
Hospitalized‡	945	(13%)	931	(+14)
ICU‡	265	(4%)	258	(+7)
Deaths	325	(4%)	310	(+15)

*This is a rapidly-evolving situation. The Maricopa County case count might vary slightly from that of ADHS depending on the time of day data were downloaded. This breakdown includes all cases to date in the outbreak (1/22/2020 – present).

‡This count includes all cases ever hospitalized or admitted to the ICU during their illness.

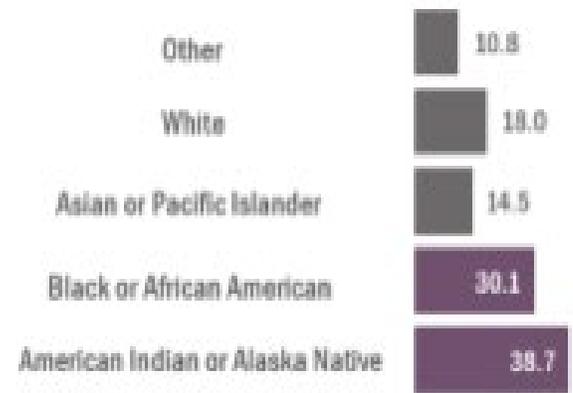


Race and Ethnicity

Black/African Americans and American Indians have the highest overall case rates per 100,000 persons.



Black/African Americans and American Indians also have higher hospitalization rates per 100,000 persons.



Race information is only available for 49% of COVID-19 cases reported to public health. About 51% of cases have unknown race status and are not reflected in this chart.



Race and Ethnicity

Hispanic or Latino populations have higher overall case rates per 100,000 persons than non-Hispanic or Latino populations.



Hispanic or Latino populations have similar hospitalization rates per 100,000 persons as non-Hispanic or Latino populations.

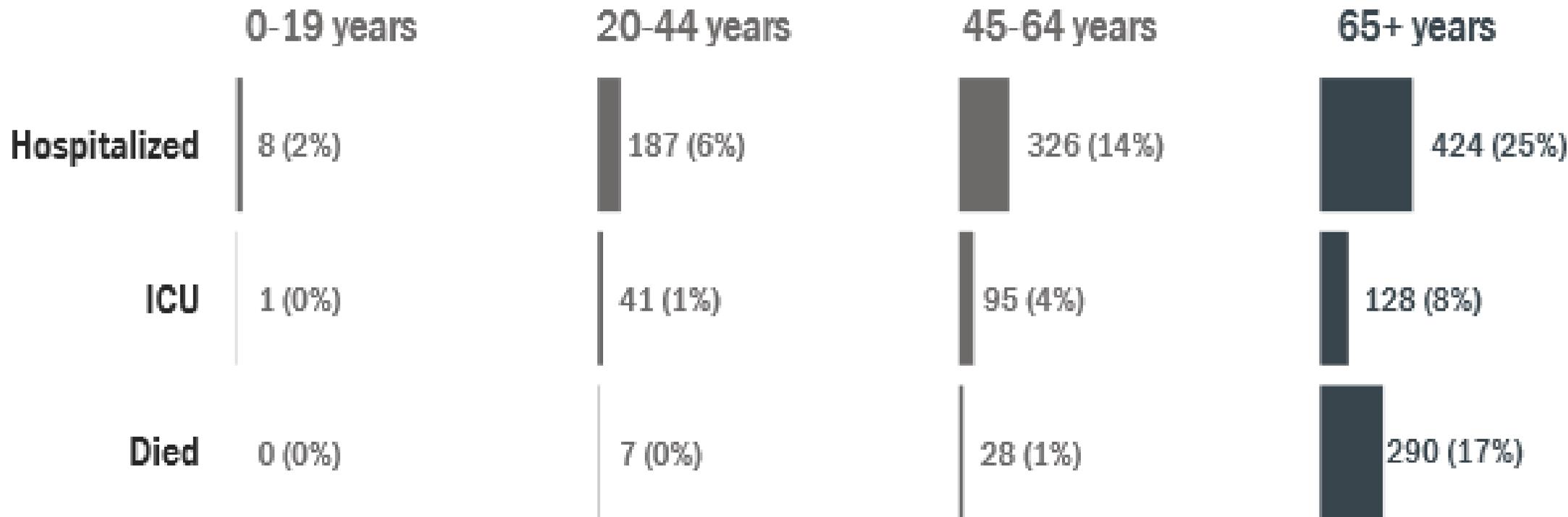


Ethnicity information is only available for 53% of COVID-19 cases reported to public health. About 47% of cases have unknown ethnicity status and are not reflected in this chart.



The risk of being admitted to a hospital, Intensive Care Unit (ICU), or dying due to COVID-19 infection increases with **age**.

Risk Severity by Age





Eduardo S. Alcantar, MD, MPH

Chief Medical Officer

Valle del Sol

COVID 19 MYTHS

LatinX/Hispanic Community

Eduardo Alcantar MD, MPH

Chief Medical Officer
Valle del Sol, Inc.



Valle del Sol
COMMUNITY HEALTH

Myth: LatinX/Hispanic is the same group .

Fact: America's 60 million Hispanics/LatinX represent a wide range of backgrounds and lifestyles – new immigrants and multigenerational families, high earning professionals and poor migrant workers.



Valle del Sol
COMMUNITY HEALTH

Myth: US-Mexico Border main problem is illegal immigration.

Fact: Mexico's border states are home to more than 6,000 maquiladoras – US-owned factories that manufacture products for export – and the plants, which employ hundreds of thousands of people, have been the focus of several coronavirus outbreaks.



Valle del Sol
COMMUNITY HEALTH

Myth: LatinX/Hispanics are not worried about COVID 19

Fact: Hispanics are more concerned than Americans overall about the threat the COVID-19 outbreak poses to the health of the U.S. population, their own financial situation and the day-to-day life of their local community. (Source: PEW Research Center)



Valle del Sol
COMMUNITY HEALTH

Myth: LatinX/Hispanics have health insurance.

Fact: They perform jobs that require interaction with the general public in food services, transportation and delivery; and some also work in meatpacking plants that have emerged as major hot spots. They are less likely to have health insurance. (Source:



Myth: LatinX/Hispanics aren't following government guidelines to stop COVID.

Fact: impossible for many LatinX/Hispanics. Large number live in close quarters, often multiple families to a house or with several farmworkers crowded into a barracks-style room, where they can neither social distance nor self-isolate.



Valle del Sol
COMMUNITY HEALTH

Myth: LatinX/Hispanics do not want to wear cloth masks.

Fact: Covering the face with a bandanna, scarf, or T-shirt is often associated with gang affiliation, crime, or violence. Many don't feel safe wearing these in place of masks, according to Fernando Alfonso III of CNN.



Valle del Sol
COMMUNITY HEALTH

Myth: LatinX/Hispanics reluctant to testing.

Fact: Uncertainty remains regarding the accuracy of many tests; concern a (+) test might be used for employment and/or immigration discrimination. Many unknowns remain regarding how effective immunity to COVID-19 is and how long it will last.



Valle del Sol
COMMUNITY HEALTH

First Aid



Valle del Sol
COMMUNITY HEALTH

Treatments by Race



Myth resources

12 Myths About Coronavirus, From the World Health

<https://www.health.com/Condition/Infectious-diseases/Coronavirus-myths>

[Debunking COVID-19 \(coronavirus\) myths - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/...)

<https://www.mayoclinic.org/diseases-conditions/...>

[OSHA Publications - COVID-19, Novel Coronavirus ...](https://www.osha.gov/pls/publications/publication...)

<https://www.osha.gov/pls/publications/publication...>

[COVID-19 MITOS Y REALIDADES | Secretaría de Salud ...](https://www.gob.mx/Salud/Documentos/Covid-19-mitos-y-realidades?tab)

<https://www.gob.mx/Salud/Documentos/Covid-19-mitos-y-realidades?tab>



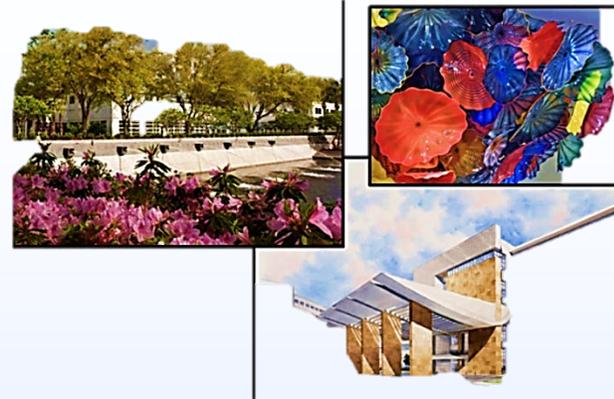
Valle del Sol
COMMUNITY HEALTH



Dr. Richard White

Consultant,
Community & Internal Medicine

Mayo Clinic



Patient Care during COVID-19:

The Hispanic/Latinx Perspective

AZ Hispanic/Latinx COVID-19 Town Hall
May 19, 2020

Richard O. White III, MD, MSc
Assistant Professor Internal Medicine & Pediatrics
Community Internal Medicine
Mayo Clinic Florida

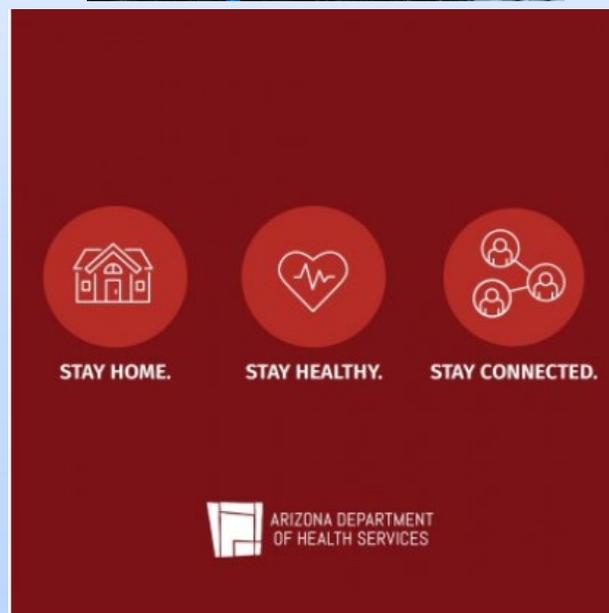
COVID-19 & THE UNIQUE NEEDS OF OUR COMMUNITIES

- Our Homes
- Our Jobs
 - Impact on exposure risk (e.g. Agriculture, Restaurant/Food Packaging Industries)
 - Paid leave, Exclusionary Policies, Telework
- Our Health Risk
 - Diabetes, Obesity, Access to Care, Insurance, Respiratory Conditions (e.g. Asthma), Digital Divide
 - English Proficiency



Our Rights & Responsibilities during COVID-19

- Prevention
 - Hand washing, mask, avoiding crowds, cleaning surfaces
- Medical Care
 - Testing (PCR, antibody)
 - Chronic disease management
 - Interpreter services
- Social Support
 - Physical but not social distancing!







Dr. Jorge Mallea

Consultant,
Division of Pulmonary, Allergy and
Sleep Medicine

Mayo Clinic

Hospitalization for COVID-19

Jorge Mallea, MD

Consultant Division of Pulmonary, Allergy and Sleep
Medicine

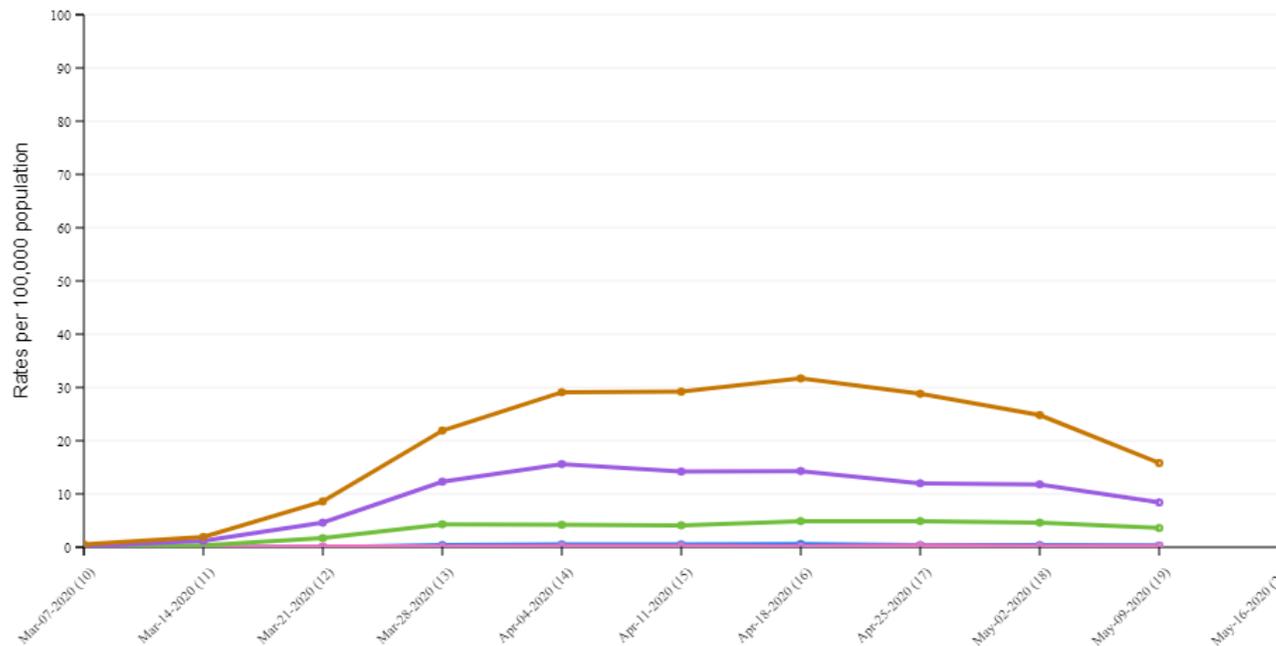
Mayo Clinic Florida



Laboratory-Confirmed COVID-19-Associated Hospitalizations

Preliminary weekly rates as of May 09, 2020

COVID-NET :: Entire Network :: 2020 :: Weekly Rate



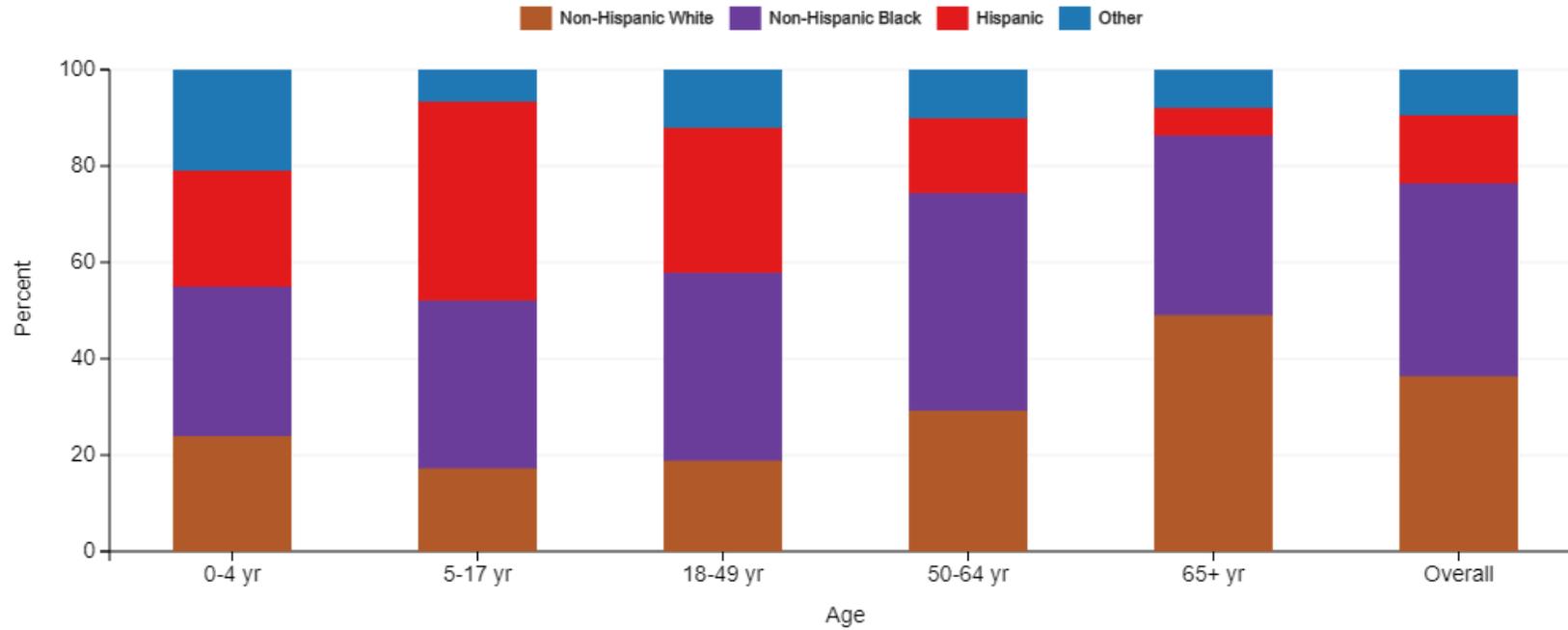
Age Selection

- 0-4 yr
- 5-17 yr
- 18-49 yr
- 50-64 yr
- 65+ yr



COVID-19 Laboratory-Confirmed Hospitalizations
Preliminary data as of May 09, 2020

Characteristics Of Covid-19-associated Hospitalizations
Race/Ethnicity



General Care

- Isolation in private room and/or COVID-19 ward
- Monitoring
 - Oxygen saturation
 - Arterial blood pressure
 - Electrocardiogram
- Remote care

General Care

- Oxygen
- Prevention or treatment for venous clots
- Laboratory testing to evaluate other possible infections, kidney and liver functions and “inflammation”
- Chest x-ray or CT chest
- Echocardiography
- Continue taking usual meds

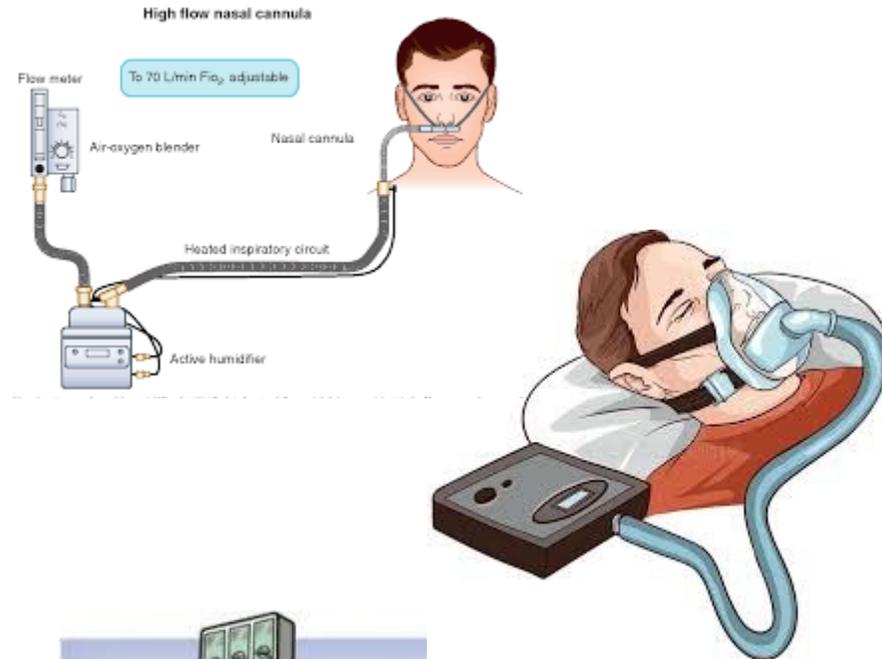
Experimental Treatments

- Antivirals
 - Remdesivir
- Cytokine Storm
 - Tocilizumab
 - Sarilumab
 - Other
- Convalescent Plasma



ICU

- ARDS
- Oxygen
 - High Flow Nasal Cannula
 - CPAP/BiPAP
 - Intubation and mechanical ventilation
- IV Meds
 - Keep adequate blood pressure
 - Antibiotics
 - Experimental Meds



Discharge

- Low oxygen needs (2-3 L/minute)
- No IV meds
- Eating enough calories
- Lab values are improving



Dr. Francisco Moreno

Professor of Psychiatry

University of Arizona Colleges of
Medicine Tucson and Phoenix

Francisco A. Moreno, MD

Professor of Psychiatry, Colleges of Medicine Phoenix and Tucson
Associate Vice President, University of Arizona Health Sciences
Director, Arizona Hispanic Center of Excellence



COVID-19 Risk Factors for Mental Health and Suicide

Reger et al., 2020
JAMA-Psychiatry



Economic Stress



Social Isolation



Decreased Support



Less Access to Mental Health Care



Illness and Medical Problems



Community Anxiety



Firearm Sales

Ways Coronavirus Impacts Latinos

COVID-19 can affect anyone.

But, for Latinos, the coronavirus pandemic is worsening health, social, and income inequities, and raising fears of disparities in disease rates, exposure, testing, and prevention.



1 CORONAVIRUS RATES

Early reports from hotbed areas, including NYC and Oregon, show higher COVID-19 incidence and death rates among Latinos and others of color.

salud.to/POCCoronavirus



2 TESTING & HEALTHCARE

People with health insurance get tested for COVID-19 more frequently than those who don't, even if tests are free. 19% of Latinos are uninsured.

salud.to/covidisparities

3 JOBS ON THE FRONT LINES

Only 16.2% of U.S. Latinos can work from home. They are overrepresented in high-contact jobs (food, retail, hospitality, health) with little or no paid leave.

salud.to/covidworkers



4 SOCIAL DISTANCING

Essential workers are more likely to be exposed to coronavirus, and less likely to be able to do social distancing. They risk exposure for a paycheck.

salud.to/covidisparities



5 POVERTY

Latinos represent 27.2% of the population in poverty. Coronavirus exacerbates inequities in access to social support, housing, food, and more.

salud.to/coronaviruspoverty



6 FOOD INSECURITY

Amid coronavirus, families who rely on nutrition aid can't stock up on food or buy online. 16.2% of Latinos suffer food insecurity (not enough food).

salud.to/covidfoodsecurity

7 HOUSING AND RENT

56.9% of Latinos are "housing cost burdened," spending about a third of their income on housing. Coronavirus is exacerbating housing instability.

salud.to/coronaaffecthousing



8 NO OPEN SPACE

Walking and biking are up during COVID-19. Trail use is up 200%! But Latinos have less access to sidewalks and green, open spaces for activity amid social distancing.

salud.to/covidwalk

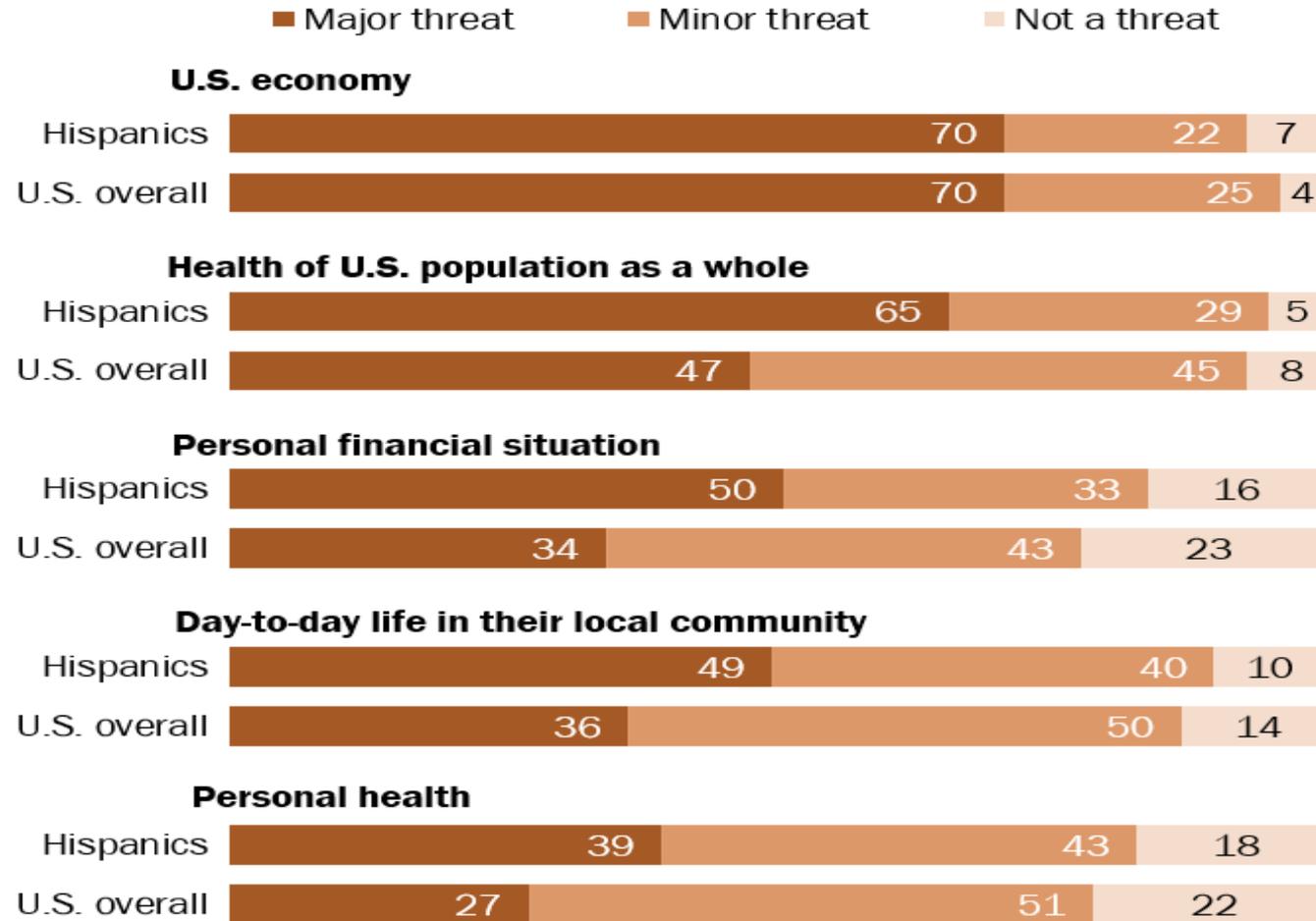


Latino families deserve our help in avoiding coronavirus and fixing these big inequities! Get involved at salud.to/coronaequity!



GRAPHIC BY SALUD AMERICA! ON 4/15/20
A PROGRAM BASED AT UT HEALTH SAN ANTONIO

Hispanics are more threatened by COVID-19



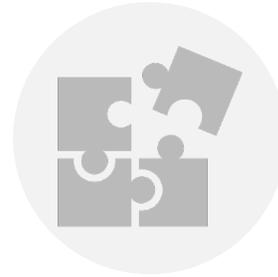
Note: Share of respondents who didn't offer an answer not shown.

Source: Survey of U.S. adults conducted March 10-16, 2020.

Protective Strategies



Intentionally Work for Your
Mental Health Wellness



Managed your information,
Balance Meeting Safety &
Basic Needs



Minimize Tensions, Be
Respectful and Kind to
Others, Remain Optimistic



Physical Distancing with
Social Proximity, Family,
Church, Friends



Decrease Alcohol, Eat Well,
Keep Physically and
Mentally Active



Identify your Need for Help,
and Find Help that Fits your
Language and Culture