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  Q&A
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.

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

<table>
<thead>
<tr>
<th>Number of Cases by AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
</tr>
<tr>
<td>35,141</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent cases by RACE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
</tr>
<tr>
<td>1.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent cases by Ethnicity**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>28.4</td>
</tr>
</tbody>
</table>

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%.

https://www.cdc.gov/nchs_nvss_vsrr_covid_weekly/#Race_Hispanic
### Distribution of deaths involving coronavirus disease 2019 (COVID-19) by age and by race and Hispanic origin group, U. S. *

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

* 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.

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/#StateCountyData
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
COVID-19 Deaths

COVID-19 Deaths (total)
704

New COVID-19 Deaths Reported Today
18

COVID-19 Deaths by County
Date will not be shown for counties with fewer than three deaths.

COVID-19 Deaths by Gender
Female 46%
Male 54%

COVID-19 Deaths by Age Group
20-44y 28
45-54y 96
55-64y 78
65+ 560
<20y 1

COVID-19 Deaths by Race/Ethnicity
White, non-Hispanic 41%
Hispanic or Latino 16%
Native American 17%
Black, non-Hispanic 3%
Asian/Pacific Islander 1%
Other, non-Hispanic 2%
Unknown 20%

Recent deaths may not be reported yet.

5/10/2020
Hospitalization

Number of Cases Hospitalized
1,746

Percent of Cases Hospitalized
12%

COVID-19 Hospitalized Cases by Age Group
- Less than 20 years: 16
- 20 - 44 years: 383
- 45 - 64 years: 271
- 65 years and older: 790

COVID-19 Hospitalized Cases by Gender
- Male: 53%
- Female: 47%

COVID-19 Hospitalized Cases by Race/Ethnicity
- White, Non-Hispanic: 40%
- Hispanic or Latino: 27%
- Native American: 10%
- Black, Non-Hispanic: 5%
- Asian/Pacific Islander: 2%
- Other, Non-Hispanic: 2%
- Unknown: 14%
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.

<table>
<thead>
<tr>
<th>Total number of cases*</th>
<th>Cases as of yesterday</th>
</tr>
</thead>
<tbody>
<tr>
<td>number</td>
<td>(%)</td>
</tr>
<tr>
<td><strong>Cases</strong></td>
<td>7409</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3951</td>
</tr>
<tr>
<td>Male</td>
<td>3458</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
</tr>
<tr>
<td>0-19 years</td>
<td>490</td>
</tr>
<tr>
<td>20-44 years</td>
<td>2914</td>
</tr>
<tr>
<td>45-64 years</td>
<td>2338</td>
</tr>
<tr>
<td>65+ years</td>
<td>1664</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td><strong>Hospitalized‡</strong></td>
<td>945</td>
</tr>
<tr>
<td><strong>ICU‡</strong></td>
<td>265</td>
</tr>
<tr>
<td><strong>Deaths</strong></td>
<td>325</td>
</tr>
</tbody>
</table>

*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

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.

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalized</th>
<th>ICU</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19 years</td>
<td>8 (2%)</td>
<td>1 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>20-44 years</td>
<td>187 (6%)</td>
<td>41 (1%)</td>
<td>7 (0%)</td>
</tr>
<tr>
<td>45-64 years</td>
<td>326 (14%)</td>
<td>95 (4%)</td>
<td>28 (1%)</td>
</tr>
<tr>
<td>65+ years</td>
<td>424 (25%)</td>
<td>128 (8%)</td>
<td>290 (17%)</td>
</tr>
</tbody>
</table>
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.
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.

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.
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)
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: PEW Research Center)
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.
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.
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.
First Aid
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/...

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

COVID-19 MITOS Y REALIDADES | Secretaría de Salud ...
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
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 hotspot areas, including NYC and Oregon, show higher COVID-19 incidence and death rates among Latinos and others of color. [salud.to/POCoronavirus]

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/coronavirusdisparities]

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/coviddisparities]

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**
   56.5% of Latinos are “housing cost burdened,” spending about a third of their income on housing. Coronavirus is exacerbating housing instability. [salud.to/coronaffecthousing]

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/covidhealth]

Latino families deserve our help in avoiding coronavirus and fixing these big inequities! Get involved at salud.to/coronaequity!
Hispanics are more threatened by COVID-19

<table>
<thead>
<tr>
<th></th>
<th>Major threat</th>
<th>Minor threat</th>
<th>Not a threat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S. economy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics</td>
<td>70</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>U.S. overall</td>
<td>70</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td><strong>Health of U.S. population as a whole</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics</td>
<td>65</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td>U.S. overall</td>
<td>47</td>
<td>45</td>
<td>8</td>
</tr>
<tr>
<td><strong>Personal financial situation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics</td>
<td>50</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>U.S. overall</td>
<td>34</td>
<td>43</td>
<td>23</td>
</tr>
<tr>
<td><strong>Day-to-day life in their local community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics</td>
<td>49</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>U.S. overall</td>
<td>36</td>
<td>50</td>
<td>14</td>
</tr>
<tr>
<td><strong>Personal health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics</td>
<td>39</td>
<td>43</td>
<td>18</td>
</tr>
<tr>
<td>U.S. overall</td>
<td>27</td>
<td>51</td>
<td>22</td>
</tr>
</tbody>
</table>

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

PEW RESEARCH CENTER
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