VIEWPOINT

Uplifting the Latino Population From Obscurity to the Forefront of Health Care, Public Health Intervention, and Societal Presence

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Multimedia

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The Latino population is the largest racial and ethnic minority group in the US. With approximately 60.6 million people, it comprises a bit more than 18% of the US population, a percentage expected to increase to more than 26% by 2050.[1] This population, which was first collectively called *Hispanics* as a government term introduced in the 1970s, is referred to herein as *Latino* to convey unity more closely with a shared history of European colonization and a common struggle for national independence. *Latino*, which is used interchangeably with *Hispanic* and the more gender-neutral term *Latinx*, refers to the dynamic multicultural presence of people in the US who can trace their origin to or descent from Mexico, Puerto Rico, Cuba, Central America, and South America and to other Spanish-speaking countries around the world.

The Latino community, however, has not benefitted from having "presence" in the US health care workforce through meaningful and influential administrative and governance positions. This limits its ability to influence needed change in health care policy and in the social determinants of health linked to health care access and public health outcomes.

How else is it possible to account for more than 100 000 deaths from COVID-19 among US Latino individuals? This ethnic group continues to experience the same systemic health inequities that were causing widespread health disparities long before the surge of coronavirus and inequities that remain largely ignored by the mainstream media amid the pandemic.[2] How else is it possible to justify the underrepresentation of Latino health care professionals, the sustained paucity of their matriculation into medical school, their lack of appointments into academic leadership positions, and their near absence in corporate governance among Fortune 1000 boards of directors?

Public health leaders and executives in business and other sectors have to strive to intentionally make Latino individuals more present and visible. But how?

First, it is essential to examine and understand the root causes of health disparities, including the social determinants of health and the forces behind them. Socioeconomic, environmental, and behavioral factors account for a majority of health outcomes. The social determinants of health, such as access to health care, affordable housing, employment, and income, to name just a few, are a bridge between social and environmental conditions affecting health outcomes. Latino individuals have the lowest rate of health insurance coverage among racial and ethnic groups,[1] and often lack a primary care clinician. Compared with non-Latino White individuals (herein after referred to as White individuals), Latino individuals have lower median household incomes and higher housing cost burdens, longer work commutes, less access to safe green spaces for physical activity, greater mental health stresses, and more discrimination at many levels. This yields a wide variety of chronic disease disparities between the Latino population and the White population. Compared with White individuals, Latino individuals are more likely to have obesity, diabetes, liver disease, and poorly controlled high blood pressure; have higher risks of stomach, cervical, and liver cancers; and are more likely to be diagnosed at later disease stages due to being left out of screening programs, clinical trials, and preventive care.[3]

With the COVID-19 pandemic, all of these existing inequities became blatantly more apparent across socioeconomically disadvantaged groups. Latino adults, who are highly represented in frontline jobs in hospital, transportation, hospitality, and agricultural industries, experienced greater percentages of COVID-19 cases than their population counts in many states.[4] Latino people also died from COVID-19 at more than 2 times the rate of White people during the pandemic, with COVID-19 age-adjusted mortality rates of 287 vs 121 per 100 000, respectively.[5] According to one report, COVID-19 is expected to reduce life expectancy by an estimated 1.13 years in the general population, with up to a 4-fold greater reduction in life expectancy among the Latino population than in the White population, with projected life expectancy declines of 3.05 years and 0.68 years, respectively.[6]

One of the reasons for such a high mortality rate for the Latino community was the lack of clear information about COVID-19. Many federal, state, and local agencies tried to provide culturally sensitive and language-targeted information. Mainstream media rarely explained to the public the disparities related to COVID-19 occurring among the US Latino population; only 1.9% of news stories on COVID-19 featured the terms *Latino*, *Hispanic*, or *Latinx* between January 1, 2020, and May 31, 2021.[2] Despite some local and national efforts by Spanish-language television outlets in educating the Latino public and promoting vaccination, misinformation surged about the virus and the vaccine, primarily driven by social media, where the Latino community often turned to for news. As of June 27, 2021, only 26.3% of the Latino population was fully vaccinated, the second-lowest percentage among US racial and ethnic groups, according to the Centers for Disease Control and Prevention.[4]

These deep-seated inequities are the cause of many hospital admissions among Latino patients in addition to COVID-19. When Latino patients are admitted to a hospital, they encounter few Latino health care professionals. Only 5.7% of nurses and 6.3% of physicians are Latino, whereas 73.5% of nurses and 67% of physicians are

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White.[7] Only 6.7% of total US medical school enrollees in the 2020-2021 school year identified as Latino.[8] Moreover, Latino leaders comprise only 2% of hospital leadership and 4% of medical school leadership.[9] Population projections estimate the Latino population will increase from 62 million to 81 million by 2035[1] as part of the changing growth and demographics of the US. This will require an additional demand for physician services of an estimated 47 200 physicians to accommodate the health care needs related to the growth and aging of the Latino population alone.[10] The current statistics regarding the pipeline of Latino physicians and nurses makes it nearly impossible to work toward a goal of having the health care workforce reflect the national demographics.

Diversity among medical students, academic health center administration, and corporate boards has been largely unchanged in the past 2 decades. Boards of trustees and executive leadership must be held accountable for improving the diversity of their students, professional workforce, and administrative leadership teams because other interventions have not achieved their desired results. Individuals from underrepresented minority groups have the full capacity to excel in every facet of professional life, but it is clear they are not given the opportunity. This lack of progress over decades represents a reluctance to share empowerment with Latino and other racial and ethnic minority groups. A lack of diversity in health care leads to poorer health outcomes and is adverse to the economic growth and well-being of the US. A lack of diversity in corporate governance in the health care and pharmaceutical industries heightens the risk of not addressing the needs of Latino and other racial and ethnic minority groups. This is important in the era of targeted therapeutics often linked to molecular signatures unique among various racial and ethnic groups that can be the targets for effective treatments.

As the US Latino population increases, along with other racial and ethnic groups, it is important to ensure that their overall health is improved. The National Institute on Minority Health and Health Disparities carries out research, educational programs, and community outreach to address these disparities. Many other organizations, such as Salud America! and the National Hispanic Medical Association, strive to achieve this goal and promote health equity, where everyone has a fair, just opportunity to achieve optimal health.

What Is Needed in Addition?

First, diversity within institutions and industry must be fostered. Training and toolkits are emerging to spread awareness of implicit bias in health care. These resources can help individuals and health care professionals identify preconceived notions or stereotypes that have adversely affected their understanding of and decision-making toward others; encourage speaking out against acts of racism and discrimination; and organizationally declare racism a public health crisis and commit to systemic change. This will require investment in and amplification of these tools and resources.

Second, access to education and educational attainment for Latino individuals must be increased. This is one of the most powerful public health initiatives that should begin with prenatal care and perinatal education and continue for children from preschool through high school and beyond. A first-generation graduate from college will change a family's trajectory for generations and will certainly help family members navigate the complex health care system they encounter every day. Enhancing educational opportunities and attainment is the key to admitting diverse medical students into medical school. The debt burden to all undergraduate and medical students should be alleviated so that pursuing an academic career in medicine and science is achievable. This in turn will result in enhanced diversity of academic health center leadership not only for Latino physicians but many other physicians from underrepresented groups. The medical profession must kindle the interest of underrepresented minority medical students to pursue careers in academic medicine and in science, so they can educate future generations and participate in mentoring programs.

Third, it is incumbent on the US to give "presence" to Latino and other racial and ethnic minority groups in all facets of society. This is vital to the nation's future success. In 2019, more than half of the nation's population younger than 16 years identified as a racial or ethnic minority. The changing demographics demands society to embrace diversity, equity, and inclusiveness to better navigate the future, and importantly, mandates improving the social determinants of health for ensuring overall public health. Not doing so will threaten the collective national well-being and prevent the US from reaching its full human potential and success.

ARTICLE INFORMATION

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