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Health Disparities in Afro-Latinx Populations: Chronic Health Diseases, Linguistic and Cultural Competency, and Inequities and Barriers in Richmond, Virginia

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Abstract

Afro-Latinx individuals face health disparities that differ from those faced by white Latinx individuals. This literature review was conducted by the Collective Corazón—a VCU student organization, mentored by Dr. Indira Subrani, that addresses Latinx health equity through service and advocacy—in order to examine the underlying causes of Afro-Latinx health disparities. Skin color is a predictor of health, life expectancy, and quality of life for many Latinx individuals. On average, Afro-Latinx individuals in particular have less access to education, fewer financial freedoms, and poorer health outcomes. The Afro-Latinx community also describes higher rates of discrimination compared to white Latinx individuals. As a result, Afro-Latinx individuals suffer from higher rates of chronic illness, stress, anxiety, and depression. Furthermore, due to a lower average socioeconomic status and decreased education access that many Afro-Latinx individuals face, the prevalence and incidence of chronic diseases, such as type 2 diabetes, are higher for such populations when compared to white Latinx individuals. As a result, Afro-Latinx individuals face health disparities that differ from those faced by white Latinx individuals. This literature review was conducted by the Collective Corazón—a VCU student organization, mentored by Dr. Indira Subrani, that addresses Latinx health equity through service and advocacy—in order to examine the underlying causes of Afro-Latinx health disparities.

Health Disparities

Colonization

● Spanish colonization of areas now known as Latin America allowed for a mix of racial identities between enslaved peoples, indigenous groups, and people from Spain.

● The creation of "mestizo" races created a caste system based on colorism that affects Latinx people to this day.

“White Advantage”

● The “white advantage”” Research shows that Latinx people who are socially-assigned “white” have better health outcomes, are more likely to receive preventative vaccinations, and are less likely to report discrimination in a healthcare setting.

● Black Latinos have a sociodemographic profile more similar to black Americans than other Latinos.

● This is important because skin color is a predictor of health and life chances.

The black and white Latino dichotomy enforces an unfair categorization of the Latinx population that does not fully describe their lived or cultural experiences.

Hispanic Paradox

● False Hispanic paradox theory: The belief that Hispanic people have a perceived higher life expectancy.

● This is not applicable to the majority of Hispanic people living in America.

● In order to adequately fight against health disparities, providers must dispel this false belief.

Linguistic and Cultural Competency

● Higher cultural sensitivity in providers is associated with better patient satisfaction, patient-provider communication, work alliance, and treatment outcomes.

● A study performed in California found that 7% of the state population has Limited English Proficiency; 90% of these individuals were Latino or Asian.

● Language proficiency affects regularity of care.

● The current healthcare system has worked to decrease cultural and language barriers, but health literacy strategies must also be improved.

Disparities in health literacy contribute to race and health disparities.

● Some individuals are unable to effectively communicate concerns due to a lack of English proficiency.

● Some cultures advocate for non-confrontational communication, like not self-advocating or agreeing even when not fully understanding.

● Patients may not have the same health belief systems that is thought of as the norm.

● Diverse native-born individuals may also lack health literacy.

Chronic Diseases

Examples include type 2 diabetes, heart disease, hypertension, arthritis, and asthma.

Higher prevalence/incidence of chronic diseases is caused by sociocultural factors, such as lower income, decreased access to education and health care, and a genetic susceptibility to obesity and higher insulin resistance.

There is a strong correlation between black race, Latinx ethnicity, and population-level COVID-19 mortality.

Hispanics are about 50% more likely to die from liver disease or diabetes than non-Hispanic whites.

Cancer and chronic diseases disproportionately affect Latinx individuals in the U.S.

Individual health behaviors propagate risks of chronic disease.

COVID-19 Risks

Underlying comorbidities (like hypertension, diabetes, and cardiovascular disease) are major factors predicting poor COVID-19 outcomes.

Socioeconomic/Living Conditions

Greater risk to COVID-19 may worsen Latinx communities’ socioeconomic status, which may already be negatively affected by other factors such as language barriers.

Poor Dietary and Lifestyle Choices

Poor socioeconomic status may lead to poor dietary and dietary choices due to stressors, which may exacerbate Latinx communities’ chronic diseases.

Housing and environment

Social determinants of health that must be addressed to reduce disparities for Afro-Latinx communities

Richmond has the relatively same percentage of uninsured children compared to the state of Virginia and the U.S., but Richmond has a higher percentage of adult uninsured population compared to the state of Virginia and the U.S.12

There is limited access to health care due to shortage of physicians in Richmond12

Richmond also has designated medically underserved areas as recognized by the U.S. Department of Health and Human Services Health Resources and Service Administration

The Latino Education Outreach Program is one of the organizations that is working to ensure healthcare equity and that the Latino community is receiving necessary information and news in their preferred method of communication and language.

Works Cited