

# HISPANICS/LATINX AND HEPATITIS: AN OVERLOOKED HEALTH DISPARITY

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According to the most recent surveillance data, 4% of *the reported cases of chronic hepatitis C were among Latinos*—between 2013 and 2016.<sup>1</sup> This is of concern when compared to the *relatively high rates of hepatitis C-related deaths* among Latinos. In 2016, the rate of hepatitis C-related deaths for Latinos was 5.69, higher than the overall national rate of 4.45.<sup>2</sup> The statistics point to an overlooked health disparity and a need for equitable public health services. Additionally, we find a need for interventions focused on awareness, hepatitis screening and allocation of resources to address the impact of hepatitis in the United States, Puerto Rico and other U.S. Territories.



## Overview:

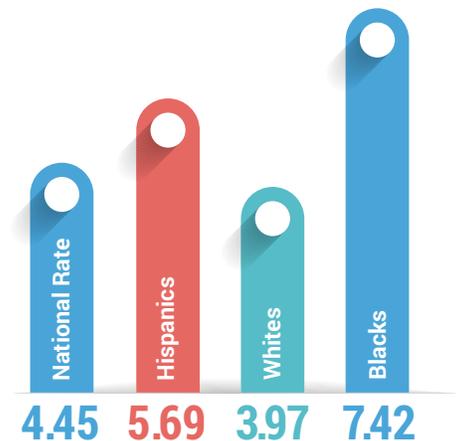
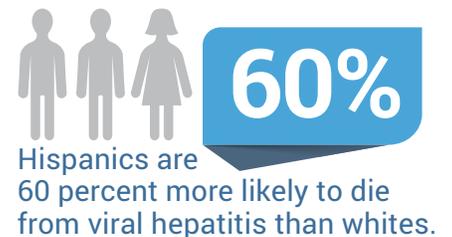
There are an estimated 57.5 million Hispanics/Latinos living in the United States, contributing to the nation's largest ethnic or racial minority and almost 18% of the nation's total population<sup>4</sup>. By 2060, it is estimated that Latinos will comprise close to 29% of the U.S. population<sup>3</sup>, about a 70% increase from the current percentage of Latinos in the U.S. population (17%)<sup>5</sup>, making this group one of the largest and quickly growing minority groups in the nation. It is important to contextualize that Latinos are diverse and not monolithic in terms of race, ethnicity, religion, country of origin, country of heritage, immigration status, and language.

When considering health disparities in Hepatitis C (HCV) in relation to a specified subgroup we need to account for the distribution of the population at-risk geographically in relation to the surveillance sites, as well as risk factors (such as immigration, travel between country of origin/heritage and the United States and being asymptomatic with limited access to healthcare).<sup>6</sup>

## Disparity and Recognition of Need

### Prevalence vs. Incidence

HCV prevalence in the United States is best estimated via the **National Health and Nutrition Examination Survey (NHANES)** as it derives analysis from serum specimens taken from participants. The prevalence of chronic HCV infection in the United States was estimated to be 1.0% in the U.S. noninstitutionalized civilian population, corresponding to 2.7 million chronically infected individuals. (NHANES 2003 to 2010).<sup>7</sup> The proportion of Latinos (ages 20 years and older) with HCV RNA-positive status was 9.6 compared to the total positivity proportion of 1.3.<sup>8</sup>



In 2016, the rate of hepatitis C-related deaths for Hispanics was **5.69**, higher than the overall national rate of 4.45.

## Mortality

Rates of hepatitis C-related **deaths** among Latinos have consistently been higher than white non-Hispanics and compared to the overall rate of hepatitis C-related deaths in the United States from 2012 through 2016.<sup>9</sup> In 2016, hepatitis C-related death rate for Latinos was 5.69, compared to 3.97 among non-Hispanic whites, 7.42 non-Hispanic Blacks,

These disparities are even more notable given the relatively low percentage of HCV among Latinos reflected in surveillance data – indicating the possibility that: testing may be low in Latino/Hispanic communities, yet risk may be present and relatively high; and established mortality records may underrepresent the actual burden on the population.

## Liver Disease and Cirrhosis

Chronic liver disease is a major cause of morbidity and mortality among Latinos living in the United States. Environmental, genetic, and behavioral factors, as well as socioeconomic and health care disparities have emerged as important public health concerns. Data from the United States National Center for Health Statistics (2015) identified chronic liver disease and cirrhosis as **number seven of the top ten ranked** causes of death among Latinos, compared to **number twelve among non-Hispanic whites**, *number five among non-Hispanic American Indian or Alaska Native populations and number 14 among non-Hispanic Asian or Pacific Islander populations.*<sup>10,11</sup>

## Intersections of Gender, Age, Race, Country of Birth, and Immigration Generation

Hispanics are 60 percent more likely to die from viral hepatitis than whites.<sup>12</sup> Despite having average lower rates of hepatitis C, Hispanics were 50 percent more likely to die from that disease, in 2015.<sup>13,14</sup> Immunization rates for Hepatitis B for adults<sup>15</sup> and adolescents<sup>16</sup> were also significantly lower, an illness that is highly preventable and would avoid a co-morbidity with hepatitis C.

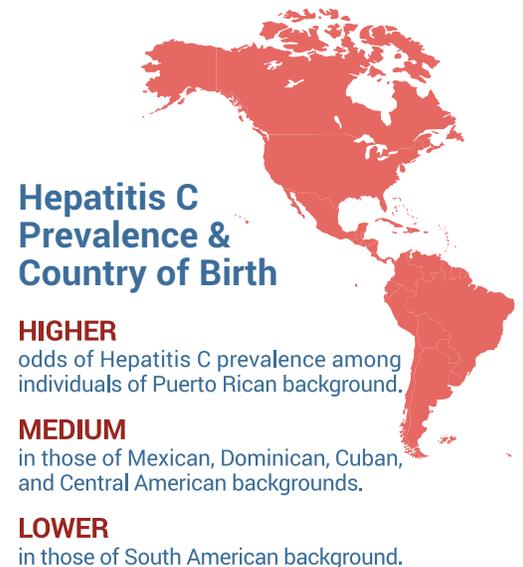
Significant disparities in health outcomes and wellbeing may be lost in the statistics. Latinos are a diverse population in terms of race, country of origin and country of heritage: the top 5 groups (*based on self-described race or ethnicity*) are Mexicans, Puerto Ricans, Salvadorans, Cubans, and Dominicans; 34% of all Latinos (56,477,000) are foreign born as defined by birth outside the United States or its territories and neither parent a U.S. citizen.<sup>17</sup> There is a growing body of evidence indicating poor health indicators in relation to country of origin, as well as self-described racial identity, with Afro-Latinos, Black Latinos, and Latinos of African descent burdened with the worst health outcomes in terms of morbidity and mortality.<sup>18,19</sup>

Other morbidities also play a key role, with higher rates of obesity among Latinos compared to non-Hispanic whites. Between Latino subgroups, the literature indicates disparities between subgroups of Latinos. Evidence has been documented indicating higher odds of HCV prevalence among individuals of Puerto Rican background, low in those of South American background, and intermediate in those of Mexican, Dominican, Cuban, and Central American backgrounds.<sup>20</sup>

Age is another factor that reflects disparity. After age 24, chronic liver disease and cirrhosis begins to appear among the top 10 causes of mortality among Latino males (increasing incrementally from #6 between the ages of 25 & 34 to # 3 between ages 55 and 64 years). Similarly, among adult Latinas chronic liver disease and cirrhosis appears #7 for those ages 25 and 34 years, #4 for those 35 and 44 years, 45 to 54 years, and 55 to 64 years respectively. However, data at the national level *does not adequately reflect possible associations between sex assigned at birth, current gender identity, and risk for hepatitis* – causing gaps in public health understanding that leave transgender individuals, particularly those that may use percutaneous or intravenous methods of hormone therapy, at heightened vulnerability.



Chronic liver disease and cirrhosis is **number seven of the causes of death among Hispanics**, compared to 12th among whites, and 15th among blacks.



## Recommendations

### **Increased Public Awareness in English & Spanish:**

Awareness remains very low among Latinos despite the higher rates of infection and the availability of treatments that can cure hepatitis C. Bring attention to the benefits of prevention, testing, education; and brought attention to related health issues, such as HIV co-infection, diabetes, obesity, and behavioral health issues, such as substance use/abuse. Develop public awareness materials and disseminate them through social media and other venues.

There are populations that need to be closely monitored such as Hispanic baby boomers, adolescents and young adults who inject drugs, Men who have Sex with other Men (MSM) at risk for and living with HIV, and transgender women. Particularly transgender Latinas in NYC, that showed a prevalence rate of 16%, more than twice of that for African-American and four times that of White-non-Hispanic transgender women. There is evidence that more significant transmission has been taking place among MSM living with HIV. It is urgent to enhance our Federal, State by State and US Territories effort to address the impact of Hepatitis in our communities

**Capacity Building of Service providers:** Enhance health provider (recovery and treatment providers, HIV service providers, LGBT health providers, senior service providers, etc.) awareness of HCV prevention, screening, diagnosis and referral for HCV infection and clinical providers' capacity to manage and treat HCV.

**Enhance HCV Surveillance activities:** A need to strengthen local, state and national capacity to manage and utilize data for evidence-based approaches, policies and practice as well as collecting data by racial and ethnic groups. Race/Ethnicity is not a required field for HCV case reporting.<sup>21</sup> We need to ask what is the distribution of Latinos in surveilled states is in relation to the prevalence and incidence? How does this differ (if at all) in states without surveillance measures? And, how do these measures account for States with rapidly emerging Latino communities?

**Understanding of Latino/Hispanic heterogeneity:** For Latinos it is also important to understand the heterogeneity of Latino communities in the U.S. While there are some sub-groups that are highly impacted, there are others

sub-groups that are impacted minimally by hepatitis C. When the different sub-groups are clumped together it provides an image of a community that is not impacted by hepatitis C. There are existing disparities in hepatitis and liver disease both among Latinos in relation to the general population and between Latino subgroups necessitating serious attention.

Gaps in the research literature point to an urgent need for stratified data that reflects the heterogeneity of Latino communities in the United States, including country of birth, country of heritage, race, and gender identity. Immigration generation is a significant effect modifier for many health outcomes and should be explored more thoroughly in relation to hepatitis. A nuanced understanding of co-morbidities, as well as risk behaviors that encompass the realities of Latinos' lives, including movement to and from countries of origin in Latin America, Central America, South America and the Caribbean is warranted.

### **Ensuring access to Hepatitis Prevention, Treatment, Care and Research:**

prevention and treatment interventions and research designs must also account for variation in access to care, awareness of risk, institutional-level barriers such as racism, employment discrimination, and immigration policies, and social determinants of health, such as stigma and provider screening biases to be culturally-responsive, and thus, effective and successful. There are potential barriers that include language, access to available quality care and insurance, patient education, history of incarceration, history of injection drug use and high-risk behavior. There are also other factors that can influence disease progression, such as the higher prevalence of obesity, diabetes and steatosis (fatty liver)<sup>22</sup>.

### **Promoting, advancing policy and urgency with**

**innovation:** Engage and collaborate with other local and state health departments, private sector and strong community engagement to promote and advance policies and regulations that will support the reduction of new Hepatitis C (HCV) cases, enhance HCV testing, promote linkage to care, vaccination for Hepatitis A and B, and treatment.

For more information please visit:

[www.hispanichepatitisday.org](http://www.hispanichepatitisday.org) and [HepVu.org](http://HepVu.org)



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