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FROM THE EDITOR

Latinx Health Equity

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Understanding the health of Latinx communities in the United States is a complex task. Doing this well requires moving beyond broad generalizations and recognizing that the Latinx community is not monolithic but actually very diverse.¹ Comprising over 61 million people² with a wide range of social, colonial, and political histories as well as lived experiences in the United States, the Latinx population defies any attempt at easy categorization.

Indeed, there are debates over what term should be used to describe this population; we use *Latinx* as an umbrella term intended to be a gender neutral and gender nonbinary inclusive term for all people who identify as Latinx, Latino/Latina, Latine, or Hispanic. Our use of *Latinx* also is intended to include those who choose to identify with their ethnic or national origin inclusive of the countries in Latin America and the Caribbean that were colonized by Spain or Portugal. The heterogeneity of this population is reflected in its diversity of political beliefs, cultural practices, languages, economic positions, and racial/ethnic identities—and perhaps most clearly in population health indicators, with some data showing a Latinx advantage (at least for some ethnic groups) and other data revealing the burden of racism, economic marginalization, and structural violence.^{3,4}

In this issue of the *AMA Journal of Ethics*, we set out to bring together a new collection exploring Latinx health equity—not just as an object of study, something we want to know more about, but as a source of insight on how **systems of oppression** intersect to produce and reinforce health inequities⁵ (ie, differences that are “avoidable, unnecessary, and unfair”⁶) across the United States. We wanted to broaden the discourse and expand the conversation beyond the topics typically associated with Latinx health equity—obesity or diabetes with an individual focus, immigration status, or acculturation narrowly defined. There are deeper, more complex issues that need to be elevated—notably, analyses of root cause, including racism and **colonialism**. So, our focus is not necessarily just on the Latinx patient or community per se, but on underlying systems that structure opportunity or oppression and advantage or disadvantage, how these systems manifest in health care and society, and—most importantly—how these **systems could be changed** for the better.

From the start of our process, we sought to build community among contributors, especially to include some contributors less experienced in academic publishing. The spirit of building an issue that was academically rigorous and authentic to contributors’

experiences required intentional effort to center voices that have been marginalized in many legacy institutions and in academic publishing practices. Our contributors persisted and remained dedicated to sharing their work in this issue. We thank them for taking this journey with us and for sharing their work. Each contributor to this collection offers a unique perspective, with different theoretical lenses applied in vastly different empirical circumstances. All these perspectives are needed to contribute to our understandings of structural and social drivers of health and hopefully will inspire efforts to shed light on the ethical failures of our current systems.

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