

Ohio's COVID-19 Populations Needs Assessment

Minimizing the Disparate Impact of the Pandemic and Building Foundations for Health Equity



This document contains excerpts from the full report, which can be found here: <https://go.osu.edu/inequitable-burdens-covid-19>

Findings and Recommendations for *Needs Assessment* Populations

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Latino and Hispanic Communities in Ohio

Background

Terminology

Needs Assessment key populations are identified throughout this document using the terminology preferred by respondents. This section focuses on Latino and Hispanic Americans. Some members of these communities also prefer the terms Latina/o or Latinx, but those terms were not selected by *Needs Assessment* participants.

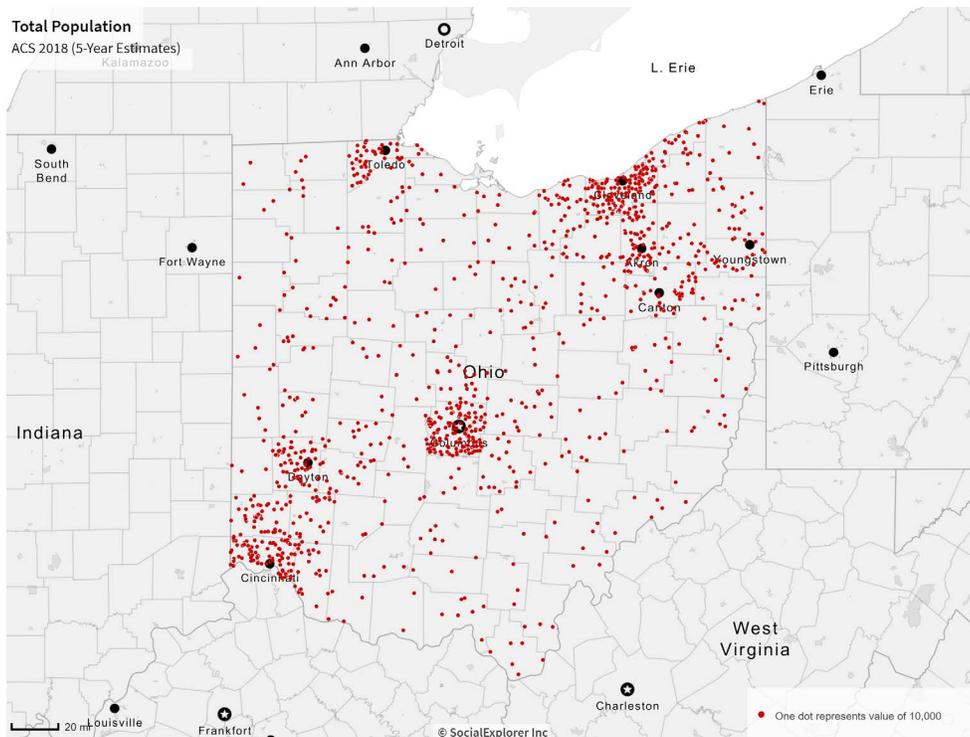
Latino and Hispanic populations in the U.S. include individuals, families, and communities whose origins or ancestry are from Central America, South America, or the Caribbean. The term 'Latino' refers to anyone with origins from Latin America (which includes Brazil). While 'Latino' is simply the Spanish translation of 'Latin', it is also the shortened form of Latinoamericano (Spanish) and Latino-Americano (Portuguese). The term Hispanic refers to people who identify with a nationality from a predominantly Spanish-speaking country (excludes Brazil). 'Hispanic' originated in the United States (U.S.) in the 1970s when U.S. citizens of Mexican, Puerto Rican, Cuban, and Guatemalan descent advocated to no longer be grouped with Irish and Italian Americans so that their cultural sub-group could receive needed political resources and education (Mora,

2014). Latino and Hispanic populations are diverse based on countries of origin, race, culture, and generation in the U.S. Individuals identified as Latino or Hispanic may come from families who have been in the U.S. for many generations, or they may be immigrants (foreign born), first-generation (parents are foreign born), or second-generation (grandparents are foreign born) Americans.

Population

About 4% of Ohio's population, or approximately 431,000 individuals, identify as Latino or Hispanic (U.S. Census Bureau, 2020b). Latinos and Hispanics reside in urban and rural counties across the state, but are most concentrated in the metropolitan regions surrounding Cleveland, Columbus, Cincinnati, Dayton, and Toledo (see Map 3).

Map 3. Latino and Hispanic Residents in Ohio, By County



Source: *Map 3. Latino and Hispanic Residents in Ohio, by County.* Adapted from "Social Explorer," by C. M. Bijou, 2020, *Social Explorer*. Retrieved September 2020, from <https://www.socialexplorer.com/9b9f74db43/view>. 2020 by Social Explorer Inc.

The majority of Latinos/Hispanics in Ohio identify culturally as Mexican (47%) or Puerto Rican (30%), with smaller groups originating from Guatemala (4%) and other countries (19%) (U.S. Census Bureau, 2018a). Just over 20% (93,000) of Latino/Hispanic people in Ohio were born outside of the United States; 95% of these individuals are documented immigrants (Pew Research Center, 2014). The Latino/Hispanic population in Ohio is relatively young, with a median age of 25.8 years old as compared to a median age of 39.5 years among all Ohioans (U.S. Census Bureau, 2018b). Language use is diverse within Ohio's Latino and Hispanic population: half speak only English, while nine out of ten of those born outside the U.S. speak Spanish at home (U.S. Census Bureau, 2018b).

Income and Education

Economic insecurity is a substantial problem for Latinos and Hispanics in Ohio. Twenty-four percent live under the federal poverty line, and the unemployment rate within this population prior to the COVID-19 pandemic was 7.3% (U.S. Census Bureau, 2018b). Latino and Hispanic workers are heavily concentrated in the food industry and labor-intensive occupations, including construction and cleaning. Compared to the median income of \$56,000 in the general Ohio population, the Latinos and Hispanics have a lower median income of \$44,813. However, income varies within this population by country of origin. For example, median income is \$43,000 among self-identified Mexicans but \$36,000 among individuals who self-identify as Central Americans. These disparities in income are predominantly driven by length of time living in Ohio, level of assimilation to U.S. culture and language, educational attainment, and occupational skills. Latinos from Central America generally work in semi-skilled jobs and are more often undocumented (Cohen & Chavez, 2013).

Educational attainment among Latinos/Hispanics in Ohio is also limited compared to the general population: 27% percent of Latinos/Hispanics have attained post-secondary degrees compared to 38% of Ohio's general population (U.S. Census Bureau, 2018b). Similarly, 11% of Latinos/Hispanics have less than a 9th grade education compared to only 3% of the general Ohio population (U.S. Census Bureau, 2018b).

History

Latino and Hispanic cultural groups have a long history in Ohio. Early migration was driven predominantly by Puerto Ricans who migrated to Lorain, Ohio in 1947 in response to a concerted recruiting campaign by the National Tube Company (Schouten, 2020). Between 1960 and 2006, distinct Latino/Hispanic communities formed in several major Ohio cities as they found employment in factories, on farms, or by successfully opening restaurants and specialty stores (Van Tassel & Grabowski, 1996). Self-identified Mexicans began the second major wave of Latino/Hispanic immigration to Ohio in 2000. Since then, the Mexican community has more than doubled, with nearly 195,000 people having an ancestral link to Mexico and more than 10,000 people arriving from Mexico in the last decade (U.S. Census Bureau, 2018b). These recent population shifts have also been driven by employment opportunities in the agriculture, food, and service industries (Johnson-Webb, 2003; Kandel & Parrado, 2005).

Despite consistent, successful immigration to Ohio, members of the Latino/Hispanic population face discrimination and the pressure to assimilate to American culture (Cohen & Chavez, 2015). Cultural discrimination destabilizes the economic, education, and health status of Latino/Hispanic populations. Accordingly, community members have identified priority needs for eliminating socioeconomic and health disparities. These include access to monetary security, transportation, and resolution of immigration status – a particularly important factor as undocumented status often results in lack of health insurance (Kouyoumdjian et al., 2006). These challenges are somewhat alleviated through strong community connections that allow Latino/Hispanic groups to maintain some traditional values and customs and provide resources in times of need (Cohen & Chavez, 2013; Mora, 2014).

Health Profile

Latinos/Hispanics in Ohio have a higher life expectancy than that of the general population (81 years versus 78 years) (Ohio Department of Health, 2016). Leading causes of death are similar among Latinos and Hispanics as within the general U.S. population (see Table 5). Death rates due to homicide, diabetes, and liver disease, however, are substantially higher for Latinos and Hispanics (Heron, 2019).

Table 5. Leading Causes of Death of U.S. Latinos/Hispanics vs. Entire U.S. Population

Causes of Death (Hispanics)	Rates (per 100,000)	Causes of Death (General Population)	Rates (per 100,000)
Heart Disease	128.7	Heart Disease	171.5
Cancer	122.2	Cancer	166.3
Unintentional Injury	28.0	Chronic Lower Respiratory Disease	42.0
Stroke	31.7	Unintentional Injuries	39.3
Diabetes	28.3	Stroke	37.0
Chronic Liver Disease	14.8	Alzheimer's Disease	24.0

Source : *Table 5. Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States — 2009–2013*. Reprinted from "Morbidity and Mortality Weekly Report (MMWR)," by K. Medero, 2020, *Centers for Disease Control and Prevention (CDC)*. Retrieved July 2020, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm>. 2020 by Centers for Disease Control and Prevention (CDC).

Historically higher rates of liver disease and diabetes within U.S. Latino and Hispanic communities are likely driven by food and cultural traditions (Isasi et al., 2015). Many Latino/Hispanic cultures emphasize the importance of large celebrations that include alcohol consumption and eating calorie-dense foods (e.g.: pork, fried plantains, traditional pastries) (Dominguez et al., 2015). These cultural traditions intersect with other major U.S. health risks – including lack of access to preventive health care, healthy foods, and accessible parks or recreation areas (Myers et al., 2016) – to increase risk for obesity and associated co-morbidities (e.g.: hypertension and diabetes). For foreign-born Latinos, obesity risk rises with the number of years living in the U.S. (Isasi et al., 2015).

Latino and Hispanic populations in Ohio have substantially less access to healthcare than the general population. According to the U.S. Census Bureau (2019a) 16% of Latino/Hispanic Ohioans under the age of 65 have no health insurance, compared to 7% of non-Hispanic Whites and 9% of non-Hispanic Black Ohioans. Within Ohio Latino/Hispanic communities, 10% of those born in the U.S. and 46% of those born elsewhere are uninsured (Pew Research Center, 2014). U.S. Latinos and Hispanics are less likely to be vaccinated for influenza than the general U.S. population (Williams et al., 2017).

Challenges Specific to COVID-19

Low levels of healthcare access and higher levels of diabetes and obesity make Latinos and Hispanics more vulnerable to COVID-19 than the general population (Jordan & Opper, 2020). In addition, the pandemic has negatively affected financial security. As of April 2020, approximately half of Latino/Hispanic adults (vs. one-third among all U.S. adults) reported having already lost a job, taken a

pay cut, or both due to COVID-19 (Krogstad et al., 2020). This is especially problematic for undocumented Latinos/Hispanics, who are ineligible to receive federal financial assistance (Singh & Koran, 2020).

Culture and Healthcare

Latino and Hispanic cultures can be described as collectivistic and family oriented (Varner & Beamer, 2011). Latinos and Hispanics households are often multi-generational, and families are generally larger than those of other U.S. populations (Lofquist, 2013). Many Latino and Hispanic families utilize home remedies or complementary and alternative medicine (CAM) before seeking medical care from an allopathic physician (Ortiz et al., 2007). CAM practices are defined as “medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals” (Eisenberg et al., 1993, p. 246), and may include herbal remedies, prayer/affirmations, and energy therapies. The use of CAM among Latino/Hispanic communities is rooted in the beliefs and traditional healing practices of Latin America’s indigenous people, African slaves, and Catholic and Hippocratic influences (Ortiz et al., 2007). Supportive

family network structures have facilitated sharing these diverse traditions across generations, although immigrants and first-generation Latinos/Hispanics are more likely to use CAM practices regularly (Ortiz et al., 2007). CAM practices may compliment the use of other health resources or compensate where they are missing. Religious counseling and prayer, for instance, may be a first line of mental health support, or may arise from lack of access to any other forms of mental health care or lack of health insurance. Whether used as the primary, secondary, or sole source of healthcare, CAM practices are important to many Latinos/Hispanics, and may be combined with allopathic medicine to provide comprehensive and culturally relevant medical care in this population.

Findings from Analysis of *Needs Assessment* Data from Respondents Representing Latino and Hispanic Ohioans

Description of Respondents: 31 respondents representing Latino and Hispanic communities in Ohio completed the *Needs Assessment* survey. This is not a general sample of Latinos/as and Hispanics in Ohio, but a purposeful sample of individuals who represent organizations, agencies, and community groups that work with these populations. More than two thirds of respondents identified as members of one of these communities themselves. 11 respondents work with these communities through non-profit organizations; others are connected to these communities through (in order of frequency) public health/government agencies, medical facilities, community health centers, community organizations, and religious organizations. Our respondents generally serve high-need groups, so the findings below apply most clearly to that subset of Latinos and Hispanics in Ohio.

I. Strengths of the Community

Respondents identified a broad range of community strengths that are resources for Ohio's COVID-19 response within Latino and Hispanic communities. These included:

- Community resilience
- Community embraces and understands many cultures
- Community values, norms, and beliefs:
 - Belief in helping each other
 - Values of caring, generosity
 - Mission focused
 - Survivor mentality
 - Based in family
 - Hope
- Strong relationships within communities
- Existence of many strong and well-connected community organizations
- Existence of organizations that provide assistance to migrant workers
- Importance of churches
- Existence of Federally Qualified Health Centers (FQHCs) throughout the state
- Willingness of community members to take COVID-19 tests if available

II. Key Barriers to Using Public Health Strategies to Minimize the Impact of COVID-19

These categories represent the most common barriers to Latino and Hispanic communities using public health strategies to minimize the impact of COVID-19. These key barriers were mentioned by multiple respondents (ranging from 2 to more than 10, usually at least 5), and they affect communities' ability to use multiple public health strategies. A summary of each barrier is followed by bullets which detail specific instances and problems commonly mentioned by respondents. Selected quotes exemplify the stories and ideas of *Needs Assessment* respondents.

Topic A: Hygiene

Topic B: Social Distancing

Topic C: Mask-Wearing and Personal Protective Equipment (PPE)

Topic D: COVID-19 Testing

Topic E: Contact Tracing

Topic F: Isolation

Topic G: Self-Quarantining

Topic H: Healthcare Access

1. Work-related challenges

The need to work and lack of safe practices at work constitute a significant barrier that affects the ability of community members to practice protective hygiene, social distancing, COVID-19 testing, contact tracing, and self-quarantining (Topics ABCEFG).

- Essential workers are often in close contact with other people, may not have access to proper cleaning and self-protective supplies
- Employers are not providing language appropriate information and PPE
- Essential work is often not conducive to social distancing
- The necessity of earning an income prevents individuals from staying home
- The necessity of earning an income prevents individuals from getting tested and working with a contact tracer
- Individuals are unable to take time off work, lack sick leave
- Migrant workers live in camps where there are multiple people living in close quarters, sharing the same bathroom if not the same bed

.....
"Many [undocumented] immigrants may seek out or are working for jobs where businesses are not following the social distancing for [their] employees."
.....

.....
"[It's hard to understand] what to do when you're sick on the job about any benefits, particularly pay."
.....

2. Housing challenges

Housing conditions within Latino and Hispanic communities affect members' ability to use protective hygiene practices and social distancing, and to practice isolation and self-quarantining when needed (Topics ABFG).

- Dense housing, small housing units
- Many individuals living together
- Multi-family and multi-generational households
- Crowded common areas
- Sharing of beds
- No place to isolate or self-quarantine should that be necessary
- Migrant agricultural workers live in camps, many share one bathroom

.....
"People [live] in close quarters – crowded apartment buildings with equally crowded common areas."
.....

.....
"We have an apartment complex that has been identified as a COVID-19 hot spot. Many multigenerational families live in congested apartments with no other shelter options available. Many individuals in this building also work for a meat packing plant nearby with no ability to physically distance themselves from their co-workers."
.....

.....
"Others could possibly stay at a motel... but not [in] the Hispanic community and definitely not in this area, as they are below the poverty line and [this is] not something they could afford. If there is a basement, a living room, then people could spread out somewhat. But most Hispanics live together as a family, so it is difficult to practice social distancing in the home."
.....

.....
"Migrant agricultural workers who live in migrant labor camps generally have only one bathroom for the whole camp (of 15 or more workers)."
.....

3. Language barriers

Several types of language barriers limit the ability of Latino and Hispanic community members to use public health strategies to minimize the impact of COVID-19. Strategies affected by language-related barriers include use of protective hygiene, social distancing, COVID-19 testing, contact tracing, self-quarantining, and healthcare (Topics ABDEGH).

- Difficulty understanding educational messages
- Lack of information in Spanish
- Difficulty securing translation services in healthcare settings
 - Lack of prompt translation services even when/where they are available
- Signs providing instructions about social distancing (such as in grocery stores) printed only in English
- Six feet (6') not always understandable as a unit of distance to non-English speakers
- Lack of Spanish language testing sites
- Possibility that contact tracers may not speak Spanish or the indigenous languages (e.g.: Mayan) that a particular sub-population uses
- Possibility that contact tracers may not always be culturally competent
- Lack of Spanish language availability in mental and physical health care, substance abuse treatment

.....
“Even the CDC website, and all information relating to COVID, has a 3-week lag in translating their information into Spanish.”
.....

.....
“[Signs on] walkways in grocery stores – ‘enter here, walk this way, 6 feet apart, do not enter here’ – are all in English and cannot be read by non-English speaking individuals.”
.....

.....
“Some...health care professionals are still not getting interpreters on time to the patients. That worst part is the not all interpreters are great.”
.....

.....
“There are few bilingual mental health providers in all of Ohio. Access to mental health is a serious barrier.”
.....

4. Financial constraints and poverty

Low incomes and lack of financial resources limit the extent to which Latino and Hispanic communities are able to practice protective hygiene and social distancing, use PPE, use COVID-19 testing, isolate when necessary, and access healthcare (Topics ABCDFH).

- Products needed to use protective hygiene are often unaffordable
- PPE and masks are often unaffordable
- Working conditions in essential, low-paid jobs prohibit social distancing
- Individuals lack extra funds to isolate somewhere other than their usual home
- Individuals lack health insurance and cannot afford it
- Individuals lack resources to pay for healthcare
- Undocumented immigrants do not qualify for Medicaid or Medicare
- Unemployment takes too long to come through
- Individuals may have no savings to rely on

.....
“Many have said it is hard to get face masks. They also have many people in the family so it can get costly if they don’t have cloth masks. Many do not have laundry facilities in their home so would have to wash them elsewhere.”
.....

.....
“Lack of insurance and [the] means to pay for health care.”
.....

.....
“Many farm workers will not consider seeking medical care because of the cost, language barriers, and lack of transportation. Seeking medical care could be [seen] as last resort.”
.....

.....
“Unemployment is taking so long making surviving right now nearly impossible.”
.....

.....
“Typically there is no cushion of savings to rely on.”
.....

5. Lack of access

Lack of access to resources limits the ability of community members to practice protective hygiene, use PPE and COVID-19 testing, and access healthcare (Topics ACDH).

- Lack of cleaning and hygiene supplies
- Lack of access to PPE
 - Lack of masks and materials to make masks
- Lack of access to testing
 - Limited local testing, few testing sites
 - Large hospital systems will only test their patients
 - Lack of testing materials
 - Inability to get tested without seeing a healthcare provider first
- Lack of access to healthcare in general

.....
"Sometimes access to hygiene products is a choice when having to choose to feed the family or buy the cleaning products."
.....

.....
"Migrant agricultural workers in our community...do not have the ability to drive themselves or order online ([there are] no computers at migrant camps) to obtain PPE."
.....

.....
"Large hospital systems [are] making tests available only to their [own] patients."
.....



6. Cultural norms and practices

Cultural norms and practices important to Latino and Hispanic communities also constitute barriers to protective strategies including hygiene, social distancing, PPE, contact tracing, isolation, self-quarantining, and healthcare (Topics ABCEFGH).

- Cultural norms place significant emphasis on:
 - Expressing physical affection – handshakes, hugging, etc.
 - Socializing and gatherings
 - Extended family interaction and co-habitation
 - Attending religious services
- Social distancing, lack of touch not accepted
- Fears of being mocked for wearing PPE, or scaring children by wearing a mask
- Not visiting family can create tensions, wearing a mask can create a sense of barrier
- Feeling sorry for individuals who need to be isolated
- Values of communalism, wanting to help the family
- Fatalistic beliefs about life and death
- Relying on family rather than outside sources of assistance
- Stigma around mental health treatment
- Fear of stigma, ostracization if suspected or diagnosed with COVID-19
- Potential mental health challenges as a result of conflict between social distancing and cultural values

.....
"Celebrations in Latino families usually bring large group gatherings. It would be considered rude in this culture to invite only 10 persons to a family celebration."
.....

.....
"... In my experience, close knit families [are] used to demonstrating their affection through hugs and touch, [and] may find it difficult to adapt to distancing and other interventions to stop the virus spread."
.....

.....
"My friend said that her mother moved and that her brother and kids were over [at] the house with no masks. She got angry with the family and told them to wear masks around her mother. She even gave masks to her mother to wear, but was concerned her mother did not have the courage to ask her son and family to wear their masks. This is a significant cultural issue."
.....

.....
"Fear of being socially outcast due to having the virus or [being] exposed to the virus is a very important factor that must be considered."
.....

.....
"Lack of interaction is creating an increase in depression...and increasing mental illness."
.....

7. Gaps in education and knowledge

This barrier limits community members' ability to practice protective hygiene, isolate when necessary, and to utilize PPE, testing, and healthcare (Topics ABCDFH).

- Members of this community lack information about:
 - The risks of COVID-19 transmission
 - The potential to have COVID-19 while asymptomatic
 - Recommended hygiene practices and products
 - Social distancing
 - Importance of masks
 - When to get tested
 - When and why to isolate or self-quarantine
 - Where to get healthcare
 - How the healthcare system works
 - How to talk to family members, including children, living in multi-generational families, about COVID-19
- Lack of information results from:
 - Low literacy
 - Lack of English skills
- Misinformation about hygiene practices
- Skepticism about the effectiveness of masks

.....
"It has been difficult for this community to access testing given the confusing process when it comes to [getting] tested."
.....

"[Use] simple language to explain concepts."

8. Transportation challenges

Lack of public transportation impedes social distancing, COVID-19 testing, and access to healthcare (Topics BDH).

- Common to carpool to work and grocery stores
- Public transportation used frequently
- Individuals cannot access testing or healthcare if these services are not local and they don't have transportation

.....
"Many commute together in one truck."
.....

.....
"People are limited [with respect] to transportation and not being able to reach the place will...hinder their desire to get the test done."
.....

9. Mistrust of government and healthcare systems

This barrier impedes use of COVID-19 protective advice in general, use of protective hygiene, testing, contact tracing, and healthcare (Topics ADEH).

- Mistrust of the government is a barrier to understanding and heeding protective advice
- Cultural mindset is that you go to the doctor or get testing when you are sick, not as a preventative measure
- Skepticism about the motives of contact tracers
- Immigration status deters some individuals from working with contact tracers
 - Fear of ICE involvement, immigration raids, imprisonment, deportation
- Some individuals who are eligible for Medicaid will not apply because they don't want to be on a list
- Hesitant to engage with health departments
- Personal and community history of negative interactions with healthcare providers
- Waiting until very ill to get tested
- History of racism
- History of unethical medical testing
- Belief that Latino and Hispanic communities will only get tested after the dominant population
- Fear of being shamed, e.g.: for having only one bathroom
- Fear of job loss

III. Key Ideas (Solutions) to Address Barriers and Minimize the Impact of COVID-19

These categories represent the most common solutions suggested to help Latino and Hispanic communities use public health strategies to minimize the impact of COVID-19. These key ideas were mentioned by multiple respondents (ranging from 2 to more than 10, usually at least 5) and would facilitate communities' ability to use multiple public health strategies. A summary of each proposed solution is followed by bullets that list details and specifics commonly mentioned by respondents. Selected quotes exemplify the stories and ideas of *Needs Assessment* respondents.

1. Partner with community resources and connect with community values

This approach would facilitate the use of protective hygiene, social distancing, PPE, and contact tracing by Latino and Hispanic community members (Topics ABCE).

- Earn the trust of community leaders and members
- Involve faith leaders in education, outreach, and support related to COVID-19
- Use faith and spirituality to reduce isolation
- Use trusted agencies and organizations for outreach
- Use churches, schools, parks as sites to distribute PPE and other supplies
- Distribute educational information through churches and community events, and through centers-of-community like grocery stores and religious organizations
- Distribute information through local health departments and at migrant camps
- Use community role models and celebrities to model protective practices
- Use community educators and community health workers to disseminate information
- Conduct COVID-19 testing at trusted community sites
- Evoke values of protecting family members to build support for social distancing
- Hire Spanish speaking contact tracers from the community
- Relay information so that family-members can talk to other family members, especially within multi-generational households, about COVID-19 (i.e., teach children to wear masks)

"[Communities] have many ways that they communicate, find out how they are communicating and use that way. Not all communities are doing the same thing...Work with local agencies that already have contact or people who are close to the communities you want to reach and see what...issues are currently happening."

"Distribute Spanish language materials about hygiene practices at Latino-owned businesses, such as grocery stores, restaurants, agencies."

"Utilize culturally competent workers, ideally members of the community who can go to [people's] homes."

"Latino families must be able to trust the person who is asking the questions about tracing. Therefore it's important that those tracers are Latino, bilingual, and culturally competent."

2. Provide multilingual and community-tailored information and services

This would improve the ability to use several recommended measures to minimize the impact of COVID-19 – including protective hygiene, social distancing, use of PPE, contact tracing, isolation and self-quarantining when necessary, and healthcare – by Latino and Hispanic community members (Topics ABCEFGH).

- Information should be provided in Spanish (preferably in multiple dialects), in indigenous languages, and in simple/clear language
- Information should be provided about:
 - Protective hygiene
 - Social distancing, risks of not doing so
 - How social distancing, masks don't indicate lack of respect
 - Proper use of facemasks
 - COVID-19 testing
 - Guidelines for returning to work
 - What contact tracing is and when/where/ why it happens
 - How to isolate if necessary
- Modes of delivery for multi-language and tailored content include:
 - Radio broadcasts
 - Video content, e.g.: short how-to videos
 - TV channels
 - Posters and signs visible at key community locations (e.g.: laundromats)
 - Social media content
 - Mobile units
 - Cell phones
- Spanish speaking contact tracers should be added
- Testing centers must have bilingual staff
- Hire bilingual and culturally competent staff to create and disseminate information
- Hire bilingual and culturally competent staff (and/or translators) at primary care and substance abuse clinics

.....
"Bilingual staff will be needed to provide the service."
.....

.....
"Provide Spanish language PSAs [public service announcements] on radio for the Latino community."
.....

.....
"Translation services [should be provided when visiting] medical, psychiatric, and specialty doctors."
.....

3. Provide resources directly and improve access

Direct provision of supplies would facilitate the use of protective hygiene, PPE, COVID-19 testing, and healthcare (Topics ACDH).

- Provide free PPE
- Collect donations of PPE at local churches, community organizations, and businesses
- Make PPE more affordable
- Stock PPE in easily accessible locations
- Have employers and migrant worker camps provide PPE
- Provide starter kits for cleaning and personal protection
- Direct individuals to where necessary supplies can be purchased
- Create testing sites at migrant health centers
- Provide testing through mobile units or at-home tests
- Set up temporary testing sites at churches and in Latino/a neighborhoods
- Create a list of hospitals and clinics that provide free and accessible services
- Create mobile healthcare units with bilingual providers
- Provide financial assistance for those who need to leave work to self-quarantine, to support purchase of food and other essentials
- Create meal programs that use masks and enforce social distancing

.....
"Pick up sites [can be] organized at local churches, laundromats and other places where people have to go to conduct business."
.....

"Cloth masks are limited to those who have the income to purchase [them] or purchase the materials to construct masks. Mask donation thru voter registration drives and food drives are an opportunity to connect the community to resources they need and provide them with a tool for mitigation. Most homes do not have thermometers available to monitor their temperature."
.....

"Provide tests to Migrant Health Centers who go into the community [to provide] health assistance through mobile clinics."

4. Create housing options

Housing options would facilitate use of protective hygiene and social distancing, and make isolation and self-quarantining possible when necessary (Topics ABFG).

- Provide temporary housing to allow for social distancing, isolation, self-quarantining
- Offer financial assistance to allow use of motels or rental houses
- Offer financial assistance to get cleaning and hygiene supplies into households
- Build larger houses with multiple bathrooms and more space
- Create alternative housing for quarantining when necessary:
 - Hotels and motels, perhaps through vouchers
 - RVs
 - Separate housing units or camps for infected workers

.....
"In Korea they set up shelter[s] where [an infected or exposed] person goes to quarantine so they don't go home. This may be a good idea."
.....

.....
"Build Latino families bigger houses with more than one bathroom."
.....

.....
"[Provide] hotel vouchers from charities allowing sick people to stay in a hotel room so that they can self isolate."
.....



Other Ideas

These additional ideas represent separate potential solutions reported by multiple respondents, but not as frequently as the 4 key ideas described above.

- Ensure that ICE is disconnected from COVID-19 interventions such as testing and contact tracing
- Improve public policies
 - Hold businesses accountable when they take advantage of Latino/a people
 - Mandate that businesses provide Latino/a employees with Spanish-language information
 - Suspend deportations
 - Reduce incarceration

IV. Trusted Community Resources and Linkages

Respondents identified a long list of varied and trusted community resources: healthcare organizations (including medical centers, clinics, and hospitals), churches, TV stations, non-profit organizations, migrant organizations, community coalitions, community centers, and charities. They also listed a range of pharmacists, pharmacies, federally-qualified health centers (FQHCs), and community health centers that are well-connected resources within these communities.

Final Recommendations to Minimize the Impact of COVID-19 on Latino and Hispanic Populations in Ohio

These recommendations reflect the data provided by respondents representing Latino and Hispanic communities as well as additional context and insight provided by our panel of expert researchers, public leaders, and practitioners with expertise focused on Latino and Hispanic communities.

1. Center the COVID-19 response in the organizations and cultures of local communities, implementing public health activity through partnerships with trusted community groups, empowering local organizations to lead this work, and providing them with resources to do so.

Immediate, COVID-19 specific, recommendations:

Use trusted agencies and community organizations to develop and lead all aspects of COVID-19 response, including creating educational materials, disseminating information, distributing PPE, conducting testing and contact tracing, and facilitating alternative housing for isolation and self-quarantine.

Distribute educational information and center other aspects of the COVID response in churches and community events, and centers-of-community like grocery stores, religious organizations, schools, free clinics, migrant camps, health departments, and community parks.

Partner with churches and focus on faith communities and families as central sites for COVID-19 response.

Use community educators and community health workers to disseminate information.

Train and employ community members as multilingual community health workers, health navigators, and contact tracers. Offer the training and the employment through trusted community organizations.

Involve community leaders, role models and celebrities, including priests, in modeling protective practices.

Provide training for trusted family leaders members to relay information to other household and community members.

Evoke the values of protecting family members to build support for social distancing, teach hygiene practices, and encourage the proper wearing of masks within families.

Employ very trusted members from/serving the community in all aspects of COVID-19 response; hiring trusted, Spanish-speaking contact tracers is particularly important.

Immediate recommendations to improve the health of communities:

Use faith and spirituality to reduce isolation.

Recommendations to create a social context for long-term health and wellness:

Allocate emergency funds to local Latino and Hispanic organizations, to be available to community members in future pandemics or disasters.

2. Explicitly address economic injustice and its widespread health and social impacts by directly improving access to resources to support disease prevention, COVID-19 response, and necessities of daily living.

Immediate, COVID-19 specific, recommendations:

Provide starter kits including cleaning supplies, masks, personal protection, and easy-to-follow information about proper use of these supplies in English and Spanish; distribute kits to make homemade masks.

Provide free PPE in local community sites, including churches and Hispanic grocery stores.

Make PPE more affordable at retail sites, ensure that PPE is stocked and available in easily accessible locations.

Collect donations of PPE at local churches, community organizations, and businesses.

Direct individuals to where necessary supplies can be purchased.

Create testing sites at migrant health centers; set up temporary testing sites at churches and convenient locations within Latino/a neighborhoods; create mobile units and at-home tests for those who cannot access other sites.

Remove the requirement for a referral from a primary care provider in order to be tested.

Create a list of hospitals and clinics that provide free and accessible services.

Create mobile healthcare units with bilingual providers.

Provide financial assistance for those who must leave work to self-quarantine, and to support the purchase of food and other essentials.

Create meal programs that use masks and enforce social distancing.

3. Directly address the impacts of historical, institutional, and everyday racism through policy change and ongoing training; create strong separation between health-related institutions and immigration authorities.

Immediate, COVID-19 specific, recommendations:

Put processes in place to ensure that personal information gathered through testing, contact tracing, or any resource distribution is not transferred to outside government entities, including U.S. Immigration & Customs Enforcement (ICE)/U.S. Citizen & Immigration Services (USCIS)/immigration courts.

Ensure that ICE is disconnected from COVID-19 interventions such as testing and contact tracing.

Create legal protections, similar to HIPAA requirements, that would make it illegal for contact tracers to share information about people that can lead to identification by outside government entities.

Offer COVID-19 interventions at trusted community sites instead of at governmental sites.

Train healthcare professionals, including all contact tracers, to be culturally responsive, including honoring familism/collectivism, so guidance can be relevant without shaming or stigmatization.

Recommendations to create a social context for long-term health and wellness:

Ensure ongoing access to primary care, mental health care, and substance use treatment.

Build trust in government and medical services by demonstrating transparency in early intervention stages, and assuring identifying information stays confidential.

Suspend deportations.

Reduce incarceration to reduce its long-term health and economic effects in communities.

4. Improve and enforce employment policies to reduce the spread of COVID-19 in workplaces and protect businesses and workers coping with the impacts of the pandemic.

Immediate, COVID-19 specific, recommendations:

Prohibit employers from terminating employees who take extended leaves of absence to provide COVID-related care for family members.

Mandate that employers of essential employees and migrant workers consistently provide PPE to their employees.

Require that employees exhibiting COVID symptoms take sick leave without loss of employment or benefits.

Recommendations to create a social context for long-term health and wellness:

Hold businesses accountable when they take advantage of Latino/a people.

Mandate that businesses provide Latino/a employees with Spanish-language information.

5. Reduce the substantial COVID-19 transmission risks associated with dense living conditions by increasing access to affordable housing, alleviating crowding in congregate situations, and creating new options for isolation and self-quarantine.

Immediate, COVID-19 specific, recommendations:

Create and provide access to locally situated temporary housing for isolation or self-quarantine, using hotels and motels, RVs, separate housing units or camps for migrant workers.

Offer financial assistance to get cleaning and hygiene supplies into households.

Establish a voucher program or offer financial assistance to stay in hotels, motels, or rental houses for isolation or self-quarantining.

Recommendations to create a social context for long-term health and wellness:

Build larger houses with multiple bathrooms and more space.

Mandate and enforce more humane living conditions for migrant workers.

6. Coordinate COVID-safe transportation to allow for social distance while commuting to/from work, and for those otherwise unable to procure basic or COVID-related supplies, get to a testing site, or access healthcare.

7. Increase and improve the dissemination of high-quality, culturally connected, COVID-related education throughout communities.

Immediate, COVID-19 specific, recommendations:

Create varied, culturally appropriate educational materials.

Instead of directly translating COVID-19 materials using bullet points of information, use a storytelling approach grounded in the culture of the community.

Develop culturally-relevant educational materials that cover a broad range of COVID-related topics, including: general awareness of COVID-19; how to use hand washing, surface cleaning, mask wearing, and social distancing for protection; risks of not using these protective measures, proper use of face masks; the idea that social distancing and masks do not indicate lack of respect; when, where, and how to get a COVID-19 test; how testing works and whether it hurts; why contact tracing is important and when/where/how it works; when and how to isolate and quarantine; guidelines for returning to work.

Disseminate multi-language, tailored educational content through a range of modes, including webinars and video events, social media channels, posters and signs at key community locations (e.g.: laundromats), video content (e.g.: short how-to videos), TV, radio, mobile educational units, and cell phone contact.

Disseminate information on all topics in the form of video testimonials from community members.

Create a Spanish-language video campaign about COVID-19, using a familial and culturally relevant lens to tackle barriers and misinformation.

Use storytelling and visual demonstrations to show that social distancing, quarantine, isolation, and mask wearing do not have to exclude or negate cultural values and practices.

Directly communicate a disaffiliation with immigration authorities in any messaging around testing and contact tracing.

8. Provide multilingual services and hire multilingual workers to resolve language barriers.

Immediate, COVID-19 specific, recommendations:

Provide information about all COVID-related topics in Spanish (preferably in multiple dialects), in indigenous languages, and in simple language.

Hire bilingual and culturally competent staff to create and disseminate information, at testing and healthcare facilities, and as contact tracers.

Provide prompt translation and interpretation services for all COVID-19 services.

Recommendations to create a social context for long-term health and wellness:

Identify languages that are most needed to support vulnerable patient populations in all healthcare settings.

Create language stipends or bonuses to augment the strength of multicultural teams in a wide range of healthcare settings.

Hire bilingual and culturally competent staff (and/or translators) across multiple healthcare settings, including at primary care and substance abuse clinics.