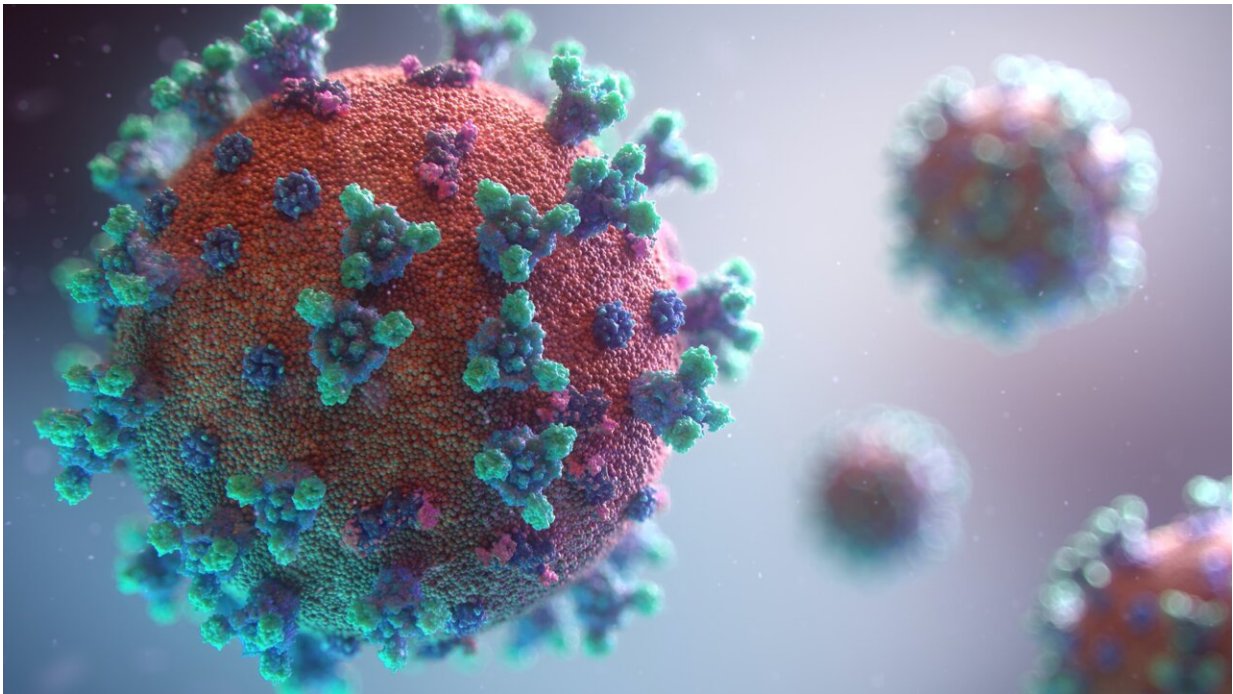


Research examines barriers to treatment of COVID-19 in Cincinnati Latinx families

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New research from the University of Cincinnati examines the barriers as well as those that are helpful in the prevention and treatment of COVID-19 in Latinx families in Cincinnati.

Researchers identified primary barriers that include insecurities in food, jobs and housing and immigration. Key facilitators included having

trusted messengers of [health](#)-related information.

Latinx adults 18 years of age and older completed 255 quantitative surveys and 17 qualitative surveys during the summer of 2020.

"We went to a couple of different agencies and locations where the community already goes and feels safe," says Shaina Horner, clinical research coordinator in the Division of Infectious Diseases in the Department of Internal Medicine at the UC College of Medicine and community research partner for the study.

Those locations included Cincinnati-area nonprofits Su Casa Hispanic Center and Santa Maria Community Services, both of which help Latinx families with educational, financial and health goals. Researchers also visited an apartment complex in a Cincinnati suburb, as well as a mobile home park in Northern Kentucky with a significant Latinx population.

"We started with paper surveys that we filled out for participants using their answers because of language barriers. Literacy levels can be a barrier when we are gathering information," says Horner, who speaks fluent Spanish. "If you have a first- or second-grade education, a big piece of paper with a ton of questions can feel a little overwhelming and sometimes the information itself can feel overwhelming."

"If I'm having a conversation with someone, and they don't understand the question, we can talk about it whereas if they see it on the paper and they don't understand they might not ask," said Horner.

After completing the quantitative surveys, Horner completed 17 qualitative interviews with interested participants for a deeper understanding of their experiences and concerns. These surveys and interviews were then coded, so the researchers could note themes.

What Horner and the research team started to see from the surveys and conversations was people were experiencing food instability and housing instability. There was a large fear of losing jobs. For those who were undocumented there was the added fear of asking for masks or gloves in the workplace thinking it might put themselves at risk.

"We didn't go in trying to do any kind of health education, we were really just there to understand people's perspectives. It was really nice on that level because we got a lot of information that maybe people wouldn't have said if they felt like we were trying to convince them of something," Horner says.

"We were also trying to learn where they got their COVID-19 information from, because there's a lot of information and misinformation out there about COVID. The sources of information people use are really important."

The study found that people were getting information from a wide variety of sources, including social media, friends and family, church leaders and news outlets, especially Spanish radio. Some were getting information from [health care providers](#), but that frequently came from pediatricians when taking their children to appointments, not because they were checking directly for themselves.

"I think it's important to continue to educate the community," Horner says. "UC and UC Health have done some of that work with the videos we've done around COVID. Once the Moderna vaccine was approved, we started to get information out there about what to expect when getting the vaccine or the difference between a vaccine reaction versus illness symptoms."

Horner describes these issues as a public health concern.

"How do we intervene in communities where we see these disparities in ways that are actually going to impact the health of those communities?" she asks.

Horner believes interventions require collaboration and should be community led. "We need to find out why some people have difficulty having access to care. Let's try to eliminate some of those barriers. Sometimes that means bringing the mobile health unit to their community because of transportation issues. Sometimes it means something in our system needs to change because people are afraid to seek care or don't come because of systemic barriers."

The COVID-19 pandemic has presented health care systems with an opportunity to recognize these public health disparities and to make changes now that will improve access to care and education for at-risk populations in future public health emergencies, Horner says.

The research was published in the *Journal of Racial and Ethnic Health Disparities*.

More information: Keith J. Martin et al, Barriers and Facilitators to Prevention and Care of COVID-19 Infection in Cincinnati Latinx Families: a Community-Based Convergent Mixed Methods Study, *Journal of Racial and Ethnic Health Disparities* (2022). [DOI: 10.1007/s40615-022-01294-7](https://doi.org/10.1007/s40615-022-01294-7)

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