

Barriers and Facilitators to Prevention of Care of COVID-19 Infections in Cincinnati Latinx Families

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Specific Aims

- 1. Evaluate COVID-19 knowledge and current prevention (including: masking, handwashing, physical distancing, planned vaccination, etc.) and quarantine behaviors among Latinx individuals with a COVID-positive household member.
- 2. Evaluate facilitators and barriers for optimizing prevention and quarantine behaviors.



Results

- 250 Surveys in Hamilton, Butler counties and NKY
- 17 in-depth interviews



Knowledge of COVID

- 98% knew it was an illness but 10% did not know the symptoms.
- Preferred Sources of Medical Information:
- 1. National TV News and Social media
- 2. Local news
- 3. Friends/Family
- 4. Community/Religious Groups
- 5. Search Engines and Websites
- 6. Health Professionals



Prevention Knowledge and Behaviors

- 98% wear a mask.
- All but 2 said they are practicing social distancing but the majority said they had were closer than 6ft to non-household members at least several times a week.
- A smaller group said they had to stop social distancing or quarantine primarily to care for a family or community member.



Testing Behaviors, Barriers and Facilitators

- 1/5 had been tested, 83% said they were willing to be tested
- Leading reasons for not getting tested included no symptoms, financial concerns (both the test itself and losing job due to test), disclosure to employer or worries about test itself (Needing to have ID and thus immigration risk, concerns about the physical test procedure).
- Leading reason to get tested was a trusted advocate or provider explained importance and helped overcome barriers.
- Majority said they would go to their PMD for treatment but a small minority said they would take traditional medicines and not present for care.



Social and Economic Barriers

- 5 fold increase in food insecurity.
- 30 times the amount of concern about eviction and double concern about unaddressed house safety issues (roaches, mold, etc)
- Almost half lost their primary source of income due to COVID and the majority were concerned this would happen in the future during the pandemic.
- The majority have decreased or used the same amount of health services.
- The majority are concerned about themselves, a family member or a community member being deported and half cited immigration fears as a barrier to seeking help during COVID.



Phase 2 and 3

- Sharing our results from Phase 1 with stakeholders to design interventions during Phase 2.
- We anticipate two Phase 2 interventions:
- Community based education interventions to address knowledge gaps and inform community members about resources and wraparound services.
- 2. Health provider education intervention to inform providers of common community beliefs and experiences and make providers aware of resources and how to help patients access them.
- We hope to evaluate and widen implementation in Phase 3



Questions? Thanks to our Community Partners







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