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Understanding and Addressing Latinx COVID-19 Disparities in Washington State

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Abstract

The COVID-19 pandemic has exposed, and intensified, health inequities faced by Latinx in the United States. Washington was one of the first U.S. states to report cases of COVID-19. Public health surveillance shows that 31% of Washington cases are Latinx, despite being only 13% of the state population. Unjust policies related to immigration, labor, housing, transportation, and education have contributed to both past and existing inequities. Approximately 20% of Latinx are uninsured, leading to delays in testing and medical care for COVID-19, and early reports indicated critical shortages in professional interpreters and multilingual telehealth options. Washington State is taking action to address some of these inequities. Applying a health equity framework, we describe key factors contributing to COVID-19–related health inequities among Latinx populations, and how Washington State has aimed to address these inequities. We draw on these experiences to make recommendations for other Latinx communities experiencing COVID-19 disparities.

Keywords

access to health care, COVID-19, language access, Latinx disparities, public health response, working conditions

As the COVID-19 pandemic continues in the United States, public health surveillance data suggest that Latinx are being disproportionately affected (Centers for Disease Control and Prevention, 2020). The Centers for Disease Control and Prevention reports that 34% of COVID-19 cases in the United States have been among Latinx, although they represent only 18% of the population. Latinx are also at increased risk for COVID-19–related hospitalizations and deaths, and dying at younger ages (Oppel et al., 2020). These disparities first emerged in states experiencing outbreaks early on, such as New York, California, Illinois, and Washington. As the pandemic has continued to spread across the United States, this trend has been observed in other states with large Latinx populations, particularly in the South and Midwest. As Latina public health researchers living and working in Washington State, we have a unique perspective on the COVID-19 pandemic. We aim to document the experience of Latinx in Washington State in hopes that others can learn from it.

Latinx comprise 13% of the Washington State population, yet they represent 44% of all COVID-19 cases statewide (Washington State Department of Health, 2020a). Latinx also represent a significant proportion of COVID-19 related hospitalizations (29%) and deaths (14%) in the state (Washington State Department of Health, 2020b). These disparities have been seen in both urban and rural counties. In King County (an urban county in Western Washington that includes the city of Seattle), Latinx represent 27% of COVID-19 cases while accounting for only 10% of the county's population (King County, 2020a), while in Yakima County (a rural agricultural county in Eastern Washington), 51% of the COVID-19 cases are among Latinx, who represent 49% of the population compared to Whites who are 20% of cases but 43% of the population (Washington State Department of Health, 2020a; Yakima Health District, 2020). While the response of the federal government and other states has failed to take the urgent steps to address these disparities, state and local agencies in Washington acted quickly to save Latinx lives. We describe these actions below and make

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further recommendations to address the impact of the pandemic on Latinx communities.

Work and Housing Contribute to COVID-19 Disparities Among Latinx

Previous research has identified work and housing conditions as major social determinants of health and health disparities for Latinx, and both contribute significantly to the spread of COVID-19 (Velasco-Mondragon et al., 2016). The most common occupations held by Latinx in the United States are cleaning and maintenance, construction, agriculture, and service industries (U.S. Bureau of Labor Statistics, 2019). In the wake of the pandemic, Washington State COVID-19 regulations considered these occupations (U.S. Bureau of Labor Statistics, 2019) as "essential,"—exempting individuals from state public health directives to stay home. Workers such as food retail cashiers, custodial service workers, and those working in agriculture, meat packing plants, and construction continued working on-site (O'Sullivan, 2020). As essential workers in these industries, Latinx have a higher probability of becoming infected as they interact with other individuals during their workday. In addition, many work indoors without proper physical distancing measures or ventilation in place. Early reports indicated that workers in these industries did not receive the adequate personal protective equipment (PPE), increasing the potential for both exposure and spread of the virus (Axon et al., 2020; NPR, 2020).

Another factor contributing to COVID-19 disparities among Latinx is household size. Latinx live in larger multigenerational households (Hall et al., 2019; Landale et al., 2006). Living with extended family members helps maintain family cohesion and reduces expenses associated with housing and childcare. However, larger household sizes also increase the risk of infection and limit Latinx' ability to quarantine or isolate if they become exposed. This can be especially dangerous for those that are older or have preexisting health conditions.

We witnessed the significant impact of both work and housing conditions among Latinx living in Washington. In June 2020, Yakima County saw a dramatic increase in cases among Latinx, who represented over half of 7,000 new infections (Washington State Department of Health, 2020a; Yakima Health District, 2020). These outbreaks were attributed to the poor work and housing conditions among agricultural workers, including lack of adequate PPE, lack of physical distancing guidelines, and poor sanitation in work facilities (Axon et al., 2020; NPR, 2020; Russell, 2020). Agricultural workers often live in shared and crowded housing where the virus can easily spread to others in their household.

In recognition of this situation, Washington State took steps to further protect agricultural workers, including a proclamation by Governor Inslee that addressed transportation, job site safety, and housing guidelines to protect their health and safety (Office of the Governor, 2020). In addition, the Washington State Department of Labor and Industries developed guidelines for workers in these industries (Washington State Department of Labor and Industries, n.d.). The Pacific Northwest Agricultural Safety and Health Center at the University of Washington developed educational materials specifically for Latinx agricultural workers and employers, including information in Spanish about how to protect themselves from the virus (Pacific Northwest Agricultural Safety and Health Center, n.d.).

Language Barriers and Health Literacy Contribute to COVID-19 Misinformation Among Latinx

As our country becomes increasingly diverse, so do the number of people who speak languages other than English. Recent estimates suggest that 61.6 million U.S. residents speak a language other than English at home; 41% of this population (approximately 25.1 million individuals) speak English "less than very well" and may require language assistance to access health-related care and information (Zong & Batalova, 2015). Limited English proficiency status is associated with poor health outcomes and low health literacy, which is defined as the ability to obtain, process, and understand health information (Nelissen & Van den Bulck, 2018). During a health crisis, such as the COVID-19 pandemic, there is an acute need for health messaging that is linguistically appropriate and culturally relevant. Early reports indicated a shortage of in-person Spanish-language –interpreters to facilitate communication with patients during COVID-19–related health care (Aguilera, 2020; Galvin, 2020). COVID-19 messaging efforts were often not available in languages other than English. The combination of limited access to information and lower levels of health literacy has led to a crisis of information among Latinx populations.

Perhaps the biggest challenge to COVID-19 prevention is misinformation, given the abundance of unverified information about the virus spreading rapidly across media platforms (Starbird et al., 2020). Early news stories questioning the seriousness of the virus quickly reached mass audiences via social media, effectively politicizing a public health crisis and hindering prevention efforts. Latinx populations are particularly susceptible to viral misinformation for a number of reasons. First, limited health and digital literacy make it difficult to critically source and assess online health information, particularly for Spanish speakers without access to reliable information in their native language (Soto Mas et al., 2013). Second, a reliance on interpersonal communication within Latinx social networks may further spread misinformation (Alcalay & Bell, 1996). And third, the lack of culturally appropriate health information has made it difficult for communities of color to trust and act on official messaging related to COVID-19 (Richardson et al., 2012).

Local efforts to bridge language access gaps in Washington State have focused on making state services more accessible during the pandemic. A statewide language access initiative announced in late April 2020 outlined translation, interpretation, and dissemination standards to ensure that service agencies meet the needs of limited English proficiency populations (Joint Information Center, 2020). The plan calls for the timely translation of essential information related to COVID-19. To more effectively reach communities of color, the language access plan also recommends that agencies partner with community-based organizations to cocreate culturally appropriate messages. The Washington State Department of Health also launched emergency language and outreach contracts for community-based organizations to develop trauma-informed COVID-19 messaging. Local health departments are working with community leaders to produce multimedia content in Spanish. This includes YouTube videos with how-to guides on topics such as the proper use of masks and how to access COVID-19 testing (Latino Northwest Communications, 2020).

In addition to efforts by state agencies, the University of Washington's Population Health Initiative launched a series of rapid response grants, many of which explicitly focus on addressing the needs of Latinx communities (University of Washington, 2020). For example, one effort between researchers and community leaders is codeveloping culturally appropriate messages for farmworker communities. This multimedia content includes Spanish-language radio public service announcements, social media infographics, and educational videos on social distancing, handwashing, and employer safety requirements.

Limited Access to Health Care Contributes to COVID-19 Testing and Treatment Disparities

Another factor contributing to the high number of COVID-19 cases and deaths among Latinx in both Washington State and the United States is limited access to health care (Geranios, 2020; Kamb, 2020). Compared to Whites, Latinx have lower rates of health insurance coverage, often due to legal status or lack of access to employer-based health insurance (Bustamante et al., 2007). In Washington State, 19% of Latinx younger than 65 years are uninsured compared to only 5% of Whites (Kaiser Family Foundation, 2019). Latinx also experience difficulties navigating complex health care systems, and as a result may receive lower quality care (Bustamante et al., 2007; Betancourt, 2006). This can lead to less access to testing and treatment for the virus.

In the early weeks of the pandemic, testing was not widely accessible in the state, and residents were required to meet stringent criteria (e.g., travelled to an endemic area or had contact with confirmed COVID-19 cases) and a visit to a health care provider to receive testing. This delay in testing likely missed a large number of Latinx cases in the state. However, 5 months after the first confirmed COVID-19 case in Washington State, public health officials greatly expanded access to testing. Testing is now free to all residents regardless of insurance status, and there are community-based testing sites throughout the state to improve access, including in community health centers, mobile clinics, and public schools. Furthermore, patients receive tests results within 24 to 36 hours (King County, 2020b).

Recommendations for Further Understanding and Addressing COVID-19 Disparities Among Latinx

As public health researchers, it will be critical to continue to identify factors contributing to COVID-19 Latinx disparities. This includes studies to identify how best to target Latinx for important health information and address the known barriers to testing and treatment. Researchers should prioritize the testing and implementation of culturally relevant interventions to address both COVID-19 outcomes. Given what we already know about the underlying factors contributing to COVID-19 disparities, it will also be important to study long-term impacts. This includes the mental and physical health impact of racism and discrimination, and limited access to education and employment. Those that fund research, such as academic institutions and federal agencies, should encourage faculty researchers to partner with communities to do this work and prioritize funding for the communities most affected by the pandemic.

We have several recommendations related to public health practice. First, it is critical that we continue to systematically collect data on race and ethnicity for all aspects of COVID-19 prevention and control efforts. Equally important for Latinx communities are data on their preferred language. We also need to provide resources and technical assistance to small, rural local health departments, and health systems, so that they can collect this information consistently. The data are critical not only to understand the spread of the pandemic but also to equitably and effectively address disparities.

Second, as the virus continues to spread, it will be critical to convey the importance of prevention and control measures in Latinx communities. This includes clear messaging in Spanish about the importance of reducing exposure by wearing masks, seeking testing when exposed, and participating in contact tracing when needed. This may require overcoming stigma connected to having the disease and making prevention behaviors as easy as possible—for example, providing masks to low-income populations and offering on-site testing in workplaces. Latinx may be reluctant to speak with government officials, given the fear of immigration policy enforcement. Therefore, it will be critical for local public health agencies to partner with trusted community organizations to coordinate ongoing efforts.

Third, state agencies should invest and support enforcement of PPE guidelines for all employees but particularly those in health care, cleaning and maintenance, construction, agriculture, and service industries. Bilingual education on the rights and responsibilities of employees as well as accessible and confidential reporting of unsafe work conditions should complement enforcement of guidelines. Researchers must collaborate with industry and government to implement evidence-based safety PPE and workspace practices to protect workers.

Fourth, in order to increase access to COVID-19 testing and related health care, we must invest in the health and social service agencies that serve Latinx. Federally qualified health centers (serve large numbers of Latinx patients and are trusted sources of health care and information. To complement these efforts, community health workers or *promotores* can serve a critical role of providing culturally and linguistically appropriate information. All states must consider how community-based organizations can collaborate with federally qualified health centers or local health departments to offer community-based testing sites that are easily accessible in terms of hours, location, and provider language; make testing free regardless of health insurance status; and connect those that test positive with the health care and social services needed to protect themselves and their communities.

Conclusion

The inequities observed during the coronavirus pandemic are not new; racism and discrimination have been shaping the health of Latinx communities for hundreds of years. The pandemic has only put into sharper focus what we already knew. Many in the United States do not have equal access to the conditions needed to live a healthy life, including having a stable income, access to essentials such as food and housing, a safe work environment, health literacy, and access to health care. However, this is our opportunity to correct that. There is much to be learned from the experience of Washington State in addressing COVID-19 disparities in Latinx communities and much more that can be done. Adelante!

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