The disproportionate impact of COVID-19 infections and related deaths among Latinos nationally and in our state is well documented. As of September 23, 2021, 27% of COVID-19 cases in WA were among Latinos, who account for only 13% of the population.\(^1\) Nationally, Latino men and women are estimated to have lost 2.4 and 1.1 years of life expectancy due to the COVID-19 pandemic, respectively, compared with 0.8 and 0.7 years of life expectancy lost by White men and women.\(^2\) In Washington State, data from the state’s health department show that vaccination rates among Latinos are lagging behind other groups in many counties, leaving many Latinos vulnerable to COVID-19.\(^3\) The emergence of the B.1.617.2 (delta) variant of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as the dominant strain in WA poses a new and ominous threat to all who remain unvaccinated, including those eligible and ineligible for current vaccines. Currently, only individuals who are 12 years of age and older are eligible to be vaccinated.

To address the threat from the Delta variant and reduce Latino vaccination hesitancy, new, culturally responsive messaging addressing vaccination and the use of nonpharmaceutical interventions (NPI)—including masking, social distancing and hand sanitation—is urgently needed. In this brief, we review results of a recent survey asking Latinos in WA about the sources of information they use to learn about COVID-19.

**METHODS**

Patients of SeaMar Community Health Centers were invited to participate in a survey that asked about their experiences and attitudes regarding COVID-19. Eligibility criteria for the survey included age of 18 years or more, self-identified Hispanic or Latino ethnicity, a preferred language of Spanish or English, and one or more outpatient visits between January 1, 2020 and July 31, 2020. From the 18,167 patients meeting these criteria, 2,500 were selected for the survey with oversampling of males and those preferring Spanish due to lower expected responses rates from these two populations. In addition, the sample was stratified across three regions in the state, including a north region, a Puget Sound region, and the remainder of the state. A total of 381 patients completed the survey between October 28, 2020 and February 3, 2021, for an adjusted response rate of 17%. Eighteen respondents were excluded from the analysis due to eligibility based on age or ethnicity. Results reported in this brief are based on weighted analysis of eligible survey respondents.
**FINDINGS**

Table 1 shows a summary of the survey results. Overall, the most common sources of information were healthcare institutions such as hospitals and medical clinics, followed by television, social media, community-based organizations, radio, family and friends, newspapers and churches. By language, the most common source of information among Spanish-speakers was television, followed by healthcare institutions, social media, community-based organizations, radio, family and friends, newspapers, and churches. Among English speakers, the most common source of information was healthcare institutions, followed by social media, television, family and friends, community-based organizations, radio, newspapers, and churches. By age, the most common source of information among 18- to 30-year-olds was healthcare institutions, followed by social media, television, community-based organizations, family and friends, newspapers, radio, and churches.

Among 31 to 50-year-olds, the most common source of information was television, followed by health care institutions, social media, community-based organizations, radio, family and friends, newspapers, and churches. Among participants 51 years of age and older, the most common source of information was television, followed by health care institutions, social media, family and friends, community-based organizations, radio, newspapers, and churches. The only statistically significant difference in information source by age was in the use of social media, where 18- to 30-year-olds were more likely than other age groups to use it.

### Table 1. What are the main sources of information you trust to learn about information you trust to learn about COVID-19?

<table>
<thead>
<tr>
<th>Language</th>
<th>Overall</th>
<th>Age (Years)</th>
<th>English</th>
<th>Spanish</th>
<th>18-30</th>
<th>31-50</th>
<th>51+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td>18%</td>
<td>16%</td>
<td>19%</td>
<td>8%</td>
<td>22%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>53%</td>
<td>38%</td>
<td>58%</td>
<td>36%</td>
<td>55%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>Newspaper</td>
<td>11%</td>
<td>15%</td>
<td>10%</td>
<td>13%</td>
<td>10%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Social Media</td>
<td>42%</td>
<td>53%</td>
<td>38%</td>
<td>57%</td>
<td>42%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>CBO</td>
<td>23%</td>
<td>19%</td>
<td>24%</td>
<td>24%</td>
<td>24%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Friends and Family</td>
<td>18%</td>
<td>23%</td>
<td>17%</td>
<td>13%</td>
<td>17%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Churches</td>
<td>7%</td>
<td>6%</td>
<td>8%</td>
<td>1%</td>
<td>9%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td>54%</td>
<td>65%</td>
<td>50%</td>
<td>64%</td>
<td>52%</td>
<td>53%</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Bold italics indicates statistically significant differences between language or age groups. These percentages are based on weighted analyses.
SUMMARY
Our findings suggest television, social media, and community-based organizations are important channels of information to use to reach Latinos. Television and social media are important channels of information for both English and Spanish speakers. Social media is a particularly important channel for reaching younger Latinos, including those 18 to 30 years of age. It is urgent that new, culturally responsive and family-centered messaging about vaccinations and the use of facial coverings, social distancing, and hand sanitation be developed and deployed in Spanish and English to reach Latinos throughout WA State in order to stem the rapid spread of COVID-19 and address fears and concerns.

Our findings also illustrate that the Latino community is not a monolith and media use is varied, depending on the language, age group and other factors. The approach to developing communications should reflect this multifaceted media use while building on the trust that Latinos have for some sources of information.

RECOMMENDATIONS
Institutions, including local health jurisdictions, healthcare providers and hospitals, which create communications related to COVID-19 prevention and treatment should:

- **Use communication strategies** that prioritize the diverse media habits of Latino audiences.
- **Tailor messaging** for age and language groups within the Latino community.
- **Strengthen partnerships** with trusted community-based organizations to deepen their reach and relationship with the Latino communities.
- **Prioritize targeted communications** for social media, TV, and community-based organizations.
- **Healthcare providers are a primary trusted source of information** for Spanish and English-speaking Latinos and should consider using culturally tailored communication strategies in English and Spanish when communicating with their Latino patients.

Read the COVID-19 Policy Brief Series
Understanding Washington Latinos’ Experiences around COVID-19:
2. **Depression and Anxiety among Latinos: Urgent Call for Mental Health Services.** Released June 16, 2021.