Although Latinx populations continue to experience higher rates of coronavirus disease 2019 (COVID-19) and related hospitalizations and deaths compared with White individuals, the perspectives of Latinx COVID-19 survivors and their families, particularly immigrants, have not been well appreciated. In a qualitative study, Cervantes and colleagues conducted interviews of Latinx individuals hospitalized for COVID-19 to identify factors associated with disparities in rates of COVID-19 and related hospitalizations and deaths and to inform public health and health care efforts to control the pandemic. The authors presented themes from 60 interviews with a diverse group of Latinx individuals, including Spanish-speaking persons and immigrants, who experienced the disease first hand. Their findings highlight the important need to address factors that contribute to distrust in the health care system and misinformation about COVID-19 to successfully prevent and treat the disease in Latinx communities. Building trust requires engaging Latinx communities, and this engagement will be especially important as we move toward vaccinating those who have been most impacted by COVID-19.

Public health professionals have noted that the increased risk for COVID-19 in Latinx communities is associated with long-standing socioeconomic inequities, including limited economic opportunities, poor housing conditions, and strict immigration enforcement. By centering on the perspectives of Latinx patients, the study by Cervantes et al showed how fear of unemployment, eviction, and deportation prevented many individuals from adequately protecting themselves through testing, isolation, and quarantine when needed. These findings indicate the need for policies that protect workers, provide economic relief, and reduce housing evictions. Undocumented immigrant Latinx individuals are particularly at risk of disease because they are often not included in protective policies and may be reluctant to seek health and social services because of their legal status. Addressing these factors is critical to rebuilding trust within communities that have been underserved and discriminated against by government agencies and health care systems for years.

Public health and health systems play a critical role in addressing and preventing disparities in the rates of COVID-19 in Latinx communities, especially as they aim to increase access to testing, treatment, and vaccines. Access to health care must be expanded so that COVID-19 testing and vaccines are provided at low or no cost and with care in the preferred language. Latinx immigrants who are undocumented should be assured that it is safe to access health care regardless of their legal status. Many state and local officials have relied on the expertise and reputation of trusted community organizations to ensure access to testing. These same strategies must be used to provide access to vaccination at times and in locations that are convenient to Latinx communities. Providing testing, treatment, and vaccines to those most impacted by COVID-19 is important in stopping the pandemic.

Another key finding from the study by Cervantes et al was the extent of misinformation about COVID-19 that was present in Latinx communities. Many of the participants were unaware of their susceptibility to COVID-19 and the severity of the disease. In addition, they had limited information about how to protect themselves from the disease, which was especially important considering the need to work and use public transportation among members of the community. Future outreach and education efforts need to provide clear, accurate messages about how to prevent COVID-19 in Spanish and for audiences with low literacy. These messages should be delivered by trusted
messengers in community settings using appropriate media channels (eg, Spanish television and radio).

As Cervantes et al\(^3\) took the time to listen to stories of these patients, we as public health and health care professionals need to listen to the Latinx communities that we serve. Community engagement is critical to addressing the long-standing mistrust that has contributed to racial/ethnic disparities in COVID-19 outcomes and to implementing successful prevention strategies. In 2020, the National Institutes of Health launched the Community Engaged Alliance Against COVID-19 Disparities (CEAL) initiative, funding research teams in 11 states with large disparities in rates of COVID-19.\(^7\) The goal of CEAL is to address misinformation about COVID-19 by engaging trusted partners and messengers to deliver accurate information to communities about COVID-19 prevention and treatment. Research teams have been conducting rapid needs assessments to identify the most urgent needs and sources of disinformation in their local communities. Many are engaging community stakeholders through listening sessions and collaborating with trusted community partners to develop and deliver prevention messages. CEAL sites are working with community health workers and trusted community leaders who understand the culture, language, and lived experiences of the communities that they serve to deliver accurate and culturally appropriate public health messages. This initiative can serve as a model to other states and communities aiming to address disparities in COVID-19 in Latinx communities and other impacted racial/ethnic groups, such as Native American and other immigrant populations. Reducing disparities in COVID-19 requires public health and health care professionals to engage community stakeholders to provide effective prevention efforts and access to care. These efforts must be sustained long after the pandemic is over to address the underlying socioeconomic inequities associated with health disparities.

ARTICLE INFORMATION


Open Access: This is an open access article distributed under the terms of the CC-BY License. © 2021 Ornelas IJ et al. JAMA Network Open.

Corresponding Author: India J. Ornelas, PhD, MPH, Department of Health Services, University of Washington, Box 351622, Seattle, WA 98195 (ornelas@uw.edu).

Author Affiliations: Department of Health Services, University of Washington, Seattle (Ornelas); Institute for Excellence in Health Equity, New York University (NYU) Langone Health, New York (Ogedegbe); Center for Healthful Behavior Change, Department of Population Health, NYU Grossman School of Medicine, New York (Ogedegbe).

Conflict of Interest Disclosures: Drs Ornelas and Ogedegbe reported being co-chairs on a National Institutes of Health Community Engaged Alliance Against COVID-19 Disparities workgroup and receiving funding from the National Institute on Minority Health and Health Disparities and the National Heart, Lung, and Blood Institute during the conduct of the study.

REFERENCES


