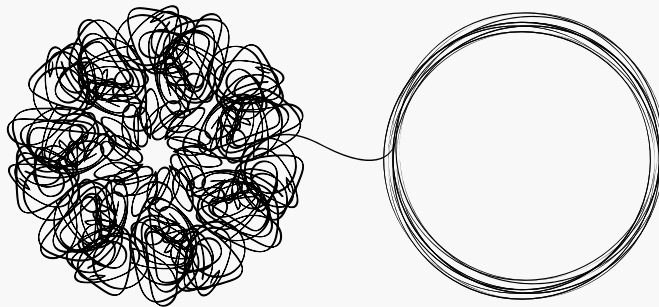


# UNDERSTANDING THE LATINX COMMUNITIES' PERCEPTIONS OF TRUST FOR HEALTH INFORMATION

A TIMELY INVESTIGATION IN  
RELATION TO COVID-19



RESEARCH REPORT APRIL 2022

**SILVIA PEREIDA**

# Table of Contents

## UNDERSTANDING THE LATINX COMMUNITIES' PERCEPTIONS OF TRUST FOR HEALTH INFORMATION

A TIMELY INVESTIGATION IN RELATION TO COVID-19

|                            |                  |
|----------------------------|------------------|
| <u>Introduction</u>        | <b><u>3</u></b>  |
| <u>Objectives</u>          | <b><u>4</u></b>  |
| Common Themes              | <u>4</u>         |
| <u>Methodology</u>         | <b><u>5</u></b>  |
| <u>Participant Profile</u> | <b><u>6</u></b>  |
| Data Analysis              | <u>6</u>         |
| <u>Findings</u>            | <b><u>8</u></b>  |
| Key Insights               | <u>8</u>         |
| <u>Conclusion</u>          | <b><u>10</u></b> |
| Recommendations            | <u>10</u>        |
| <u>References</u>          | <b><u>11</u></b> |
| <u>Appendix</u>            | <b><u>12</u></b> |

"The coronavirus has caused the greatest decimation of the Latino community" ([Gamboa, 2020, para.1](#)).

# INTRODUCTION

The COVID-19 pandemic has shed a light on the racial disparities among Latinx and other communities of color in the U.S., accounting for higher infection rates and deaths across.

In Oregon, the Latinx population has been hit the hardest accounting for over 30% of coronavirus infection cases in 2020 despite only making up 13% of the state's population. Coronavirus cases broke out in food processing facilities where Latinx workers make the majority of the workforce, they accounted for 42% of cases from May through August of 2020 ([Oregon Health Authority, 2020 Annual Data Report 2021](#)).

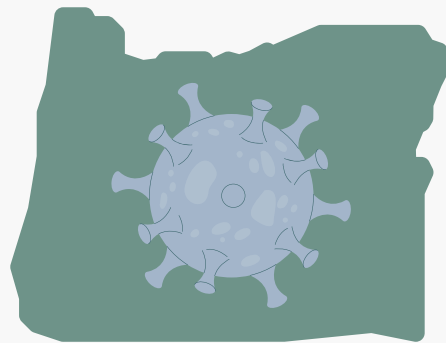
## How did we get here?

The pandemic has shed a light and made worse the inequities that already existed within the healthcare system in Oregon, especially within communities of color, such as lack of accessible health care, language barriers, low-income jobs and crowded working conditions, and distrust in government influenced by historical racism caused rippling effects that make it harder to recover from.


In the spring of 2021 through winter of 2022, the researcher conducted interviews (N= 25) to include the voices of Oregon's Latinx community members to understand how key factors contribute in creating barriers in accessing health information.

## Purpose of study

Therefore leading to the purpose of this study, aimed at understanding where Oregon's Latinx populations acquire COVID-19 health information and to examine how trust interplays with COVID-19 information among Latinx community perceptions.



# OBJECTIVES



Understand the barriers Oregon's Latinx people encountered in trying to acquire information about COVID-19, vaccines, and other important resources.

## COMMON THEMES

Analysis of the interview data patterned into four essential themes to help answer the following questions:

1. Where do Oregon's Latinx populations acquire COVID-19 health information?
2. How does trust interplay with COVID-19 information among Latinx community perceptions?

Four common themes emerged among the transcripts (see Table 2 below) of 254 pages from the interviews. Each of the themes represents the common barriers Latinx people in Oregon encountered to stay safe and healthy amid COVID-19 infections and deaths. Three of the four themes were expressed by all participants. Mental health and emotional well-being are important emerged only from female voices. Only three male voices participated in this study.

Overall, these findings explain how Oregon's Latinx communities acquire health information and seek resources to survive COVID-19 and provide insight into how the intersection between culture and communication influences health decisions based on who the messenger is, the source, and impacts on their health.

| Themes                                              | N  | Percent % |
|-----------------------------------------------------|----|-----------|
| COVID-19 information is a double-edge sword         | 25 | 100%      |
| Don't trust the messenger                           | 25 | 100%      |
| Mental health and emotional wellbeing are important | 22 | 88%       |
| Interconnectedness and Interdependent experiences   | 25 | 100%      |

Table 2. Types of themes that emerged about COVID-19

# METHODOLOGY

**Data collection:** One-on-one interviews were conducted over telephone and Zoom. Each session was recorded and ranged between 20 to 45 minutes and transcribed. A topic guide of 20 items ([see Appendix 1](#)) was created for the one-on-one interviews to query participants' perceptions of health information trust. The researcher reimbursed some participants after getting very little interest during the early stages of the recruitment. The timing of this study began in November 2020 and the timing interviews began in the Spring of 2021 until the Winter of 2022. This study was not funded.

Demographics were not collected for this research however some participants did divulge their socio-economic status, gender, nationalities, and self-identities of the Latin diaspora ([as seen in Table 1](#)). Participants 25 in total, were assigned a letter (A thru Y) to protect their identities and later given a pseudonym for attributing quotes.

A hermeneutic phenomenological theme analysis was conducted on the transcription data ([Aijawi & Higgs, 2007](#)). The data collected was then transcribed from the interviews that were conducted in both English and Spanish. Over 250 pages were transcribed, and carefully examined to reveal patterns and common themes.

## IDEAL SAMPLE GROUP

- Must live in Oregon and self identify as Latinx/o/a or Hispanic
- Have been living in Oregon during the pandemic
- Spanish or English speaking

# PARTICIPANT PROFILE

Data Analysis Results of Research Participants (N = 25) interviews

Table 1: Demographic profile of research participants

| Job field                |              |
|--------------------------|--------------|
| Advertising              | 4% (N = 1)   |
| Farming/Agriculture      | 8% (N = 2)   |
| Customer service         | 8% (N = 2)   |
| Law                      | 8% (N = 2)   |
| Non-profit               | 4% (N = 1)   |
| Oculist                  | 4% (N = 1)   |
| Professor                | 4% (N = 1)   |
| Public Health            | 8% (N = 2)   |
| Restaurant               | 12% (N = 3)  |
| Retail                   | 4% (N = 1)   |
| School employee          | 8% (N = 2)   |
| Social worker            | 4% (N = 1)   |
| Student                  | 20% (N = 5)  |
| Recent college graduate  | 8% (N = 2)   |
| Gender                   |              |
| Female                   | 88% (N = 22) |
| Male                     | 12% (N = 3)  |
| Nation of Ethnicity/Race |              |
| Argentina                | 4% (N = 1)   |
| Colombia                 | 4% (N = 1)   |
| Ecuador                  | 8% (N = 2)   |
| El Salvador              | 4% (N = 1)   |
| Mexico                   | 32% (N = 8)  |
| Preferred not to say     | 48% (N = 12) |

1. Do you feel you are receiving enough information about the virus or the vaccine? If yes, from where?

| <b>Attitudes</b>         | <b>N</b> | <b>Percent %</b> |
|--------------------------|----------|------------------|
| Sufficient information   | 9        | 36%              |
| Insufficient information | 9        | 36%              |
| Undecided                | 6        | 24%              |
| Preferred not to say     | 1        | 4%               |

Table 3. Attitudes of receiving or having received sufficient information about COVID-19 or vaccinations against COVID-19 for making an individual health decision.

2. What kinds of sources or organizations do you think are the best for sharing health information about the coronavirus and keeping you or your family safe?

| <b>Sources</b> | <b>N</b> | <b>For personalized communication<br/>Percent %</b> |
|----------------|----------|-----------------------------------------------------|
| Email          | 10       | 40%                                                 |
| Social media   | 5        | 20%                                                 |
| Schools        | 3        | 12%                                                 |
| OHA            | 2        | 8%                                                  |
| County         | 3        | 12%                                                 |
| News websites  | 2        | 8%                                                  |
| Other          | 4        | 16%                                                 |

Table 4. Type of communications preferred for receiving information about COVID-19 and vaccines

# FINDINGS

The Latinx community acquires most of its health information in relation to COVID-19 on various social media and news media platforms both in Spanish and English, though there are some limitations in its efficacy where trust is placed greatly in English-based sources of health information as suggested by the findings.

Findings also suggest the perception of trust weighs in greatly when considering messages and messengers delivering vital health literature in relation to COVID-19 and vaccines, and that there is a greater need for personalized and localized health information, especially from health agencies and government at the state and county level.



## Key Insights

**All research participants expressed limitations of social media and news media to acquire information in relation to COVID-19 and vaccines. Limitations include:**

- misinformation on social media and news media
- incomplete or fragmented information
- political views align with source

**All research participants expressed perceptions of trustful health information varied depending on the messengers such as:**

- local news messengers
- government messengers
- community messengers

**All research participants detailed how collective and interdependent experiences during COVID-19 influenced their individual health decisions such as:**

- Stay-at-home measures and following safety protocols
- Familial influences for getting vaccinated against covid-19
- Living in multigenerational homes and measuring risks of behaviors and attitudes

### Sources perceived trustworthy:

- Oregon Health Authority
- CDC
- County public health agencies
- K-12 schools
- Colleges
- Community-based organizations
- Friends or family in the health industry



# FINDINGS (CONT.)



## Key Insights

Research participants detailed how interdependent experiences during COVID-19 influenced their individual health decisions (Theme four).

This was especially expressed by research participants unsure about getting vaccinated against COVID-19 or after a traumatic experience such as a death in the family or if someone in the immediate or extended family contracted COVID-19.

"I told [her] I'm going to get vaccinated and she said 'No, don't get vaccinated, don't go getting it because at first, my baby was fine, I just got the vaccine and now they say that my baby is sick, that they probably have to take it out because they are going to do other studies. So, I tell you, we are so ignorant of information. I went to get vaccinated because my son was the first to go without my authorization, he was sick for two days but he convinced me to go and now we are convincing my husband.'" - "Ms. Inez"

For "Ms. Inez," the decision to get vaccinated was a difficult one because of what her sister's experience had been after getting vaccinated. "Ms. Inez" also shared her trust in vaccines was influenced by her son's decision and receiving further information from her healthcare provider.

"We know families from Guatemala, and we were taking care of their children while they had to go pick the fruit, the blueberries and strawberries. I was already [staying] at home because, I no longer had a job. Well, there we would make a pot of rice, and everyone would eat and [we would] try to keep the children calm, [so] that they did not perceive the dimension of what we were all experiencing." - Ms. Diana

"Ms. Diana" described losing her job, not qualifying for federal assistance and finding work as a seasonal farm worker and other means to survive the ripple effects of the pandemic.

"He has a hard time talking to other people who don't speak Spanish fluently. Whenever I go to like, a doctor's appointment with him, if there's somebody [at the] hospital that speaks Spanish, it's still sometimes hard for him to understand what they're trying to explain to him, like regarding COVID, or anything in general, because there's still kind of that disconnect. And so that's kind of the reason why, after I graduated in May, I decided not to go straight into working, because he kind of needed me more than I realized." - "Ms. Viviane"

"Ms. Viviane", a recent college graduate moved back home her senior year to help her elderly father navigate the pandemic.

"I tried registering them for the vaccine. [T]o me it was surprising, seeing strangers come up to me for help, and they're facing this huge barrier. If I wasn't there, would they have, asked for it? It was a horrible experience, not because I didn't want to help them. It was because of the discrimination that I saw the pharmacy, so we actually had to end up reporting them to the OHA. They were very adamant that these people needed a social security number, that they could not proceed if they did not have a social security number." - "Ms. Nancy"

"Ms. Nancy" is an experienced public health college student and volunteered at a COVID-19 helpline. She combatted discrimination at a Walmart pharmacy after a Spanish speaking wife and husband were asked for their documentation of U.S. residency to qualify for the COVID-19 vaccine.

# CONCLUSION

## The Latinx community...

- Acquires most of its health information in relation to COVID-19 on various social media and news media platforms both in Spanish and English, though there are some limitations in its efficacy where trust is placed.
- Perception of trust weighs in greatly when considering messages and messengers delivering vital health literature in relation to COVID-19 and vaccines.
- Perception of trust weighs in greatly when considering messages and messengers delivering vital health literature in relation to COVID-19 and vaccines.
- Need for personalized and localized health information is great, especially from health agencies and government at the state and county level.



## Recommendations

### Consider lived experiences as supplemental work experience

Focusing on attitudes and beliefs of the Latinx community when conducting community outreach.

In return community participation and engagement can lead to collaboration on developing equitable systems.

### Comprehensive and culturally relevant information that is accesible

Key to provide equitable health care and other lifesaving programs to the Latinx community.

### Recruit Latinx people in the decision-making

Representation at the Board and Executive level establishes sense of community awareness and trust. Policies and intentional recruitment processes must be sustainable. Consideration for training opportunities or systems if lack of years of experience.

# REFERENCES

- Ajjawi, R., & Higgs, J. (2007). Using hermeneutic phenomenology to investigate experienced practitioners: Learn to communicate clinical reasoning. The Qualitative Report. <https://doi.org/10.46743/2160-3715/2007.1616>
- Centers for Disease Control and Prevention. (2022, January 5). CDC Museum Covid-19 Timeline. Centers for Disease Control and Prevention. Retrieved February 21, 2022, from <https://www.cdc.gov/museum/timeline/covid19.html>
- Gamboa, S. (2020, September 30). Coronavirus is causing the 'Historic decimation' of Latinos, medical expert says. Retrieved March 22, 2021, from <https://www.nbcnews.com/news/latino/coronavirus-causing-historic-decimation-latinos-medical-expert-says-n1241576>
- Oregon Health Authority. (2021). (rep.). 2020 Annual Data Report. Retrieved January 10, 2022, from <https://www.oregon.gov/oha/covid19/Documents/DataReports/2020-Annual-Data-Report.pdf>
- West, Crenshaw, Kimberlé, Gotanda, Neil, Peller, Gary, & Thomas, Kendall. (1995). Critical race theory: the key writings that formed the movement. The New Press.

## Appendix I: Interview Topic Guide Questions

1. Can you tell me a little about yourself? Where do you live?
2. How long have you been living in Oregon for?
3. How has the COVID-19 pandemic affected you and your family?
4. How have statewide stay-at-home measures related to COVID-19 impacted your household? Or workplace?
5. What kinds of sources or organizations do you think are the best for sharing health information about the coronavirus and keeping you or your family safe?
6. Whom do you trust for information on the virus and vaccines?
7. Does social media or news information play a significant role in whom to trust for information about COVID-19 and the vaccine? Why or why not?
8. Do you feel like you have enough information regarding your health or about COVID-19?
9. During the pandemic have you had what you need like food, rent, utilities, childcare, internet, technology, etc.?
10. Before the pandemic, which sources of help (food banks, churches, schools, government help) have you used to meet your basic needs?
11. How have you navigated through this time of COVID-19 in terms of getting what you need to stay healthy and safe?
12. What have you done differently in your day-to-day lifestyle to cope with the pandemic?
13. Is the healthcare information regularly available to you in your preferred language?
14. What influences your decisions about seeking healthcare services?
15. Who makes healthcare decisions for you or your family?
16. Are you receiving the healthcare services you need? If yes, what types of resources are important for you during the pandemic?
17. Do you feel you are receiving enough information about the virus or the vaccine? If yes, from where?
18. Has the information about COVID-19 and vaccination been effective or non-effective? Why or why not?
19. Do you feel that the health information is easy or difficult to understand? Why or why not?
20. Have you experienced any issues trying to schedule health related services? If yes, why do you think that is?
21. Is the health information accessible to you like e-mail, mail, social media, websites, etc.? How do you prefer to receive it?
22. Is there anything else you'd like me to know about?