

## Addressing North Carolina Hispanics and Latinos Affected by COVID-19: A Grassroots Approach

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While the COVID-19 pandemic has been an immense burden across the state, both in terms of public health and economic security, one demographic has been hit particularly hard: North Carolina's Hispanic and Latino communities, more than half of whom are North Carolina-born [1, 2]. Due to a number of socioeconomic factors and institutional barriers, Hispanics and Latinos accounted for 39% of all confirmed COVID-19 cases in North Carolina by June 2020, despite only composing around 10% of the state's population [3]. The situation faced by this demographic is unfortunate but not necessarily surprising. Juvencio Rocha Peralta, executive director of the nonprofit Association of Mexicans in North Carolina, Inc. (AMEXCAN), notes that the needs of Hispanics and Latinos, including those highlighted by COVID-19, are more or less "invisible" in the state (personal communication, September 2020). Recommendations include advocating to both health officials and the general public on behalf of, and through direct engagement with, this population.

An initial reason for the large number of cases could have been the line of work in which many Hispanics and Latinos find themselves, especially those who are immigrants or migrant workers. When comparing the professions categorized as essential under the first stay-at-home order [4] and those held by this sub-demographic [5], most were still working as part of the essential workforce of low-wage workers while new information and directives were developing. Further, it is important to focus on socioeconomic factors such as housing arrangements and transportation, as well as individual and institutional barriers like language and access to social safety nets in this community.

Migrant farmworkers more often than not reside in overcrowded, substandard housing [6, 7], posing a heightened transmission risk. Yet, even across other professions, many migrant Hispanics and Latinos are forced to rent smaller-than-adequate spaces [6] while often living with extended family or adult children [8, 9]. This is both due to and exacerbated by high levels of poverty [1, 6, 10-12]. According to Rocha Peralta, this is an experience lived by most of the community his organization serves. Finally, a lack of reliable transportation or inability to acquire a driver's license, in addition to an absence of stable contact information, further isolates these communities and may prevent them from getting tested or accessing critical resources and assistance [1, 10].

In addition, language barriers and disconnects between

this population and health institutions must be considered. A combined lack of English capabilities and inadequate provision of interpreters and Spanish publications from those institutions are significant challenges to both health literacy and access to care [1, 10]. Moreover, many migrant Hispanics and Latinos in North Carolina (of non-citizens, over three-quarters were undocumented, with the rest being authorized [13, 14]) report facing discrimination in health care—if documentation status or the cost of care did not prevent them from being seen in the first place [9]. These have all left the demographic at hand distrustful and lacking in health literacy [15, 16].

In addressing these issues, AMEXCAN has seen augmented success for its grassroots efforts due to the governor's creation, through Executive Order 143, of The Andrea Harris Social, Economic, Environmental, and Health Equity Task Force [3] and through support from the North Carolina Department of Health and Human Services (NCDHHS) [17]. Guidance from the task force and monetary support from NCDHHS most notably enabled AMEXCAN to focus its efforts on convening local health departments and interested community leaders and organizations in Eastern North Carolina to address the impact of COVID-19 on the state's Hispanic and Latino communities. This work furnished a platform for the involved parties to share the evolving circumstances in their areas and to express the resources they have or need. More importantly, these meetings have provided an avenue for constructing plans of action utilizing the strengths of those involved across the Eastern North Carolina region. This collaboration across county lines has yielded several promising outcomes: recruiting liaisons and interpreters; drafting educational materials and culturally specific programming in Spanish; working with local churches, businesses, and radio stations to identify individuals and distribute information; and providing free COVID-19 testing, face masks, and instructive resources and contacts at several locations weekly.

A grassroots approach such as this, with frontline Hispanic and Latino representation, is critical in addressing the previously described needs. In reaching isolated communities, a trusted intermediary can bring resources directly; bridging the disconnect for health institutions rests on similar lines to ensure adequate care [18, 19]. When an organization like AMEXCAN is involved, more in the community are willing to be educated and get tested—testimony as to why advocating for that involvement has

remained an important tenet of this organization's mission. Rocha Peralta notes that just as Latinos are often "invisible," advocacy from community-based organizations is frequently assumed to play a small role and forgotten in the bigger picture (personal communication, September 2020). Yet, once organizations like AMEXCAN were selected to assist in addressing COVID-19 in the communities at hand [17], the resulting value was hard to dismiss. With the state's support, AMEXCAN has hosted over a dozen resource fairs across Eastern North Carolina wherein hundreds of Hispanics and Latinos at each have received free personal protective equipment (PPE) and COVID-19 testing (internal data); in addition, several local health departments have duplicated that practice and worked with AMEXCAN to provide bilingual care. Looking forward, AMEXCAN hopes this experience might lay a framework for future disaster responses. NCMJ

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