

**Testimony of Viviana Martinez-Bianchi, MD
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On behalf of myself
Before the U.S. House of Representatives
House Committee on Education and Labor Committee
Joint Hearing of the Civil Rights and Human Services Subcommittee; and Health, Employment,
Labor, and Pensions Subcommittee
“How to Save a Life: Successful Models for Protecting Communities from COVID-19.”

Chairwoman Bonamici and Chairman DeSaulnier, Ranking Members Fulcher and Allen, and Members of the Subcommittee on Civil Rights and Human Services and the Subcommittee of Health, Employment, Labor and Pensions: Thank you for the opportunity to appear before the subcommittees today to discuss some of the important lessons we have learned from COVID-19, and the success of our Latinx Advocacy Team & Interdisciplinary Network for COVID-19 (LATIN-19) to protect our Latinx community during COVID-19. Many of the examples I will be highlighting today are also discussed in our paper “Health and Wellness for Our Latina Community: The Work of the Latinx Advocacy Team & Interdisciplinary Network for COVID-19 (LATIN-19)”, which I will submit for the record as an addendum to my testimony.

I offer this testimony in my personal capacity and as a representative of LATIN-19. My views do not represent the views of my employer, Duke University, where I serve as Associate Professor and Director of Health Equity in the Duke University School of Medicine. I am pleased to be here today not only as someone who has been on the frontlines of the COVID-19 pandemic, but also on the frontlines in our Latinx communities as co-founder of LATIN-19. We are an interdisciplinary, multi-sector coalition that works to address health disparities within the Latina community. We provide a critical space for leaders and allies of the Latina community in North Carolina to create collaborative and interdisciplinary solutions in a trusting and committed environment. At our weekly meeting, members discuss challenges, needs, and opportunities facing the Latina community, and propose changes in systems and policies for the improvement of health and the promotion of health equity. We are a group of over 700 people representing academic institutions, healthcare systems, public health departments, public school systems, community-based organizations, government, faith communities, Duke University schools and centers, and others. The original mission of LATIN-19 was to reduce the negative impact of COVID-19 on the physical, mental, and social health of Latinx communities, and it has expanded to ensure the health and wellness of diverse Latinx communities both now and going forward, post-pandemic, based on lessons learned throughout the COVID-19 response. I will talk later in my remarks about how we achieve this goal and have made a significant positive impact in our communities.

Overview

Latinos have been disproportionately affected by the COVID-19 pandemic. As of September 9, 2021. Hispanic persons, Latinx or Latinos (terms used interchangeably in this testimony) were almost twice more likely to test positive for COVID-19, almost three times more likely to be hospitalized and over twice times more likely to die from complications of COVID-19 compared to White, Non-Hispanic persons. ¹(CDC 2021). Latinos currently comprise 27.5% of COVID-19 cases in the United States, second only to Whites (50.9%), according to CDC data published Sept. 10, 2021. Race/ethnicity data is currently only available for 64% of the nation's cases.

These disparities in health outcomes arise from differences in exposures, including a higher risk for exposure to SARS-CoV-2 and a higher risk for severe COVID-19 disease (due to increased prevalence of underlying medical conditions such as diabetes and obesity), differences in access to healthcare, differences in the quality of healthcare received, differences in job and educational opportunities, and in language barriers. Driving factors for vulnerability include poverty, lower income, jobs that increase exposure, education, housing, transportation, air quality, and access to healthy food, green spaces, and access to health care.

Effect of COVID-19 Health Inequities and the Hispanic population

The COVID-19 pandemic highlighted the ways that systemic and long-term structural inequities create cumulative disadvantages for African American, Hispanic, American Indian, and other historically marginalized populations.

The 2020 novel SARS-CoV-2 coronavirus (COVID-19) pandemic unveiled patterns of systemic and historical exclusion of communities from access to health services in many countries around the world, including the United States (U.S). During the initial months of the pandemic response, Health Systems and local healthcare institutions implemented pandemic response services within existing health service infrastructure and networks that exclude Black, Hispanic/Latinx, and other communities of color. Healthcare institutions did not initially prioritize funding and human resources to improve access to care for communities with known barriers, and for months did not provide adequate information in Spanish or information for underinsured or uninsured individuals to ensure access to pandemic response resources.

Testing resources for COVID-19 followed existing clinic locations and thus testing sites were initially implemented in affluent and predominantly non-Hispanic, White neighborhoods, away from predominantly Hispanic/Latinx and Black communities. And even when institutions utilized federal funding to offer COVID-19 testing free for anyone regardless of insurance or immigration status, many people with the greatest need remained disconnected from the local healthcare system and these resources went underutilized. For many Hispanic/Latinx long-time Durham residents sick with COVID-19, their hospitalization was their first interaction with the health system, indicating decades of disconnect from the health system at the community level.

¹ CDC report. Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity. Updated Sep 9, 2021 <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

Hispanic/Latinx individuals make up 14 percent of Durham County's population, yet they constituted 78 percent of the county's COVID-19 cases for those for whom ethnicity was known, (and 61 % overall) and 48 percent of all deaths due to COVID-19 in the summer of 2020. Hispanic/Latinx individuals tested positive at a rate thirteen times that of non-Hispanic white individuals. From May to July 2020, as infection rates in other racial and ethnic groups decreased, the intensive care unit at DUHS filled with Spanish-speaking patients sick with COVID-19. At this time over 30 percent of hospital admissions to COVID units were Latinx patients, a higher proportion of them were children, and those admitted to intensive care were disproportionately younger than those of other racial/ethnic groups. Grassroots community organizations and coalitions called vocally for community-based testing and early medical assessment, yet the local health institutions continued to offer testing and services at the same locations, hours of operation, and within the same community networks. Several months into the pandemic, many Hispanic/Latinx individuals diagnosed with COVID-19 in the hospital had little to no prior knowledge about the virus or the pandemic, and much of what people did know was inaccurate.

National data reported by the CDC shows that Hispanics were almost twice (1.9 times) more likely to test (+) for COVID-19, almost three times (2.8 times) more likely to be hospitalized and 2.3 times more likely to die from complications of COVID-19 compared to Non-Hispanic, White persons. Disparities have been pronounced in the Southern United States, for example, in North Carolina, Hispanics comprise 18 % of cases when they are 10 % of the population, and 15,931 out of 100,000 Latinos in the state has been diagnosed with COVID-19 in comparison to 7,874 out of every 100,000 non-Hispanic persons of any race. ²

There is a myriad of social conditions that are driving the increased risk and disproportionate burden of COVID-19 and its consequences among the Latinx community. Latinx employees are overrepresented in the front-line essential jobs, with 45% of Hispanic adults working at jobs that required them to work outside the home since February 2020 while many others had the opportunity to work from home. Moreover, early on, some employers did not provide adequate personal protective equipment to employees in these industries.³ Latinx individuals are also more likely to live in densely populated and multi-generational/multifamily households, making social distancing protocols difficult to implement.

Furthermore, low insurance coverage and fears related to immigration and deportation often prevent access to needed health and social services that mitigate COVID-19 risks. In fact, a recent report identified the Latinx community as the group with the greatest decline in life expectancy in the last two years, with a decline of 3.85 years compared to 3.25 among non-

² North Carolina Department of Health and Human Services. Case Demographics Data: March 2020-September, 12, 2021. NCDHHS website. <https://covid19.ncdhhs.gov/dashboard/cases-demographics>. Accessed September 21, 2021.

³ Marcano K. Essential But Disposable: Latino Workers Bear Brunt of Labor Inequality During Pandemic. [Online article]. 2020; <https://centerforcooperativemedia.org/essential-but-disposable-latino-workers-bear-brunt-of-labor-inequality-during-pandemic/>

Latino Blacks and 1.36 among non-Latinx Whites. There are gaps in access to and delivery of health care for the Latinx population, as well as in how Latinx individuals are engaged in community and population health initiatives and research. For example, Latinx have the highest uninsured rates in the United States (26 %) compared to any other racial/ethnic group. Among the uninsured Hispanics, 49 % are non-citizens, 9 % are Naturalized Citizens, and 42% are US born citizens. The lack of access to insurance is felt more broadly in states that have not expanded Medicaid, with rates almost twice as high as rates in expansion states -for non-elderly individuals. For example, 15% of Hispanic children in non-expansion states are uninsured, compared to 6% of Hispanic children in expansion states, 35 % of Hispanics ages 19 to 64 are uninsured, compared to 20% in expansion states. Half of the Hispanic nonelderly uninsured people are less likely to be eligible for ACA coverage than their White counterparts due to their immigration status.⁴

It is ironic, that the Hispanic community lacks access to healthcare, given their significant contribution to the labor force and to the economy of the country. Latinx residents work in a range of sectors including agriculture, food service, construction, business, health care, technology, education, and environmental services. In addition, they are more likely to start their own businesses than the non-Hispanic US population⁵. According to the US Bureau of Labor Statistics, 2019 data on employment⁶, Hispanic men 20 years and older had the highest proportion of the population that is employed among adult men, with an employment-population ratio of 77.4 %, in comparison to their counterparts Black adult men 64%, Asian 73% and White adult males at 69.6%. Latinos of all ages, as an ethnic group have the second highest population ratio, with 63.9% of the Hispanic population employed, second only to 66.2 % for Native Hawaiians and Other Pacific Islanders. Nine percent of all Hispanic workers in the US were employed in food preparation and service (compared to 6% overall), 9 % in building and grounds- cleaning and maintenance occupations (compared to 3% all others) and Latina women at 10 % of leisure and hospitality industry workers. Recent estimates by the American Business Immigration Coalition project that the spending power of immigrants in the Carolinas is up to \$28.8 billion annually, and that they contribute to \$10 billion in federal and state taxes. In the Carolinas, 800,000 immigrants comprise half of the construction workers, painting and maintenance workers, half of agricultural workers, 40 % service employees providing personal care, 18% of workers in science, technology, engineering, or mathematics, and 10 % of North Carolina nurses (Source www.ABIC.US). At the same time, country demographic data show concerning disparities that limit this population's potential to thrive. Notably, Hispanics accounted for 18.8 % of the total population and 27.9% of the people in poverty, with foreign born and non-naturalized citizens, being the most likely to live in poverty, with 20 % Hispanics living on less than 25,000 per year compared to 15% of white non-Hispanics).

⁴ Artiga, S, Hill, L, Orgera, K, Damico, A. Health Coverage by Race and Ethnicity, 2010-2019. Kaiser Family Foundation Report July 16, 2021

⁵ Huertas G, Funk Kirkegaard J. The Economic Benefits of Latino Immigration: How the Migrant Hispanic Population's Demographic Characteristics Contribute to US Growth.

⁶ U.S. Bureau of Labor Statistics, "Labor force characteristics by race and ethnicity, 2019: Employed people by occupation, gender, race, and Hispanic or Latino ethnicity, 2019 annual averages".

Six in ten Hispanic adults (59%) report loss of a job or income in their household as a result of the pandemic, compared to about four in ten White adults (39%), and about half of Hispanic adults reported they have had trouble paying for basic living expenses, or had fallen behind on payments; in a February poll conducted by KFF.⁷ The January 2021 report from the U.S. Bureau of Labor Statistics confirmed that Hispanic or Latino Americans represented 8.6 % rate of those unemployed compared to 5.7 % of white counterparts.⁸ As many Latinos are employed in industries that involve entertainment, recreation, restaurants and hotels, the drop in consumer spending in these areas because of the pandemic adversely affects the Latinx community.

Half of Latinos reported that they or someone close to them had faced or financial hardship during the pandemic. The most common financial challenges experienced by Latinos during the pandemic were trouble paying bills (35%) and having to get food from a food bank or charitable organization (31%). With 25% saying they had problems paying their rent or mortgage and 23% saying they had received government food assistance. Latino immigrants without a green card were more likely to report having trouble paying bills (48%) when compared with naturalized U.S. citizens (26%). Job and wage losses in Latino households were similar for those born in another country as those born in the U.S., but 58% of those without citizenship or green card were more likely to report job losses.⁹(Pew Research Center 2021)

Family connectedness, large extended families and friends are factors of resilience for the Latinx community, however, during the pandemic, this usual source of strength proved to be a factor that increased the numbers of people falling ill with coronavirus. Half of Latinos interviewed for the Pew report responded someone close to them was hospitalized or died, and the number increased to 64 % knew someone who had died of was hospitalized among those who had tested positive for coronavirus. During any challenges, Hispanics lean into family ties and friendships for childcare, help during illnesses, lending money or offering a place to stay. 58% of Hispanics reported helping relatives or close friends– by delivering groceries, running errands or caring for their children (39%), sending or loaning money to family or friends in another country (28%), or in the U.S. (26%). At the same time, two thirds of those who helped family of friends, reported they have had someone close to them fall seriously ill due to COVID-19.

Two-thirds (65%) of Hispanic parents with at least one child younger than 12 living in their home say handling child care responsibilities was difficult for both those working from and away from home. Latino parents have been concerned that the pandemic disrupted their children’s progress in school, with the majority concerned that their children had fallen behind in school due to disruptions caused by the coronavirus outbreak.

⁷ Lopes L, Kearney A, Kirzinger A, Hamel L, Brodie M KFF Health Tracking Poll: Economic Hardship, Health Coverage, And The ACA, Kaiser Family Foundation report published March 3, 2021.

⁸ U.S. Bureau of Labor Statistics, “The Employment Situation — January 2021,” Press release, February 5, 2021, available at https://www.bls.gov/news.release/archives/empisit_02052021.htm

⁹ Noe-Bustamante L, Krogstad JM, Lopez MH For U.S. Latinos, COVID-19 Has Taken a Personal and Financial Toll. Pew Research Center Report. Published July 15, 2021

Addressing Challenges and Breaking Down Barriers: The creation of The Latinx Advocacy Team & Interdisciplinary Network for COVID-19 (LATIN-19) and its impact ¹⁰

A key reason for the dramatic COVID-19 infection disparities affecting Latinx communities in Durham County was the systematic exclusion from access to health services, health information networks and public health insurance, even when eligible. Despite efforts to disseminate information by the local government and health institutions, and despite expanded testing and services at existing clinic and hospital locations, pre-existing barriers prevented these communities from accessing the help they needed until it was, for many, too late. These pre-existing barriers are structural, economic, political, and geographical. Durham County is heavily segregated between and within neighborhoods, and existing healthcare and service infrastructure leaves much of the Hispanic/Latinx population isolated without easy physical access. Other structural community-level barriers exist as well, with some of the Hispanic/Latinx communities with highest needs existing in close proximity to downtown and the Duke hospitals and clinics. These communities have been isolated by lack of resources in Spanish, fear of deportation, prohibitive cost of services and burdensome processes to access insurance, misinformation and discrimination from health and social service workers and institutions. Notably, without systematic change, these barriers that have resulted in disproportionate outcomes during the pandemic will continue in a post-pandemic era.

Given the health inequities that existed before COVID-19, and in anticipation of the health disparities that would emerge for the Latinx community during the COVID-19 pandemic, in March of 2020, a group of Duke University clinicians with extensive experience and knowledge working and advocating for the Latina Community started to convene weekly meetings of multisector stakeholders interested in addressing the comunidad latina's anticipated needs, guiding ideas and programmatic changes. Swift action was vital--According to the North Carolina Department of Health and Human Services by June 2020, Latinx people in North Carolina accounted for more than 40 percent of the state's cases, despite comprising just 10 percent of the population.

The Latinx Advocacy Team and Interdisciplinary Network for COVID 19 was then created. Leaders from the Duke Schools of Nursing and Medicine, along with other academic, community, and governmental leaders, collaborated in this initiative. LATIN-19 quickly became an interdisciplinary, multi-sector group of over 700 people representing academic institutions, healthcare systems, public health departments, public school systems, community-based organizations, government, faith communities, other Duke University schools and centers, and others. The original mission of LATIN-19 was to reduce the negative impact of COVID-19 on the physical, mental, and social health of Latinx communities. That mission has now expanded to ensure the health and wellness of diverse Latinx communities both now and going forward, post-pandemic, based on lessons learned throughout the COVID-19 response. To do so, LATIN-19 leverages the strength of pre-existing community partnerships as well as fosters new collaborations that emerged in response to COVID-19.

¹⁰ Martinez-Bianchi V, et al. Health and Wellness for Our Latina Community: The Work of the Latinx Advocacy Team & Interdisciplinary Network for COVID-19 (LATIN-19). N C Med J. 2021 Jul-Aug;82(4):278-281.

LATIN-19 strives to amplify the voice of the community. To achieve this goal, the weekly meeting agenda is strategically organized to allow invited guests to speak last. This allows them to listen to community concerns first. By listening to the community first, academic, government, and community leaders have gained a much-needed perspective of the ongoing challenges faced by its members. Participants also find in this forum the opportunity to share valuable information and urgent calls to action with all members of the coalition. This approach has proven to be of significant impact.

As the COVID-19 pandemic progressed LATIN-19 worked together to address the barriers that were creating poor and often deadly outcomes for the Latinx community in Durham and North Carolina. For example, early on getting information in Spanish was very difficult. So we facilitated meetings allowing for speakers both from within the formal health system and from the community to present topics in English and Spanish with simultaneous interpretation provided.

As the pandemic worsened, participation in the network grew and meetings became a conduit for breaking down barriers and addressing community needs. For example, during one meeting we learned that due to the fear of being separated from their babies if testing positive for COVID-19, Latina moms had started to avoid delivering their babies at the hospital. In particular, the fear of family separation during admission to the hospital was heightened for this community, especially because restrictions on who could accompany or visit the patient resembled to some the horrific experience of children being separated from their parents at the United States border with Mexico. To address this obstacle, we partnered with our colleagues in obstetrics and gynecology to make sure Latinas knew that coming to deliver at the hospital was safe. During another LATIN-19 virtual meeting, an internal medicine resident listened to a community member talk about people's experiences during admission to the intensive care unit (ICU). Family members began to describe those admitted to the ICU as "the disappeared" (in Spanish, desaparecidos) because they were not allowed to accompany them in the hospital due to social distancing procedures. Together with a LATIN-19 subcommittee, the internal medicine resident worked to raise awareness about this phenomenon and created guidelines for the appropriate use of interpreters and communication with family members to positively impact care provided during the admission.

Testing Sites: Seeing a Need

Early in the pandemic, LATIN-19 noted that there were no COVID-19 testing sites in the parts of Durham where the majority of cases were occurring. In fact, testing sites were only in White, affluent neighborhoods (e.g., West Durham), and not accessible to members of the Hispanic/Latinx and Black communities who were overrepresented in COVID-19 cases.

Advocacy efforts by members of LATIN-19 and other organizations resulted in the implementation of a testing site at the Holton Clinic in East Durham, run by Lincoln Community Health Center and Duke Family Medicine and Community Health with direct referrals from the Durham Department of Public Health, at a time when the area was a testing desert. Advocacy from LATIN-19 also contributed to the inclusion of new organizations created by the Latina

community in a state-funded program that provided PPE and boxes of food to families to sustain them at home for the 10-14 days needed for isolation or quarantine. One of LATIN-19's founders, Viviana Martinez-Bianchi, became a co-leader for the Testing Team of the North Carolina Department of Health and Human Services (NCDHHS) Historically Marginalized Populations (HMP) Workgroup in September 2020, helping with the deployment of multiple sites in Durham and around the state to increase the number of tests administered to these populations. Starting in July 2021, we trained local CHWs to administer the tests, instructing people how to self-swab, doing point of care rapid antigen testing and PCR testing with kits provided for free by NCDHHS. CHWs also provide guidance on how to obtain an email address and sign-up for test results for tests not done at the point of care.

Vaccination Events to mitigate disparities

Similarly to what we saw in access to COVID-19 information and testing at the beginning of the pandemic, we identified similar barriers in access to vaccines, with an excessive reliance on pre-existing established healthcare systems access, requirements to register via electronic means, or via a patient chart, and minimal information in Spanish. LATIN-19 physicians, nurses and community members then filled airwaves with information in Spanish, from acting as role-models in getting their own vaccines to mitigating fears with culturally relevant information in Spanish, to participating in multiple social media events to answer the community's questions.

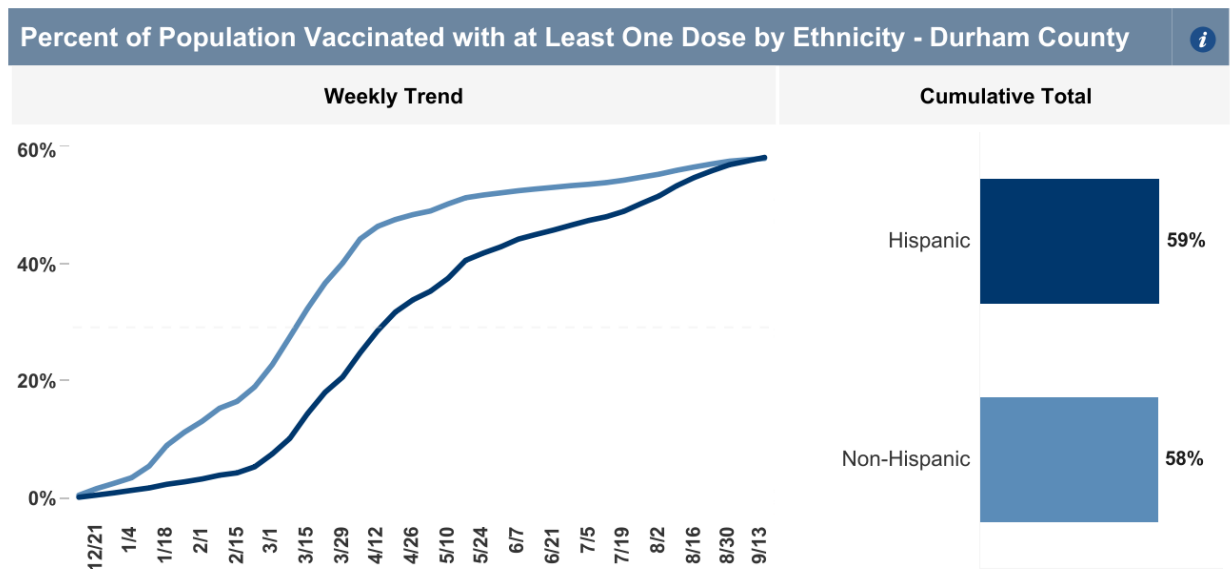
LATIN-19 then collaborated with hospital systems; health departments; community and faith-based organizations; and businesses to host vaccination events targeting the Latina community and to allow community health workers to directly register people at established vaccination clinics led by the Duke Health System, later on LATIN-19 advocated for direct access via walk-up, and community health workers canvassed neighborhoods to inform them of the open sites. Events are tailored to the unique needs and preferences of this diverse community and hosted in places trusted by the community, such as churches or trusted businesses, with all members of the team, including vaccinators, being bilingual or seated next to an interpreter. These events also include a welcoming cultural feel, such as the inclusion of Latin American music by a DJ.

At some events, community organizations provide bags of masks and sanitizing solutions and boxes of food containing vegetables, eggs, dairy, and frozen meats. LATIN-19 has collaborated with the communications departments of NCDHHS and Duke Health to create name tags and signage to identify resources in Spanish and facilitate the presence of Spanish-speaking volunteers at vaccination events. At each site we ensure there is a sign that reminds the public that identification is not needed to receive a vaccine.

As of mid-May, LATIN-19 had coordinated the provision of more than 10,000 vaccinations through facilitation of registration at established vaccination sites and special vaccination clinics. On April 17, LATIN-19 co-led a mass vaccination event in collaboration with the Catholic Diocese of Raleigh, WakeMed, St. Joseph Primary Care, Wake County Department of Public Health, Duke Health, UNC Rex Hospital, Urban Ministries, City Pharmacy, Alignment Health, and the Cooperativa Latina Credit Union in Raleigh to provide 2075 vaccinations to the Latina

community as a “catch-up” strategy addressing the underrepresentation of Hispanic/Latinx residents in vaccination coverage. At the follow-up event for the second vaccine, other primary preventive services were also deployed, such as fecal occult blood kits; cholesterol, diabetes, and hypertension checks; and oral and vision screenings.

As of September, Durham County has achieved an amazing milestone, the proportion of Hispanic residents vaccinated, is the same as non-Hispanic residents, and higher than the 48% percent of population vaccinated for the whole state. We are seeing that our communication and community engagement efforts are having a positive result. (Below, photo from NC DHHS Vaccination Dashboard)



Development of Spanish Educational Materials, Public Safety Announcements, and Training
 Early in the pandemic LATIN-19 leaders identified a dearth of accurate and timely communication of information about COVID-19 in Spanish language, lack of culturally relevant messaging, such as how to mitigate risk in multigenerational homes and how to stay safe as essential workers, and lack of information about rates of infections by race and ethnicity.¹¹

Throughout 2020 and 2021, LATIN-19 has engaged in broad dissemination of information on COVID-19 prevention and services by developing and sharing culturally appropriate, essential information in Spanish and English to community networks through the weekly meeting space, physical handouts, email, social media, and local and national news outlets. During the early days of the pandemic, members of LATIN-19 developed videos and posters to encourage community members to continue to seek health care as appropriate (e.g., maternity care) and to follow prevention guidelines as laid out by the NCDHHS’s “3 Ws” campaign (wear, wait,

¹¹ Bouloubasis V, Patiño Contreras A. “The heroes of the pandemic: ‘When the world is burning, I must put out the fire’” Univision and Enlace Latino, published 9/25/2020 <https://enlacinonc.org/heroes-of-the-pandemic-when-the-world-is-burning-i-feel-i-must-help-put-out-the-fire/>

wash), known as the “3 Ms” campaign in Spanish (mascarilla, mantener distancia, y manos). The videos and posters also addressed issues of mistrust and encouraged testing and, more recently, vaccination. These were disseminated rapidly to the community by local health departments and community-based organizations. LATIN-19 leaders participated in the direct training of community health workers (CHWs) in the appropriate use of personal protective equipment (PPE), including donning (putting on) and doffing (taking off) equipment when visiting the homes of people ill with COVID-19. They also led multiple education sessions about COVID-19 prevention, diagnosis, and care, and advocated for the prompt vaccination of CHWs.

Strengthening Cultural Competency Training and Awareness

During the summer of 2020, LATIN-19 was receiving reports of Latinx community members at Duke Hospital who had “disappeared.” As a result of absent or inadequate communication, in Spanish, from the medical teams with family members, many people worried their loved ones had died or disappeared. This occurred during the peak of COVID-19 cases among Latinx in Durham County, when the majority of patients in the Duke Medical Intensive Care Unit (MICU) were Latinx. In partnership with leaders of the Duke MICU and Duke International Patient Services, LATIN-19 worked to provide cultural competency training and awareness for the hospital staff, and the care for Spanish-speaking patients quickly changed after LATIN-19’s advocacy in this area.

LATIN-19 has also capitalized on the importance of using trusted messengers to effectively reach the Latinx community. For example, many members of this community have concerns about receiving the COVID-19 vaccine, including whether the place that provides them is safe and welcoming. LATIN-19 partnered with known community organizations so that they would both be the ones who did the outreach to sign people up for vaccination and also be present at the vaccination event. Additionally, LATIN-19 worked closely with Duke Health, Durham County Department of Public Health (DCDPH), and NCDHHS to make sure there were Spanish-speaking staff available on site and that no identification would be requested at the time of vaccination.

Policy Change

LATIN-19 has influenced changes in policies and practices at the organizational, local community, and state levels. Several members of LATIN-19 serve in local and state work groups and task forces, and policy makers participate in the LATIN-19 calls. What is learned during the LATIN-19 calls is translated to advocacy efforts that impact policy. Early in the pandemic, advocacy efforts by LATIN-19 helped ensure that COVID-19 ethnicity data were collected and published by the local and state health departments. LATIN-19 also informed revision to hospital visitation policies that were keeping Hispanic/Latinx residents from seeking health care in fear of family separation, medical bills, and deportation. Duke MyChart electronic medical record software is being made available in Spanish through the leadership of LATIN-19 to allow monolingual members of the Latina community to more seamlessly participate in the health care system. At the state level, LATIN-19 members have helped inform policies and design programs that promote equity, including those that ensure access to culturally and linguistically educational materials disseminated by the state, promote better protections for meatpacking and poultry plant workers, increase the number of testing sites in critical areas of need, ensure

that identification is not required for vaccinations, and fund state strategies that have helped address disparities in the Latina community such as support for community health workers and a health equity initiative.

LATIN-19 influenced direct referrals from the DCDPH's Spanish-speaking contact tracers to respiratory centers for people who, at the time of the contact by the tracers, were heard struggling to breathe on the phone. Many of these patients did not have an established primary care clinician or trusted source of health care, and the direct referral avoided delays in access to needed care.

Research

LATIN-19 has supported and led research initiatives aligned with its mission and principles of community-engaged research. The research subcommittee includes clinicians, researchers, and community members who identify research priorities; provide guidance on relevant research projects; vet research proposals; and explore strategic opportunities for research funding. Research projects supported or led by LATIN-19 include National Institutes of Health proposals addressing COVID-19 disparities in acquisition, testing, and vaccination; partnerships with schools and health care systems to address the social needs of Hispanic/Latinx children; and multiple student-engaged projects addressing the political climate, food insecurity, testing, and vaccinations.

Looking forward: LATIN-19 As a Successful Model for Protecting Communities

Participation in the network has grown, and presently an average of 90 people attend each weekly virtual meeting. LATIN-19's mission is to improve the health and wellness of diverse Hispanic/Latinx communities and to bring sustainable solutions through collective leadership and the formation of trusting collaborative partnerships and alliances. The weekly meetings are open to the public, promote a platform that honors all voices, and engage members of a community that has historically been marginalized to share their knowledge and perceptions of multiple aspects of life and health during the pandemic

Conversations often touch on the mechanisms that disconnect and exclude the Latina community from the health care system and other critical resources. In our meetings we have heard personal accounts and research results about language barriers; challenges associated with lack of insurance; problems with food insecurity, concerns about the immigration implications of accessing health care services, specifically public charge rules that were quite prevalent in the period between 2016 and 2020; fear of deportation; and fear of separation from loved ones at the time of entering the hospital.

LATIN-19 has become a powerful source of influence and action. The work of LATIN-19 has been highly innovative, breaking down silos among existing organizations, allowing amplification of their work. LATIN-19 quickly became a trusted name in the Latinx community. This social capital has allowed the organization to act as a powerful connector between the Latinx community and large organizations, like health care systems, which they often previously

viewed with skepticism. LATIN-19 is actively working to break down years of mistrust, stigma, and discrimination.

The cornerstone of LATIN-19's work is the weekly virtual convening. The agile and dynamic structure of these meetings, with follow-up from the leadership team, creates a nimble pathway for quick and effective communication between the community and leaders in larger systems like Duke Health, the NCDHHS, and local schools and public health departments. This process leads to important changes in real-time.

LATIN-19 Lessons Learned for Community Models

The COVID-19 pandemic has highlighted many disparities that already existed for the Latinx community and the urgency of addressing them cannot be ignored. Cross-sectoral synergy towards health equity goals has been an ongoing challenge in North Carolina and LATIN-19 is uniquely positioned to be a leader in this space. LATIN-19 believes that tackling health disparities is much more than working to minimize systematic differences in the health status of diverse population groups. The LATIN-19 experience has shown that ignoring these inherent disparities has significant social and economic costs, both to individuals and societies.

As other entities might be considering a LATIN-19 type model I recommend these best practices:

1. Building trust is vital, but it can take time, and it takes being a presence, being a member of the community, being curious, listening to the questions and the diversity of voices, exhibiting our own humility and vulnerability when we are trying to come to solutions together with community members. Walking the talk with the community. "Se hace camino al andar. We make the path by walking".
2. Building and maintaining robust channels of communication with leaders in government as well as public and private health systems to translate current needs, missed opportunities, and successes for the Latinx community. LATIN-19 leaders listen to community members and relay critical information to decision-makers and policy makers so they can better meet the needs of the entire community. Often, policy makers themselves participate in the meetings.
3. Be a trusted organization in the community. It is important to continue to have members connect and communicate with the community via traditional mediums like broadcast media, as well as social media and web-based methods like Facebook Live events, you tube, etc. As part of LATIN-19, we have learned that *how* and *from whom* people get their information is key.
4. Direct Community Care is important to provide health care services to address community needs, especially for Spanish-speaking individuals who face additional barriers to access. Services include COVID-19 vaccination and testing sites, as well as training for community health workers (promotoras). This workforce serves as a bridge between the community and the health system by delivering a range of health

promotion programs and facilitating support groups. Going forward, LATIN-19 hopes to utilize a mobile health unit to provide critical primary health care and prevention services for local neighborhoods and rural and farmworker communities who may not have access to health providers.

5. It is important that the Latinx community participate and have a voice in clinical and community-based research. LATIN-19 serves as a powerful connector among active research groups, community groups and leaders, and others in the local community, providing a bridge for engaging Latinx individuals to participate in research studies and also taking an active approach in setting a research agenda that is responsive to the expressed priorities, needs, and resources of the Latinx community.
6. Education – LATIN-19's work has a great influence on the training of the next generation of health care professionals by providing learners the opportunity to engage in community-based experiences and work closely with educators and leaders in advocacy, health care disparities, health care, and in the intersection between clinical care and public health. Further, LATIN-19 members include an array of educators that expand from elementary schools to graduate-level education. Our active participation in education and mentorship allows us to serve as role models that play a critical role in the future of health care with the ultimate goal to diversify the healthcare professions' workforce and be more representative of the communities we serve.

Thank you for this opportunity to offer testimony on this critical issue. The LATIN-19 network and I stand ready to be a resource for the subcommittee's efforts, and I will be glad to provide any additional detail, data, and recommendations at your request.

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