

HACER la Diferencia: Reaching Minnesota Latinos during the COVID-19 pandemic

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EXECUTIVE SUMMARY

Read the visual executive summary [here](#).

ABOUT THE COVID-19 TEAM

Below is HACER's current COVID-19 team, without which this work could not be possible.



Ruben Gonzalez, Public Health, General Coordinator

Created and coordinated all aspects of vaccine and testing clinics around Minnesota, reporting data to our funders, scheduling and supervising the COVID-19 team



Hana Bibliowicz, Public Health Coordinator

Navigated, create and found new connections to offer the COVID-19 and health recovery resources to the Latino community



Zadkiel Molina, Digital Communications Manager

Designed and managed all aspect of digital communication including social media and bilingual materials.



Oswaldo Cabrera, General Outreach Coordinator

Designed strategies to increase the community engagement in our research programs and COVID-19 testing clinics.



Angeles Juarez, Communications Specialist

Answered and coordinated the COVID-19 Hotline, connecting the community with COVID-19, health recovery, and other resources



Estrella Ramirez, Digital Communications Specialist

Created data reports of our social media engagement, supported the Digital Communications Manager

RESEARCHERS TO MESSENGERS

Latinos play an important role in making Minnesota a vibrant place to live. Since 1989, Hispanic Advocacy and Community Empowerment through Research (HACER) has been a voice for the Latino communities in the region, developing research projects with community participation since the beginning, and generating documents and data that have advanced changes in policies and actions to improve the lives of these communities. HACER has a recognized history of building trust and confidence with community members and with various agencies and research organizations in the region, due to the research strategies the organization offers.

Given the history of HACER in the community and the relevance of the research that HACER has done, the Minnesota Department of Health, the health departments of Anoka, Ramsey, Hennepin and other counties turned to HACER as a trusted messenger in identifying the

communities' needs and serve as a liaison for the resources available to respond to the pandemic effects. HACER was asked to reach out to Latino communities in the state, with emphasis on those with greater difficulties in accessing services and attention. HACER's work was then expanded to participate in coalitions for multicultural organizations and received the support from national agencies such as Health Resources and Services Administration (HRSA), CDC Foundation and the Hispanic Federation.

With this new task in mind, HACER had to reorganize its structure to meet this call to action. HACER added new team members to the organization to have the capacity to fulfill the new commitments and created a public health division within the organization that focused on community engagement related to COVID-19. With these changes, HACER was then better prepared to



be a listener and messenger for Minnesota Latinos.

COVID-19 AND THE PUSH FOR HEALTH EQUITY

COVID-19 infection and vaccine rates

Social determinants of health (SDOH) refer to the non-medical factors that impact health results. They encompass the circumstances surrounding individuals' birth, growth, work, living environment, and aging process, as well as the broader array of influences shaping their daily living conditions. HACER committed to addressing these determinants during the pandemic by advancing under some of the pillars of the Centers for Disease Control (CDC) particularly focusing on health care access and quality (Figure 1).

According to a 2020 report from MDH, during the same year Minnesota Latinos accounted for a total of 37,456 reported cases of COVID-19, resulting in 1,905 hospitalizations, 500 ICU hospitalizations, and the loss of 166 lives.ⁱⁱ These figures reflect alarmingly high infection rates among Latinos, mirroring trends seen in other communities, including the Black and Asian communities.

During the distribution of the vaccine amid this unprecedented health crisis, challenges and disparities emerged. Some of these disparities were attributed to the prioritization of elderly adults and individuals with certain chronic conditions.ⁱⁱⁱ Across various demographic groups, including age, race, and ethnicity, these disparities were evident. Disparities were also observed by race and ethnicity, with American Indian and Alaska Native, Latino, and Black populations experiencing longer timelines to reach the vaccination threshold compared to White and Asian populations. For instance, in June 2021, Minnesota's Asian and Native Hawaiian or Pacific Islander population became the first subgroup to reach a threshold of 50 percent fully vaccinated, 25 weeks (about 5 and a half months) after the vaccine became available; a week later at 26 weeks, White people became the next group to reach a 50 percent fully vaccinated threshold. However, disparities persisted, particularly among Latino (51 weeks after) and

Figure 1. CDC Graphic on Social Determinants of Health



Black populations (53 weeks after), who took approximately twice as long to reach this milestone. This underscored the necessity for focused efforts to ensure equitable access to vaccinations within these

communities.^{iv}

Latino context

These data cannot be fully understood without understanding the systemic context that has resulted in Latinos being impacted by the COVID-19

pandemic, which HACER has spent years understanding and documenting. For one, many Latinos living with limited financial resources face barriers accessing essential services like health insurance, which make it challenging to have consistent access to health care. In addition, people living in the United States without legal status often avoid engaging with government systems out of fear of deportation. HACER also heard from community members stories about exploitation by employers, particularly in essential sectors like cleaning services, where undocumented workers experienced wage cuts despite performing the same tasks they did prior to COVID-19. These intersecting challenges compelled some Latinos to make difficult choices about what to prioritize that inadvertently contribute to the spread of the virus.

Community discussions facilitated by HACER on COVID-19 revealed the significant struggles faced by many.

Latinos found themselves torn between providing for their families and risking exposure to the virus at work, especially if they did not qualify for government assistance. For instance, some parents shared that their teenage children had to seek employment in retail to support the family financially, leading to a dilemma between earning income and focusing on their education.

The COVID-19 pandemic posed significant economic challenges for Latinos in Minnesota, particularly impacting business owners. A study conducted by HACER revealed that Latino-owned businesses in the state were slightly more likely to report a significant negative impact from COVID-19 compared to the broader business community.^v These challenges included supplier delays, reductions in essential inputs, and disparities in accessing COVID-19 relief programs. Despite a higher percentage of Latino business owners applying for new loans, they did not

access programs like the Paycheck Protection Program (PPP) at the same rates as other businesses. The economic impact analysis estimated losses of -\$2,712,350 for participating Latino-owned businesses, affecting their ability to invest in growth and improvements. Language barriers, lack of awareness, and difficulty finding supportive lenders were among the barriers faced in accessing state and federal support programs. The study underscored another layer of disparities in accessing to relief programs and provide additional financial support to mitigate the pandemic's impact on Latino-owned businesses in Minnesota.

These revelations shed light on the complexities faced by many Latinos and other Communities of Color, a perspective not always considered by those with more privilege, such as individuals with the ability to work remotely or those with advanced degrees. It underscored the importance of recognizing that "just

staying home" is not feasible for everyone and highlighted the urgent need for policy and program improvements to alleviate such burdensome decisions for all members of society.

These learnings and interactions with the community provided the groundwork for HACER becoming a leading trusted messenger for Minnesota Latinos. HACER's community knowledge and relationships positioned it to be a liaison between government and public health agencies and the Latino community. This report highlights the key approaches that allowed HACER to reach thousands of Latinos across Minnesota through COVID-19 education outreach, testing, and vaccine delivery.

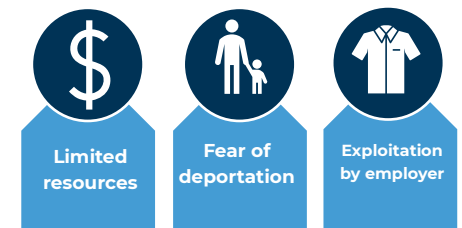


Figure 2. Latinos reached a threshold of 50% vaccination almost a full year after vaccines were authorized.



HACER'S APPROACH

Key strategies

HACER's used a multi-strategy approach to reach, support, and inform Latinos in Minnesota during the pandemic through events, outreach, listening sessions, and webinars.

Vaccination and testing events:

HACER hosted 179 vaccination events between April 2021 and April 2024 across the state of Minnesota. Across those 179 events, 5,192 doses of COVID-19 were administered, primarily to Latinos.

Outreach at community events and schools:

HACER partnered with 140 organizations, including radio and TV stations, which offered the widest audience to reach with COVID-19 health education and promotion of HACER's events.

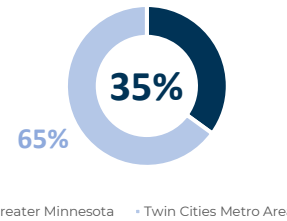
Listening sessions:

HACER hosted various listening sessions, particularly towards the beginning of the pandemic, to help government organizations get detailed feedback from community members on what their most pressing needs were.

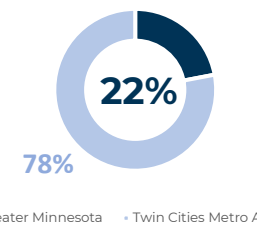
Online webinars:

In addition to regular social media informative posts and videos, HACER hosted various webinars (first called "infoMartes" and then transitioned into "infoHACER") offering accurate, informative, and expert information primarily in Spanish to Latinos living in Minnesota. These webinars varied from traditional presentations, interviews, and panels with public health and medical professionals that could speak to the most current and

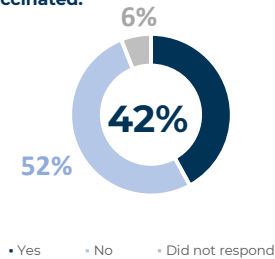
HACER hosted 35% of its events in Greater Minnesota



22% of doses were administered in Greater Minnesota



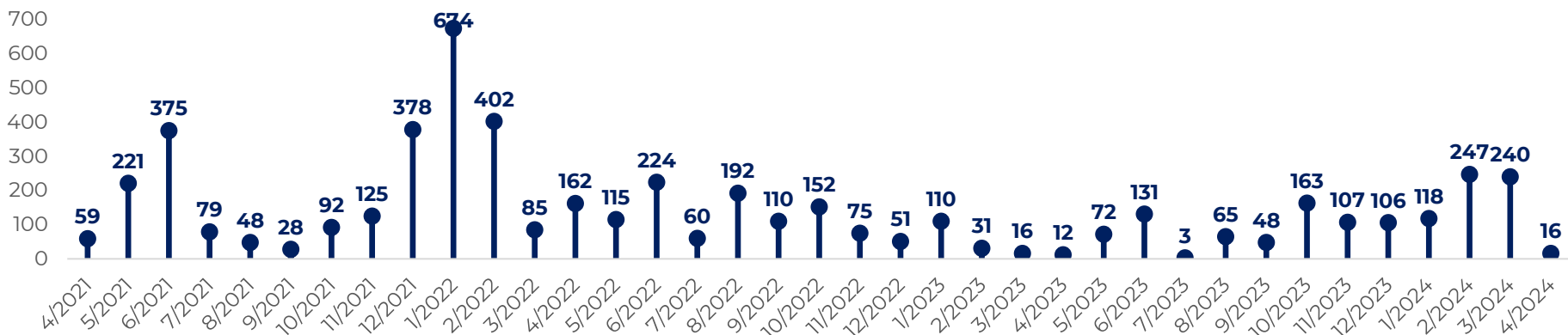
About 4 in 10 Latino participants reported that the incentive motivated them to get vaccinated.



relevant information on COVID-19 that community members needed to know. The conversations were mostly facilitated by HACER's executive

director. These webinars generated discussion in the comments, which presenters were able to answer in real time.

For HACER, vaccination delivery peaked in Jan 2022, six months after the vaccine became widely available



REFLECTIONS

Through this work, HACER came across various successes and challenges that others can learn from.

Successes

Successes include pivoting from being primarily a research organization to being a leader in reaching Latinos in Minnesota during the pandemic. HACER shifted from supporting other events hosted by departments of health hosting its own vaccination and testing events, including the coordination and resource acquisition that that entailed. In addition, HACER partnered with various organizations to offer an array of resources and comprehensive health information through various channels, including radio and TV spots, social media content, and in person engagement.

Hosting health fairs with multiple services being offered required more planning and coordination, but drew more community members, making them very successful.

Challenges

The work of reaching Latinos of varying needs, educational

backgrounds, immigration statuses, ages, and language needs were not without their challenges. For HACER, it was critical to seek out strategies and solutions to overcome these challenges to ensure that the organization could reach those that had the least access to COVID-19 resources.

At a **systemic level**, HACER's work was complicated by the fact that government organizations and partners did not always want to invest the funds and time needed to reach lower-resourced areas. There was an expectation that the same amount of funds would result in the same reach, which was untrue. HACER therefore had to advocate and emphasize the importance of continuing to go into rural and lower-resourced communities because those communities were often forgotten. Importantly, by showing up to those places, both HACER and government partners could begin to build relationships and trust with those communities that were systemically forgotten about.

In addition, the information, both written and verbal, being sent from government organizations was often not culturally tailored or in Spanish. This resulted in a delay information

What I'm most proud of was that time when the mobile unit went to four cities, four locations in Greater Minnesota. It was there, because the numbers were not spectacular, there were not 15 people here, 16 people there and they (the vaccinators) did not want to return. We forced them to return... I mean, we had a conversation. "Come on, get up, this is unacceptable." The lack of transportation in these places, the isolation of these places, the vulnerability of the communities we are serving, makes it necessary to commit. If you told us you were going to come back for a second dose, let them come back for a second dose. So we were able to go back.

– HACER staff member

from official sources to community members who did not speak English or who were new to public health prevention strategies.

At a **community level**, going against the spread of misinformation and myths was a major challenge. There was a lot of skepticism and concern about COVID-19, COVID-19 testing, and the COVID-19 vaccine. This resulted in increase of fear and spreading of unverified and untrue information. This was fueled by negative comments shared by trolls and bots on social media platforms. Building trust and confidence in the vaccines became a crucial task amidst this environment of skepticism.

Overtime, interest in COVID-19 also decreased and many people would comment that “COVID-19 isn’t here anymore” therefore not warranting the need for additional vaccine doses.

At an **individual level**, HACER’s team had to adapt and be responsive to this new way of life while also informing and being an advocate for community members. Being well equipped to

provide accurate information, especially when it was constantly changing and was not often readily available in Spanish, was not easy and it required that the team be constantly consuming information and educating itself to ensure that it was passing on the appropriate messages when doing outreach online and in person. Importantly, the need in the community was significant and went beyond needs related to COVID-19 testing and vaccinations. Many of the people HACER served had various other socioeconomic needs, including housing assistance, food, childcare, funeral expenses, health insurance, comorbidities, and more. HACER’s hotline specialists went above and beyond to grasp the barriers that callers might encounter when connecting with other organizations. For example, many organizations required a social security number for accessing financial resources, or they needed callers to schedule appointments or fill out online forms, which could be challenging for those without computer access. The

specialists endeavored to understand the callers' circumstances and the logistical and institutional barriers they might face, and they worked with them to offer potential solutions. Importantly, this initiative wasn't mandated but rather something the specialists took upon themselves based on their experiences with callers.

Final thoughts

HACER’s work during the COVID-19 pandemic exemplifies the organization’s commitment and dedication to supporting the Latino community in Minnesota during this health emergency. By leveraging its longstanding trust within the community and developing robust partnerships with health and governmental agencies, HACER effectively addressed unique challenges related to healthcare access, misinformation, and socioeconomic disparities. The team’s comprehensive strategy—which included vaccination and testing events, extensive outreach through community and media partnerships,

and continuous engagement via listening sessions and webinars—allowed the organization to transcend its role as a research entity and also become a vital public health advocate. HACER’s ability to disseminate culturally tailored, accurate health information and facilitate access to COVID-19 vaccines and tests was pivotal in mitigating the virus's impact on Latino populations.

Despite significant challenges such as navigating systemic barriers, limited funding, and combatting misinformation, HACER’s initiatives underscore the importance of community-based organizations in public health crises. HACER’s community-centered approach not only ensured the delivery of critical health services but also fostered trust and solidarity within the community. The lessons learned and relationships built during the pandemic have served as a foundation for ongoing efforts to enhance health equity and resilience among Minnesota’s Latino population.

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