COVID-19 Latinx Community Readiness Assessment Report

Marion County, Oregon

11/2/2020
Marion County COVID-19 Health Liaison Team

OVERVIEW:

As with all communities across the globe, the Marion County, Oregon community is in the midst of preventing the spread of COVID-19, with the ultimate goals of reducing infections, hospitalizations, and deaths. Commonly adopted prevention measures include wearing a face covering, maintaining a 6ft or more distance between other people, effectively washing hands and sanitizing surfaces often, and avoiding crowds and social gatherings where physical distancing cannot be maintained. While all communities are dealing with the ramifications of these necessary measures, some communities are disproportionately affected by COVID-19.

According to the 2019 US Census, 27.2% of Marion County's population identifies as Hispanic or Latinx. COVID-19 data from Marion County's Data Dashboard as of 11/2/2020 shows that Hispanic or Latinx identifying individuals have cumulatively contracted COVID-19 at a rate x3.4 higher than non-Hispanic or Latinx individuals. This disproportionate burden of disease has prompted increased local collaboration with Latinx leaders and messaging to the Latinx community than had existed before the COVID-19 pandemic. However,

COVID-19 Incidence Rate by Race & Ethnicity: Cumulative (as of 11/2)
County IR

Race/Ethnicity	Cases per 10,000 pop. of that race/ethnicity
African American / Black	98.1
American Indian or Alaskan Native	576.7
Asian	100.5
Native Hawaiian or Pacific Islander	585.5
Other / Multiracial	462.5
White	97.2
Hispanic or Latinx	334.5
Non-Hispanic or Latinx	98.2

even with increased messaging of prevention, testing, resource availability, and collaboration with local Latinx leaders, the disease burden remains higher among this population.
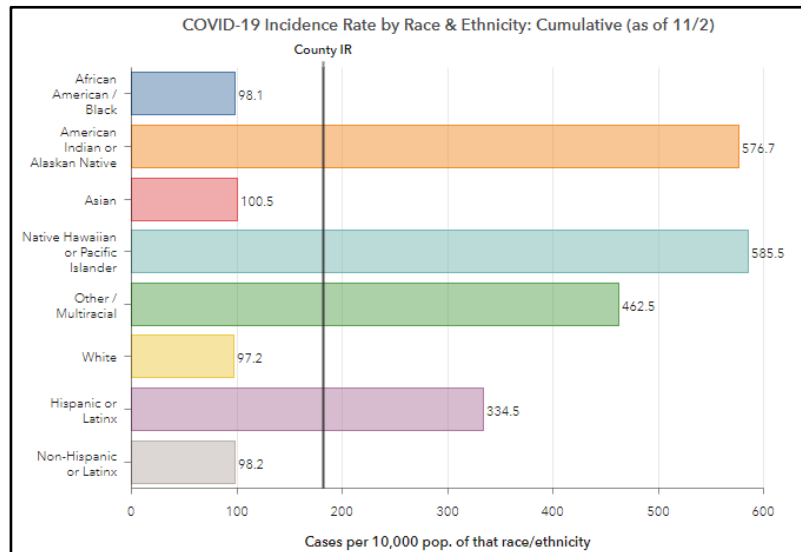
Therefore, the Marion County COVID-19 Health Liaison team conducted a Community Readiness Assessment among various key community partners to better understand the COVID-19 disparity. The evidence-based Community Readiness Model – developed by the Tri-Ethnic Center for Prevention Research at Colorado State University – was used because it integrates a community's culture, resources, and level of readiness to more effectively address the issue. It allows communities to define issues and strategies in their own context, with the ultimate goal of increasing community capacity for prevention and intervention. It is also measurable and multi-dimensional, allowing Marion County and its community partners to develop strategies and interventions aimed at decreasing COVID-19 transmission over time.

Responses to the Community Readiness Assessment are from the perspective of key respondents who represent various segments of the Latinx community. Discrepancies among key respondent answers may exist. The purpose of the assessment is to create a combined average of these responses for a full, accurate level of readiness for community change.

As the Tri-Ethnic Community Readiness Model states, "matching an intervention to a community's level of readiness is absolutely essential for success." Through the use of this tool, the community will be able to identify challenging interventions for community change broken down into a series of manageable steps.

Community Readiness Model Process:

1. **Identify the issue:** COVID-19 disease transmission.

2. **Define community:** Latinx community who work and/or reside in Marion County, Oregon.

3. **Conduct key respondent interviews:** 15 interviews were conducted between August 20-28th, 2020 from individuals representing the following sectors:
   a. Latinx Community Based Organizations
   b. Law enforcement
   c. Early childhood education
   d. Health & medical professionals
   e. Local government official
   f. Social Service Organization
   g. Food pantry
   h. Farmworker housing

   Key respondents represented organizations based in Woodburn, Salem, Stayton, and the greater Marion County area.

4. **Score to determine readiness level:** included in subsequent pages of this report.

5. **Develop strategies/conduct workshops:** Next steps after the report.

6. **Evaluate strategy effectiveness:** Next steps after report to ensure community has progressed.

Dimensions of Readiness:

A. **Community Efforts**: To what extent are there efforts, programs, and policies that address the issue?

B. **Community Knowledge of the Efforts**: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

C. **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?

D. **Community Climate**: What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

E. **Community Knowledge about the Issue**: To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?

F. **Resources Related to the Issue**: To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Stages of Community Readiness:

1. **No Awareness:** Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).

2. **Denial/Resistance:** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

3. **Vague Awareness:** Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

4. **Preplanning:** There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

5. **Preparation:** Active leaders begin planning in earnest. Community offers modest support of efforts.

6. **Initiation:** Enough information is available to justify efforts. Activities are underway.

7. **Stabilization:** Activities are supported by administrators or community decision makers. Staff are trained and experienced.

8. **Confirmation/Expansion:** Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.

9. **High Level of Community Ownership:** Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

Community Findings by Dimension:

Dimensions of Readiness	Score (Scale of 1 to 9, with 9 being the highest)
Dimension A: Community Efforts	6
Dimension B: Community Knowledge of Efforts	5
Dimension C: Leadership	6
Dimension D: Community Climate	4
Dimension E: Community Knowledge of Issue	5
Dimension F: Resources Related to the Issue	6
TOTAL	**5**

Goals & General Strategies Appropriate for Dimension Stages:

Dimension A: Community Efforts – 6: Initiation

Where we are: Efforts (programs/activities) have been implemented

Next Steps:
7. Efforts (programs/activities) have been running for several years.
8. Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data.

Ideas to achieve goal: Provide community-specific information
- Conduct in-service training on Community Readiness for professionals and paraprofessionals.
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings to provide updates on progress of the effort.
- Conduct community interviews to identify service gaps, improve existing services, and identify key places to post information.
- Begin library or Internet search for additional resources and potential funding.
- Begin some basic evaluation efforts.

Dimension B: Community Knowledge of Efforts – 5: Preparation

Where we are: Members of the community have basic knowledge about local efforts (e.g., purpose).

Next Steps:
6. An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.
7. There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.

Ideas to achieve goal: Gather existing information with which to plan strategies
- Conduct community COVID-19 prevention surveys.
- Sponsor a virtual community event to increase knowledge of the effort.
- Conduct public forums to develop strategies from the grassroots level.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows.
- Plan how to evaluate the success of your efforts.

Dimension C: Leadership – 6: Initiation

Where we are: Leaders are active and supportive of the implementation of efforts.

Next Steps:
7. Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.
8. Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.

Ideas to achieve goal: Provide community-specific information
- Conduct in-service training on Community Readiness community and government leadership.
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings with local leaders to provide updates on progress of the effort.
- Conduct leader interviews to identify service gaps, improve existing services, and identify key places to post information.
- Begin library or Internet search for additional resources and potential funding.
- Begin some basic evaluation efforts.

Dimension D: Community Climate – 4: Preplanning

Where we are: The attitude in the community is now beginning to reflect interest in the issue. "We have to do something, but we don't know what to do."

Next Steps:
5. The attitude in the community is "we are concerned about this," and community members are beginning to reflect modest support for efforts.
6. The attitude in the community is "This is our responsibility" and is now beginning to reflect modest involvement in efforts.

Ideas to achieve goal: Raise awareness with concrete ideas to combat COVID-19.
- Introduce information about the issue through presentations and media.
- Visit and invest community leaders in the cause.
- Review existing efforts in Latinx community (curriculum, programs, activities, etc.) to determine who the target sub-populations are and consider the degree of success of the efforts.
- Conduct local focus groups to discuss issues and develop strategies.
- Increase media exposure through radio and television public service announcements.

Dimension E: Community Knowledge About the Issue – 5: Preparation

Where we are: Community members know that the signs and symptoms of this issue occur locally, and general information is available.

Next Steps:
6. A majority of community members know the signs and symptoms of the issue and that it occurs locally, and local data are available.
7. Community members have knowledge of, and access to, detailed information about local prevalence.

Ideas to achieve goal: Gather existing information with which to plan strategies
- Conduct community COVID-19 prevention surveys.
- Sponsor a virtual community event to increase knowledge of COVID-19 prevention.
- Conduct public forums to develop strategies from the grassroots level.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows.
- Plan how to evaluate the success of your community knowledge increasing efforts.

Dimension F: Resources Related to the Issue – 6: Initiation
(people, money, time, space, etc)

Where we are: Resources have been obtained and/or allocated for this issue.

Next Steps:
7. A considerable part of support of on-going efforts are from local sources that are expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources
8. Diversified resources and funds are secured and efforts are expected to be ongoing. There is additional support for further efforts.

Ideas to achieve goal: Provide community-specific information
- Conduct trainings on Community Readiness with community leaders, workers, and professionals.
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings with community leaders, workers, and professionals to provide updates on progress of resources.
- Conduct community interviews to identify service gaps, improve existing services, and identify key places to post information about resources.
- Begin library or Internet search for additional resources and potential funding.
- Begin some basic evaluation efforts.

Overall Averaged Total – 5: Preparation

Addressing the various dimensions at their current level will increase the overall score as those scores get raised. The goal of this assessment is to create community defined strategies that increase knowledge, adoption of prevention practices, and reduce the disease burden on the Latinx community, and ultimately the general community as well.

Goals mentioned throughout each dimension's levels of readiness:
- *Raise awareness with concrete ideas to combat COVID-19*
- *Gather existing information with which to plan strategies*
- *Provide community-specific information*

Specific ideas to accomplish goals are listed under each preceding dimension.

Key Respondent Concerns:

During the interviews, key respondents identified reoccurring concerns they had with the Latinx community following COVID-19 prevention and testing. including social determinants of health (SDH), government distrust, personal/cultural beliefs, and lack of culturally specific supports:

1. **Social Determinants of Health:** The general necessity for income was the highest identified concerns preventing the Latinx community from following COVID-19 prevention efforts. Other social determinants of health identified included lack of health insurance, affordable housing, and employer provided health care. This caused downhill effects, such as community members not seeking testing because they cannot miss a paycheck from work to support themselves and their families, and too many people living in one household preventing physical distancing.

2. **Lack of trust in government:** Many key respondents identified lack of trust and fear in the government on multiple levels. Federally, there is community fear of US Immigration and Customs Enforcement (ICE) detainment if they access services. While it was communicated from trusted CBO's and various organizations that ICE would not know if they were to get tested, historical trauma remains a barrier for some, preventing trust to access services they may need. Collaboration and communication in the first few initial months were also shortfalls between local governments (state, county, and city identified) and CBO's, contributing to a lack of knowledge during that time. See more on this below.

3. **Language:** Lack of culturally specific, plain language information in Spanish and other indigenous languages was a common theme in key respondent answers. Some key respondents went on to state that messaging is often academically written. Some community members might not be able to read or write. In addition, fear and anxiety exists among some community members to access resources because of the uncertainty that someone who speaks their language will be available to help them.

4. **Personal behaviors and cultural beliefs:** Many key respondents identified personal behaviors and cultural beliefs as barriers to following COVID-19 prevention efforts. Social connections and touching are highly valued cultural norms among the Latinx families and the community. It was identified that small social gatherings for Latinx families might be personally defined as 25 people. Latinx community members might not start to follow prevention messages until they personally know someone who has contracted COVID-19. In addition, Latinx community members are more likely to follow prevention messages when they are mandatory.

5. **Lack of early collaboration:** Many key respondents stated that the lack of collaboration and lack of a unified message in the first few months caused slow adoption of prevention efforts. Many key respondents went on to acknowledge that collaboration with Local and State Public Health officials and the Latinx community partners has improved.

Key Respondent Messaging Considerations:

Key respondents were asked "How could we improve outreach and messaging to increase knowledge of prevention and testing (if needed), and increase motivation to follow prevention and get tested." While each key respondent had their own unique responses, common themes had emerged.

1. **CBO Collaboration:** Work with CBO's trusted by the Latinx community to message outreach and prevention. Trusted CBO's have established relationships with many Latinx families, and through collaborations with public health officials, they can deliver health and safety messaging more effectively.

2. **Socioecological Model Messaging:** Construct messaging along the socioecological model (messaging directed at the individual, family, and community level). Key respondents commonly identified family as a major value among Latinx individuals, and should drive the central message of COVID-19 prevention. However, many respondents suggested that appeals to the individual (i.e. protect employment, paycheck, personal health) and community (i.e. keep community healthy, keep cherished local businesses open) are also needed to increase a broad motivation for positive COVID-19 behavior adoption. Overall, a mixture of messaging is needed to connect to a diverse Latinx community.

3. **Messaging on Multiple Platforms:** Repeat a unified message across multiple trusted platforms. Multiple key respondents identified Facebook, Univision, radio, church, and CBO's representing the Latinx community as trusted sources of information among the Latinx community. A unified, ongoing, coordinated message from public health and trusted leaders across all of these platforms was recommended.

4. **Language:** Ensure messaging is language appropriate. Messaging should be provided in Spanish, and messaging in other Latin American indigenous languages such as Mam should also be considered. In addition, video production, reoccurring radio discussions, and (socially distant, safe) in-person outreach should be also be considered to reach people who may be illiterate.

Next Steps:

The Marion County COVID-19 Health Liaison Team will hold workshops with community partners to share findings, as well as use information to develop unified strategies and messaging within the Latinx community. The goal of these strategies is to address the current level of community readiness to increase adoption of prevention efforts among the Latinx community.

This process will be community defined and culturally specific, incorporating cultural values and strength-based messaging. The hope of using the Community Readiness Model is to create short-term outcomes and long-term effects to break down health disparities that have may have contributed to disproportionate COVID-19 infection rates. Specific recommendations can be created for each of the six dimensions to move the community forward as a whole.

Final disclaimer: This is a working document. It is expected that it will change over time. It should also be noted that the timeline for release of this report was interrupted by the Beachie Creek and Lionshead Fires in September 2020. Unlike typical health situations, the COVID-19 pandemic is rapidly evolving, requiring an accelerated timeline to complete the Community Readiness Model process.