

All-Latino Team Builds Connections in Virginia Outbreak

<https://www.cdc.gov/coronavirus/2019-ncov/communication/responder-stories/all-latino-team-virginia.html>

CDC behavioral scientist Jonny Andia had just finished a 14-day quarantine after a field assignment when he was asked to consider deploying again. He would have to leave in three days.

Having just returned from a month-long COVID-19 outbreak investigation at a meat processing plant in Wisconsin, “I had no intention of doing another deployment,” he says. He had been looking forward to spending time back with his family, but “something about the call caught my attention.” The new assignment aimed to address a COVID-19 outbreak among Latino persons in Chesterfield County and Richmond, Virginia. Jonny is fluent in Spanish and has a strong personal connection to that area, having lived in Chesterfield County while teaching sociology at Virginia State University in 2005.

“While I weighed the downside of having to once again be away from my family, I nonetheless felt a genuine pull to support the response once again,” he says.

Jonny agreed to deploy. And, over dinner, he explained to his family the significance of the assignment and why it interested him. He instantly won their support, under one condition.

“My kids requested one thing: ‘Dad, please take care.’ So that became one of my biggest responsibilities,” he says. Three days later, on June 7, 2020, he joined a team of six CDC responders in Richmond.

From March to August of 2020, Latino residents in Richmond comprised 6% of the population – but made up 32% of all COVID-19 cases. During that same period in Chesterfield County, just south of Richmond, Latino residents were 15% of all COVID-19 cases but made up only 9% of the population, according to the [Virginia Department of Health](#) external icon.

The Chesterfield County and Richmond health districts asked for a team of epidemiologists to investigate this outbreak and identify strategies to keep the outbreak from spreading further. However, team lead and senior epidemiologist Edgar Monterroso suggested expanding the scope to a bilingual, multicultural, and multidisciplinary CDC team that included physicians, epidemiologists, a behavioral scientist, communication specialist, and community engagement expert.

Thanks to Monterroso’s efforts, the first all-Latino COVID-19 response team deployed to Virginia. Thanks in part to the team’s bilingual and multicultural perspective, he says, “We were able to analyze data through a cultural lens, understand health system barriers from an immigrant perspective, and engage with community members in their native language.”

Adds epidemiologist Victor Caceres, “Our understanding of language and culture was vital to our ability to ask the right questions. And by asking the right questions, we were able to draw out the most informative results.” Community engagement expert Lyana Delgado, who describes herself as a proud “ChicaRican” – a Puerto Rican from Chicago — was excited to work with members of the Latino community.

When the responders arrived in Richmond, they quickly sought to find the genesis of the disproportionate community transmission rates. They identified community leaders who could share information about the community and the social and economic root causes of the outbreak. Then they interviewed people to learn about barriers to health services in the community, including COVID-19 testing.

The team discovered that often the biggest barrier was a lack of accessible information. To address this challenge, the multicultural response team helped expand testing in the area and increased translation of materials into Spanish. Efforts included engaging with Spanish radio stations such as *Radio Poder*, amplifying Spanish language messages on social media, and integrating COVID-19 mitigation efforts with services provided at Sacred Heart Center, a Richmond-based Latino social services nonprofit and Primavera Inc., which performs Mayan community outreach.

Many of those affected worked in the service or domestic industries, which pose increased risk of COVID-19 infection because of close proximity of workers. Many also lacked health insurance or paid sick leave, leading them to fear missing work or to avoid seeking help because of the high cost of medical care.

“In many communities, there was often a constant negotiation between life and livelihood,” says Francisco Ruiz, a partnerships and communication specialist who deployed with the CDC team in Virginia. “Through our conversations with community members, it was apparent that the current political climate had a direct effect on health seeking behavior among Latino immigrants. We learned that a hostile atmosphere around immigration and immigrants hindered health-seeking behaviors.”

Francisco’s motivations to support this mission were deepened by his own life experience. Growing up in a mixed-status family where one parent was a U.S. citizen and one parent was undocumented, he was intimately acquainted with the anxieties uncovered during the team’s mission.

“I know firsthand the dichotomy of fighting hard to achieve the American dream of health, education, and upward mobility and fearing possible detention and deportation,” he says.

To address these challenges, the team recommended that the health districts work on improving communication and engaging with community leaders to forge a more open dialogue, listen to the community’s concerns, and improve understanding of COVID-19 transmission and prevention.

Victor and teammate Adela Hoffman both adapted their traditional outbreak investigation approaches in Virginia. Victor was accustomed to a data-oriented approach to public health work, but through this assignment says he gained a greater appreciation of other aspects of a response.

“When we arrived, my natural impulse was to look at their epidemiological data,” Victor says. Working shoulder-to-shoulder with fellow deployers, he got to see how experts work in community organizing and communication as well. “That social and linguistic expertise was crucial to our success, helping to engage community partners from day one,” he says.

With extensive international experience in public health emergency response, Adela says she “was much more aware of public health concerns in other countries than those ongoing in the United States” before

COVID-19. This assignment brought issues like poverty, crowded living conditions, and lack of health insurance in the United States to the forefront.

Adela says she felt nervous to participate due to her limited experience in public health work in the U.S. but recognized her Peruvian-American background and epidemiological skills were essential to support this effort. “Our team knew that cultural competency was central to our work. I am thankful I joined this deployment and that my professional global experience around health equity and disease proved relevant to understanding COVID-19 among the Latino community in Virginia,” she says.

When the assignment came to an end, all team members took COVID-19 tests from the Richmond County health district to ensure they wouldn’t spread the virus back home. When he returned, Jonny’s family sent him back into another two-week quarantine in the basement.

“It was a delicate statement of their support and ensured that I kept my promise to them and myself to always take care,” he says.