

**NATIONAL HISPANIC COUNCIL ON AGING**

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# **STATUS OF HISPANIC OLDER ADULTS ANNUAL REPORT**

**COVID19-LATINO EXPERIENCES, PERSPECTIVES AND REALITIES**



**2021**

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**Pandemic** /pan'demik/

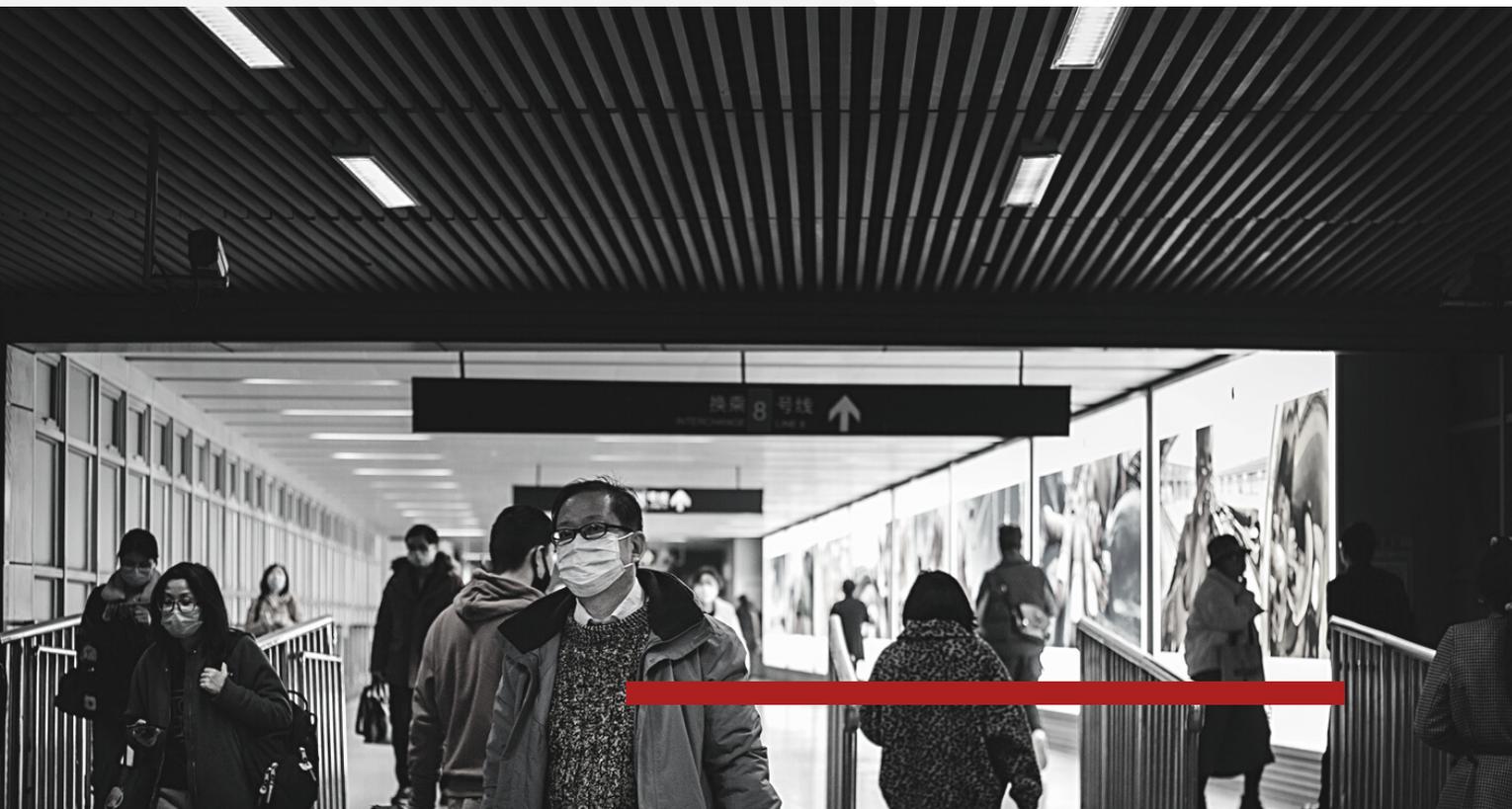
A pandemic (from Greek πᾶν, pan, "all" and δῆμος, demos, "local people" the 'crowd') is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people.

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Note: Throughout this report, we use the terms Hispanic and Latino interchangeably.

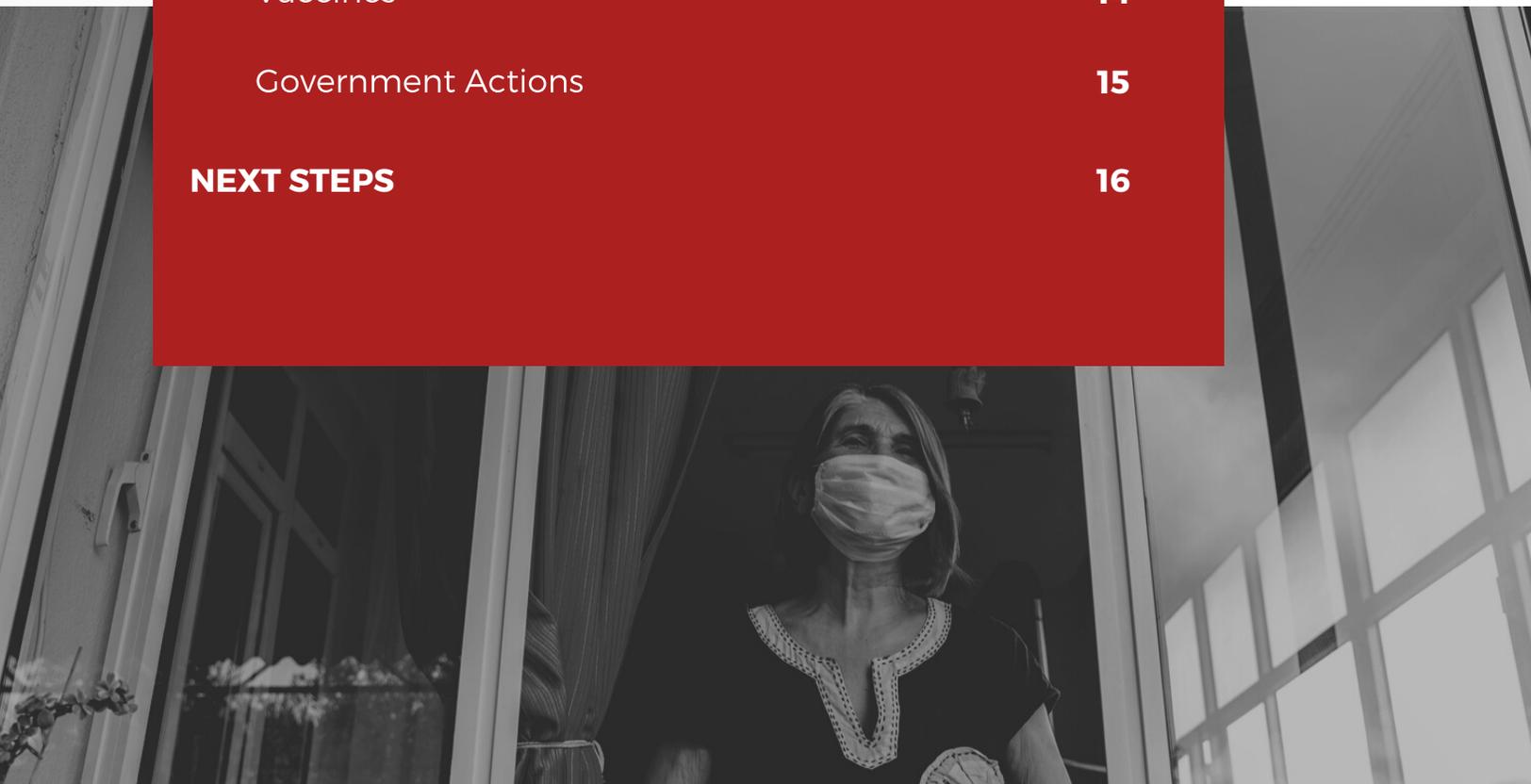
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# TABLE OF CONTENTS

<b>ACKNOWLEDGEMENTS</b>	<b>4</b>
<b>POLICY RECOMMENDATIONS FOR ADDRESSING THE COVID-19 PANDEMIC</b>	<b>5</b>
<b>COVID-19 &amp; LATINO AMERICANS</b>	<b>8</b>
Introduction	<b>8</b>
Personal and Family Experiences with COVID-19	<b>10</b>
Physical, Emotional and Finance Impact	<b>11</b>
Testing and Medical Care	<b>12</b>
Knowledge and Information Sources	<b>13</b>
Vaccines	<b>14</b>
Government Actions	<b>15</b>
<b>NEXT STEPS</b>	<b>16</b>





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A special thanks is extended to the participants in our focus groups. These participants included older adults, caregivers and service providers who gave their time, shared their personal stories and perceptions, and provided recommendations.

We would like to recognize the NHCOA staff members who contributed their time and effort to the development of this report. Dr. Yanira Cruz was the Principal Investigator of this project. Christine Perez, Pedro Lima, Fatima Velez, Margarita Navas, and Christina Pacheco played major roles in developing, organizing, moderating, and analyzing the focus groups.

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## **Policy Recommendations for Addressing the COVID-19 Pandemic**

Over the past year and a half, the COVID-19 pandemic has brought to light areas in which policy can have a major impact on long unaddressed issues such as health inequities, wealth inequities, access to healthcare, job security, mental health, etc. Based on the data collected from Hispanics and Latinos with regards to their experiences with the COVID-19 pandemic, the National Hispanic Council on Aging forwards the following recommendations:

### **1. Work across the aisle, at all levels of government, to de-politicize the pandemic and the response.**

A major governmental misstep early on in the pandemic was the politicization of the COVID-19 virus and the public health response. We as a country need to put the lives of our citizens first! With more than 651,000 deaths in the United States, communities of color continue to bear a disproportionate burden of COVID-19 cases and deaths. We call on our elected officials to join together and provide unified messages with regards to masking, vaccinations, and physical distancing.

### **2. Close the digital divide in urban and rural areas - ensuring that access to the internet and technology usage is not a luxury but a right afforded to all citizens.**

The pandemic has highlighted just how important the Internet is. Those with access to high-speed Internet have been able to continue working and studying from the safety of their own homes. The internet has provided access to crucial health information, continued access to healthcare via tele-health and allowed families, separated due to travel restrictions or quarantine, to stay in touch. Not only is access important, but training on usage of technology needs to be a priority, especially for older adults who are particularly vulnerable to the COVID-19 virus. Technology can be used to combat isolation, can afford greater access to goods and services while keeping older adults and vulnerable populations safe. Community based organizations are uniquely situated to address training needs as these organizations know their communities well. But these organizations are already taxed and need financial assistance to provide these trainings and other services during the pandemic.



### **3. Continue providing financial assistance to US citizens and to local and small businesses.**

Many countries are providing financial subsidies to their citizens to assist with unexpected financial costs and burdens that have arisen out of the pandemic. Frontline and service industry workers should be afforded wage benefits that recognize the dangers that they are subjected to because of the COVID-19 virus and the emerging variants. Additionally, many of our families are juggling unexpected costs due to the pandemic that make meeting basic necessities even more difficult. Policies such as eviction moratoriums, student loan deferment and forgiveness, enhanced unemployment benefits, and paid leave go a long way towards alleviating financial burdens for many US citizens, especially those who are hardest hit by the pandemic.

While many local and small businesses have not survived the mandatory lockdowns, those that have survived continue to struggle, with many cutting hours and/or closing their doors due to employee shortages and illnesses. Many of these businesses operate in the service industry. Short-term support measures such as relieving tax burdens, extending debt finance and employment support need to be continued and long-term structural policies, such as entrepreneurial skills capacity development and educational pipelines need to be included.

### **4. Improve the healthcare system with a focus on preventive, public and mental health.**

The COVID-19 pandemic has further highlighted the stark health inequities that exist in the United States. We urge the federal government to expand Medicaid eligibility to 133% FPL if a state has not yet opted into Medicaid expansion. Expand Medicaid eligibility to any uninsured state resident with COVID-19 related diagnoses or symptoms. Provide funding to community-based organizations to conduct outreach to uninsured populations, simplify enrollment and renewal processes, and expand 12-month continuous eligibility. Establish special quarterly enrollment periods to ensure timing is not an issue for insurance coverage. Ultimately, we want to see the federal government move to a universal healthcare system with a strong focus on mental health services, as that has also been a major need that existed prior to the pandemic and has just been further exacerbated by the pandemic.



## **5. Address misinformation and mistrust that impede vaccinations.**

Many communities of color have been targeted by fear mongers and peddlers of misinformation. Communities of color are also likely to harbor mistrust for the US healthcare system for several reasons, including past transgressions that have occurred at the hands of doctors and medical researchers, the lack of culturally competent care and a slant towards Western medicine while often discrediting traditional forms of medicine. Government and healthcare officials can work with trusted gatekeepers, such as community-based organizations, to begin to break through the mistrust that is present and to address the misinformation in culturally tailored ways that speak to the communities they serve. Additionally, public health departments should work with these organizations to offer vaccine clinics and bring vaccines to the communities. This is particularly important for older adults who deal with barriers such as navigating technology necessary to schedule appointments for the vaccines and arranging safe and reliable transportation to the vaccines.

# COVID-19 & LATINO AMERICANS

## INTRODUCTION

Based on evolving data, it is evident that the COVID-19 pandemic has and continues to dramatically impact Latino communities and some of our most vulnerable, including isolated seniors, immigrant communities, Latino families and single-parent households living paycheck to paycheck, and small Latino owned businesses. The disparate impact COVID-19 has had on these groups further highlights the existing health inequities that are borne out of systematic and structural racism that has existed for centuries in the United States. These systemic and structural inequities result in financial insecurity, substandard housing, poverty that does not allow for financial planning for emergencies and jobs that cannot be done remotely, do not offer health insurance or paid leave and potentially limited access to healthcare. These realities lead to many of the conditions that heighten the risk for becoming infected with COVID-19. To understand Latinos' knowledge, attitudes, beliefs and behaviors regarding the COVID-19 virus and the COVID-19 vaccines, NHCOA held a series of virtual focus groups in English and Spanish.

We stratified focus groups by age and primary language spoken. We ran 6 focus groups with each focus group having 8-6 participants in it. Focus groups lasted 90 minutes. Recruitment occurred in Puerto Rico, Los Angeles, California, Houston, Texas, New York, New York, Washington DC, and Silver Spring, Maryland. We had a total of 42 participants, 76% of participants were female and 24% were male. All of our participants were over the age of 18 and all of the participants in our Washington, DC focus group were 65 years of age or older (n=7). The ethnicities represented in our focus groups include: Salvadorian American, Mexican American, Colombian American, Dominican American, Honduran American, Bolivian American and Venezuelan American. Recruitment occurred via social media, word of mouth and through our strong network of community-based organizations.

# COVID-19 & LATINO AMERICANS

The data were analyzed following a grounded theory approach, in which concepts emerge and are linked to formal theories, allowing us to develop a more accurate model of behavior. The analysis include three coders and two reviewers; scientists and community members serve as both. Coders inductively determine topic areas from transcripts to develop a codebook and deductively code using the codebook. Coders then came up with ideas for thematic statements, drafted by the primary (Dr. Cruz) and secondary (community) coders. Coders reach consensus before sending statements to emic “insider” and etic “outsider” reviewers, who finalize and bring them to the full team for consensus. This process allowed NHCOA to ensure representation of both insider and outsider points of view.



## Personal and Family Experiences with COVID-19

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Most focus group participants had been impacted by COVID-19, either first-hand or through their close relatives and friends. Some participants experienced the death of a relative or friend due to COVID-19 and reported feeling a lot of anxiety and stress over their health and that of their friends and family members. Many reported surviving the COVID-19 virus in their homes, without seeking medical attention. Reasons articulated for not seeking medical care included, “being turned away” early on in the pandemic, having no means to access medical care, or “being afraid” to seek medical care. Many participants reported relying on alternative and homeopathic/traditional remedies to overcome the virus and strengthen their immune systems such as infusions, essential oils, and nutrient-rich foods, as well as following public health guidelines, including social distancing, hand washing and mask-use guidelines.





## Physical, Emotional and Financial Impact

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Most of the younger focus group participants (both COVID survivors and not) report being in fair physical health, but older participants who survived COVID-19 infection reported suffering from “hoarseness,” “troubled breathing,” “body pains,” and “weight loss.” All participants, regardless of infection status, reported that the pandemic had a significant impact on their emotional and mental health. Participants reported experiencing “fear,” “confusion,” and “uncertainty” during the early days of the pandemic. Added to that were “financial struggles,” social “isolation” and “stress” from confinement. The impact of limited social contact was particularly detrimental among older adults. Younger adults more often expressed feeling overburdened with financial debt, loss of housing and unemployment, especially if their employment was in the food/service industries.

Many participants reported continuing to work throughout the pandemic, many expressing that they “had no other choice.” To ensure the safety of our participants, we did not ask about immigration status, rather asked participants to speak generally as to Latinos who were “out of status.” Participants reported that they believed that people who were out of status suffered greatly because they were excluded from government aid. Additionally, participants posited that people who were out of status suffered abuse by employers who reduced wages, extended hours, or unnecessarily exposed employees who were out of status, because these employers knew they could take advantage of these circumstances. Parents and caretakers of young children also reported that the transition to virtual schooling was not only difficult to explain, particularly for households who spoke primarily non-English at home, but it was also difficult to manage for working adults.

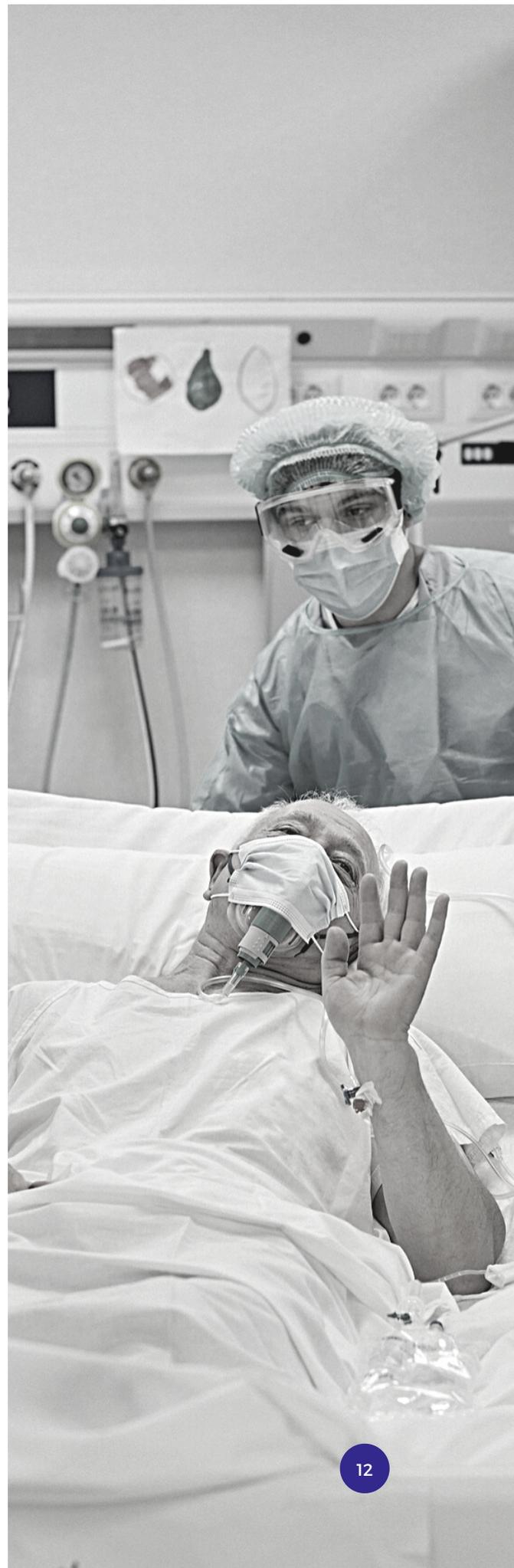
## Testing and Medical Care

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Most participants expressed receiving COVID-19 testing as a result of requirements for travel and work. A few participants sought out testing as a result of “experiencing symptoms” or having contact with someone who was “infected.”

Participants reported the following issues with testing: “limited availability” of testing, lack of “clarity” and insufficient systems put in place early on. Many participants expressed improvements in testing over time.

A major concern reported by many participants were the medical bills related to hospitalizations and medicines that resulted from COVID-19 infection. Many families that were already feeling financially overburdened, were now coupled with “loss of income” and additional costs due to caregiving and unplanned funeral and medical expenses. Participants expressed changes in their outlooks on life, including increased social awareness of the virus and the importance of hand-hygiene. Participants reported giving a greater importance to their health, diet, immune system, and disease prevention, as well as a new appreciation for family and friends - that resulted from a necessary reduction in social interactions.



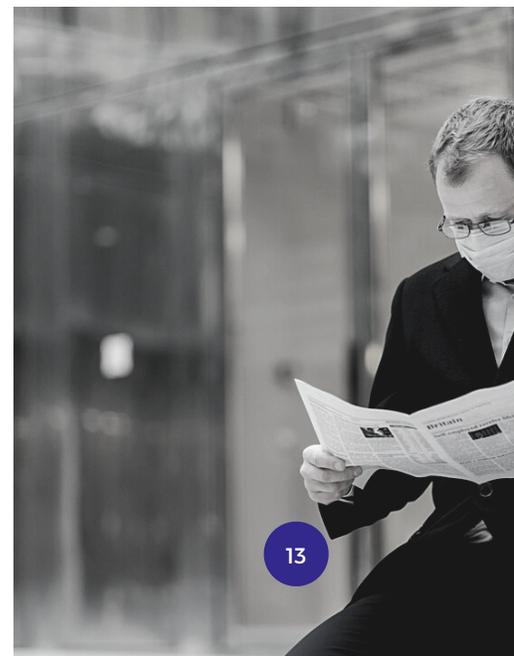
## Knowledge and Information Sources

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Most participants relied on television, radio, newspapers, and the internet to gather information about COVID-19, the pandemic, and vaccines. Participants placed a higher value on media sources that featured physicians speaking about the COVID-19 virus. The most common sources relied upon were Univision, Telemundo, CNN, Radio America, and Mundo Latino. Some participants also mentioned relying on social media and international news outlets like RT, and Google and YouTube.

For official sources of information, participants listed the CDC, local and state websites, and the Mayor's phone or web information as "reliable" and "trustworthy." Participants with children stated that they heavily relied upon "their children's doctors and schools/principals" for information about COVID-19.

When asked about the type of information they were exposed to, participants reported seeing and hearing significant information about "prevention," "social distancing," and "masking," and have fair knowledge about the global nature of the virus, the high contagion rate, the different strains, and populations most at risk (elders and people with comorbidities).





## Vaccines

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Most participants interviewed identified as having been vaccinated and having positive attitudes about the vaccines. Participants who were vaccinated, reported getting the vaccine because they wanted to protect their families, it was required for work, or in hope of returning to normality as soon as possible. Although participants expressed uncertainty about the speed of vaccine development and the possible side effects, participants expressed greater confidence in the vaccine over time, especially as more people are vaccinated. Participants expressed some trust in the scientific community and espoused a belief that the COVID-19 vaccines will be similar to other vaccines that have helped eradicate other viruses.

Other participants remain uncertain about the vaccines. The major reasons cited for these concerns were based on misinformation and mistrust. The misinformation that was relayed by participants included: “the presence of blood and fetus particles in the vaccine” and “COVID-19 is a man-made virus that only affects minorities and not white people.” Some participants also expressed a “distrust of the government,” particularly related to the way the government has addressed the health needs of Hispanic and other minorities (“syphilis trials,” “sterilizations in Puerto Rico,” etc.). However, most participants who were not yet vaccinated expressed a willingness to get the vaccine eventually, especially if it were made mandatory for their work or for travel.

Although some participants said, “People should be free to choose whether to get vaccinated or not,” others suggested, “Vaccination should be mandatory in order to reach herd immunity” and more quickly and effectively protect the population. To overcome vaccination fears, participants suggested providing more tailored information to Hispanic communities and firsthand accounts of people who have been infected with COVID-19 and/or who have gotten vaccinated. Vaccination efforts and informational campaigns should be accessible to the most vulnerable and hard-to-reach communities, provided in their language, in their physical location and in ways they will be open to the information. Partnering with trusted community organizations and leaders within these tight knits and/or isolated groups can aid in these efforts.



## **Government Actions**

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In general, participants express discontent with the federal response to COVID-19 in the initial stages of the pandemic, but participants also stated noticing a “big shift” with the new administration. People reported a lot of confusion and disjointed efforts in the beginning of the pandemic – particularly regarding the recommendations, the statistics, and the guidelines that were presented to the public. Participants felt the government was “unprepared” for a pandemic of this magnitude and many people were denied necessary medical care and resources. Participants feel the current administration has made a bigger effort to make testing and vaccination accessible, noticing a difference between the response to the pandemic now and the lack of resources they see in their own countries of origin in Latin America.

Participants had more positive attitudes regarding government responses at the local levels. Participants said they saw aid provided for unemployed workers and a renewed interest in closing the technology gap. This was particularly experienced by less affluent families being provided with access to computers, Wi-Fi, etc. primarily through school systems. People perceived the state level responses to be slow and insufficient at first but improved over time. However, most of the positive impacts were felt at the community organization level, people and groups came together to help and support each other in new ways. People relied heavily on their close networks and nonprofit organizations for housing, food assistance, and information.



# NEXT STEPS

Participants believe information is still lacking and there is still significant confusion to overcome. More tailored campaigns, slogans and efforts focused on the safety of vaccinations, the importance of protecting oneself, families and communities, and the accessibility of testing and vaccination is still needed. Participants noticed that the US needs to shift from a focus on finances to a focus on health and well-being. Long existing health inequities were brought to light during the pandemic. Vulnerable communities already suffering inequitable access to healthcare and inequitable quality of life can be aided through universal health care.

A major issue for participants was the financial burden brought on for many individuals and families by the pandemic, with some of the hardest hit being those out of status, who are excluded from government assistance, yet continue to work on the front lines ensuring our country continues to go on. They need relief as well, particularly in light of the risks they endure serving US citizens. Most participants experienced and continue to experience, first-hand and/or within their circles, the impact of unemployment, loss of housing and overwhelming financial debt. Participants request government assistance for these issues. Participants recommended amnesty for people who are out of status. Participants further recommended excusing student loan debt, an extended moratorium on evictions and protections for essential/frontline workers who suffer abuse from employers. Participants also requested employing systems that actually work (i.e., help lines that are answered or have people return calls, follow-up services for survivors of COVID-19 who are dealing with long haul symptoms and need ongoing medical care, etc.)

Finally, assistance with mental health is greatly needed. Many people are suffering from anxiety, stress, depression, and isolation caused by the pandemic. The need was strongly expressed by older adults who requested access to psychologists or trained therapists who can come to them and help with coping with the “new normal” and assist with developing skills to deal with emotional changes.



**THANK  
YOU!**

**ANY QUESTIONS?**

**NHCOA**  
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