Experiences of Black and Latino Residents During the COVID-19 Response in Missouri

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The Coronavirus (COVID-19) pandemic has ravaged communities of color in Missouri, causing devastating outcomes on almost every socioeconomic and health metric. It has exposed systemic inequities in public health and health care infrastructure and revealed deep-seated mistrust in and apprehension of the health care system among people of color.

This study consisted of focus groups with Black and Latino residents and interviews with stakeholders involved in the pandemic response. It was conducted in the St. Louis and Southwest regions of Missouri from March 2020 to July 2021. It examines the challenges Black and Latino Missourians faced during the early months of the pandemic and highlights how inequities in response efforts hampered their reach and effectiveness, further exacerbating the pandemic's impact on people of color.

This report is intended for leaders in the public health, health care, social service, and government sectors. The study aims to sensitize leaders to the inequities experienced by people of color during the pandemic, and inform decisive action to correct systemic inequities in infrastructure, staffing, communication, funding, resource allocation, and training.

Key Findings

Several themes emerged from the study:

Fear and mistrust greatly affected people of color's experiences getting essential pandemic services.

Black residents discussed their mistrust of the government's response efforts, drawing from their own experiences of oppression, as well as historical examples of exploitation. Both Black and Latino residents talked of how fear of prejudice influenced their willingness to seek out services. Public health, health care, and political leaders in the COVID-19 response were slow to understand and respond to the fear and hesitancy that these concerns created.

People of color faced a "dual pandemic" of racism and COVID-19.

Black and Latino residents felt heightened racial tensions during this period, which exacerbated the effects of the pandemic. Residents discussed experiences of discrimination, stigmatization, and racial profiling that further threatened their health and safety during the pandemic. Residents felt their civic leaders and local politicians did not adequately respond to their concerns about the "dual pandemic."

Early missteps and lack of forethought among elected officials and health care organizations affected the ability of people of color to get essential services.

Critical services like COVID-19 testing and vaccinations were initially distributed through large hospitals and health systems, which presented barriers for Black and Latino residents, many of whom were not patients of or living near these institutions. Moreover, culturally and linguistically appropriate communication was limited, making it difficult for many people of color to find services. Residents in the study felt disenfranchised by politicians and local policies that seemed to ignore the high case rates and increased risk among people of color.

Community organizations and coalitions were instrumental in mobilizing support to reduce the impact of the pandemic on people of color.

Residents in our study relied heavily on community organizations, faith-based groups, Black- and Latino-owned businesses, and other community advocates for information about health and social services. These organizations leveraged their relationships within their communities to make testing, vaccination, and COVID-19 services available and to facilitate access to social services and pandemic relief aid.

The pandemic worsened the life circumstances of many people of color, putting them at greater risk of poor socioeconomic and health outcomes.

Residents discussed the disproportionate representation of Black and Latino people in low-income, wage-based essential jobs and how many felt compelled to work despite workplace conditions that increased their exposure to COVID-19. Residents also pointed to how crowded living situations, brought about by housing instability and economic uncertainty, led to the rapid spread of the virus in some communities. Residents living in racially segregated and isolated neighborhoods felt particularly vulnerable to the devastations of the pandemic, because of economic hardship, poor living conditions, and lack of access to essential services and social support.

Lessons Learned

The following lessons can be used by leaders in the public health, health care, social services, and government sectors to create stronger, more equitable systems of care and social support.

Increase diversity among public health, health care, social service, and government decision makers to improve awareness of the needs of people of color.

To ensure all people's needs are being heard, acknowledged, and acted on equally, health care, public health, social service, and government organizations should reflect the diversity of their communities and include people of color in leadership roles throughout their institutions. Moreover, community initiatives sponsored by these institutions should include people of color to effectively reflect their needs and preferences, particularly when decisions are being made about resource allocation, social supports, and other public health and health care programs.

Develop communication and outreach strategies that make public health and health care information and services reasonably accessible to people of color.

Local public health agencies (LPHAs), hospitals, and health systems must develop health communication and outreach strategies that are tailored appropriately to communities of color to ensure information and services effectively support them in all matters of health.

Strengthen local partnerships among public health agencies, health care systems, and community groups to increase reach in communities of color.

Public health and health care leaders, including hospitals, health systems, and safety net providers, should build on efforts initiated in the pandemic to engage in cross-sector partnerships with organizations serving communities of color. These partnerships will help deepen their understanding of the barriers people of color face, broaden their reach to these communities, and strengthen the overall infrastructure of care and support.

Introduction

The COVID-19 pandemic has been a once-in-a-century public health crisis that profoundly affected and disrupted the lives of people across the globe. The world, let alone Missouri, could not anticipate the magnitude of the pandemic or that it would still be part of our daily lives almost three years later. Millions of Missourians have been infected with COVID-19 and more than 20,000 residents have died from the virus. The pandemic has seriously challenged the infrastructure of Missouri's public health and health care response, overwhelming its capacity to provide testing, contact tracing, vaccinations, and hospital care. The speed and intensity of various COVID-19 surges have further complicated efforts to recover and rebuild.

In Missouri, as with the rest of the country, people of color have been especially at risk of the virus' devastation, experiencing deleterious outcomes on almost every socioeconomic and health metric. As COVID-19 took hold, people of color were more likely to become infected, hospitalized, and die from the virus.[1,2] They were also highly vulnerable to the socioeconomic consequences of the pandemic, suffering job loss, housing insecurity, and the deterioration of other social determinants of health.[3]

The first year of the pandemic response exposed systemic inequities in public health and health care infrastructure that have for decades contributed to poor outcomes in communities of color. It also revealed deep-seated mistrust and apprehension in the health care system among people of color that hampered the reach of response efforts.

Missouri Foundation for Health has provided critical support for Missouri's public health response and has been especially committed to improving health equity during this crisis. In the summer of 2020, it commissioned The George Washington University (GW) to conduct the study, *Strengthening*

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1 Hill, L, Artiga, S. COVID-19 cases and deaths by race/ethnicity: current data and changes over time. KFF.org. (2022). https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/.

2 Centers for Disease Control and Prevention. Risk for COVID-19 infection, hospitalization, and death by race/ethnicity. CDC.gov. (2022). https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html.

3 Artiga, S, Garfield, R, Orgera, K. Communities of color at higher risk for health and economic challenges due to COVID-19. KFF.org. (2020). https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/.

Missouri's Capacity to Respond to Public Health Crises,[4] to examine the strengths and weaknesses of the state's response in the first 15 months of the pandemic. This window of time allowed researchers at GW to investigate the enormous challenges faced by leaders as they attempted to marshal an initial, coordinated effort across public health, health care, and social service providers to combat the virus. It also provided researchers with an early picture of how difficult it was to ensure an equitable response when public health and health care responders were overwhelmed by and ill-equipped for the enormity of the emergency.

As the world slowly emerges from the crisis, leaders are intent on shoring up systems and infrastructure to ensure we are not caught unprepared by future public health emergencies. The pandemic and its challenges have created a valuable opportunity to learn how to strengthen and invest in systems, so we are better equipped to anticipate and prevent inequities that affect communities that have been systematically ignored and undervalued.

This report takes a closer look at the challenges that Black and Latino Missourians faced during the early months of the pandemic in an effort to better understand how inequities in response efforts negatively impacted racial and ethnic minority populations in Missouri. Our findings are based on discussions with Black and Latino residents of the St. Louis and Southwest regions, as well as insights from professionals and volunteers involved in the pandemic response. Together, these discussions provide perspective on Black and Latino people's experiences during the first 15-month period of the pandemic, which can inform leaders in public health, health care, social services, and elected office as they reassess investment, infrastructure, and priorities for rebuilding systems to better and more equitably support all Missourians.

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4   The study, *Strengthening Missouri's Capacity to Respond to Public Health Crises*, evaluates the COVID-19 public health crisis response in Missouri. To read the state report and three regional case study reports from the study, visit: https://hsrc.himmelfarb.gwu.edu/sphhs_policy_missouri/.

Study Approach

This report highlights findings based on focus groups and interviews with Black and Latino residents and interviews with professional stakeholders involved in the pandemic response in the St. Louis and South-west regions of Missouri. It is a follow-on to the GW study, *Strengthening Missouri's Capacity to Respond to Public Health Crises*, supported by Missouri Foundation for Health,[5] and more closely examines the impact of the pandemic on Black and Latino people.[6,7] The study period covers the course of the pandemic from March 2020 to July 2021, right before the spike associated with the delta variant and well before the emergence of the first omicron wave.

We conducted focus groups and interviews with Black and Latino residents (n=56) to discuss their experiences during the first 15 months of the pandemic. We refer to these individuals as "residents" throughout the report. We asked Black and Latino residents to reflect on the pandemic response and talk about their perceived risks, challenges getting services and resources, problems with information dissemination, the resources made available to people of color, public health, health care and civic leaders' responses to the disproportionate impact of the virus on people of color, and issues of racial injustice and systemic racism. Recognizing the sensitivity of some of these topics, we used racial-concordant moderators for all groups and conducted the Latino focus groups in Spanish. For more information on our study residents, please see Appendix 1.

We also gathered insights from interviews with professionals and volunteers involved in the pandemic response across the public health, health care, government/political, business, religious, education, and community-based social sectors from our study regions. We refer to these individuals as "stakeholders" throughout the report. We asked them to reflect on their role in the pandemic response as it related to communities that are highly vulnerable to the devastations of the pandemic and how they identified and addressed issues related to these communities.

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5   For more information about the methodology and research approach for the study, *Strengthening Missouri's Capacity to Respond to Public Health Crises*, please see our final reports at: https://hsrc.himmelfarb.gwu.edu/sphhs_policy_missouri/.

6   We asked focus group residents to identify their race as white, Black, and other (choose all that apply), and their ethnicity as Hispanic or Latino (yes or no). We use the terms "Black" and "Latino" to refer to residents in the study who have identified as such. We recognize that these terms may not acknowledge different cultural characteristics or identities within each one. We also use the phrase people of color in the study when referring to people from racial and ethnic minority groups, including Black and Latino people, as well as Asian or Pacific Islander, American Indian or Alaska native, and Multiracial people. We acknowledge the limitations of this collective term and that experiences may differ across populations.

7   Our analysis is informed by Race Forward's *Levels of Racism Framework*, which suggests that different types of racism often interact and operate simultaneously to create poorer conditions and outcomes for people of color. The report presents findings that describe how the pandemic response created, exacerbated, and reinforced inequalities at the individual, interpersonal, institutional, and structural levels. Understanding and identifying these levels can help ensure strategies are appropriately targeted to bring about lasting and transformative change. To learn more about the framework, visit: https://www.raceforward.org/about/what-is-racial-equity-key-concepts.

Fear and mistrust greatly affected people of color's experiences getting essential pandemic services

Our discussions with Black and Latino residents revealed how past exploitation, present day racism, and fear of local authorities involved in the response impacted their experiences throughout the pandemic. Black residents discussed their mistrust of the government's response efforts, drawing from their own experiences and historical examples of oppression, while both Black and Latino residents talked of how fear of prejudice influenced their willingness to seek out services. Public health, health care, and political leaders in the COVID-19 response were slow to understand and respond to the fear and hesitancy that these concerns created.

Historic oppression and personal experiences of prejudice interfered with people of color's health–seeking behaviors

Black and Latino residents who participated in our focus groups expressed fear and mistrust toward the government and those agencies in charge of the pandemic response, often citing historic racial oppression and past experiences of racist and anti-immigrant sentiment where they lived.

Black residents expressed deep-seated mistrust toward the COVID-19 vaccine, which stemmed from concerns around the exploitation of Black people in the medical field. The study period covered the introduction of the first vaccines (December 2020), and many Black residents discussed their internal conflicts over whether to get one. Several referred to the Tuskegee syphilis study as a reason for their mistrust of the inoculation, as well as general concerns that people of color are used in medical experiments without their consent. Others worried the government was giving a different, less effective version of the vaccine to people of color. One resident noted, "The Black populations of the area have a very strong distrust...because they have been used as Guinea pigs.... They have been used to test things and they don't want to be the first involved. So, almost to the point where they would rather get the illness before they get the cure, and it's a terrible thing."

Some Black residents disclosed concern that racial prejudice in the medical establishment puts them at great risk of getting ineffective COVID-19 treatments and dying from the virus. As one resident stated, "I do know for sure, that as a Black man in America, that we are not treated in the medical field like our counterparts.... So, I know that if I caught COVID, I would just prepare to go home to be with the Lord, because I'm not sure if I would get the treatment that I should get. So we have to be very aware and very careful."

Others felt the government was not disclosing the availability of relief resources to people of color, suggesting deeply rooted prejudices were at play. One Black resident said, "I think there's a lot of things out there that get hidden from us." Another recounted, "I find a lot of times these programs exist and...it just seems like those things are not there for us."

Several Latinos in the Southwest focus groups discussed how fear of authority figures made them reluctant to get important services. Many said they were worried that health care workers and other officials giving out COVID-19 tests or administering the vaccine would ask to see government documents, such as proof of citizenship or insurance cards. For many Latinos, this concern prompted them to avoid getting tested or forgo care even when they were showing symptoms of the virus. As one resident explained, "Even though they were sick and had COVID, they didn't accept it for fear of going...for fear of being asked for an ID." The presence of the national guard at some vaccination sites also alarmed some immigrants in the groups because they saw them as law enforcement officers looking for undocumented immigrants.

"When I went for my first vaccine, they asked me for my social security, so that made me think, 'What's going on here? The vaccine is supposed to be for everyone, regardless of their...status'.... And when the word spread, people didn't come."

Public health, health care, and civic leaders were slow to understand issues of mistrust and hesitancy

Residents and some stakeholders suggested that health care organizations were slow to respond to the fear and hesitancy reported by people of color. Latinos said service providers continued to ask for unnecessary or inappropriate information even after public service announcements made clear that vaccines and tests were free and available to all. According to one Latino resident, "When I went for my first vaccine, they asked me for my social security, so that made me think, 'What's going on here? The vaccine is supposed to be for everyone, regardless of their...status'.... And when the word spread, people didn't come."

Some stakeholders reported that early in the pandemic, hospitals and health systems alienated many people of color because of their insensitive approach to providing essential services and suggested that many were forgoing testing or passing on getting the vaccine

because of it. One stakeholder explained, "I think a lot of it is about trust-building, and it's not about just talking, it's about action.... I think that the hospitals in particular lost an opportunity to build trust...particularly [in] underserved and Black communities."

Stakeholders in the St. Louis region noted the importance of specifically targeting the skepticism and mistrust of people of color through community outreach and one-on-one conversations. Community organizations working with immigrant communities in the Southwest said they were working on targeted efforts to dispel fear and encourage uptake of essential COVID-19-related services: "We're going to be doing some targeted efforts to the Hispanic community in the next two weeks. And so hopefully that'll help and we're going to take extra logistical steps to make sure that we don't have law enforcement with us and we're able to reach that community." Trusted messengers, such as Black and Latino business owners, faith-based leaders, and other public figures of color were often called upon in both the St. Louis and Southwest counties instead of health care providers to assuage individuals' concerns. As one stakeholder noted, "We've learned a lot about the downside of that hubris and paternalistic mindset, [and are] very much trying to work through community partner[s], who have the confidence and trust of their local constituencies."

People of color faced a "dual pandemic" of racism and COVID-19

Several people of color in our study discussed the intersection of George Floyd's murder in the summer of 2020 with the recent onslaught of COVID-19, and how heightened racial tension exacerbated the impact of the virus, creating a "dual pandemic" in their lives. Many felt expressions of overt racism increased during the summer of 2020, and several said they feared for their safety when white community members harassed them for wearing masks or following other safety guidelines. As one Black resident said when talking about racial tension following the George Floyd tragedy, "I think for me there was a heightened awareness, or fear...because of everything that was going on.... I really don't feel safe."

A number of Black residents discussed how racial profiling had increased during this time under the pretext of enforcing COVID-19 rules. In the Southwest group, one Black resident explained, "They stepped up on the police brutality out here.... During the pandemic, [we] followed every rule, guideline that was put out... and every time...we followed their guidelines, they harassed [us] and even stepped up arrest." Some Black and Latino people discussed the added stress they felt during Black Lives Matter marches, when protesters faced the very real risks of retaliation, arrest, and contracting the virus.

Other residents discussed more subtle, but equally harmful forms of discrimination. For example, several Latino residents felt that white people who refused to wear masks despite local ordinances or business policies did not adequately consider the added risk to Latino people in their community, many of whom worked in essential jobs that required interaction with the public. Latino residents viewed this disregard as racially motivated: "so we all worked…and when most white groups did not wear a mask, then yes it was difficult sometimes, we were at risk."

Black and Latino residents both described feeling stigmatized because of reports that people of color were more likely to get and, therefore, spread the virus. This stigma was described as shame and humiliation by some and led many to forgo important services and care. One white resident described the experience of their biracial relatives, "Well, they forced them to sit in their vehicles and take the COVID test and they wore hazmat suits and everything. And then I went two hours later at the exact same place, and they told me that I can go inside.... They didn't wear a hazmat suit, they literally wore a face mask."

Residents in the groups did not think that local politicians and civic leaders were directly responding to these "dual pandemic" concerns. One resident said he felt leaders did not understand how social injustice intersected with COVID-19 to exacerbate the experiences of people of color, "We were having protests. It was just a lot of social injustice...at the same time [as COVID]. That's a whole other layer that I feel like [was]... communicated like it's separate, but it's together.... It was one and the same." Stakeholders noted that community organizations were more likely to step up and address these issues than local civic leaders. St. Louis groups appeared to be more in touch with the complex interactions of these forces and tried to offer support. One St. Louis stakeholder explained, "We...recognize...the work that they're [people of color] doing to reach justice, and how even with that, you still need to be safe and well."

Key Finding III

Early missteps and lack of forethought among elected officials and health care organizations affected the ability of people of color to get essential services

Residents in our study discussed facing barriers on multiple fronts that made it challenging for people of color to get resources and services. Strategies implemented by local politicians and health care leaders often left public health agencies and safety net providers that serve higher numbers of people of color out of the decision-making process, increasing barriers to essential services for their communities.

Heavy reliance early in the pandemic on hospital systems for essential services led to access barriers that exacerbated poor outcomes among people of color

Early in the pandemic, leaders of the response in both the St. Louis and Southwest regions prioritized hospitals as primary PCR testing sites. This decision was seen by some stakeholders as benefiting white residents because they were more likely to live near or be patients of these health systems than people of color. In addition, distribution of the limited supply of tests was funneled to hospitals, leaving LPHAs and safety net providers scrambling for resources for their patient populations. Moreover, free testing at federally qualified health centers (FQHCs) or LPHAs was often limited to a day or two a week, because of supply and staffing shortages.

Several residents felt that problems accessing PCR testing led to greater spread of the virus in their communities. Latino residents in the Southwest identified cost, lack of transportation, and limited appointment times as the principal barriers to getting tested, which led many to forgo testing altogether. As one resident explained, "Here in Branson, we do not have many resources, especially for the Hispanic community.... We are still struggling where to find the test. At the health center [it's] just one day a week.... There are some clinics where they can go, but they charge $150." The ruralness of the region exacerbated these issues, because testing sites were few and far between, and transportation was a problem for many immigrant residents.

Black residents in St. Louis pointed to the location of testing sites as a significant barrier, reporting that most sites were situated in the wealthier, white neighborhoods, where the larger health systems were located. As one resident noted, "There was nothing...no testing around here. The only testing I saw was the paid one." Black and Latino residents in both regions were also very skeptical of "free" COVID-19 services and avoided going to sites that asked for insurance information like the larger health systems, because they worried they would get "a bill down the line."

Stakeholders also felt the initial distribution plan for vaccines created access barriers for people of color. Several noted that the state sent disproportionate

amounts of the vaccine supply to rural counties where the population was predominantly white, instead of to more diverse cities like St. Louis. Stakeholders also explained that the state's decision to develop a high-throughput hospital model for the initial dissemination of vaccines resulted in "vaccine deserts" in North St. Louis City and other areas that were not served by large health systems. As with PCR testing, this approach meant hospitals that typically served a majority white patient population controlled the supply of the vaccines, while safety net providers like FQHCs and LPHAs, which are more likely to serve Black, Latino, and other populations that are medically underserved, struggled to obtain the shots. Some stakeholders expressed concern that equity was not foremost in people's mind when planning the initial vaccine distribution: "We have a vaccine distribution plan [and]...we look at the plan at face value, you think it's okay, but if you take a deeper dive into who's prioritized in the plan, it perpetuates the disparities and inequities that we see."

Other stakeholders felt the vaccine pre-registration and tiered-distribution systems were racially and ethnically biased. One stakeholder explained that prioritizing people age 75 and older for the first vaccines excluded Black people, who do not live to be that old. Several others explained the online registration systems favored affluent, tech-savvy, white populations and overlooked the fact that many immigrant populations do not have access to computers, reliable internet, or time in their workday to look online for vaccine openings. The state's Vaccine Navigator registration system was also criticized by some because it allowed residents from all over the state to register for mass vaccination events. One safety net provider in the St. Louis region was reluctant to use the Navigator because they were concerned their vaccination event, which was organized to target communities of color, would be overloaded by more digitally connected white residents looking for the shots.

Black and Latino residents expressed frustration with the problems and limited opportunities they had getting the vaccine. Residents identified cost, transportation issues, lack of appointment times during non-working hours, and childcare as barriers to access.

Several St. Louis residents reiterated the stakeholders' concerns that majority Black neighborhoods had fewer places to get the vaccine. As one Black resident said about their neighborhood, "Stores like Walgreens or... health centers weren't able to get the vaccinations.... It was being prolonged. And we do know that there are a lot of African-Americans and just [racial] minorities living in the city. So most of [the shots] were going to the county first. Then in the city it was being distributed last." Some residents said they felt the lack of easily accessible vaccines in their neighborhoods reflected a lack of concern among public health, health care, and political leaders in their communities. As one resident reflected, "that just made me really feel...like the government doesn't care about a certain population."

Tailored communication to people of color was limited, leading to greater risk and suffering for people of color

Black and Latino residents complained about the lack of culturally and linguistically appropriate communication coming from government and health care organizations leading the pandemic response. Several residents in our focus groups expressed fear and frustration that the leaders of the response did not reach out to their communities in a timely way to explain the risks they faced or where and how to get essential services like N-95 masks, testing, and the vaccine. Latinos in the Southwest noted that very little information was translated into Spanish, or any language other than English, making it extremely difficult to understand how to protect themselves against the virus. Several said they believed the language barrier was a significant factor for why the virus spread so quickly in their community. Black residents in both St. Louis and the Southwest noted that information about financial and educational support during the pandemic was not targeted to their communities, leading to significant hardship for many.

Many residents felt the communication gap led to the spread of misinformation about the virus and mistrust in the government response among many people of color. Latino residents explained that they relied on word of mouth and social media for information

because formal guidance was not available in Spanish. Several noted that these sources, however, were not always reliable and may have contributed to confusion and "even more terrible panic" about the trajectory of the virus. One Latino resident said, "I believe that there is no communication about the vaccine in Spanish, so there is a lot of confusion.... In Spanish we do not have the information to guide us." A Black resident said guidance "was not diverse enough" to address the needs and concerns of people of color. As one stakeholder explained, "we're coming in with prescriptive models of how to help" without "always hearing what communities are saying their needs are."

Lack of targeted, culturally appropriate information in different languages was identified by both stakeholders and residents in the study as a key factor contributing to the mistrust of the vaccine among people of color. Several stakeholders said that clear and transparent information about the vaccine's risks and benefits, that also acknowledges the fear and mistrust of people of color, was needed to help dispel misinformation and engender trust, "So we are really now working with our partners...on how do we begin to change our communications around COVID-19 to really understand some of the historical impact and addressing some of those [factors] to get...our Black and Brown communities to engage and want to take the vaccination."

People of color felt disenfranchised by politicians, public health and health care response leaders, and their policies

Many people of color in our study felt that elected officials and leaders of the response were slow to acknowledge the significant impact that COVID-19 had on their communities. Few Black or Latino people held leadership roles in either political office or on formal pandemic response teams, and our residents felt that white leaders were sometimes unaware of how significantly socioeconomic factors and systemic racism exacerbated the impact of the pandemic on their health, safety, and overall well-being. This left many in our groups feeling disenfranchised and

forgotten, particularly in parts of the Southwest where local election platforms centered on the repeal of COVID-19 restrictions.

> "I believe that there is no communication about the vaccine in Spanish, so there is a lot of confusion.... In Spanish we do not have the information to guide us."

Many residents in the study felt local politicians were catering to the white majority with their rhetoric and policymaking and disregarding the higher risk and case rates of COVID-19 among people of color. As one Latino resident from the Southwest said, "I don't think the [impact on Latinos] has caught people's attention because politically we don't have representation." A Black resident from St. Louis made a similar observation, "The people that were leading the charge were leading in the wrong way.... They were making it worse, trying to cater to the white business owners."

Many focus group residents and stakeholders also criticized the governor for choosing not to implement a state-wide mask mandate and felt frustrated when local officials repealed local mask ordinances. One stakeholder noted that calls to lift COVID-19 restrictions "represented a real threat of ignorance about disparities. Yeah, COVID might not be that bad in your wealthy, suburban St. Louis district, but in North St. Louis County, people are dying at disproportionately higher rates from COVID." Others lamented the lack of statewide policy specifically addressing and prioritizing the plight of people of color during the pandemic. As a result, many Black and Latino people in our study felt dismissed and called the motives of their leaders into question.

Community organizations and coalitions were instrumental in mobilizing support to reduce the impact of the pandemic on people of color

Nearly all residents in the study said they relied heavily on trusted community organizations, faith-based groups, Black- and Latino-owned businesses, and other community advocates for information about health and social services. Many of these organizations had strong leaders from Black and Latino communities, which engendered trust among many of the study's residents. Several of these groups set up food pantries, helped residents apply for COVID-19 financial and housing assistance, organized accessible testing and vaccine clinics, and held information sessions about the impact of COVID-19 on their communities. Residents said they also used these groups to find testing sites and to learn more about the vaccine when they had concerns.

New and existing coalitions in both regions leveraged their knowledge of their communities and their expertise in supporting underserved populations to focus the response effort so that essential services were effectively distributed in neighborhoods where people of color lived. For example, in the Southwest, engaged members of the Latino community formed an informal group, the 417 Unidos Coalition, to "keep the [Latino] community informed" about what was happening during the pandemic, according to one resident. The coalition recorded videos and held Zoom meetings in Spanish to help answer questions, discuss local ordinances, and support the community. Black churches and businesses were important sources of information and support for Black residents in the Southwest. For example, one Black church in Springfield invested in audio/video technology to offer a place for students to attend classes so their parents could go to work.

St. Louis residents in our study appreciated the role community coalitions played in mobilizing on-the-ground efforts to get resources to Black and Latino people in their own neighborhoods when government agencies appeared unable to do so. As one resident explained, "It's the NGOs and the community organizations, which are really making a lot of effort. Funding our housing, trying to get foodstuff for us...trying to pay school fees for the students who are needy. I'll say that's [had] really a great impact...But on the public [government] organizations, they're really reluctant."

Residents reported that partnerships between health care organizations and Black-owned businesses and faith-based groups were particularly useful when rates of vaccination among people of color were low. These groups would organize clinics and advocate for

> "We're fighting this dual pandemic and recognize the fact that many of the communities that we are targeting are dealing with racism and COVID all at the same time."

the importance of the vaccine: "They're [health care providers] bringing vaccine literally into the neighborhoods, into the communities, asking barber shops, other businesses, churches, if they want to administer it." Stakeholders in St. Louis pointed to two coalitions specifically that were key players in the organization of these kinds of efforts: The Regional Response Team[8] and PrepareSTL.[9] These coalitions, both of which were started early in the pandemic, assembled non-profit organizations, public health agencies, and social service agencies to provide targeted, real-time emergency support addressing the social and economic needs of vulnerable communities, including people of color.

Community organizations and partnerships like these were also instrumental in reaching out to communities of color with sympathy and support following the death of George Floyd. Stakeholders reported that many of these groups called to the forefront the "dual pandemic" experienced by people of color and challenged institutions involved in the pandemic response to examine biases and systemic racism. For example, in St. Louis, one group said it shifted its priorities after the George Floyd tragedy to address the racism that people of color were facing during the pandemic, "We're fighting this dual pandemic and recognize the fact that many of the communities that we are targeting are dealing with racism and COVID all at the same time."

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8   Operating in St. Louis City and County, St. Charles County, and two neighboring counties in Illinois, the Regional Response Team collaborates with social service providers, philanthropic agencies, and others in the private and public sector to create a centralized social services response to help people whose lives have been most severely disrupted by COVID-19. To learn more, visit: https://c19rrt.org/.

9   PrepareSTL is a communications and outreach campaign focused on the most vulnerable during the COVID-19 pandemic. It provides vital information and resources to Black Americans and people of color with low-to-moderate income who live in the City of St. Louis and St. Louis County, helping these communities stop the spread of the coronavirus and survive its adverse impacts. To learn more, visit: https://www.stlouis-mo.gov/government/departments/health/communicable-disease/covid-19/documents/prepare-stl-campaign-covid-19.cfm.

Key Finding V

The pandemic worsened the life circumstances of many people of color, putting them at greater risk of poor socioeconomic and health outcomes

COVID-19 exacerbated the economic instability and poor living conditions of many people of color in the St. Louis and Southwest regions, increasing their risk of contracting the virus, worsening their outcomes, and reinforcing a cycle of disparities, vulnerability and poor health.

Job insecurity, housing issues, and lack of internet access created conditions that made people of color more susceptible to the virus

As with much of the U.S., labor patterns in Missouri revealed that people of color were disproportionately represented in low-income, wage-based essential jobs and public facing occupations, including transportation and material moving, food preparation and serving, building and grounds cleaning and maintenance, food manufacturing and processing, and health care support. These jobs required their employees to come to work during most of the pandemic.[10,11] Residents in both regions reported that many people of

color in these jobs had no choice but to keep working regardless of the workplace conditions.

Latino residents in the Southwest said that when COVID-19 first hit the region, many essential workers were forced to go to work even when their employers were not enforcing COVID-19 health protocols. As one Latino resident explained, "Many Hispanics work in the kitchens, in the restaurants, in the hotels; so they are at very high risk here, those who work in these jobs, because if they [the employers] are not taking precautions, they become ill." Others pointed to the outbreaks in the large food processing plants of Butterball Foods in Carthage and Tysons Food in Noel, which largely affected the Latino employees, as examples of how people of color put their lives at risk for their jobs.

Many residents in the groups emphasized that the economic hardship of losing wages or getting fired was what compelled them to work. As one resident remarked, "[W]e have to go to work, because who is going to pay my bills?" In the Latino groups, some even said they felt forced to work when they were experiencing COVID-19 symptoms, because they did

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10   Rogers, TN, Rogers, CR, VanSant-Webb, E, Gu, LY, Yan, B, Qeadan, F. Racial disparities in COVID-19 mortality among essential workers in the United States. *World Med Health Policy*. 2020;12(3):311-327. doi:10.1002/wmh3.358.

11   Centers for Disease Control and Prevention. Interim list of categories of essential workers mapped to standardized industry codes and titles. (2021). https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html#:~:text=ACIP%20 Categories%20of%20Essential%20Workers,to%20 patients%20or%20infectious%20materials.

not have benefits like paid time off or workers compensation, and they were afraid they would get fired: "Many Latinos...refused to feel that they had it or that they might have it because they didn't want to lose their job" if they tested positive and had to stay home.

> "I think more was expected of them to help hold up the economy, but I don't think more was given to them as far as providing assistance."

Stakeholders also noted that essential jobs did not often give their employees the flexibility to take time off for testing or vaccine appointments, making it that much harder to get these services. One Black resident from St. Louis summed up the tension that many people of color, who were essential workers, felt: "I think more was expected of them to help hold up the economy, but I don't think more was given to them as far as providing assistance."

Lack of affordable housing and economic instability among people of color in our study regions also led to housing patterns that increased individuals' risk of exposure to COVID-19. Multi-generational and multi-family homes were common among many Latino and Black families interviewed for the study, and this pattern increased as the pandemic took hold and families moved in together to soften the impact of job loss and housing insecurity, provide support to elderly parents, help with childcare and online learning, and many other reasons. The crowded living conditions often facilitated the spread of the virus when isolation and quarantining were difficult to do in close quarters. One resident explained, "One of the ways in which COVID

most influenced Hispanics is due to having many family members in single homes.... That is why many infections emerged. They came home with the virus and infected everyone."

Black and Latino residents also said the reliance on technology to disseminate information, sign up for testing, register for vaccine clinics, or attend telehealth visits often put them at a disadvantage. Many did not have computers or access to reliable internet, and public spaces that offered these services like libraries or community centers were closed. As one St. Louis resident explained, "Back to the whole equity piece, we've also had people sign up on a list that's on the web. People have to have wifi access. They have to have internet at their house. They have to be able to go to the library, which is closed, to be able to sign up." Stakeholders also voiced concern over the "digital divide" and its impact on people who do not have ready access to technological services and devices. As one stakeholder noted in the Southwest, "We are putting so much resources [on the web]...and we are missing non-internet connected...and technology illiterate communities.... We are almost creating a brand-new socioeconomic gap or social determinant of health that we didn't even have...before."

Racially segregated and geographically isolated communities of color were hit hard by the pandemic

Stakeholders noted that the social determinants of health of populations in racially segregated and isolated communities were particularly vulnerable to the devastations of the pandemic. As one resident noted, "I saw COVID just wreak havoc on every social determinant of health...and even more specifically [for] Black and Brown people, especially in areas that are low income, because they don't have resources."

In the St. Louis region, stakeholders worried about how residents living in the predominantly Black neighborhoods

north of the Delmar Divide,[12] where living conditions were already difficult, were going to get their basic needs met. Others voiced concern that these residents were isolated from sources of support, including social services and health care. For some living in these neighborhoods, transportation, cost, and the fear of discrimination were significant barriers to getting services south of the divide. These residents relied heavily on FQHCs and LPHAs for information and services. While these providers are attuned to the needs and vulnerabilities of their communities and try hard to provide free or subsidized care, they struggled with staffing and resource constraints and were often overwhelmed during the first year of the pandemic, making it harder for people of color to get services.

"I saw COVID just wreak havoc on every social determinant of health...and even more specifically [for] Black and Brown people, especially in areas that are low income, because they don't have resources."

Residents living in these neighborhoods were very aware of the challenges. As one described, "For me, I do think we are at greater risk. I know that in St. Louis City, there were issues with testing and getting any kind of supplies, issuing masks, all that kind of stuff. They really didn't have that in the city, but they definitely had it out in the county. They weren't really to me...even caring about the people that live in the city." These challenges played out with high rates of infection, death, and dire socioeconomic consequences among people of color in the area.

Similar patterns of isolation emerged in the Southwest counties, where pockets of racially and ethnically diverse communities, including Latino, Somali, Burmese, and Sudanese people have settled to pursue work opportunities with major food processing plants and the tourist/hospitality industry. The ruralness of these counties, coupled with substantial cultural and language barriers, have kept some of these communities geographically and socially separate from surrounding neighborhoods. Prejudice towards immigrants has reinforced isolation over the years and served to undermine their ability to improve their life conditions.[13] High rates of poverty, poor housing, and poor educational attainment are evident in these neighborhoods.[14]

These immigrant communities were extremely isolated during the pandemic and stakeholder reports suggest that many felt cut off from important resources. Language barriers limited information and outreach to these communities, and many struggled to access essential services like COVID-19 testing, PPE, and vaccines, as well as health care, food, and transportation.

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12 Historic discriminatory housing policies and activities, like redlining and white flight, have created highly segregated neighborhoods in St. Louis. This racial segregation is known locally as "the Delmar Divide," in reference to Delmar Avenue, which divides a predominantly Black neighborhood from a predominantly white neighborhood. The neighborhood north of the divide has higher rates of poverty and poorer living conditions than other parts of the city and county, which impacts residents' health and wellness. For more information, visit: Cambria, N, Fehler, P, Purnell, JQ, Schmidt, B. Segregation in St. Louis: dismantling the divide. St Louis, MO: Washington University in St. Louis. (2018). https://healthequityworks.wustl.edu/items/segregation-in-st-louis-dismantling-the-divide/.

13 Smith, R. (2015). Relations improve, but tension remains for immigrants in southwest Missouri town. https://www.kbia.org/news/2015-04-20/relations-improve-but-tension-remains-for-immigrants-in-southwest-missouri-town.

14 Missouri Department of Health and Senior Services Office of Rural Health and Primary Care. Health in rural Missouri biennial report 2020-2021. Health.mo.gov. (2021). https://health.mo.gov/living/families/ruralhealth/pdf/biennial2020.pdf.

Lessons Learned

COVID-19 ravaged communities of color in Missouri and exposed deep-seated systemic inequities that contributed to detrimental outcomes for many people of color across the state. This report discusses many of the drivers behind these devastating outcomes and shows how they created a constellation of obstacles that severely hampered the ability of many people of color to stay healthy and safe.

This report is intended for leaders in the public health, health care, social services, and government sectors to inform current and future investment and priorities around issues of equity in systems of care and social support. We present experiences of Black and Latino residents that reflect both individual concerns and structural problems in the COVID-19 response in an effort to show where systems can be improved. The study aims to sensitize leaders to the inequities experienced by people of color during the pandemic and inform decisive action to correct systemic inequities in infrastructure, staffing, communication, funding, resource allocation, and training. These changes to public health, health care, and government systems are relevant both in times of future public health crises and everyday life.

Increase diversity among public health, health care, social service, and government decision makers to improve awareness of the needs of people of color.

Residents in our groups talked at length about the fear and mistrust they felt toward the medical establishment and pandemic response efforts, because of past and present experiences of racism and discrimination. Others felt pandemic response decisions and policies limiting public health protections did not consider the working conditions that many people of color were living through or acknowledge that case rates for people of color were extremely high during the first year of the pandemic. Decisions to disseminate essential services through large hospitals and health systems reflected an unawareness of the many barriers that presented for people of color living in under-resourced and isolated communities without easy access to these providers. To ensure that all people's needs are being heard, acknowledged, and acted on equally, health care, public health, social service, and government organizations should reflect the diversity of their communities and include people of color in leadership roles throughout their institutions. Moreover, community initiatives sponsored by these institutions should include people of color to effectively reflect their needs and preferences, particularly when decisions are being made about resource allocation, social supports, and other public health and health care programs. Stakeholders pointed to Black and Latino leaders in the community who organized efforts with better sensitivity and understanding to people of color's needs as key pillars in the successes of the response efforts.

Develop communication and outreach strategies that make public health and health care information and services reasonably accessible to people of color.

The lack of timely, culturally sensitive, and linguistically concordant communication and outreach to communities of color was a significant failure in the pandemic, according to all groups in our study. This problem reflected a lack of sensitivity and awareness of the virus' detrimental impact on people of color and was felt by many to be a significant reason why the virus spread so quickly and devastatingly in their communities. Residents and stakeholders in the study highlighted the successes of communication and outreach efforts by community organizations, businesses, and faith-based groups that were led by trusted community ambassadors. LPHAs, hospitals, and health systems must develop health communication and outreach strategies that are tailored appropriately to communities of color to ensure information and services effectively support them in all matters of health.

Strengthen local partnerships among public health agencies, health care systems, and community groups to increase reach in communities of color.

Many residents and stakeholders pointed to the fragmentation of the public health and health care systems as a principal reason why the pandemic response was unable to adequately protect people of color. Testing and vaccination sites were not located in neighborhoods that are easily accessible to many people or color. FQHCs and LPHAs struggled to obtain adequate supply of these provisions and were challenged by capacity and resource constraints. Partnerships between public health, health care providers, and organizations that serve communities of color, including social service agencies, faith-based groups, businesses owned by people of color, and other institutions of commercial and social life, were instrumental in bringing response efforts to people of color, who were struggling to get services. Residents in all groups emphasized the importance of these coalitions and the trust they felt for their community leaders. Public health and health care leaders, including hospitals, health systems, and safety net providers, should build on these efforts to deepen their understanding of the barriers people of color face, broaden their reach to these communities, and strengthen the overall infrastructure of care and support.

Since January 2022, national death rates from COVID-19 have declined substantially for people of color, reaching an all-time low in April of 2022.[15] Reports suggest these gains are due largely to vaccinations and the efforts of committed leadership sensitive to the issues of people of color and the on-the-ground outreach of community health, social service, and other community groups, working to increase vaccination rates and disseminate other resources directly to people of color.[16,17] The lessons offered here could help leaders in Missouri recover from COVID-19, strengthen its emergency support, and build more equitable and inclusive public health, health care, and social support systems.

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15   May 2022 is the latest month for which data are available. Hill, L, Artiga, S. COVID-19 cases and deaths by race/ethnicity: current data and changes over time. KFF.org. (2022). https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/.

16   Kriss, JL, Hung, M, Srivastav, A, et al. COVID-19 vaccination coverage, by race and ethnicity — national immunization survey adult COVID module, United States, December 2020–November 2021. MMWR Morb Mortal Wkly Rep 2022;71:757–763. DOI: https://www.cdc.gov/mmwr/volumes/71/wr/mm7123a2.htm?s_cid=mm7123a2_w.

17   Leonhardt, D. A public health success story. (2022). NYT.com. https://www.nytimes.com/2022/10/04/briefing/covid-race-gaps.html.

Appendix 1: Focus Group Sample

In St. Louis, we conducted four focus groups and one interview with Black residents (29 participants). In the Southwest, we conducted two focus groups with Latino residents (16 participants) and one focus group with Black residents and family members, some of whom identified as white or multiracial (12 participants). We recruited residents through community- and faith-based groups in the Southwest and through a survey research firm in St. Louis. Participants also were asked to complete a survey that collected demographic information (See Table 1).

TABLE 1. FOCUS GROUP DEMOGRAPHICS FOR ST. LOUIS AND SOUTHWEST REGIONS

Number of Respondents: St. Louis 29   Southwest 28

Age	St. Louis % of total	Southwest % of total
21-29	28%	11%
30-39	14%	21%
40-49	28%	21%
50-59	10%	14%
60-69	17%	25%
70+	3%	7%

Gender	St. Louis % of total	Southwest % of total
Male	17%	29%
Female	83%	71%

TABLE 1. FOCUS GROUP DEMOGRAPHICS FOR ST. LOUIS AND SOUTHWEST REGIONS (CONTINUED)

Number of Respondents: St. Louis 29   Southwest 28

Race	St. Louis % of total	Southwest % of total
Black	100%	25%
White	0%	46%^
Other	0%	21%
Prefer not to answer	0%	7%

Hispanic/Latino	St. Louis % of total	Southwest % of total
Yes	0%	57%
No	100%	43%

Speaks Primary Language Other than English	St. Louis % of total	Southwest % of total
Yes	3%	54%
No	97%	46%

^The Black focus group in Southwest included 5 white family members from mixed-race families, who are included in the white sample count.

TABLE 1. FOCUS GROUP DEMOGRAPHICS FOR ST. LOUIS AND SOUTHWEST REGIONS (CONTINUED)

Number of Respondents: St. Louis 29   Southwest 28

Highest Grade Level Completed	St. Louis % of total	Southwest % of total
Some high school but did not graduate	0%	7%
High school degree or GED	10%	29%
Some college or 2-year degree	38%	32%
4-year college graduate	17%	11%
Graduate school degree	34%	21%

Combined Household Income	St. Louis % of total	Southwest % of total
Less than $20,000	14%	21%
Between $20,000 and $34,999	21%	25%
Between $35,000 and $49,999	7%	18%
Between $50,000 and $74,999	24%	14%
Between $75,000 and $99,999	17%	4%
Between $100,000 and $149,999	3%	7%
Between $150,000 and $199,999	10%	4%
Prefer not to answer	3%	7%

TABLE 1. FOCUS GROUP DEMOGRAPHICS FOR ST. LOUIS AND SOUTHWEST REGIONS (CONTINUED)

Number of Respondents: St. Louis 29   Southwest 28

Employment Status	St. Louis % of total	Southwest % of total
Disabled, not able to work	10%	0%
Employed full-time or part-time	59%	75%
Not employed: looking for work	7%	7%
Not employed: not looking for work	10%	4%
Retired	14%	11%
Self-employed	0%	4%

Work in Frontline, Essential Job	St. Louis % of total	Southwest % of total
Yes	24%	43%
No	76%	57%