

# Community-Based Education of COVID-19 in Hispanic Church Members at Better Life Worship Center in Clermont, Florida

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## Problem

The COVID-19 pandemic revealed issues of health inequities for minorities in the U.S. Hispanics are disproportionately affected by COVID-19, making up 33% of positive cases while only composing 18% of the population. Community health education increases awareness, decreases further spread of disease, and improves the overall health of the community. Due to the novelty of COVID-19, there's a lack of baseline data on COVID-19-related education.

## Methods

Project: QA/QI

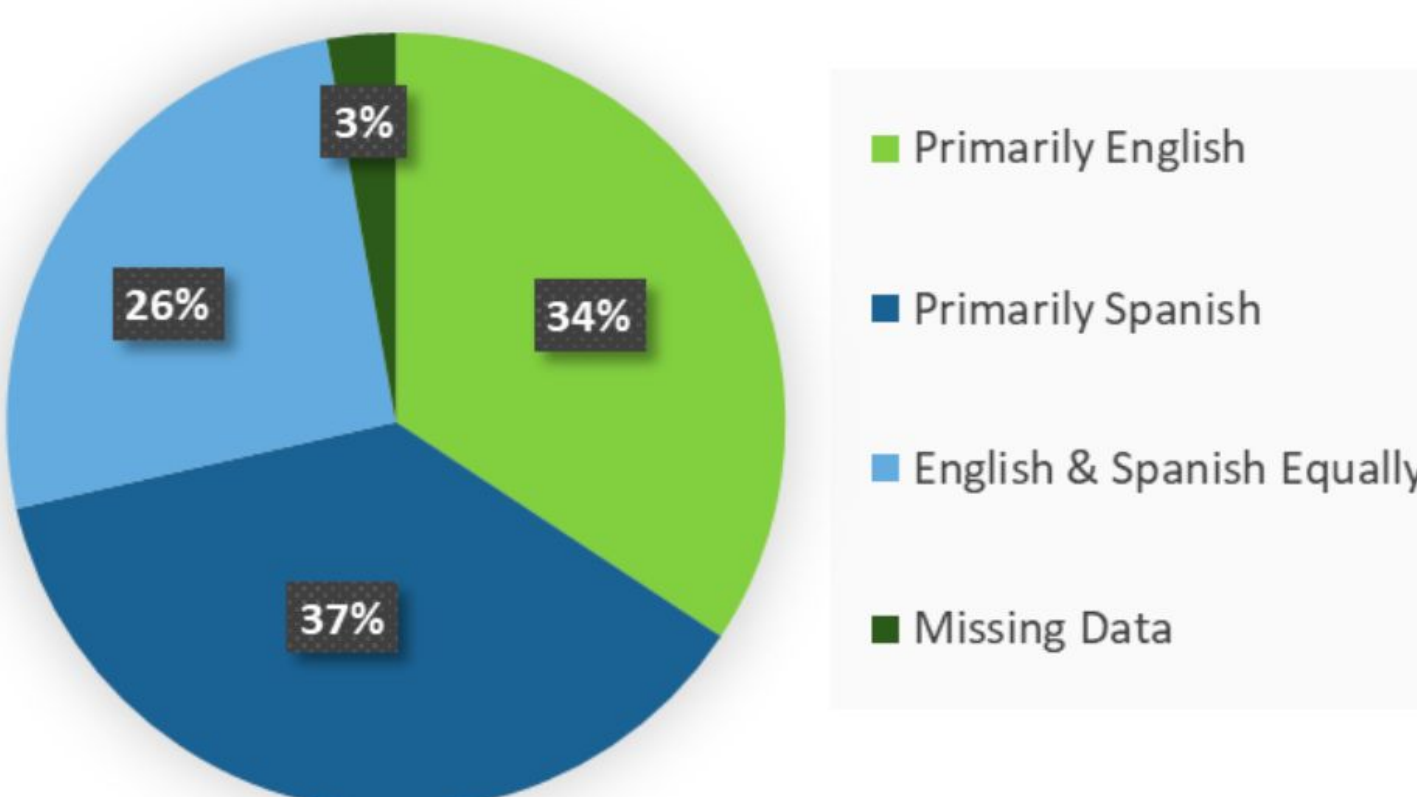
Setting: BLWC in Clermont, FL.

Subjects: Hispanic Adults

Intervention: 60-minute educational session on the health effects, transmission, and prevention of COVID-19

Tools: Demographic Survey, Pretest, Posttest, & One-Month Posttest

## Primary Language of Participants



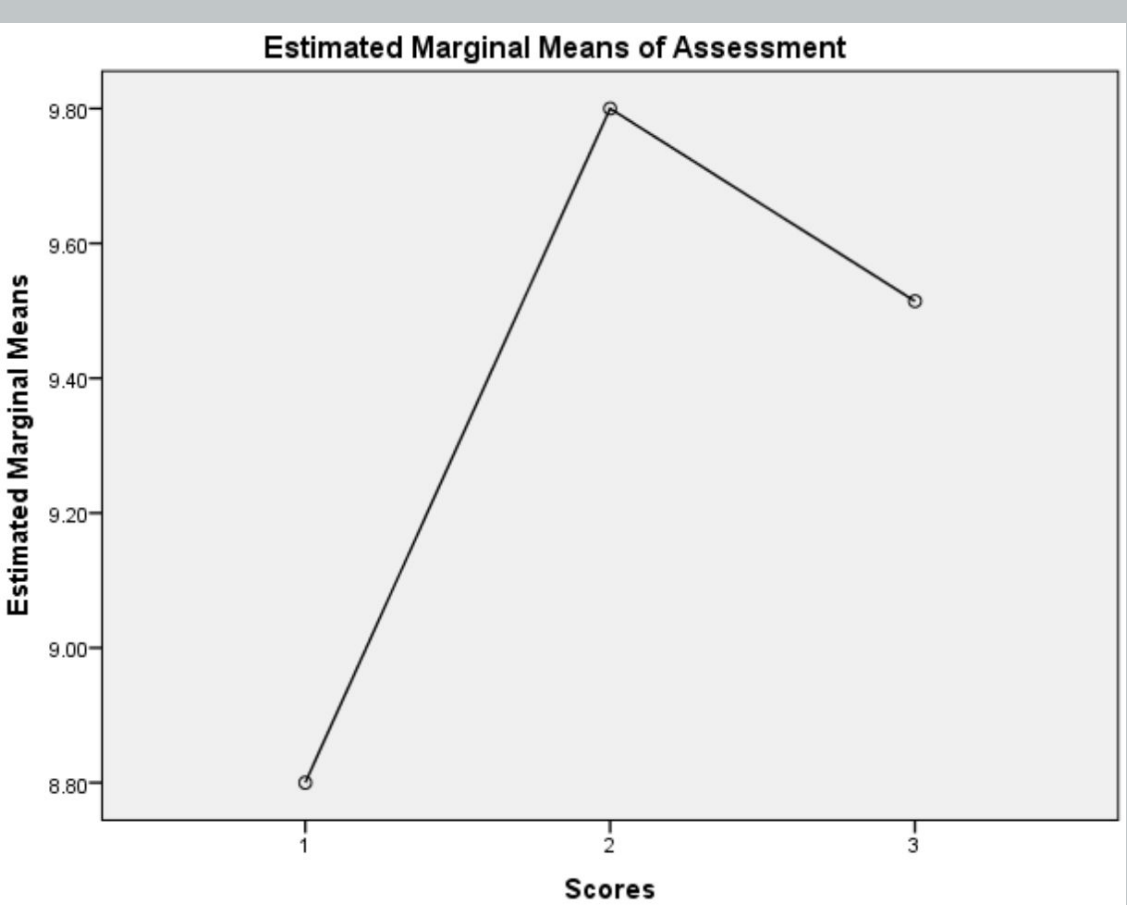
## Discussion & Implications

The 60-minute educational session on the health effects, transmission, and prevention of COVID-19 positively influenced the knowledge and retention of knowledge of Hispanic adults attending BLWC in Clermont, FL. Improving community knowledge of infection prevention decreases the spread of communicable diseases and improves their overall health. The specificity of the subjects may not accurately represent other populations.

## Literature Review

Hispanic hospitalization and death rates are 4.1 and 2.8 times higher than Caucasian Americans. Hispanics are dying from COVID-19 an average of 10 years younger than African Americans and 20 years younger than Caucasians. Health inequities have amounted to 93 billion dollars in excess medical costs and 42 billion dollars in lost productivity spent on otherwise preventable diseases.

## Results



There was a statistically significant increase of mean scores between the pretest and immediate posttest, with a slight decrease between posttest and one-month posttest mean scores. Participants experienced an overall increase of 7.143% in retention scores.

## Demographic Survey

Age		Number in Household	
18-25	8	2-4	35
26-35	7	5-8	4
36-45	4	Missing Data	2
46-54	6		
55-64	9		
65+	5		
Missing Data	2		
Race/Ethnicity		Sex	
Black or African American	1	Male	12
Hispanic/Latino of any Race	38	Female	26
Missing Data	2	Missing Data	3
Household Income		Education	
\$10,000-19,000	1	Less than High School	3
20,000-29,000	5	High School Graduate or Equivalent	7
30,000-39,000	4	Some College	8
40,000-49,000	6	Associate Degree	5
50,000-59,000	6	Bachelor's Degree	9
60,000-69,000	3	Graduate or Professional Degree	6
70,000-79,000	5	Missing Value	3
More than 80,000	8		
Missing Value	3		

## Descriptive Statistics

	Mean	Std. Deviation	N
Pre	8.8000	1.43075	35
Post1	9.8000	.53137	35
Post2	9.5143	.85307	35

## Conclusions

Further primary prevention efforts can be applied to future public health emergencies, epidemics, and pandemics to promote valuable knowledge and eradicate health inequities. Additional research should be done on the effects of increased health knowledge on public behavioral changes and wellness.

## Acknowledgements

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