

THESIS

“EN FRENTE DE LA BATALLA”: CENTERING THE VOICES OF LATINE FRONTLINE  
WORKERS IN DEFINING, UNDERSTANDING, AND ADDRESSING COMMUNITY  
NEEDS AND SOLUTIONS IN TOURIST REGIONS IN COLORADO DURING THE COVID-  
19 PANDEMIC

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## ABSTRACT

### “EN FRENTE DE LA BATALLA”: CENTERING THE VOICES OF LATINE FRONTLINE WORKERS IN DEFINING, UNDERSTANDING, AND ADDRESSING COMMUNITY NEEDS AND SOLUTIONS IN TOURIST REGIONS IN COLORADO DURING THE COVID-19 PANDEMIC

Latine workers make up a significant proportion of the U.S. frontline workforce, with disproportionate representation in lower-earning positions that offer less job security. Throughout the pandemic, Latine frontline workers have faced disparate rates of COVID-19 illness, severe health impacts, death of loved ones, and economic losses. These circumstances have increased mental health difficulties, including chronic stress, depression, and anxiety. During the pandemic, Latine frontline workers in tourist communities in Colorado have suffered severe economic losses and ongoing health risks associated with frequent COVID-19 exposure and inequitable healthcare access. The present qualitative study used liberation psychology and Latino critical race theory to center the stories of Latine frontline workers in a tourist community in Colorado. Interviews were conducted with eight Latine frontline workers or spouses of frontline workers and five agency workers from nonprofits or the public sector in a tourist community in Colorado. Latine frontline community members were asked to share their stories of how their communities had experienced the pandemic, their definitions of the community's needs, and their ideas for solutions. Agency workers were asked to provide their perspectives and context. Analysis was conducted using critical qualitative inquiry and an interpretive analysis based on the theoretical frameworks. The resulting themes included community member's

experiences and definitions of strengths, problems, and solutions. The results were shared in the community and recommendations were given to local agencies. This study advocates for employers, landlords, nonprofit and local government agencies, schools, and healthcare organizations to engage in equity-based structural and operational change and to assume an advocacy role in addressing underlying causes of health, mental health, educational, housing, and economic inequities.

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This study was developed through a partnership between researchers at Colorado State University (CSU) and YouthPower365. Funding was primarily provided through YouthPower365 with support through a grant from the Colorado Health Foundation (CHF). This funding was used to pay research expenses and provide salary for some members of the research staff. Additional funding was also provided through the Department of Psychology at Colorado State University.

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Members of my thesis committee at Colorado State University included: my academic advisor, Dr. Bradley T. Conner, Ph.D., Associate Professor in the Counseling Psychology Program; Dr. Nathaniel Riggs, Ph.D., Professor in the department of Human Development and Family Studies (HDFS); Dr. Susana Muñoz, Ph.D., Associate Professor in the School of Education; and Dr. Kimberly Henry, Ph.D., Professor in the Applied Social and Health Psychology Program.

I like to offer special thanks to Dr. Susana Muñoz, Ph.D. for providing me with training and sharing your expertise in qualitative research and Latino Critical Race Theory, as well as for your time and emotional energy in supporting this work. Thank you for encouraging me to center myself in my purpose.

I would like to express my deep appreciation for Dr. Alicia Romero, Ph.D. who taught me about liberation psychology and offered moral support and encouragement throughout the research process.

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Finally, I would like to thank my advisor, Dr. Bradley T. Conner, Ph.D. for always supporting me in conducting research and clinical work that aligns with my values and allowing me the freedom to engage in work that challenges our institutions.

## DEDICATION

Este trabajo está dedicado a todos los trabajadores latines y de color de la primera línea en este país que han enfrentado enfermedades, pérdidas de seres queridos, inseguridad de pago, injusticias y discriminación. Ustedes, que han cuidado a sus familias, a sus comunidades y a nuestra sociedad durante la pandemia. Todos les debemos a ustedes mucho agradecimiento por todos sus esfuerzos, sacrificios y valentía durante esta época tan difícil desde ahora y para siempre.

También está dedicado a la memoria de mi madre Judy Susan Rimer y su amiga María de Jesús Hyde, dos mujeres increíbles que me criaron y me ayudaron a ser la persona que soy hoy. Las llevo en mi corazón y en todo lo que hago siempre están conmigo.<sup>2</sup>

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<sup>2</sup> This work is dedicated to all Latine frontline workers and frontline workers of color who have faced illness, loss of loved ones, economic uncertainty, injustice, and discrimination. You, who have cared for your families, communities, and our society during a global pandemic. We all owe you so much appreciation for all your sacrifices and bravery throughout this difficult time and forever.

It is also dedicated in memory of my mother Judy Susan Rimer and her friend María de Jesús Hyde, two incredible women who raised me and helped me become the person I am today. I carry you both in my heart and in everything I do, you are with me.



## TABLE OF CONTENTS

ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	iv
LIST OF TABLES .....	vii
Chapter 1 – Introduction: Literature Review .....	1
Systemic Contributors to Inequities in Health and Economic Outcomes .....	2
Economic Inequities for Latine Frontline Workers .....	3
Unemployment, Wage Loss and Economic and Impacts .....	3
Job Security, Benefits, Sick-pay and Workplace Safety .....	4
Latine Tourism and Hospitality Workers .....	5
Inequitable Access to Government Aid and Economic Relief .....	5
Health Inequities for Latine Working Class .....	6
Inequities in COVID-19 Exposure, Infection, Illness and Mortality .....	7
Inequitable Access to Health Insurance .....	8
Public Health Information, Vaccines, and COVID-19 Testing Access .....	9
Impacts of the Pandemic on the Family .....	11
Mental Health and Stress .....	11
Disproportionate Impacts for Latine Frontline Workers with Children .....	11
Educational Inequities Exacerbated During the Pandemic .....	12
The Role of Local Government Agencies and Nonprofit Organizations .....	13
State and Local Governmental Response to the Pandemic .....	13
Federal Relief Funding to State and Local Governments .....	13
Nonprofit Agencies During the Pandemic .....	15
The Role of Nonprofits in Mitigating Economic Inequities .....	16
Nonprofits and Structural Racism .....	16
Chapter 2 – Research Methods .....	18
Background and Purpose of the Present Study .....	18
Theoretical Frameworks .....	19
Liberation Psychology .....	19
Latino Critical Race Theory (LatCrit) .....	21
Qualitative Method .....	23
Research Questions .....	25
Recruitment .....	25
Participants .....	26
Interview Procedures .....	29
Transcription .....	31
Data Analysis .....	32
Analytic Method .....	32
Intercoder Agreement .....	35
Description of the Coding Process .....	36
Development of Themes and Member-Checking .....	49
Author Positionality and Background .....	53
Chapter 3 – Findings .....	56

Theme 1: The Pandemic Exacerbated Existing Racial and Economic Inequities .....	56
Racial Discrimination and Xenophobia .....	58
Theme 2: Exposure to COVID-19 Illness and Risk .....	62
Theme 3: Appreciating the Labor and Sacrifices of Frontline Workers of Color .....	65
Theme 4: Centering Community Strengths and Values .....	68
Family Unity and Mutual Support Between Family Members .....	69
Community Support, Mutual Aid, and Solidarity .....	70
Social Justice and Advocacy .....	73
Theme 5: Economic Inequities Before and During the Pandemic .....	75
Job Loss and Reduced Work Hours .....	75
Difficulty Paying Rent and Affording Basic Necessities .....	76
Wage Inequity and High Cost of Living Before the Pandemic .....	78
Lack of Access to Economic Relief and Social Safety Nets .....	82
Compounding Financial Stressors .....	85
Labor Rights and Exploitation .....	85
Theme 6: Inequities in Healthcare Access and Affordability .....	87
Inequitable Access to Health Insurance .....	87
Emotional, Health, and Financial Impacts of Being Uninsured .....	89
Health Insurance Inequity as a Public Health Concern .....	90
Theme 7: Mental Health Inequities and Pandemic Impacts on Mental Health .....	92
Chronic Stress and Depression .....	92
Grief and Loss of Loved Ones .....	93
Panic Attacks and Anxiety .....	95
Physical Health Impacts .....	96
Racism, Economic Inequity, and Mental Health .....	96
Social Isolation During the Pandemic .....	100
Mental Health Impacts for Children .....	100
Access to Mental Health Services and Support .....	102
Mental Health Strategies and Strengths .....	105
Theme 8: Impacts on Education .....	107
Theme 9: Community Perspectives on Accessing Resources and Services .....	110
Barriers to Accessing Services .....	110
Eurocentric Operations and Need for Cultural Relevancy .....	114
Negative Experiences Seeking Services and Resources .....	116
Positive Experiences Seeking Services and Resources .....	119
Theme 10: Community-led Solutions to Address Challenges and Inequities.. ..	122
Invest in Sustainable Solutions to Society’s Problems .....	122
Advocate for Systemic Change .....	124
Increase Funding into Key Areas of Need.....	127
Increase Accessibility, Availability, and Quality of Services .....	129
Share Power and Invest in Latine Leadership .....	130
Discussion .....	135
Conclusion .....	139
References .....	144
Appendices .....	162
Glossary of Terms.....	168

## LIST OF TABLES

Table 1. List of participants .....	26
Table 2. Summary of interview transcripts .....	33
Table 3. Examples of first-cycle code labels.....	38
Table 4. Step-by-step description of coding process .....	40
Table 5. Alignment between research questions, analytic categories, and codes .	42
Table 6. Organization of themes and subthemes and number of codes .....	51

## CHAPTER 1 – INTRODUCTION: LITERATURE REVIEW

Frontline workers have bravely sacrificed and risked their lives in order to provide for their communities throughout the COVID-19 pandemic, performing essential jobs that society depends on for access to food, personal and home goods, childcare, medical care, sanitation, transportation, functioning roads and buildings, postal service and parcel delivery, and countless other vital functions (Dubay et al., 2020; Gwynn, 2021; Kinder et al., 2020; Tomer & Kane, 2020; Wolfe et al., 2021)<sup>3</sup>. In addition to jobs that are considered essential work, frontline workers in tourism and hospitality have also assumed ongoing risk and sacrifice to maintain industries that entire communities and towns throughout the U.S. depend on to maintain their economies (Kang et al., 2021; Rosemberg et al., 2021). Yet, frontline workers and their families have born a heavy burden of the pandemic’s negative impacts on health, mental health, and economic wellbeing and survival, with disproportionate consequences for frontline workers in Black<sup>4</sup>, Latine<sup>5</sup>, and Indigenous North American communities (Artiga et al., 2020; Gwynn, 2021; Kang et al., 2021; Kiester et al., 2021; Tai et al., 2021; Wolfe et al., 2021).

Latine individuals in the U.S. face increased risk of COVID-19 exposure and greater rates of illness and death when compared to their non-Latine White<sup>6</sup> counterparts (Chen et al., 2021; Mackey et al., 2021), as well as disproportionate and often devastating economic losses

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<sup>3</sup> See glossary definition of “frontline worker” on page 168.

<sup>4</sup> Many Latine people also identify as Afro-Latine and/or Black. Many Latine people also identify as Indigenous. In this manuscript, these words are not intended to be mutually exclusive. See the glossary on pages 168-173 for explanations of how language to describe race and ethnicity is used in this document.

<sup>5</sup> The terms “Latinx” and “Latine” are sometimes used as gender-neutral versions of Latina or Latino to reference people of Latin American descent. However, these terms are not used by all. See glossary definition of “Latine” on page 170 for further context, history, and explanation.

<sup>6</sup> Many Latine people also identify as White. However when citing previous research or discussing participants’ direct comments, the term White may be used to refer to non-Latine White Euro-Americans if that is how the speaker and/or author used the word. See glossary definitions of “White” on page 172 for further explanation.

during the pandemic (Hibel et al., 2021; Wolfe et al., 2021). The present study emphasized the impact of the pandemic on Latine frontline workers and their families living and working in a tourist community in Colorado.

### **Systemic Contributors to Inequities in Health and Economic Outcomes**

In understanding COVID-19-related inequities across race, ethnicity, immigration status and socioeconomic class, it is critical to examine underlying contextual, systemic, and political factors (Andrasik et al., 2021; Edwards, 2021; Garcia et al., 2021; Marrett, 2021). Higher rate of exposure through frontline work forms only one contributing factor to disparate rates of COVID-19 exposure, illness, and death among Latine communities. Additional environmental, economic, and health risk factors (known as social determinants of health) also play a critical role (Salgado de Snyder et al., 2021). These include inequitable access to healthcare and health insurance, inequitable access to fast and affordable COVID-19 testing, limited or no paid sick leave, higher rates of stress-related pre-existing conditions, inequitable access to food security, housing insecurity, inadequate housing (e.g., crowded housing due to inability to afford larger homes), and exposure through public transportation (Center for Disease Control and Prevention [CDC], 2020; Parolin & Lee, 2022; Schneider & Harknett, 2020).

Rather than representing a new problem, vast racial injustices during the pandemic are historically rooted in centuries of colonization, White nationalism, and racial capitalism<sup>7</sup> leading up to modern systems that routinely depend upon, exploit, exclude, and abandon communities of color, including many Latine communities (Edwards, 2021; Fariña et al., 2021; Marrett, 2020;

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<sup>7</sup> The term “racial capitalism” was coined by Cedric J. Robinson in his 1983 book *Black Marxism: The Making of the Black Radical Tradition* (Melamed, 2015; Robinson, 1983). Racial capitalism describes how the accumulation of profit and power depends upon the systematic devaluation and subordination of groups of people, which then enables and justifies the stealing and hoarding of resources and land among the White wealthy class and the unpaid and underpaid labor, enslavement, physical endangerment, neglect, abuse, and loss of life among people of color.

Martínez et al., 2021). The circumstances and conditions of the pandemic have served to exacerbate the impacts of these systems and to make their underlying mechanisms more visible to the general non-Latine White public (Andrasik et al., 2022). Despite the daily risk and discrimination they face, Latine frontline workers have employed many strengths despite hostile and unacceptable conditions, persevering to provide for their families and communities and keep their society running (Garcini et al., 2022).

### **Economic Inequities for Latine Frontline Workers**

Prior to the pandemic, Latine workers in the U.S. disproportionately occupied lower-paying frontline work with fewer benefits and protections, such as building cleaning services, grocery and convenience, trucking, warehousing and postal service, transportation, domestic labor, tourism/hospitality work, agriculture, construction, childcare, and lower-paid medical positions (Artiga et al., 2020; Gelatt, 2020; Hinojosa-Ojeda et al., 2020; Rho et al., 2020; Sönmez et al., 2020). For example, while Latino or Hispanic<sup>8</sup> individuals made up 16% of the U.S. workforce in 2018, they formed 33% of landscaping and groundskeeping workers, 26% of all building janitorial or cleaning personnel, 22% of personal care aides, 21% of laborers and freight, stock, and material movers, 19% of stock clerks and order filers, and 18% of cashiers (Kinder et al., 2020).

### ***Unemployment, Wage Loss and Economic and Impacts***

Latine frontline workers have made immense sacrifices throughout the pandemic, risking their lives to provide for their families and provide essential services upon which society fully depends (Garcini et al, 2022). Rather than receiving material compensation for their sacrifices

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<sup>8</sup> The terms “Hispanic” and “Latino” are used here rather than “Latine” because this is the language used by the author being cited. Wherever an author(s) or participant uses specific language to describe themselves or groups of people, their exact language will be used to reference information provided by that source or participant.

and contributions to society before and throughout the pandemic, Latine communities have instead faced significant and disproportionate economic losses. According to survey-based estimates (Colorado Organization for Latina Opportunity and Reproductive Rights [COLOR], 2021), more than half of Latinos in Colorado have suffered economic losses, with (60%) reporting job loss or cut work hours, 56% reporting difficulty paying utilities and other bills, and 50% reporting difficulty paying their rent or mortgage.

### ***Job Security, Benefits, Sick-pay and Workplace Safety***

From a systemic lens, many frontline working class<sup>9</sup> jobs have limited employment stability, job security, workplace protections, and benefits (COLOR, 2021; Gemelas et al., 2022; Kinder et al., 2020; Parolin & Lee, 2022). Workers of color in low-wage frontline jobs are more likely to be paid hourly and are more vulnerable to cut-backs and layoffs, factors which which contribute to poorer health outcomes. Low-wage workers are less likely to receive employment benefits that improve health outcomes and economic survival, such as affordable and accessible health insurance, flexible schedules, and paid sick leave (Schneider & Harknett, 2019; Schneider & Harknett, 2020). Paid sick leave is essential in enabling workers to remain economically afloat and to recover from illness, and is thus critical to both economic survival and health outcomes. Yet, in 2021, only 53% of the lowest-earning quartile of U.S. workers had access to paid sick leave (U.S. Bureau of Labor Statistics, 2021). Lower-paid frontline jobs on average pose greater health hazards, such as insufficient access to personal protective equipment (PPE) and less rigid mask and screening requirements for clients or customers (Dubay et al., 2020; Wolfe et al., 2021).

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<sup>9</sup> See glossary definition of “working class” on page 173.

### ***Latine Tourism and Hospitality Workers***

The tourism industry was heavily impacted by the COVID-19 pandemic, with many hotels, resorts, and tourist destinations shutting down during the first several months of the pandemic (Graham et al., 2021). Collectively, U.S. tourism workers experienced an overall 40% decline in earnings from 2019 to 2020, reflecting lost jobs and reduced hours. Latine workers and undocumented Latine workers in particular are overrepresented in the hospitality industry, especially in lower paying positions with fewer benefits such as housekeeping (Disney et al., 2022; Sönmez et al., 2020). Latine hospitality workers have faced significant economic losses in 2020, with many being laid off without any benefits or having their work hours cut substantially.

Even when the economy reopened, many Latine frontline hospitality workers struggled to recover their financial losses (Sönmez et al., 2020). In addition to the stress of trying to make up lost income and pay back overdue bills (including rent), hospitality workers returning to work had to face frequent exposure to the virus from travelers, lack of adequate Personal Protective Equipment (PPE), lack of paid sick leave, and being uninsured or under-insured (Rosemberg et al., 2021; Wolfe et al., 2021). Hospitality workers and tourism workers report high levels of work-related stress and anxiety due to economic, health, and safety concerns related to COVID-19 (Kang et al., 2021). The tourism industry continued to undergo declines in revenue during subsequent summer and winter tourist seasons in 2020 and 2021, with job insecurity and cutbacks most directly affecting the lowest-paid frontline workers and undocumented workers.

### ***Inequitable Access to Government Aid and Economic Relief***

Undocumented workers are routinely excluded from federally funded assistance programs that U.S. citizens can access, such as unemployment insurance, Medicaid, Section-8 housing assistance, and any federally funded aid that is distributed through local government



(Disney et al., 2022; Sönmez et al., 2020). During the pandemic, undocumented families were more vulnerable to economic hardship but were ineligible for government relief programs that benefitted millions of Americans. For example, the Coronavirus Aid, Relief, and Economic Security (CARES) Act of March 2020 allocated \$2.2 trillion in financial assistance to eligible U.S. families. Through the CARES act, U.S. workers who would not otherwise have been eligible for unemployment insurance due to having had part-time, contract-based, or self-employment income could now access this benefit to replace lost wages. Millions of U.S. families received federal stimulus checks and tax rebates, which offered some modest economic relief. However, undocumented workers were ineligible for either unemployment income, stimulus checks, or tax rebates, no matter how much economic loss they suffered during the pandemic. Eligibility guidelines also denied direct financial assistance through the CARES Act to millions of mixed-status families where at least one member was undocumented (Cleaveland & Waslin, 2021; Hinojosa et al., 2020).

### **Health Inequities for Latine Working Class**

The health and mental health impacts of the pandemic upon Latine frontline workers and their families must be understood through the lens of structural racism and economic exploitation (Brown, 2003; Shim, 2021). Literature on health disparities highlights how economic, housing, environmental, healthcare, and racial inequities increase chronic stress and thus increase vulnerability to physical and mental health problems in general (Fernández-Esquer et al., 2021; Garcini et al., 2022; Parolin & Lee, 2022; Torres & Taknint, 2015). These factors include housing and food insecurity or insufficiency, infrastructure inequity (e.g., inequitable access to heat, air conditioning, potable water and clear air), microaggressions, interpersonal and structural discrimination, inequitable access to healthcare, immigration-related trauma, and systemic

violence. These underlying factors exacerbate the health consequences of COVID-19, and may further explain the disparities in severe illness, death, and mental health outcomes.

### ***Inequities in COVID-19 Exposure, Infection, Illness and Mortality***

As of March of 2022, the Center for Disease Control (CDC) reported that Hispanics/Latinos made up 24.9% of all COVID-19 cases, despite representing about 18.5% of the U.S. population (CDC, 2022b)<sup>10</sup>. This concerning number is likely an underestimate, as COVID-19 cases are believed to be substantially under-reported among undocumented workers in the U.S. and globally (Pelizza et al., 2021). Adjusted for age, the CDC reports that Hispanics and Latinos are 2.3 times more likely to be hospitalized from COVID-19 related illness when compared to non-Hispanic Whites (CDC, 2022a).

Throughout the pandemic, Latines across most age groups have faced a higher rate of COVID-19 related deaths compared to non-Latine White Americans, with a particularly stark inequity in loss of life for Latinx people over 65. In the summer of 2020, Latinos over the age of 65 lost their lives to COVID-19 at twice the rate of non-Latino White Americans (267.7 deaths per 100,000 compared to 123.6 per 100,000) (Garcia et al., 2021). However, infant, child, and young adult mortality rates are also disproportionately high in Latine communities. As of March 2022, the CDC reported that Latino or Hispanic children made up only 25.9% of U.S. children aged 5-11, but they comprised 35% of all COVID-19 related deaths for this age group (CDC, 2022b).

Workers of color and workers born outside the United States are overly represented in frontline jobs that place them and their families at higher risk of exposure to COVID-19 (Dubay et al., 2020; Gelatt, 2020; Gemelas et al., 2022). The Center for Migration Studies estimates that

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<sup>10</sup> Note: Only 65% of all Covid-19 data included information on race and ethnicity, leaving a substantial amount of cases for which this race and ethnicity is unknown.

69% of all U.S. immigrants and 74% of all undocumented workers are employed as frontline essential workers (Kerwin & Warren, 2020). According to Dubay and colleagues (2020), 68% of all Hispanic/Latinx households in the U.S. in 2018 had at least one member who worked in-person in close proximity with other people (for contrast, White households had 55%). With a large proportion of Latine workers occupying essential frontline roles, this places a greater proportion of the Latine population at risk either through workplace exposure or community spread.

### ***Inequitable Access to Health Insurance***

For many Latine frontline workers and their families, inequitable access to health insurance and affordable healthcare has exacerbated the health outcomes of COVID-19 and underlying conditions (Dawson & Kates, 2021; Parolin & Lee, 2022). Even after the Affordable Care Act (ACA), communities of color and working class communities are disproportionately uninsured or under-insured (Salgado de Snyder et al., 2021). In 2019, 20% of all U.S. Hispanics/Latinos lacked any healthcare coverage, and this may be an underestimate due to underreporting of undocumented people (Ndugga & Artiga, 2021). Undocumented people face significant systemic barriers to accessing health insurance, with many having no way of accessing health insurance due to lack of a social security number (Artiga & Diaz, 2019; Goldman et al., 2005). It is difficult to find trustworthy statistics of how many undocumented Latine individuals are living in the United States without health insurance. The Center for Migration Studies reported that in 2018, 77% of all “foreign-born” frontline essential workers in the United States (including both Hispanic/Latino and non-Hispanic/Latino immigrants) did not have health insurance (Kerwin & Warren, 2020). Besides health insurance inequities, undocumented Latine workers face considerable workplace risk factors for COVID-19 health

outcomes, including lack of access to paid sick leave, jobs with no security, and crowded and unsafe working conditions (Kiester & Vasquez-Merino, 2021; U.S. Bureau of Labor Statistics; 2021; Wolfe et al., 2021).

### ***Public Health Information, Vaccines, and COVID-19 Testing Access***

Public health initiatives play a significant role in COVID-19 prevention and treatment. Access to reliable and timely public health information is an important factor that is vital for COVID-19 prevention and treatment, yet racial and economic disparities in access to information are believed to have led to inequities in COVID-19 outcomes, particularly during the early months of the pandemic (Tai et al., 2020).

Vaccine access is a critical factor in slowing the spread of COVID-19, reducing the severity of illness, and preventing death (CDC, 2021b). Throughout the pandemic, communities of color have often been subject to racist discourse by the mainstream media which depicts them as distrustful and resistant to COVID-19 vaccines (Njoku et al., 2021). Yet, communities of color have been impacted by the historical trauma of abuse and exploitation of racial and ethnic minorities within the U.S. medical system and specifically with relation to unethical medical experimentation (Marrett, 2021). Moreover, communities of color were under-deprioritized in the initial rollouts of vaccination clinics and vaccination prioritization, with permission to access vaccines delayed for frontline service workers as compared to higher earning frontline workers such as medical care providers (Njoku et al., 2021; Parolin & Lee, 2022).

Latine communities continue to face significant structural barriers to equitable vaccine access (Njoku et al., 2021). These include not having vaccination clinics within their neighborhoods, lack of access to transportation to vaccination clinics, lack of reliable information about or relationships with vaccine clinics outside of their communities, insufficient

internet/computer access and knowledge of online registration systems, and lack of information or services in Spanish or another native language. Furthermore, rigid appointment requirements and difficulty arranging childcare and time of work makes it difficult for working class people to make and keep vaccine and testing appointments. For undocumented Latine community members, fear of the Public Charge Rule<sup>11</sup>, lack of health insurance, and inadequate knowledge about costs delayed or prevented some from seeking vaccines (Disney et al., 2022; Hinojosa et al., 2020).

Access to fast, accurate, and reliable COVID-19 testing is necessary to reduce community spread of COVID-19 (CDC, 2021a). According to one survey conducted in April 2020, low income, racial/ethnic minority identity, and lack of access to health insurance all predicted lower perceived access to COVID-19 testing sites (Ali et al., 2021). While substantial efforts have been made nationally to increase testing access, inequities remain due to requirement for payment through health insurance and/or high out-of-pocket expenses, test appointment shortages, and high costs and limited supply of at-home testing kits (Dawson & Kates, 2021; Parolin & Lee, 2022). Although free community COVID-19 testing sites have been made increasingly more available in many locations throughout the U.S., inequitable access to COVID-19 testing remains a problem in many communities (Disney et al., 2022). In early 2022, COVID-19 testing through medical facilities is often faster and the results are available more quickly, but these often require health insurance or heavy out-of-pocket costs.

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<sup>11</sup> See page 14 for further explanation of the Public Charge Rule.

## **Impacts of the Pandemic on the Family**

### ***Mental Health and Stress***

Throughout the United States, Latine communities have responded to immensely stressful conditions with wisdom, intelligence, perseverance, mental health strategies, mutual support for community and family, spirituality, and many other personal, familial, cultural, and community strengths (Garcini et al, 2022). Yet, the pandemic has dramatically increased rates of depression, stress, anxiety and other mental health difficulties for Latine communities, especially among frontline workers and their families (Hibel et al., 2021; Kang, 2021; McKnight et al., 2021; Rosemberg et al., 2021). According to a survey by the CDC in 2021, roughly 40% of Latino Americans reported experiencing depression and anxiety during the pandemic (McKnight et al., 2021).

The cumulative impacts of the pandemic have taken a toll on Latine families. Across communities regardless of race and ethnicity, the pandemic has increased parent and child stress through parent job loss, increased caregiver burden and childcare disruption, illness or death of a family member, and mental health difficulties such as depression and anxiety (Gassman-Pines et al., 2020). Additional stressors that disparately impact the health and wellbeing of low-income Latino families include food and housing insecurity (Patrick et al., 2020). Grief for the death of loved causes immense and disproportionate suffering among Latine families. A statewide survey of Latinos in Colorado reported that 46% of respondents had lost a friend or family member who died from COVID-19 ( COLOR, 2021).

### ***Disproportionate Impacts for Latina Frontline Workers With Children***

Latina frontline workers who are mothers have faced significant disparities in economic losses, caregiver burden, stress, health and mental health outcomes (Cleaveland & Waslin, 2021;

Wolfe et al., 2020). These disparities are rooted in systemic inequities, specifically gender inequity in childcare burden and access and the compounded inequity of the ethnicity-gender pay gap for women of color. Latina women on average earn 57 cents for every dollar that White non-Latino men earn in the United States (Hegewisch & Mefferd, 2021).

One study in California surveyed 55 Latina mothers who were employed as essential frontline workers in the summer of 2020 (Hibel et al., 2021). The study found that 52.9% of those surveyed had been forced to make serious economic cutbacks during the first few months of the pandemic, including buying less food, missing rental and car payments, and missing payments on other bills. These economic cutbacks were associated with higher rates of maternal stress and depression, while fear of exposure to COVID-19 in the workplace, fear of their children contracting the disease, and fear of further income loss also contributed to maternal stress and anxiety.

### ***Educational Inequities Exacerbated During the Pandemic***

Despite their growing representation in the U.S. population (U.S. Census Bureau, 2018), Latine young people and young people from working class families confront significant disparities in educational attainment rates (Behnke, Gonzalez, & Cox, 2010; Covarrubias, 2019; Luna & Revilla, 2019; de Brey et al., 2019). Educational inequities based on income, race, and ethnicity widened during the pandemic, especially during times of online or remote instruction.

According to one national study using data from 1,450 U.S. families (23% Hispanic/Latino), Hispanic/Latino students were substantially more likely than non-Hispanic White students to attend school remotely throughout the pandemic (e.g., 64% compared to 40% in November/December 2020 and 60% compared to 26.7% in February-March 2021) (Haderlein et al., 2021). The same study found that low family income level across race and ethnicity

predicted several disadvantages, including less access to technology, reduced-quality internet, less access to individual time with teachers, and parents not having the time and background knowledge to feel confident helping their children with homework.

## **The Role of Local Government Agencies and Nonprofit Organizations**

### ***State and Local Governmental Response to the Pandemic***

State, county and city governments have been heavily involved in coordinating the national response to the COVID-19 pandemic on a local level (Dzigbede et al., 2020; Kettl, 2020). State and county governments have typically managed and directed local public health orders and disseminated public health and safety information. State and local governments have also been placed in charge of administering COVID-19 testing programs and vaccine rollouts (Ali et al., 2021; Hardeman et al., 2021). While federal guidelines have informed local public health planning, state and local government have increasingly been allowed significant decision-making power in deciding when and how to implement stay-at-home orders, mask mandates, eviction moratoriums, and laws concerning paid sick leave (Adjodah et al., 2021; Leifheit et al., 2021).

### ***Federal Relief Funding to State and Local Governments***

In order to address the economic impacts of the pandemic, a portion of federal and state economic assistance funds through the CARES Act have been distributed through state and local county governments (Dzigbede et al., 2020). Although the CARES Act funds were not enough to address the vast fiscal losses and economic impacts on families, such funding has allowed counties across the U.S. to mitigate direct economic, housing, and health impacts to varying degrees. However, state and local governments have varied widely in their efforts and success in addressing racial and economic inequities in their pandemic response (Deslatte et al., 2020).



Communities of color and working class communities are heavily impacted by the economic tolls of the pandemic, yet their needs have not been proportionately met through federal, state, and local government distribution of relief funds (Bailey & Rice, 2020).

### **Federal Policies Prohibit Assistance for Undocumented Families.**

Public Charge policies are federal policies that enable denial of visas, residency, or citizenship to immigrants whom immigration officials consider to be “unable” to financially take care of themselves and their families (Bagenstos, 2021; Hinojosa et al., 2020). These policies have existed since the 1880’s, allowing the systematic exclusion of immigrants who have disabilities or limited financial resources and thus perpetuating structural racism, sexism, classism, and ableism for well over a century. While the Public Charge policies remained in place through the 2000’s, enforcement was not standardized or mandated. In 2019, the Trump administration issued the federal Public Charge Rule, which built on the original Public Charge policy to allow the denial of legal pathways to residency and/or citizenship for immigrants who have ever applied for government-funded financial relief. These laws made it impossible for many immigrants to access basic food, housing, and healthcare assistance, including food stamps for families with children. During the pandemic, the Public Charge Rule barred many families from the means for survival. While the 2019 rule was considered “no longer in effect” after March of 2021 (U.S. Citizen and Immigration Services, 2022), there is still widespread uncertainty and confusion about which services that immigrants of various legal statuses are eligible for and which services could be used to deny them future pathways toward legal residency and/or citizenship (Disney et al., 2022).

One major and ongoing form of structural discrimination is that local government agencies are prohibited from using federal funds to offer direct assistance to undocumented

people and their families, thus preventing the equitable distribution of aid (Cleaveland & Waslin, 2021; Disney et al., 2022; Hinojosa et al., 2020). Throughout the pandemic, state and local governments have varied in how and whether they address this exclusion. Some states have found ways to make some non-federal economic relief programs available without requiring proof of legal residency status (e.g., Colorado Department of Local Affairs, 2021). However, despite their varying degrees of effort, most state and local governments have not been able to equitably serve their undocumented communities.

### ***Nonprofit Agencies During the Pandemic***

During the pandemic, nonprofits have struggled with maintaining their operations while working to address the impacts of the pandemic on their organizations and on their communities (Federal Reserve System, 2021; Martin et al., 2021). Many nonprofits have experienced significant cutbacks in funding during the pandemic, creating staffing shortages and strain on workers. The pandemic has seen a disproportionately increased strain on nonprofits that offer direct services to communities of color. The impact on nonprofit wages, workplace stress, and job security disproportionately affects women and people of color who are overrepresented in nonprofit jobs. According to a report by the Colorado Nonprofit Association (2021), 82% of Hispanic, Latino, or Latinx nonprofit workers surveyed in 2020 reported experiencing increased workloads, burnout, and work-related anxiety.

Further, economic cutbacks caused limitations in available resources for organizations that offer direct assistance to the community at a time when gaps in communities' economic and healthcare needs have grown dramatically (Colorado Nonprofit Association, 2021; Federal Reserve System, 2021; Martin et al., 2021). The pandemic took many nonprofit organizations by surprise, creating a sudden increase in community needs in economic, housing, food, and

healthcare and difficulties meeting those needs efficiently and equitably. Many nonprofit and agency workers have shown immense perseverance and creativity in designing, fundraising, and administering programs to meet the community's needs despite facing funding losses, increased gaps in services and resources, and their own physical health, mental health, economic and family stressors during the pandemic.

### ***The Role of Nonprofits in Mitigating Economic Inequities***

In general, nonprofit organizations play a large role in addressing the direct impacts of economic inequities on U.S. families. Often filling in socioeconomic gaps wherever private industries and the federal and local governments fall short, charity foundations and mutual aid organizations issue millions of dollars in financial assistance each year (Norris-Tirrell, 2014). Foundations and aid organizations rely on donations from private individuals and corporations to continue functioning and distributing aid. Nonprofits serve a critical role in addressing gaps in housing, utilities, income, healthcare, education, food and water access, and countless other basic human needs. Nevertheless, critical economic philosophers criticize the underlying system of the nonprofit model for systematically addressing the needs of the working class through charity (Finley & Esposito, 2012). Addressing this as the “non-profit industrial complex”, Finley and Esposito argue that within the U.S. economy, charity-granting nonprofits functionally serve to mollify the racial and economic inequities created through neoliberal practices which systematically exploit the labor of the working class to create surpluses for the wealthy.

### ***Nonprofits and Structural Racism***

Many nonprofit and government agencies attempt to mitigate racial disparities in access to economic wellbeing, housing, healthcare, education, and other critical areas. Yet, the nonprofit industry in the U.S. has a complicated relationship with racism due to historically operating

within a White Eurocentric and capitalist framework of operations and priorities (Finley & Esposito, 2012; Heckler, 2019). Nonprofits in the U.S. are disproportionately led by White non-Latine directors and leaders (Biu, 2019). Despite often having more years of formal education, nonprofit workers of color and especially female agency workers of color report being underpaid, denied promotions, regarded as representatives of their entire racial and ethnic communities, and excluded from decision-making.

Despite these challenges, nonprofit leaders of color have led the charge to use their power and platforms to address gaps in equitable access for communities of color and to advocate for broader social and political change. According to a report by the Building Movement Project (Douglas & Iyer, 2020), during the pandemic, 51% of nonprofit leaders of color have reported increased direct service efforts in their organization, 48% indicated increased advocacy efforts, and 54% reported increased coalition work. Advocacy efforts included working with policymakers and government agencies to advocate for decisions that benefit and include communities of color and immigrant communities.

## CHAPTER 2 – RESEARCH METHODS

### **Background and Purpose of the Present Study**

Tourist communities in Colorado have contended with unique circumstances during the pandemic. The first two months of the pandemic coincided with ski season, which is critical to providing job opportunities in the hospitality industry and maintaining the economies of many tourist communities. Additional challenges have included a very high cost of living, high rates of exposure to viruses from tourists during peak winter months, and a large proportion of the workforce in the hospitality sector. According to the Colorado Organization for Latina Opportunity and Reproductive Rights in 2021, Latinos in mountain tourist communities in Colorado report significant challenges associated with incommensurate wages and high cost of living, inequitable access to COVID-19 wage replacement or aid, inequitable healthcare access, contracting COVID-19 on the job, and being denied time off to recover or quarantine (COLOR, 2021).

The purpose of the present study was to center the voices of Latine frontline workers and their families in a tourist community in Colorado in defining the problems of the pandemic within their community and in generating solutions to improve holistic wellbeing. This study aimed to generate recommendations for nonprofit and government agencies that address immediate problems and underlying systemic factors contributing to health, mental health, and economic inequities before and during the pandemic. The overarching goal of this study was to improve mental health through a liberation psychology framework, which recognizes that psychological health and wellbeing require not only high-quality mental health services, but also

collective action and transformation of the social conditions that cause psychological distress (Martín-Baro, 1994).

This study expanded on years of research and initiatives led by Latina, Latino and Latine activists, community organizers, and nonprofit/public sector workers throughout Colorado, who have pointed to many of the same needs and solutions as this study presents (e.g., COLOR, 2021). At the time this manuscript was originally published, efforts were underway to share the results of this study with community members and various local agencies where this study was conducted, in accordance with the expressed wishes of many of the participants. The purpose of sharing the results throughout the community has been to generate social action and to offer community-led recommendations for increasing advocacy and improving systems, services, and programming within the community.

## **Theoretical Frameworks**

### ***Liberation Psychology***

The primary theoretical background for this study was liberation psychology, which promotes the healing of individuals, communities, and society through research, clinical work, educational practices, and advocacy that center liberation from internalized oppression, community healing, collective power, and decolonization (Burton & Kagan, 2009; Chavez-Dueñas et al., 2019; Duran et al., 2008; Martín-Baro, 1994; Montero & Sonn, 2009; Torres Rivera, 2020; Watkins & Shulman, 2008a). This approach was formally developed in El Salvador by Ignacio Martín-Baro in the 1980s (Burton & Guzzo, 2020). However, liberation approaches to counseling and research were influenced by liberation movements and liberation thinking in education, theology, philosophy, and psychology around the world in the 20<sup>th</sup> century

and emancipatory thinkers throughout history (e.g., DuBois, 1898; Fanon, 1952; 1961; Freire, 1968; Gutierrez, 1976; Memmi, 1968).

Martín-Baro was a Spanish Jesuit priest and psychologist who wrote a series of essays critiquing traditional western psychology as pathologizing the distress of the oppressed (Martín-Baro, 1994). As a young adult, he had immigrated from Spain to El Salvador, where he allied himself with the indigenous and working class (Burton & Guzzo, 2020; Montero & Sonn, 2009). Witnessing the impacts of systemic racial and economic inequity and state violence upon the indigenous working class, Martín-Baro proposed and practiced a new psychology that involved collaborating as partners with the community and centering the wisdom, knowledge, and traditions of oppressed people in healing the harm caused by economic exploitation and colonization.

Liberation psychology regards the impacts of colonization, oppression, violence, racism, economic inequity and disempowerment as the root causes of distress, rather than attributing symptoms such as depression and anxiety to individual deficits (Chavez-Dueñas et al., 2019; Duran et al., 2008; Martín-Baro, 1994). Healing is both an individual and a collective process that should lead toward social transformation. This process requires *desnaturalización* (usually translated as “denaturalization”), which means becoming critically aware of everyday ideas, values, and practices that are taken for granted as “normal” but that generate oppressive internal schemas and harmful social conditions (Torres Rivera, 2020). Next, liberation involves *problematización* (usually translated as “problematization”), which requires collective exploration of the problematic impacts of White supremacist, classist, misogynist, and heteronormative ideologies and practices on society and especially upon marginalized people and their lives. Liberation psychology research and clinical practice involves recovery of

historical memory through the *testimonios* (firsthand stories of bearing witness) of individuals and communities whose narratives are often erased (Cervantes, 2020; Watkins & Shulman, 2008a). The cornerstone of liberation psychology is *concientización* (often translated as “critical consciousness”), which is the entire process of becoming aware of and challenging oppressive systems, liberation from internalized oppression, and engagement in social action to transform society (Torres Rivera, 2020). Liberation psychology centers the values, strengths, and wisdom of the community and of common people and regards the elevation of these strengths as key to healing.

As a research method, liberation psychology emphasizes critical research which centers the narratives, worldviews, voices, and experiences of those most directly impacted by any given experience or issue through direct storytelling and testimonios (Cervantes, 2020; Watkins & Shulman, 2008a; Watkins & Shulman, 2008b). As a theoretical framework for research, liberation psychology researchers often strive to involve community members as partners throughout the research process and to engage in action research that aims to transform social conditions to be better aligned with how those most directly impacted by the issues being explored would like their communities, society, and institutions to change.

### ***Latino Critical Race Theory (LatCrit)***

In addition to liberation psychology, the research design of this study was heavily influenced by Latino Critical Race Theory (LatCrit). Critical race theory (CRT) holds that racism and ethnocentrism are historically and presently embedded and reproduced within dominant structures of U.S. society, predating the institutions of slavery and colonialism (Delgado Bernal, 2002; Yosso & Solórzano, 2005). CRT examines the ways that racial and ethnic hierarchies are normalized in the United States and how they impact the everyday lived experiences of people of



color and immigrants (Delgado & Stefancic, 2017). Latino<sup>12</sup> critical race theory (LatCrit) operates in conjunction with CRT to illustrate the specific ways in which Latinos are affected by systemic racism, with a focus on immigration and language justice, as well as centering Latino cultural strengths, values, traditions, sociopolitical histories, and ways of knowing (Delgado Bernal, 2002; Romero, 2008).

One theoretical practice central to LatCrit is *counterstorytelling*, or the practice of prioritizing the experiential knowledge and direct lived experiences of people who have been systemically marginalized and centering their narratives and stories of events (Delgado & Stefancic, 2017, pp. 42). Counterstorytelling is based on the idea that the worldviews and narratives of dominant groups are told and retold through different authoritative sources (Freire, 1970; Delgado, 1989). Through this process of reproduction, the dominant narrative becomes constructed as the social reality of mainstream society. Such narratives inform social structures, media, education and research. Research that uses counterstorytelling seeks to respect the expertise that oppressed individuals have regarding their own histories and lived experiences (Delgado Bernal, 2002; Yosso & Solórzano, 2005).

Both liberation psychology and LatCrit may be defined as critical theoretical approaches that openly address and condemn oppression and challenge dominant discourse about groups who have been historically targeted through colonization and systems of inequity. Both counterstorytelling from LatCrit and testimonios from liberation psychology center the discourse, lived experiences, understandings, and narratives of groups who have been subject to being *talked about* rather than being regarded as the expert authorities in their own lives (Cervantes, 2020). While liberation psychology originated in Latin America, LatCrit was

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<sup>12</sup> Most of the LatCrit literature cited here used “Latino” or “Latina and Latino” rather than “Latine.”

developed by Latina/o/e thinkers living in the United States (Burton & Guzzo, 2020; Delgado & Stefancic, 2017). In addition to aligning with my worldview and values as a researcher, these frameworks were chosen for the present study because of their shared critiques of systemic oppression as well as their cultural roots and relevance in work with Latine communities (Chavez-Dueñas et al., 2019).

### **Qualitative Method**

Rather than adhering to a specific manualized method during this study, I employed a critical qualitative approach informed by the theories of liberation psychology and Latino critical race theory (LatCrit). Drawing on the central tenets of both frameworks, my intention was to challenge dominant Eurocentric and capitalist narratives about Latine frontline workers through counterstorytelling and testimonios to prioritize their narratives, insights, and intelligence about their own experiences and the systems that affect their lives (Cervantes, 2020; Delgado, 1989; Fernández, 2020; Watkins & Shulman, 2008a). In applying liberation psychology and LatCrit, this study aimed to locate problems within social hierarchies and systems of oppression rather than within individual or community deficits (Torres Rivera, 2020; Delgado & Stefancic, 2017, pp.42). This necessitated exploring the mechanisms by which systemic racism affects everyday life and wellbeing for Latine frontline workers and their families during the pandemic.

The design and focus of the research questions, interview questions, and analytic method was based in the critical qualitative approach laid out by Denzin (2017). This approach calls for community involvement in identifying and challenging dominant definitions of a social problem and working with those directly impacted to redefine the problem and center their ideas for the solutions they need. This method is especially fit for assessing community needs, programs, and

services, as it involves the researcher inviting community members to define their experiences with local programs and systems and to collaborate in generating recommendations for program or system improvement and advocacy. In alignment with counterstorytelling in LatCrit and testimonios in liberation psychology, Denzin's qualitative method demands a commitment to centering the experiences, knowledge, strengths, and perspectives of community members in defining matters that affect them directly (Cervantes, 2020; Delgado, 1989; Delgado Bernal, 2002; Torres Rivera, 2020).

While this study was not a community-based participatory action research (CBPAR) project, I made efforts to draw on some elements of CBPAR. Studies that are truly and fully based in CBPAR include participants as equal collaborators throughout the research process, including the design and analysis (Fernández, 2020; Watkins & Shulman, 2008a). For the present study, I cannot claim to have involved participants as full partners in every stage of the research. However, I have prioritized decisions that increase community members' involvement as contributors throughout the project. This included: (1) seeking participants' advice early on about what they would like the study to focus on, (2) redesigning the research questions based on early feedback from participants, (3) member-checking during interviews, (4) two rounds of member-checking during the analysis, (5) consultation with participants about which results should be emphasized and how they should be framed, and (6) sharing the results throughout the community in a series of community meetings. At the time of this manuscript, I was in the process of recording and sharing a video presentation of the full results with the original participants in English and Spanish.

## ***Research Questions***

The following research questions were grounded in the theoretical approaches previously outlined and in the current social conditions facing the Latine frontline community in the United States and specifically in tourist communities in Colorado. While the name and location of the exact community is not named in this manuscript as an effort to protect the anonymity of the participants, the research questions were specific to the tourism community where the research was conducted and where I am engaged in ongoing community action work.

1. In their own words, what has been the impact of the pandemic for Latine frontline workers and their families in this community?
2. In the context of these impacts, what have been the mental health experiences of the local Latine frontline community?
3. For Latine frontline workers and their families in this community, what needs have been created and/or exacerbated by the pandemic?
4. How have local nonprofit programs and other local agencies addressed the impact on Latine frontline workers and their families in this community?
5. How does the impact of the pandemic on Latine frontline workers in this community connect to greater systemic inequities nationwide?
6. What next steps does the local community want to take to address the underlying systemic problems and the current impact of the pandemic?

## ***Recruitment***

Prior to beginning this study, I collaborated with a nonprofit organization in Colorado for roughly 1.5 years in developing another research project. Through my contacts with this organization, I had been introduced to and developed relationships with agencies and community

members in the tourist area where this study took place. In order to meet prospective participants, I relied heavily on distribution of flyers through agency workers and word-of-mouth sharing through my relationships in the community. My friends and colleagues who lived and worked in the community offered me tremendous help with recruitment by connecting me to their acquaintances. While snowball recruitment through word-of-mouth was the primary recruitment method, flyers were also distributed through the agency’s events, as well as shared through email and through various agency workers who agreed to share the flyers with their customers and clients.

All recruitment and data collection procedures were reviewed and approved by the Institutional Review Board (IRB) of Colorado State University (CSU).

***Participants***

For this project, eight Latina/Latino-identified community members employed as frontline workers or the spouses of frontline workers participated through sharing their testimonios of the pandemic, defining the needs of their communities during the pandemic, and providing solutions for the changes they would like to see in their communities. During the interviews and afterward, participants were consulted in determining how the results would be shared and in defining the final conclusions and recommendations. See Table 1 for a list of all participants and basic demographic information.

**Table 1. List of Participants**

<b>Community Members</b>		
<b>Pseudonym</b>	<b>Ethnicity</b>	<b>Professional and Personal Roles</b>
Diana	Latina	Hospitality worker, mother
Isabela	Latina, Mexican	Hospitality worker, mother
Eduardo	Latino	Hospitality worker, father
Mariana	Latina, Mexican	Hospitality worker, mother
Valentina	Latina	Mother and spouse of construction worker
Natali	Latina, Mexican	Food service worker, mother

Paula	Latina	Education worker, mother
Sofia	Latina	Healthcare worker
<b>Agency workers</b>		
<b>Pseudonym</b>	<b>Ethnicity</b>	<b>Professional Roles</b>
Gloria	Latina	Agency worker, direct service provider
María	Latina	Agency worker in the public sector
Michael	White non-Latinx	Agency worker, direct service provider
Leah	White non-Latina	Agency worker, administrator
Darlene	White non-Latina	Agency worker, counselor

All of the participants reported living in a specific tourist community in Colorado. Four of the community members disclosed being employed as frontline hospitality workers in the hotel/tourism industry. One community member identified as the spouse of a construction worker. The other three community members were employed in frontline positions in education, healthcare, and food service, respectively. Community members were predominantly female (7/8), they all identified as Latina/o, and the majority identified as Mexican. Although immigration status was not asked, some community members discussed being undocumented or having undocumented individuals in their families. All community members were adults and the majority identified as parents with children at home. All of the participants agreed to remain anonymous. Most of the interviews (7/8) were held in Spanish as the participant's preferred language.

Additionally, five local agency workers from the nonprofit and public sectors were also interviewed and invited to provide their perspectives on how local government and nonprofit agencies had responded to the COVID-19 pandemic. The providers worked in various settings, including direct services and administration. The providers included both Latina (2/5) and non-Latine White individuals and were predominately female (4/5). Latina providers described holding both in-group and out-group identities, being Latina but also being economically middle class and not occupying frontline positions.

Originally, I selected pseudonyms for the participants by default. However, a year after the interviews were complete and my original thesis document was defended, I was humbled by the example of my colleague Vanessa Joachin who in her qualitative research had invited participants to choose their own pseudonyms. I reflected on the importance of honoring participants' autonomy and including them in each step of the process, and decided I was mistaken in choosing their pseudonyms for them. Given that I had remained in contact with most of the participants, I reached out to all of them individually and invited them to choose their own pseudonyms. While some did not reply or declined to choose a new pseudonym, 5/8 of the community members and 4/5 of the agency workers either chose their own pseudonyms or worked with me to decide one together.

Prior to the thirteen interviews, one pilot interview was conducted with a White non-Latine educator in the community. The purpose of the pilot interview was to test the interview protocol and the recording software. That interview provided some valuable background information, but unfortunately the interview was not successfully recorded and thus there was no transcript available to code. Furthermore, while the content of the interview was important and interesting, it did not address most of the research questions of the present study. That interview was not factored into the final analysis to preserve the integrity and standardization of the analytic method as well as the focus of the study.

Considering the sensitive content of the results and the intended goal of using the community's recommendations to support local advocacy efforts, I determined to exercise extreme caution in describing participants' demographic information in this manuscript. Given the context of this study within a small community with overlapping social circles and the snowball recruitment method, even ostensibly non-identifying information such as country of

origin or age could at times be used to narrow down the identities of agency workers and community members. Given this context and concern, detailed demographic information about the participants, such as age, exact profession, national origins, and citizenship status, are sometimes obscured or omitted in order to prevent the participants from being identifiable. The exact profession of agency workers is obscured for the same reason. To preserve anonymity, minor identifying details within the participants' stories (e.g., number of children) were altered at times to obscure the participant's identities.

### ***Interview Procedures***

This study involved semi-structured narrative interviews over the phone, lasting between 17-80 minutes (mean = 42 min). Only one interview was shorter than 30 minutes long, and it was cut short because the participant had to leave early due to scheduling challenges. Following a semi-structured conversational format, I asked the participants two primary questions: "How has the pandemic affected you and your family?" and "What would you like to see change in your community to make things better?" Follow-up questions were conversational and were unscripted. I asked follow-up questions to elicit more stories about the speakers' experiences, what they had witnessed, their ideas and perspectives, strengths and coping strategies, values, background, family, and work situation. I engaged in present-moment member-checking, summarizing main points and offering reflections to ensure that I understood the context, meaning, and emphasis of the participants and to allow space for them to correct my interpretation.

Following a liberation psychology approach and my own desire to develop authentic relationships, I decided to make myself visible to the participants whenever possible. I often disclosed information about who I am and my positionality, such as that I am White and non-



Latine, that Spanish is my second language, that I am a graduate student and therapist, my motivations for focusing on Latine mental health and social justice, and my own family structure and background. With inspiration from liberation psychologists of color such as my clinical supervisor at the time, Dr. Alicia Romero, Ph.D., I chose to challenge the traditional neoliberal stance of the White researcher's neutrality and make my own perspective and intentions explicit whenever it was relevant. Often, I shared how the theories I was using in this study and my own perspective led me to focus on economic and racial injustices and underlying structures. I also often shared my interest in addressing mental health concerns through advocacy for social change. When participants described emotions of anger or sadness, I shared with them in their emotion. Being a White non-Latine researcher with economic privilege as a citizen and future psychologist, I felt it was important to express gratitude for the ways I have personally benefitted from the labor, cultural, emotional, and material contributions of Latine frontline workers and Latine people in my life. My intent was to bring my authentic self and to show respect and gratitude. After the interviews, I maintained professional relationships with some of the participants through occasional phone calls, text messages, and my offers of practical assistance for them and their families (e.g., connecting them to resources). This was motivated by my belief that research should not be transactional and that all relationships should be genuine.

Participants were fully informed verbally of the purpose and use of the research, the voluntary nature of participation, efforts to protect anonymity, and limits of privacy (e.g., mandatory reporting). Participants were offered the opportunity to ask questions or take time to think about their decision to participate. Consent information was provided verbally using a verbal consent script in either English or Spanish<sup>13</sup>. However signed consent forms were not

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<sup>13</sup> See Appendix I for English verbal consent script, form and instructions and Appendix II for Spanish verbal consent script, form and instructions

collected. The purpose of using only verbal consent was to protect the anonymity of any undocumented participants or undocumented family members of participants. Before beginning the interviews, I expected that participants may share with me information about their immigration status. At the time this study was conducted, state laws in Colorado do not fully protect Colorado residents who do not wish to cooperate with actions initiated by federal immigration authorities (Colorado General Assembly, 2019). Given that I was unsure of how I could protect participant's identities and information pertaining to their legal status from becoming known to university and/or government officials in the future, I chose to ensure that no formal record of identifying information was kept.

Participants were each offered payment through gift card or cash payment in the amount of \$20/hour. Several individuals declined to accept payment, sometimes citing reasons such as wanting to help their community through this research and feeling uncomfortable with being compensated for their advocacy.

### ***Transcription***

Interviews were recorded and transcribed after participants verbally provided consent to participate and be recorded. The audio files were transcribed by members of the research team, which consisted of myself and three trained bilingual undergraduate students in psychology, Sonia Pacheco, Michelle Rivera-Garfio, and Alondra Faudoa. The audio recordings were transcribed and coded in the original language (Spanish or English). Identifying information was deleted from the transcripts and participants' names and the names of any loved ones were replaced with pseudonyms in the transcript and any accompanying documents.

## Data Analysis

### *Analytic Method*

To conduct the analysis, I used Atlas Ti, which is a qualitative software program. The transcripts were not translated, but rather coded in the original language with codes primarily in English (except for codes which were used to capture the specific language used by the participants). The intent of coding in the original language was to reduce the loss of meaning and participant voice that can occur through translation.

Filler language such as “ah” and “um” were usually not transcribed due to variations in the phone call connection quality and audio recording quality which made it difficult to standardize the transcription of such sounds. Clear filler words such as “you know”, “como”<sup>14</sup> and “verdad”<sup>15</sup> were maintained to keep the meaning and speaking style of the participant. If participants stressed a particular word or words, this was transcribed using italics. A few participants cried during the interview, and this was included in the transcription to show the affective tone of the speaker.

In this document, the quotes are presented in the original language of the speaker, either Spanish or English. In the present document, English translations are available in the footnotes for all direct quotes in Spanish. All of the translations are mine. A list of interview transcripts with interview length, language, and number of coders is provided in Table 2 below.

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<sup>14</sup> like  
<sup>15</sup> right

**Table 2. Summary of interview transcripts**

<b>Description</b>	<b>Document Title</b>	<b>Language</b>	<b>Length of Interview</b>	<b>Number of Coders</b>
Community member interview transcript	“Eduardo Interview”	Spanish	1 hour 27 minutes	3 for 1 <sup>st</sup> half 2 for 2 <sup>nd</sup> half
Community member interview transcript	“Diana Interview”	Spanish	41 minutes	2
Agency worker interview transcript	“María Interview”	English	1 hour 16 minutes	2
Agency worker interview transcript	“Gloria Interview”	Spanish	49 minutes	1
Community member interview transcript	“Natali Interview”	Spanish	1 hour 13 minutes	1
Community member interview transcript	“Isabela Interview”	Spanish	1 hour 32 minutes	1
Community member interview transcript	“Valentina Interview”	Spanish	1 hour 10 minutes	1
Community member interview transcript	“Paula Interview”	Spanish	42 minutes	1
Community member interview transcript	“Sofia Interview”	English	54 minutes	1
Agency worker interview transcript	“Leah Interview”	English	1 hour 1 minute	1
Community member interview transcript	“Mariana Interview”	Spanish	17 minutes	1
Agency worker interview transcript	“Darlene Interview”	English	1 hour 1 minute	1
Agency worker interview transcript	“Michael Interview”	English	1 hour 20 minutes	1

**Analytic Categories.**

The transcripts were analyzed using an interpretive analytic method guided by the research questions, Denzin’s critical qualitative approach (2017), and principles and research practices of liberation psychology and Latino Critical Race Theory (LatCrit). The analytic categories were developed during the early rounds of the analysis<sup>16</sup>. Specifically, the interview

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<sup>16</sup> See pages 36 and 39 for further detail on how the analytic categories were developed.

transcripts were analyzed to address the research questions through systematic attention to the following categories of information. Throughout the rest of this manuscript, I will refer to these as the *analytic categories*:

- (1) Narrative shifts from community members and providers that challenge dominant racist narratives about Latine frontline workers
- (2) Community members' definitions and priorities regarding important problems and solutions for their community
- (3) Personal experiences and stories of Latine frontline workers and their families before and during the pandemic
- (4) Inequitable economic, housing, health, mental health, family and educational impacts of the pandemic on Latine frontline workers and their families
- (5) Descriptions of strengths, coping strategies, virtues, and values
- (6) Mechanisms of structural racism that create inequitable economic, housing, health, mental health, and educational realities among people of color, Latinos, undocumented people, frontline workers and their families
- (7) Racial and class distribution of power and representation in community decision-making before and during the pandemic
- (8) The experiences of Latine frontline workers and their families when accessing nonprofit services and resources and their evaluation of program effectiveness and cultural relevancy
- (9) Nonprofit and agency workers' contextual knowledge about the impacts of the pandemic, available programs and services, eligibility and applications

### ***Intercoder Agreement***

*Coding* refers to the process of assigning labels or units of meaning to a section of the data, for example, labeling a sentence in an interview transcript with specific word(s) or phrase(s) that captures something important related to the research question(s) (Saldaña, 2013, pp.3). Multiple researchers participated in the coding process of the present study in order to increase the credibility of the findings (Merriam & Tisdell, 2015, pp.245). I employ the term *intercoder agreement* to describe how our research team aimed to achieve convergence of understanding through dialogue, rather than through requiring uniformity of codes. Saldaña (2013, pp.35) and O’Conner and Joffe (2020) both use the term *intercoder agreement* to describe the process of multiple coders analyzing the same pieces of data and then reaching a shared yet comprehensive interpretation through discussion of their subjective understandings. Intercoder agreement may be used in conjunction with, or as an alternative to, quantitative measures of consistency between coders (O’Connor & Joffe, 2020). I chose to pursue intercoder agreement as an alternative to quantitative measure of consistency. From my perspective, critical qualitative research benefits from the diverse lived experiences, knowledge, worldviews and interpretive lenses of each researcher on a research team. As Denzin (2017) argued, “The open-ended nature of the qualitative research project leads to a perpetual resistance against attempts to impose a single, umbrella-like paradigm over the entire project.” Sharing this resistance, I was wary of imposing any “umbrella-like paradigm” onto the data analysis. I feared that aiming to align our codes and coding schemes with precision across researchers would require me to create and enforce the metaphorical “umbrella-like paradigm,” thus sacrificing the diversity of perspectives and subjective experiences that I saw as a strength in our research team.

## *Description of the Coding Process*

### **First Cycle Coding.**

Following coding best practices proposed by Saldaña (2013), interview data was coded using multiple coding methods as well as multiple cycles of coding. *Initial coding* refers to the common first-round practice of breaking the data into small sections and creating new codes for each section based on what the researcher is seeing in the data (Saldaña, pp.100). Multiple codes could be applied to the same section of text, which Saldaña refers to as *simultaneous coding* (pp.80).

My first step in the coding process was to independently use initial and simultaneous coding on the transcript from Gloria's interview. During this process, I developed a first draft of the analytic categories<sup>17</sup> based on the research questions,<sup>18</sup> the theoretical frameworks,<sup>19</sup> and Denzin's (2017) recommendations for critical qualitative research to help guide the coding process.

Next, I met with and trained the undergraduate research assistants Sonia Pacheco-Neri and Michelle Rivera-Garfio in the theoretical approaches, background and purpose of the study, and research questions. Together, we reviewed and discussed how I had coded the "Gloria" transcript. Then, we each independently used initial coding for one-half of one of the transcripts from another community member ("Eduardo").

During this phase, we each independently created various new codes that captured aspects of participants' experiences, emotions, ideas, knowledge, and perspectives that were relevant to the research questions and analytic categories (Saldaña, 2013). This included codes

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<sup>17</sup> See page 34 for the final list of analytic categories

<sup>18</sup> See page 25 for the list of research questions

<sup>19</sup> See pages 19-23 for an explanation of the theoretical frameworks

that summarized the content of participants' direct experiences (e.g., job loss, seeking rental assistance, helping children learn from home, and loss of a loved one) or observed experiences (e.g., participants' observations of how others in their community had been impacted by the pandemic). The research team also created codes that captured affective information, specifically these three elements taken from Saldaña's guidelines for affective coding methods (2013, pp.105-122): (1) *emotion coding*, which captures how a participant expresses or describes emotion (e.g., stress, relief, anxiety), (2) *values coding*, which highlights how the participant expresses their worldview and their personal, family, or community values and strengths (e.g., valuing spirituality or emphasizing social justice), and (3) *evaluation coding*, which looks for how the participants understand and appraise services, programs, or policies (e.g., feeling either respected while seeking services).

*In vivo coding* refers to creating codes from specific quotes, and this was used whenever participants used language that powerfully captured a collective experience (Saldaña, 2013, pp.91). For example, one in vivo code was the phrase "salir adelante," which loosely translates to "to keep going forward." This phrase was used by a few participants when describing their mentality in continuing to fight for their lives and their families despite compounding stressors, losses, and risks during the pandemic. We kept this phrase as an in vivo code because the language captures both individuals' immense resilience and the injustice of having no choice but to keep going.

*Theoretical coding* (pp. 223) was applied to capture how participants' experiences or perspectives aligned with key concepts from the theories of liberation psychology and/or Latino critical race theory. For example, theoretical coding was applied when participants described experiences that we interpreted as internalized oppression, systemic racial or economic injustice,



paternalism, or disempowerment. In alignment with the theoretical frameworks and the method of testimonios and counterstorytelling, we also created a code label that we called “narrative shifts,” which captured instances where participants shared perspectives, ideas, or experiences that challenge dominant White, Eurocentric and capitalist narratives and instead elevated their own narratives, ideas, and understandings (Cervantes, 2020; Delgado, 1989).

During the first round of coding, we began tagging codes whenever possible with *descriptive codes* and *structural codes* as code labels in order to facilitate easier organization and categorization of the data during later rounds of coding (Saldaña, 2013). Descriptive codes capture the main subject matter of a section of the data (pp. 87), whereas structural code labels (pp. 83) summarize content that addresses the research question(s). Descriptive and structural code labels were placed at the beginning of each code and were not predetermined, but rather created by the researchers during the initial coding process based on the information that emerged during the initial coding phase. Table 3 illustrates examples of descriptive code labels that were used in the first round of coding and some examples of codes where these labels were applied.

**Table 3. Examples of first-cycle code labels**

<b>Type of code label</b>	<b>Code label</b>	<b>Examples of initial codes with code label</b>
Descriptive	Aid	Aid: Long wait times for receiving assistance
Descriptive	Healthcare	Healthcare: Unable to afford COVID-19 tests
Descriptive	Housing	Housing: Many families sharing a small home
Structural	Direct impact	Direct impact: Laid off of work and cut hours without pay
Structural	Mental health in Latinx Community	Mental health in Latinx Community: had to go to doctor for extreme stress caused more financial burden
Structural	Systemic inequities	Systemic inequities: Can't afford health insurance then seen as a burden to the country
Structural	Strength	Strength: Sharing information and resources between community members

After Sonia, Michelle, and I each used initial coding to code the first half of Eduardo's interview, we then met to discuss the transcript, how Eduardo's stories and ideas connected to the theoretical frameworks, how our personal experiences and backgrounds shaped the way we perceived Eduardo's comments, and our choices of codes. During our meetings, we shared and aligned our interpretations through dialogue to achieve intercoder agreement.<sup>20</sup> Our goal was not to be perfectly aligned, but rather to be aligned enough so that each person could go on separately open-coding the remaining transcripts, with the ideas, values, knowledge, worldviews, and perspectives of the other researchers in mind.

Based on our conversations, the research team also worked together to modify the analytic categories<sup>21</sup>. For example, we discussed the importance of identifying community strengths and values and together developed the analytic category of "Descriptions of strengths, coping strategies, virtues, and values." Next, Sonia and I both independently coded the transcript from another interview ("Diana") and we met to discuss our codes for this transcript, with Michelle present to offer her reflections and perspectives. After discussing our interpretations and codes for the "Diana" transcript, Sonia and I shared our code lists with one another and we moved forward with coding additional transcripts separately. We each continued initial coding with a combination of creating new codes, re-using our own codes, and borrowing one another's codes.

Another research assistant, Talon Flynn, joined me later in analyzing some of the provider/ agency worker transcripts. He and I repeated a similar training and calibration process as the one described above, with the exceptions that the analytic categories were already

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<sup>20</sup> See page 35 for a definition of intercoder agreement and an explanation of why this approach was used for the present study

<sup>21</sup> See page 34 for the final list of analytic categories

finalized by the time he joined us and he had the benefit of having access to many more codes from the previous researchers' code lists.

A brief chronological step-by-step summary of the first cycle of coding can be found in Table 4, including an explanation of the roles that each researcher played.

**Table 4. Step-by-step description of coding process**

<b>Steps</b>	<b>Description of Steps</b>
Piloting the coding process	Primary researcher independently reviewed the theoretical frameworks, research purpose, and research questions.
	Primary researcher initially coded "Gloria" transcript
	Primary researcher developed preliminary analytic categories.
Training and theoretical alignment	Research team (primary researcher + 2 research assistants) reviewed and discussed theoretical frameworks, research purpose, analytic categories, and research questions.
	Team reviewed codes from "Gloria" transcript as an example of how to apply the theoretical lens and research questions to the data.
Initial coding and first calibration	Team (primary researcher + 2 research assistants) each initially coded 1 <sup>st</sup> half of "Eduardo" transcript.
	Team discussed codes for 1 <sup>st</sup> half of "Eduardo" transcript.
Initial coding and second calibration	Research team (now primary researcher + 1 research assistant) each initially coded 2 <sup>nd</sup> half of "Eduardo" transcript and "Diana" transcript.
	Team met to discuss and compare how they coded 2 <sup>nd</sup> half of the "Eduardo" and full "Diana" transcript
	Team revised analytic categories for organizing code labels based on emerging categories of information.
	Team exported and shared their code lists with one another.
Independent coding	Research team (primary researcher + 1 research assistant) independently coded several more interviews with a combination of initial coding and applying pre-existing codes: Primary researcher coded "Natali," "Isabela," & "Maria" transcripts. Research assistant coded "Valentina" transcript.
Training and re-calibration	A new research assistant was hired and trained in the theoretical lens, research questions, analytic categories, and research purpose.
	Code lists and examples of coded transcripts were shared with the new research assistant.
	New research assistant coded "Maria" transcript, using both initial coding and pre-existing codes.
	Research team (primary researcher + new research assistant) met to review and compare codes for "Maria" transcript.

Independent coding	Research team (primary researcher + new research assistant) independently coded several more interviews with a combination of initial coding and applying pre-existing codes: Primary researcher coded “Michael,” “Paula,” “Sofia,” “Darlene” and “Mariana” transcripts. Research assistant coded “Leah” transcript.
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**Second Cycle Coding.**

After all of the transcripts had been coded in the first round, I began organizing and categorizing the data through what Saldaña calls “second cycle coding” (Saldaña, 2013, pp.207). During this stage, I used *axial coding* (pp. 218) to review, relabel, consolidate, and condense the codes<sup>22</sup>. First, I went through the entire list of codes and began replacing most of the original code labels with new code labels that directly addressed the analytic categories and the research questions.<sup>23</sup>

While applying these new code labels, I simultaneously organized each code into groups using the “code groups” feature in AtlasTi. Most codes were assigned to multiple groups to allow me to examine the codes from multiple angles to better facilitate the development of themes and subthemes. For example, the code labeled, “Definition of problem (rental assistance) (eligibility) (citizenship): Some rental assistance programs excluded undocumented people due to status” was originally assigned to the following four categories: *Definition of Problem*; *Human Needs: Housing Rental & Utility Assistance*; *Systemic Inequities: Labor & Economic*; and *Systemic Inequities: Undocumented Workers*.

When this grouping process was complete, I went into each “code group” and used the “merge” feature to combine any codes that were redundant. I determined redundancy as wherever two or more codes essentially captured the exact same meaning. While going through

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<sup>22</sup> The second cycle of coding was conducted independently without multiple researchers

<sup>23</sup> See Table 6 on page 51 for examples of how the final codes and code labels aligned with the research questions and analytic categories.

and merging redundant codes, I also used *pattern coding* to create “meta-codes” (pp.209-210). This involves identifying codes that share a similar focus, pattern, or message and consolidating them into one new code that synthesizes the most salient and relevant components of those codes. When creating meta-codes, I made sure to capture the elements of the consolidated codes that most directly addressed the research questions and analytic methods. After all of these processes were completed, I went through and deleted a few “stray” codes, meaning codes that were assigned to only one quotation, did not fit into any of the code groups, and that appeared disconnected from the research questions and analytic categories.

Table 5 illustrates how the research questions were addressed through attention to the analytic categories during the coding process. The codes and code labels provided are examples to illustrate this alignment and do not represent an exhaustive list of all codes.

**Table 5. Alignment between research questions, analytic categories, and codes**

<b>Research Question</b>	<b>Analytic Categories</b>	<b>Example Codes (with label)</b>
1. In their own words, what has been the impact of the pandemic for Latine frontline workers and their families in this community?	Narrative shifts from community members and providers that challenge dominant racist narratives about Latine frontline workers and their families	<i>Narrative shift (Covid-19 risk)(labor)(health insurance):</i> Lack of access to sick pay and health insurance perpetuate spread of Covid-19 among frontline workers, not negligence
	Community members’ definitions and priorities regarding important problems and solutions for their community	<i>Definition of problem (income loss):</i> Having to miss work even when Covid test negative due to recent exposure
	Personal experiences and stories of Latine frontline workers and their families before and during the pandemic	<i>Experience (income loss):</i> Lost jobs or work hours were cut without any wage replacement or unemployment benefits
	Inequitable economic, housing, health, mental health, family and educational impacts of the pandemic on Latine frontline workers and their families	<i>Definition of problem (labor)(rights &amp; protections):</i> Undocumented workers often not given paid leave for quarantine or sickness during pandemic

<b>Research Question</b>	<b>Analytic Categories</b>	<b>Codes (with label)</b>
(continued) 1. In their own words, what has been the impact of the pandemic for Latine frontline workers and their families in this community?	Descriptions of strengths, coping strategies, virtues, and values	<i>Strengths (community):</i> Relationships & mutual aid between community members
	Mechanisms of structural racism that create inequitable economic, housing, health, mental health, and educational realities among people of color, Latines, undocumented people, and frontline workers	<i>Definition of problem (health insurance):</i> Most undocumented people don't qualify for any health insurance at all due to lack of social security number
	Racial and class distribution of power and representation in community decision-making before and during the pandemic	<i>Perspective (school):</i> Families want to be involved and have greater power in their children's education and schools
	Nonprofit and agency workers' contextual knowledge about the impacts of the pandemic, available programs and services, eligibility and applications	<i>Definition of problem (access to information)(public health):</i> Lack of access to reliable news and public health information in Spanish exacerbated Covid-19 misinformation
2. In the context of these impacts, what have been the mental health experiences of the local Latine frontline community?	Narrative shifts from community members and providers that challenge dominant racist narratives about Latine frontline workers and their families	<i>Narrative shift (mental health)(school):</i> Latinx parents embraced educator role when schools went online, but new role was stressful because of cumulative pandemic stressors
	Community members' definitions and priorities regarding important problems and solutions for their community	<i>Definition of problem (mental health):</i> Psychological symptoms (stress, anxiety) caused by economic impacts of pandemic (job loss, housing, food insecurity)
	Personal experiences and stories of Latine frontline workers and their families before and during the pandemic	<i>Experience (mental health):</i> Experiencing panic symptoms, intense anxiety, and fear of Covid-19
	Inequitable economic, housing, health, mental health, family and educational impacts of the pandemic on Latine frontline workers and their families	<i>Definition of problem (mental health)(racism):</i> Increased racial discrimination during the pandemic compounded the stressors

<b>Research Question</b>	<b>Analytic Categories</b>	<b>Codes (with label)</b>
<i>(continued)</i> 2. In the context of these impacts, what have been the mental health experiences of the local Latine frontline community?	Descriptions of strengths, coping strategies, virtues, and values	<i>Strengths (mental health): Spirituality</i>
	Mechanisms of structural racism that create inequitable economic, housing, health, mental health, and educational realities among people of color, Latines, undocumented people, and frontline workers	<i>Definition of problem (enrichment &amp; recreation):</i> Recreational activities for children and adult health and wellbeing are often unaffordable and inaccessible to working class
	Racial and class distribution of power and representation in community decision-making before and during the pandemic	<i>Definition of problem (community power)(mental health):</i> Feeling disempowered can lead to low self-efficacy
	The experiences of Latine frontline workers and their families when accessing nonprofit services and resources and their evaluation of program effectiveness and cultural relevancy	<i>Personal experience (mental health services):</i> Positive experience accessing mental health services and finding them to be helpful
	Nonprofit and agency workers' contextual knowledge about the impacts of the pandemic, available programs and services, eligibility and applications	<i>Definition of problem (mental health services):</i> Not enough affordable, accessible bilingual therapists to meet the needs of the community
3. For Latine frontline workers and their families in this community, what needs have been created and/or exacerbated by the pandemic?	Narrative shifts from community members and providers that challenge dominant racist narratives about Latine frontline workers and their families	<i>Narrative shift (racism)(recognition &amp; value):</i> Need more societal appreciation for immigrants and people of color to combat discrimination
	Community members' definitions and priorities regarding important problems and solutions for their community	<i>Definition of problem (housing):</i> Need more affordable housing options commensurate with working class wages
	Personal experiences and stories of Latine frontline workers and their families before and during the pandemic	<i>Experience (labor)(rights and protections):</i> Need protections against abuse/discrimination of undocumented workers
	Inequitable economic, housing, health, mental health, family and educational impacts of the pandemic on Latine frontline workers and their families	<i>Definition of solution (health insurance):</i> Need health insurance programs that are accessible to working class and undocumented people

<b>Research Question</b>	<b>Analytic Categories</b>	<b>Codes (with label)</b>
(continued) 3. For Latine frontline workers and their families in this community, what needs have been created and/or exacerbated by the pandemic?	Descriptions of strengths, coping strategies, virtues, and values	<i>Strengths (economic):</i> Adapting to financial stressors by using resourcefulness and creativity to meet needs
	Mechanisms of structural racism that create inequitable economic, housing, health, mental health, and educational realities among people of color, Latines, undocumented people, and frontline workers	<i>Definition of problem (labor)(sustainability):</i> Working class systematically made dependent on financial aid to survive due to high cost of living and low wages
	Racial and class distribution of power and representation in community decision-making before and during the pandemic	<i>Perspective (liderazgo):</i> Community members have knowledge to care for their own community, but need access to training/resources to carry out ideas
	The experiences of Latine frontline workers and their families when accessing nonprofit services and resources and their evaluation of program effectiveness and cultural relevancy	<i>Definition of problem (accessing resources):</i> Asking for too many documents (e.g., contract, paystubs) makes aid inaccessible for many Latinx and working class people
	Nonprofit and agency workers' contextual knowledge about the impacts of the pandemic, available programs and services, eligibility and applications	<i>Definition of solution (internet access):</i> Need equitable access to high-quality affordable internet
4. How have local nonprofit programs and other local agencies addressed the impact on Latine frontline workers and their families in this community?	Narrative shifts from community members and providers that challenge dominant racist narratives about Latine frontline workers and their families	<i>Narrative shift (accessing resources)(respect &amp; dignity):</i> Long wait times felt as agencies' lack of concern/care/respect
	Community members' definitions and priorities regarding important problems and solutions for their community	<i>Definition of problem (housing)(accessing resources):</i> Requirement of formal rental contract disproportionately excludes Latinx community



<b>Research Question</b>	<b>Analytic Categories</b>	<b>Codes (with label)</b>
<p><i>(continued)</i>            4. How have local nonprofit programs and other local agencies addressed the impact on Latine frontline workers and their families in this community?</p>	Inequitable economic, housing, health, mental health, family and educational impacts of the pandemic on Latine frontline workers and their families	<i>Perspective (accessing resources):</i> Barriers to access (e.g., rental contract requirements, status requirements) interpreted/felt as racism by those directly affected
	Descriptions of strengths, coping strategies, virtues, and values	<i>Strengths (accessing resources):</i> Sharing information and resources between community members
	Mechanisms of structural racism that create inequitable economic, housing, health, mental health, and educational realities among people of color, Latines, undocumented people, and frontline workers	<i>Definition of problem (Public Charge):</i> Fear of "Public Charge" or ICE prevents eligible families from accessing services to meet housing, healthcare, mental health and educational needs
	Racial and class distribution of power and representation in community decision-making before and during the pandemic	<i>Definition of problem (representation):</i> White non-Latinx people often have the most power in foundations that are meant to help the entire community
	The experiences of Latine frontline workers and their families when accessing nonprofit services and resources and their evaluation of program effectiveness and cultural relevancy	<i>Personal experience (accessing resources):</i> Received and appreciated financial support and resources from nonprofit agencies, but not usually enough to meet needs
	Nonprofit and agency workers' contextual knowledge about the impacts of the pandemic, available programs and services, eligibility and applications	<i>Definition of problem (aid distribution):</i> In the beginning of the pandemic, aid distribution agencies were unprepared for the pandemic and were unsure of how to fairly distribute emergency funding

<b>Research Question</b>	<b>Analytic Categories</b>	<b>Codes (with label)</b>
5. How does the impact of the pandemic on Latine frontline workers and their families in this community connect to greater systemic inequities nationwide?	Narrative shifts from community members and providers that challenge dominant racist narratives about Latine frontline workers and their families	<i>Narrative shift (labor)(systemic racism)</i> : Country needs to recognize that immigrant labor and Black labor has contributed to America's wealth
	Community members' definitions and priorities regarding important problems and solutions for their community	<i>Definition of problem (economic inequity)</i> : Pandemic revealed lack of safety net for working class and undocumented people
	Personal experiences and stories of Latine frontline workers and their families before and during the pandemic	<i>Personal experience (health insurance)</i> : Differences in access to health insurance among members of the same family based on legal status
	Inequitable economic, housing, health, mental health, family and educational impacts of the pandemic on Latine frontline workers and their families	<i>Definition of problem (systemic inequities)</i> : Different realities between wealthy/poor and documented/undocumented experiences during pandemic
	Descriptions of strengths, coping strategies, virtues, and values	<i>Strength (advocacy)</i> : Working class Latinx leaders speaking to people in power and advocating before and during pandemic
	Mechanisms of structural racism that create inequitable economic, housing, health, mental health, and educational realities among people of color, Latines, undocumented people, and frontline workers	<i>Definition of problem (accessing resources)(status)</i> : Many vital programs and services have citizenship or legal residency requirements
	Racial and class distribution of power and representation in community decision-making before and during the pandemic	<i>Definition of problem (aid distribution)(voice)</i> : County did not consult immigrants/frontline workers when deciding how to distribute aid

<b>Research Question</b>	<b>Analytic Categories</b>	<b>Codes (with label)</b>
(continued) 5. How does the impact of the pandemic on Latine frontline workers and their families in this community connect to greater systemic inequities nationwide?	The experiences of Latine frontline workers and their families when accessing nonprofit services and resources and their evaluation of program effectiveness and cultural relevancy	<i>Experience (accessing resources)</i> : No choice but to apply for help sometimes because there is no other available way to meet basic needs
	Nonprofit and agency workers' contextual knowledge about the impacts of the pandemic, available programs and services, eligibility and applications	<i>Definition of problem (sustainability)</i> : Aid created for emergencies, not to patch up huge gaps caused by economic inequity and systemic racism
6. What next steps does the local community want to take to address the underlying systemic problems and the current impact of the pandemic?	Narrative shifts from community members and providers that challenge dominant racist narratives about Latine frontline workers and their families	<i>Narrative shift (systemic change)</i> : The goal should be to "acabar con las necesidades" through addressing root causes of unmet needs
	Community members' definitions and priorities regarding important problems and solutions for their community	<i>Definition of solution (systemic change)</i> : Advocate for fair wages and equitable access to workplace benefits
	Personal experiences and stories of Latine frontline workers and their families before and during the pandemic	<i>Experience (accessing resources)</i> : Value of being treated with care, dignity, and respect when seeking resources
	Inequitable economic, housing, health, mental health, family and educational impacts of the pandemic on Latine frontline workers and their families	<i>Definition of solution (accessing resources)</i> : Funding for paid sick leave for undocumented people who do not have access through employer
	Descriptions of strengths, coping strategies, virtues, and values	<i>Strength (liderazgo)</i> : Need for youth to see Latine leaders
	Mechanisms of structural racism that create inequitable economic, housing, health, mental health, and educational realities among people of color, Latinos, undocumented people, and frontline workers	<i>Definition of solution (healthcare)(systemic change)</i> : Advocate for health insurance programs that are affordable and accessible to undocumented people

<b>Research Question</b>	<b>Analytic Categories</b>	<b>Codes (with label)</b>
(continued) 6. What next steps does the local community want to take to address the underlying systemic problems and the current impact of the pandemic?	Racial and class distribution of power and representation in community decision-making before and during the pandemic	<i>Definition of solution (community power):</i> Latinx spaces for power-building, resource sharing, and community
	The experiences of Latine frontline workers and their families when accessing nonprofit services and resources and their evaluation of program effectiveness and cultural relevancy	<i>Definition of solution (accessing resources)(systemic change):</i> Agencies need to reduce systemic barriers that prevent equitable access to services and resources
	Nonprofit and agency workers' contextual knowledge about the impacts of the pandemic, available programs and services, eligibility and applications	<i>Definition of solution (accessing resources):</i> Agencies need to increase familiarity with one another's work and create more streamlined referral systems

### ***Development of Themes and Member-Checking***

After the second cycle of coding, I reviewed the codes and code groups using the analytic categories and research questions as my guide in order to search for emerging themes. Wherever the codes within a code group had begun to tell a coherent and complex story about a particular aspect of participants' experiences or perspectives that addressed the research questions, I briefly wrote this story up as a preliminary theme. To help shape and direct the analysis, I briefly reviewed the principles of liberation psychology, LatCrit, and Denzin's recommendations for critical qualitative research (2017) and then interpreted the emerging themes through my understanding of these frameworks. Following this approach, I created a brief summary of emerging themes and subthemes. Themes represented overarching and pervasive concepts and issues, whereas subthemes captured important details, facts, or areas of focus related to that issue.

Next, I engaged in informal member-checking phone calls with two of the participants and described to them my summary of emerging themes. These calls were not recorded and lasted about 25 and 60 minutes, respectively. Their feedback was used to update time-sensitive information and shape the analyses and prioritization of emerging themes. In light of the participant's feedback, I realized that my emerging themes were generally accurate but did not fully align with the community member's priorities. Further, my emerging themes were somewhat disjointed and were not yet telling a coherent story about the community's definitions of the problems and solutions.

After engaging in member-checking calls, I reviewed the transcripts wherever participants had summarized their priorities and goals for the research in their own words. I blended these expressions of priority with the feedback from the member-checking calls, which led me to restructure the emerging themes and subthemes to better align with the participants' perspectives and main concerns.

Using a summary of the revised themes, I conducted additional member-checking conversations with two other community member participants through phone calls. They expressed agreement with the final themes and subthemes but offered feedback on which themes to emphasize more and which themes felt less important to them. They also provided additional updates about time-sensitive information (e.g., current COVID-19 testing access). Their input was applied in shaping the structure, language, and emphasis of the final results.

Finally, I went back to test the themes and subthemes against the data. I created nested code "folders" in AtlasTi to (1) test whether the codes associated with the emerging themes and subthemes would fit into nested relationships, and (2) to examine the pervasiveness and frequency of codes that were associated with each theme and subtheme. This resulted in the

consolidation of a couple of themes and subthemes into more coherent categories that better fit the data, as well as the deletion of a couple of subthemes that were not adequately supported by the data and which had not been substantiated during member-checking.

An organized list of the final themes and subthemes can be found in Table 6. The number of codes listed on each line represents the number of unique codes created and organized under each theme and subtheme.

**Table 6. Organization of themes and subthemes and number of codes**

<b>Theme</b>	<b>Subthemes</b>	<b>Number of codes</b>
#1: The pandemic exacerbated existing racial and economic inequities	Pandemic exacerbated historical and local structural inequities and made them more visible	6
	Pandemic highlighted how "normal" systems create structural inequities and systematically disadvantage people of color, immigrants & working class	4
	Anti-immigration policies and values in the U.S.	3
	Race, capitalism, and economic inequity	6
	Racial discrimination and xenophobia	10
	<i>Total number of codes for theme #1</i>	<i>29</i>
#2: Exposure to COVID-19 illness and risk	High rates of exposure among frontline workers	4
	Following safety precautions	1
	Public health orders and information	2
	Respect for workers' physical health during pandemic	3
	<i>Total number of codes for theme #2</i>	<i>10</i>
#3. Appreciating the labor and sacrifices of frontline workers of color	Centering bravery of being "en frente de la batalla" and holding their communities and family together during the pandemic	3
	Need appreciation for frontline workers, Black and immigrant communities and their labor and contributions to society	8
	<i>Total number of codes for theme #3</i>	<i>11</i>
#4: Centering community strengths and values	Family unity and mutual support between family members	5
	Community support, mutual aid, and solidarity	5
	Social justice and advocacy	2
	<i>Total number of codes for theme #4</i>	<i>12</i>
#5: Economic inequities before and during the pandemic	Lost income due to job loss and reduced work hours	8
	Difficulty paying rent and affording/ accessing basic necessities	18

<b>Theme</b>	<b>Subthemes</b>	<b>Number of codes</b>
<i>(continued...)</i> #5: Economic inequities before and during the pandemic	Wage inequity and high cost of living before the pandemic	11
	Impact of economic inequity on quality of life	9
	Lack of access to economic relief and social safety nets	8
	Compounding financial stressors	4
	Labor rights and exploitation	11
	<i>Total number of codes for theme #5</i>	<b>69</b>
#6: Inequities in healthcare access and affordability	Inequitable access to health insurance based on immigration status and/or income	3
	Inequitable access to preventative, basic, and life-saving healthcare	4
	Emotional impacts of being uninsured during pandemic	2
	Financial impacts of being uninsured	2
	Some limited healthcare services available to uninsured people	4
	Health insurance inequity as a public health concern during the pandemic	11
	<i>Total number of codes for theme #6</i>	<b>26</b>
#7: Mental health inequities and impact of the pandemic on mental health	Chronic stress and depression	7
	Grief and loss of loved ones	4
	Panic attacks and anxiety	4
	Mental health impacts for children	3
	Impact of stress on physical health	2
	Racism, economic inequity, and mental health	17
	Social isolation during pandemic	5
	Access to mental health services and support	24
	Mental health strategies and strengths	14
	<i>Total number of codes for theme #7</i>	<b>80</b>
#8: Impacts on education	Parents and children worked hard to adjust to virtual learning, despite challenges	5
	Family community stressors outside of learning made virtual learning much harder	3
	Families valuing education and feeling proud of their children's achievements	4
	Parents feelings toward the schools and teachers	4
	Educator perspectives on equity in education	7
	<i>Total number of codes for theme #8</i>	<b>23</b>
#9: Community Perspectives on Accessing Resources and Services	Barriers cause inequitable access to services	17
	Context regarding how agencies struggled to meet community needs before and during pandemic	9

<b>Theme</b>	<b>Subthemes</b>	<b>Number of codes</b>
<i>(continued...)</i> #9: Community Perspectives on Accessing Resources and Services	Eurocentric operations and need for cultural relevancy	19
	Negative experiences seeking services	14
	Positive experiences receiving services	5
	Specific programs and resources in the county	7
	<i>Total number of codes for theme #9</i>	71
#10: Community-led solutions to address challenges and inequities	Embrace a vision for a better society	8
	Invest in sustainable solutions to society's problems	23
	Advocate for systemic change	27
	Increase funding into key areas of need	17
	Increase accessibility, availability, and quality of services	29
	Share power and invest in Latinx leadership	33
	<i>Total number of codes for theme #10</i>	137
<b>Total number of codes in final analysis</b>		<b>468</b>

### ***Author Positionality and Background***

Part of critical qualitative research involves sharing who we are as researchers, including our identities and worldview (Denzin, 2017). I agree with Delgado Bernal (2002) that the invisibility of White privilege and Eurocentric epistemologies leads to the dominant White perspective becoming "the point of departure" (pp.111). The unfortunate Eurocentric tradition of studying whomever is regarded as the "other" rather than assessing our own positions has led to a custom in many academic fields of obscuring our own identities as researchers. Therefore, I want to follow the lead of other critical researchers in describing how my identities and experiences have shaped my perspective.

I am a White non-Latine European-American woman. I live in Fort Collins, Colorado, which means I reside on the ancestral homelands of the Arapahoe, Ute, and Cheyenne nations. I am the descendent of colonizers and I am a settler on this land. I am always carrying the lens of Whiteness and colonization. I work to see that lens and challenge it. I am a graduate student in a doctoral program, which means I have had access to higher education and the privilege of being perceived as an expert and a producer of knowledge according to Eurocentric standards.



I am also a queer, cisgender woman. My interest in understanding the mental health impacts of oppression has been influenced by my experience as a queer woman growing up in a cis-heteronormative community and society. I grew up in a single-parent household living below the federal poverty line and I was the first in my family to graduate from college. Two of my older siblings have now achieved middle and wealthy class statuses, respectively, which means that collectively many of my family members now experience significant privilege through the intersection of their Whiteness and their socioeconomic statuses. At the same time, my passion for economic and health equity came from witnessing the impacts of poverty on the health of several other members of my family, especially my mother who died from complications of a disability that was exacerbated by chronic stress and economic disadvantage.

My experience has been shaped by growing up in a small multicultural religious community which holds values that are community-centered and which denounces war, empire, and capitalism. While I am no longer a member of the church I grew up in, these values shaped my worldview until this day and prepared me to later be able to understand and accept theories which critique systemic violence and imperialism.

My exposure to Latin cultures began as a child, having close relationships with Mexican and Central American members of my church community and family friends. I learned Spanish from my mother's close friend, María de Jesús Hyde, who was one of the women in our circle who helped my mother to raise me. María was a very influential and important person in my life who I loved very much, and who passed away when I was fifteen years old. My motivation for collaborating with Latine communities in advocacy and clinical work is rooted in my desire to honor María and her role in my life and to stand with all of my loved ones of Latin descent.

It is important to acknowledge that as a White European-American person, being bilingual and having knowledge of multiple cultures is often perceived as a professional asset. However, this has not been the experience of many of my Latine friends and peers, whose multilingual talents and multicultural ways of being and knowing have often been taken for granted or even viewed negatively by European-Americans.

Locally in Fort Collins, Colorado, I owe significant credit to Fuerza Latina and La Cocina for providing me with experience that helped me understand how the pandemic has impacted Latine communities in Colorado. I had the opportunity to volunteer on a resource hotline for nine months in 2020 with Fuerza Latina. Through this work, I learned about the barriers facing many Latine frontline workers who contacted the hotline seeking access to economic relief, rental and utility assistance, food assistance, and referrals for health and mental health services. Working with Fuerza Latina, I was motivated by the Latina leaders and their allies in Larimer County who have organized and continue to organize to offer mutual aid and to fight for economic, immigration, and housing justice.

At the time this manuscript was first written, I worked as an external practicum therapist with La Cocina, a mental health organization in Colorado that focuses on providing access to mental health services to Latine folks throughout the state. La Cocina also works in community-based program design and equity. Through my work with them, I increased in my understanding of how to apply liberation psychology to mental health counseling, research, advocacy, and program design.

## CHAPTER 3 – FINDINGS

### **Theme #1: The Pandemic Exacerbated Existing Racial and Economic Inequities**

From a liberation psychology perspective, researchers must look not only at current events within the present historical moment but rather at the historical continuity of systems that underly the injustices and inequities of each era (Quiñones-Rosado, 2020; Torres Rivera, 2020). Applying this framework to the content of the interviews, one of the central themes that emerged was the necessity of recognizing that while the pandemic did create some new problems, overall it has exacerbated pre-existing societal problems. Specifically, participants expressed that the inequitable impacts of the pandemic intensified and added to the everyday inequities faced by Latine frontline workers and their families due to systems of racial and economic injustice.

Across all of the interviews, it became clear that the pandemic highlighted how normal systems creates structural inequities by systematically disadvantaging people of color, immigrants, undocumented people and the working class. For example, several participants described being ineligible for various services such as employer-based health insurance, Medicaid, unemployment insurance, federal stimulus checks, or other government-funded or nonprofit relief programs due to lacking a permanent legal residency or citizenship status. There was nothing exceptional or new about being denied access to services and programs on the basis of one's immigration status; rather, these eligibility requirements are normalized within the United States.

Natali is the mother of two children. She is employed as a frontline worker in the food service industry and she is originally from Mexico. Her workplace closed down temporarily at

the start of the pandemic. She was laid off without pay and was unable to find work again until the beginning of the summer. Natali volunteered to interview with me in March of 2021.

Natali described her experiences with injustices in several areas of her life, such as being denied legal assistance, financial assistance, equal pay, and paid sick leave. She consistently framed these problems as “discriminación<sup>24</sup>” against Latinos. For her, these issues were conceptualized as a normal part of the Latino experience, not as exceptional or shocking incidents. Natali expressed how such experiences over time lead to feelings of disempowerment because one can feel helpless in the face of ongoing problems that have become normalized as part of everyday life.

Yo pienso que a veces pues, es como que eso [la discriminación] entre los latinos es muy, pues, es muy común. Es algo que nosotros ya tenemos como, pues, algo que ya sabemos. Y que normalmente como que te quedas así, como que, ‘ah pues es que así es.’ Está como algo que nos, sabemos que es de esa manera, como que es algo que no podemos cambiar o que no hay manera de cambiar.<sup>25</sup>

From the perspectives of critical race theory (CRT) and Latino critical race theory (LatCrit), structural discrimination is built into the normal processes, structures, and laws of the United States (Delgado & Stefancic, 2017, pp.15-29, 67-83, 101-120). For immigrant workers, structural discrimination prevents the use of federal government funds to provide direct economic assistance to undocumented people (Cleaveland & Waslin, 2021; Disney et al., 2022;

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<sup>24</sup> Discrimination

<sup>25</sup> But, I think that [discrimination] sometimes it's like, very, very common among Latinos. It's something that we already regard as, well, something that we already know. And that normally you are just like, ‘oh well, that's how it is.’ It's like something that we, we know it's that way, like it's something we can't change or there's no way to change.

Hinojosa et al., 2020). This includes federal funds which many undocumented immigrants directly pay into through their payroll taxes, such as social security.

Moreover, federal laws normalize the exclusion of undocumented workers from most employment opportunities through citizenship or work visa requirements and thus enable the systematic exploitation of undocumented workers and asylum seekers. This legalized discrimination has been going on for decades and has enabled many U.S. industries to systematically profit from the underpaid labor of immigrants who make less than the federal minimum wage and who usually are not offered typical employment benefits such as health insurance, paid sick leave, or retirement accounts (Disney et al., 2022; Hinojosa-Ojeda et al., 2020; Sönmez et al., 2020). This economic exploitation of immigrants and people of color is not unusual, but rather is a standard and legally protected facet of the U.S. economy (Edwards, 2021). In context of the pandemic, the crisis financially devastated many Latine families because the country was already in a precarious situation in which millions of immigrant workers were already barely getting by economically while holding low-paying jobs with no benefits or access to the government relief programs that safeguard the majority of U.S. citizens.

### ***Racial Discrimination and Xenophobia***

Eduardo is the father of three children. He moved to the United States from a Latin American country<sup>26</sup> about seven years ago with his wife and two older children. He and his wife are both frontline workers, as he works in a hotel and his wife works as a cashier in a convenience store. He volunteered to participate in August of 2020 and kindly provided follow-up conversations in the winter of 2021.

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<sup>26</sup> Eduardo's exact country of origin is omitted in order to protect his anonymity

When invited to tell the story of how the pandemic affected his family, Eduardo described having his work hours cut back significantly for the first few months. During that time, he stayed at home caring for his children while his wife continued going to work several days a week. He described the challenges of social isolation, restricted freedom during the early months of the pandemic, and constant fear of his wife and children getting sick. He noted that due to their legal status, he and his wife do not have any access to health insurance and their two older children are also ineligible for health insurance. For Eduardo, the impacts of the pandemic meant economic loss and constant fear of contracting a serious illness while being unable to afford medical care.

Eduardo emphasized that the pandemic created new challenges for everyone, including White non-immigrants. However, he stressed that the pandemic was adding “otra barrera más”<sup>27</sup> to the already challenging social and economic conditions for Latino immigrants in the United States, especially for people whose immigration status prevents them from accessing the same resources and rights of legal residents and citizens.

Entonces, las personas que son residentes y ciudadanos en este país que van hacer parte de la sociedad y nosotros somos parte de la sociedad pues estamos enfrentando otro reto más, si de por si estamos enfrentando los retos de la discriminación, por ejemplo ahora es la discriminación más el COVID. Los residentes, los ciudadanos [blancos] no tenían la discriminación, pero ahora ya tienen el COVID. O sea, los residentes, los ciudadanos [blancos] tienen el COVID y los inmigrantes tienen la discriminación y el COVID.<sup>28</sup>

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<sup>27</sup> One more barrier

<sup>28</sup> So, the people who are residents and citizens in this country who are part of society, and we are also part of society, well we are facing another challenge if we are already facing the challenges of discrimination, for example now it is the discrimination plus COVID. The residents, the [White] citizens, did not have discrimination, but now they have COVID. In other words, residents, [White] citizens have COVID and immigrants have discrimination and COVID.

Eduardo explained that in his experience, discrimination during the pandemic has worsened because of the White community's prejudiced assumptions that Latinos in general were "contagiados"<sup>29</sup> with the virus because of the community's higher rates of exposure. He argued that the portrayal of Latinos during the pandemic by the mainstream media was harmful, explaining that media outlets often cited statistics about the disproportionate rates of COVID-19 without addressing the context of Latinos holding more frontline jobs. Without the context, he argued that the statistics alone perpetuated a racist message:

Como que se ha estado manejando mucho uno de los puntos principales que no sé si [por] los medios o en general o sea por estadísticas, es en manejando que las personas latinas tienen el mayor porcentaje de contacto al nivel federal, ¿verdad? Pero si te pones a pensar de una manera más inteligente o más razonable, te pones a pensar en esto. [Entre] los latinos, el porcentaje es más alto de los contagios, correcto. Pero en la calle, en los frentes de trabajo, los que están limpiando los jardines, los que están limpiando los edificios, los cuartos, el mayor porcentaje de esas personas, ¿quiénes son? Latinos, latinoamericanos. Entonces, ¿quién es el que más se va a contagiar? Pues por supuesto que la sociedad que está más vulnerable en ese aspecto, que está en el frente de la batalla.<sup>30</sup>

Participants often differentiated between interpersonal incidents of discrimination and structural discrimination against Latinos through anti-immigrant laws, exclusion, and

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<sup>29</sup> Infected

<sup>30</sup> As one of the main points has been brought up a lot, that I don't know if [by] the media or in general or by statistics, is in bringing up that Latino people have the highest percentage of exposure at the national level, right? But if you start to think in a more intelligent or more reasonable way, you start to think about this. [Among] Latinos the percentage of contagion is higher, correct. But on the streets, in frontline work, those who are cleaning the gardens, those who are cleaning the buildings, the rooms, the largest percentage of those people, who are they? Latinos, Latin Americans. So who are the ones who are going to have the most contagion? Well, of course, the population that is most vulnerable in that aspect who is at the forefront of the battle.

exploitation. Several participants clearly emphasized a mix of positive and negative interpersonal interactions with White Americans, often highlighting positive interactions.

For example, although Natali described several incidents of discrimination against Latinos in employment, housing, legal matters, and basic services, she also highlighted that she had many positive experiences with non-Latinos in the U.S.

Yo también pienso que hay muchas, este, personas que, que son, que sí son buenas con los latinos y que sí te ayudan [...] Pero pues, igual sí, siento que hay más personas buenas en este país que malas.<sup>31</sup>

Natali's sentiments illustrate an important discrepancy between neoliberal White discourse and ways of knowing about racism and the lived experiences of people of color and immigrants. I would argue that among educated, politically liberal White Americans, we often depend upon explicit and effortful learning about the mechanism of structural racism in order to understand basic concepts (e.g., through books such as *How to Be an Anti-Racist* by Ibram X. Kendi, *Caste: The Origins of Our Discontents* by Isabela Wilkerson, and *White Fragility: Why it's So Hard for White People to Talk About Racism* by Robin DiAngelo). One of the key concepts that such popular books about racism repeatedly emphasize is that interpersonal racism is only one manifestation of systemic racism, and that many forms of racism reproduce through dominant Eurocentric values and supposedly race-neutral policies and practices. As Natali's example illustrates, this nuanced distinction is often known and felt by many immigrants and people of color through their own direct lived experiences, observations, and knowledge.

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<sup>31</sup> I also think that there are many these [American] people who, who are good to Latinos and who help you [...] But, well, I still feel that there are more good people in this country than bad.



## Theme #2: Exposure to COVID-19 Illness and Risk

Several community members spoke about the ongoing and disproportionate risk of COVID-19 exposure and illness among Latino frontline workers due to taking on the burden of frontline labor throughout the pandemic. As Natali stated, “yo siento que como latino nosotros, sí nos exponemos mucho más al COVID porque, pues como latino tienes que estar en un trabajo donde pues, hay más contacto con otras personas.”<sup>32</sup>

Many community members spoke about taking very strong precautions in their work and in their daily life, including getting vaccinated once vaccines were made available, trying to find access to get tested regularly, wearing masks diligently, hand washing, and extensive hygiene to prevent transmission. Yet no matter how careful they were, their frequent exposure to the public put them at greater risk of illness. Prior to the emergence of the vaccine, Eduardo described the importance of remembering how differences in exposure to COVID-19 has created starkly different lived realities for frontline workers and their families. He expressed that while he wished that he could stay at home with his family until a vaccine was made available, this was not possible because he had to work to provide for his family so that they could survive:

Por supuesto, yo me voy a trabajar todos los días, yo me voy encomiendo a Dios para no contagiarme, pero tengo que trabajar, tengo que salir por necesidad de mi familia.

Entonces yo a lo mejor no me contactaría si estuviera en casa, si tuviera todo lo suficiente para poder sobrevivir, no sé, hasta el momento que salga vacuna, pero no lo puedo hacer.

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<sup>32</sup> I feel that as Latinos, yes we are much more exposed to COVID because, well as a Latino you have to be in a job where, well there is more contact with other people.

<sup>33</sup> Of course, I go to work every day, I entrust myself to God so as not to get infected, but I have to work, I have to go out due to my family's needs, so maybe I wouldn't be exposed if I were at home, if I had everything enough to be able to survive I don't know until the moment a vaccine comes out, but I can't do it.

In addition to greater rates of exposure through frontline work, some participants described how workplace conditions and employer violations of public health guidelines put them at even greater risk. In her work in food service during the first year of the pandemic, Natali noted that her employer did not follow quarantine protocols and thus forced her and her Latino colleagues to work alongside co-workers who were known to either have COVID-19 or have been exposed to COVID-19. She noted that she and other Latinos were often required to continue working even after exposure, thus putting them all at greater risk and preventing them from resting to protect themselves and others.

Y luego sabes que estuviste como, por ejemplo, yo aquí lo he visto porque yo he trabajado con personas que ya tienen COVID o han tenido COVID o apenas están empezado [a tener] COVID y tienes que seguir trabajando. No es así como que te dicen ‘Ah pues estuviste expuesto con tu compañero de COVID, tomate tus días’ no. Es así como que ‘ah estuviste expuesto, ah pues él [tu compañero] ya tiene COVID, él está en su casa, pero *tú* tienes que seguir trabajando’. No es así como que ‘ah pues te dejamos ir’, no, no, no. Es que te dicen que, ‘te tienes que quedar a trabajar y no hay cuarentena para ti.’<sup>34</sup>

Community members noted that many immigrant frontline workers, particularly those who were undocumented, often fear employer retaliation for reporting labor abuse or unsafe workplace practices. Fear of retaliation is logical, given the lack of job security and labor protections for many frontline workers and especially for undocumented workers. Unfortunately,

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<sup>34</sup> And then you find out that you were like, for example, I have seen it here because I have worked with people who already have COVID, or have had COVID, or are just starting [to have] COVID, but you have to continue working. It's not like they tell you, ‘Oh, well, you were exposed to COVID, take some time off,’ no. It's like, ‘oh you were exposed, oh well. [Your coworker] has COVID now, he's in his house now, but *you* have to keep working.’ It's not like, ‘oh okay, you can go home too,’ no, no, no. It is that they tell you that, ‘you have to stay to work and there is no quarantine for you.’

the legal vulnerability of many workers makes it easier for employers to violate public health standards without consequences.

Diana is a Latina hospitality worker in the hotel industry and the mother of two young children. She and her husband are both frontline workers who were terminated without pay and were unemployed for two-and-a-half months at the beginning of the pandemic. She interviewed with me in March of 2021. She generously provided follow-up conversations and updates in early 2022.

When Diana and I spoke in the Spring of 2021, the vaccines were being made widely available in Colorado to qualified frontline workers but had not yet been made available to the general public. She had been able to receive the first two doses and her husband had just received his first dose. However, Diana stressed that for Latinos working in frontline positions, the pandemic was not over just because vaccines were now available. She described how the economic impacts were ongoing, saying “no ha pasado todavía, de allá lo que estábamos más ya pasó, pero todavía están viviendo eso, aun todavía estamos en esa situación.”<sup>35</sup> At this time, Diana also noted that vaccines were not reaching many Latinos who were eligible due to limited appointments and vaccine shortages. She spoke of an elderly relative who was unable to get a vaccine appointment despite being in a vulnerable population and being a frontline worker.

When we spoke again in January of 2022, Diana and I discussed the impact of the recent winter surge caused by the Omicron variant. She told me that many of her colleagues in the hotel had become sick with COVID-19 during this time, including fully vaccinated individuals such as herself. She explained that the Omicron surge coincided with ski season, thus creating an especially dangerous time for hospitality workers. She also explained that the new guidelines

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<sup>35</sup> It's not over yet. Where we were more in the beginning is over now, but people are still experiencing this, we are still in the same situation.

from the Center for Disease Control (CDC) requiring only a 5-day isolation period meant that employees who tested positive for COVID-19 were being required to return to work after only five days if they wore masks. Diana explained that this new practice meant that contagious employees were being obligated to work while sick or risk losing their jobs. In addition to denying more severely ill individuals the full amount of time needed to rest and recover, she explained that this practice appeared to be causing further spread between employees as masks were less effective with Omicron, not everyone had access to high quality masks, and mask adherence was not always being enforced.

### **Theme #3: Appreciating the Labor and Sacrifices of Frontline Workers of Color**

Another major theme that emerged was the importance of appreciation for Latine frontline workers and their strength and resilience throughout the pandemic. Many of the participants described risking their health and their lives to provide for their families and especially their children. While many community members noted that they had no other financially viable option and no safer work opportunity, they often reframed their position as frontline workers as one of putting their children and families first and remaining brave despite the immense risk.

Natali explained that even on occasions when she knew she would be exposed at work from a colleague who was sick with COVID-19, she would rather continue working because she knew that if she took time off it would be unpaid. Therefore, she explained feeling that she had no choice but to take the risk in order to provide for her children.

[...] prefiero quedarme trabajando porque, y si me voy a la casa y si yo digo ‘no pues no me quiero exponer y me quiero ir a la casa,’ es así como, me quiero ir a la casa pero y si me voy a la casa, ¿y de dónde voy a sacar? ósea ¿quién va a pagar mi renta, verdad?

nadie te va pagar la renta. ¿Cómo voy a alimentar a mis hijos? Porque nadie me va a dar para alimentarlos. Entonces es así, como que tú sabes que no está bien, que estés expuesto y que sigas trabajando, pero a la misma vez sabes que no tienes otra opción.<sup>36</sup>

Prior to the availability of any of the vaccines, Eduardo described his wife as “muy valiente”<sup>37</sup> as she continued to go to work each day despite her intense and reasonable fear of COVID-19 exposure in the convenience store where she worked. He noted that many of her co-workers at the convenience store had quit because they were afraid of being exposed, but that his wife’s employers had asked her to continue because their store was providing a vital service to the local community and they needed to keep their doors open. In his words, “ella quería seguir y lo manejó, le decían – sigan, sigan por favor – entonces ella, con mucha fe y con mucha responsabilidad, ella siguió.”<sup>38</sup>

Isabela is the mother of three children. She and her husband both immigrated to the U.S. from Mexico. Prior to the pandemic, they both worked as frontline hospitality workers in a hotel. At the beginning of the pandemic, she lost her job but her husband was able to continue working. She described facing the pandemic with a sense of resolution and determination to accept and make the best out of a very difficult situation.

Te digo el COVID [...] yo pienso que es la actitud con la que uno tome la situación. Si tomamos la situación con miedo y con, pues con temor a lo que va a pasar nos va afectar

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<sup>36</sup> I prefer to stay working because if I go home and if I say, ‘no, I don't want to expose myself, I would rather go home,’ and that’s what I want, is to go home, but what if I go home? Then how will I provide? Who is going to pay my rent, right? No one is going to pay you the rent. How am I going to feed my children? Because no one is going to just give me anything to feed them. So that's how it is, kind of like, you know it's not okay for you to be exposed and keep working, but at the same time you know you don't have a choice.

<sup>37</sup> Very brave

<sup>38</sup> She managed it, they asked her to ‘continue, please continue,’ so with great faith and great responsibility, she continued.

más. En vez de, de decir, okay, pues eso es lo que hay que vivir y pues vamos a vivirlo, lo mejor que se pueda.<sup>39</sup>

In reflecting upon the broader picture of the pandemic, Eduardo described the importance of showing appreciation and recognition for Black and Latino communities for disproportionately occupying frontline work and for their bravery in risking their lives to keep society running. According to Eduardo, while pity further pathologizes communities of color, appreciation and recognition is the anecdote for discrimination.

Por ejemplo, algo que me gustaría, que me encantaría ver en las noticias en nivel federal, que dijeran un agradecimiento total a las personas que se están contagiando cada vez más, y que las estadísticas están dando que las personas latinas y afroamericanas, o no sé, las personas que aparecen en las estadísticas son las personas que se están contagiando más.<sup>40</sup>

Pero qué tal si fuera diferente que dijeran ‘wow, felicidades porque ustedes son los que se están contagiando más, gracias por todo lo que están haciendo por nosotros por todo el país’. Y esas campañas son las que deberían de estar para evitar precisamente la discriminación.<sup>41</sup>

Similarly, Isabela reflected on how economic inequities faced by Latinos and people of color illustrate a larger societal problem of devaluing the labor of people of color and

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<sup>39</sup> Regarding COVID... I think it is the attitude with which one takes the situation. If we take the situation with fear and with, well, with fear of what is going to happen, it will affect us more. Instead of, of saying okay, well, that's what we have to live with, and well, we're going to live with it, the best we can.

<sup>40</sup> For example, something that I would like, that I would love to see in the news at the national level, for them to say thank you to the people who are getting increasingly more infected. And that the statistics are showing that Latinos and African-Americans, or I don't know, the people who appear in the statistics are the people who are getting sick the most...

<sup>41</sup> But what if it was different what if society said, ‘wow thank you, because you are the ones who are taking on [this risk], thanks for everything you are doing for us across the country.’ And those campaigns are precisely the ones that should be in place to prevent discrimination.

immigrants. She described feeling outraged while watching the news in 2020 and learning about countless murders of Black Americans and other people of color in the U.S. where the perpetrators faced no legal consequences. She connected this violence to economic injustice and explained how appreciation is vital to challenging systemic racism. In her discussion, she highlighted the importance of recognizing how much society has benefited from the labor of immigrants and Black and Latino communities.

Porque ahora es cuando estamos viviendo cosas como si, asesinato de personas de color y cosas absurdas como, como tratar de correr gente de un país, cuando ese gente te está dando suficiente dinero para sobrevivir y ser un, seguir siendo un país rico, ¿me explico? Porque finalmente, si es un país rico, es gracias a su gente y el 50% de la gente aquí es latina o de otro lado, de otra parte del mundo, no latinos, pero si está hecho de, de todas partes del mundo y si el país es rico es gracias a toda esta gente. <sup>42</sup>

#### **Theme #4: Centering Community Strengths and Values**

While this study emphasizes the changes that Latine frontline workers and their families would like to see in their communities, it is critical to acknowledge the many ways that they have already been solving and addressing these challenges through their own efforts, labor, values, and perspectives. This is consistent with both liberation psychology and LatCrit, which both admonish researchers and practitioners to honor and recognize the strengths of communities that have been historically marginalized and written about through a deficit lens (Chaves-Dueñas et al., 2019; Delgado Bernal, 2002; Solórzano & Yosso, 2002; Torres Rivera, 2020).

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<sup>42</sup> Because now is when we are experiencing things like, murder of people of color and absurd things like, like trying to kick people out of the country, when those people are giving your country enough money to survive and continue to be a rich country, right? Because finally if this is a rich country, it is thanks to its people and half of the people here are Latino or from another country, from another part of the world...but if it is made up of people from all over the world and if the country is rich, it is thanks to all these people.

In this section, some strengths which will be discussed include family unity and mutual support between family members, direct support and advocacy between community members, spirituality, leadership, and advocacy. Countless strengths were shown and discussed by all of the community members in every facet of daily life, including labor, family, mental health, education, and leadership. Rather than attempting to enumerate all of these areas of strength here, some of these will be discussed at greater length in subsequent themes.

### ***Family Unity and Mutual Support Between Family Members***

Many community members expressed that despite the numerous and cumulative challenges of the pandemic, they and their families approached the stress, pain and suffering of the pandemic with readiness to show love and support for one another. For some of the participants, this meant uniting during times of immense grief and loss.

Mariana is a hospitality worker and the mother of two young children who spoke with me in November of 2020. She and her husband had immigrated to the U.S. from Mexico several years before and most of her family continues to reside there. Mariana's workplace closed down during the start of the pandemic and she was left without work for several months. While her household struggled economically and had difficulty paying their bills, she expressed gratitude that her husband had been able to keep his job.

Not even one year into the pandemic, Mariana had already lost several family members and friends to death from COVID-19, including her uncle, her husband's uncle, and her healthy 30-year-old cousin whom she regarded like a brother. She told me: "Es mentira que a puras personas adultas, ósea ya grandes, muy grandes de la tercera edad, eso no es cierto. A cualquier persona le puede pegar el virus y cualquier persona se puede morir del virus."<sup>43</sup> For Mariana,

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<sup>43</sup> It's a lie that only elderly people die of COVID, it's not true. The virus can happen to anyone and anyone can die from the virus.



her losses made the realities and high stakes of the pandemic inescapably real. She described feeling afraid that any of her loved ones could die at any time.

In coping with her grief and the stress and anxiety of economic uncertainty, Mariana expressed how she and her husband focused on supporting one another and their children and remaining united. She described how they both stayed up late together with their children when they were sad or afraid of COVID-19, and how they did their best to reassure them and “darles lo que se puede y más que nada apoyo y cariño.”<sup>44</sup> She told me that she and her husband both offered each other support and tried to help one another, even though they both feared burdening each other with their emotions. Her perspective centered gratitude for her family and for the present moment.

Pues yo pienso que lo principal es mantenerse positivos, y otra cosa cambiar nuestro estilo de vida. Cuidarnos más, disfrutar más de las cosas pequeñas que nos puede dar la vida. Como la sonrisa de nuestros hijos. Pasar tiempo con ellos, estar más unidos como familia. Todo esto para mí es muy importante y ahorita yo, la verdad, que sí necesito [hacer esto] como ya en mi vida hay cosas más importantes.<sup>45</sup>

### ***Community Support, Mutual Aid, and Solidarity***

Several participants also described supporting their friends and other community members during difficult times. Natali noted that she often helps her friends to learn about and navigate resources. She explained that many of her friends and acquaintances are undocumented

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<sup>44</sup> Give them whatever we can, more than anything support and care.

<sup>45</sup> Well, I think that the main thing is to stay positive and another thing to change our lifestyle. Take care of ourselves more, enjoy more of the little things that life can give us. Like the smiles of our children. Spending time with them, being more united as a family. All of this is very important to me and right now, the truth is that I do need [to do this] because now in my life there are things that are more important.

and are afraid of applying for aid or visiting social service agencies in case they are asked about their status or denied help because of their status.

Yo tengo un conocido que, que le dije – oh, acompáñame al [nombre de organización] – porque me dijo que quería agarrar un pase para el bus. Y le dije – bueno acompáñame al [nombre de organización] – le dije – creo que allí te dan un pase, creo que nada más te dan un solo pase, nada más tienes derecho a un solo pase, pero en lo que consigues trabajo. Pero pues ese pase te dura un mes del bus – y dijo – ¿pero qué te piden? – le digo – ¡no te piden nada! – y – ¿no te piden tus papeles? – Y le digo – no, no te piden nada nada más una ID. – Oh y, ¿dónde está? – le digo – oh yo te llevo. – <sup>46</sup>

Natali expressed that she had also received direct support from a Latina social service provider who had personally helped her in many ways to learn about and access resources, such as childcare and financial assistance. Natali expressed that without this provider supporting her – “imagínes que yo no tuviera [a ella],”<sup>47</sup> – she didn’t know how else she would have learned about what services were available. Natali in turn passed on her knowledge and connections to others and was also able to help her friends and acquaintances connect to services they needed.

Valentina is the mother of three teenagers. She and her family are originally from Mexico and her husband works in construction. She is active in her community and often helps to connect her friends and neighbors to resources. Valentina described having several physical health problems which have led to mounting healthcare bills and emotional distress, specifically

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<sup>46</sup> I have an acquaintance who, I told him, ‘oh come with me to the [name of the organization],’ because he told me that he wanted to get a bus pass. And I told him, ‘well, come with me to [name of the organization],’ I told him, ‘I think they give you a pass there, I think they only give you a single pass, you only have the right to a single pass, but then you can get a job. But, well, that pass lasts you a month on the bus,’ and he said, ‘But what are the requirements?’ I tell him, ‘they don’t ask you for anything,’ and ‘they don’t ask for your papers?’ And I tell him, ‘no, they don’t ask you for anything but an ID.’ ‘Oh, and where are they located?’ I say, ‘oh I’ll take you.’

<sup>47</sup> So imagine if I didn’t have [her]

anxiety and stress. Valentina told me her experience of learning about available mental health services through a friend of hers.

Yo en realidad, busque, en realidad me di cuenta de ellas, de [nombres de las terapeutas], porque una amiga, una mujer tiene contacto con fundaciones, entonces ella estuvo tomando cursos de salud mental y estuvo indicando. Pero en el momento por una razón o por otra, no pude nunca acompañarla. Entonces, en el momento que surgió mi problema, pues a ver, supe más bien a quién, a quién pedirle ayuda. Así que mi amiga [nombre] me contactó con la señora [nombre de la coordinadora], y [ella] muy amablemente me contactó con la [terapeuta]. Pues hasta ahorita me sigue dando seguimiento y sigue estando al pendiente de mí porque esa es la verdad, sigue pendiente.<sup>48</sup>

Similar to Natali, Valentina went on to spread the word about mental health services to her friends and to recommend them. She described having friends who felt hesitant about seeking therapy, and so Valentina told me that she helped them directly by sharing the mindfulness and coping techniques that she had learned in her own therapy.

Gloria is a Latina direct services provider who lives and works in the community. In her professional role, she has worked closely with many Latine families. She spoke with me in September of 2020 and told me her perspective on how the pandemic has impacted the Latino community. She expressed great sadness and grief over knowing so many families who had struggled financially, physically, and emotionally from the consequences of the pandemic. In particular, Gloria told me that many people had lost their jobs and had been left without any

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<sup>48</sup> In fact, I searched, actually I became aware of them, of [names of therapists], because a friend, a woman who is in touch with foundations, well she was taking mental health courses and was suggesting them to me. But at the time for one reason or another, I could never accompany her. So, as soon as my problem arose, well you see, I knew who best to ask for help. So my friend [name] contacted me with Mrs. [name of the coordinator], and [she] very kindly connected me with the [therapist]. And well, even up to now she continues to follow up with me and is still checking in with me, because that's the truth, she is still very attentive.

compensation from their employers or any government agencies. In the early months of the pandemic, rental assistance programs were running out quickly and were not yet functioning effectively. Gloria explained that many applicants were being denied or having to wait several months to receive aid. Without any safety net, many families had to accept the offers of financial support or loans from friends and extended family members who shared from their own limited savings.

Y también son muy resourceful mucha gente encontró prestado, yo pensaba, ‘wow entre ellos se ayudan, si yo habría tenido un poquito de ahorros yo no habría prestado a nadie porque yo no tuviera cuanto va a durar esto.’ Pero la gente es bien kind yo creo también, y se prestaban unos a otros para irse llevando con la renta hasta que llego la ayuda y nos decían – bueno ya pagué 2 meses de renta prestado. – <sup>49</sup>

### ***Social Justice and Advocacy***

Several frontline community members described how they and other members of their community up and advocate for themselves, for others, and for social change in their communities. Advocacy efforts often involved speaking up for themselves or for one another with their landlords, employers, or with agency representatives when seeking various services and types of assistance. Eduardo, Diana, Natali, and Valentina all discussed instances when they had tried to advocate for themselves or a friend in order to access services or to address instances of unfair treatment in housing or the workplace. They described the delicate balance of finding ways to advocate carefully and intelligently that would not put them or their friends and family at risk of retaliation or unintended consequences.

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<sup>49</sup> And people are also very resourceful, many people found loans, I thought, ‘wow how they help each other,’ if I only had a little savings I would not have lent to anyone because I wouldn’t have known how long this pandemic will last. But people are very kind, I think, too, and they lent to each other so that they could make the rent until assistance was available, and they told us, ‘well, I already paid two months of borrowed rent.’

For a few community members, social justice advocacy has also involved volunteering to participate in surveys from nonprofits, volunteering at their children's schools or with youth organizations, volunteering as community representatives in county or agency meetings, participating in community initiatives, and sharing their opinions with people in positions of power. For example, Isabela told me that she has participated in many surveys and parent engagement initiatives at her children's school and that she viewed these as opportunities to express her voice and represent her community's needs within the school system. Some of the community members I interviewed regarded their participation in the present study as an opportunity to advocate for the community's current needs and for systemic change.

Sofia is a Latina frontline healthcare worker who lives with her family in a working class predominately Hispanic neighborhood. In both her work and in her personal life, she has had the opportunity get to know many members of her community. From Sofia's perspective, many working class Latinos frequently volunteer to participate in community organizing efforts and speak up to advocate for social change. She said that while some people get discouraged because "nothing changes," many people continue showing up because they believe that change is necessary.

...You know, I feel like some of them are tired and they're like 'Oh well, nothing is gonna change so why am I gonna keep giving my opinion?'[...] Right? And some of them are like, 'Yeah, I'll keep saying my opinion because this has to change, you know.'

Along the lines of Sofia's observation, Natali described feeling discouraged at times but holding onto her belief that social change is possible and that things are changing "poco a poco."<sup>50</sup> Toward the end of our conversation, I shared with her my motivation for developing the

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<sup>50</sup> Little by little

project and my hope that people in positions of power might listen to what she and other community members shared. She shared her motivation for choosing to participate, expressing that she feels it is important to maintain hope and believe that our efforts at creating change are worthwhile.

Si yo también pienso que sí, yo pienso que vamos por un buen camino hacia cosas mejores. Siento que, que sí, pues poco a poco, se van construyendo más derechos y más este, más igualdad entre las personas. [...] pero van hacer pues mejor para todos ósea que simplemente no mejor, sino que simplemente se pongan una balance donde todos somos iguales y todos tenemos los mismos derechos.<sup>51</sup>

## **Theme #5: Economic Inequities Before and During the Pandemic**

### ***Job Loss and Reduced Work Hours***

When the pandemic first began, many Latine frontline workers lost their jobs completely or their work hours were reduced drastically. Natali, Diana, Mariana, and Isabela were all terminated by their employers without any severance pay, and were then unable to find work for several months. Eduardo described his work hours being drastically cut down, thus resulting in loss of income. Valentina discussed having many close friends and family members who lost their jobs during the pandemic. Diana described the situation as having created a sudden financial burden with lasting economic and psychological impacts.

A nosotros en mi trabajo nos descansaron, descanso dos meses y medio no trabajamos desde finales de Marzo regresamos a trabajar hasta Junio 15, si Junio 15. Y pues sí, nos afectó y ya después entre reabrieron pero empezamos a ir por días, [solo] tres días

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<sup>51</sup> If I also think so, I think we are on a good path towards better things. I feel that, yes, well, little by little, we are gaining more rights and more equality between people. [...] But things are going to get better for everyone, that is, not just better, but rather there will be balance where we are all equal and we all have the same rights.

[porque] nos cortaron horas y días y así empezamos a ir no fue un tiempo este regresar y ya empezamos normal – no – fue recensión de horas y todo [...] <sup>52</sup>entonces dos meces y medio no recibimos pago de nada.

Job loss appeared to disproportionately impact women, many of whom lost their jobs even though their husbands or male partners remained employed or had some form of continued employment. This put a significant burden on mothers who are both the primary financial providers and caregivers for their families, such as Natali.

Entonces siento que son muchos gastos [cuando tienes hijos], hay personas que no tienen hijos [...] Pero cuando tienes hijos pues les tengo que dar desayunar les tengo que dar de comer, les tengo que dar de cenar, y tengo que tener algo en el refrigerador para ellos, no es así como que, ‘ah pues es como bien,’ y sí, no. <sup>53</sup>

### ***Difficulty Paying Rent and Affording Basic Necessities***

Several participants described struggling with housing and food insecurity at the beginning of the pandemic. Having lost their jobs and not having any access to benefits, many families feared eviction and were at risk for homelessness. They also struggled to access adequate food and to pay their utilities and other bills, such as medical expenses. Diana described the psychological impacts of compounding financial loss and instability:

Sí, pensando, preocupado uno por su renta, tiene que pagar la renta, la comida, y el doctor, porque también se puede enfermarse y todo y necesitamos pues asistencia.

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<sup>52</sup> They let us go at my job, I was laid off for two and a half months, we didn't work since the end of March, we returned to work until June. And yes, it affected us and after that they reopened but we began to go for [only] three days [because] they cut our hours and days down, and that's how we started going, it wasn't a time to return to normal – no – it was a reduction hours and everything [...] So for two and a half months, we didn't receive pay of any kind.

<sup>53</sup> [Having kids] is very expensive, there are some people who don't have children [...] But when you have children, well, I have to give them breakfast, I have to feed them, I have to give them dinner, and I have to have something in the refrigerator for them, it's not like, ‘oh well, that's fine either way.’ Yeah, no.

Entonces todo nos ha afectado, verdad, hasta ahorita todavía hay riesgos porque como todavía no ha pasado, verdad, lo del virus todavía no ha pasado. Entonces necesitamos sobrellevar, todavía esto no se ha terminado y más unos tiempos difíciles para nosotros y las preocupaciones de la comida, la renta, y nos da como depresión, verdad, estrés, cansancio.<sup>54</sup>

Several community members described having applied for rental assistance because they could not access any other way to pay their rent. Some were able to receive rental assistance, while others were denied either because of their immigration status, their incomes, or because the assistance funds ran out. Diana described being denied rental assistance from one local organization because of her husband being undocumented. However, she explained that they were very relieved when they later received help from another organization which she mentioned by name, adding that “sí, no les importa la situación legal.”<sup>55</sup>

Those who received rental assistance expressed significant gratitude, though they noted that rental assistance agencies usually limited the help to only one month, which was not enough to cover the needs created by job loss. Many participants described receiving food assistance through local agencies such as the food bank. Paying for utilities was another challenge, especially because many utility assistance programs require citizenship or legal residency.

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<sup>54</sup> Yes, thinking, worrying about your rent, you have to pay the rent, the food, and the doctor because you could get sick and everything, and so yes we need assistance. And just everything, and still needing assistance, so yes, everything has affected us. Yes it has affected us, right, even now there are still risks because since the virus isn't over yet, right, the pandemic hasn't ended yet. [...] So, we still need to overcome this, it's not over and there are more difficult times happening for us. And the worries of food, rent, and it causes us depression, right, and stress, exhaustion.

<sup>55</sup> They don't care about your legal situation.



## **Wage Inequity and High Cost of Living Before the Pandemic.**

Whenever frontline community members spoke about the economic impacts of the pandemic for their families, they often spoke about both immediate impacts (e.g., job loss and reduced hours) as well as underlying inequities in their economic situations which had lasted for many years. While job loss or reduced work hours at the start of the pandemic created an immediate financial emergency, many Latine frontline families had been in an economically vulnerable position long before the pandemic.

Many participants described the challenge of meeting their expenses given that average wages for frontline workers do not meet the cost of living in tourist communities such as the community where this study took place. Most community members emphasized rental costs as the primary culprit, citing very high monthly payments even for small apartments or mobile homes. In general, this was framed as a matter of both economic justice and housing justice; wages were regarded as very low given the high cost of rent, and rent was regarded as extremely high given the average hourly wage of workers. Prior to the pandemic, many working class Latine families were solving the economic problem on their own by working multiple jobs and long hours to pay their rent and other life expenses. Isabela described feeling a sense of pride in her and her husband's ability to provide for their family. She noted there is a lot of effort that goes into finding work in the first place:

Pero vivo en un lugar donde, donde se nos ha dado todo, no nos falta nada porque trabajamos mucho. Te puedo decir que tenemos tres, cuatro trabajos cada uno mi esposo

y yo, pero aun así este te digo no es algo que nos lo regalen nosotros nos lo, lo buscamos.<sup>56</sup>

Yet, even in two-parent households with both parents working multiple jobs each, so much of families' income was going toward rent that very little was left over for other life expenses or for savings. As Gloria and Natali phrased the problem, families were already “viviendo al día”<sup>57</sup> before the pandemic. This situation placed families in a financially precarious position in which even small emergencies could drain their savings. Gloria described how when the pandemic began, she saw that many families lost their jobs immediately or their hours were cut down dramatically. She noted that many Latino frontline workers who had been working very hard for years were terminated without any pay and without any access to unemployment. Gloria explained that many frontline workers quickly ran out of savings and were left without any viable options for providing for their families.

Muchas familias estaban bien, trabajando, trabajando, trabajando y viviendo al día pero con COVID es como mucha gente diciendo, ‘¡Wow! Estaba aquí diez, veinte, quince años y no he alcanzado nada,’ [...] Y ahora que esto pasó se dieron como que, ‘¡Wow! Yo, si una emergencia pasa realmente no tengo ayuda ni un safety net.’<sup>58</sup>

When asked to define the most pressing and critical problems facing their community, nearly every community member brought up the problem of housing costs. Several community

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<sup>56</sup> But I live in a place where, where we are providing for ourselves, we lack nothing because we work hard. I can tell you that we have three, four jobs each, my husband and I, but even so I tell you these [jobs] are not something that is gifted to us, we searched for them.

<sup>57</sup> Living by the day (Similar to the English phrase “Living paycheck to paycheck”)

<sup>58</sup> Many families were fine working, working, working and living paycheck to paycheck but with COVID it's like a lot of people saying, ‘Wow! I have been here 10, 20, 15 years and I haven't achieved anything,’ [...] And now that this happened they were like, ‘Wow! I, if an emergency really happens, I don't have help or a safety net.’

members described struggling to find and secure affordable housing and pay their rental payments long before the pandemic ever begun.

According to Isabela, she and her husband have always had to be careful in their spending because most of their money has gone toward paying their rent. She told me that they currently pay \$3,300 per month for a modestly sized apartment, which was the most affordable local option they could find with enough space for their family of five. But they both only earned an hourly wage of \$15-\$20 per hour in their various jobs. Even with both parents working 50 or more hours per week each, nearly all of their money went toward their rent, utilities, transportation, children's clothing and supplies, and food – leaving them no safety net to cover medical expenses or emergencies. When the pandemic hit, Isabela and her husband had barely enough money to cover rent and food and thus struggled to pay their other bills and provide for their children's many needs. When I followed up with Isabela in January of 2022, she asked me to emphasize in the final results that the housing markets in tourist areas need to be regulated and housing costs need to be addressed so that local workers can afford to live there. She summarized the problem by saying, “Es un crimen lo que cobran aquí para la renta.”<sup>59</sup>

Some community members and agency workers discussed the problem of rising housing costs each year. Michael is a White non-Latinx direct service provider whose role includes working directly with Latinx frontline workers and their families. He volunteered to speak with me in November of 2020 in order to provide information and context about his experiences as a service provider. During our discussion, Michael emphasized that the already high cost of housing continues to increase each year incommensurate with wage increases:

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<sup>59</sup> It's a crime what they charge here for rent.

I see how much people pay for rent and how much they earned [...] you know I can see very clearly that it's not a sustainable portion. Yeah, the amount of amount that they're paying in rent goes up every year, not proportionally to their income. So every year people are spending more money on rent than they earn [...] So that is the idea of a cost-of-living adjustment it simply isn't happening here on par as it should, if people are trying to keep up on housing costs in in the County.

In describing her own experience, Sofia noted that the rent increases an additional \$100 annually in the residential community where she lives. She expressed that she isn't sure how the money is used because she doesn't see any improvements being made to the roads or infrastructure of the community, which she described as being of poor quality.

Darlene is a White non-Latina counselor who works with the general community in several capacities, and who has worked with many Hispanic/Latino clients. She is also a single mother to two children and she lived in a predominately Hispanic/Latino neighborhood during the first couple years of the pandemic. She expressed that while she recognizes that citizenship, having English as a first language, and her socioeconomic background have given her significant advantages, she also relates to the struggle of affording to live in the area while working and raising children. She described feeling empathy toward many of her neighbors and clients, who she described as experiencing extreme financial stress and job insecurity during the pandemic. She described how because of prohibitive housing costs and limited housing options, she knew of many Latine households where multiple families were sharing a small home out of financial necessity. She also described knowing many households where the adults were working several jobs to keep up with the rent at the expense of their time with their families and quality of life. In her experience, even so-called "affordable" housing options were still too expensive for most

families. Darlene encouraged me to advocate for the creation of local affordable housing options that are actually commensurate with average local wages for frontline workers:

And I think it's so important for them to look at that based off of what they would make working a 40 hour week at, you know normal wage [...] Yeah, so really affordable. Like again, like 1500 to 2000 plus dollars a month in rent [for affordable housing options] – that's not affordable. For somebody who is a quality worker, like, they deserve to have a good quality of life. They deserve to have one full time job and be able to devote themselves fully to that and have a balanced life and to be able to focus on their children too.

### ***Lack of Access to Economic Relief and Social Safety Nets***

Some community members and agency workers described how federal, state, and local policies create disparities in access to economic relief funds for Latine immigrant workers. Michael and Gloria discussed how many safety net programs are not available to many immigrant workers who do not have citizenship or legal permanent residency. When Natali, Diana, Mariana and Isabela lost their jobs, they were not given access to severance pay or any government wage replacement programs.

According to Natali, she believed that her employer had received financial assistance to maintain their business during the pandemic. She thought the funds were intended to help sustain the employees who had lost income because of the business closures and reduced work hours. However, she expressed frustration that neither the funds nor any other resources were shared with the workers:

Y él no nos ayudó a nosotros con absolutamente nada para nosotros. De hecho él tenía comida en el restaurante [...] y yo pienso que de toda esa comida él tiró bastante comida, que prefirió tirarla a la basura que dársela a sus empleados.<sup>60</sup>

Lack of access to paid sick leave was a considerable problem, especially for undocumented workers. Eduardo described having undocumented colleagues who were exposed to COVID-19 or became ill and were required to quarantine, but were denied any form of sick pay during this time. He noted that in contrast, his colleagues who are citizens and permanent residents were being offered sick pay.

Natali described this same problem as a form of racial discrimination in her workplace. She noted that whereas her White colleagues who are citizens are routinely given paid sick time or other benefits, most of her Latino immigrant colleagues are not offered the same benefits. She expressed that because they do not have adequate workplace protections against discrimination, many Latino employees are afraid to speak up when they are denied paid sick leave because they fear being fired:

Y luego, pues aparte, viene como que las personas que se enferman, verdad, porque también te enfermas y en el trabajo no te pagan por estar enfermo. Aunque por ley se supone que te tienen que pagar, uno como Latino siento que siempre sufro, no sé, como es discriminación, o no hay una manera de como tu reclamarle a tu empleador que te pague. Porque pues si le reclamas y te quedas sin trabajo, ¿verdad? So así es como que, 'bueno, si le reclamo, si le digo que me, que me pague y si se enoja, y si ya no me da trabajo.'<sup>61</sup>

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<sup>60</sup> And he didn't help us with absolutely anything for us. In fact, he had food in the restaurant [...] and I think that of all that food he threw away a lot of it, that he preferred to throw it away than to give it to his employees.

<sup>61</sup> And then, well, apart from that, people who get sick, right, because you also get sick and at work they don't pay you for being sick. Although by law you are supposed to be paid, as a Latino, I feel that you always suffer. I don't

Paula is a Latina frontline worker in a public school and the mother of two daughters. She was born and raised in Latin America<sup>62</sup>. Her husband is also a frontline worker. She spoke with me in November of 2020 and shared with me the impacts of the pandemic for her own family and for the working class families of her students. Paula noted that because they are middle class, she and her husband have not had to suffer the same financial impacts of the pandemic as working class Latinos in their community. She noted that many of the parents of her Latino students lost their jobs during the pandemic. She added that frequent COVID-19 exposure and illness among frontline workers caused additional income loss due to being required to quarantine without paid sick leave:

Claro, tienen que sobrevivir y muchas de estas familias hacen trabajo que si no tienen trabajo, no es que el gobierno les va a pagar. Como si tú o yo estamos trabajando en una agencia, y nos dejan sin trabajo nos pueden seguir ayudando, ellos no.<sup>63</sup>

Michael informed me that in 2020, the local county government had passed an order requiring most employers to provide paid sick leave if employees received a stay-at-home-order after being exposed to COVID-19. However, he noted that many Latinx immigrant workers were being denied paid sick leave and were not reporting their employers because they could not be guaranteed protection against retaliation:

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know, it's like it is discrimination, or there is no way to complain so that your employer will pay you. Because, well, if you complain, then you lose your job, right? So it's like, well, 'if I complain to him, if I tell him to pay me, then what if he gets angry, and then what if he doesn't give me a job anymore.'

<sup>62</sup> Note: Paula's specific country of origin was omitted to preserve her anonymity within the community.

<sup>63</sup> Of course, they have to survive and many of these families are in lines of work where if they lose their jobs, it's not that the government is going to pay them. Like if you or I are working in an agency and they lay us off without a job, they can continue helping us; but they [the families] don't.

But we were finding that many people were saying that they were not being offered that service and they felt very uncomfortable asking for it because, understandably and realistically, they feared reprisal. They feared repercussions.

### ***Compounding Financial Stressors***

Several community members and agency workers expressed that even when they went back to work, their financial situation remained precarious because their hours were cut for some time. The pandemic had caused compounding financial stressors, such as being unable to replenish lost savings or having to pay back borrowed money. In the spring of 2021, Diana expressed the importance of remembering that for frontline workers, the economic impacts of the pandemic were lasting.

No se ha pasado totalmente si muchos que perdieron su trabajo ya no regresaron, cerraron los negocios o hasta nuevo aviso, y así. Y uno todavía está esperando porque nos cortaron horas, eh. No se ha hecho normal, no hemos vuelto a la normalidad aún. Entonces sí, necesitamos ayuda, necesitamos ayuda y la hemos pedido.<sup>64</sup>

### ***Labor Rights and Exploitation***

During the pandemic, vast economic inequities have been connected to underlying inequities in workplace protections and labor rights that predate the pandemic. While some community members described having positive experiences with their employers, many described experiencing workplace discrimination and labor abuse. Natali told me that she knew of colleagues who had been victims of wage theft, but who did not have any access to filing a

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<sup>64</sup> It's not over yet if many who lost their jobs never returned to work, if they closed business until further notice, and so on. And we're still waiting because our hours were cut, right. So, it hasn't become normal yet, we haven't returned to normal yet. So we still need help, we need help and we have asked for it.



complaint. Natali described this as a form of racial discrimination, exploitation, and targeted abuse of Latino workers:

Y también eso de que, ósea por el simple hecho de ser Latino, como que tu empleador no te paga y como que no hay como, no sé, como reclamar, como decir, ‘así como hay alguna ley que me protege, hay alguna manera donde dice que tú como empleador me apoyas.’<sup>65</sup>

In describing the experiences of her clients and neighbors, Darlene told me that she has personally heard about several instances of wage theft of undocumented workers who are hired for temporary work projects and then denied pay upon completion. When the workers complain, the contractors further abuse them by threatening to report the workers to immigration authorities.

Like people who are undocumented tend to be not paid, I've heard that multiple times, so like construction workers, they'll do a job and they'll work for two weeks and then they'll say, “no, I'm not going to pay you.” And there's nothing they can do about it, because they say they're going to call, you know, immigration.

Natali and some other community members noted that their employers did not appear to express the same flexibility or respect for Latine employees as they did for their White non-Latine colleagues. This was expressed in terms of scheduling flexibility, sick time or reducing their workload when sick, taking time off for COVID-19 testing appointments or other medical appointments, or making sure they had enough work hours to keep up with their bills during the pandemic. Natali also recounted her experience of being expected to do more work for less pay

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<sup>65</sup> And also that, because of the simple fact of being Latino, your employer doesn't pay you and there's no way to, I don't know, like to file a complaint, like to say, ‘there must be some law that protects me, there must be some way, somewhere that says that you as an employer have to pay me.’

as compared to her colleagues who are White citizens, meanwhile being treated with less compassion when she is sick or experiencing personal difficulties:

Nosotros a nuestros empleadores, nada más somos como, como animalitos de carga. Es lo que le digo a mi compañero, porque le digo que nuestro empleador siempre espera que uno de Latino haga el trabajo doble y el más pesado y siempre tienes que estar así bien activo y moviéndote, y para nosotros no hay excusa de enfermedad, no hay excusa de nada.<sup>66</sup>

Despite their experiences of workplace exploitation, many described being unable to seek any recourse due to fear of retaliation and lack of access to any human resources support or labor assistance. Similar to Natali, several other community members framed this problem as a lack of appreciation for frontline workers and their wellbeing, health, and safety.

## **Theme #6: Inequities in Healthcare Access and Affordability**

### ***Inequitable Access to Health Insurance***

Most of the participants emphasized that inequitable access to health insurance is a major problem for many Latine frontline workers and their families. Community members noted that health insurance is completely inaccessible for most undocumented people and temporary workers. Eduardo is in a mixed-status family, meaning that some members of his family are eligible for health insurance, while others are not. He explained that several members of his family cannot access any health insurance either through his employer, the private insurance market, or through any government program.

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<sup>66</sup> To our employers, we are nothing more than like, like beasts of burden. This is what I tell my co-worker, because I tell him that our employer always expects that as a Latino you will do double the work and the heaviest work, and you must always be just so active and moving around, and for us there is no excuse for illness, no excuse for anything.

Diana is also in a mixed-status family. She explained that her husband is undocumented and thus cannot access any health insurance through his employer or through the government. She explained that while she herself has access to health insurance through her employer, she pays a significant portion of her paycheck toward her health insurance every pay period:

Es muy caro sí, y por ejemplo mi esposo pues él no, ajá, él no puede agarrar [...] y otras personas que conozco, conocidos que quisieran agarrar y no pueden, ajá. Yo en mi trabajo sí tengo, pero es caro y me toca que pagar ahí imagínese de mi cheque y pues, me sale caro.<sup>67</sup>

Similarly, Valentina also talked about having several chronic medical problems and having to visit the doctors frequently for treatment. However, she also disclosed that neither she nor anyone in her family is able to access health insurance, including her children. She said that she had applied for a medical discount program through a local healthcare agency, but that she was denied because her husband's income is just above the threshold for eligibility. Without health insurance or any medical discount, she and her family often avoid seeking necessary medical care when they need it because they can't afford to pay out-of-pocket.

No, no, no, no, ni mis hijos tienen ninguna ayuda médica, ni mi esposo, ni yo, ni nadie de la familia [...] Muchas veces hay malestares y dices, 'no, no me voy a endeudar, mejor me aguanto un poco,' porque igual tienes otros gastos que tienes que cubrir.<sup>68</sup>

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<sup>67</sup> It's very expensive yes, and for example my husband, well he doesn't, uh-huh, he can't access health insurance [...] and other people I know, acquaintances who would like to get it and they can't, uh-huh. I have it through my job, but it's expensive and just think, I have to pay it out of my check and well, it's expensive.

<sup>68</sup> No, no, no, no, neither my children have medical help, nor my husband, nor I, nor anyone in the family [...] Often you have various ailments and you say, 'no, I'm not going to get into debt, I'd better put up with it for a while,' because you still have other expenses that you have to cover.

### ***Emotional, Health, and Financial Impacts of Being Uninsured***

While lack of access to health insurance has always been a problem for many Latine frontline workers and their families, and especially for those who are undocumented, this problem became even more stressful during the pandemic. Diana described being very fearful of her husband becoming sick with COVID-19 because he has underlying medical conditions, explaining that if he were to become severely ill, she did not know how they would pay for medical care.

Eduardo explained that prior to the availability of the vaccines, his wife battled ongoing fear of getting COVID-19 through constant exposure as a frontline worker in a convenience store. He expressed that without health insurance, she knew that she would be more vulnerable if she became severely ill because their family would not be able to afford medical care. Living with this daily risk and the knowledge of her situation had led Eduardo's wife to develop extreme fear of getting sick. This caused her to develop panic attacks, which were often associated with known COVID-19 exposure or even small physical sensations and symptoms.

In her role as a direct service provider, Gloria had observed that such panic attacks had become common among many uninsured Latino frontline workers who battled each day with the psychological weight of risking their lives and knowing they would not be able to afford the healthcare needed if they were to become sick. Gloria added that many uninsured families had experienced mounting healthcare bills caused by expensive trips to the emergency room because of panic attacks which they mistook for heart attacks or symptoms of severe COVID-19.

As a healthcare worker, Sofia was familiar with discount programs that members of her community could access if they were denied access to health insurance through their employers or Medicaid. She explained that these programs help to reduce out-of-pocket costs for some

medical services, such as routine care and specific treatments. But she added that these programs are only available through specific healthcare providers and that they only reduce the costs by a small percentage. While she expressed appreciation for these programs, she explained that the Latino community still needs access to affordable health insurance for all that includes undocumented people. She also described the same problem that Valentina had experienced, which was the situation of being uninsured and unable to afford out-of-pocket medical expenses yet having an income above the means-testing threshold enforced by the administrators of the medical discount programs.

### ***Health Insurance Inequity As a Public Health Concern***

Some of the participants framed healthcare inequity as a public health concern because lack of access to health insurance prevents timely and consistent COVID-19 testing among uninsured community members. Diana and Eduardo both spoke extensively about inaccessibility of COVID-19 tests for many Latino frontline workers throughout the pandemic. Eduardo explained that most COVID-19 testing locations required health insurance and that uninsured people were required to pay out-of-pocket. He explained that these barriers disproportionately impacted many working class immigrants who could not access health insurance and could not afford to pay the expensive out-of-pocket cost. Without access to affordable and timely testing, many frontline workers were not able to detect the virus early enough to protect others in their workplaces and families.

Eduardo told me that during the first few months of the pandemic, his co-worker was dismissed from work without pay for one month after being exposed to COVID-19 through her grandchildren. Her employer required her to take an unpaid leave for 14 days *and* to provide a negative COVID-19 test in order to be reinstated. However, she had remained on unpaid leave

for over one month because she could not access a test anywhere due to lack of health insurance and inability to pay the out-of-pocket fee. Eduardo explained how the inaccessibility of free or affordable COVID-19 testing created dire economic consequences:

Porque a lo mejor son personas que no tienen nada y mira, lleva un mes que ya no volvió a regresar al lugar de nosotros porque a lo mejor no tuvo dinero para hacerse la prueba , no tuvo tiempo porque tiene que trabajar día a día, y correcto, ese fue un ejemplo de una persona vulnerable.<sup>69</sup>

During my follow-up conversation with Diana in January of 2022, she explained that PCR testing appointments were very difficult for frontline hotel workers like herself to find during the Omicron surge. She believed that tourists were reserving testing appointments well ahead of time before and after airplane travel. She suspected that this high demand coupled with limited availability was likely resulting in fewer available testing slots for people living and working in the area. Moreover, appointment-only sites were more likely to require health insurance or a \$75-\$100 out-of-pocket fee, which prevented access for uninsured low-wage workers. While some free walk-in testing sites were now available, the results for these locations were delayed by 7-10 days during the Omicron surge. At-home antigen tests had quickly run out during the Omicron wave, which Diana also suggested was caused by limited supplies and high demand from both tourists and local community members. In Diana's view, lack of access to affordable and timely walk-in testing had created further spread of the disease during the Omicron surge, especially within the workplace and between family members living in the same household.

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<sup>69</sup> Because most likely they are people who have nothing and look, it's been a month since she returned to our place because maybe she didn't have money to take the test, she didn't have time because she has to work every day, and that's right, that was an example of a vulnerable person.

## **Theme #7: Mental Health Inequities and Pandemic Impacts on Mental Health**

One of the most pervasive overarching themes was the emotional toll of the pandemic. Chronic stress, exhaustion, sadness, and anxiety were often some of the first problems that community members identified when I asked them to tell me about how they and their families had been impacted by the pandemic. Several participants experienced the pandemic as a sudden crisis which unleashed a series of painful and destabilizing events: severe income loss, housing instability, food insecurity, becoming very sick, fear of becoming sick, fear of dying, fear of spreading COVID-19 to children and family members, and grieving the loss of loved ones who died from COVID-19.

### ***Chronic Stress and Depression***

Diana described how job loss, severe economic insecurity, months of isolation, and risk of exposure and illness had all created significant ongoing suffering, stress and depression. She spoke through tears when she summarized the ongoing emotional impact of these cumulative stressors.

Si emocionalmente nos afectó y todavía estamos, pero ya es, no aún no ha pasado totalmente, lo del virus, lo del COVID, de todavía de la pandemia, todavía nos está pasando, pero ya los tiempos que fueron más, pero nos ha dejado secuelas, nos ha dejado tristeza, dolor, y preocupados porque ver o no ver a su familia, verdad, a sus amigos compartir, estamos a distancia. Y los niños teníamos que mantenerlos, verdad en la casa. Y saber que teníamos que regresar a trabajar y cuando regresamos a trabajar con incertidumbre, 'no me vaya a enfermar,' verdad, 'y llego a la casa,' y así.<sup>70</sup>

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<sup>70</sup> Yes, it affected us emotionally and we are still [affected], but that's it, no the truth is it isn't over yet totally, the virus, COVID, the pandemic, it's still not over, but the early times that were more, but they have left us with aftermath, with sadness, pain, and worry about whether we will get to see our families, right, to share again with our friends, we must all be social distancing. And the children, we had to keep them at home. And knowing that we had

Throughout the interviews, community members directly connected their mental health and wellbeing to the chronic stress created by their experiences. Economic anxiety was a major area of mental health concern. Job loss, reduced work hours, and difficulty finding work caused fear of oneself and one's family going hungry or becoming homeless. Economic insecurities exacerbated fears of the virus and the meaning ascribed to getting sick. Before the vaccine was available, getting sick with COVID-19 could mean not only risk of severe health consequences or death, but also of two weeks or more of lost income without any resources for wage replacement. Some participants knew of people who were laid off completely after getting sick. A small cough or runny nose triggered the belief that one was sick with COVID-19, and instantly participants were flooded with thoughts and images of their families becoming destitute.

### ***Grief and Loss of Loved Ones***

One of the most devastating and irreversible impacts of the pandemic for Latine communities has been the deaths of loved ones who have died from COVID-19 (COLOR, 2021; Garcia et al., 2021). For immigrants, this also includes family members and friends who died in their home countries. Mariana described the painful loss of several family members and friends in Mexico caused by the virus. She explained that she hadn't had time to grieve because there were so many deaths.

Siento que sí nos ha afectado a mi familia pues bastante, porque en el caso de nosotros, si hubo fallecimientos en la familia. Entonces pues, es triste y todavía pues, que todavía no lo asimilamos porque sí, son cosas que uno nunca espera que pasen. Pues sí, ha muerto

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to go back to work and when we returned to work with uncertainty, of 'please don't let me get sick,' right, 'And then I come home [sick]' and so on.



mucha gente a mi alrededor, no de aquí, bueno yo soy mexicana, entonces han muerto muchas personas que yo conozco cercanas a mí.<sup>71</sup>

Mariana told me that because she and her husband have lost so many family members and friends in death to COVID-19, the reality of the pandemic and the threat of COVID-19 as a potentially deadly illness has felt very real to them.

Y la verdad al principio, dudaba si existe la enfermedad porque no había como una acercamiento de que yo dijera, ‘okay, este, mi vecino está enfermo.’ Yo no sabía de nadie que se haya enfermado, entonces decía ‘¿Si sería cierto, si sería verdad?’ Pero ya. No es hasta que le pasa a uno de cerca cuando se da cuenta que en verdad sí existe. Ósea que en verdad sí estamos viviendo pues una pandemia.<sup>72</sup>

Even for community members who did not disclose having lost loved ones to COVID-19, the risk of exposure to the virus created fear of loss and death for many frontline families. Eduardo and Natali both described living each day with the fear that they could become sick through frontline work and endanger their own lives and the lives of their families. Before vaccines were available, even knowing of friends who had contracted the virus brought sadness and pain. Diana described the sadness and grief caused by having many friends and loved ones who had become ill:

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<sup>71</sup> I feel that if it has affected my family so much because in our case, yes, there were deaths in the family. And well, it is sad and still, well, we still haven't processed it because yes, they are things that one never expects to happen. Well, yes, many people around me have died, not from here, well I am Mexican and so many people who I love, people close to me, have died.

<sup>72</sup> And the truth is, at first I doubted if the disease exists because there wasn't a proximity such that I would say, ‘Okay, um, my neighbor is sick.’ I didn't know of anyone who had gotten sick. So I would say, ‘Could this be true, could this all be real?’ But now it is. It is not until you lose someone close to you that you realize that it really does exist. I mean that in reality we really are experiencing a pandemic.

Fue una experiencia que hemos vivido y ha sido pasos en familia y sé [que] a conocidos que les ha pegado el Covid, les pegó la enfermedad y ha sido doloroso saber que le llegó a ellos esa enfermedad.<sup>73</sup>

### ***Panic Attacks and Anxiety***

Several participants discussed experiencing constant anxiety and panic attacks caused by fear of getting COVID-19. Mariana described how she and her husband both battled with severe anxiety about getting sick. With the deaths of their loved ones lingering in their minds, they both associated the virus with the very real possibility of dying. Mariana and her husband both experienced symptoms of panic attacks whenever they feared they have been exposed or have symptoms that resemble COVID-19:

Y yo pienso que nos afectó más como psicológicamente todavía, sentimos miedo. De hecho ayer, mi esposo ahorita está enfermo, tiene gripe, no es nada grave, también a veces uno se asusta porque dice, ‘ok pues ¿tengo el virus o tengo gripe, que tengo?’ Pero en este caso él tiene una simple gripe y ayer él estaba, pues estaba acostado, y me cuenta ahorita en la mañana que él sentía que él no podía respirar. Pero él me dice que es el miedo. Ósea es el miedo que siente que se le metió a su cabeza y como que no lo dejaba respirar.<sup>74</sup>

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<sup>73</sup> It was an experience that we have lived and we have gone through in the family. I know [that] our friends have been hit hard with COVID, the disease got them and it was painful to know that this disease came to them.

<sup>74</sup> And I think it affected us even more psychologically, we felt fear. In fact yesterday, my husband is sick right now, he has the flu, it's nothing serious, but sometimes you get scared, because he says, “ok, well, do I have the virus or do I have the flu, what do I have?” But in this case he has a simple flu and yesterday he was, well he was lying down, and he tells me this morning that he felt he couldn't breathe. But he tells me it's fear. I mean, it's the fear that he feels that he got into his head and that he wouldn't let him breathe.

### ***Physical Health Impacts***

Several community members told me that the stress of the pandemic had made them sick, either exacerbating previous illnesses or causing them to develop new physical ailments.

Valentina told me that she suffers from a chronic digestive illness which had worsened significantly because of heightened stress during the pandemic. She explained that her physical illness had created a feedback loop with her stress; her sickness worsened her anxiety, and in turn her anxiety worsened her health.

Similarly, Diana told me that she had developed physical symptoms, including chronic neck pain in response to the stress. Prior to seeing a mental health therapist, she initially visited a medical doctor. The doctor treated her physical pain but also referred her to a therapist to address the underlying emotional suffering which was causing her symptoms:

Entonces y ver como no para todo, y vivir este tiempo es muy dificil, muy dificil porque, bueno y me enfermé de estrés. Tuve que ir al doctor, al psicólogo y el doctor, la doctora me envió al psicólogo [...] dijo la doctora – estás muy estresada (llorando), traías cansancio, estás muy, el estrés y con las preocupaciones – me dicen – pueden hacerte daño – dicen.<sup>75</sup>

### ***Racism, Economic Inequity, and Mental Health***

At the root of distress for many community members were the feelings of hopelessness and disempowerment. While economic insecurity, grief, and health risks were the catalysts for distress, several community members described how their mental health experiences connected to racial inequity and oppression. For example, Natali acknowledged that the pandemic was

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<sup>75</sup> So, and seeing how difficult it was just to survive this time, very difficult, because, well it made me sick with stress. I had to go to the doctor, to the psychologist and the doctor. The doctor sent me to the psychologist [...] The doctor said, ‘you are very stressed (crying), you have been very tired, you are very, the stress and the worries,’ they told me ‘they can hurt you,’ they said.

stressful for all groups of people, regardless of race or class. But she argued that the systematic denial of employer or government financial support for Latino frontline workers was creating racial inequities in stress levels:

Si es que es bien difícil, entonces sí eso. Sí, es como que sí fue algo, como muy estresante para las personas, para todos, supongo. No digo que nada más por el hecho de tener hijos fue estresante para mí, sino que siento que para todas las personas fue muy estresante. Como le digo a nosotros de latinos, mmm, pues es muy difícil, que como [sería diferente] que tu empleador te diera dinero o te pagara un cheque por no trabajar, porque lo digo por mis compañeros, por mis amigos o por personas que yo conocí que no les pagaron, no les dieron, no los ayudaron en absolutamente nada y que yo fui una de esas personas.<sup>76</sup>

For Natali and for many others, financial stress was clearly connected to systems that disadvantage low-wage workers of color and especially those who are undocumented. Being laid off without any employer severance or wage replacement was experienced as discrimination against Latinos, and thus the economic stress of the situation was visibly connected to systemic racism. Natali expressed that she viewed these experiences as injustices, but that she felt disempowered because there were no clear systems in place to protect the labor rights of workers in her situation:

Pues sí, es que en día a día, así es. Ósea (suspira) pues sí, como, por ejemplo, yo creo que yo aquí en este, en este pueblito, si me ha dado cuenta de cosas que pasan o injusticias

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<sup>76</sup> It is very difficult then, yes. Yeah, it's like it was kind of stressful for all people, for everyone, I guess. I'm not saying that just having children was stressful for me, but I feel that for everyone it was very stressful. But I say for us as Latinos, mmm, well, it's very difficult. Like it would be [different] if your employer gave you money or paid you a check for not working. Because I say this because of my colleagues, because of my friends, because for people I know; they weren't paid anything, they weren't given anything, they weren't helped with absolutely anything. And I was one of those people.

que pasan y a veces que no se puede hacer nada. Supuestamente están recursos humanos que según te ayudan, pero pues en que, entre que te ayudan y no te ayudan.<sup>77</sup>

Eduardo, Natali, and Isabela all spoke directly about their experiences of interpersonal racism and how this impacted their feelings of belonging in the community. Natali told me about experiences of being in public places and having strangers approach her and ask her where she is from, and “¿Qué haces en este país?”<sup>78</sup> She recounted one incident when she was sitting in a McDonalds eating lunch with a friend. A man was sitting nearby and overhead them speaking Spanish, and approached their table.

Empezó a decir así, como que – Estamos en América, ¿porque hablan español? ¡Tienen que hablar inglés! – y se movió de, de lugar, de donde estaba sentado comiendo, se cambió a otro lugar.<sup>79</sup>

Natali expressed that when these incidents occur, she feels like she and other Latino immigrants have to remind themselves that they aren't hurting anyone or doing anything wrong by living and working in this country. She described coping with this experience by reminding herself, “mientras no estés haciendo nada malo, como que no sé, como yo no me siento ofendida si alguien me dice cosas racistas, como que simplemente trato de ignorar esas personas y ya.”<sup>80</sup>

Similarly, Isabela explained that resisting the message of not belonging is an ongoing battle for herself and many Latino immigrants. She expressed that in general, she has felt welcomed in her town, but that recently she had felt impacted by “el racismo que ha surgido

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<sup>77</sup> Well yes, it is that is how it is day to day here. I mean (sighs) well, it's like, for example, I think that here in this, in this little town, yes, I have become aware of things that happen or injustices that happen. And sometimes that nothing can be done. Supposedly there are human resources that apparently help you, but well, it's either they help you or they don't really help you.

<sup>78</sup> What are you doing in this country?

<sup>79</sup> He started saying, he was like, ‘We are in America, why do you speak Spanish? You have to speak English! – And he moved from, from where he was sitting eating, he moved to another place.

<sup>80</sup> As long as you're not doing anything wrong, it's like I don't know, I won't feel offended if someone says racist things to me, I will simply try to ignore them and that's it.

últimamente<sup>81</sup>” in the country. She spoke about feeling personally affected by the news stories of murders of people of color throughout the country and mass deportations. In her view, these events suggest that the United States has become a more dangerous and unwelcoming place for people of color and immigrants. She explained how it takes resilience and self-regulation to remain calm in the face of violence and find happiness in a hostile country:

Pero hay que ser tolerantes ante eso porque [...] si solo traemos, si reaccionamos violentamente ante, ante esas situaciones de gente en el poder con violencia, pues se genera violencia, es lo único, o rencor o resentimiento contra las personas. Entonces el chiste es estar viviendo en un lugar felizmente como sintiéndose o no bienvenido.<sup>82</sup>

In the context of risking their lives to maintain society and provide essential services for their communities, witnessing deportation and targeted acts of racial violence were experienced as personal betrayals and thus were deeply hurtful. As Isabela and Eduardo both expressed, immigrants and people of color engage in work that many Americans have relied on during the pandemic. Isabela spoke specifically about how painful it is to witness “él que asesina alguien de color, una persona blanca y esa persona ni siquiera es arrestada”<sup>83</sup> at a time when immigrants and people of color are keeping the economy running. She framed this as a problem not only of racial violence, but of excessive capitalism and disregard for the lives, labor, and sacrifices of people of color:

Que consumimos todo lo que se les da la gana porque es un país capitalista y consumidora cien por ciento, mientras sigamos consumiendo lo que ellos venden, ellos

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<sup>81</sup> The racism that has surged recently

<sup>82</sup> But we have to tolerate it because [...] if we bring, if we react violently to, to these situations of violence from people in power, then that only creates more violence, that’s the only thing, or rancor, or resentment against people. So the joke is to live happily in a place whether you feel welcomed or not.

<sup>83</sup> The person who murders someone of color, a white person, and he isn’t even arrested

van a tener ese, ellos van a seguir teniendo lo que quieren [...] yeah so, es mucha falta de respeto en la actualidad.<sup>84</sup>

### ***Social Isolation During the Pandemic***

Several community members discussed the mental health impacts of social isolation during the pandemic, especially during the first year when many families were social distancing for several months at a time. Diana, Isabela, Eduardo, and Paula spoke about how isolation impacted their own feelings of connection. As Diana expressed, it was painful and anxiety-provoking not to be able to see one's extended family and friends. She described her feeling as "la pandemia nos ha dejado [...] preocupados porque ver o no ver a su familia, verdad sus amigos, [poder] compartir, estamos de distancia."<sup>85</sup> Eduardo expressed that it was very difficult for his family because they felt they lost their "libertad"<sup>86</sup> because of the government restrictions at the onset of the pandemic and later because of voluntary social distancing. While he and many others described focusing on their immediate families, they lamented that they couldn't see relatives and friends or participate in important community events as before.

### ***Mental Health Impacts for Children***

Parents noted that the pandemic appeared to be affecting their children's mental health, creating stress for the entire family. Just as adults who lost loved ones were impacted by the sudden wave of grief, so too were the children who had lost uncles, aunts, parents, and grandparents. Mariana talked about how in the wake of her family's grief over their lost loved

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<sup>84</sup> That we consume everything they want because it is a capitalist country and a hundred percent consumerist, as long as we continue consuming what they sell, they will continue having that, having everything they want [...] yeah so, there is a lot of disrespect nowadays.

<sup>85</sup> The pandemic has left us worried because you might or might not see your family, right, your friends, to [be able to] share together, we are distanced.

<sup>86</sup> Freedom

ones, her eight-year-old daughter became very afraid that their whole immediate family would get COVID-19 and die.

Me acuerdo también en una noche de repente llega mi hijo y me dice – Ma, mi hermana está llorando – mi hija la de 8 años, entonces fui yo a la recámara y le pregunto yo que porque llora. Y me dice – Es que tengo miedo que nos vayamos a morir por esto que está pasando – y pues eso es algo que no tiene mucho sentido, pero para mí, si lo tiene porque es una niña de 8 años. Entonces que ella se ponga a pensar que puede morirse o puede morirse su mamá o sus hermanos por esta enfermedad, pues es algo que me doy cuenta que a ella le afecta.<sup>87</sup>

Several parents spoke about their children suffering from depression while attending school virtually because of the social isolation and academic stress. Eduardo described how sad his children were to be away from their friends, and how he noticed that the months of social isolation was affecting their mood and wellbeing. His fifteen-year-old daughter had to miss out on her quinceañeras celebration because her birthday occurred during the early months of the pandemic. Missing this important milestone was very painful for her and for her parents. Isabela expressed concern that spending months without seeing their friends was very frustrating and depressing for her children, who were used to being with other children their age. Diana explained that it was painful for her children to be “encerrados”<sup>88</sup> and “alejados de sus amiguitos.”<sup>89</sup>

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<sup>87</sup> I also remember one night when my son suddenly came and told me, ‘Mamá, my sister is crying,’ my 8-year-old daughter, so I went to the bedroom and asked her why she was crying. And she tells me, ‘I’m afraid we’re going to die because of what’s happening,’ and well, that’s something that doesn’t make much sense to me, but it does to her because she’s just a little 8-year-old girl. So she started thinking that her mother or her brothers could die or her mother could die from this disease, because [the fear] is something that truly affects her.

<sup>88</sup> Closed in

<sup>89</sup> Away from their friends



### *Access to Mental Health Services and Support*

Several agency workers and community members described the importance of expanding access to mental health services for the working class Latine community. In her role as a direct service provider prior to the pandemic, Gloria observed an immense shortage of Spanish-speaking and affordable mental health therapists in the county. She told me that for ten years, there was only one affordable mental health therapist in the entire county who spoke Spanish. However, she explained that in recent years, local nonprofit, healthcare, and government agencies have become more aware of the inequity and have dedicated more funding to mental health services for Latinos.

As Gloria and explained, the tragic catalyst for this increased attention was a community-wide “epidemia de suicidio”<sup>90</sup> in their county a few years prior to the pandemic. During my informal meetings with nonprofit workers and community members in the two years leading up to this study, I learned that news coverage of several local deaths by suicide a few years before had drawn attention to the need for accessible mental health services in the region. In response, one of the county’s mental health agencies partnered with a local foundation and developed a grant to address the mental health needs of the community. The grant pays for a limited number of free mental health sessions to anyone who cannot otherwise access treatment, regardless of insurance.

Sofia told me that in her daily life and in her role as a healthcare worker, she saw that equitable access to mental health services presents an ongoing challenge and need in her community. However, she explained that local agencies are finding creative ways to offer counseling services and psychiatric referrals. For example, she told me that one local resource

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<sup>90</sup> Epidemic of suicide

center has been bringing in a Spanish-speaking mental health provider who offers one free consultation and screens people for referrals to outside agencies.

María is a Latina woman working in the public sector who has served the community for several years.<sup>91</sup> She and Gloria both told me that they had heard about community agencies partnering with mental health services outside of the region to facilitate telehealth therapy in Spanish and culturally focused psychoeducation programs to their community members. They both told me about the introduction of live psychoeducation programming through social media in Spanish during the pandemic. On one occasion, I attended one of these social media events and observed how the program addressed timely mental health concerns by bringing in providers to talk about issues of wellbeing, including mindfulness, anxiety, and culturally-centered healing practices.

Diana and Valentina both disclosed having sought and received some form of formal or informal mental health support through local agencies. Valentina told me that she had learned mindfulness techniques from a local mental health provider who offers short-term counseling. The provider had convinced Valentina to get on the waitlist to continue receiving mental health therapy through the special grant that pays for a limited number of free sessions. Valentina also expressed that she learned about coping strategies through a web-based psychoeducation platform designed for the Latino community. She explained that these forms of support had helped her to reduce her emotional distress and improve her physical health.

Despite the community's progress toward increasing access to mental health services, participants explained that lack of equitable and timely access remains a very large issue for Latines in the community and throughout the state. As Gloria, Valentina, and Sofia lamented,

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<sup>91</sup> Note: At her request, María's demographic information was kept very minimal to protect her anonymity.

there simply aren't enough Spanish-speaking therapists in the community to meet the need. But beyond language, additional inequities are created because of affordability. Gloria explained that because much of the local Latinx community is uninsured, there are very few providers who will offer low-cost or free services to uninsured patients. Among insured Latino frontline workers and their families, many children and some adults have Medicaid because they or their parents do not have access to private employer insurance plans. However, it remains difficult to retain therapists who can offer low-cost therapy or accept Medicaid, especially in expensive tourist communities where providers also need to earn enough income to afford the high cost of living.

Darlene told me that in her work as a counselor, she has witnessed the high turnover among direct service providers in the county, including bilingual social workers and counselors. She expressed the importance of paying bilingual providers well and helping with student loan debt so that they can be retained in these positions.

You know people are making a lower wage and then they have student loan debt. Then they they're faced with the decision of leaving and making around the same amount of money and being able to buy a home or staying here and renting and paying their student loan debts.

She mentioned that the community's largest mental health organization has started a program of student loan repayment for clinicians, but she emphasized that more compensation was needed to retain therapists.

From my own experience as a bilingual mental health therapist working in Colorado, I have also witnessed that there is a statewide shortage of Spanish-fluent therapists and that there are often long waitlists to receive such services, especially for people who do not have health insurance. Telehealth opens up opportunities for community members who have internet access

to seek services with any Colorado provider who will accept them, but from my perspective, the problem remains that throughout the state there aren't enough providers who are fluent in Spanish, culturally experienced and skilled, and affordable.

### ***Mental Health Strategies and Strengths***

In response to extremely stressful conditions, community members described employing many different strengths to improve their wellbeing and support their families. Mariana, Isabela, and Eduardo all described using mindfulness strategies to focus on the present moment and factors within their control. Isabela described how she practices acceptance in order to stop fighting the reality of the situation:

Y les ha tocado vivir una situación bastante peculiar a los hijos de uno. Pero, pero pues, seguimos y es lo importante es, no pasa, [pero] mientras busquemos la manera de sobrellevarlo está bien, solo una experiencia más, solo una más.<sup>92</sup>

Later on in our conversation, Isabela also explained how she focused on gratitude to help alleviate distress. Like many other participants, she looked for positive aspects of her experience during the pandemic despite the stress of the situation:

Yo pienso que lejos de eso, la gente aprendió muchas cosas, aprendió a estar en la casa, convivir con sus hijos, hacer comida, muchos ni siquiera comían en su casa, comían en la calle, no sabían ni como se cocinaba. Y este, aprendieron muchas de esas cosas, a reciclar porque pues no podíamos, teníamos que reciclar lo [que] había en la casa, pues luego porque no había dinero para comprar todo, lo que pues había que usarse las cosas y cuidar el dinero, [...] fueron enseñanzas muy buenas.<sup>93</sup>

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<sup>92</sup> It's a very peculiar situation for the children to face. But we must move forward and the important thing is, it's not over, [but] as long as we look for a way to endure it, it's okay, it's just one more experience, just one more.

<sup>93</sup> I think that [...] people learned many things, learned to be at home, to live with their children, to make food, many didn't even eat at home, they ate out and they didn't even know how to cook. And, and we learned a lot of

Several participants described how they applied their mental health knowledge and coping skills to help one another deal with distress. For example, Eduardo told me about how he supported his wife who had begun to suffer from panic attacks. In the beginning of the pandemic, as they began to learn about neighbors and acquaintances getting COVID-19, the threat became more present in his wife's mind.

One day, she told Eduardo she was thinking about COVID-19 and in that moment, she felt she couldn't breathe. He explained that he identified this as a panic attack and he helped her to think through her fears.

Le digo, – ¿Cómo, qué pasó si ayer estábamos súper bien? – Y, – No, no sé, algo me está pasando – [...] Y le digo, – Si yo te veo bien debes de relajarte, es como si fuera una situación, como si tienes un accidente automovilístico y que de repente, se encuentra rodeada del carro destrozado y de a lo mejor están tus niños adentro, pero están bien, pero tú no sabes que hacer, algo hacia el paso. – Y le digo yo a ella, – pero el privilegio [es] que si tú fueras positivo, no significa que se va a acabar el mundo, al contrario tienes que enfrentar la realidad y luchar para que las cosas pasen pronto y se acabe. –<sup>94</sup>

While Eduardo did not describe his actions using any particular therapeutic language, I would consider Eduardo's way of supporting his wife as similar to cognitive behavioral interventions to challenge catastrophic thinking. One of the strategies of cognitive behavioral therapy (CBT) involves identifying how distress is amplified when individuals implicitly assume

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those things, to recycle, because we had to recycle what was in the house because there wasn't money to buy everything, we had to use things and take care of the money, [...] there were a lot of good lessons.

<sup>94</sup> I tell her, 'What happened, if just yesterday we were completely okay?' And, 'No, I don't know something is happening to me,' [...] And I say, 'If you seem well, you can just relax. It's just like if you had a car accident and suddenly you find yourself surrounded by the wrecked car, but your children are inside but they're fine, but you don't know what to do, so you just take the next step.' And I say to her, 'but the advantage is that if you were positive, that does not mean that the world will end, on the contrary you have to face reality and fight so that things are over soon and it is done.'

that the absolute worst-case scenario will come true for them in a given situation (Gellatly & Beck, 2016). From a cognitive behavioral perspective, therapists can help clients to reduce anxiety or depression by reality-testing their assumptions and helping them develop a more realistic perspective of their situation.

In Eduardo's case, he helped his wife to think through the reality of her current situation, as well as to challenge her belief that if she did have COVID-19, it would mean that she would die or the "world would end." While he challenged her thinking, he nevertheless described her as being very "valiente"<sup>95</sup> for handling so much risk and anxiety while still moving forward. He expressed compassion for his wife and acknowledged her challenges as well as her resilience.

### **Theme #8: Impacts on Education**

Another important challenge that most community members brought up was the difficulties of virtual instruction for their children and themselves when local K-12 schools went online at the beginning of the pandemic. Mariana, Natali, Diana, Eduardo, and Isabela all told me that they were very involved in helping their children with completing their schoolwork. For parents, the sudden shift to virtual instruction meant that parents had to learn how to become teachers. While parents of all backgrounds quickly had to learn the skills that teachers train for years to develop, many immigrant parents also had to learn about the U.S. school system and the standards and methods of instruction in this country. Many parents had already worked to understand the American school system prior to the pandemic, but the level of knowledge needed in order to administer the lesson plans was very different than the level previously needed to help with homework.

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<sup>95</sup> Brave

As Diana's testimony relays, this challenge was met with determination and readiness to acquire an entirely new skill set and knowledge base, despite the frustration it generated:

Ilego a la casa y así y ya teníamos pues un que los niños ya recibieron clases en casa, y estaba frustrada porque teníamos, también a aprender a manejar y hacer muchas cosas con ellos que no sabíamos y aprendimos.<sup>96</sup>

While families approached the challenge of virtual learning with resilience, it nevertheless created added stress in the context of all the other stressors that families were experiencing. In her role working in the public school system, Paula noticed that many families struggled with virtual instruction because they had to keep working and had no access to affordable childcare.

In addition to the challenges of managing time and energy, there was also the challenge of navigating this stressor while also carrying the other emotional burdens of the pandemic. Mariana expressed that in the context of her family's grief, depression, and economic anxiety, learning how to teach her children at home only compounded her overall stress. She noted that she and her children would all get frustrated, and then their emotions and reactions would impact one another:

Sí, me costó mucho trabajo a mis hijos a que estudiaran en casa y que hicieran las tareas, me costaba mucho trabajo, mucha frustración para mí y para mis hijos. Porque me frustraba yo y les frustraba ellos también porque pues, sí yo me enojaba con facilidad porque ellos no me hacían caso entonces pues, sí me enojaba y se frustraban también.<sup>97</sup>

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<sup>96</sup> I would get home and such and by then the children were taking their classes at home and I would get frustrated, because we also had to learn to manage and do so many things with them that we did not know how to do, but we learned.

<sup>97</sup> Yes, it took a lot of work for me for my children to learn at home, and having them do all their homework took a lot of work on my part, it was a lot of frustration for me and my children. Because I would get frustrated and they

Despite the stress and anxiety of the situation, several parents spoke about being proud of their children and their entire families for making the effort and getting through the school year successfully. Isabela and Eduardo both expressed pride in their children for doing well despite the stressors of the year. In reflecting on the process, Isabela explained that she had learned to be flexible with her daughters about how they engaged with remote learning and focused on the goal of making sure they completed their work:

Hacían el trabajo acostadas en la cama a veces, que me parecía chistoso pero tampoco quería como yo, de por si la situación era rara, entonces no quería ponerles un poco de presión a ellas de lo que ya bastante estaba. Pero les fue bien en las clases así que pues, mientras [...] entregaran sus trabajos e hicieran lo que tenían que hacer pues, ellas se lo hacían como ellas querían.<sup>98</sup>

Parents described an array of feelings toward the schools during this time. Valentina expressed appreciation for the support and flexibility of the teachers and the schools. Isabela expressed appreciation for the schools, but added that she felt the workload placed on her children was excessive given the circumstances of the pandemic. She also described how the school where her youngest daughter attended had changed the grading process from letter grades to pass or fail. While she appreciated this change and how it might have helped the many students who were struggling, she described wishing that the school had made the option available without changing it for everyone. In her case, she felt that they deserved to receive full

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got frustrated too because, well, yet I got angry easily because they wouldn't pay attention to me then well, if I got angry and then they would get angry too.

<sup>98</sup> They did the work lying in bed sometimes, which seemed funny to me, but I didn't want to like, in this case the whole situation was unusual, so I didn't want to put too much pressure on them, they already had enough. But they did well in their classes so, well, as long as [...] they turned in their work and did what they had to do, well, they could do it the way they wanted.



acknowledgement of their efforts through the option to receive letter grades reflecting the quality of their school work.

Valentina was the only participant who disclosed having a child in college. She expressed concern that her daughter was struggling with keeping up with virtual learning while in the university setting. She added that because of the financial stress on the family, they were having trouble keeping up with his tuition. Paying for their son's education was already a challenge, especially given their low annual income and the limited options available for him despite his ability to access federal student aid.

### **Theme #9: Community Perspectives on Accessing Resources and Services**

In the context of the pandemic, several families who had never or rarely applied for financial help were suddenly forced into a situation where they had no choice but to seek economic assistance. The pandemic also created traumatic and overwhelming conditions that led many to seek out mental health support for the first time. While healthcare access has always been a challenge, the need for COVID-19 testing and related medical care exacerbated the urgent necessity of healthcare access for many families.

Given that the purpose of this study was to understand community challenges and generate solutions for addressing problems, my conversations with participants often included an exploration of their experiences with seeking out services and resources.

#### ***Barriers to Accessing Services***

Several community members discussed the problem of encountering many barriers to accessing services and resources. One pervasive barrier was the prevalence of anti-immigrant policies. For example, citizenship and residency requirements prevented many Latino frontline workers and their families from accessing certain types of healthcare assistance, rental

assistance, or financial help. Diana explained that when she and her husband applied for rental assistance the first time, they were denied because her husband is undocumented. She expressed frustration that the eligibility criteria wasn't made more transparent from the beginning:

Por ejemplo, a mi esposo le dijeron porque, como verdad, que para poder aplicar [para la asistencia] y todo eso ya empezaron hacerle muchas preguntas y ya después les dice su estatus y ya, a él le dicen [que] no, no cualifica. Entonces él se queda así y le dice – ¿porque me haces todas esas preguntas y vienes y me dices después que no, que no cualifico? –<sup>99</sup>

My conversations with agency workers helped me to understand that federally and privately funded grants and programs often come with legal residency or citizenship requirements, which then leads to local agencies turning undocumented people away. Nearly every provider or agency worker who I interviewed was familiar with citizenship requirements for services and how the sources of funding and grants often limit agencies' ability to use funds for undocumented clients and customers.

From her understanding as a professional working in the public sector, María explained that many undocumented Latinx community members were ineligible for most assistance programs and services. She explained that this had always been the case, but that in the context of the pandemic, it became more evident to people in positions of power that many immigrants are systematically denied access to the same services that citizens regularly benefit from:

Because we have so many families and I think that this pandemic is what it has brought up, right? Like the inequities in our system and also it has brought up that we don't have a

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<sup>99</sup> This happened to my husband because it's true, that in order to apply [for assistance] and all that they had already asked him many questions, and then he tells them his status and they tell him he doesn't qualify...So he is just like, 'why did you ask me so many application questions just to come back after and say I don't qualify?'

system that is created to serve this percentage of our community. The system only benefits a few of the people that lives here in the county, but not all [...] Unfortunately, a huge percentage of our Latinx community is not eligible for any type of assistance.

Additionally, means-testing restrictions created challenges for families who technically earned above the income threshold, but who still needed financial assistance during the pandemic. Many families in the community fell into this group because means-testing restrictions are mostly based on federal or state guidelines and are not adjusted for the high cost of living in the region. In her role as a healthcare worker, Sofia told me that she has known many families who applied for healthcare discount programs but were not eligible because their incomes were above the threshold. But she explained how this disadvantaged many families who could not afford healthcare and cannot access health insurance because of cost or eligibility:

But I feel like they [the agencies] don't really actually know the story behind it, because I've seen families that are big and the mom and dad works and they actually do get good money, but all this money goes to their kids and they [spend] a lot of money on, you know the rent and food because they [provide for] their family, and yeah, like other bills that they have to pay and they [don't] end up with anything and I feel like, they [the agencies] don't understand that because they say, 'oh they get good money, so they're able to pay for health insurance.'

Another barrier was paperwork requirements, such as submitting formal lease contracts or paystubs in order to receive rental assistance. Many community members described having informal rental agreements or informal work arrangements, which then made it very difficult to apply for rental assistance. Natali recounted that she knows many families who sublease their

homes and who do not have formal rental contracts. She explained that these families have had trouble finding agencies that will provide help for paying the rent without a formal contract:

Yo conozco personas que rentan un cuarto y tienen hijos, y no tienen un contrato.

Entonces si tienes un hijo y estás demostrando que tienes un hijo, tienes una familia, y a veces como que te ponen muchas trabas como que te piden, ‘oh es que tienes que traer un contrato, no pero es que si no tienes un contrato, pues no te podemos ayudar.’ Entonces esas cosas, como esa manera de que no te ayudan.<sup>100</sup>

Geographic distance was another barrier that was discussed. Given that the local community includes many small residential areas and towns that are quite far apart, distance can create significant barriers to accessing resources in a timely manner. For example, community members described living a long distance away from affordable medical care and having difficulty accessing transportation in order to make their appointments. This was particularly true for making medical appointments, which often requires arranging time off in advance.

Finally, equitable access to information, services, instructions, and paperwork in Spanish presented another area of need. Leah is a White non-Latine administrator working in an agency that provides direct services to the general community. She told me that in her experience working with various agencies, she sees a lack of adequate Spanish-language services. From her perspective, she stressed the importance of compensating Spanish-speaking workers better to show appreciation for their skills and the added workload they typically carry:

We have hundreds of nonprofits, but ask them if they have their intake form in Spanish, for example, or how many of their population, of their staff speak Spanish? And, and,

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<sup>100</sup> I know people who rent a room and have children, and they do not have a contract. So if you have children, and you are showing that you have children, that you have a family, but sometimes they put a lot of obstacles in your way. Like they ask you, ‘oh, you have to bring a contract, no but if you don't have a contract, then we can't help you.’ So that's how things are, and they don't help you.

then, of course, if they do speak Spanish, are their staff rewarded or compensated right, for their bilingual skills? Because they're doing above and beyond their peers who just speak English.

### ***Eurocentric Operations and Need for Cultural Relevancy***

Beyond these logistical barriers, there was also discussion about agencies operating in culturally specific ways. For example, the complex paperwork requirements and the practice of giving rental money directly to landlords were understood as culturally normative practices in the U.S. that are exclusionary to immigrants. When asked for paperwork, Diana explained that the requirements made her feel that the services or resources were designed for citizens or legal permanent residents and not for families like her own:

Sí, nos pedían muchas y hasta que tiempo dejamos de trabajar, y que, que, porque todas organizaciones preguntan en donde vives, [piden] el contrato, y si está bien todo lo que tenemos que enviar, ¿verdad? Pero hay una [organización] que le preguntan a uno demasiadas cosas que yo pienso que es bueno, tal vez [la ayuda] es para los que son ciudadanos o residentes.<sup>101</sup>

Some of the agency workers explained to me how the 2019 Public Charge Rule<sup>102</sup> had impacted Latine immigrants' feeling about seeking services. Michael explained that in recent years, there has been increased anxiety about seeking services for many immigrant families because of federal Public Charge policies. Even though the 2019 Public Charge Rule was no longer in effect after March 2021 (U.S. Citizen and Immigration Services, 2022), Michael

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<sup>101</sup> Yes, they asked us a lot, including, 'How long ago did you stop working?' and so on, because all organizations ask where you live, [they ask for] the contract, and if everything we have to send is correct, right? But there is one [organization] that asks you for too many things that I think it is well, perhaps [the help] is for those who are citizens or residents.

<sup>102</sup> See page 14 for a detailed explanation of Public Charge policies

observed that Public Charge policies have led to lasting distrust in social service agencies and fear about how their personal information may be used or shared with government officials.

Paula explained that in her role as a frontline worker in an educational setting, she has seen fewer families applying for services that they are eligible for because they are unsure of the extents of current Public Charge policies:

Muestra a veces lo que la familia tiene miedo porque cualquier cosa que se le muestre que ellos están exigiendo, ayuda pública no sé, si tienen problemas con la nación [...] no sé qué es, pero han habido menos referrals en todos estos tipos de programas [públicos]. Es una pena porque ahora o hay menos niños que tienen problemas o menos familias que necesitan estos programas, no igual o más quien sabe, pero no las familias no están apareciendo.<sup>103</sup>

Participants also observed the problem of inequitable access to information about how to navigate U.S. systems, for example, how to find and apply for rental assistance, how to apply for healthcare or food stamps for one's children if their children were eligible, and information about what programs or services they might be eligible for. Several community members and agency workers described the importance of making information about available services and resources more widely available in Spanish and accessible to the Latine community. Eduardo explained that many working class Latinos and especially immigrants struggle to know where they can go to receive help. Natali expressed that many of her friends do not know which agencies exist, or which agencies they can trust, and do not know how to apply for assistance. She expressed that this uncertainty makes it challenging for many people to know where to begin if they need help,

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<sup>103</sup> It sometimes shows that the family is afraid, because anything that shows they are asking for public help could get them in trouble with the country [...] I don't know what it is, but there have been fewer referrals in all of these types of [public] programs. It's a shame because now either there are fewer children who have problems or fewer families who need these programs, not the same or more who knows, but families are not showing up.

and that this can prevent some people from trying in the first place. She added that many people try to locate services and are turned away, and then they feel discouraged and do not try again.

### **Limited Funding Available.**

Another challenge related to seeking assistance was that nonprofit agencies struggled with the unfortunate combination of limited funding and immense need during the pandemic, and thus had to limit rental assistance or energy assistance to only one or two months maximum. While community members appreciated the help and were very glad to receive it, one or two months wasn't enough to meet the immense financial gaps created for many families. Diana told me that she felt very grateful for receiving assistance, but that she and her family could only qualify for one month of support which they received from a large local nonprofit agency. Because her husband is undocumented, they didn't have the option of applying at other agencies for a second month of assistance.

### ***Negative Experiences Seeking Services and Resources***

#### **Disrespect and Discrimination.**

While many community members described positive experiences of applying for assistance and receiving help before and during the pandemic, there were also a couple of individuals who spoke about harmful interpersonal interactions they experienced while seeking assistance. This included being treated dismissively, talked down to, being hung up on, or overt racial discrimination such as overhearing racist remarks between agency workers while seeking assistance. Natali told me that when she applied for childcare assistance before the pandemic, the receptionist simply told her, “ay, es que nosotros no les ayudamos en eso,”<sup>104</sup> and hung up the phone. Gloria told me that in her work as a direct service provider, she referred several families

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<sup>104</sup> Oh, it's just we don't help you with that

to apply for rental assistance from local organizations at the beginning of the pandemic. She indicated that many of them had returned to her saying that they had been treated dismissively and turned away.

### **Paternalistic Processes.**

Another category of negative experience was that of encountering paternalistic processes and feeling distrusted and excluded by agencies. Paperwork requirements, such as providing a formal rental agreement, were viewed as evidence that agencies distrust applicants' character and intentions. Natali described viewing these processes as evidence that agencies do not trust Latinos:

[...] Como las personas que están encargados en las oficinas que tenemos aquí, es como también a veces que tengan un poquito más de humanidad. Las personas que están en estas oficinas, a veces siento como que no, no tienen ese afán de ayudar. Como que te ven y como que se les hace así [...] como que piensan que por ayudarte no sé, como que les estás robando al gobierno. Como que no lo necesitas, como que lo estás pidiendo como que, no sé. Como que siente como que para ellos, no es como algo que lo quieren hacer.<sup>105</sup>

Many types of rental aid involve verification with the landlord and then funds are sent directly to the landlord rather than the applicant. María explained how community members regarded this bureaucratic practice as evidence that the agencies trust the landlords but do not trust working class Latinos.

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<sup>105</sup> [...] Like the people who are in charge in the offices that we have here, it is also like sometimes that they need to have a little more humanity [...] The people who are in these offices, sometimes I feel like no, they don't have that desire to help. It's like they see you and it's like they become [...] like they think that if they help you, I don't know, like you're stealing from the government. Like you don't need it, like you're asking for it like, I don't know. It kind of feels like for them, it's not something they want to do.



### **Emotional Impacts of Being Denied Assistance.**

Some community members expressed feeling distressed when their applications for assistance or their efforts to seek assistance were denied. A few people spoke about encountering long wait times when seeking assistance, which resulted in real life consequences such as not being able to pay their bills on time. They described feeling personally hurt and disappointed because of the investment of their time, energy, hope and trust when applying for assistance.

From their perspectives as Latina agency workers, María and Gloria also described this problem as a lack of societal appreciation for the contributions of immigrants to the local economy and society. Through tears, Gloria described her disappointment and outrage when the pandemic first began and employers and local government failed to understand or adequately consider the magnitude of sudden impacts for undocumented frontline workers and their families:

Todos sabemos que esta gente está aquí, todos sabemos que están indocumentados, pero todos sabemos que los hoteles y la economía y los taxes se benefician los taxes de sales tax y todo eso de que ellos están aquí y que ustedes nos dejen en el aire en un momento donde el mundo (llorando) está en caos, encima del estrés económico, el sentir que la comunidad nos da la espalda en un momento así, es terrible.<sup>106</sup>

From the perspective of critical race theory as presented by Delgado and Stefancic (2017, pp.15-29, 67-83, 101-120), it is critical to examine the underlying cultural and racial worldview upon which allegedly race-neutral or “color-blind” processes, standards, laws, requirements, and systems are built. I would argue that the U.S. practice of requiring substantial paperwork in order

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<sup>106</sup> We all know that these people are here, we all know that they are undocumented, but we also all know that the hotels and the economy and the taxes benefit from the sales tax and all that they do here. And then you leave us stranded in a moment when the world is in (crying) chaos, on top of economic stress, the feeling that the community turns it’s back on us at a time like this, is terrible.

to receive financial assistance is very common (Disney et al., 2022). Like many other bureaucratic processes, this standard practice may not be consciously used to harm anyone. Yet, the practice of denying applicants who do not have formal rental contracts is likely to exclude many working class Latine immigrants who either cannot afford a formal rental agreement because they do not earn income, or cannot access a formal rental arrangement because they do not have the paperwork needed to obtain a lease (e.g., U.S. identification, formal paystubs, and references from previous landlords). While it is not explicitly racial, it is implicitly racial because the people being excluded are often immigrants of color. This systematic exclusion is not felt as neutral, but rather provokes feelings of being distrusted, of not belonging, and of not being seen as valued or worthy.

This sentiment was shared by several other community members. In her personal life and in her position as a healthcare workers, Sofia saw many of her fellow community members being denied access to healthcare assistance when the help is badly needed. She explained that the systems imply that applicants are being dishonest about their needs.

Yeah, and it's like they wouldn't be asking for the help if they actually didn't need it in my opinion [...] But most of them actually do need it, though. That's where it gets messy.

### ***Positive Experiences Seeking Services and Resources***

Several Latine frontline workers and Valentina, the Latina spouse of a frontline worker, described positive experiences of seeking financial, healthcare, and mental health services. Community members often expressed gratitude for organizations by name and mentioned specific providers who had helped them. While negative encounters and being denied assistance generated feeling of hopelessness, community members expressed that positive experiences made a huge difference in their overall wellbeing and mental health.

For example, some community members shared experiences of calling an agency or visiting in person and having the agency worker empathize with their situation and listen to their situation rather than rushing them. These experiences were felt as instances of genuine care, respect and dignity. Several community members described relying on specific social service providers who had helped them in the past and who they knew they could count on for support in the future.

Diana described feeling very supported when she and her family received food donations, medical care, and mental health services:

Sí, ha sido buena ayuda, ha sido suficiente, nos han apoyado a distancia, ósea comida, la dispensan la comida, renta, hay organizaciones que han apoyado mucho, también hay ayuda psicológica, pues se puede recibir si necesita ayuda con los médicos, ellos, lo ha notado, hay organizaciones sí han ayudado mucho, las organizaciones aquí del condado.<sup>107</sup>

In her role as a direct service provider, Gloria had observed how a local foundation launched a fundraising campaign among wealthy residents, which she referenced as “second homeowners,” or people who live in the tourist community part-time and own vacation homes there. She explained that the money raised was used to create a financial assistance grant program, with a significant portion going to a rental assistance fund which undocumented people were eligible to apply for. Gloria explained that for many Latino frontline workers and especially for undocumented workers, this fundraising campaign and the donations from second

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<sup>107</sup> If it has been good help, it has been sufficient, they have supported us at a distance, I mean food, they distribute the food, there are organizations that support a lot, there is also psychological help, which you can receive if you need help, with the doctors, I have noticed, there are organizations that have helped a lot, there are many organizations here in the county.

homeowners were received as recognition for the labor, sacrifice, and contributions of Latino immigrants and recognition that they belong in the community.

Y poder volver a ellos [los trabajadores latinos] y decir, 'Hey thank you, they appreciate us and we're all part of the community' (llorando) y decirles que el dinero vino de second homeowners y pienso que restableció el sentido de comunidad y de belonging y de apreciación a la comunidad y ha sido realmente muy rewarding y poder decirle a la gente que vea que, 'sí nos aprecian y aprecian que ustedes estén aquí, que todo lo que han hecho pues ha sido así con COVID.'<sup>108</sup>

In the context of immense needs during the pandemic, Eduardo explained the importance of opening sustainable pathways to provide assistance and support for the community. In his view, it was important to stop viewing the challenge of "ayudar"<sup>109</sup> as a burden that society carries. As he explained, creating pathways for mutual support and assistance is necessary in order to improve society on the whole and to create a greater sense of belonging for everyone.

Porque a mí de repente me gustaría ayudar muchísimo, muchísimo, a la comunidad en general. A los angloamericanos que veo que tienen una necesidad de amor en su cara. Los humanos incluso que veo, que para mí son las personas que están solos, porque, ¿porque no darles una sonrisa una alegría, un abrazo, decirles que todos estamos juntos pues que estamos viviendo en la misma comunidad? O sea en general o sea, no es nada

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<sup>108</sup> And being able to go back to them [Latino workers] and say, 'Hey thank you, they appreciate us and we're all part of the community' (crying) and tell them that the money came from second homeowners, and I think it restored the sense of community, and of belonging, and of appreciation to the community, and it has been really very rewarding to be able to tell people, 'see, yes, they do appreciate us, and appreciate that you are here, that everything you have done has been like this with COVID.'

<sup>109</sup> Helping

más enfocarse nomas en la comunidad vulnerable que te estoy diciendo, sino aprender a vivir en sociedad pues. A los nuevos retos de los años en que estamos viviendo.<sup>110</sup>

### **Theme #10: Community-led Solutions to Address Challenges and Inequities**

Throughout my conversations with Latine frontline workers and Valentina, the Latina spouse of a frontline worker, I asked them to share their ideas and suggestions for how the problems facing their community could be addressed. I also asked agency workers to share their ideas for solutions and what they have learned about the experiences and priorities of working class Latine community members. The solutions presented in this section are all based on the responses of the Latine frontline community members whom I interviewed. Agency workers' suggestions are included whenever they aligned with and supported the voices of Latine frontline community members. Any solutions offered by agency workers that did not align with or support the solutions led by community members were excluded from this section.

#### ***Invest in Sustainable Solutions to Society's Problems***

Several of the agency workers who spoke with me recalled how their agencies have struggled to meet the economic needs of vulnerable communities during the pandemic. Gloria, María, Michael, Leah, and Darlene all described how their organizations struggled to provide services during the pandemic due to limited funds, limited staff, and sudden immense demand. Throughout our conversations, they each shared that despite allocation of new funding during the pandemic, they could not keep up with the demands.

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<sup>110</sup> Because now I would like to help a lot, a lot, to the community in general. To the Anglo-Americans I see who have a need for love on their face. The humans I even see, which for me are the people who are alone, because, why not give them a smile, a joy, a hug, tell them that we are all together, because we are living in the same community? I mean, in general, I mean, it's not just focusing on the vulnerable community that I'm telling you about, but rather learning to live in society. To the new challenges of the years in which we are living.

Darlene described knowing many working class families who were facing eviction threats during the beginning of the pandemic. She explained that economic assistance through nonprofit and government agencies is typically designed for emergencies, not to supplement the economic gaps left behind by wage inequity. When I asked her whether she had seen any movement toward advocating for wage equity, particularly for undocumented workers, she expressed concern that this conversation was missing. She described how even before the pandemic, many Latino frontline workers were not being paid enough to meet their basic needs and framed this as the responsibility of employers to pay their workers a living wage.

It's like they're dropping the ball with not giving their employees a living wage [...] Like wow, you're being thrown to the wolves, showing up here, you have nothing, and you won't have anything for two weeks. So [the nonprofits] will feed you. That's not responsible capitalism from my perspective. I do think that that could be done better.

Before and during the pandemic, nonprofit and government agency workers who provide direct services have struggled with the personal toll of chronic stress because they do not have the time or resources to fulfill all of the gaps in community needs. Gloria and María described the early months of the pandemic as personally very painful for themselves and many other providers. They described feeling hurt and frustrated because the systems in place were not designed to meet the needs of the community, especially the Latine frontline community. While the creation of improved systems and collaboration across agencies helped, the problem remained that funding was limited. Leah described knowing many direct service workers who already felt burnt out before the pandemic, and who then developed chronic stress problems during the pandemic.

Together, participants collectively painted the picture that the local economy functions with the help of nonprofit and government agencies who supplement wage inequity through charitable programs. This system has been constructed this way since before the pandemic, with unsustainably high housing costs, wages that fall well below the cost of living, and a large percentage of the workforce lacking access to basic needs such as health insurance because of their immigration status. Many families were already living “paycheck to paycheck” as Darlene described it, or “viviendo al día<sup>111</sup>” in Natali and Gloria’s words. This precarious situation was already creating immense financial stress for many working class families. Moreover, this system was also necessitating systematic dependence on charity to fill the gaps left behind by labor inequity. Yet, in the context of the pandemic, the balance tipped over. The wave of housing insecurity, food insecurity, rise in homelessness, and drained nonprofit resources revealed that society cannot function when so many of its people do not have any way to earn a living wage. To many, the pandemic revealed that inequitable systems are not only disempowering to society’s exploited working class, but also create burnout for direct service providers who are expected to pour their energy into gaps that keep growing wider.

### *Advocate for Systemic Change*

Community members agreed that they wanted to see local government and nonprofit organizations working to take an advocacy role with Latine frontline workers and their families. For the participants, advocacy meant fighting not only for immediate needs but also for sociopolitical change. Community members acknowledged that many nonprofit and government agencies assume a neutral position on policy issues out of fear of consequences, such as losing important funders. And yet, members of the community wanted to see people in positions of

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<sup>111</sup> Living by the day (English equivalent: Living paycheck to paycheck)

power break the silence and speak out on greater systemic and local issues that impact the working class and the Latine community.

Eduardo spoke about the importance of advocacy for broader systemic change. He argued that nonprofit and government agencies are often stifled by limited funding and resources, which he associated with the tendency for short-term thinking about fulfilling immediate needs. Instead of focusing only on fulfilling immediate needs of vulnerable people, he argued that organizations should use their power to transform the social, political, and economic conditions that create ongoing unmet needs in the first place. Eduardo also expressed that pursuing any systemic change requires challenging the fragmentation of agencies into niche areas of interest and instead working together to imagine possibilities for collaboration.

No podemos decir ‘más allá’ porque si de repente empieza a elegir alguna necesidad más fuerte, pues ‘no tenemos los recursos, mejor nada más manéjalo así y ya, porque si manejas lo otro, va a empezar a llegar mucha gente [a nosotros] y no tenemos los recursos suficientes como para ayudar a toda esa comunidad si tú lo mencionas.’ Pero ¿cuándo vamos a acabar con esas necesidades o con esos programas que se necesitan si no lo decimos? Yo siento que muchas de las fundaciones manejan nada más de lo que ellos pueden hacer, pero también ellos mismos pueden abrir las plataformas para hacer más cosas.<sup>112</sup>

Across interviews, community members clearly advocated for the areas in which they would like to see people in power fight for social, political, or economic change. While many

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<sup>112</sup> We can't say ‘go further’ because if you suddenly start choosing some greater need [to address] then, ‘we don’t have the resources, better just handle it like this and that’s it, because if you handle the rest, a lot of people are going to start coming [to us] and we don’t have enough resources to help that entire community that you’re talking about.’ But when are we going to end those needs or those programs that are needed, if we don’t ask for more? I feel that many of the organizations manage only what they can individually handle, but they can also be the ones who work to open the platforms to address bigger things.



community members spoke of the importance of systemic change, they also advocated as well as for increased attention, funding, or support for particular and immediate areas of need. The following section will review each of the main areas where community members advocated for causes and issues that mattered to them.

### **Healthcare Equity.**

Nearly all of the community members expressed wanting local nonprofits and government agencies to advocate for healthcare equity. Diana, Natali, Eduardo, Valentina, and Isabela each argued that creating equitable and affordable access to health insurance is one of their top priorities. Eduardo and Isabela suggested that nonprofit agencies work to advocate on a policy level for undocumented immigrants to be able to access healthcare throughout the country. Diana and Natali each suggested that local agencies consider working together to create a local healthcare plan that is affordable and accessible to all, regardless of immigration status.

### **Labor and Wage Equity.**

Many of the participants advocated for policies that would improve job security, labor protections, workplace benefits, and wage equity. Several community members noted that current wages for frontline workers in the community may appear high, but that they are not enough to meet economic needs or develop savings. Diana, Natali and Eduardo all noted the importance of making paid sick leave available to frontline workers who do not currently have access through their jobs. Eduardo suggested that nonprofit agencies could either work to fill this gap by offering a paid sick leave program, or that they could work with employers to increase equity in employer-based paid sick leave. Several community members noted that this was especially critical for undocumented workers who are often excluded from both government and employer-based benefits.

Further, some participants advocated for legal protections for undocumented workers against wage theft, safety violations, and other forms of labor abuse. Isabela argued that advocating for job security and wage equity would help to benefit local industries, who rely on the labor of frontline workers and who need a well-trained and consistent workforce in order to function well. Natali expressed that she would like to see local agencies offering resources for workers who have suffered from mistreatment or violation of their rights by their employers.

### **Housing Equity.**

Almost all of community members advocated for the reduction of rental costs and the creation of truly affordable, accessible housing options for the working class. Diana and Isabela both suggested that local agencies advocate for housing market regulations that require rental prices to be commensurate with wages. They also suggested that the county and local government should invest in creating more affordable housing options. Eduardo recommended that since subleasing has become a well-established way for wealthier residents to make money, there should be advocacy for legal protections for informal subletters and resources for when they experience housing abuse.

### ***Increase Funding into Key Areas of Need***

While advocating for agencies to address underlying inequities through advocacy and systemic change, community members expressed gratitude and respect for the work of local agencies. This sense of appreciation was especially profound during the pandemic, when many Latine frontline workers and their families had no other choice but to seek economic support through local agencies.

During the interviews and member-checking conversations with Latine frontline community members, I asked them if there were ongoing areas of unmet need that local agencies

and foundations could address through allocation of funds or investment into programs in the immediate future. Community members named the following key areas:

- Grants for wage replacement during quarantine and isolation periods
- Ongoing grants for emergency rental assistance
- Financial grants to pay for childcare
- More availability of affordable childcare programs
- Affordable legal services and accessible information about legal rights
- Financial help for single mothers and larger families
- Expand on and create new recreation programming for children and adults, especially art classes, music classes, art fairs, dance classes, soccer, sports beyond soccer, hiking, mountain biking, outdoor education, and gardening. Specifically, more programs for adults, women, and girls.
- Increased access to affordable and accessible mental health services in Spanish, especially for people who do not have health insurance
- More free and rapid COVID-19 tests (both at-home and in-person) without appointments, without insurance requirements, and within local neighborhoods
- Continue making COVID-19 vaccine boosters free and available without appointments; make vaccines more accessible within local neighborhoods for people who do not have access to transportation

These resource gaps were specific to the local community where this research was conducted and specific to the point in time when the interviews and member-checking conversations took place. However, this list highlights the importance of regularly consulting

community members for their input whenever local nonprofit or government agencies are making decisions about how to allocate funding, time, and other resources.

### ***Increase Accessibility, Availability, and Quality of Services***

In the context of their experiences seeking services, several community members expressed the importance of reducing systemic barriers to access. Through telling stories of their own and their friends' experiences, they generated solutions for how nonprofit, government, and healthcare agencies could create more culturally centered, welcoming, and effective operations and services.

#### **Eliminate citizenship requirements, reduce means-testing and paperwork.**

One of the key recommendations that emerged was to make more services and programs open for undocumented people to apply. This requires the elimination of requirements for proof of legal residency. Additionally, community members described the importance of reducing paperwork requirements which many Latine working class people cannot fulfill, such as U.S. government-issued identification cards, formal lease agreements, and formal paystubs. Isabela, Valentina, and Sofia stressed the importance of eliminating or reducing means-testing restrictions so that working families who are earning some income can still apply for and receive help when they need it.

#### **Invest in referral systems and collaboration.**

Community members also advocated for investment into more efficient and accurate referral systems. As Natali expressed, this is important so that people can access more services without having to contact so many different agencies to access each type of help. Natali and Eduardo both recommended that agencies work to create cultures of care and respect for their clients or customers and to treat them with dignity, rather than to treat them dismissively. For

Natali, this meant offering clear options for filing complaints when clients or customers are mistreated or unfairly denied services. Eduardo expressed the importance of agencies working together rather than competing so that they can pool their resources and create better services for the community.

### **Centralized Access to Resources and Information.**

Several community members described the importance of creating centralized access to services and information. Ideas included the development of resource centers where a person can visit in person and/or central assistance lines where people can call to be connected to services. Natali expressed that she wished there were more organizations taking on the role of connecting people to services and helping them learn how to navigate available programs:

Y siento que no hay como una, como no hay organizaciones que se enfocan o que te digan ‘oye esto es gratuito, no tienes que tener miedo, no te van a pedir nada, no importa tu estatus inmigratorio, no importa esto.’<sup>113</sup>

### ***Share Power and Invest in Latine Leadership***

Several of the problems that community members discussed were rooted in systemic disempowerment and racial hierarchy. At the heart of many of these issues was the problem of Latine working class people being excluded from various systems that impact them. In everyday life and across domains of housing, employment, county government, healthcare, and nonprofit programs, community members described having to interact with systems that were not designed for them and their families.

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<sup>113</sup> And I feel that there is no such thing as one, as there are no organizations that focus or that tell you 'hey, this is free, you don't have to be afraid, they won't ask you for anything, your immigration status doesn't matter, this doesn't matter.'

Eduardo explained that in order for the everyday inequities confronting Latinos to improve, there needs to be investment in Latino leaders and Latino-led initiatives. As Eduardo explained, there is an underlying problem of insufficient Latino representation in positions of power and decision-making.

Algo que quiero que tú conozcas, okay, todas las fundaciones o la mayoría de las fundaciones tiene gente que hable español, correcto. Porque están ayudando a la comunidad. Pero tus jefes o tus directivos son americanos.<sup>114</sup>

Later on in the interview, Eduardo revisited this point and added:

Existen muchas los que están en el frente de las comunidades o de las fundaciones son latinos, ok. Y las personas que hablan por la fundación son latinos, pero la realidad es de que los que están de más atrás no son latinos.<sup>115</sup>

Eduardo argued that as Latinos are underrepresented in positions of power, predominately White organizations will continue to make decisions that do not include the Latino community's best interests. He advocated for funding and support for Latino-run organizations and programs because Latino leaders will not be persuaded to forget about their own community when they face people in power or encounter political and economic pressures.

A lo mejor el representante o el directivo va a ir a hablar con los políticos, no sé a una conexión a Denver o lo que sea, pero la persona que va a estar en frente haciendo una pregunta al gobernador presentando proyectos al gobernador del estado es una persona

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<sup>114</sup> Something I want you to know, okay, all the foundations or most foundations have people who speak Spanish, that's true. Because they are helping the community. But your bosses or your managers are American.

<sup>115</sup> There are a lot of people in front of the community or the foundations who are Latino, okay. And the people who speak for the foundation are Latinos, but the reality is that those who are behind it all are not Latinos.

[...] latina que cuando va a regresar al centro comercial, él va a plantear todo lo que fue a ver y todas las peticiones y todos los recursos que pudo obtener.<sup>116</sup>

He expressed the importance of honoring community autonomy and the importance of Latinos having the opportunity to speak on their own behalf, adding: “Pero estamos hablando de que es mi comunidad y es mi sociedad.”<sup>117</sup>

When asked to describe her perspective on whether the community was making progress toward racial equity and inclusion, Gloria expressed that she saw more organizations taking note of the specific issues facing the Hispanic/Latino community, and especially undocumented people. She expressed that progress toward equity was also happening because of greater opportunities for Hispanic/Latino leadership:

Es algo yo creo que va a cambiar la comunidad hispana y las oportunidades para hispanos, volver a la comunidad y trabajar y estar en posiciones de liderazgo.<sup>118</sup>

While increasing Latine leadership was strongly emphasized by some community members and agency workers, some also stressed the importance of inclusion across class and immigration status. During my conversation with María, she explained the importance of creating pathways for undocumented and working class Latinx leaders to “have a seat at the table” when local government and nonprofit agencies make decisions. She expressed that commonly, she sees important decisions being made “for our community,” rather than “with them.” She stressed the importance of challenging hierarchical systems and sharing power:

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<sup>116</sup> Maybe the representative or director is going to go talk to politicians, or to a connection in Denver or wherever it may be, but the person who will be there in the front, asking the governor a question, presenting projects to the governor of the state, is a [...] Latino person, who when he goes back to his community and the town, he will present everything he saw and all the requests and all the resources he could obtain.

<sup>117</sup> Because we are talking about how it is my community, and it is my society.

<sup>118</sup> So it's something I think will change the Hispanic community and the opportunities for Hispanics to return to their community and work in leadership positions.

And a lot of this is not that, 'give us the power and [we] take it from you.' It's more about creating a platform of sharing the power, right, with all of us, so we can all make decisions for community members. Where community members can make decisions for their own communities, and we actually don't have to be the ones making the decisions. We are the ones actually doing the work that is being guided for, by them.

María explained that Latinx leaders who have more privileged identities and status are sometimes asked to represent the entire Latinx community's interests in meetings. She framed this as tokenism and stressed that there are many "real leaders" in the community who do not have the same privileged status but who have the right and the knowledge to speak on behalf of their communities. However, she underlined that this goal requires investment of time, resources, money, and energy into cultivating Latine leaders through skill development and accessible opportunities.

We need a lot of advocacy work from our Latinx leaders, but we also need to be able to build that within them. Because our Latinx leaders, unfortunately, we don't have the foundation to really stand up for our values, right?

When I asked Natali about solutions she would like to see for their community, she expressed that she would like to see more Latinos helping one another and creating systems that help other Latinos:

Yo pienso que uno como Latino, bueno, por ejemplo, yo a mi manera de ver, es como que yo, si sé de algo, si puedo ayudar alguien, pues lo hago. Entonces este, siento que,



siento que tal vez, a lo mejor eso es lo que hace falta como que haya más Latinos que puedan ayudar o que te digan cómo, ósea, como ser un comunidad más unida.<sup>119</sup>

Every Latine frontline community member who spoke with me during this study demonstrated through their testimonios that members of impacted communities truly are experts in their own experiences and have the insight, lived experience, and intelligence needed to define and solve the problems facing their communities (Denzin, 2017; Fernández, 2020; Torres Rivera, 2020; Watkins & Shulman, 2008a). Valentina, Diana, Eduardo, Paula, Isabela, Sofia and Natali each gave detailed accounts of how they would like to see their local community and society change to be more efficient, effective, inclusive and equitable. Together, they also provided a comprehensive evaluation of local services and programs, outlining areas that need improvement and generating thoughtful recommendations for change. In centering Latine frontline community members' ideas for solutions to problems facing their community during the pandemic, the present study illustrates the importance of including impacted community members as valuable experts into decision-making processes within every institution of society. Furthermore, the knowledge, insights, and recommendations offered by the community members who participated in this study reinforce the importance and value of investing in leaders who have the lived experiences and direct knowledge needed to represent their communities.

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<sup>119</sup> I think that as a Latino, well, for example, in my way of thinking, it's like if I know about something, if I can help someone, then I'll do it. So I feel that, I feel that maybe that is what is needed is for there to be more Latinos who can help or who can tell you how [to do things], you know, so that we can become a more united community.

## DISCUSSION

As the findings of this study have shown, frontline workers, immigrants, communities of color, and other systemically marginalized groups have been heavily impacted by the consequences of the pandemic for their health, mental health, wellbeing, and economic survival. Latine communities in the U.S. face disparate risk of COVID-19 exposure through frontline work, greater rates of illness and death, inadequate access to medical care, and greater financial, housing and food insecurity as a consequence of income loss (Artiga et al., 2020; Gwynn, 2021; Kang et al., 2021; Kiester et al., 2021; Tai et al., 2021; Wolfe et al., 2021). The current study explored the experiences of Latine frontline workers and their families living in a tourism community in Colorado and centered their testimonios in generating an understanding of their personal, family, and community strengths, the underlying problems in their communities, and their recommendations for solutions.

As community members illustrated in their stories, Latine frontline workers and their families have demonstrated immense bravery in risking their lives to maintain society throughout the pandemic. Throughout the interviews, community members demonstrated values, wisdom, skills, and cultural, community and family strengths which have helped them respond and adapt to extremely stressful conditions throughout the pandemic. Some of these strengths included bravery, sacrifice, gratitude for life and health, mutual support for community, family support and unity, social justice advocacy, mental health coping strategies, and spirituality.

For the Latine frontline community members interviewed for this study, their understandings and definitions of the current problems in their community often centered around economic loss and financial insecurity. On top of fearing for their lives and the lives of their

families, tremendous and sudden economic losses resulted in housing insecurity, food insecurity, chronic stress, anxiety, and depression. Previous research supports these accounts by describing how the pandemic catalyzed devastating job and income loss for low-wage frontline workers in marginalized groups, including people of color, immigrants, and women (Capps et al., 2020; COLOR, 2021; Sönmez et al., 2020).

Throughout the participants' testimonios, their concerns connected to underlying racial inequities such as wage inequity, lack of equitable access to job security and labor protections, denial of paid sick leave, and systematic exclusion from government-based economic relief programs (Cleaveland & Waslin, 2021; Gemelas et al., 2022; Hinojosa et al., 2020; Kinder et al., 2020). In particular, their testimonios conveyed how lack of access to unemployment benefits and paid sick leave posed immediate threats that were connected to previously normalized systems that exclude many working class laborers and undocumented laborers from accessing these benefits (Colorado Organization for Latina Opportunity and Reproductive Rights [COLOR], 2021; Gemelas et al., 2022; Kinder et al., 2020; Parolin & Lee, 2022). While addressing the short-term impacts of economic loss during the pandemic emerged as a key area of concern, community members' understanding of the problem centered on advocating to change the underlying economic inequities that enable exploitation and create vulnerability for working class people, people of color, and immigrants.

In defining current problems facing their community, many community members emphasized the need for equitable access to affordable healthcare, especially for undocumented people living and working in the U.S.. While this consequences of being uninsured became exacerbated during the pandemic, this problem was also rooted in long-standing practices and policies that prevent undocumented people from having any form of health insurance, that allow

health insurance to be unaffordable, and that allow the healthcare industry to be privatized and cost-prohibitive for many families (Artiga & Diaz, 2019; Goldman et al., 2005; Ndugga & Artiga, 2021; Salgado de Snyder et al., 2021). While healthcare inequity has led to many unnecessary deaths among uninsured immigrants long before the pandemic, the immensely disparate loss of lives among undocumented Latinos during the pandemic in the United States makes it difficult to ignore that healthcare inequity in the United States is a form of systemic racialized violence against immigrants (Rossen et al., 2020; Wolfe et al., 2021).

From the perspectives of many community members, the pandemic highlighted that many U.S. systems are not designed to work for communities of color, immigrants, and the working class. As their stories and perspectives illustrate, it is critical to examine how Eurocentrism and White supremacy inform the ways that nonprofit and government agencies operate and to identify how this systematically disadvantages communities of color and immigrants (Cleaveland & Waslin, 2021; Disney et al., 2022; Finley et al., 2012; Hinojosa et al., 2020). Improving equity in program design and service delivery requires sharing power with affected communities; in this case, sharing power with working class Latine folks of all immigration statuses. Because U.S. systems are generally designed to be hierarchical and to favor efficiency over equity, shifting toward sharing power requires investment in building organizational knowledge about equitable renovation and redesign. Ultimately, inclusion of Latine communities requires finding pathways to include community members in decision-making by investing in Latine leadership development (Biu, 2019; Douglas & Iyer, 2020).

Many participants expressed support for the goals of the current study, nevertheless, it was clear that this project was only one more platform for expressing their voices. Nearly every community member made it evident that they have been thinking about these problems and

solutions for a long time, and they had shared their ideas and experiences in other contexts with neighbors, friends, or sometimes people in positions of power. In the context of the pandemic, they were experts in understanding how their communities have been impacted and what they need to recover and flourish in terms of health, economic, and psychological wellbeing.

## CONCLUSION

From the perspectives of Latino critical race theory (LatCrit) and liberation psychology, health and mental health inequities connect to historically rooted systems of structural racism and economic exploitation which allow society to benefit from the labor of people of color and immigrants meanwhile excluding them from equal access to resources and power (Delgado Bernal, 2002; Delgado & Stefancic, 2017, pp. 101-120; Martín-Baro, 1994; Torres Rivera, 2020; Quiñones-Rosado, 2020; Yosso & Solórzano, 2005). Yet, these theories also argue that historically targeted and oppressed communities hold the knowledge and tools needed to address their own problems and promote healing. The role of psychologists is to reduce stigma, reduce systemic barriers, recognize the strengths and autonomy of all people, and promote healing through both direct support and collective social justice action. From a liberation perspective, the role of researchers is to become allies who stand with impacted communities and who use our platforms for advocacy toward change.

While agencies and organizations must work to challenge hierarchical systems, learn to share power, and reduce barriers to access for Latine communities, the underlying problems remain systemic and structural. As my conversations with Latine frontline community members illustrate, addressing the root causes of inequities during the pandemic ultimately requires advocacy for broad systemic change to stop the systematic economic exploitation and exclusion of people of color and immigrants within U.S. society. In the context of the ongoing pandemic, it is critical to create sustainable pathways to ensure that Latine frontline workers and their families are included as leaders in operational, policy, and economic decisions that impact their health and livelihood.

## *Limitations*

Studies that apply critical qualitative approaches and studies based in liberation psychology often involve community-based participatory action research (CBPAR), which involves de-centering the voices of non-community members, academic researchers, and people in power, and instead requires collaboration with community members as valued partners throughout every stage of the research process (Fernández, 2020; Watkins & Shulman, 2008a). According to this approach, researchers must also become advocates and partners in pursuing social action and advocacy based on the research. I believe CBPAR is the most equitable design in research because it emphasizes social action and reduces the power that academics have in controlling the narrative and use of research, thus challenging the White supremacist model of controlling knowledge production and application.

At the same time, I cannot claim to have used a CBPAR design. In keeping with the university requirements of a master's thesis, I performed the bulk of the work in choosing the research questions, designing the study, conducting the interviews, and directing the analysis. These factors are typical for a master's thesis, which requires the student to engage in the majority of the work so that they can rightly claim to have completed an independent project. Yet, these factors gave me more power over the research goals, focus, and methods than would be required to qualify as a CBPAR design.

In terms of recruitment, one key limitation of this study was that many of the participants were recruited through word-of-mouth either through well-connected community members or agency providers. Because of this, the participants in this study may have had greater access to programs and support than many of their fellow community members who are less connected.

While this gave them insight into how services and agencies operate, this may not be representative of the experiences of individuals who do not have those social connections.

### ***Future Directions***

As the results of the current study suggest, it is critical for every institution within society to work to develop more equitable ways of operating. From my perspective, this includes investing in research projects that involves impacted communities as collaborators and co-producers of knowledge. The current study used a critical qualitative approach and emphasized actionable results, but did not employ a community-based participatory action research (CBPAR) method. I would recommend that future research revisit the topics outlined in this study at the local level but employing a CBPAR framework. Future studies should continue to focus on actionable results and recommendations and continue to challenge the role of the researcher toward becoming scholar-activists and scholar-organizers in their communities.

In general, there is a dire need for more psychology research to be conducted that applies a liberation psychology framework in order to understand and address the root causes of health, mental health, and economic inequities. While the current study provided a broad overview of how systems of oppression have impacted mental health during the pandemic among Latine frontline families in Colorado, greater research is needed into how the pandemic has impacted mental health for Latine communities in more nuanced ways. For example, there is a gap in the literature on how pandemic-era economic inequities, labor abuse, and healthcare inequities impact experiences of internalized oppression and depressive symptoms. In the context of the pandemic and experiences of systemic disempowerment, there is a need to understand how frontline communities of color and especially Latine communities understand their current mental health distress through the lens of oppression and how this impacts their experiences of



self-worth, self-efficacy, and internalized racism. Beyond the pandemic, there is a need for more psychologists to follow the lead of scholars like Lillian Comas-Díaz (2020) by working with Latine communities and other marginalized communities to co-create mental health treatment approaches that center the strengths, knowledge, and cultural healing practices of the community. Collaborative development and implementation of mental health practices and therapies will help to reduce the stigmatization and “pathologization of misery” (Martín-Baró, 1994) created through the legacy of traditional western psychological methods.

As a liberation psychologist in training, I believe it is critical to outline how my research will be directly used to benefit the local community. Throughout the research process, I remained in contact with several of the participants and periodically consulted them on how they would like the results to be used. They consistently agreed that they would like the results to be shared with nonprofit agencies, local government, and back with the community. By the time this paper was written, I had engaged in a series of meetings with the nonprofit agency that sponsored and supported this research. During those meetings, I shared a summary of the results and we explored applications to their current work. The results were well received, and the agency agreed to continue working with me to distribute the results locally and throughout the state. We agreed that we would center the community’s recommendations for solutions in our community report.

Following a liberation psychology approach, I worked with my community collaborators and the nonprofit organization that sponsored this work to organize two community events where Latine frontline workers, their families, and other community members were invited. The events were held in Spanish and featured presentation of the research and community discussion about the topics addressed in the study. At the time of final submission of this manuscript, I am still

working with community collaborators and agency workers to continue distributing the results of the study throughout their networks. I am also working with community collaborators to apply the research toward social justice organizing efforts in hopes that this work will bolster Latine-led initiatives in the community. Given that the results of this study call for increased advocacy at the state and national level, I also plan to work with community members and local agencies to apply this research toward broader activist efforts.

***Declaration of Conflicting Interests***

Neither I, nor any members of the research team, has any potential conflicts of interest to declare related to this research.

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APPENDIX #1 – VERBAL CONSENT FORM (ENGLISH)

**Verbal Consent for Adults to Participate in a Research Study  
Impact of COVID-19 in [location redacted] – Adult Community Members  
Colorado State University**

**TITLE OF STUDY:** *Impact of COVID-19 on [location redacted] County Community*

**PRINCIPAL INVESTIGATOR:** Bradley T. Conner, Ph.D., Associate Professor, Department of Psychology, (970) 491-6197, [brad.conner@colostate.edu](mailto:brad.conner@colostate.edu).

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**SCRIPT:** Hi, I am [*name of investigator*], and I'm a student researcher in the psychology department at Colorado State University. I am doing a research study here in the community with help from [*organization name redacted*]. We want to find out how the COVID-19 pandemic has affected Latinx families and seasonal workers in your community. We want to know more about the impact and the ways families need help. We plan to share what we learn with local organizations and agencies, so that they can improve their efforts to help families. We also hope to increase awareness about how COVID-19 has affected Latinx families and seasonal workers in Colorado. We are asking because you are a member of this community. Are you interested in hearing more about participating?

*(If “yes”, proceed with reading the rest of the consent form. If “no”, do NOT proceed with recruiting this person. If “maybe”, gently offer to read more information from the script to help them decide).*

This study is being run by academic researchers from Colorado State University, with help from [*organization name redacted*]. The people managing this study are: Dr. Bradley T. Conner, Ph.D., who is a professor in the Counseling Psychology Department, and Nathaniel Riggs, Ph.D., who is a professor in the Human Development and Family Studies department at the university. Interviews are conducted by Elizabeth Ballinger-Dix<sup>120</sup> and Vanessa Joachin, who are graduate students in Counseling Psychology at the university.

You do not have to participate in this study. It is your right to decide whether or not you want to participate. If you decide not to participate, this will not affect the services you and your child receive from [*organization name redacted*]. If you decide to participate, you can change your mind at any time before or during the interview. If you choose to leave the study, this will also not affect any services you or your child receive from [*organization name redacted*]. Do you have any questions about this? *(Pause for response)*

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<sup>120</sup> Maiden name of the author of this document

If you choose to participate in this study, then I will interview you over the phone. We will ask you questions about how you and your family have been affected by the COVID-19 pandemic. We may ask about how it has affected your work and your access to childcare, transportation, healthcare, and groceries. We may ask you to tell us about the impact on your family's health or socioemotional health. You do not have to answer every question. You may talk about the impact however you prefer.

Your privacy is important to us. After the interview, we won't keep any record of your full name or your family member's names. We will provide [organization name redacted] and other local organizations with the results of our study. Because we are academic researchers, we will also publish the information that we find. This information will contain ideas, themes, and quotations from interviews. However, it will not ever contain your real name, the name of the company where you work, your address or other contact information, the names of your family members, or other details that we think could allow someone else to know who you are.

We will be audio-recording this interview. Afterward, we will write down the information from your interview but erase all personal identifying information. Then, we will erase the audio-recording. Do you have any questions about this? *(Pause for response)*

There is no direct benefit to participating in this study. However, you would help us gain knowledge that may improve the efforts of local organizations. We hope that this information will be used to help improve services for immigrants and Latinos in [location redacted] County and other communities. If you participate in the study, you may feel slightly uncomfortable with talking about difficult or sad personal experiences. We will not force you to talk about anything you don't want to share. You can decide what to talk about.

You will also receive a \$10 gift card to a local store for every 30 minutes of participation. This interview will take a minimum of 30 minutes. However, we can speak for longer if you like. We can also speak again another time if you would like to share more. You will be paid for all of your time. Before you decide whether to take part in the study, please ask any questions that might come to mind now. *(Pause – wait for questions)*

If you have questions about the study, you can contact Bradley T. Conner, Ph.D. at 970-491-6197 or [brad.conner@colostate.edu](mailto:brad.conner@colostate.edu). For Spanish, ask to speak to Elizabeth Ballinger-Dix. You can also email Elizabeth directly at [Elizabeth.Ballinger-Dix@colostate.edu](mailto:Elizabeth.Ballinger-Dix@colostate.edu). If you have any questions about your rights as a volunteer in this research, contact the CSU IRB at: [RICRO\\_IRB@mail.colostate.edu](mailto:RICRO_IRB@mail.colostate.edu); 970-491-1553. If needed, ask for someone who speaks Spanish. We will mail or email you a copy of this consent form, whichever you prefer.

Remember, participating is completely voluntary. For us to know that you voluntarily agree to be a part of this study, we need something called your "consent". Even after you give us your consent, you still have the right to change your mind at any time. With this in mind, do you give your consent to be a part of this study?

*(Pause. Wait for clear, affirmative verbal consent. If there is visible hesitation or discomfort, regardless of what the participant says, then pause. Rephrase the question, providing participant a clear opportunity to say “no”.)*

**INSTRUCTIONS FOR RESEARCH STAFF:**

*Sign this form only when (1) you have answered all the participant’s questions, (2) the participant does not appear visibly hesitant or uncomfortable, and (3) the participant has provided clear, affirmative verbal consent.*

\_\_\_\_\_  
**Pseudonym of participant**

\_\_\_\_\_  
**Date**

**I affirm that I have read this verbal consent script to this participant and have followed all of the instructions herein. I affirm that I have not recorded any personal identifying information about this participant on this form or elsewhere, including real name, address, or employer.**

\_\_\_\_\_  
**Name of person providing information to participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Research Staff**

*After Interview:*

- (1) Email or mail the participant a copy of this form, following their preference. Destroy any record of participants’ real full name, address, or email address after sending this form.*
- (2) Interview may take place only after obtaining consent*
- (3) Remind participant that they are being recorded once interview begins.*

APPENDIX #2 – VERBAL CONSENT FORM (SPANISH)

**Consentimiento verbal para adultos a participar en un estudio de investigación  
Impacto del COVID-19 en [location redacted] – Adultos de la Comunidad  
Universidad Estatal de Colorado**

**TÍTULO DEL ESTUDIO:** *Impacto del COVID-19 en [location redacted]*

**PRINCIPAL INVESTIGATOR:** Bradley T. Conner, Ph.D., Profesor Titular, Departamento de Psicología, (970) 491-6197, [brad.conner@colostate.edu](mailto:brad.conner@colostate.edu).

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**GUIÓN:** Hola, me llamo Elizabeth, y soy un/a investigador/a estudiantil en el departamento de psicología en la Universidad Estatal de Colorado. Nos encargamos de un estudio de investigación en la comunidad en colaboración con la organización [organization name redacted]. Queremos saber como la pandemia del coronavirus les han afectado a las familias latinas y los trabajadores temporales. Queremos saber que son sus necesidades corrientes. Después del estudio, vamos a compartir las ideas que aprenderemos con las organizaciones y agencias comunitarias para auxiliar sus esfuerzos de apoyar la comunidad. También queremos tomar conciencia sobre los efectos de la pandemia para familias latinas y trabajadores temporales en Colorado. Le invitamos a usted como miembro de la comunidad. ¿Le interesa aprender más sobre cómo puede participar?

*(If “yes”, proceed with reading the rest of the consent form. If “no”, do NOT proceed with recruiting this person. If “maybe”, gently offer to read more information from the script to help them decide)*

El estudio es coordinado por un grupo académico de la Universidad Estatal de Colorado con ayuda de la organización [organization name redacted]. Los investigadores encargados de este estudio son: Él Dr. Conner quien es un profesor del programa de Consejería Psicológica. El Dr. Nathaniel Riggs es un profesor del programa de Desarrollo Humano y Estudio de la Familia. Elizabeth Ballinger-Dix y Vanessa Joachin son las que dirigen este estudio y ellas son estudiantes del posgrado en el programa de Consejería Psicológica.

No tiene que participar. La participación no es obligatoria. Usted puede elegir si desea participar en este estudio o no. Su decisión por no participar tampoco afectará los servicios que usted o su hijo/a reciban de [organization name redacted]. Usted también tiene la opción de cambiar su decisión y dejar de participar en cualquier momento sin ninguna pena ni perdimiento de los servicios normales que ya recibe usted o su hijo/a. ¿Tiene preguntas sobre este tema? *(Pause for response)*

Si decide a participar, yo le voy a entrevistar por teléfono. Le voy a preguntar sobre como usted y su familia han sido afectado por la pandemia del COVID-19. Es posible que le preguntemos sobre el impacto en su trabajo y su acceso a recursos como atención medica, cuidado de niños,



transporte, y provisiones. Es posible que le preguntemos sobre el impacto en la salud física o mental de su familia. No es obligatorio contestarlas todas. Además, puede hablar sobre el impacto como prefiera.

Nos importa su privacidad. Después de la entrevista, no guardaremos ningún registro de su nombre entero ni de sus familiares. Después del estudio, vamos a compartir los resultados con la organización. Como somos investigadores académicos, planeamos publicar los resultados de nuestro estudio. Los resultados van a incluir los temas principales, ideas generales, y a veces citas dichas de las entrevistas. Pero nunca divulgaremos su nombre verdadero, los nombres de sus familiares, su dirección ni otra información de contacto, ni el nombre de su empleador, ni cualquier otro dato con la que se pueda identificar el participante. Vamos a grabar en audio las entrevistas con los participantes. Después, vamos a copiar la grabación de audio y borrar cualquier información con la que se puede identificar el hablante. Finalmente, vamos a destruir el audio. ¿Tiene preguntas sobre este tema? (*Pause for response*)

El estudio no beneficia directamente a los/as participantes. Sin embargo, su participación nos dará información que pueda auxiliar los esfuerzos de organizaciones locales. Esperamos que esta información se use para mejorar los servicios para inmigrantes y latinos en el [location name redacted] y en otras comunidades. Durante la entrevista, pueda sentirse un poco incomodo/a por hablar sobre experiencias personales que sean difíciles o tristes. Nunca le obligaremos que hable de cualquier tema que no quiere. Usted puede decidir que cosas quiere contar.

Si decide a participar, le pagaremos \$10 dólares por cada 30 minutos de participación. La entrevista dura un mínimo de 30 minutos. Pero, podemos hablar más hoy u otro día si prefiere. Le pagaremos por todo su tiempo. Antes de que decida si quiere participar, por favor pregunte cualquier duda sobre el estudio (*Pause*).

Si más después tiene preguntas con respecto a su participación en este estudio, puede contactarse al investigador principal Bradley T. Conner, Ph.D. al 970-491-6197 o por correo electrónico a [brad.conner@colostate.edu](mailto:brad.conner@colostate.edu). Para asistencia en español, puede contactarse con Elizabeth Ballinger-Dix directamente al [Elizabeth.Ballinger-Dix@colostate.edu](mailto:Elizabeth.Ballinger-Dix@colostate.edu). Si tiene preguntas sobre sus derechos participante, puede contactarse al comité de investigaciones (CSU IRB) al: [RICRO\\_IRB@mail.colostate.edu](mailto:RICRO_IRB@mail.colostate.edu); 970-491-1553 y pedir asistencia en español. Le mandaremos una copia de este formulario por correo o correo electrónico, como prefiera.

Una vez más, le recordamos que la participación en este estudio no es obligatoria. Para que sepamos que usted realmente quiere participar con su propia voluntad, tenemos que pedir su “consentimiento.” Aun con su consentimiento, usted tiene el derecho de retirarse en cualquier momento. Con tal entendimiento, ¿Está usted de acuerdo con participar en este estudio?

*(Wait for clear, affirmative verbal consent. If there is visible hesitation or discomfort, regardless of what the participant says, then pause. Rephrase the question, providing the participant a clear opportunity to say “no”.)*

**INSTRUCTIONS FOR RESEARCH STAFF:**

*Sign this form only when (1) you have answered all the participant's questions, (2) the participant does not appear visibly hesitant or uncomfortable, and (3) the participant has provided clear, affirmative verbal consent.*

\_\_\_\_\_  
**Pseudonym of participant**

\_\_\_\_\_  
**Date**

**I affirm that I have read this verbal consent script to this participant and have followed all of the instructions herein. I affirm that I have not recorded any personal identifying information about this participant on this form or elsewhere, including real name, address, or employer.**

\_\_\_\_\_  
**Name of person providing information to participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of research staff**

*After Interview:*

- (1) Email or mail the participant a copy of this form, following their preference. Destroy any record of participants' real full name, address, or email address after sending this form.*
- (2) Interview may take place only after obtaining consent*
- (3) Remind participant that they are being recorded once interview begins.*

## GLOSSARY OF TERMS

### **Frontline Workers**

I use the term “frontline worker” to refer to any individuals whose jobs require in-person work with the public on a daily basis, thus exposing them to COVID-19 risk in order to complete their daily job functions. Throughout the pandemic, the term “frontline worker” has often been used to refer primarily to essential healthcare workers, although it has also often included first responders (e.g., police, paramedics, and fire fighters), teachers, delivery personnel, childcare workers, sanitation workers, waste management personnel, construction workers, and those working in agriculture and grocery stores (e.g., Parolin & Lee, 2020). Some additional industries that predominantly employ workers of color and/or Latine workers and that pay working class wages (e.g., housekeeping and hospitality workers) have often been unmentioned and unnamed in the category of “frontline worker” industries (e.g., Centers for Disease Control and Prevention, 2020). This omission perpetuates systemic racism and class disparities in media coverage, funding, and political attention. In order to counter this inequity, I follow the lead of other authors who use the term “frontline worker” expansively to include hospitality workers, housekeepers, restaurant workers, and any work that functionally requires in-person labor and involves high volumes of contact with the public (e.g., Wolfe et al., 2021). I also use the term “frontline families” to refer to the children and spouses of frontline workers.

### **Race**

In psychological research, "race" has been used somewhat inconsistently to denote skin tone, phenotypic features, ethnicity, and/or nationality (Betancourt & López, 1993). Critical race theorists (Delgado Bernal, 2002; Ortiz & Jana, 2010; Yosso & Solórzano, 2005) and some

psychologists (Betancourt & López, 1993; Smedley & Smedley, 2005; Zuckerman, 1990) argue that race is best understood as a social construct. Critical Race Theory (CRT) regards race as an evolving construct that changes based on socially and politically situated hierarchies (Delgado Bernal, 2002; Ortiz & Jana, 2010; Yosso & Solórzano, 2005). If race is understood as referring only to skin tone, it may include terms like Black, White, and Brown (Zuckerman, 1990).

However, this is problematic because individuals from the same ethnic origin or family may have very different skin tones but regard themselves as sharing the same race. Wherever possible I will describe individuals and groups in terms of both ethnicity (e.g., African-American or European-American) and race (e.g., Black or White). However, I acknowledge that most of the research with Latine individuals and communities describes participants only in terms of ethnicity and does not describe race. When referencing data from other sources, I may use the terms the author uses to avoid inaccuracy. This may include citing research that confuses race with ethnicity (e.g., de Brey et al., 2019; U.S. Census Bureau, 2018).

### **Ethnicity**

According to Smedley & Smedley (2005), "Ethnicity refers to clusters of people who have common culture traits that they distinguish from those of other people" (p.17). Cultural traits that define ethnicity may include geographic location, ancestry, language and religion. Some psychological researchers argue that like race, the concept of ethnicity is socially constructed and may imply false homogeneity (Betancourt & López, 1993; Burton, Nandi & Platt, 2010). However, measuring ethnicity in research is necessary in order to capture and address unique or shared experiences, disparities, microaggressions, and discrimination that people of various ethnicities experience (Burton, Nandi & Platt, 2010).

## **Minority**

"Minority" status refers to belonging to a social group (or multiple social groups) with respectively less power in society than counterpart groups (Kerr, 2002). Minority individuals may have marginalized racial identities (such as Black or Brown), marginalized ethnic identities (such as African-Americans and Indigenous Americans), marginalized religious identities (such as Muslims in the United States), marginalized sexual orientation (such as bisexual or lesbian), or marginalized gender identities (such as gender non-binary or transgender).

## **Latine**

The terms "Latino," "Latina," "Latine," "Latinx," "Latin@," and "Latin\*" describes individuals and communities who are from or are descendants of those from countries in the Americas and the Caribbean that were colonized by Spain, France, and Portugal (Salinas & Lozano, 2021). In contrast with racial categories, these are pan-ethnic terms that refers to a person's ethnicity. The term "pan-ethnic" refers to words that encompass several ethnic identities, such as Mexican, Mexican-American, Cuban, or Colombian. A person who identifies as Latino/a/e/x may also hold any racial identities, including Black, Brown, White, and Multi-Racial. Latino/a/e/x people may identify as being of Indigenous, European, Afro-Latine, and/or Jewish, and/or any other descent, and often hold multiple ancestries (Charles, 2021). Within Latin American countries, systemic racism and colorism against people with darker skin are historically rooted in centuries of European colonization, genocide, and enslavement of Indigenous peoples and forced migration and enslavement of African peoples and people of African descent (Quiñones-Rosado, 2020). Even when using pan-ethnic terms such as "Latina/o/e/x," it is critical to avoid assumptions of homogeneity and to keep in mind the diversity of Latin people in the U.S. and throughout the world based on individual differences,

family differences, different national origins, religions, racial/ethnic identities, immigration stories, legal statuses, class backgrounds, and many more areas of human diversity (Covarrubias, 2019; Rios-Aguilar & Kiyama, 2019).

Given that the current project was community-based and aims to preserve the voice of the participants, I will use the terms used by the participants whenever I am referencing their comments and perspectives. The terms “Latine” and “Latinx” have emerged from a movement to be more inclusive of transgender, nonbinary, and gender non-conforming people in the use of language (Salinas & Lozano, 2021; Vidal-Ortiz & Martínez, 2018). When the present study was developed, I used the term “Latinx” to be more gender-inclusive throughout any documents that I created pertaining to this study (e.g., codes and consent forms). However, while making the final revisions to this manuscript, I decided to switch to the term “Latine” as I learned that this term is regarded as more coherent with Spanish phonetics and more consistent with existing gender-neutral terms in Spanish such as *estudiante* and *cliente* (Carbajal, 2020). While the “X” in “Latinx” may be regarded as culturally or politically significant in the U.S. and within indigenous Mexican cultures (see Salinas & Lozano, 2021, pp. 250), the term “Latine” may be more inclusive for people from countries outside of Mexico and the U.S. where the letter “X” is not commonly used or is absent from native languages. Unless citing the findings of other research, I will not use the term “Hispanic” because this term includes people from Spain and is not inclusive of people from colonized lands in Portuguese or French-speaking countries in Latin America and the Caribbean. When referencing specific statistics or ideas from another source, I may also use the term “Hispanic,” “Latino,” “Latina/o,” “Latinx,” or some combination of these terms exactly as used by the author of the source in order to avoid inaccuracy.

## **People/Person/Community of Color**

In the United States, many ethnic minority and/or racial minority individuals and communities identify as "people of color" or "persons of color". The term "people of color" does not refer only to race or ethnicity, but rather is indicative of holding at least one racial identity that is different from "White" or at least one ethnic identity that is different from "European" (Aspinall, 2002). However, this term is preferable to "non-White" or "non-European" because it challenges the place of Whiteness or Europeanness as the reference position. Individuals and communities that identify as people of color may hold any number of different ethnic identities, such as Latine, African, Asian, Middle Eastern, Indigenous North American, Pacific Islander, or of mixed ethnic descent. It is also important to note that some individuals who are light-skinned but have a multi-ethnic or multi-racial heritage may identify as both White and as persons of color (Vidal-Ortiz, 2004).

## **White or European-American**

When referring to Americans who racially identify as White and ethnically identify as non-Latine European-American, I will write out the terms "White non-Latine European-American". Morrison and Chung (2011) argue that using the term European-American may help to challenge the concept that White people are the default group and do not have a cultural or ethnic background of their own. I will use this term along with the term "White" to acknowledge the racialized hierarchy and cultural hegemony established by Europeans in North America (Delgado Bernal, 2002). Another reason I prefer to write out "White non-Latinx European-American" is to distinguish from individuals who racially identify as White and who ethnically identify as Latinx, African, Asian, Middle Eastern, Indigenous North American, Pacific Islander, or of mixed descent. Whenever referencing specific studies in which race and/or ethnicity of

participants are described, I will use the terms used by the author in order to avoid inaccurate interpretations.

### **African-American and Black**

I will refer to non-Latine individuals of African descent who racially identify as Black and who are living in the United States with both the racial term of "Black" and the ethnic term of "African-American". I have chosen to use both terms in order to acknowledge that many Latine individuals also identify as Black, Afro-Latino, or Afro-Latine but may not identify as African-American (Aspinall, 2002). However, it is also important to remember that the identity of African-American does not exclude the possibility of being both Latine and African-American. In using terms that identify groups of people by their ethnic and/or racial heritage, there is the risk of implying homogeneity or exclusion of other identities that an individual may hold (Aspinall, 2002; Vidal-Ortiz, 2004). This may especially be true for individuals who are multi-racial and/or multi-ethnic, and whose specific identities are often obscured or excluded in national data sources (Pew Research Center, 2015).

### **Undocumented**

The term "undocumented" refers to individuals who do not have a legally recognized immigration status in the United States (Immigrants Rising, n.d.). "Undocumented" individuals may be persons whose visas were cancelled, whose visas expired, or who did not enter the country with a visa.

### **Working Class**

The term "working class" refers to individuals who work in industries where they are often under-compensated for their work. Many working class laborers are also frontline workers. I prefer this to the term "low income" because it is consistent with the language of worker's rights



movements and emphasizes the strength of working families rather than framing their economic remuneration as their defining feature. However, working class individuals in the United States often live at, near, or below the federal poverty line (National Center for Children in Poverty, 2018). The term does not denote race or ethnicity. However, a disproportionate number of racial and ethnic minority individuals are also working class.