

# Community Engagement Alliance (CEAL) Against COVID-19 Disparities

## Results from Community Health Workers Focus Groups



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## OVERVIEW

The summary in this report is based on qualitative analysis from a series of focus groups conducted with Hispanic/Latinx Community Health Workers (CHWs) in Arizona between January and February of 2021. Focus groups were conducted in Spanish and English language over Zoom and focused on a variety of topics on Covid-19 education and training, including vaccine confidence. Communities served by CHW focus group participants were predominantly Hispanic/Latinx and immigrant community members throughout Arizona. The Community Health Worker (CHW) workforce, defined as a frontline public health worker who applies a unique understanding of the experience, language, and culture of the population served, has entered the spotlight as essential to health care systems. CHWs are valuable members of health teams and play a vital role in addressing medical and social determinants of health among underserved populations. In Arizona the CHW workforce is estimated at 1000-1500 CHWs employed in county and tribal health departments, health centers, schools, churches and not for profits.

Table 1. Focus group demographics

| <b>Community Health Workers (N=30)</b> |                                 |                 |                     |                          |
|--|---------------------------------|-----------------|---------------------|--------------------------|
| <b>Age</b>                             |                                 |                 |                     |                          |
|  | 25 – 40                         | 33% (n=6)       |                     |                          |
|  | 41 – 50                         | 28% (n=5)       |                     |                          |
|  | 50+                             | 39% (n=7)       |                     |                          |
|  | No response                     | N=12            |                     |                          |
| <b>Race</b>                            |                                 |                 |                     |                          |
|  | Hispanic                        | 96.5% (n=28)    |                     |                          |
|  | Non-Hispanic                    | 3.5% (n=1)      |                     |                          |
|  | No response                     | N=1             |                     |                          |
| <b>Gender</b>                          |                                 |                 |                     |                          |
|  | Male                            | 3.4% (n=1)      |                     |                          |
|  | Female                          | 96.6% (n=28)    |                     |                          |
| <b>Education</b>                       |                                 |                 |                     |                          |
|  | High school or GED              | 38% (n=11)      |                     |                          |
|  | Associate’s or technical degree | 42% (n=12)      |                     |                          |
|  | Bachelor’s degree               | 14% (n=4)       |                     |                          |
|  | Prefer not to answer            | 7% (n=2)        |                     |                          |
| <b>Covid-19 practices</b>              |                                 |                 |                     |                          |
|  |                                 | <b>Mask use</b> | <b>Hand washing</b> | <b>Social distancing</b> |
|  | Never                           | 3.3% (n=1)      | 3.3% (n=1)          | 3.3% (n=1)               |
|  | Very often                      | 3.3% (n=1)      | 13.3% (n=4)         | 30% (n=9)                |
|  | All of the time                 | 93.4% (n=28)    | 83.4% (n=25)        | 66.7% (n=30)             |
| <b>Likely to get Covid-19 vaccine</b>  |                                 |                 |                     |                          |
|  | Not at all                      | 3.3% (n=1)      |                     |                          |
|  | 3                               | 3.3% (n=1)      |                     |                          |
|  | 4                               | 3.3% (n=1)      |                     |                          |
|  | 5                               | 3.3% (n=1)      |                     |                          |
|  | Very likely                     | 86.8% (n=26)    |                     |                          |

## VACCINATION TOPICS

### Vaccine Basics

#### *Summary*

Frequently asked questions (FAQ's) about vaccine basics relate to three key areas, further explained below: 1) what goes into making a vaccine, including contents; 2) what are the benefits of the vaccine for everyday people; and 3) why are these vaccines different from others?

- 1) Communicating vaccines beyond science, for everyday people, implies giving context to the development such as timeline/timeframe and contents of the vaccine with an overarching description of the purpose (e.g. reduce incidence of severe symptoms). Fear in the vaccination context comes from gaps/incongruence in messaging and objectives especially from varying sources such as social networks, media, and trusted figures.
- 2) Benefits for everyday people, in terms of vaccination, includes having clear expectations on topics such as side effects, eligibility of pregnant or chronic diseased person, and whether long consequences exist (e.g. sterilization, death, etc.).
- 3) Clear information on differences between existing Covid-19 vaccines are commonly requested as well as distinction from classic (attenuated) vaccines. In this last topic, questions regarding best, worst, and effectiveness dominate hesitancy with CHW's clients citing time-length (how long) and scope of protection (variants) as key considerations. Implicit ideas of one vaccine as the best choice are expressed especially with regards to side effects and variants. A connecting thread in vaccine hesitancy is centered on ideas of bad intentions by medical practitioners as tools for population and social control, surveillance, and experimentation. Assurance of safety and benefits is imperative especially if collaborated with trusted community leaders (see Vaccine Contents).

#### *Recommendation*

To address key concerns of vaccine hesitancy, messaging strategies about the basics of vaccination should be considered. These basics include simple illustrations of vaccine development including time frame, contents, approval process, and when "safety" has been reached. Consistent messaging of the vaccine purpose is highly recommended to include why some diseases get vaccines and others do not; the ultimate goal of vaccination should be expressed in everyday terms (e.g. safe families, next step for normalcy). Next, vaccination sites should be consistent with discussing expectations from the vaccine including "side effects" in terms of cost-benefit (ex. symptoms for one day but safe for the year) when asked and providing material with relevant information in appropriate comprehension level (see Barriers).

Strategies to improve trust and reduce fear-related hesitancy should incorporate trusted community figures, communication on the purpose of vaccination, commitment to utmost wellbeing of all people, and illustration of vaccine difference (especially from flu vaccine). Illustrate purpose of vaccination in terms of health maintenance for the family. Communicating the commitment of health professionals to ensure the wellbeing of the patients and that they are not part of an experimental trial group. Illustrate differences between Covid-19 vaccine symptoms to those of flu vaccine and difference between these types (mRNA versus attenuated/incompetent) since most have experience with the flu vaccine.

### *Data Quotes*

“the information about what the vaccine contains, what the side effects might be. What's the difference? Many may ask "what's the difference between Pfizer and Moderna?" What is the difference? Because now they are announcing, that is why I sometimes turn off the TV. I no longer want to hear more because, oh my gosh, it's overload. Now they say Johnson & Johnson is about to come out. I think the more information of that type, you know, just give me the nitty gritty. The current, what does it contain, what are the side effects, if any? Give me the worst case scenario and then tell me the positives”

“How would we benefit from the vaccine? I understand there would be fewer deaths and everything, but what guarantee do I have that the vaccine will work or will not harm in the future? That would be my point of view, because I understand that in 10 years, 10 years is about the average to know what effect a vaccine has. So, if this vaccine was made in a year, I would like to know a little more about it.”

“for me, it would be just having a basic understanding on how the vaccine works, because I had somebody asked me how effective it was and I wasn't sure how to answer that because, you know, there's two vaccines right now that are out and they're different. I just don't know the difference between them. So, for me, it would be knowing exactly how it works and being able to relay that in a way”

## Vaccine Contents

### *Summary*

FAQs of vaccine content center around disseminating the contents of available vaccines in a comprehensible way. Providing a breakdown of contents and their purpose allows patients to assess the vaccine in general terms without the gatekeeping of scientific knowledge. Similarly,

contents and their potential side effects are important factors needed to make assessments of whether to get the vaccine. Two important and related topics include dispelling myths of fetal tissue components in the vaccine and the compatibility of these vaccines within the Catholic religion. Providing a breakdown of vaccine contents, their purpose, and side effects will similarly require communication of what is *not* included in vaccines to be more acceptable within a Catholic perspective.

### *Recommendation*

Illustration of the vaccine contents, function, expected outcomes of the contents (ex. allergic reaction), and a clear list of items **not** used for vaccines is highly recommended. Visual aids for this information were mentioned as highly recommended to engage patients and facilitate the learning process. Authority figures such as doctors were also mentioned as another strategy to provide this information and ease feelings of hesitancy and fear.

### *Data Quotes*

“in the Catholic religion there are many Catholics who say 'how are you going to get vaccinated if they are made of fetus particles? Okay the Holy Father, the Pope has already gotten it, do you think that if the Pope did not agree he would have put it on?' and they stay quiet sometimes”

“I think the more information of that type, you know, just give me the nitty gritty. The current, what does it contain, what are the side effects, if any? Give me the worst case scenario and then tell me the positives, so I can promote that it is a good thing.”

“there are a lot of myths and bad information about it, too, that you are injected with the virus or that it is not the virus. And there it does talk a little bit about that, for example, it says that it does not contain eggs, that it does not contain latex and that it does not contain preservatives. So things like that, I think, it would be a good idea to develop something, or maybe even visuals, see how the vaccine attacks the virus.”

## Safety and Side Effects

### *Summary*

Safety and side effects were two of the most prominent concerns among the Hispanic/Latinx community that CHWs discussed. In terms of safety, concerns center around: the development of the vaccine (how quickly), if fetal tissue was used, how safe it may be for those with chronic



diseases, how long immunity may last, and effectiveness against variants. Side effects are the next most important concern as vaccines are believed to cause death, coma, seizure, or result in paralysis. These side effects create the most hesitancy among families for concern of their wellbeing.

### *Recommendation*

Language appropriate handouts and published materials should be made available to all persons (see Logistics and Barriers) to address common questions. Recommended material should be primarily visual with limited text to convey known side effects, duration, and indicators for safety. Any developed communication should include clear statements on what to expect “due to” the vaccine is strongly recommended to enhance trust.

### *Data Quotes*

“many of them they say ‘no, I'm not going to do it.’ Why? ‘Because they are becoming paralyzed. Because they are having seizures, a person has been in a coma and I'm not going to do it.’”

“they have commented that ‘what if something happens to me with this vaccine,’ as these are big fears for them. And that is the most common thing that I have seen that they are afraid, many people are afraid of getting the vaccine and that something will happen to them.”

“How effective is this vaccine that we're taking and what are the symptoms and, you know, the good, the bad and the ugly about this vaccine”

“what's going to happen to my baby years from now? Like, is it going to have side effects because I have the vaccine? So that's the information that they would want to know.”

## **Benefits**

### *Summary*

Illustrating the benefits of the vaccine requires framing the benefits in positive terms like the implications for families/communities, lived experiences, and precautions needed after receiving the vaccine. Framing vaccines in a positive way has to convey the benefits to the family as well as the individual and can be further strengthened by inverting popular negative views of vaccination, for example, inverting ideas of sterility to frame vaccines as the best way

to protect future families and healthy children. Positive framing also includes portraying vaccination as a steppingstone to normalcy, rather than a one-time solution to all problems. Illustrating the benefits of vaccination by the varying levels of protection vaccines can provide against Covid-19 (no vaccines versus half dose versus full dose). One key point within the messaging components is to communicate that mask wearing may still be required in some businesses while steps are taken towards controlling the pandemic.

### *Recommendation*

A method of illustrating benefits is the use of testimonials or lived experiences by individuals who have received their vaccine. A combined effort between the items described leading to hesitancy and illustrative handouts may be the best approach especially disseminated on mediums like Facebook, local radio or news networks, and in local businesses.

### *Data Quotes*

“Because in reality the vaccine is the only thing that is protecting us right now. But there is a lot of misinformation because in reality the people have been very distrustful, very afraid”

“right now, the vaccine is being given to people, see how to better have a little more access to the people who have already received it, how it is working too, right? And how they have felt? And maybe they could - well, how can we tell them? Tell us some kind of positive message and that way we could also focus on what they share with us, right?”

“And hopefully they will get the same conversation with everybody else about the pros, about getting it depending on what their situation is, you know, and so it's about making sure- talking to them about the benefits of it”

“Those of us who have it feel very relieved, we feel that we are already free, a little more respite and tranquility.”

“especially for the people that are wanting to get the vaccine is because they want to protect the community and, you know, continue with their normal life.”

## Logistics and Barriers

### *Summary*

The logistics of accessing vaccines pose several barriers for Hispanic/Latinx populations in terms of understanding, interacting, and assessing vaccination information. This summary includes the following barrier topics: technology, location and transportation, immigration, and comprehension/language.

Logistics for vaccination include navigation of technological mediums (phone, tablets, computers), and determining the quantity or availability of vaccines. CHWs report barriers in technology for their population group as stemming from usability of web pages such as language, organization, and application interface. Web page layout is difficult for many users to navigate and find appropriate links or subpages indicative of poor layout or formatting. Similarly, utilizing emails or account creation systems is additionally challenging for this group with both limited access to technologies and web-literacy. Ultimately, difficulties in web page navigation prevent some users from easily accessing needed information such as vaccination location, especially with linguistic limitations (see below). From this point, assessing vaccination locations and determining availability are concerns for Hispanic/Latinx individuals as competition to get vaccines increases. Elderly and homeless populations are most affected by all aspects of logistics. Homeless populations additionally do not have access to any facet of vaccine information, housing, transportation, electronic devices, and in some cases literacy such that receiving first dose is challenging in addition to coordinating second dosage.

### *Location and transportation*

For many, proximity to vaccination centers become an issue as many rely on public transportation or non-motorized modes of travel. Limitations in transportation effectively becomes a key determinant for patients searching for vaccines. Homelessness in itself is a barrier to reaching vaccination location.

### *Immigration*

For Hispanics/Latinx groups, the concept of eligibility poses an additional barrier with many expressing hesitance by potential requirements and consequences. Many believe that vaccination sites require verification of residency, citizenship, or lawful presence. CHWs report ambivalence among their clients due to possible consequences of their immigration status, being turned away from a lack of United States identification, or fees associated with vaccination.

### *Comprehension and language*

Virtually all Spanish-speaking groups experience difficulties in language comprehension when navigating websites, assessing information, or asking questions. Language and comprehension in web interfaces are an additional barrier as many primarily speak/read in Spanish especially among older groups. Engaging with materials such as handouts, government websites (CDC, AZDHS), or web content in general becomes a challenge given the primary language and the reading level of the materials.

### *Recommendations*

User friendly websites in Spanish in 6th grade reading level content is a first step to improving access. Next, compiled vaccination locations in websites should include locations marked with indicators for proximity to public transit. Clear indication and expectation of requirements should be stated to encourage immigrant's participation and reduce fear. For example, advertisements should include accepted forms of identification, statements on privacy, indications that immigration status is of no consequence, and association with local trusted organizations among the target population. Lastly, coordinating a team to mobilize vaccination access and "meet them where they are" is especially important homeless individuals as well as providing temporary housing in case of vaccine side effects or medical complication is crucial to ensure this vulnerable population is protected.

### *Data Quotes*

"Here, here in our community there are people 75 years and older who have not yet been able to access those vaccines and again it is the same problem. Everything needs an appointment online; they cannot do it. So those who can, even if they are not 75 or older, they are going to take advantage of those vaccines."

"I think the biggest challenge is navigating the system they are using right now to make an appointment. That's the biggest challenge. They have made it very difficult because if one, who more or less knows how to use technology, it was a challenge."

"one of the other barriers is the number of people we have who are homeless. What connections do they have? Where is their location? What security do they have? They don't have identification, there is a list of challenges there. They don't have a phone with service or- the list, the list, the list. They have such a high chance of being infected themselves. They are vulnerable, the cold, lack of food, lack of medical attention, etc., etc. It breaks our hearts to see the youth in the street, everywhere, right?"

“A lot of our people are from Mexican race and they don’t have papers. So, it's really hard for them to get any services out here, like insurance and stuff like that. I’m pretty sure it’s going to be a hassle. If it’s not going to be free it's going to be a hassle for us here”

“Another is in the car, a lot of people moved around on the bus and at places it's just drive-by where you just have to stop by with the car. So, transportation has been one.”

“we also have a language barrier. I had, like I said, one of my neighbors that needed to sign up and the worker where, she was given a phone number to call to make an appointment for her vaccine. And the worker couldn't, none of them could speak Spanish”

## Myths: Social Control

### *Summary*

CHWs reported vaccine myths related to the purpose, social implication, and consequences of Covid-19 vaccination. Myths surrounding vaccination relate to politics, social control, anti-Christianity, and population control. For politics, ideas of political propaganda for political or power gain were discussed. Social control myths center around government tools to monitor (microchips) or mind control populations, which relate to fabrication of disease in labs. Religion is situated opposite to the vaccine as an anti-Christian or religious tools aimed against Christians. Lastly, another belief is that the purpose or function of Covid-19 vaccination is to cull populations or intentionally cause deaths as a way to control overpopulation.

### *Data Quotes*

“They say that the chip, they're going to put a chip in you, or they're going to alter your DNA.”

“And well, that is what I have heard, that the more people are dying, that they are going to kill more and more people”

“They don't like to wear masks and they are scared about the vaccine because they are saying that is the 666 and that's why they don't want to put it on.”

“I've heard people say that it's a way for the government like Covid vaccine is a way for the government to track, that they're tracking them by that”

“That's another myth that right now, we hear about the vaccine and that it is pure politics. In actuality many have made comments that the government did on purpose because there's an over-population, and they did it on purpose.”

## Myths: Vaccine Harm

### *Summary*

Some elements of myths include adverse health consequences that will happen as a result of getting vaccinated. Vaccines are thought to alter or restructure one's DNA, leading to abnormalities. A second myth includes that vaccines insert the virus into the person's body or make them sick purposefully. These elements of vaccine myths contribute to ideas of social control via fabrication of virus or disease. Importantly, these myths lead to associations between immunity and death/harm such that the concept of vaccination elicits fear for one's safety.

### *Data Quotes*

“myths with vaccines, about a change in your DNA and you know, I'm not going to be able to have babies.”

“a lot of people who don't want to and when I told them I'm going to get the vaccine, 'No! What's the matter with you? Are you crazy? You are going to be sick, it's going to be all wrong.'”

“If it's a vaccine that is a dead virus is affecting them like this, you know, and then there's the normal ones, the chip”

## COVID MISINFORMATION

### Covid-19 Basics

#### *Summary*

Misbeliefs within the Hispanic/Latinx community suggests a continual misunderstanding of what the virus *is* and undermines the severity of Covid-19. Many people believe that Covid-19 is just a cold often dismissing the potentially fatal effects of the virus. Another misbelief pertained to the misunderstanding of continuing prevention efforts and behaviors even after recovering from the virus. Many people believe that if they have recovered from Covid-19 that they have built immunity and no longer need to engage in preventative measures like vaccination. Misbeliefs on Covid transmission also spread among people who thought that being asymptomatic means there should be no concern for others getting infected.

#### *Recommendation*

Covid-19 prevention efforts should be based on *clear and simple* scientific communication to the public about how they can protect themselves from the virus, even after recovery and what it means to be asymptomatic. It is recommended to develop informational and/or educational materials that include content about the differences between the SARS-CoV-2 virus and the seasonal flu. Clear and accessible science-based materials will help to inform the public and encourage people to take action by changing their behaviors to help prevent the spread of Covid-19.

#### *Data Quotes*

“And anyway guys, it's hard. If they believe that the virus is not a virus, it is like a cold we would say like a cold and they do not believe in this virus. Well, they don't believe.”

“People think that, because they already go Covid, they no longer have to take care of themselves, that they already have defenses, so ‘I'm not going to take care of myself anymore because I already had it.’”

“the information about- that it's transmissible very fast, but that if you don't have any symptoms, you don't get it. That people who are asymptomatic are out there and if you ran into one of them, you won't get it because they didn't have symptoms. I think this is one that I've heard most often, that unless they have symptoms, you saw them cough or sneeze, or that they caught a fever or something, then you can get infected.”

## Ideas and Beliefs of Health

### *Summary*

Ideas and beliefs of health around the Covid-19 virus included experiences of being misled and misinformed (encouraged by the media) about Covid-19 creating a distrust of medical professionals. Clients also developed beliefs about Covid-19 testing with the thinking that they would contract the virus through the cotton swab used to collect nasal samples. Through hearsay, people are developing phobias about being out in public believing that they could get infected from the air and that clinics are dangerous. As a result, clients are missing important doctor's appointments and are refraining from maintaining their medical treatments. Much of the information related to Covid-19 and vaccines are obtained from social media (Facebook or Instagram) as a primary source of information. CHWs are trying to find ways to communicate and dispel the misbeliefs using CDC materials and encouraging people to seek other valid sources. Other ways to prevent contracting the virus were discussed that included taking Vitamin C daily to help strengthen the immune system, combining a multitude of home remedies or homemade recipes to cleanse the body's system and prevent them from being infected with Covid-19.

### *Recommendation*

To address Covid-19 prevention efforts that are based on scientific facts with clear communication to the public about how they can protect themselves from the virus. It is recommended to include transparency around Covid-19 testing processes within these public communication efforts so people understand the importance and safety of getting tested and how it can help stop the spread of the virus. Information developed for the public need to also target and caution people to avoid possible dangerous home remedies and to offer other safer alternative options.

### *Data Quotes*

"Because right now, like my colleague said, that everyone gets informed as they can, right? But in reality, the media does help, but they are also harmful because there is no follow-up to something as simple as saying take your vitamin C every day, it is good for you- it is not the vaccine, but if it will help you strengthen your respiratory tract and it's going to keep you stronger, right? Your immune system."

"at the beginning, they started to share and they started communicating with some of the community health workers that if you took, how do you say it? You know, a cornucopia of different things that with that you could clean yourself, the virus was not going to touch you. Remedies!"



“We know that when the pandemic started, you would hear a lot about people not wanting to take the Covid test, that because when they used the cotton swab, they were giving you Covid.”

## Social and Political Control/Injustice

### *Summary*

CHW’s reported that some of their client base believe the virus was not real and was tied to political games. This minimized the importance of wearing masks and those who opposed mask wearing mandates believed that nothing was going to happen. Currently, while there are many people now following social distancing protocols and mask mandates, there are still certain people who refuse to follow recommendations to protect themselves and others. Similarly, it was commonly believed that the virus was human-made and intentionally spread by governments with the purpose of decreasing the world's overpopulation. This notion regarding the government's intent to control the population is also believed by many people to be a secret governmental operation that they kept hidden from the public while also blaming the virus' origin on other entities such as China, Japan, and bats.

### *Data Quotes*

“Many people, both going out, living together, being at parties, in meetings to protect themselves. From washing hands, as we already know, distance protocols. We can still see all that. No, certain people don't.”

“The second one that didn't help was here, or I don't remember if it was here, but it was in Arizona, or was it in Arizona? A couple who took some medicine or some- do you remember that case? Where the husband died and the wife became seriously ill, and well you saw how that information spread with our ex-president who was promoting that. They didn't share the correct information until there was a crisis, a death. They also said that was the solution and that the government and politicians didn't want people to know.”

“In actuality many have made comments that the government did on purpose because there's an over-population, and they did it on purpose. That it wasn't China, it wasn't Japan, it wasn't the even bats. That they said they loaded the virus.”

“About Covid, it was also said at first that it was not real, that is why many people at first did not want to use masks, because it was not real, it was nothing more than political and that nothing was going to happen. As soon as we changed presidents, everything was going to end. That's one of the myths we heard most here among our people.”

## Sources of Information and Misinformation

### *Summary*

Racial bias was mentioned as a systemic issue leading to intentional lack of response or support on the basis of one's ability to speak English or ethnicity. These fears are often developed from watching the news and the misinformation verbalized by other people. The media, including the tabloids, is believed to use sensationalized headlines to catch the attention of people to increase their audience numbers in order to increase overall sales or ratings. This encourages misinformation to spread through a "girlfriend network" with more people spreading rumors, developing misbeliefs, and responding with increased fear and extreme isolation (e.g., fear of going outside because Covid-19 travels through the air) for themselves and their family members. Many people felt bombarded by too much Covid-19 information from multiple sources (i.e., television, radio, tabloids, and social media) impacting their ability to identify a source that they can trust. CHWs work diligently to help people in their communities to follow information from local health department or trusted sources to address this issue.

### *Recommendation*

A collective or summarized method of distributing reputable and science-based information may reduce the reliance on mistrusted media. Informing the public about Covid-19 should consider adapting the information to local languages, debunking common myths with scientifically referenced facts and to communicate or translate complicated medical terminology into simplified messages. People are more likely to follow appropriate social practices to prevent the spread of Covid-19 when they are well-informed with correct and easy to follow information in a language they understand.

### *Data Quotes*

"Hispanics are a little more like- we have that fear because today that "maybe they just speak English. Maybe they won't support me because I'm Hispanic. Maybe there is a mixed disparity" no. Sometimes they think that because you are Latino they will not support you. But I tell them 'no, that has nothing to do with it.' And I also give them the information many times."

"The main thing is the lack of, or the desire to have correct information because sometimes through the TV, through the radio, or on Facebook Live that these have become a large majority of the way in which they communicate [...] Through the Maricopa County Department of Public Health, through the Arizona State Department of Health, many providing information so sometimes they feel bombarded, overloaded, you know. That's when they communicate with our leaders, and community health worker groups, they're all over Maricopa to- what is it? You know, which one currently, so providing opportunities for them to receive information, training. So they can center themselves and see what information is most consistent because we always want to

share information, resources, trainings that are correct, that is not part of the 'girlfriend network.' 'My girlfriend told me this or that that happened to them,' so we want to do what's possible to be able to provide them with correct information."

"Like they say, there is information everywhere, information from here, or information from over there. There are times when you don't know what information is correct at the end of the day, right? You don't know which is the most recent, because there's a lot of information that came out in the beginning and now there's information like the new type of virus or the vaccines, all that there is still not enough information yet, or people don't understand it, or the way it's explained is too complicated for people to be able to understand it in simpler words. I believe that the information is the one that, at the end of the day, will be either very helpful or as a barrier to be able to give other people that information."

## MESSAGING TOPICS

### Children Quarantine Support

#### *Summary*

CHWs mentioned the mental health needs of children who have experienced isolation from their peers throughout the pandemic. CHWs also discussed how families are missing the signs that their children are needing mental health support. They are misinterpreting the kids' behaviors as intentionally defiant instead of recognizing that they are needing support as a result of the effects from the pandemic. Teenagers are needing a lot of support in dealing with the isolation as their typical social routines have been disrupted by the quarantine requirements. Teens are also getting a lot of their misinformation from social media like TikTok and Snapchat which impacts their anxiety levels. CHWs acknowledged the fact that there will be much needed support for children and teenagers in relearning positive aspects of mental health once the pandemic is over.

#### *Recommendation*

To incorporate mental health topics and supports for children and teenagers through CHW training. Accumulate mental health resources including at-home and outside resources.

#### *Data Quotes*

“The little ones don't understand that us keeping them in is to keep them safe, you know, and so it's going to be a whole other ball of work that will need to be done afterwards.”

“I mean, if a person doesn't recognize or realize that they need support, you know, it can trickle down to the rest of the family, you know, if you got kids and you're not recognizing that you need some support and you don't see the kids, then maybe you don't recognize that they're seeing support.”

“And on top of this, we're dealing with the pandemic. You know the difference. I feel sorry for teenagers because they're not having a typical teenager life right now, you know? And so and then the other thing, they get their news from TikTok and Snapchat and all that stuff.”

## Elder Quarantine Support

### *Summary*

CHWs discussed having supportive conversations with elderly clients who are isolating themselves due to fear of contracting the virus while out in public. These conversations strive to reduce fears, correct misinformation, and make sure the clients have what they need at home and that their medical needs are addressed.

### *Recommendation*

To incorporate ways to support elderly and alleviate their fears of going out in public for necessities when developing CHW training. Home deliveries of essential, transportation, and improving protective practices like vaccination are some of the ways to support the elderly.

### *Data Quotes*

“The more conversations we do have with them [elderly], a little bit more at ease they are about following through with what they need and of course, making sure that they have everything that they need at home, you know? ‘Well, I can't leave my house because I'm afraid of this,’ but I need to go get food for the older population that we are working with. So, trying to alleviate their fears and making sure that they follow through with what they need to do for themselves.”

## CHW Mental Health

### *Summary*

The importance of taking care of their own mental and physical well-being was discussed by CHWs as a desired topic area for a training. They also acknowledged the need to primarily strengthen themselves before they would be able to help others. Presenting themselves as an example for their clients was also deemed as an important motivating factor.

### *Recommendation*

To incorporate mental and physical health topics (i.e., including nutrition and exercise) through CHW training.

### *Data Quotes*

“And mental health is very important in this issue, too, of the pandemic. As they have said too. So that's a very important point.”

“preparing ourselves a little because of everything we were seeing. Including our own mental health because if our mental health is not well, how are you going to help other people? [...] We took the first 6 session training on different topics, but all based on mental health. I think that’s very important, mental health training, so we don’t try to bear all the burden ourselves, whether you want or not, being with people who have a different past, in any realm of life [...] well it is part of our job to help search for resources, but if someone is not well, I don’t think we could do a good job. So, I think a mental health training program would be good.”

## Training Nutrition/Physical

### *Summary*

CHWs offered nutrition classes through zoom to help clients be more conscientious about themselves and others. The need for training was discussed to merge the topics of vaccination with diet/nutrition and physical training and to teach people how to manage a new lifestyle that is focused on health and well-being. Diet and nutrition are important topics for people who are dealing with existing health conditions and CHWs believe they are crucial to serving as an example for teaching and making healthy life choices in the long term.

### *Recommendation*

To incorporate diet and nutrition health topics through CHW training. To help CHWs provide instruction on diet and exercise to help combat the risks of Covid to include ideas on how to eat healthier and set up their home to support an environment good for exercise.

### *Data Quotes*

“the coronavirus is touching too many people, and this is the topic of the day. But I feel that the basis in that global training where we cannot separate the vaccine from the diet, from the physical training, that is, it is a comprehensive training to manage a new lifestyle.”

“I also wanted to comment that unfortunately what we have seen is that people who have health conditions, be it diabetes, high blood pressure, all those kinds of health conditions, are people who unfortunately don’t have relief, but it’s not true, but most, most. So that’s good, to make people aware that it is extremely important to have a good diet. There are some elevated health conditions, would you believe, very high cholesterol or those types of diseases that we already know. So to be considerate of people with a type of education, because knowing that if they are going to get better in their levels, whether it be cholesterol, triglycerides, and everything we already know will be better. In each case they get infected with the virus and we as CHW think that we

have a very important role in that because we are an example, we are an example in the community. If we are watching ourselves, that we take care of ourselves, that we try to eat healthy, to exercise all that is needed, they are also motivated. So, I think that this is one of the bases as well.”

“also another of the topics I consider very important this one is to instruct them a little more in terms of diet, and exercise. All of this is extremely important and more so in this situation that we are experiencing. So, everything related to Covid and to give information on how they can eat healthier. How to make the house so that they do not necessarily have to be in the gym, exercise at home. All those tools that we can give them and that are going to generate a better lifestyle, a better lifestyle.”

## Tips/Strategies

### *Summary*

CHWs are key in helping to educate people with the correct information about the pandemic and valid facts related to the Covid-19 virus and vaccines. CHWs discussed the importance of continually offering guidance around Covid protection strategies. CHWs often communicate reminders to their clients to remain in quarantine whenever test results are positive for Covid-19 (i.e., even in cases of viral re-infection), correct ways to wear masks that help increase protection against the virus and correct handwashing techniques. CHWs discussed the importance of sharing information based on realistic data that is simple and easy to understand, which also does not undermine or create extreme levels of fear within children or the elderly. Other messaging strategies discussed by CHWs included expanding educational session opportunities to outdoor areas while continuing to encourage Covid care and safety measures by distributing PPE to those who attended. CHWs worked diligently to share Covid-19 information while offering saliva testing at outreach events that previously served a different purpose. CHWs also reported using personal networking communication to access and be alerted to Covid Vaccine appointments that opened up in their local areas.

### *Recommendation*

To improve messaging techniques, it is recommended to develop a resource list that can be used to educate and to be distributed by CHWs for people within their communities. Educational materials on Covid-19 guidance developed through reputable sources can also be mailed to those who express interest. Messaging should also encourage vaccine acceptance by describing the benefits of getting the vaccine with positive messages and phrases. Refrain from focusing on the consequences of the vaccine. Instead, tailor messages to encourage safety and “returning to normal” or improving the economy with an emphasis among family instead of just the broader community. Encourage the goal of eradicating the virus. Reference scientists, medical experts, and notable researchers as your source of factual information/guidance

regarding the Covid-19 virus and vaccines. CHWs also suggested the importance of serving as a role model for the community on vaccine acceptance.

### *Data Quotes*

“We could perhaps, encourage them by saying to them ‘look, maybe if you take the benefit of this vaccine you could prevent so many complications,’ for example, because maybe it does, it does not it’s going to hit so hard, because maybe- How could we say it with a positive phrase? Because we need to motivate them, right, so that”

“here are some tips on the words to use more and the words to use less. The words to use more are, for example, but they are in English, says ‘getting the vaccine to keep you safe’ and that you use less ‘getting the vaccine is the right thing to do’ It also says ‘will return to normal’ or we say, no, ‘to return to normal’ that you use less predictability / certainty that you don’t use those words. Better to use ‘your family’ and not use ‘your community’ as much. You understand me? Because we are all a family that is going through this, that we no longer say so much about the community.”

“And there is also how we take advantage of educating people too, something so simple a mask that is not used correctly. We have always seen a lot of people, mainly in the clinic and that we have to go talk to the people who wear masks below their noses. Then to instruct them and tell them that, well if they protect themselves, then they will also protect others and vice versa. So, in a friendly way we do it and they understand. There are times people get upset, they get upset and say ‘yes, yes, it is on right’ but they don’t. So, it is education, it is sometimes education, awareness still in those terms we are in and how the virus is.”

“And the children, in a language so simple that the children grasp it and read it, that they do not fear what is happening, because we are all. I think that the person who lost her life because the process was accelerated, because she was an elderly person and unfortunately this virus came and maybe a process that was going to take place in five years or a month was seen earlier. But we should not live with the fear that it will happen to me, nor with the confidence that it does not happen to me, but to be realistic, right?”

“I’m planning to do two groups in the park and ask people to bring their chair, their mask and their bottle of water, sit them 6 feet apart and bring my microphone to give them a topic to be talking about Covid, about care [...] So, I started with two groups in the park where I sat them separately and all with a microphone talking to them about Covid care, passing around gels, wipes, teaching them everything they needed. So, it was something very nice and, up to now, they are desperate for us to do the same thing again.”



## Tools

### *Summary and Recommendations*

- Using Facebook as a tool to communicate with the public regarding church events and services.
- Using the CDC and local county health department websites and informational material to educate people about Covid and to help debunk related misinformation or myths.
- Using social media outlets such as WhatsApp to send out Covid information and safe home treatments to support well-being.
- Using local media such as the radio station to send out messages related to Covid around how people can continue taking care of themselves (even after testing positive and recovering) and encouraging them to connect with their doctor, even if it's by phone.
- Provide information on the vaccines using a brochure (triptych) that use language that is simple and understandable and endorsed by a reputable institution (i.e., health departments, universities conducting research in this area, etc.) which would help to ensure confidence with the information provided.
- Using a brochure, flyers, text messages, or web links to educate around the vaccine which may help to dispel doubts and hesitancy among the people who are unsure about getting vaccinated.
- When clients do not have phone numbers, CHWs resort to disseminating Covid-19 information by knocking on their clients' doors, leaving the fliers in their mailboxes and/or leaving extra fliers outside of the community center for anyone who is seeking for information.
- Developing a poster titled 'Your Doubts About the Coronavirus' and speaking from the perspective of the family while also teaching through messages on the poster about how to handle situations related to the effects of the pandemic.
- Distribute brochure (triptych) materials through mailboxes.
- Make brochures with flashy content that will grab the attention and interest of the people.
- Offering contact information on the brochure for the people to use when they are in need of empathy.
- Organize backpacks filled with resource materials and items that promote health and well-being during the period of Covid.
- Using zoom to stay in connection and offer Covid related education to people in the community.
- Incorporate more details within messages on street signs. For example, instead of just saying "stay home," elaborate with "stay safe at home, but breathe fresh air and exercise in any way you can and always contact your doctor when necessary."
- Need training classes about Covid vaccine through zoom taken by CHWs so they can be prepared and well informed to educate people in their community.

- CHWs collaborate with primary prevention mobile health units to reach community members to disseminate Covid-19 informational materials.

### *Data Quotes*

“A brochure or something formally endorsed by an institution like, in this case yours, right. That it is not that of a tabloid newscast or something like that. I think that perhaps this, I am largely certain, would generate more confidence. Because above all that is fear. It is true that it is not known if it is really something that is already good, proven or if they will be part of the test.”

“we have a WhatsApp group and there I send them all the Covid information that I am receiving. Even the home treatments that helped my cousin. Home treatments. I just send the information. I am not telling them that they have to take it, nor do they have to. I just tell them I learned this, I learned that. So that, I think it has been very useful to me and I feel very effective with my family and with my very close community.”

“We work with the CDC’s information, information from the Health Department and that’s what we try to share. The most truthful information from the organizations that deliver, the most up-to-date and true. I think that a good tool would be a good resource training in different counties.”

## CLIENT SOCIAL DETERMINANTS OF HEALTH

### Technology Barriers

#### *Summary*

Limited technology resources were a barrier to accessing health services for both Covid and non-Covid related care. CHWs report that some of their clients were unable to utilize telemedicine services or were not able to create accounts because of limited technology resources, such as lack of devices to connect to the internet or lack of internet connectivity. Access to technology was a barrier to retrieving accurate information about Covid, causing misinformation to spread and be believed more often. These technological barriers were especially compounded for elderly populations, who may further lack access to technology resources or knowledge and skills to effectively navigate systems required for general access to health services and Covid-specific services such as testing and vaccination. For members of the community that were required to show proof of a negative Covid test result, not having access to a printer was a barrier to returning to work.

#### *Data Quotes*

“So, they are struggling, they are struggling to see their doctor for medical visits because many of them do not see them right now, most not in person, no and it is by Zoom. Many of them do not know how to use that, it is by video, that many of them say ‘I can't and they already told me and the nurse told me how, however, I can't and I can't. And I have many months without seeing my doctor.’”

“the lack of being able to access health care, the health care system and the fact that many of our elderly population don't know how to do telemedicine and the fact that they're expected to and people are upset that they don't make their appointments, it's like, come on. Look at the population you're working with and you have to understand, so I know that some of the facilities that some of the FQHCs that we've worked where they've gone to phone appointments, but it has been an issue.”

“So, they're dealing with a lot of fear and a lot of misinformation, information that gets put out there, they're unsure what to take in, what's true, what's not, and then finding where to go for either Covid testing or trying to get vaccines or getting, being able to navigate the technology that it's requiring to get these things, either the vaccine or Covid testing.”

“So a lot of the places are requiring them to either make an account online to be able to get a Covid test. Some people don't know how to use technology like the Internet or just making an account or even have email, so that's been a barrier for them.”

“because the population that we were serving in assisting to register and create a profile and then couldn't get their results and didn't have the capacity to get the results or the technology to get the results or a printer to print it out, to take it to work, to be able to prove that they were negative.”

## Economic Challenges

### *Summary*

Economic challenges have caused barriers to health insurance and access to health care. Community members have experienced difficulties with covering living expenses such as rent and utilities. Economic challenges have led to other difficulties, such as food insecurity and increased stress, further exacerbating the conditions and situations in which community members are living during Covid. Economic factors at the structural and organizational level have contributed to some employees continuing to work while sick and not receiving any health services or other assistance, such as unemployment. Some clients were not aware of programs for people that have experienced economic challenges related to Covid, and therefore, could not receive the assistance they needed. Contributing to economic challenges is loss of jobs, reduced work hours, death, or sickness of the primary wage earner, and pre-existing (before Covid) challenges. These challenges are especially experienced in low-income families, with CHWs reporting that people who lost jobs or have reduced wages work in the service industry, such as hotels and restaurants, or in other typically low-income jobs such as cooking, cleaning, and gardening.

### *Data Quotes*

“But it's not just that, in my situation I see that these families are struggling a lot with what we call ‘social determinants of health,’ which are the common needs that people who have no way of paying their utility, they do not have means to pay the rent, that no, they do not know what they have to do in these cases of.”

“Well economically, it is a very strong impact. Many families lost employment and that has also led to losing their jobs, their homes. The economy, low-income people have been very affected.”

“What also affected them a lot is that in the field they do not have insurance to cover them in case they became ill. If they got sick, they let them keep working or they wouldn't let them go to the doctor. And there were many complaints about the people in the fields who were sick and did not receive any help. And with the sequelae it was even worse. A lot of people are still looking for a way to cover everything they lost.”

“Plenty of loss of jobs, up and downs around that for sure. Because they mostly work in the hotel and restaurant industries. It is losing the jobs, getting it back, getting a few hours and more hours. And it's been a real roller coaster when it comes to jobs for sure.”

“A lot of people have lost a lot of relatives and spouses. And it's been really hard for them because and that leads to problems with, you know, lack of income or people have lost their homes.”

## Cultural Systems Challenges

### *Summary*

Cultural systems related to family unit and religion have been significantly impacted due to the Covid pandemic. CHWs describe the importance of family and closeness in the Hispanic/Latinx community, which is limited and even temporality lost during Covid, with the restriction of social gatherings. Community members are struggling to find safe alternative ways to connect with family members, especially while experiencing death and sickness.

### *Data Quotes*

“if they need a Father to go with some special intention to their house. For example, if the person is already in the terminal phase, but is at home, but not that it is not because of Covid if it is true that it is not because of Covid, but it has affected, because the celebrations are taking place outside in the parking lot. To also prevent getting close to people.”

“They are struggling physically, emotionally, spiritually because of infections and the churches are closed.”

“When it comes to Covid itself, really struggling in terms of this very embedded part of the culture of being together with family and within that then exposing themselves to Covid and dealing with that, you know, what comes with that and, you know, kind of...”

with each other, what can they do it together as a family. And then at the same time being infected with it. And who can they trust, you know, to get help around that?"

## Chronic Disease Management

### *Summary*

Patients living with pre-existing chronic disease have experienced challenges related to managing disease, especially related to continuing to seek care and follow-up due to fear on infection or limited availability of health services during Covid. CHW clients may be experiencing increased feelings of isolation because they are extra cautious about limiting their contact with others due to the high-risk of serious Covid illness. Because of the constant attention to Covid, some patients with pre-existing chronic disease have been delaying care or treatment.

### *Data Quotes*

"Because they may have seen a close relative who has suffered it, have had serious consequences or have lost a relative. Or a close acquaintance and, above all, well, more so the people who already have a chronic disease, diabetes, pressure, asthma. And more if they are living it in their family, they want to prevent all that."

"Yes I think it is isolation, it is very, very big what is seen. Not everyone can join a support group at their point. They don't want to do it even if they could do it, it's very impersonal. So to say, of course they have taken all the protective measures that they do not allow company at the Cancer Center. Patients who are entering cancer treatment come in alone."

"And that is not the solution because people need to get treated, need to have follow-ups, especially cancer survivors. They can't leave their follow-ups. Because that's what it's all about, no? They need to have regular surveillance, and I see that that's one of the hardest things."

"Exercise in any you can, and always contact your doctor' because people are no longer talking to their doctors about other things because it's all Covid, Covid, Covid. But there's high blood pressure, heart problems, diabetes, etc. "

"They're afraid to come to their doctor's appointments."

## Limited Health Services

### *Summary*

Health services became limited during Covid, partially because of precautions at health centers and hospitals to prevent the spread of Covid (e.g. limiting in-person visits, postponing elective surgeries), and the alternative options not being accessible to all clients (e.g. telemedicine services are difficult to navigate for some people). Other social and structural factors have also impacted people's abilities to seek and access needed health services, such as language and cultural barriers, lack of health insurance, and lack of affordable care. Additionally, beliefs and attitudes have affected access to health services for some people, such patients with pre-existing conditions feeling nervous and fearful to attend in-person appointments.

### *Data Quotes*

"they are struggling, and they are struggling in different ways because many of them have surgeries that they have been postponed for a long time because they are not a priority. Because they don't want to take them to the hospital"

"We've seen the lack of being able to get health care. In the beginning it was where do I get Covid tested? And a lot of it was also fear of the requirements, like what am I going to be required to show?"

"I've spoken to some ladies that are still in the schools and they're cleaning the schools, making sure everything's sanitized, but they're not able to access a lot of the care that they need."

"she started telling me about her concerns about being able to see her daughter because she's got cancer and she's heard in other [unintelligible...], they heard that people should not be going to the doctors. She's not getting treatment. So trying to talk to her and exactly- Spanish speakers, you know, they don't get the full picture."

"And we have also seen a lot that it has impacted people's health. Many people have become infected with the virus and many have been left with the sequelae and no primary care."

## Comprehension

### *Summary*

CHWs reported client barriers leading to limited comprehension of Covid-19 information. These barriers to comprehension were related to language (i.e. information available in the primary spoken/written language and culturally relevant) and general literacy (i.e. client ability to read and write in any language). Language and literacy were barriers to understanding Covid information generally, including prevention measures, as well to accessing social services, including health care. Specifically in Hispanic/Latinx communities, lack of materials and resources, and staff who speak the primary language (i.e. Spanish) are important barriers for both accessing critical Covid information and needed services. Patients that are unable to read or write in English did not have their typical support of a family member to attend appointments with them for translation.

### *Data Quotes*

“The lack of language, right, because Hispanics are a little more like- we have that fear because today that ‘maybe they just speak English. Maybe they won't support me because I'm Hispanic. Maybe there is a mixed disparity,’ no. Sometimes they think that because you are Latino, they will not support you”

“I believe that it is sometimes the lack of information in people's language. Because they do share a lot of information in English, about places they can get tested or how they can get tested or what do they have to do? But many times it is not in other languages not just in Spanish, but other languages.”

“I think that the lack of resources in the, in their language can be intimidating, if they only speak Spanish per se, whatever language it is, if they're not English speaking, it can be intimidating to seek help or get the right, get to the right places when they do need help. So that's one thing I've been seeing.”

“I have a few clients who don't know how to read or write. They don't know how to read and write, and it's very difficult, for example, to engage with that information, if you understand me, how to get enter Zoom, to enter facetime.”



## Parental Role Challenges

### *Summary*

Having children at home with working parents was a challenge. Some parents felt it was difficult to help assist their children with Zoom classes while also working themselves. Other parents were unable to work from home and felt no other option than to leave their children alone at home. Parents feel increased stress related to having their children at home as well as feeling their children are having too much screen time and not adequately learning and falling behind. Some parents felt unable to help their children with homework or their homeschool material. CHWs describe these challenges through a gender role lens, where it is primarily the mother who is juggling multiple roles in the family (e.g. wage-earner, caretaker, teacher).

### *Data Quotes*

“So, they are dealing with confinement, with the confinement that many times the children are not to go out and go shopping. They take them, they take them to the market. So it is already too long for them to be locked up and it is really very difficult, 'it is very difficult' is what they say, 'I am fed up, I need to go out'”

“Another worry is the kind of life that children are living right now. They're locked up at home all the time with the computer. Their eyes are affected. Their way of socializing too. They don't pay attention anymore, I mean, they're already locked up. And I think that's one of the very important concerns that we have about Covid. And to some extent, the benefits, in fact, is that they are already at home, they are with the mom, but many times the mother is busy and is the one outside working, then they are left alone. That has also greatly affected the community.”

“For me, I think one of the things that I've noticed a lot is how moms have been so stressed with having kids at home. So having to take that role as teachers is just putting a more added stress with everything you just mentioned.”

“a lot of the moms that I'm talking to are really worried that their kids aren't even learning. So, they are attending school. They're logging on to their Zoom classes. They're actually they're really not like getting all that education that they feel they got before they had to be quarantined and they had to stay at home. So that's a lot of the stress that comes with moms that have kids at home and trying to help with the homework and with teaching the material and that they feel that the kids aren't actually learning.”

## CHW EXPERIENCES

### Changes in CHW Experience: Social Interaction Changed

#### *Summary*

The pandemic completely uprooted the nature of the work CHWs do and the modalities by which they engage people (see 'Technological adaptations'), leading to significant changes in social interaction. CHWs are links, intermediaries between health/social services and systems and the community – their essence is community outreach, engagement, and advocacy: making connections, building trust, establishing rapport, and developing strong relationships. Their ability to carry out these functions was significantly impacted during Covid, as CHWs were no longer able to meet people in person, face-to-face, and in their client's homes. CHWs report missing the person-to-person connection and experiencing a lack of socialization.

CHWs found themselves unable to connect with clients in the traditional ways they were accustomed to and had to find and adopt other strategies (see 'Technological adaptations'). Even though CHWs adapted, they express feelings of dissatisfaction upon not being able to connect with client in a personal, face-to-face manner. It is not the same to reach people via social media, phone calls, or even video calls; nothing can replace the personal interaction that comes with meeting people face-to-face, and both CHWs and their clients are missing that connection. An important part of the work is making a personal connection through physical/social contact that can only really be achieved in person, such as looking people in the eye, hugging, smiling, and reflective listening.

#### *Data Quotes*

“I want you to know that a lot of community health workers in our groups who are serving within the community in person, even if we use, you know, masks, and we disinfect, and gloves, etc. But there have been, you know, families who have been infected and that's something, you know, unbelievable. That causes our work, you know, how we have done it, how we are used to doing it to become more difficult because you know as community health workers, you know, there is nothing like personal contact, you know, the hug, looking you in the eyes, you know, that we look each other in the eyes when we are providing information, when we are listening, which is very important, to listen, you know, what is the need? All of that is what makes the CHW model, you know, unique because we're not looking at the clock, right? The office closes at five o'clock and it's already 20 minutes till, you know, we don't have a schedule when we're working as community health workers. We're not looking, we're not looking

at the clock, we're talking, creating relationships and that has made our groups, you know, it's sad.”

“Ninety nine percent of my interactions with the community needs to be through Zoom now. And although there are pros today, one of the cons is that it's harder to establish that relationship, to establish the trust. That is so necessary in this type of work, but we also do you know food box disbursements for the for the community and those opportunities where we are, of course, honor safety guidelines, et cetera, et cetera. I can totally see that everybody is involved in those between those that help to disperse the boxes and those that come in and, you know, pick them up. There's such a hunger for that interaction that something that is much more embraced, much more look forward to try to use that opportunity as much as possible for reconnecting with families that you just cannot do through Zoom, there's just not replacing that.”

“Yeah, it was a very abrupt change. I mean, the whole point of our existence and community health services is to be out in the community. And so suddenly, you know, this wall comes down. This, you know, like this thing comes down, that's it. And it's like you're cut off from the community or you deal with them in such a weird way that it's just, it's not the same.”

## Changes in CHW Experience: Technology Adaptation

### *Summary*

The pandemic caused abrupt changes in the way CHWs conduct work, including client/community outreach and engagement, such that they had to adapt to using new or unfamiliar technology (i.e. Zoom) or had to rely on other technologies that they didn't use in the same capacity before (i.e. phone, social media).

CHWs talk about how they are adapting to the challenges related to the pandemic, specifically in not being able to meet or engage people face-to-face. One of the ways they are able to stay connected is through technology, including new or unfamiliar platforms such as Zoom and video calls and other tools that they [may] know how to use, but have had to rely on much more during the pandemic, such as phones and social media. Using these tools comes at a price; on one hand, it is a way for them to stay connected with their clients, but on the other hand, managing their tasks online or over the phone takes longer or sometimes their clients have challenges navigating these technologies (for example, older adults may not be very familiar with the internet, email, and Zoom; some populations do not have access to the internet or a device to connect to the internet).

### *Data Quotes*

“But now we have changed and have to do everything by phone, by Zoom, by video calls and for many of them. I'm going to talk specifically about the senior citizens that I work with. It is very difficult for them. They don't like- They like talking on the phone, but they don't like zooming because many of them don't have internet, they don't have a smartphone, they don't know how to use it [unintelligible...] sharing, the grandchildren explain and explain to them, but they are older people who are closed off, they say, ‘I cannot and I cannot’ and you can't bring them out of that, right.”

“Ninety nine percent of my interactions with the community needs to be through Zoom now.”

“Yeah, and so before obviously they're coming on site or meeting with us in person, generally they'll bring everything and we're able to submit everything at once. But phone appointments take longer because we have to find a way for them to, for us to be able to see, for example, their pay stub. And so, finding a way for them to get that to us either by email or phone or pictures, text. So, it takes longer, and so it's not as quick as before when we're meeting with them in person. Now it takes a little bit longer and we're asking them to navigate these functions that they've never had to before, like to sign the consent or signing the application. Using emailing even is very complex for some of these communities that we're serving.”

## **Role Model**

### *Summary*

CHWs are influential role models to their clients and in their communities, both inside and outside of the work capacity. People look upon them for guidance and follow their lead. CHWs are aware that they are role models and therefore, are active in staying informed and updated on all things related to Covid as much as they can so that they can help people by answering their questions, referring them to reputable sources of information, and helping them make decisions. Particularly for the vaccine, CHWs report using their own experience with the vaccine to communicate with clients who may be vaccine hesitant, and even encourage them towards Covid-19 vaccine uptake.

### *Data Quotes*

“So I think that if we educate ourselves because we are the face of the community, they believe in us and trust us. We have to educate ourselves in small things to be able to do great things in the community.”

“For example, we have a series of words that, if someone tells you, they say, ‘you already have’- for example, they often told me ‘have you already had the vaccine?’ ‘Yes of course, and it is important that you also get vaccinated. Because it is the only weapon we have right now against this virus’ and to build trust because they also see that, if we get vaccinated, they also feel calm”

“So sharing my experience I believe is the best thing to do because they’ll say, ‘well if she got it and she's still standing and talking to me, then it can't be so bad, can it?’ Imagine that. And my own sister who works with seniors is very, very worried, because she says, ‘I don't even get the flu vaccine.’ And well, I think that encouraged her a little because they are with a population that’s so vulnerable and like we said, we have already lost so many, so many people at all levels of society, doesn’t matter who you are. I think it is important to share our experience and well, I was very grateful that I was accepted and that we had that chance, so we keep supporting, keep informing ourselves”

## CHW Identity

### *Summary*

Community health worker is an identity, and CHWs carry it in their heart. It's who they are, not just what they do. They are CHWs all the time, not just while on the clock. They are happy serving their community and take pride in being there for their clients, meeting people where they are, and meeting the needs of the community. They serve the community out of a true desire to help people, and this extends to their functions and roles as CHWs.

### *Data Quotes*

“And since- as a CHW once said to me, maybe you know Chayito. She worked for many years with farmer workers ‘once a CHW, a CHW for life’ and I tell her ‘it's true Chayito,’ I tell her we are like this because we are aware of what happens in any community, in whatever area we are. And believe me it's true. I am a CHW of my house, a CHW wherever I go, because many people who already know me call me and ask me many things. ‘What do you know? Let's see where I can go to do this, where can I get help for this’ and I feel like a CHW wherever I am.”

“I have not been a community health worker very long, almost two years. It's a profession that you carry in your heart, right?”

“Yeah, and certainly that part of it was really hard, but also understanding what was happening and feeling empowered to do anything about it at that moment when it happened, you know, because obviously, if we are in this line of work, it's because we care about our community.”

## Success: Community Engagement

### *Summary*

CHWs felt successful when they were able to still find ways to connect with people despite the significant changes in communication and social interaction due to the pandemic. CHWs try to find creative ways to reach out to people, build relationships, and keep them engaged. This includes working with others, staying connected through phone, Zoom, outdoor social distancing activities, etc. CHWs describe the different ways in which they try to maintain social relationships with their clients while still being mindful of Covid risk and prevention guidelines, and they felt hopeful when they noticed that their clients reacted positively towards their efforts.

### *Data Quotes*

“I work with a support group, we already had the whole year without seeing each other on the phone and most of them told me “we can't stand it anymore, we're desperate.” I talked to my boss and I told her “you know I'm planning this, let's see what she says to me” I say, “I'm planning to do two groups in the park and ask people to bring their chair, their mask and their bottle of water, sit them 6 feet apart and bring my microphone to give them a topic to be talking about Covid, about care.” And she said, “go ahead.” So, I started with two groups in the park where I sat them separately and all with a microphone talking to them about Covid care, passing around gels, wipes, teaching them everything they needed. So, it was something very nice and, up to now, they are desperate for us to do the same thing again.”

“The way we've also been handling it is that when we make calls to support groups, it's by giving messages for life reflections and they liked these reflections so much that they wanted the message to be sent to their phone so that they could read them. It's as if you're giving them medicine over the phone, they say, “It's healing to be listening to positive things and also being in communication.” We would give them each other's phone numbers from the same group so that they could communicate with each other.

And I made, a type of call, I'm not sure if all phones can do it, but on the iPhone you can have five people calling to talk to each other and it was the way to alleviate a little the loneliness they had."

"I think that the, what started feeling really effective is that there's a program that interviews you for, it's called We Love Nogales, and they usually interview different programs and put it on Facebook. And so people can see what's going on in your community. And we had, we got interviewed for in October for Cancer Awareness Month. And it and it was just really I think to me it was just really powerful that even though we were going through what we were going through, we were still able to get our information out and that there was still a lot that we could do as far as contacting reaching out to people to let them know what was still available and that they could, you know, reach out to us for information, too. So, I think that was really nice because we got together with other, you know, with other programs and other agencies and we were able to offer a lot of information for the community."

## Success: Empowered

### *Summary*

CHWs felt successful when they felt they were contributing valuable work to the community. CHWs were able to provide important resources and support Covid efforts in unique ways like no other workforce, including providing direct services related to Covid, such as testing, vaccinating, and providing education/sharing information. When discussing this topic, CHWs often shared specific experiences they had, providing examples of the work they are doing in an effort to meet the community's needs during the pandemic.

### *Data Quotes*

"So, with my own family, I - we have a WhatsApp group and there I send them all the Covid information that I am receiving. Even the home treatments that helped my cousin. Home treatments. I just send you the information. I am not telling them that they have to take it, nor do they have to. I just tell them I learned this, I learned that. So that, that I think it has been very useful to me and I feel very, how did you say that word? effective, effective with my family and with my very close community."

"And we have also gone out to where San Luis, Arizona crosses with San Luis, Sonora and be waiting for people there who are crossing, in collaboration with other clinics, to be testing them for Covid and meeting them where they are having the need. Because they can't go to a clinic for testing because they lose hours of work. There are people

who are going to go to work, and we will accommodate ourselves where they are, as they pass and if they have time, they arrive and take the test. And that's also how we're trying to pull people for what little vaccine is available."

"For me, being a community health worker, obviously, it's a hard but also fulfilling job and being able to not only aid the community, but knowing that I'm helping by addressing barriers, by serving them and getting their needs met. That's been a really high point throughout this. While it is difficult, just being able to get involved in either helping them apply and trying to make it as seamless as possible, whether it be applying for benefits, getting their test and educating them and just letting them know right now where they can go to get resources if it's something that we can't help with. And that feels good, knowing that at least I'm there for that person who is in need and I'm able to follow up with them and provide them with what they need at that time."

## Defeat: Limited Ways of Supporting

### *Summary*

CHWs felt defeated when they wanted to help but were limited in their ability to do so and lacked the tools, resources, or information to help clients or came across problematic clients who did not believe in Covid, were vaccine hesitant, or refused to follow prevention guidelines.

Because being a CHW is something you carry in your heart; it is work that you do because you truly care about the community and have a deep desire to help and support them in whatever ways you can – it is very important for CHWs to be able to help their clients and they experience feelings of defeat when they are limited in how they can support people in overcoming challenges related to the pandemic.

### *'problematic clients'*

Problematic clients are those who believe the virus is not real or the threat of the virus is not as severe, or who do not adequately follow prevention guidelines such as proper mask wearing (see Covid misinformation). CHWs describe the difficulties with these clients because they feel that there are limited ways to handle client with these beliefs (e.g. share facts, redirect them to webpages from reputable sources, politely and respectfully educate on how to properly wear a face mask) - and people hold on to their beliefs despite CHW efforts to inform and educate.

"And anyway guys, it's hard. If they believe that the virus is not a virus, it is like a cold we would say like a cold and they do not believe in this virus. Well, they don't believe.



So all I can do is redirect them to the pages that I think are essential for them to learn and read. And if they don't believe, then they don't believe. So that is the only thing I have to tell you with these myths that you can't handle them.”

### *Rise in COVID cases*

Seeing the number of cases and infections spike up again after it had already gone down felt defeating. CHWs wonder if people are not listening or if the information is not reaching the people it needs to in a way that can be understood. CHWs experience feelings of frustration when it seems people do not have personal responsibility in wanting to keep themselves, their families, and their communities safe – and ask themselves how they can explain things such that people will understand the gravity of the situation and the importance of taking safety precautions? One CHW expressed feelings of defeat and sadness, feeling they did everything they could, and the situation had not improved because people do not seem to care about Covid.

“I believe that now, when the second wave of cases returned, they had been going down and then they came back again, it was at the moment one says, how is it that the information is coming, people are not listening to us or how else can we share that information that is important. Stay home if you're not feeling well, use face masks, don't do things that are not necessary that require you to go out. I think that moment when the numbers went up again. I think that would be it for me.”

### *Working with elderly populations*

CHWs cannot reach elderly clients because they are not allowed to visit or be close to them due to social gathering limitations during the pandemic.

“It has been very difficult for me to support, for example, older adults. Previously, I went to the associations where they live and they do not allow us to be close to them to take pressures and to be aware, to help or support them”

### *Conducting general outreach*

CHWs are limited on how and where they can conduct outreach to continue their important work due to the pandemic. This leads to feelings of frustration and helplessness as they recognize the great need in their communities and are unable to act to address those needs.

“I've also looked for options to support the community. I've gone to places where there are more people, that's in the stores and all of that to offer my services, support, set a table, give information about tobacco, about many things and they do not allow me. I

mean, people at the stores also- I don't understand. There are stands outside selling things, but I am not allowed to be there because they say that since I have to have contact with people, they can't allow us to support the community in that way."

### *Addressing client SDoH*

During the pandemic, some people are struggling with big issues that are beyond the work capacity of what a CHW can help address. CHWs feel helpless as they identify the needs of their clients that are going unmet.

"One is when I was calling a person that was Covid positive and just asking what they needed and then him coming to tears and saying like that he was the only person that worked and he could not work because he was Covid positive and choosing whether to quarantine or go provide for his family. It just made me feel like, you know, it's just hopeless because I could, you know, like I would want to help in any way."

## Defeat: Overwhelming Changes

### *Summary*

CHWs felt defeated by the overwhelming ways in which their work and lives changed due to the pandemic, including sudden significant changes to the ways they could conduct their work and reach and help people. CHWs were overwhelmed, feeling helpless as they saw how the pandemic was severely impacting their communities – there was great need – and they could not employ the traditional ways in which they provide support.

### *Data Quotes*

"I would say that back around 10, 11 months ago, when we had to so abruptly stop so many of the things that we were doing, it, it felt really pretty awful, actually. And so, it wasn't just in one moment. It was just, you know, overall, like a general feeling of, well, what you know, what are we going to do? Like, we can't replicate the in-person programming through a screen."

"So seeing what is happening around us, so feeling so overwhelmed but not feeling like there's anything we could do with our traditional ways of supporting have been swept under our feet and at the same time watching the world around us crumble down, you know. So that definitely was very hard for me."

## Strategies to Correct Myths: Refer and Connect to Trusted Sources

### *Summary*

CHWs refer and connect people to reputable sources when they encounter clients who have questions or doubts around Covid or who believe in pieces of misinformation or myths. This includes all the different ways and to all the different sources of information that CHWs refer clients to, including doctors/health care providers and trusted websites. Some CHWs report using strategies when referring people, such as being respectful of people's beliefs and opinions as they share the facts, telling people to look at the sources of information, and only go to reputable sources when seeking information.

Specific sources that CHWs trust to provide accurate and updated Covid information:

- Centers for Disease Prevention and Control
- Arizona Department of Health Services
- World Health Organization
- Dr. Anthony Fauci (report watching updates from Fauci on YouTube)
- Pima County and Maricopa County Health Department websites
- Client's primary care providers
- Mexican Consulate
- Salud México (Mexican Secretary of Health)
- Mexican government website on facts and myths ([mitos y realidades](#))
- University of Arizona (health department)
- Mayo Clinic
- WebMD

### *Data Quotes*

"my responsibility would be to redirect them to the websites that are within the State of Arizona, if they need it or not. My obligation would be to send you the links for all this information that can be provided there. It is up to them if they want to read it and educate themselves."

"We need to give them information that is succinct, that has the facts and hopefully they will believe the facts. So, you know, the CDC, the national health and all those organizations will have an information."

"Yes, and even with that, there's a lot of information out there that people can post and it can be not true. And one thing that I try to teach everyone or tell people to always check your facts, to always check your resources, because anybody can post something

online, it could look real. It could look legit. But it's if your sources are not there, that can cause a lot of fear among people.”

## Strategies to Correct Myths: Provide Education

### *Summary*

A few CHWs discussed the ways and/or topics on which they provide Covid education to clients in an attempt to share accurate information and/or correct misinformation. CHWs understand people are afraid and there is a lack of trust, particularly in the government and especially among certain groups of people, so they try to generate confidence in accurate Covid information, in searching for facts, and in the vaccine by providing education to clients.

### *Data Quotes*

“So, what we try to do is talk to people and give them confidence that they will be better protected with the vaccine. And that they make their appointment for the vaccine, which is very important. Because in reality the vaccine is the only thing that is protecting us right now. But there is a lot of misinformation because in reality the people have been very distrustful, very afraid.”

“Someone asked me, well, I heard that when they put the shot in you, have you seen that they left the needle in you? because- and I was like I was just waiting for them to say something. I'm like, Why? Because you think they're tracking us through that? And literally, I said, no. I think some of them might be retractable needles because they want to take care of their nurses and their doctors. So it might be retractable. So if you don't see the needle, it's maybe because that retracted.”

“So, what I try to do with these myths that I hear. Well, since we can't have direct contact with people. I take pages from reliable medical sources and whatever, and I take pictures of them or I send them the page to people have internet, and if not, I take pictures of the section of what they are talking about. I try to educate people, but I'm left with my mouth open hearing that this virus isn't real.”

## Strategies to Correct Myths: Reasoning

### *Summary*

A handful of CHWs mentioned using reasoning, in addition to providing information, as a strategy to correct myths and misinformation. When they encounter a person whose beliefs

centers on a piece of misinformation, they use examples and explain in detail to help people rationalize and use logic to think through their beliefs and see the truth, the reality.

### *Data Quotes*

"I tell them "look, let's think carefully about what the government is doing." I say "if this vaccine were bad, do you think you would give it to the doctors, nurses, firefighters, policemen first? Do you think that the world would be left without them, without these people who are really essential? Maybe they would not put them first and everyone else after them, because they are more necessary, right? So, for everyone else first to have everyone under their control." So, I tell them "if you think about that. They weren't going to put them on if it wasn't something to improve, to protect their health, their lives." And in this way, I kind of make them think a little."

"Okay "The Holy Father, the Pope has already gotten it, do you think that if the Pope did not agree he would have put it on?" and they stay quiet sometimes, but I respect your way of thinking. Because you are a human being, but you are looking for the correct information. No more, to this they remain silent. They do not know how to respond because they do not know."

"Although, what other thing that they begin to tell you is that it is a very short time and this is also general, like what my colleagues said before, it generates mistrust. So then to emphasize, it was the same need, the same need for it to be done quickly, to be done in a faster way, because that is the word fast, and there would be a solution. And I think that, well, that they also listen to this. And if it gives them confidence because in reality these are things that- that is the truth, that is the truth why that was made. That vaccine at least to my knowledge. For the same need, for the same need it was made fast; sorry, for the very need of what the virus was causing."