



Picture This:

Documenting the Impact of COVID-19 on
Latinx Communities in Northern California

A Photovoice Project

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I. Executive Summary

During the COVID pandemic, members of the Latinx populations in California faced extreme health disparities. The Latinx communities in Butte, Glenn, and Tehama Counties had some of the highest levels of community transmission among the lowest levels of vaccination rates in the State. This project funded by the CDC Foundation sought to explore the social and economic drivers that led to these health disparities while at the same time seeking to explore and understand the impacts COVID had on this community. This project provided Latinx community members with tools, resources, and education to document their own experiences during the COVID pandemic through photography, with the goal of providing a platform for participants to share their stories with the larger community. There were several reasons for this:

- 1) To encourage vaccination through connection: By asking participants to share their own personal stories of overcoming their fears, misinformation, and barriers with vaccination, trust, and uptake, we are able to share stories that resonate with others within the community through compassion and empathy rather than shame.
- 2) To dispel myths: As an art form, photography provides tools to community members who act as cultural ambassadors with the goal of dispelling the myths around vaccines and encouraging the larger community through compassion and understanding to build trust in vaccines.
- 3) To expose and remove barriers: At the same time, we are educating healthcare providers, employers, and businesses about the barriers to vaccination that this population faces so that they can eliminate those barriers and make space for greater vaccine uptake. Additionally, the insights gained around the impacts of COVID and the barriers to vaccination acceptance from this community will contribute to improving vaccination acceptance and support behavior communication strategies, nationally.

Twenty-five participants from 3 different cohorts participated in a series of photography and storytelling workshops over a period of 2 months. There were 2 adult groups with a total of 18 participants and 1 youth group, with 7 participants. During those workshops participants learned photography, graphic design and storytelling methods. They were provided with guided photography assignments that addressed the impact COVID had on their lives, their families and communities as well as the measures they took to protect themselves during the pandemic. Participants then came back to the group to share their stories. The act of sharing their stories and photographs with the group paved the way for facilitated discussions related to the pandemic, including but not limited to their beliefs and knowledge on COVID-19, the vaccine and barriers to vaccine acceptance.

The photographs and their captions, the text of the adult group discussions, and the final posters and story narratives were all used to understand the impacts COVID had on this group of participants and the complex barriers that impacted their knowledge, behaviors and beliefs around COVID-19 and the COVID vaccine.

The results included 26 posters, created by the participants that address a wide range of topics, including mental health, domestic violence, homeschool, loss, isolation, and community support. The goal was to develop a series of posters that promoted the COVID vaccine; there was not enough support or acceptance of the COVID vaccine to make that happen. What we uncovered through the group discussions was not only powerful, moving stories of isolation, coping and resilience, and heartbreaking stories of loss, but a deeper understanding of the factors that likely contribute to the low acceptance rate of vaccines: a deep mistrust among the community on the information about COVID throughout the pandemic and stories of mistrust of the medical community and racism when accessing services and health care.

II. Background and Purpose

A. Project Description

The Picture This/ Imagine esto Photovoice Project worked with 25 members of the Latinx population of three rural northern California counties: Butte, Glenn, and Tehama to create a photographic representation of the impact of COVID on daily living. The Latinx population in northern California is among the hardest hit by the COVID pandemic. Figures from Butte County exemplify disparities that exist for the Latinx population. At the start of the project, while Latinx make up 16.7% of the population of Butte County, they account for 42% of the total COVID cases. The case rate among the White population in Butte County was 521/100,000, among the Latinx population it is 2,041/100,000. Glenn County, which is almost 43 percent Latinx, was characterized as having high levels of community transmission.

Vaccination rates in the Latinx populations of Butte, Glenn, and Tehama counties are 39.8%, 48.7%, and 38.0%, respectively. In terms of population numbers, this is 17,241 of 43,275 individuals in Butte County, 6,162 of 12,644 individuals in Glenn County, and 6,585 of 17,349 individuals in Tehama County. For the White populations of Butte, Glenn, and Tehama counties, vaccination rates are as follows: 54.3%, 47.5%, and 44.2%, respectively.¹

The decision to work with the Latinx population came about for multiple reasons. Initially, the goal was to uncover the reasons for higher vaccination hesitation within the community while seeking to understand the drivers of their increased vulnerabilities to COVID-19 hospitalizations and death rates. Though, equally as important, we felt there was a dearth of information and stories that told the impacts of the pandemic from this point of view. We previously worked with members of the community before with great success, and wanted to deepen our knowledge by using the photovoice method to explore the impacts of COVID-19 on this population.

¹ Tracking COVID-19 in California. California for All. Accessed October 2022: <https://covid19.ca.gov/state-dashboard/>

The photovoice is an effective participatory research method and advocacy tool that provides a greater depth of understanding of how an issue or program has impacted the lives of its participants. With Photovoice projects, participants are taught basic photography and asked to document aspects of their lives through guided assignments. Participants then return to the group to select and discuss the images they took. Through this process, a safe space is created whereby participants identify, discuss, and address issues that are important to them. The Photovoice method allows the sharing of stories from the perspectives of the participants in a way that other qualitative methods cannot, and it can provide rich and moving quotes and images that speak to non-technical audiences in a powerful way. Because it is participatory in nature and topics can be driven by the participant, the methodology provides a rich context to existing social problems, and new insights have the potential to be uncovered.

We used the photovoice method, exploring the impacts of COVID-19 through targeted questions and worked with the participants over several months to create their own individual stories and posters. The final narratives and posters were created through an iterative process with skills building lessons and multiple facilitated group discussions over a period of two months. Participants were taught basic photography and then asked to take the camera home and capture images that represent their lives. Participants returned to the groups to discuss their photographs and work toward developing an evocative and compelling way to tell their stories related to COVID and vaccinations. We added an element of graphic design to this project to empower participants to create a meaningful poster that they wanted to share within their larger community.

The culminating activity was to encourage participants to narrow their photographs to their top ten and from there create a poster using three of their photographs and captions to highlight the issue they most wanted to share with the community. Notes were taken, and recorded when possible from each discussion. The transcribed notes, photographs and captions were then coded and analyzed for common or important themes related to COVID-19 and barriers related to healthcare.

To develop educational messaging, going forward, we incorporated the photographs and stories into marketing and communication materials. The participants worked with MCN's graphic designer to learn design skills in order to create final pieces that incorporate their artwork and messaging into effective resources to distribute in the community. These materials were used at two mobile vaccine clinics as well as at local health fairs, and will continue to be adapted for future appearances at events promoting public health among this community. Project staff will distribute the final educational and artistic materials to local businesses, churches, community organizations, clinics, and other places where community members might see and be influenced by the messaging. The final art and educational materials will also be made available soon via MCN's website for anyone interested in reproducing them for use in their own communities.

B. Goals and Objectives

The Picture This / Imagínate esto Photovoice Project sought to directly engage with at least 20 participants from the Latinx communities in the rural and underserved counties of Glenn, Butte, and Tehama in Northern California. The goal of the project was to utilize photography as an art form to deepen the shared understanding of COVID-19 vaccine hesitancy and the impacts COVID had among this population. The evocative imagery and narrative captured by the Picture This/Imagínate esto participants provided critical insight into living with COVID-19, including the social and racial determinants of access to healthcare, barriers to vaccination and strategies to overcome these challenges. An additional goal of the work was to deepen participants' knowledge of the COVID vaccine and to develop messages that will improve vaccine acceptance among the target population locally, as well as similar populations nationally.

III. Photovoice Process and Methodology

In this project, participants were asked to express their points of view or represent their communities by photographing their lives through guided assignments focused around the impacts of COVID-19. The tangible outcomes were a series of evocative images and stories from the participants that highlighted their journey through the COVID-19 pandemic. The process of sharing their photographs with the group served as an effective means to discuss important topics related to COVID-19, including access to healthcare, barriers to vaccination acceptance, and the myths prevalent in these communities.

Phase 1: Photovoice Recruitment and Implementation

Our partnership with Northern Valley Catholic Social Services (NVCSS) was critical to the recruitment phase. We also relied on existing relationships with community members to spread the word to other members of the community about the project. Twenty-five participants completed the project. Participants included 7 youth, ages 9-17, and 18 adults from the cities of Paradise and Chico. There were 2 cohorts of adults and 1 youth group. The adults were primarily Latinx immigrants, with various backgrounds, economic levels, education and employment. Examples of employment included restaurant managers, cleaners, former teachers, community volunteers, and stay at home parents. The youth were residents of a subsidized housing complex served by Northern Valley Catholic Social Services.

Table 1: Participant Demographics					
Group	No of Participants	Gender	Languages Spoken	Education	Participant Selection
Paradise Adult Group (ages 19+)	8	7 Females 1 Male	Spanish/ English	Most participants have a high school education. Three participants currently in university.	Participants of existing NVCSS Promotores Group
Chico Adult Group (ages 19+)	10	10 Females	Spanish/ English	Most participants have junior and high school, and two are university graduates.	Network Outreach Selection
Chico Youth Group (Ages 9-16)	7	3 Female 4 Males	English	Still in school	Place of residence

We hosted 5 to 6 workshops per group. The typical structure for a workshop included a basic lesson on photography or graphic design, an opportunity for participants to review their photographs, and a group discussion that provided participants an opportunity to share their photographs. Each week we held open discussions that centered around COVID, allowing participants to speak freely about their experiences and views in a safe, respectful space. Additionally, we hosted public health experts from the Butte County Office of Public Health who led a discussion related to COVID-19. The following table outlines the basic workshop schedule.

Table 2: Photovoice Workshop Agenda

Workshop	Topics Covered
Introduction to Photovoice	Discussion: The Importance of our Stories Ethics and Photovoice Photography Skills: The Cameras and Composition
Telling Powerful Stories	COVID Talk with COVID Expert Activity: How vulnerability makes a powerful story Photo Sharing & Discussion Design Skills: Visual Storytelling Photography Skills: Introducing Exposure Triangle, and Exploring Aperture Settings
Color and Mood	Photo Sharing & Discussion Activity: Colors & Adjectives Photography Skills:: Using colors to create mood and evoke emotions Design Skills: Visual Storytelling COVID Resources and Toolkit Distribution (adults only)
Creating Connections	Discussion: COVID Facts- Stats on vaccines, deaths, infections. Photo Sharing & Discussion Storytelling Activity: <ul style="list-style-type: none"> ● 7 Minute free-write ● Photo Selection: Pick 20, write captions, find 3 that create a story ● Map your story Design Skills: Introduction to Canva
Final Touches (1-2 workshops)	One on one support with final captions and posters.

Participants were asked the following questions as a prompt to explore concepts around COVID through photography. The discussion about the impact of COVID on their lives followed as they shared their photographs with the group. The images, audio files, and dialogue that emerged from the discussions were then transcribed, coded and analyzed for common themes and trends related to the Impacts of COVID-19 and vaccine acceptance. We did not record the conversations of the youth group as an added layer of protection.

- 1. How COVID has impacted your lives?**
 - a. Impact of COVID on their lives and a photo assignment to find images that demonstrate how COVID has impacted their lives.*
- 2. What steps have you taken to protect yourselves and your loved ones? (e.g. vaccines, masks, social distancing etc.) How has your community changed in the face of COVID?**
- 3. How are you doing? How have you adapted to this new normal? How have you overcome the challenges you faced throughout COVID?**
 - a. Explore barriers that you faced, or are facing, to get vaccinated. Explore possible solutions as well.*
 - b. What are the potential reasons to get vaccinated?*
- 4. How can you support your community?** Using a triptych – a three-part series illustrating the impact of COVID, the barriers, and the solutions.

In addition to the discussions and photographs, participants were asked to complete a pre/post test questionnaire on their views of vaccines as well as an initial survey on their knowledge, beliefs, and worries about COVID-19. This information was used as a by for project facilitators to develop the relevant COVID resources.

In the final workshops participants were asked to create their own stories around COVID. The first step for participants was to select their top 10 photographs and provide captions for them. From there participants were asked to select their top three photographs that they wanted to share publicly. They were then supported in the creation of a poster through the application Canva, which incorporated their photos and narratives into an informative poster.

Phase 2: Outreach and Distribution

Since the onset of the COVID pandemic within the United States, the Latinx population in northern California has experienced extreme disruption to their routines, livelihoods, and baseline health. This impact has similarly yielded a disproportionate number of health complications, including an uptick in diabetes, respiratory infections, and hosts of symptoms that reflect diagnoses of long COVID. Unfortunately, the precise figures are difficult to obtain;

political, economic, and sociocultural barriers prevent Latinx community members from accessing care or otherwise engaging with the health system where data is collected. What is known, however, is that in Butte County alone, more than 42 percent of the local Latinx-identifying population have experienced confirmed diagnoses of COVID. Just 16 percent of Butte County households identify as Latinx, but this community represented a high number of COVID cases. In part, their struggle to achieve an equitable rate of complete vaccination may be to blame. Perhaps unsurprisingly, this same population has struggled to achieve an equitable rate of complete vaccination in comparison to other groups. While 74 percent of Californians are considered fully immunized, the percentage among the Latinx population in Butte, Glenn, and Tehama counties is significantly less.

This contrast served as the focal point of the Picture This/Imagínate esto project, which sought to depict a creative, photography-based exploration of the relationship between personal health, media information, and vaccine hesitancy within the Latinx population living and residing in the selected counties within the Central Valley of northern California. The original concept, as previously employed by professional researcher and photographer Robyne Hayes, sought to create 10 in-person workshops to dispense culturally relevant trainings on photography as a means to explore vaccine hesitancy among a select population of Latinx people. Hayes spearheaded the curriculum and served in the important role of educator. Additionally, her participation promoted collaboration with curating partnerships, directing outreach, and determining the messaging from recruitment to finalization. Hayes also focused on evolving resources to be congruent with the needs of the community.

Resources were developed in both the English and Spanish languages, and partnerships that could effectively attend to the needs and experiences of this population were prioritized. The workshop and material development also took place with a bicultural lens, with conversational starting points intended to resonate with the participants by mirroring their experiences. Before the participants received instruction in the series of educational workshops, the community-based partners evaluated and revised the curriculum to be more reflective of the lived experiences of the participants. This inclusive approach helped to not only circumvent the language barrier of participants who could not read, write in, or understand English, but promoted a sense of credibility on the part of MCN's staff and partners. MCN took the additional step of fostering the commitment to language equity by hiring two interns, both of whom are native Spanish speakers, from California State University, Chico. The two were recruited directly from talks given to two separate Spanish-language courses on campus, where approximately 25 students were addressed at each. Their involvement allowed for accurate notetaking and exactitude in documenting the experiences of participants when telling their stories, sharing their beliefs, and discussing the impact of COVID on their lives.

The community partnerships proved vital to the execution of Picture This/Imagínate esto. While MCN served as the fiscal agent and overseeing entity, providing invaluable logistical and administrative support providing logistical and administrative support for both program participants and grantees, the collaboration with stakeholders was the crucial component to the ultimate success of the project's impact and outreach. The myriad challenges faced by MCN during the COVID-19 pandemic have highlighted an urgent need to broaden our network of

partnerships and collaborators, particularly at the community level. Between virus-fueled lockdowns and natural disasters such as the Camp Fire, the communities we serve have never been more vulnerable, and addressing those needs must come hand-in-hand with outreach to local charities, community leaders, and other vital stakeholders.

From the very beginning, the most vital partnership proved to be with the Northern Valley Catholic Social Services (NVCSS) Promotores program. Norma Servin-Lacy, the director of NVCSS Promotores, served as the primary recruiter, reaching out to clients already receiving services to enroll as participants. In this role, the staff of NVCSS Promotores were able to capitalize on an already established in-roads to draw in clients to be participants. Additionally, the staff of NVCSS Promotores provided critical support during the workshops, offering interpretative services and providing guidance with managing the equipment, as well as directing the conversation when necessary. Their involvement sustained a necessary pathway into the community, eliminating cultural barriers that MCN could not have otherwise navigated so effectively, and served to further the conversation to disseminate factual and accurate information related to vaccinations. NVCSS Promotores successfully recruited 35 men, women, and children, in addition to providing between three and seven staff members engaged in various supportive roles during each workshop, meeting, and community event. The 35 participants were allocated across three groups: a mixed group of adult men and women in Paradise, a mixed group of children, and a group of exclusively women. Both the children's group and the group for women met in Chico.

Collaborating with the NVCSS Promotores program also helped MCN network with additional partners to connect with the community, find supporters, and work to expand the understanding related to COVID and vaccination hesitancy within the Latinx community. One such entity, the Hispanic Resource Council of Northern California (HRCNC), a professional grassroots organization made up of Latinx-served organizations which meets monthly to share information, tools, and resources with the purpose of promoting wider collaboration, endeavored to provide extensive coverage for and awareness of the Picture This/Imagínate esto project. With the guidance of Reyna Nolta, HRCNC's president, the project received considerable interest and support, promoted during monthly meetings and highlighted on HRCNC's calendar of events. While each meeting averaged an attendance of 15 organizations, many of them asked for additional material to pass on to their own networks. The use of HRCNC's platform assisted in bringing attention to the large Butte, Glenn, and Tehama counties, and with it, previously untapped lines of support.

Another successful venue for furthering outreach and community support came from Chico Sol, an independent publication specializing in investigative journalism and feature writing that exclusively covers issues related to crossing cultural borders in the northern Sacramento Valley. After learning about Picture This/Imagínate esto, Chico Sol's Editor-in-Chief, Leslie Layton, and head staff writer, Natalie Hanson-Ross, conducted a series of short interviews with the project's staff members, supporters, and several participants. The finalized material was developed into a story exploring vaccine hesitation within the Latinx community in the county, with particular emphasis on the stories of the participants who were willing to tell them. The article, which ran before the project completed, boasted a record-number of views, particularly among native

Spanish speakers who are not typically included in Chico Sol's audience. Based on Chico Sol's internal metrics, the story was accessed by 75 unique viewers and shared across social media by an additional 25.

In the interest of facilitating a broad discussion on the subject of COVID and providing additional resources directly to the participants, MCN chose to use one workshop with each group to provide a collaborative question and answer session led by a staff member from Butte County Public Health's COVID-19 Division. Working closely with Victor Rodriguez, the Health Assessment and Equity Coordinator who is a community health worker actively engaged in organizing resources for the local Latinx community, MCN developed a series of basic questions and answers designed to help participants examine their own biases and approach the vaccine information with an open mind. Rodriguez attended a session with each of the three participant groups and provided age-appropriate informative materials that had been designed to connect with this same community and was instrumental in helping coordinate the vaccination clinic efforts with Ampla Health and Enloe Hospital's mobile vaccination clinic. These clinics averaged attendance records of 200 people per event.

During every phase of Picture This/ Imagínate esto, MCN focused on prioritizing community awareness, resource sharing, and local engagement. From recruitment until the final meeting, each workshop provided community-donated food from restaurants, catering organizations, and even county residents who expressed a desire to get involved and give back, including Bacio Catering, Roots Catering, the Gnarly Deli, the Tea Bar, and Woodstock's Pizza. While the business owners were always approached directly to seek in-kind support, there were several instances where community members opted to purchase meals for the participants instead. At one interval, a plea for a food donation yielded more than \$500 in donations that were subsequently allocated towards future meal opportunities for participants; more than 200 individuals were directly solicited for assistance.

Additional logistical support came in the form of equipment. Vital support came through BCAC.tv in conjunction with Friends of the Arts – Upstate Community Enhancement Foundation, which supplied MCN with 20 new digital cameras for the use of this project. Due to the drastic uptick in the number of participants, Inspire School of Arts and Sciences, a local public charter high school which specializes in art-centric education, voluntarily loaned an additional 10 cameras to the project. Several students were encouraged to reach out to MCN to learn more about the project and volunteer, illustrating wide-sweeping support within channels MCN would not intuitively consider exploring, and establishing further reach than previously realized.

Finally, these partnerships served to keep MCN abreast of Latinx-centric developments within Butte and the surrounding counties. With the help of NVCSS Promotores and HRCNC, MCN participated in two different health fairs. Although outreach is a common feature of MCN's presence in Salisbury, Maryland; Austin, Texas; and Puerto Rico, direct facilitation from MCN's Chico-based office is less common. Participating in the event allowed MCN to introduce the project to other organizations previously unaware of MCN's work conducted at the national level. In more than one instance, discussing the project led to the expressed desire of event attendees to participate in any future sessions, should they be funded. According to numbers

established elsewhere, each event yielded more than 1,500 attendees; at the MCN booth, staffers interacted with between 200 and 300 at each.

In total, the connection with the respective community partnerships yielded an impact of more than 5,000 people through individual outreach, group collaboration, and facilitation. More than \$24,000 in in-kind support was received, far exceeding the intended goal and projected outcome. Additional fundraising efforts have included soliciting numerous health and arts charities, nonprofits, and other organizations focused on Latinx interests and causes. At the project's conclusion, MCN has approached a total of 22 additional sponsors and supporters.

Additional Data Sources, Challenges and Limitations

By its nature, Photovoice evaluation projects have higher potential risks for the participants than other evaluation methods. These risks were discussed throughout the process with the partners to ensure the participants were not put into greater harm from participating in the project. Participants were also informed about the objectives of the project, the risks and benefits, and the potential use of the images.

Potential risks included but were not limited to lack of privacy, risk of theft of cameras or violence from others, as well as the power that comes with being able to capture someone's photograph. Participants were provided with ways to mitigate those risks, such as always asking for consent, taking anonymous photographs, and ethically representing the people they are photographing.

Throughout the project, participants were assured that their participation would remain anonymous and any quotes or comments that emerged from the discussions would not be directly attributed to them. Participants remained in full control of their photographs and how they were to be used or shared. At the end of the workshop participants signed photo release forms for each photo they released to the project. These steps are vital to protecting the safety of the participants and building their trust, and result in a safe space where they feel free to speak openly. It is important to note that sensitive topics were more likely to emerge through the group discussions rather than the final posters shared publicly. The notes, raw data and recordings for the adult groups are protected and will be destroyed after the project.

In order to be effective, the number of participants in a photovoice group is kept small. This means that there is a relatively small sample size of participants. Additionally, participants were not selected randomly, but through informal networks and connections to our partner organizations. This implies that selection bias was likely introduced as the participants were already connected to local community-based organizations and services through their relationship to NVCSS, which means participants demonstrate that they have community ties, agency and access to basic services, if needed. The data and discussions may not include the perspectives or views of the communities most vulnerable or hard to reach members.

Due to the impure methods of the Photovoice process as an evaluation, as well as the small sample size, Photovoice as an evaluation method works best when used in conjunction with other methods. The process can be used to explore themes and context, but it should not be used to draw concrete conclusions, to make comparisons or to quantify any aspect of the findings. It also cannot evaluate causality in the same way as evaluations with a control group can. However, because it is a visual, participatory process, it allows participants to share the stories of how they experienced change in a way that other quantitative and qualitative methods do not, and it produces material that speaks effectively to non-technical audiences in a very powerful way.

We also gathered data from two additional sources,

(1) a Pre/Post Questionnaire and

(2) an informal sticker-based survey taken at the first workshop.

All materials were provided in English and Spanish. For participants who have limited literacy, they had the option for the questionnaire to be administered verbally. The pre/post test provided basic demographic data as well as a measurement of the views participants held on vaccines before and after the workshops, and was designed to measure if the workshops contributed to the reduction of vaccine hesitancy among the group. Although adults were provided a paper version, an online version, as well as the option to complete it with a member of the project team, only half of the adults completed the questionnaires. This was not enough to rely on the results, yet for those that did complete them, they provided additional insights into the mindset of the participants and helped frame our understanding of their comments and stories. For example, participants were able to anonymously state their views on vaccines in the pre/post test, something many were hesitant to state out loud in the group setting due to the fear of stigmatization. The sticker survey had more complete results and they are below.

IV. Results

“It sounds like a lot of us, or all of us are carrying a pain so deep and so strong that the only way it can be released is through light. I learned how photography means to “write with light”. For my own self I recognize that the things I carry, if they weren't released, if light was not brought to it, that it would remain in the dark and it would absolutely poison me.”

- Participant, Chico Adult Group

COVID-19 The New Normal

Mi historia de COVID

Miedo
COVID al principio me provocó mucho miedo a perder mi familia; a que se enfermara y muriera. También me trajo mucho estrés me privó de besar y acariciar a mis hijos.

Libertad robada
COVID me robó la libertad. Por dos meses estuve presa en mi casa sin poder salir a la calle por el miedo a contagiarme de COVID.

La familia
COVID me privó por un tiempo de estar con mis seres queridos, amigos y familiares. Nos obligó a estar solos en fechas muy especiales, nos robó y privó de las risas y la alegría de convivir con los demás. Hasta hoy en día no sé si debo saludar de mano o abrazar a las personas, pero sigo aprendiendo a vivir con él.

¡APRENDE MÁS! Puede encontrar más información sobre COVID-19 y las vacunas disponibles en:
espanol.cdc.gov/coronavirus

Este cartel fue creado en colaboración con Migrant Clinicians Network, Promotores Outreach Program, y el CDC Foundation.

One of the most important steps in the project was to get a baseline understanding of how COVID and the pandemic impacted this community. We wanted to learn what impact COVID had on the participants, their families and their communities. We also wanted to understand how this community adapted with the changing world, and what their coping strategies were.

We began our exploration of the topic of COVID with a discussion of how COVID-19 impacted everyone, their families and their communities. As with the entire world, participants spoke of the fear and anxiety the pandemic initially brought. However, participants provided insight into the ways they coped, and commonly mentioned gardening or faith.

The economic impacts to the participants were diverse. Some thrived, some survived, many lost wages and others were able to access government benefits. However, the most important insights came in the discussions around work ethic.

Participants spoke most frequently about the loss of normalcy and the isolation they felt during the height of COVID. Comments about isolation, separation, loneliness were the most frequent topics throughout the photographs and group discussions. Participants spoke of how they were separated from friends, family and loved ones. These conversations and photographs barely touch the impact that the isolation and separation had on mental health, long term wellbeing, education, and domestic violence. The lack of access to support or safety during the height of COVID lockdowns highlight a significant area that needs to be addressed.

Nature, Faith, Resilience and Hope

“**W**hen COVID ended everyone was happy. It kinda ended but when it first started it was bad. I was worried I would get sick from COVID. I don't worry much anymore. Better now because you can go outside.” - **Male, Youth Group**

How COVID affected my life

How it affected me...
During COVID I was very stressed because my family members have health problems and I was worried about them getting sick and passing.

How my life was...
Before COVID my life was fun and I could do things without a mask and just have fun with friends.

Time with Family...
My time with my family was fun but I had to be aware of what I did so my family did not get COVID. I had to make sure to wear a mask in public and around others.

LEARN MORE! You can find more information on COVID-19 and available vaccines at:
www.cdc.gov/coronavirus

.....
This poster was created in collaboration with Migrant Clinicians Network, Promotores Outreach Program, and the CDC Foundation.

When the normal daily life was stripped away and people were forced to isolate and adapt, many spoke about various coping mechanisms, including the act of simple things like gardening, seeking out nature, and faith.

This poster is from a female youth participant in Chico that provides an elegant yet simple description of the stress and anxiety that was part of the human condition during the height of the pandemic.

En tiempos de oscuridad, siempre llega la luz, y siempre florece algo nuevo en nuestros vida.”

“In times of darkness, the light always comes, and something new always blooms in our lives.”

- Participant,
Paradise Group



Hope. The most frequently mentioned coping strategy among the participants was surrounding themselves in nature, be it going for walks, taking care of their plants or nurturing their gardens.

A mí se me hace muy bonito cómo la naturaleza, cómo alguna actividad de la naturaleza puede ser tan importante como para traer paz en el corazón y el detalle de, a veces pareciera que no es importante hacer llegar un detalle a una persona, pero eso puede cambiar la vida.”

- Participant, Paradise Group Discussion



Y la naturaleza para mí fue también de donde yo me agarré, en esos momentos veía los colores y yo no perdía la esperanza, yo sentía que ellos me iban a ayudar a salir adelante y eso significa como, ‘aquí estoy otra vez.’”

“And nature for me was also where I clung to, in those moments I saw the colors and I did not lose hope, I felt that they were going to help me get ahead and that means like, ‘here I am again.’”

- Participant, Paradise Group



“Esta foto me recuerda de esperanza porque en el tiempo que yo estaba en COVID, me relajaba cortando nopales, antes era algo que antes no me gustaba probar... pero en los tiempos que me golpeó el COVID tenía mucha ansiedad. Para mi era cortar las nopales y ver como quedaban y como yo podía comer lo y disfrutarlo.”

- Participant, Paradise Group

Esperanza

“Para sobrellevar la situación empecé a coleccionar plantas y a llenarme de tranquilidad.”

- Participant, Chico Group



Gardens

“During COVID many people started gardens. This reminded me of my Grandfather who used to grow plants outside which made me happy because we would eat the food that grows.”

- Male, Youth Group



Relying on faith was common amongst the adult participants. The expression of faith was particularly strong with the group in Paradise, who were identified as participants through their connections to Northern Valley Catholic Social Services and their Promotores program. Regardless of their connections to our program partners, it was clear that faith was a significant source of strength and support.

Mi historia de COVID

UNIÓN
Nuestra unión al trabajo, al hogar y el amor a las plantas y la naturaleza

AMOR
Su batalla contra su enfermedad durante la pandemia y siempre con una sonrisa hasta su final

FUERZA
Mi fuerza de salir adelante y seguir luchando con fe y esperanza

¡APRENDE MÁS! Puede encontrar más información sobre COVID-19 y las vacunas disponibles en:
espanol.cdc.gov/coronavirus

Este cartel fue creado en colaboración con Migrant Clinicians Network, Promotores Outreach Program, y el CDC Foundation.

For example, the following poster is about a Participant who lost her husband due to an illness during the height of the pandemic. She spoke about their love and her loss, and how she relied on her faith.

Another woman spoke of her health struggles and during her hardest moments her faith was there.

“Pero yo me refugiaba mucho en mi fe, que esto significa mi fe. Que a pesar de que como yo estaba, me agarraba de la fe y pues seguíamos todas las recomendaciones que nos decían, ¿verdad? Las precauciones que tomáramos, usáramos gel, limpiar, todo eso era lo que -- Pues, seguíamos las indicaciones” - **Participant, Group Discussion, Paradise**

Below, a woman in the Chico Adult group shared a photograph of things that represent her, and what is important to her during the pandemic. The Bible, representing her faith, is in both English and Spanish. Also included is a rosary that her friend brought her from the “Holy Land”, a statue that represents where she is from, La Virgen del Quinche, Ecuador, and a mask of a Flag of the US and Ecuador.



Papa dios en mi camino

A pesar de las circunstancias por lo que estaba viviendo nunca solté mi mano de las de dios. Hoy día creo que el estaba conmigo en cada momento por muy duro que viví.

-Participant, Chico Group



“La soledad de covid.” This photograph represents the isolation of COVID. She represents those who are stressed, sad, overworked, and isolated. - Participant, Adult Chico Group

The Economic Implications

After the economic shutdown in March 2020, California saw unemployment jump from 4.5% to 16%, with a resulting loss of 2.5 million jobs. Between the end of 2019 and April 2020, there were 61,000 fewer businesses. Significant losses were noted among businesses that provided face-to-face services.

At the beginning of 2022, the Northern region of California, which includes Butte, Glenn, and Tehama counties, was one of three regions that had employment rates lower than they were prior to COVID. These rates could be half a percentage or more lower than they were in February 2020. Unemployment rates for the Latinx population were 5.6% in January 2022, lower than for those in the “Black, American Indian, multiracial, and others” category (6.5%) but higher than that of white and Asian groups (4.5%)².

The economic impact was different for each participant depending on the industry they are working in, their ability to work and if they were able to access benefits. Views differed greatly as well. Participants told stories of friends and family who slipped through the cracks, lost income, or housing and were not able to receive benefits. It was more common that participants felt as if they were working extra, taking up the burden for those who could not, or in their view, would not work.

² *How Did California’s Economy Recover from COVID—and What Comes Next?* Public Policy Institute of California. Bohn, S. 03/22. <https://www.ppic.org/blog/how-did-californias-economy-recover-from-covid-and-what-comes-next/>

**“En el trabajo como encargada es difícil encontrar trabajadores.” - Participant, Paradise,
Pre-survey**

Participants commonly mentioned that they felt overworked and unable to hire enough staff. This led to resentment and frustration and concerns that too many people were taking advantage of the benefits that the government provided during the pandemic.

“Nos pagaron doble todo lo que estábamos haciendo, porque éramos nosotros las que estábamos desinfectado para que entraran las personas. Entonces, todo fue muy buenos, los dos años, porque hasta ahorita todo es en línea. No han quitado-- No han bajado la guardia, en todos los lugares hacemos todas las-- Las laundries públicas de los apartamentos, librerías, todos los lobbies. ¿Por qué? Porque no quieren bajar la guardia en cuanto a sanidad.” -Participant, Chico Group

Discussion

The idea of “work ethic” was brought up frequently and provided an interesting shift in perspective. In the media and within the public health sphere people of color were typically framed as having a higher vulnerability to negative outcomes of COVID-19 because they were lower income and worked essential jobs and therefore could not take off work. This led to a higher risk of exposure. While this was absolutely true, many participants had no choice but to work. Others, in both groups framed it differently. Several participants consistently spoke of their strong work ethic, and their willingness to work when others wouldn’t. This concept, the idea that members of the Latinx community chose to work rather than need to work, had a huge impact on the project team and forced us to reframe and rethink about the ways we spoke about vulnerabilities and essential workers in this community.

“The next question I have, a little bit deeper, what do you think our community, Hispanic, latinos, mexicanos, cubanos, nicaraguan, panamanians, Ecuatorianos - ¿Por qué esas comunidades tenían los casos de contagiados más altos que otras comunidades en este estado?”

- Focus Group Discussion, Public Health Expert

“Yo pienso que porque son-- Buenos, pienso que mexicanos y todos los que tú dijiste, no le zapatean al trabajo, o sea, no se echan para atrás. Se avientan a lo que hay, porque como te digo, tienen sus familias. Como-- Te vuelvo a poner el ejemplo de mi cuñado. Él a pesar de que estaba en lo que estaba, porque a él le dio COVID también estando en el trabajo y más, sin embargo, tenía que salir al trabajo, tenía que hacerlo, hay que luchar. Así que yo pienso que todos, considero que latinos todos son bien aventados, son trabajadores y a pesar de lo que hay, tenían que mantener a su familia, tenían que salir adelante.” - Participant, Chico Group



Mi vecina

Mi vecina vivió en el UHAUL un carro que se usa para mover las cosas de una casa a otra.
Mi vecina vivió por unos meses porque la pandemia afectó con la renta de casa.
- Woman, Chico Group

In California, citizens had access to federal stimulus payments as well as extended and expanded unemployment benefits. Expanded school meal programs, the expanded California Earned Income Tax Credit (CalEITC), the Young Child Tax Credit, and the federal EITC were available to all residents, regardless of immigrant status. These government benefits are credited with a decline in the poverty rate and helped millions make ends meet during the pandemic.

Our project partner, NVCSS, who works directly with the community, reported that many of their clients, mostly immigrants in the agriculture or food service industries, were not aware of the benefits they were entitled to, or they did not access them because they were worried about their status. Additionally, they stated that the benefits came too late. Many did not have the resources to isolate, there was no access to a safety net, financial resources, unemployment, especially for those who didn't have an ITIN number (tax ID number). NVCSS reported that in general, the community did not understand the seriousness of the pandemic at first, as it felt like a cold or the flu, so their calculation of "should I stay home and miss pay" or "go to work a bit sick like I normally do" led to an initial huge rise in community spread. Sadly, it was not until many of their family and friends started dying that the reality of COVID hit them.

Interestingly, the topic of work ethic also came up frequently in the context of these “government benefits”. Not everyone held the same views about the value of the benefits, the following quotes highlight the frequent discussions people had around the benefits.³

“**P**ero su pregunta que si fue balance para mí, el balance fue porque les dieron esa ayuda. Esa ayuda del gobierno para muchas personas fue esencial, por eso sobrevivieron.”

- **Participant, Chico Group Discussion**

“**M**ira, nosotros sí cuando alguien sale enfermo allí en el restaurante, cierran los días que tuvimos que aislarnos. Antes daban parece que dos semanas, ¿no? Y últimamente daban una y cuando alguien se enferma y nos hacen la prueba todos y si sale una persona, cierran 8 días, los 5 de-- Pueden ser 8 días o una semana completa que cierran. Y no nos pagan esos días. Eso les afecta a ustedes.”

- **Participant, Chico Group Discussion**

“**S**í hubo gente que tenía mucha necesidad, pero también sí hubo mucha gente que se estaba aprovechando y ya no quería trabajar. Y también lo que yo veo mucho en esto que dice, es que mucha gente también lo tomó de excusa para “no voy a asistir al trabajo porque--” para ellos era mejor, aunque no estuvieran enfermos, quedarse en casa, porque decían que ganaban más porque el gobierno les pagaba más dinero que ir a trabajar y hasta hoy día, todavía sé de mucha gente que no quiere regresar.”

- **Participant, Paradise Group Discussion**

³ *Pandemic helped lower poverty in California*. Public Policy Institute of California. Danielson, C. 10/21. <https://www.ppic.org/blog/pandemic-aid-helped-lower-poverty-in-california/>

Mi historia de COVID



EL COVID CAMBIÓ LA FORMA DE VIVIR

El COVID cambió mi forma de vivir, especialmente en mi trabajo, sentía mucha impotencia de no poder hacer muchas cosas a las que estábamos acostumbrado. Muchos lugares como los restaurantes, clínicas, tiendas cerraron, pero aprendimos adaptarnos para poder superar la adversidad.



PROCESO DE ADAPTACIÓN

Soy trabajador en un restaurante, durante COVID hicimos muchos cambios para seguir atendiendo a los clientes, adaptamos espacios abiertos, respetamos medidas recomendadas por salubridad y logramos que nuestro lugar de trabajo siguiera siendo productivo.



SUPERANDO LA ADVERSIDAD

Después de un proceso largo para todos, puedo ver que estamos superando la adversidad. Nuevamente, nuestros clientes disfrutan sus alimentos adentro del restaurante. Hoy puedo decir que valoro mucho más mi salud, mi familia, y mi trabajo.

¡APRENDE MÁS!

You can find more information on COVID-19 and available vaccines at: espanol.cdc.gov/coronavirus

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The Impacts of Isolation

The impacts of isolation were profound.

Isolation impacted everyone. It impacted mental health, education, and income. Isolation made situations of domestic violence worse. It changed how people were able to care for and mourn their loved ones. But it also forced people to find new ways to make connections, recognizing how valuable our connections to each other are.

Separation, Isolation and Connection

“Isolation”, “separation”, and “loneliness” are all similar threads, originating from a single cause but played out in different ways.

People commonly referred to the forced isolation when they were forced to isolate due to an exposure to COVID. They also used it to describe the lockdowns during the beginning of the pandemic where everyone felt as if they were isolated, on their own. However, separation was more in reference to the act of being separated from friends, family, and other members of the community. They maybe had family at home, but there was always someone they were missing. “Separation” showed up in so many other ways: being separated from loved ones at the hospital, school vs. homeschool, unable to work with the public or interact with others, not being able to travel, not being able to access safe spaces or separated from proper care or support services. Kids spoke about being separated from their friends, adults mentioned being separated from their families and community, and frequently, their church community. Overall, when most people were asked to define COVID, these conceptions of isolation, separation and loneliness were the most common ways they defined the pandemic.

As one participant develop her poster, she described defined separation and isolation as this:



La cerra de alambre separando

It is a physical barrier that you can still see through. It is the distance between the photographer and the subject- Isolation is the metaphoric separation, it is a loneliness, like even if you wanted to you can't pass. This photo represents being alone, separated from others. But we should also see the courage it took to ask to take the photo in a different language. Sometimes we must cross the barrier to break Isolation.

- Participant, Chico Group

It's human nature to desire connection, and the lockdowns, isolations, and social distancing the pandemic people were forced to create new ways to connect to each other. The pandemic also forced the participants to reevaluate what mattered, and cherish those in their lives. Participants valued spending time with their families, and getting to know them better.



La sombra, esta foto es muy significativa, mi hija y yo.
“Estamos unita en un silhouette de flores.” Estoy feliz. - Chico, Group Discussion



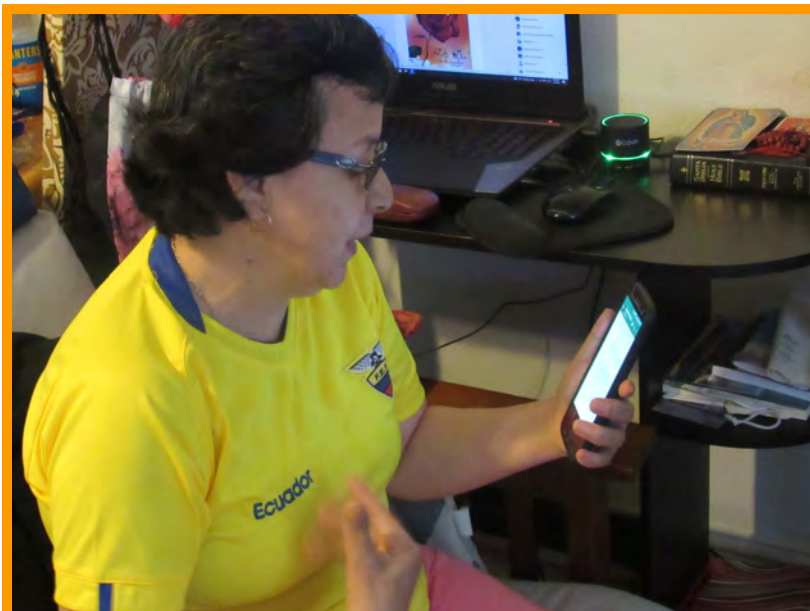
“Al final del día, esta foto significa mucho para mí, porque de todo el proceso que pasamos, la felicidad que ella-- Lo veo ahí en ella, haciendo lo que a ella le gusta, la naturaleza y eso significa, la verdad, lo más que puedo expresar en mí. Aparte de pues, de todo esto que tenemos con mi familia. La familia para mí es lo esencial, más que todo.”

- Participant, Paradise Group

One of the things they spoke about frequently is the adaptations and changes they made so that they could maintain their connection with others. This included cards and letters, but it also included Facetime and video calls.



“Esto para mí significa también mi oración, mi fe, pero también aquí mis amigos o la familia que me quería, que me regalaban tarjetas, una oración. Esto significa para mí cada una de ellas, que nunca estuve sola, porque también toda la familia que me quiso, que me apoyó en esos momentos que más lo necesité, estuvieron conmigo y esto significa cada una cosa para mí.” - Participant, Paradise Group



Mi Familia

“El Covid 19 afecto mucho en poder ir a visitar a mi Familia. En especial si la Familia está en otro país. Solo puedo comunicarme con mi Familia por medio de videollamada.”

- Participant, Chico Group

Nuns also participated in the project. As volunteers with Northern Valley Catholic Services (NVCSS), they reach out and support the community. They are one of the cultural bearers, and trusted members among this community. Part of their responsibility is to support members as they navigate the health system. The pandemic meant they had to change how they reached out and supported their community. This was difficult, when at the height of the pandemic they could not attend funerals, support people who were sick in person or hold church services inside. As the lockdowns eased they took up their role of in-person support and valued their opportunity to address the inequities and barriers so many members faced when accessing healthcare.

Mi historia de COVID

ACOMPANIAMIENTO
 En este tiempo de COVID una de las actividades más enriquecedoras que me tocó vivir fue poder acompañar a las personas en el Hospital de Enloe. Tener acceso para visitarlos en el acompañamiento de su fe y con sus familias de escucha y oración.

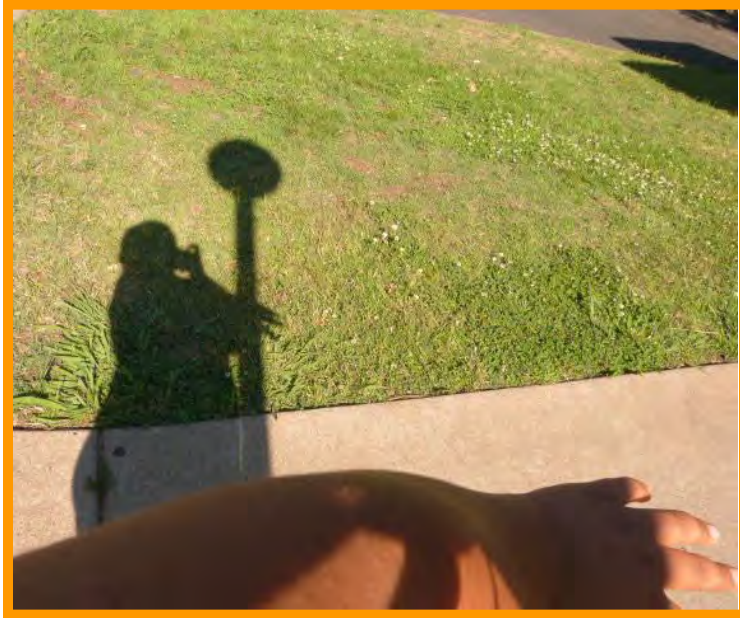
MI PROPIA EXPERIENCIA
 En mi experiencia, al estar enferma de COVID tuve la oportunidad de contar con la ayuda de una amistad para poder tener acceso a la atención de mi clínica y recibir el tratamiento especial para mi recuperación. Lo que lamentablemente otros latinos de nuestra comunidad, no pudieron recibir.

VIVIRLO EN COMUNIDAD
 Dentro del tiempo de la pandemia al compartir con las mujeres líderes de nuestro grupo me hizo darme cuenta de toda la riqueza que como comunidad tenemos, trabajando todas juntas nos fortalecimos y saliendo de nosotras mismas al poner nuestros dones en práctica pudimos ayudar a los más vulnerables.

¡APRENDE MÁS! Puede encontrar más información sobre COVID-19 y las vacunas disponibles en: espanol.cdc.gov/coronavirus
 Este cartel fue creado en colaboración con Migrant Clinicians Network, Promotores Outreach Program, y el CDC Foundation.

How this particularly impacted kids

While the adults frequently spoke of the separation and isolation, it dominated the discussions with the youth group. The themes of friendship, missing friends, being separated from friends were the most common photos. Everyone spoke about the friends they couldn't see.



Shadow

"I'm able to be outdoors without a mask which is great because I missed the outside. I spent a lot of time alone but I prefer to be alone when I'm outside."

- Male, Youth Group

Sister's Best Friend

"My sister and her best friend couldn't see each other and it made us both depressed. We like to scooter with each other now that the pandemic is over."

- Male, Youth Group



HOW COVID CHANGED MY LIFE

Friends

When COVID stated it was hard to find friends but within my own community I found new friends.



Hard times

During COVID my sister had a hard time being happy.



Time with Family

During COVID I spent more time with my brother and got to know him more.



LEARN MORE! You can find more information on COVID-19 and available vaccines at:

www.cdc.gov/coronavirus

.....
This poster was created in collaboration with Migrant Clinicians Network, Promotores Outreach Program, and the CDC Foundation.



Our friendship grew stronger during covid. We all only had each other at that time.
- Participant, Youth Group

Homeschool

The findings around homeschool in this project closely reflect the national conversation. The pandemic had detrimental, lasting effects on children, their education, and their mental health. National test scores dropped, mental health issues such as anxiety rose, and as discussed below, the parents were worried about kids being “trapped” at home in unsafe environments, without access to safe spaces or an outlet to find some normalcy.

“**E**n cuestión académica se fueron-- Hasta ahorita ya los niños están sufriendo, todavía no se adaptan. Ya al regresar no sabemos qué están aprendiendo, porque se pasó un año o dos a oscuras. No es cierto que las computadoras sustituyeron al maestro, porque el niño puede estar viendo la computadora todos días como viendo una *movie* y al otro día ya no se acuerda y es la motivación del maestro y estarles diciendo todo, explicando más. Es la presencia física en un salón, la convivencia de sus compañeros. Yo pienso que ese fue el impacto más grande en todos, en los niños porque-- Luego sufrimos unos tantos porque vivimos en el *country* y ellos siguieron haciendo su vida normal como que no pasó nada, pero los niños.” - Participant, Chico Group

Parents felt as if they were unable to provide the support and education that their children needed. Many mentioned that they were learning the technology alongside their children.



“Homeschool was so hard. Sometimes we didn't know how to find what to do in the chromebooks. We didn't really have anyone to help us. My brother would help me when I got frustrated.”
- Male, Youth Group

One parent in the Chico group expressed the following sentiment.

“A mí yo me daba cuenta cómo a mi niño yo lo tenía que enseñar. Yo no era maestra, yo no tenía la paciencia que tiene una maestra, yo no estaba capacitada para enseñarlo y era una desesperación tanto como para el niño, como para mí. Porque yo no-- Pues no, maestra no soy, no sabía muchas cosas y eso afectó mucho-- Yo para mí, afectó mucho a los niños.” - Participant, Chico Group

Another parent in the Paradise group's reflection of homeschool and online learning:

“Yo no se nada de computadoras o de teléfonos y en este tiempo era para mí muy estresante.”
- Participant, Parent, Paradise Group

My Covid Story: Homeschool

Confusion.

So many days I felt unsure about how to properly manage my child's education amongst other aspects of everyday life.



Process.

We figured out how to approach homeschool through trial and error. We were doing it together. Through this process, my child taught me.

Clarity.

My child continues to teach me that the path to meeting a goal is as unique as the person upon it.



A PHOTOVOICE PROJECT

You can find more information on COVID-19 and available vaccines at: cdc.gov/coronavirus

This poster was created in collaboration with Migrant Clinicians Network, Promotores Outreach Program, and the CDC Foundation.

Domestic Violence

During the pandemic there was a rise in domestic violence. This was an unintended consequence to the stay-at-home orders issued in March 2020, and for many cities the increase in domestic violence incidents was immediate. Data gathered from Portland, Oregon in the weeks following their March 23 isolation orders indicated an increase in arrests related to DV of 22%, compared to weeks prior to the declaration. In San Antonio, Texas, there was an 18% increase in calls related to family violence in March 2020 compared to March 2019. Similar trends were noticed not only in the United States, but worldwide⁴.

The isolation the children faced without their normal support structures or a chance to get away to safe spaces, such as school and in sports or clubs, meant that they were more exposed and less safe. Adults in both groups were concerned about the impact the pandemic, isolation and a rise in violence had on the children in the community.

“I don't have statistics, but I can almost be certain that abuse was increased in homes and so, the fact that children didn't have an escape to deal with teachers at school, to do public sports, to even go into office for therapy. So, now the child is constantly at home and so, that is something that has you know, to be just, acknowledged.” - **Participant, Adult, Chico**



You are not alone

The child is my son. For so much of COVID we are focused on the actual illness but I think there are so many stories from Children who were trapped in houses and could not leave during COVID. I love my son's smile. Just to be reminded of that childlike hope and resiliency. His stories are not mine to tell. I just wanted to talk about another piece on COVID and how isolation was detrimental to certain families.

- **Participant, Chico Group**

⁴ Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *The American journal of emergency medicine*, 38(12), 2753–2755. <https://doi.org/10.1016/j.ajem.2020.04.077>

One participant highlighted how the shutdowns exacerbated an already abusive environment with less access to in-person appointments with providers resulting in less access to safe places, especially with mental health providers because zoom was the only option. This led to misdiagnosis and missed opportunities to identify abusive situations and provide the necessary support services. Another parent expressed the same sentiment.

“No, no. Que tienen padres que abusan de su autoridad, abuso físico y todo eso lo tomaron, para los niños fue un castigo, fue una cárcel. Porque para ellos, o sea, la escuela era un escape, porque algunos tenían maestros que los apoyaban. Pero como te quedas con un matrimonio disfuncional que hay drogas, que hay violencia, que violencia física y emocional, entonces a los niños los devastaron. Los niños ya no pueden volver a la realidad. Ahorita mucho niño que necesita ayuda psicológica por ese tiempo que pasó encerrado.” - **Participant, Chico Group**

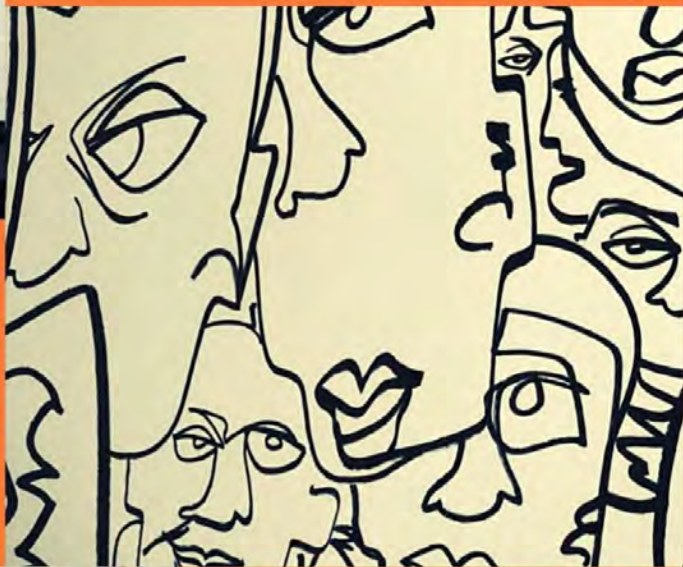
MY COVID-19 STORY: STAY-AT-HOME

A PHOTOVOICE PROJECT



ALOGIA

Prolonged despair, severe isolation and abuse resulted in a state of psychosis. Everyday seemed like an impossible attempt to escape and a reality I felt I was in too deep to even imagine a way out of. My thoughts became voices and a source of socialization. I believed the lies that said nobody would believe me. So I turned any voice I had left, inward. After all, survival is built in the human spirit.



ORDER ANNOUNCED

I remember this cold and eerie day. Exclaimed as a tyrannical response by many. The tyranny I dreaded was mimicked in the house I was to call home. Twofold orders to stay under surveillance and under control. I took this picture from the only place I could hide in solitude. I whispered to the neighbors for help. I prayed for a miracle that one day they'd act on all that they could hear coming from behind these doors. While the neighbors feared going outdoors, I feared what it now meant to be commanded to stay in doors.

I lost hope.



LIBERATION

Something shifted. While identifying the lies that kept me in bondage, I began to seek truth and help. Truth is, some people really do care and I am not alone. I could no longer enable the lies to shackle me. I am a human being with purpose. Seeking help, meant choosing life for me and my child. Hope was no longer an imaginary idea, but a journey to restoration and freedom.

Human Trafficking Hotline

(888) 373-7888

Domestic Violence Hotline

800-799-7233

This poster was created in collaboration with Migrant Clinicians Network, Promotores Outreach Program, and the CDC Foundation.

Loss

“Lo que pasa que algunos sí lo sintieron más que otros. En este caso yo-- En mi familia hubo alguien que murieron de COVID, que se dijo que era COVID. Creo que no lo creía hasta que le tocó a alguien de tu familia y lo que vimos-- Bueno, lo que yo experimenté cuando mi papá enfermó, es que se sentían solos, como que los habían abandonado. Era una desesperación que mi papá gritaba-- Pedía auxilio. Decía que, si lo habíamos dejado en el hospital, qué por qué estaba ahí, que lo fuéramos a ver y daba la dirección y todo de donde estaba. Entonces, yo lo que vi en el COVID no más que nada la enfermedad, sino la soledad que siente el paciente y esa ansiedad de sentirse acompañado y que, por la pandemia, no podía estar un familiar con ellos.”

- Participant, Chico Group

Aside from the isolation and loneliness people expressed, one of the most profound impacts participants mentioned was how they were not able to be with their loved ones when they were sick or dying. Many mentioned the loss of normalcy and traditions when they had to deal with the death of loved ones. They were not able to travel to say goodbye or be with their family as they died in the hospital. Several spoke of how early on in the pandemic, they were not allowed to receive the bodies of their loved ones to bury.

“During COVID, the saddest thing for most of the family is where, like, somebody went to the hospital and they came out dead, but you weren't able to get the body, the only thing you got was the ashes and sometimes they didn't even get that. So, it was really tough... Because you know, when somebody dies and you know, they give it to you and you can do whatever your tradition is to do. In this case, what can you do?” - Participant, Paradise Group

As many of the participants are immigrants, they were separated by a border, and a plane flight, and sometimes a vaccine. They were unable to see their loved ones and say goodbye in person.

“Nosotras Familia no podíamos ir, no tener la oportunidad de ir a México por el COVID, Y me toco vivir la muerte de mi abuelita desde aca.” - Participant, Paradise Group

Mi historia de COVID

Recordando a mamá

El adiós a su madre que murió de COVID.



No está solo

En apariencia está solo, pero en realidad fue un proceso divino.

Una nueva familia

Su hermana menor es una gran compañera porque él se volvió "el hermano mayor" que puede ser su protector.



¡APRENDE MÁS!

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Resilience

There were so many stories of strength and resiliency, throughout the project. The following posters, photographs and quotes just highlight a few.

Mi historia de COVID

PREVENCIÓN

El gel me permite cuidarme y proteger mi salud. Es la manera de poder contribuir al trabajo. Tanto con las personas, grupos de apoyo y mis colegas.

MUJER QUE AMA SERVIR

El COVID me permitió experimentar la soledad, pero también me motivó a volver a mi cultura, recordar mi historia. Sobre todo, a ser consciente de que todo va a estar bien, que saldré adelante en esta pandemia. Gracias a Dios, aquí estoy, aquí seguiré para seguir contándolo.

¡APRENDE MÁS!

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APRENDÍ A SONREÍR CON MIS OJOS

Trabajar con cubrebocas no fue fácil, al principio fue difícil, pero con el tiempo, ya fui asimilando que así va a ser, fue una barrera muy grande para mí porque ya no podía sonreírle a la gente. Ahora aprendí a sonreír con los ojos.



Las Flores

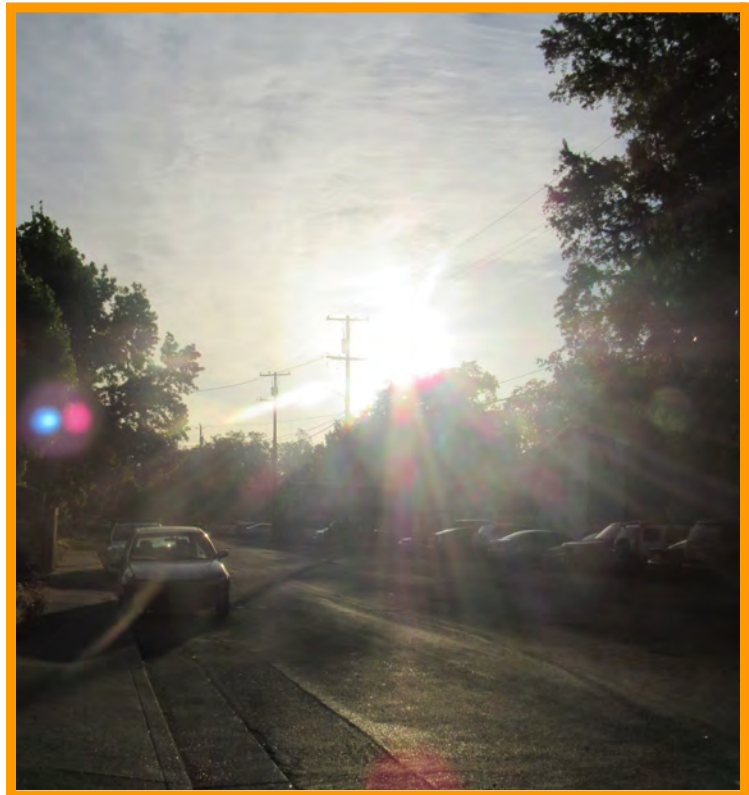
“Yo creo que las flores nos han hecho sentir algo mejor en la pandemia, es como decir no todo está perdido. Los colores de las flores nos hacen sentir vivos, alegres y felices.”

- Participant, Chico Group

La Luz

“La Luz representa una esperanza que poco a poco se irá mejorando con el tiempo la Pandemia que al final del túnel habrá una luz.”

- Participant, Chico Group





MY COVID-19 STORY On Mental Wellness: *Managing PTSD*

A PHOTOVOICE PROJECT

*So many days I spent in
mental anguish.*

This pain blocked my ability to understand that I could in fact enjoy living and experience peace.

*So many days I felt
lost and alone.*

I needed constant reminders that my life has a purpose. What a miracle it is for the human to survive devastating hardships and still wake up to face another day!



This poster was created in collaboration with Migrant Clinicians Network, Promotores Outreach Program, and the CDC Foundation.

*So many days I felt
trapped.*

With faith and the help from others, I am learning to manage the feelings that arise with intrusive thoughts of the past in order to be present.

YOU ARE NOT ALONE
National Suicide and Crisis Hotline
Call 988
Domestic Violence Hotline
800-799-7233

Access to Accurate Information, Healthcare, and Structural Racism

It is impossible to understand the reasons for lower vaccine acceptance in the Latinx community without first understanding the barriers latinx faces in accessing reliable, scientifically based information as well as understanding the structural barriers to their access to healthcare. It is impossible to disentangle these two concepts, as they overlap and amplify each other. The following sections attempt to outline how these concepts manifested in the data, including the group conversations and photographs.

COVID-19 Uncertainty, Trust and Mistrust

During the first workshop, adult participants were asked to complete a survey on some of the common myths and misunderstandings on COVID information in order to measure their knowledge about COVID and the COVID vaccine. The survey was too small to be generalizable but helps to put into context where the participants of this group stand on their COVID knowledge and understanding. As you can see from the survey below there remains a lot of misinformation and misunderstanding about the vaccine.

Table 3: COVID Knowledge Survey: What Have I Heard?

Photovoice Workshop Pre-Survey				
	True	Partly True	Not True	I Don't Know
I believe my natural immunity is all I need to protect myself from COVID 19	1	4	3	1
I don't think the vaccine will help with new variants of COVID 19	1	1	1	4
The ingredients in COVID-19 vaccines are dangerous	4		3	
The vaccine was developed too quickly to be safe	1	3		1
Vaccinations contain microchips		1	4	1
The vaccination will impact my fertility	1		3	3
Masks do not work that well	3	1	3	1
COVID-19 vaccines can alter my DNA	2		2	3
A COVID-19 vaccine can make me sick with COVID-19	1		1	4
I can not get a vaccination if I am pregnant			3	2
COVID-19 isn't a problem any more			6	1

Uncertainty

That word was used frequently to describe COVID. One of the major themes in both groups, but especially the Chico Adult Group, was access to accurate information. Participants felt that there is a lack of reliable information on COVID. A significant number of participants in both groups felt that they did not have a source of information they could trust, neither in English or Spanish.

Many participants said their first source of information about COVID was from the TV. As mentioned above, the participants are primarily Spanish speaking. Their information was from Spanish speaking programs, some of which are not reliable sources. Participants stated that the information they received was different between channels, and was different between the English stations and the Spanish stations.

The following is a dynamic conversation among the participants in the Chico Group. One of the important points was how they felt that the information was not consistent between Spanish and English.

“Hay que darle información buena ya sea en español, ya sea en inglés, pero que se maneje lo mismo, porque si no es un caos. Es un caos, no sabes a quién creerle porque de un lado dicen una cosa y otros dicen otra.”

“Tiene tanto que ver con la información que nos cabía a nosotros y lo que fuimos formulando nosotros a las ideas de lo que era o lo que no era. Mucho, poco-”

“Es que sí, la información no fue buena desde el principio, porque ni los investigadores sabían lo que estaba pasando. Entonces, yo pienso que se adelantaron mucho los medios a dar posibles causas de la pandemia sin estar seguros. Eso fue lo que escuchamos.”

“Social media went ahead and before they got concrete information, they were just spilling out information.”

“And they were louder too.”

- Conversation between Butte County Public Health Representative and the Chico Group

In one conversation in Chico, participants felt that they needed to improve and control information shared in the media. Participants didn't understand why these unreliable media sources have a space to bring the false information forward. Participants in both groups felt there was lots of confusion and misinformation in the media, which left many scared not knowing what to trust. Many without the capacity to distinguish which information was credible and which was not.

“Fue tanto lo que metieron de miedo de cosas que yo creo que ni eran ciertas, pero estábamos asustados.”

“Encerrados y asustados.”

“Y ¿qué crees que el gobierno o las autoridades podrían hacer para ayudar a la comunidad?” - (Facilitator)

“Yo pienso que controlas las informaciones que dan en la televisión.”

“Yo pienso tenemos la capacidad de recibirlas como, de esa manera, ¿verdad? Para mi opinión.”

“Muchos medios de comunicación manejaron de diferente manera y entonces, lo que causó fue más que de la pandemia, una fobia.”

“Hubiera ayudado más quedándose callado.”

-Conversation between Chico Group and Butte County Office of Public Health

There were several organizations locally, working to get information out to this community, but by the time La Promotores reached the community, many of their minds were already made up. NVCSS found that it was really hard to change their opinions or beliefs at this point. They felt that in this situation, education level and language matter. They reported the average level of education, for this community is at an 8th grade level. Perhaps some high school, and literacy rates are low. That plays a part in their capacity to intake and understand information. NVCSS felt that much of the information they initially received was not at a level they could understand. There is a significant amount of reliable, scientifically based COVID information available, but it is not effectively reaching the hands of the participants.

For the younger generations, studies have shown that people more frequently access news from social media sites. The recent studies by the PEW Research Center has some recent statistics⁵ about access on social media, and they just published a new study that most people get their news from TikTok. This is largely skewed towards the younger population. However, for those that do regularly get their news from social media, Hispanics, according to the study, are most likely to get their news from TikTok, Instagram and SnapChat. However, companies have started to face backlash for not adequately addressing false and misleading efforts on their platforms. While some improvements have been made, this is dramatically less so for information in Spanish. Additionally, many Spanish speakers share news and stories via

⁵ News Consumption Across Social Media in 2021: More than half of Twitter users get news on the site regularly. By Walker, M., Matsa, K. PEW Research Center. Published 9/20/21 ([Link to Article](#))

encrypted chat sites such as WhatsApp, making fact checking impossible and placing the onus on the consumer. There the challenge lies, as people will more likely believe something if it is sent from a trusted friend or family member.⁶ (Source: “After the Storm”, NPR, 10/2/22 Lesley Cosme Torres)

Mistrust of Hospitals

There is a profound distrust of the healthcare system, hospitals in particular, that directly translates to vaccines acceptance and seeking out healthcare. One of the most prevalent beliefs in both groups was the view that “if you go into a hospital you won't come out.”

“**Y** ya no salías vivo. A mí cuando me dio COVID, yo les comenté la otra vez que yo tengo trasplante de riñón y cuando a mí me dio COVID, yo tenía que llegar al hospital. Me acuerdo que a mí, mi esposo llorando con miedo, me suplicaba “no te vayas”. Llorando me decía “si te vas, ya no vas a volver, no vas a salir viva” y yo pienso que era del miedo que tanto que nos metían en la televisión, tanto que decían que ya no salías. Se comentaba mucho, “si entras, ya no salí.”

- Participant, Chico Group Discussion

Also relevant is the fact that several participants spoke about how Latinx community members are less likely to seek care or go to the hospital unless it is very serious.

“**N**o, de otros países que también no tienen esas posibilidades, aunque hablen inglés. Estamos hablando de que no tienen una aseguranza, no tienen un *medical*. Todo ese tipo de cosas y aparte, como mexicanos o como latinos, tenemos algo que hasta que no te estás muriendo, vas al hospital, ¿sí?” - Participant, Chico Group Discussion

Additionally, many people in both groups believe that hospitals received a significant amount of money for each COVID death, and therefore they were artificially inflating the records for the number of COVID deaths. This impacted how they viewed the seriousness of COVID, and further deepened the mistrust they had of hospitals, specifically, and the medical field, generally. Many participants believed that hospitals would lie on the death certificates. Most of the participants who mentioned this had families in Mexico and they relayed specific stories from friends and family about how this happened in Mexico but they did not share any stories of it happening in the United States, yet they believed it was happening here.

⁶ *After the storm, the scams, lies and misinformation flood in.* Martin, M. NPR, Published 10/2/22
<https://www.wno.org/npr-news/npr-news/2022-10-02/after-the-storm-the-scams-lies-and-misinformation-flood-in>

Except for one profoundly personal story.

“Perdía mi hija, es un historia larga y historia triste.”

A woman in the group lost her daughter to COVID. She was suffering from profound grief and trauma from the loss. She did not believe that her daughter died from COVID, but she was angry and felt that the hospital was at fault. Separated from her daughter and unable to see her in the hospital, she did not understand why her daughter was talking to her one day and intubated the next.

“Él lo que hizo por ganar dinero, por ganar dinero los hospitales y todo mundo, quisieron matar-- Acabar con personas, porque mucha gente murió y no sabe si sí fue COVID o qué fue que murió. Mi hija así quedó.”

- Participant, location protected.

A participant shared this insight later in the discussion.

“Cuando estamos en nuestro estado vulnerable, percibimos cosas que no están ahí
Nuestro sufrimiento, nuestra fragilidad para sentir dolor, a veces es más fácil estar enojado.”
“When we are in our vulnerable state, we perceive things that are not there
Our suffering, our frailty to feel pain, sometimes it is easier to be angry.”

- Participant, location protected.



Access to Healthcare and The Impacts of Racism

“Yeah. So, I think related to the whole thing that I was telling you about the numbers, is not because we’re more–

“Vulnerable?”

“Vulnerable, it’s just like they don’t take care of us.”

- Conversation with Facilitator and Participant, Paradise Group Discussion

The very personal and impactful systemic and systematic racism participants encountered while accessing care was the most commonly discussed topic in the Paradise Group. The following quotes are excerpts from a significant group conversation that centered around participants’ personal experiences with racism when they were seeking services. The discussion ranged from how they were treated because of their ethnicity, their perceived language abilities, to being diagnosed improperly or dismissed. They spoke about how they could only get the care they needed when someone who didn’t have limited English advocated for them. They also spoke of how those who were not documented got turned away from getting vaccines. Most people in this group were not supportive of vaccines but when they started talking they opened up about the deep mistrust they have with the healthcare system overall.

One of the barriers that participants mentioned was not being able to access services because of their “status”. Participants spoke of being turned away from accessing the vaccine because of their status. This was confirmed by staff from NVCSS, who worked with the community to access services. They reported that their clients were asked for information and their social security information before they would receive the vaccine, which resulted in several people being turned away, and making others afraid to access the vaccine.

“That’s what a lot of people face because, so many people were trying to come over and get vaccinated and they got refused because of their--”

“The status.”(Facilitator)

“The status, yeah. Yeah, and you see so many cases on the news like, they say everybody regardless of who you are, you’re allowed to come in. But when they got to the point like “okay, I’m gonna do it”, they rejected-- Got rejected.”

“Lo que ella está diciendo es de que también lo de las cosas que pasó fue de que basado en la raza o color, también fue diferente. Como, por ejemplo, cuando se iban a vacunarse o ponerse un medicamento o lo que sea, muchas personas fueron-- No se los dieron, una, por caos de estatus, otras por diferentes casos. Entonces, hubo como mucho tipo de, Racismo.”

“ Was it your case?”(Facilitator)

“Every time when I call-- I mean, they say ‘No, tú no eres candidata.’ ”

- Conversation between facilitator and group members, Paradise Group Discussion

One participant had just gone through the process of trying to get her driver's license. She shared it as an example of what they have all encountered when they try to access services, including health services. She has an American born, English speaking husband who was able to advocate on her behalf. As the participants stated, not everyone has someone who can advocate for them.

“Para mí, pero mi esposo habló. “Soy estadounidense, ella es mi esposa, quiero una cita”. “Sí, claro señor” y me lo dieron”.

“Lo siento.”(Facilitator)

“Actualmente tengo eso con mi licencia de conducir. Hice la prueba en abril. Me dijeron “dos semanas”. Mi licencia no había llegado. Tengo la tarjeta verde, pero no obtengo la licencia. Fui de nuevo. “No puedes, llama a este número”. Dos días hablando, pues no se puede, sigo esperando. Fui al DMV de nuevo, me dijeron “no, hazlo de nuevo”. El lunes me acompañó mi marido. Verás, él es un gringo. -“Aquí está la tarjeta verde de mi esposa. Ya aprobó, ¿tiene que volver a hacer el

examen? 'No'. "Aqui esta ella". "Sí, por supuesto". Le cambiaron, "aquí tiene otro permiso, en dos semanas lo va a sacar", pero nunca me hicieron caso, se tuvo que ir."

- Conversation with Facilitator and Participant, Paradise Group Discussion

The following is a personal, firsthand account from a couple who were in the program. The conversation is between the facilitator and the husband in the paradise group.

"I'm gonna tell you a story and this happened to us, okay?"

"Yeah"(Facilitator)

"And we face the same thing, okay? My wife during COVID she got really sick, okay? We came to the doctor's office and she got to see this doctor, Hispanic guy, okay? She came and looked at her "Oh, I'm gonna help you, I'm gonna do this". "Okay, fine". So, we trusted this guy and he goes "Do you have insurance?". She goes "no". Okay, so then she comes home and I say "okay, I'm gonna get insurance", so I went and bought insurance and everything, the whole thing, the whole process. Because he was "well, you know, the whole process is really expensive, you can't afford it". Just like that. So, I got insurance and everything and next time, well, he just came and he never did anything to her, never."

Even though he bought insurance, they still refused to treat her, because the office did not believe that they could afford the treatment.

"One time she came back to the office and then she got treated like, really bad. I mean, like really, really bad. He kicked her out of the office, that way. So, I got really, really upset, really mad. I called the [Unintelligible] hospital and I said 'we got insurance and everything' and I talked to the manager or somebody [Unintelligible]. So, I talked to somebody and it was only because we're Hispanics that we were treated that way. So, I talked to the manager and I said, 'I'm [Unintelligible], I'm gonna call the news and tell you guys what this doctor did to my wife. She needed treatment; she needed surgery for a year and didn't get anything.'

"So, then I said, 'I need you guys to do something. Get me a doctor because she needs to get treated like, right away.' So, then they finally got-- You know, helped me out, get somebody else and she got treated. The first day that the doctor see her case, she goes 'we need to schedule an emergency surgery. This should have been done last year'".

This population doesn't feel they are inherently vulnerable, due to their disease or diet or genetics. They feel like vulnerability is something that happens to them, this is actively done to them. They are more vulnerable because of racism and lack of equitable access to services. Again, this is similar to the concept of *"being an essential worker that needs to work"*, as opposed to having a very strong work ethic and choosing to work. The framing of these concepts matter.

They say *'The Hispanic people, African American people and these people, they're more vulnerable'*. I don't feel that way, I think-- Because we don't get treated the same, so there's more cases."

"It's institutional, systematic racism."

"Exactly"

"And on top of that is lack of trust and so, those are the barriers that you face to-" (Facilitator)

"To get treated... You've got to do something about it."

"Yeah, you fight it. But not everybody knows how and not everybody feels comfortable."-

"Exactly"

"And people who are worried about their status or are vulnerable in other ways, how do they do it?" (Facilitator)

"Yeah. So, I think related to the whole thing that I was telling you about the numbers, is not because we're more-

"Vulnerable?"(Facilitator)

"Vulnerable, it's just like they don't take care of us."

- Conversation between facilitator and group members, Paradise Group Discussion

Isabel's Story



En el hospital luchado

Una larga lucha buscando ayuda y atención en los momentos de angustia e incertidumbre durante el COVID

In the hospital fought

A long struggle seeking help and care in moments of anguish and uncertainty during COVID

El diario y mi fe

A nunca perdiendo la esperanza de encontrar restos a mi preguntas y luchando para buscar ayuda

The journal and my faith

Never losing hope of finding answers to my questions and struggling to seek help



El hospital

Fueron duros momentos porque no encontraba la ayuda de un Doctor en los momentos que más necesitaba especialmente durante el COVID

Hospital

They were hard times because I did not find the help of a Doctor in the moments that I needed most, especially during COVID

Mi mamá sosteniendo la rosas

Sintiendo la esperanza de sobrepasar la adversidad por la estaba viviendo

My hand holding the roses

Feeling the hope of overcoming adversity for what I was living



Mi historia de COVID

DIFÍCILES MOMENTOS EN EL HOSPITAL

Una larga lucha buscando ayuda bajo la incertidumbre y el miedo de lo que estaba pasando a nuestro alrededor en los momentos más duros de COVID.

MI LUZ DE ESPERANZA

Con mucha fe y bastantes ganas de luchar para seguir hacia adelante por mí misma y mi familia. Luchando contra mi propia incertidumbre y buscando respuestas en mi propia vida.

DIOS CONMIGO SIEMPRE

Ha sido un camino difícil hasta hoy día, pero siempre con mi fe inquebrantable, persistiendo con mucha fuerza y siempre tomada de la mano de Dios. Porque hoy sabemos que sin él nada es posible y con él TODO.

¡APRENDE MÁS! Puede encontrar más información sobre COVID-19 y las vacunas disponibles en:

espanol.cdc.gov/coronavirus

Este cartel fue creado en colaboración con Migrant Clinicians Network, Promotores Outreach Program, y el CDC Foundation.

COVID Precautions, Social Determinants, and Vaccines



Participant, Paradise Group

In the PRE/POST Questionnaires that were handed out, participants were asked the following question:

During the height of COVID infections how would you classify your adoption of following prevention measures?

(1) Masks in public indoor spaces, (2) Social Distancing, (3) Hand Sanitizer, (4) Gloves, (5) Vaccines.

When it came to COVID and the precautions many took, masks, social distancing and isolation were common. However vaccines were not as common, adopted by only half of the people who completed the surveys. The questions about wearing gloves was added to see if participants were able to follow the recommended guidelines, as gloves were not recommended. Although less than half of the participants completed the pre and post tests, information gathered during the group discussions and photographs reinforced the data. However, regardless of their stance or perceptions of vaccines nearly everyone mentioned that during the height of the pandemic

they used hand sanitizer, wore masks and practiced social distancing. These adaptations became part of people's lives, interwoven into their new normal.

Table 4: Post Test COVID Adoption Measures

Question: During the height of COVID infections how would you classify your adoption of the following prevention measures?					
Masks in public indoor spaces.	Extreme Social Distancing: i.e. limiting contact with others outside immediate family	Avoid large gatherings and events.	Gloves	Hand Sanitizer	Vaccines (when available)
Con poca frecuencia	Con poca frecuencia	Cuanto más se pueda	Con poca frecuencia	Con poca frecuencia	Nunca
100% del tiempo	100% del tiempo	100% del tiempo	A veces	100% del tiempo	100% del tiempo
100% del tiempo	Cuanto más se pueda	100% del tiempo	Cuanto más se pueda	100% del tiempo	Nunca
100% del tiempo	Cuanto más se pueda	100% del tiempo		100% del tiempo	Nunca
100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo
100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo
100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo	100% del tiempo
Cuanto más se pueda	A veces	A veces	A veces	Cuanto más se pueda	No recuerdo
Con poca frecuencia	Con poca frecuencia	Con poca frecuencia	Nunca	A veces	A veces

One of the things we found was that participants could not keep up with the complex, and rapidly changing knowledge about COVID, disease progression, and the appropriate measures to take. Most everyone still viewed hand sanitizer as the primary defense against COVID, equal to wearing masks. Participants knew less about changing variants, how their lineages affect the behavior of the virus, and how that affects quarantine recommendations, vaccine and mask efficacy, and the severity of the disease.



Limpieza

“Aprendimos que la mayor parte de evitar contagios era la limpieza y sanitización de nuestros hogares y oficinas. Fue parte vital de parar muchos mas contagios mundialmente.”

- Participant, Chico Group

It can be difficult to distinguish what is conflicting information because it is inaccurate, versus, information that is evolving because our scientific knowledge is changing. This changing information is viewed with suspicion and sows confusion, which impacts behaviors and beliefs such as vaccine acceptance and seeking care early.

“Después que nos daban mascarillas nos decían que este no es el adecuado, este es el que deben usar, deben que poner se dos.”

- Participant, Paradise Group Discussion

“Creo que en donde falló mucho la información, porque se enfermó gente que ya había sido vacunada, y mucha gente se enfermó en la televisión”. - 'Ya te ponen la vacuna, tienes síntomas, no te das', y piensan '¿qué me va a pasar?'”

- Paradise Group Discussion

The Vaccine

“Hubo mucha más información, creo que también esto contribuyó.... Lo que me dio mucho confianza fue cuando los adultos mayores se pusieron la vacuna, y miro que está bien”

- Participant, Paradise group

The following chart is from the surveys provided at the first workshop. The surveys attempted to gauge participants' worries and concerns about the vaccine.

Table 5: Worries, Fears and Concerns Pre-Survey					
Photovoice Workshop Pre-Survey					
On a scale of 1-5, please rate how closely this phrase relates to you. COLUMN: Definitely true, Somewhat true, neither true or not true, mostly untrue, definitely not true. (one response)					
	Definitely true	Somewhat true	Neither true or not true	Mostly untrue	Definitely not true
I have some anxiety about COVID	2	2			3
I have questions or concerns about vaccinations	4	3			3
I totally understand how mRNA vaccines work	3	1		1	4
I have a trusted source where I get my health information from	2	1			5
I know what herd immunity means	2			1	3
I am worried about what is in the vaccine	6	2	1		2
I am worried about the long term impacts of COVID	5	1			1
I am worried about the long term impacts of the vaccine	4	3			1
I have a hard time discussing issues around COVID with my family or friends.				1	5
I have heard lots of things from family and friends, so I don't know always what to believe	1	3			3
Covid is a community problem so it needs a community based response	5	2			
Masks, Vaccinations, and other measures should be 100% up to the individual	4			1	4

Aside from the views about hospitals and misclassifying deaths, there didn't seem to be widespread myths around the vaccines among the groups. The problem was just not knowing what to believe and not knowing where to get the information. There also seemed to be a general, unspecific feeling of distrust for the vaccine.

People did feel like that there is a stigma associated with the vaccine, and that it was divisive. They felt they were treated differently if they had it or if they didn't. It is likely, for this reason, most people would not admit their vaccine status during the discussions or in their photos. The pre-and post surveys were designed to anonymously measure vaccine uptake, but given the fact that less than half the people completed the surveys (despite the many opportunities) we could not get an accurate number of vaccinated versus unvaccinated participants.

We did find, for the 9 people who completed the survey (out of 18 adults), only 4 were vaccinated. And this number is skewed, because 3 of those were community health volunteers associated with our program partners. We chose to assume that even after the workshops, a significant portion of people were not vaccinated. This is especially likely the case in the youth group.

Participants commonly cited that the reasons they have not taken it yet is that they feel it is "unsafe" and they "don't know what's in it" or "it's too political". As mentioned above, the fact that people were still getting sick after having the vaccine led to the belief that the vaccine wasn't working. Participants commonly mentioned that it was developed too soon, and wanted to wait and see before they took it. A few participants also thought the vaccine would give them a COVID infection. When asked what they needed in order to feel comfortable taking the vaccine, they simply mentioned "more information". Even among those who were vaccinated, worrying about side-effects was common.

Interestingly, one of the motivations for getting a vaccine that was frequently mentioned, aside from protection, was so that they could travel home and visit loved ones. And regardless of their views on vaccines, participants still self-reported following other prevention measures such as masks, social distancing, and using hand sanitizer.

V. Additional Questions and Recommendations

Rebuilding Trust

One of the largest drivers of vaccine hesitancy was the perceived lack of access to reliable, simple, scientifically based information. When we were preparing materials to share with our participants about facts about COVID and the vaccine we found the amount of reliable, trustworthy, scientifically based information overwhelming.

Question: Would improved funding to these community health workers, such as NVCSS Promotores, enable a quicker response to the community?

Question: It would be good to understand if the Latinx community, particularly immigrants, know how to access the vast amount of publicly available information on government supported sites such as the CDC. We did not explore participants' knowledge of agencies such as the CDC, nor explore their trust of these sites specifically, prior to the workshop. Given the mistrust many had for the government, would it even be trusted in this community?

During the workshop, we explained which news sources and websites were reliable and which ones weren't. We explained briefly how to access reliable information and when to share or not share something with friends and family.

Question: Could we develop a campaign that teaches how to critically review information, particularly focused on the Spanish-speaking community? What would that look like, and what other aspects of their lives would it positively impact?

Question: How can we address misinformation with people, especially youth, through TikTok and other social media platforms? The Democratic National Party [just hosted 8 influential TikTokers](#) in Washington DC, where they met with President Biden and President Obama and were provided with strategies for effective messaging. Could a similar strategy be used to address some of the misinformation and misunderstandings around vaccines?

To build trust around vaccines, we need to address the mistrust that is embedded within the community. This means addressing the systematic and systemic racism POC face when accessing care. Additionally, we need to reframe how we communicate by addressing the systemic racism and health disparities for what they are, rather than failures of the community members.

Question: Would owning up to mistrust, inequities, and racism in health care on materials that promote vaccines help? What would that look like?

Question: Would increased funding that supports well-informed, trained patient advocates like NVCSS Promotores help clarify some of the misunderstandings between patients and doctors, while supporting participants through trauma, and advocating for appropriate care? The work NVCSS Promotores are doing in the community is a valuable guide for how to build trust and advocate for community members.

Because a lot of the information and misinformation comes through friends and family on WhatsApp, which is encrypted, it is hard to address. Spanish language misinformation/ disinformation is also slower to be taken down or corrected on population social media sites.

Question: Are there Spanish language fact checking sites? What are the services provided by tech companies, such as Whatsapp and Meta to verify information in Spanish?

Mental Health Access and Support

Question: How can we ensure privacy for mental health support, especially during a lockdown? How can we make meetings via Zoom or phone calls private? Would it be better to start the session with a phone conversation screening, where the clinician can ask coded questions to participants to identify those who may not be alone?

Question: How can we better educate doctors, therapists, social workers and educators to look for signs of abuse and trafficking when talking to clients?

Question: Is there data or information on why the isolation for kids was so profound and impactful? Have there been studies on the long lasting impacts, for example, anxiety? What services do we need to offer or expand on that can support youth going forward?

Improving Support Services

The support California gave absolutely had a positive impact on addressing the poverty rate, but needed to work quicker to catch the most vulnerable. Even if they had access, some were not aware of how to access the services. Many with language barriers did not understand the access they had, while many others did not access -- because of fear of status.

Question: Can we filter government benefits through trusted, established organizations who are already working in the community, organizations such as NVCSS?

Question: Did this population's view on "work ethic" impact their acceptance of support provided by the government?

Question: How can the government work with community based organizations to have a quicker response to support vulnerable populations during emergencies such as the pandemic?

VI. Conclusion

Trust. The lack of access to trusted information and the mistrust of healthcare services, especially hospitals, likely contributed to the lower vaccine acceptance among this population. Any program that seeks to improve vaccine acceptance would benefit by working in conjunction with programs that seek to address the mistrust of information as well as the systematic and structural barriers in the access to health services, such as structural racism. Addressing these immense complex issues can not be done with one single program, or project. But every action

and program tugs at the complex, tangled ball of thread and contributes to the solution. We should work to prioritize these issues, not when they become overwhelming during a crisis, but now before the next emergency happens. This would have benefits well beyond improving vaccine acceptance.

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VIII. Appendix

Link to COVID materials provided to participants (including those from Butte County):

https://drive.google.com/drive/folders/1SL3KS5yl_DwIDLUmu9rbN1U5IA-MMFyH?usp=sharing

Link to PDF containing all posters:

https://drive.google.com/drive/folders/1-4qp3ZkVJNkEVcKMT0OIXRsSm9CDFMG3?usp=share_link

Link to download posters on MCN Website:

<https://www.migrantclinician.org/resource/picture-photovoice-project-posters-community.html>

IX. Partners

MCN has a strong history of partnerships in the proposed project counties of focus. MCN's office of Education and Communication is located in Chico, CA which is in Butte County. MCN will co-lead the development and implementation phase, providing crucial logistical and administrative support, facilitating the communication between the partners and providing a platform to share the final stories and outcomes. The photovoice project is designed by Robin (Robyne) Hayes, a Social Justice Photographer who uses photography as a tool to empower people and communities. Through photography and the photovoice method she helps local organizations and communities tell their stories.

To effectively reach the target community, we will partner with Northern Valley Catholic Social Services (NVCSS) through their Promotores (community health outreach) projects. The NVCSS Promotores Program enhances the quality of life for families by promoting mental health and well-being by using a strength-based approach to empower families when delivering services. The Promotores identify community needs while collaborating with providers and agencies to fulfill those needs. The project also aims to eliminate cultural barriers such as language, stigma, and mistrust in order to increase access and awareness of community services such as vaccinations. MCN also currently partners with the NVCSS on a COVID-19 vaccination outreach program in Tehama County.

MCN and NVCSS work with the Hispanic Resource Council which is made up of Latinx serving organizations throughout the region who meet monthly to share information, tools, and resources for greater collaboration. We will collaborate with members of the Resource Council to spread awareness of the project and to disseminate the educational art pieces developed through the project.

The three vaccine mobile vaccine clinics will be organized as a collaboration between MCN, NVCSS, Enloe Hospital, and the local federally funded community health center, Ampla Health. During the mobile vaccine clinics we will also partner with local food banks to distribute food boxes to community members in need.

MCN also partners with BCAC.tv through Friends of the Arts - Upstate Community Enhancement Foundation to provide the cameras and other equipment needed for the photography. BCAC.tv purchased 20 cameras for MCN's ongoing use during the previous Photovoice project and they have committed to continuing to provide those cameras for the use of the project.