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COVID-19 and the Latinx Community: "Promotoras Represent a Community in Pain"

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Abstract

COVID-19 has disproportionately affected the Latinx community, leading to heightened economic instability and increased mortality/morbidity. Frontline community health workers (*promotoras*) have played an integral role in serving low-income Latinx immigrant communities, disseminating health information to this vulnerable community while also facing heightened risks to their own health and wellbeing. This study explores the impact of the pandemic on Latinx communities and the promotoras that serve them, examining how the stresses and inequities the pandemic wrought might be mitigated. Promotoras (*N* = 15, all female) were recruited from a local health agency in Santa Ana, CA and completed a semi-structured interview about their experiences during COVID-19. Qualitative analyses demonstrated that the pandemic substantially affected the daily lives both of community members, via economic challenges, limited access to reliable pandemic-related information, and psychological and social stress, and of promotoras, via changes to the nature of their work and psychological and social stress. Promotoras perceived that these harms might be mitigated by providing for economic and material needs in the community, and that promotoras can be fortified to continue serving the community through self-care and psychosocial healing practices. According to promotoras, the Latinx community needs economic and material resources to overcome COVID-19 related stressors. Additionally, promotoras may benefit from programming to preserve mental and physical health in the wake of new stressors. Lending greater support to promotoras within the agencies in which they are nested may enable them to be more successful in fulfilling their mission and sustaining their own health.

Latinx individuals make up 18.5% of the total United States (U.S.) population (U.S. Census, 2019), yet the Latinx community has accounted for nearly 33.8% of COVID-19 cases (Moore, 2021; Tai et al., 2021). Latinx individuals have long been at risk for experiencing health and economic disparities in the United States (Clayson et al., 2000; Viruell-Fuentes

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et al., 2012), which have only been exacerbated by COVID-19 (Rozenfeld et al., 2020; Saltzman et al., 2021). In this study, we seek to explore the impact of the COVID-19 pandemic on the Latinx community by amplifying the voices of Latinx community health workers (*promotoras*) who served as frontline responders for this community; in so doing, we aim to understand the impact the pandemic has had both on promotoras and on the communities they serve. As trusted members of the community, promotoras serve Latinx communities by connecting community members to physical and mental health care, economic resources, and social services; these are precisely the domains most impacted by the COVID-19 pandemic. As such, promotoras have unique insights into the experiences of the community. Moreover, as frontline community healthcare workers, promotoras had to adapt and expand their service delivery in the face of the COVID-19 pandemic; however, in contrast to other healthcare workers, for whom the professional, emotional, and physical impacts of the pandemic are well-documented (Benfante et al., 2020), little is known about how the pandemic shaped life for promotoras, who faced the dual stresses of being frontline service delivery to underserved communities and themselves being members of those underserved communities. In the current study, we report promotoras' insights on how the COVID-19 pandemic has shaped the Latinx community, as well as how it has influenced the healthcare providers these communities rely on, in order to identify culturally relevant avenues to bolster both promotoras' and community members' health through the pandemic and beyond, to ensure that promotoras can continue to deliver the services their communities rely on.

Impact of COVID-19 on the Latinx Community

COVID-19 has exerted substantial costs on the Latinx community. Longstanding socioeconomic disparities increased the likelihood of severe illness and infection as a result of the pandemic for Latinx people (Clayson et al., 2000; Rozenfeld et al., 2020; Viruell-Fuentes et al., 2012). Additionally, for many Latinx workers, an inability to shelter-in-place or socially distance due to employment in frontline service- or healthcare sectors placed them at increased risk of COVID-19 exposure. Unsurprisingly, Latinx healthcare workers were twice as likely to contract COVID-19 compared to whites (Forrest et al., 2021; Moore, 2021). Immigrant Latinx families were frequently uninsured with limited access to healthcare (Mallow et al., 2014; Rozenfeld et al., 2020), leaving them at an economic and health disadvantage after contracting COVID-19. Latinx individuals infected with COVID-19 were more likely to require hospitalization or ICU admission and to die from COVID-19 (Moore, 2021; Rozenfeld et al., 2020).

Promotoras as Community Healers

Promotoras foster community well-being by offering a culturally responsive, community-focused approach to health education. They draw on local knowledge to identify needed community resources and connect clients to a wide range of resources and organizations (Callejas et al., 2021; Logan & Castaneda 2020). Promotoras have a unique style of bridging communication that facilitates connections between patients and providers across language, cultural, and other barriers, and this culturally tailored communication style can expand the reach of the traditional health care system to better include and serve Latinx

families (Falbe et al., 2017). Promotoras' personal attributes and shared background with participants foster trusting and positive relationships between health care providers and their patients; such relationships catalyze beneficial health outcomes, knowledge, attitudes, beliefs, and behaviors for Latinx patients (Falbe et al., 2017; Hoeft et al., 2015). In addition to connecting community members with resources, promotoras also advocate for members of the Latinx community and encourage individuals to seek out resources and to speak up during appointments (Logan & Castaneda, 2020). Promotoras are also uniquely positioned to ignite changes in policy at the community and societal levels through disseminating information within the community and engaging stakeholders and policymakers (Logan & Castaneda, 2020).

Promotoras work at the intersection of two contexts, identifying with clients at the community level and identifying as professionals within the health organization level (Gutiérrez et al., 2020). Promotoras view themselves as health professionals but also face professional challenges with agencies that train and employ them (e.g., disparities between the way they perceive themselves and how they feel they are perceived by institutions, not being fairly compensated for their contributions), and express a desire to be professionally acknowledged and to gain financial stability (Gutiérrez et al., 2020; Logan & Castaneda, 2020).

Impact of COVID-19 on Promotoras

Although the COVID-19 pandemic has highlighted the central role of promotoras in Latinx communities (e.g., by facilitating access to critically needed services, information, and resources), it has also placed tremendous strain on essential health workers' health and well-being (Forrest et al., 2021; Moon et al., 2021; Moore et al., 2021; Orpinas et al., 2021). The impact of COVID-19 on health care workers include risk of experiencing acute stress reaction, vicarious traumatization, and traumatic stress (Benfante et al., 2020; Caricati et al., 2022). Promotoras may be especially vulnerable to the risks healthcare workers face in several ways. As promotoras' work involves listening to participants' daily stressors, promotoras may face particularly high risk for experiencing compassion fatigue, burnout, and secondary vicarious trauma (Franza et al., 2020; Garcini et al., 2021; Masiero et al., 2020; Yu et al., 2022). Although promotoras embrace their roles, serving one's own community can lead to more diffuse boundaries with clients. As a result, promotoras may find it challenging to set boundaries with clients because they feel obligated to be available to them unconditionally, contributing to burnout (Orpinas et al., 2021). Risk for burnout can increase during times of crisis, such as the COVID-19 pandemic, when promotoras face heightened community needs coupled with additional barriers to providing effective support (Cáceres et al., 2022). Finally, the impact of COVID-19 on promotoras is two-fold; not only do they encounter stressors related to providing healthcare as frontline workers during a pandemic, but, as members of the community that they serve, they also are exposed to the same stressors reported by the Latinx community.

To our knowledge, few studies have assessed the experiences of promotoras during the COVID-19 pandemic. Promotoras reported experiencing emotional distress related to work, economic and financial challenges, and challenges related to the spread of misinformation

regarding the nature of COVID-19, the effectiveness of wearing masks, and the effects of COVID-19 vaccines (Garcini et al., 2021; Cáceres et al., 2022). Critically, no studies to date have examined the personal impact of the pandemic on promotoras as essential frontline healthcare workers who live in the communities that they serve; this is an important gap in the literature as promotoras played a key role within the pandemic and are members of a vulnerable group. Such holistic examinations of the personal and professional impact of the COVID-19 pandemic are urgently needed, as any risk to promotoras' abilities to carry out their professional roles also endangers the already at-risk Latinx communities that rely on promotoras.

The Present Study

In this study, we seek to explore the impact of the COVID-19 pandemic on the Latinx community and to understand the impact the pandemic has had on the promotoras that serve the Latinx community. We present the perspectives of the promotoras at a local health agency in an effort to strengthen our understanding of the needs of the Latinx community, as well as the needs of the promotoras as professional health care workers. To this end, first we elicit promotoras' views on the needs of the community (Research Aim 1), by addressing the following questions: (1a) How has the COVID-19 pandemic affected the community promotoras serve? (1b) What does the community need to overcome COVID-19 related stressors? Next, we examine the needs of the promotoras (Research Aim 2), by asking: (2a) How has the COVID-19 pandemic affected promotoras? (2b) What might allow promotoras to nevertheless overcome these stressors? We present qualitative data from promotoras employed by a local community health agency (Latino Health Access; LHA) located in Santa Ana, California, serving the Latinx community during the COVID-19 pandemic. The Latinx community makes up 76.6% of the population in Santa Ana, with 41.7% of the population reporting being foreign born according to the U.S. Census Bureau (2021). Using a community-based participatory research lens, we interviewed promotoras, asking them to describe how COVID-19 has affected their communities and themselves, in order to identify areas of need and sources of resilience for both promotoras and the community they serve.

Method

Participants

Data were collected as part of a larger follow-up assessment of health during COVID-19. The initial study consisted of a family resilience program co-developed by promotores and provided to Latinx parent-child dyads in the community by a community agency in Santa Ana (Latino Health Access [LHA]). LHA serves a primarily low-income, recently immigrated, undocumented Latinx community. Participants in the present study included 16 promotoras employed at LHA during study recruitment (July 2020 - January 2021). Transcripts from 15 promotoras were included in the current analysis. Five promotoras had previously worked as co-interventionists for the family resilience intervention developed by two coauthors of the present study (Borelli, Cervantes et al., 2021; Borelli, Russo et al., 2022; Borelli, Yates et al., 2020). Participating promotoras who provided demographic information (n = 12; 3 promotoras were unable to be contacted for demographic information) were all female, Latina, and aged 35 – 65 (mean age = 50 years). Available

data indicate that promotoras had worked at LHA for an average of 9.6 years (range: 2 months - 25 years).

Procedure

All procedures were approved by the University of California, Irvine Institutional Review Board (IRB #2017–3974). These data were collected separately from the datasets derived from the intervention protocol and while some of the promotoras that participated in the interviews were initially trained in the intervention (n = 5), the participants in this study were not limited to those promotoras that were involved in the family resilience program. The researchers involved in this study and the promotoras at LHA have a strong collaborative relationship and trustworthiness between the two organizations had been fostered throughout the development and implementation of the family resilience program, ensuring that promotoras felt confident in their ability to express their opinions freely to interviewers. Promotoras that participated in the interviews were involved in delivering several health care programs related to behavioral and mental health. Participants reviewed a study information sheet and provided oral consent. Participants then completed a semi-structured interview lasting approximately 40 minutes, which was developed for this study. Interviews were conducted over the phone to align with social distancing ordinances. Interviews were conducted by trained research assistants who were bilingual in English and Spanish; all promotoras elected to complete the interview in Spanish. The interview consisted of 26 questions that assessed participants' roles as promotoras during the COVID-19 pandemic, observations regarding the community they served during the pandemic, personal impact of the pandemic, and suggestions about how the community might be best served in the face of the pandemic (see Supplemental Table 1 for interview questions). Interviews were audio-recorded and transcribed verbatim for thematic analysis.

Data Analytic Plan

The research team employed a qualitative data analytic approach, which followed the six-step Thematic Analysis (TA) procedure outlined by Braun & Clarke (2006, 2012). The rating team consisted of five student research assistants (four self-identified as Latinx female and one as Latinx male), who are bilingual in Spanish and English. Coding was conducted in Spanish (as all interviews were conducted in Spanish).

Thematic analysis.—The rating team attended an introductory training session developed by the first author based on the six-phase thematic analysis process outlined by Braun & Clarke (2006, 2012). The rating team agreed to attend weekly meetings to review each step of the process as we initiated the six-phase process. In the first phase of the analysis, each member of the coding team familiarized themselves with the data; raters also listened to the original audio recordings and reviewed all transcripts during this exploratory phase. The aim of phase one is to become intimately familiar with the content of the datasets; no coding was conducted at this phase (Braun & Clarke, 2012). According to Nowell et al. (2017), establishing trustworthiness in phase one includes prolonged engagement with the data. As such, raters were instructed to take their time reviewing the audio recordings and transcripts to become comfortable and familiar with the participants' responses. Additionally, raters were instructed to document theoretical and reflective thoughts and to document thoughts

about potential codes/themes, another factor that helps to establish trustworthiness (Nowell et al., 2017). Upon the initial review of the audio, interviews and written transcripts, the rating team met to discuss observations as a group, initiating phase two of the thematic analysis, generating initial codes (Braun & Clarke, 2006, 2012). The beginning of phase two started with another training session offered to the raters by the first author to review the coding phase of the thematic analysis and answer any questions.

Once the raters agreed they were ready to move onto phase two, the team proceeded to discuss their observations from phase one, working together to establish a coding framework to identify codes that emerged and define what those codes entailed, in addition to identifying examples to support each code. The coding team met with the first author to identify subthemes (also referred to as codes) to include based on their review of the data; common subthemes identified through literature review were also considered (see Table 1). The coding framework, once finalized and accepted by the group, was provided to the rating team to reference in the coding process. Interview transcripts were transferred to a Microsoft Excel spreadsheet and participant responses were copied into a data table. The raters were provided with their own data tables to review the participant responses and assign codes using the coding framework. In the second phase of the thematic analysis approach, the rating team reviewed a total of 452 unique responses from the transcribed interviews. Once raters had reviewed all of the participant responses, the first author combined the responses into one comprehensive data table, repeating participant responses where more than one code was noted by the raters. Next, the raters independently coded the verbatims for these constructs. The data from the first round of coding were aggregated into a table and coding agreement percentages were calculated. For verbatims in which codes were identified by the raters, coding agreement was calculated as the number of coders who identified a code as present divided by the number of coders (e.g., one verbatim assigned the same code "*coping*" by 4 out of 5 coders yields a coding percentage of 80%).

After the first round of coding, the team met with the first author to discuss initial findings and review coded verbatims that had achieved at least 60% agreement. Following this discussion, the coders reviewed all verbatims for a third time. After the re-coding exercise was complete, only data that achieved acceptable to absolute agreement (80% to 100%) were included in the analysis. The end of phase two occurred once data were fully coded and the data relevant to each code had been collated (Braun & Clarke, 2012). Credibility and trustworthiness at this phase was improved through participating in peer debriefing, by hosting weekly meetings throughout the coding process and researcher triangulation, through having all members of the coding team review the same data set (Nowell et al., 2017).

Once all data were coded, the first author began searching for themes, marking the beginning of phase three (Braun & Clarke, 2006, 2012). The participant responses in the coded data set were reviewed again to identify broader themes that emerged for each response recorded. The first author presented the proposed themes to the rating team and they discussed which proposed themes fit best and where themes needed to be revised. The rating team and first author organized codes into sub-themes to identify where sub-themes fit the best as it corresponded to each theme. Phase three ended with a collection of candidate

themes and subthemes and all extracts of data that had been coded in relation to them (Braun & Clarke, 2006). Establishing trustworthiness in phase three was considered by including researcher triangulation such that all members of the rating team were involved in finalizing the list of theme candidates related to the dataset (Nowell et al., 2017).

Phase four, reviewing themes, began when a set of candidate themes was established, and focused on refining those themes (Braun & Clarke, 2006). All members of the rating team reviewed the data for important excerpts and/or full verbatims to highlight in the final analyses. At the end of phase four, the research team had determined the final set of sub-themes and how they fit together with the themes as they were related to the research questions and developed an outline of the overall story to tell with the data (Braun & Clarke, 2006). Establishing trustworthiness in phase four was considered through vetting themes and subthemes by all members of the rating team (Nowell et al., 2017).

Phase five, defining and naming themes, started once themes were approved by the coding team (Braun & Clarke, 2006, 2012). The themes and subthemes were presented to the second and final authors to further develop relevant themes based on participant responses and literature review (see Supplemental Table 2 for Reflective TA notes). The first, second and final author met to discuss the fit of themes and sub-themes; they then identified verbatims that supported each theme and sub-theme. This resulted in the team arriving at the end of this phase where the team had established a clearly defined list of themes and subthemes to be included in the final analysis. Establishing trustworthiness at phase five included peer debriefing and establishing team consensus on themes (Nowell et al., 2017). Finally, as the last phase of thematic analysis, producing the report requires generating a compelling story, the research team identified the narrative indicated by the data and documented the findings. To establish trustworthiness in phase six the team employed member checking by providing the written report to the promotoras at LHA to review and approve the written findings (Nowell et al., 2017).

Results

Data included only unique verbatims that achieved acceptable (80%) to absolute (100%) interrater agreement across the 5-member coding team. Therefore, 83.6% (378 of 452 total) of unique verbatims that reached acceptable/absolute agreement were included, and 16.4% (74 total) were excluded for not achieving acceptable/absolute agreement. A total of 484 verbatims were included in the analysis, as some unique verbatims received multiple codes and were considered in multiple categories. Table 1 provides a breakdown of the distribution of the verbatims; Table 2 provides sample verbatim responses (translated into English for ease of interpretation). The complete list of responses (in Spanish) are provided in Supplemental Table 2 and Supplemental Table 3 presents sample Reflective Thematic Analysis Coding Notes. The following analysis is organized by research question, and while we endeavor to disentangle the community's experiences from the promotoras' experiences, promotoras are integral members of the community, making it impossible to completely separate their experiences from those of their community.

(RQ1a) How has the COVID-19 pandemic affected the community Promotoras serve?

The impact of the COVID-19 pandemic on the Latinx community is marked by *economic challenges, limited access to information, and adverse psychosocial impacts.*

Economic Challenges.—COVID-19 has introduced a myriad of financial challenges to the Latinx community promotoras serve. First, many community members have lost jobs or been unable to return to work due to COVID-related shutdowns. Promotoras noted, *"in [the]... community there are many people who work in restaurants… [and] in the malls… [or] as a cook…so… [the] community is very affected because they are losing [their] jobs."* Parents have also been forced to miss work due to childcare closures or children's illness. As a result, community members have lost income, resulting in an increased need for access to affordable housing, food, and toiletries. Promotoras reported increased requests from the community for food, housing, and financial assistance; however, they stated that the resources they offer have been unable to keep up with the community's demand, particularly as relief programs ended while the pandemic continued. *"...It is very difficult because… [community members] are not working…there is no way for them to have income to pay their rent. There are reliefs that some organizations are offering money but this is over. So it's not enough."*

Additionally, community members that remained working were unable to afford missing work when they felt sick, making it difficult to follow public health guidelines to avoid spreading COVID-19. One promotora noted, *"...although they are sick, they are returning to work…because…they have more pressure to pay rent and buy food for their family and if they don't feel so sick, even if they are infected they still continue to work."* Undocumented community members were unable to access government programs to make up for lost income due to COVID-19, giving them few options but to continue working. *"... [They] don't have that option of having an unemployment benefit if they don't have documentation, they don't have social security, they do not have the benefit of the Federal stimulus."*

Economic challenges forced community members to live in increasingly crowded and unstable housing situations. *"There are…too many people [living together] in a single apartment, many people… have not been able to pay their rent and the relief that exists for tenants is about to end, so they are at risk…of being [evicted] from their homes…"* Additionally, economic pressures made it difficult for community members to follow COVID-19 prevention guidelines. Promotoras described families living in crowded spaces, which precluded following quarantine guidelines within households. *".... How can you be in quarantine when you live with three families and one family or one family member gets sick? It is very difficult to quarantine…. we have heard stories of people who are better off going to sleep in cars because they are sick or are quarantining in a closet."* Promotoras reported that vulnerable community members were at risk of being illegally evicted for falling behind on rent or even for catching COVID-19 while living in shared housing. *"We have even heard of families, for example, families that rent a bedroom in a house and get sick with COVID and the owners of the house have removed them…"*

Access to information.—The Latinx community was at increased risk of contracting COVID-19 due to misinformation circulating in the community regarding the nature of COVID-19 and the best practices for preventing COVID-19. *"... There is a lot of bad information… [community members] see [on] social networks… [resulting in] being misinformed."* Community members were confused regarding best practices for keeping social distance, masking, hand washing, testing, etc. In some cases, promotoras reported that this led community members to be excessively cavalier about the virus, *"there are many people…who don't understand...I have met thousands of people without a mask…Many people do not stop going to work…like nothing's happening,"* or to deny the existence of the virus, "*there are people who [believe] that…the coronavirus does not exist."* In other cases, language and comprehension barriers left community members very fearful of the virus, as without reliable information available in spoken Spanish, community members were left with only their worst fears, *"… there are many people who can't read, can't write…are very afraid, [and] don't want to leave their house.*"

Psychosocial impact.—The Latinx community experienced grief and loss because of the pandemic, *"... they have lost family. Their loved ones. Not just here [but also] in their country [of origin]…and I think they feel…powerless to…solve this… disease.*" Additionally, the Latinx community grieved the loss of in-person social connection in community spaces, including those offered in person by promotoras at LHA before the pandemic, "*…we are no longer having the activities where we participated directly with the community, so everything has had to be done through [online] social networks."* This disconnection left community members "*very lonely."* Families particularly struggled with the idea of isolating from their family after testing positive for the virus and felt "*devastated*" by not being able to attend to the needs of their family while quarantined. Finally, promotoras reported that many community members were dealing with the emotional impact of grieving loved ones who had died from COVID-19.

(RQ1b) What does the community need to overcome COVID-19 related stressors?

Promotoras discussed addressing *economic and material needs* to lessen the burden of the pandemic on the Latinx community.

Economic and Material Needs.—Promotoras reported that money was both the community's most needed resource and the resource that promotoras had the most difficulty providing. The community required *"economic aid…for the needs that are being seen… they do not have a lot of work, most of them do not have work… also…in health[care] there are…people who have no medical insurance … [and] nowhere to live…[that] is also something important…that is solved…with money."* They additionally identified food, housing, health insurance, household essentials (e.g., soap, toilet paper) and pandemic-related supplies (e.g., masks, hand sanitizer) as high-priority community needs, *"[we could use] some type of resource that could be given to the…family… more than…apples and… milk…people really need...bath soap…masks and sanitizer…something…that can help…the families."*

(RQ2a) How has the COVID-19 pandemic affected promotoras?

The impact of the COVID-19 pandemic on promotoras was marked by *changes to the nature of work* and *psychosocial impacts.*

Changes to nature of work.—Promotoras made dramatic changes in the face of COVID-19, in order to meet the needs of the community while protecting themselves and others. In response to stay at home orders in March 2020, promotoras began doing much of their work from home, which required quickly adopting new technologies for remote work. Promotoras identified being ill-equipped for this sudden transition, *"...the first impact [is when] the workplace changed and I was not prepared to work from home… I didn't have a physical space to work and I didn't have the tools, [like] a computer."* Promotoras identified using new technologies (e.g., Google applications) *"...my computer skills…have sharpened a lot. I never thought it would get to this point… at this age [59 years] learning new programs in Google voice… [and] saving the documents…in…Google Drive….it is a mountain of new information."* Promotoras also identified learning new skills for remote service delivery, such as *"... how to listen and understand more on the phone, lower your voice, change your tone of voice. Make it kind of calm…if the person is very excited or very hurt; find a way to make people feel heard…"* Promotoras received training from LHA to help them learn new virtual platforms, and promotoras informally provided training to one another as much as possible. However, promotoras reported that informal consultation with one another became more difficult to access with everyone working separately from their own homes.

Promotoras identified changes to the nature of work because of changing community needs brought about by the pandemic. For example, promotoras observed a shift in community needs toward programming to help prevent the spread of the virus, by providing access to COVID testing, medical resources, and disease prevention information. *"...the need… has been for COVID testing… we have a large community that does not have [access to] medical services."* Promotoras reported that they became the main source of reliable COVID-19 information for their community during the pandemic, *"teaching [community members] … what has to be done to prevent contagion from continuing."* Promotoras connected the community to healthcare and public health systems *"...the information is timely for us and important to be able to communicate it to the community, we are a bridge, [between] the community and the system."* However, whereas promotoras were well versed in social distancing, masking, and hygiene protocols, they reported feeling relatively unprepared to answer community members' questions about vaccines, which were becoming available as data were being collected. *"Well, we as promotoras, I believe that what we need is to find out more… I am going to have…to know how to inform them. Not telling [them]... if… [the vaccine is] ...trustworthy or…not trustworthy, but just…the benefits [pros]...and against [cons]... [so it's important to be] informed about what you are going to talk about…."*

Promotoras described that the nature of their work changed because they were now working with *"...a community that is very poorly cared for and that is very lonely…"* in response to COVID-19 social distancing guidelines. Promotoras tried to meet the community's

emotional needs during the pandemic and felt as though they are "*...emotionally representing a community in pain.*" They expressed that it can be "*...very difficult [to hear the] stories that they [the community] tell us...we hear...that people are dying from COVID and...the loved ones are the ones who tell us those stories and they are...very much affected and...it makes...[us] sad to hear it... it's something that has affected...[us].*" Promotoras provided support and solidarity as fellow members of the community. *"... [We're]...not only here to connect... [clients]... with a resource and to inform... [them] about what's going on but... [we're] also here to accompany...in... [their] emotional process where one can tell [them] not to feel alone... [because] we are [here] to help...we are [here] to give... [them] a hand although [we]... know [they] are [physically] with... [their] family...it is not [a] physical loneliness but it is a quite strong emotional unity that is being experienced."*

Promotoras received formal training to help them respond to the community's new needs in the face of the COVID-19 pandemic. This included training in contact tracing, in protocols for mitigating the spread of COVID-19, and in how to deliver trustworthy information to the community. Promotoras embraced their new roles, "*...this was a total change in the work that we... [typically do], it has totally changed...we are in the clinics... testing people, talking to them about protecting themselves.*" Promotoras also discussed being moved to work longer hours because of increased community need, *"... [my work] has changed because sometimes [after] I finish my work... [I]continue working...I get calls on weekends, during my break time, on my vacations, and I answer them because I know how desperate people are to know...if your service has already been attended to or your check has already arrived...and I know I don't have to do it because it's my free time, but I do."* Promotoras described their increased responsibilities as community healers as rewarding, *"I feel good because I help these people... helping...sharing and bringing food home.... for me it's something...nice... something that doesn't tire me...that distracts me.*" They also expressed gratitude for being able to receive training, which not only helped the community but also provided a pathway to higher salaries for themselves.

Psychosocial impact.—Promotoras described feeling less connected to both community members and coworkers, due to social distancing requirements and remote work. They reported missing spontaneous interactions at LHA and in Santa Ana. *"...it has changed a lot...previously... [LHA] was a place where you could go to dance, to play...to take a class...It was to help my community.... Now...it is another type of... communication mode.... it's over the phone and...it's not the same...and by zoom...it's different."* Promotoras described missing informal connection with coworkers around the lunch table. They also described struggling to connect with new coworkers who were onboarded in response to increased community need, but whom they could not meet in person. They tried to mitigate these effects through virtual meetings with colleagues but struggled to form and maintain coworker relationships that were as satisfying as those they had before the pandemic.

In addition, promotoras reported experiencing anxiety and grief in response to the pandemic. Promotoras' first-hand knowledge and training in COVID-19 made them especially fearful of catching or spreading COVID-19. Promotoras described being particularly worried about how to protect themselves, their multi-generational families, and their community when

working in the field with community members who did not wear masks. One promotora noted, *"...at home I have my husband who has leukemia and I have to take more care of myself… [when I have] to go out, to give information [to the community], and he tells me to keep a healthy distance from people."* Promotoras identified being stressed at the thought of infecting their family members, *"...sometimes…I get stressed out thinking that a member of my family can get it."* Promotoras also reported sadness and grief related to losing family members and loved ones to COVID-19, both in their local community and in Mexico, *"It has affected us a lot because we had more than eight deaths in our family…First my husband's parents died, with a difference of a week…and then some nephews, cousins, uncles died, then we [were]...quite shocked."*

Recognizing the impact of the pandemic on the Latinx community, promotoras also identified a need to practice compassion, *"...you find yourself in many very sad situations… with people…there are people who are completely alone, who have no one in this country."* Promotoras had painful emotional reactions to seeing their fellow community members in great need, *"...I am not going to exaggerate…it is difficult…as a Promotora looking at the community that…is afraid…Although I am a promotora…my community is the one that- with which I am working. And I am also shocked to see so many people who need food, who do not have a place to live. That they are all together…So yeah, it's kind of hard."* Promotoras acknowledged the emotional impact of witnessing the community's pain, *"…we hear that many families are all affected, [it is] our neighbors who…are dying… [and] that has affected us quite a bit…after the pandemic… [we are] no longer the same."* Witnessing the community suffer also motivated promotoras to help more. They often shared the same types of painful experiences community members described and felt great compassion and understanding for those experiences. They described the importance of understanding how the stresses of the COVID-19 pandemic occurred in a context of pre-existing inequalities that had only been worsened by the pandemic. This perspective helped promotoras show patience and respect, *"...you cannot be indifferent to the pain of other people…my mother… who died always said 'you cannot ignore what is happening around you because everything that happens to you…impacts you. And your children, [and] your family."*

(RQ2b) What might allow promotoras to nevertheless overcome these stressors?

Promotoras overcame COVID-related stressors through practicing *self-care* and *engaging in psychosocial healing practices.*

Self-Care.—Promotoras demonstrated self-care through prioritizing their health. Promotoras prioritized health by staying active *"...I try to stay at night...and go for a walk...there are almost no people, but…[I]...still wear my mask, my protection and everything...and go out… to run because I love to run... that's my relaxation... When I am working...and... I feel the stress of the whole situation that is happening. I take a deep breath."* Promotoras explained that practicing self-care was challenging during the pandemic, *"...sometimes there is a difficult case, one stays longer and forgets to eat, so it is difficult with my own health. I cannot give an exact answer about the things that I had to do because in reality it has been quite difficult for me, that is, setting the clock at mealtime and taking the time to eat has been difficult for me. Sometimes I am eating here– I am filling*

out people's applications on the computer and stuff…. This is where I fail the most." They acknowledged the connection between mind and body and expressed that reducing stress might also help protect them from COVID-19. Promotoras expressed that prioritizing their own health would allow them to better serve the community. "… *my concern when I am working in the field is the protection of myself and my colleagues. That is, we always keep an eye on how we are going to… protect ourselves and also…to protect the community, [like] how we are informing them what the safest measures are for them and for us too."*

Psychosocial Healing.—Promotoras described psychosocial healing practices that allowed them to overcome the stressors of the pandemic. Promotoras created psychological distance from their own problems by focusing on how they have provided for the community in a time of need. Work provided promotoras with a powerful opportunity to cope, "*[m]y job, that's what got me out of stress…we've had work…Thank God.*" They also described the importance of creating work-life balance, including spending time with others, talking to friends, and organizing activities with household members. *"…When I'm done with everything at Latino Health Access, I leave everything here…I relax. I'm going to walk, I leave my house and I know it's my family time…My family is apart. The work is separate and everything is separate…As soon as I finish my work, it's family time."* Promotoras also identified values that helped them cope with the pandemic. These included the importance of treating others with kindness, respect, and affection. They described taking comfort in knowledge that God would give them strength to help others and overcome difficulties. "*…I am very religious; I believe a lot in God. So, the main thing is to give thanks to God. Thanks to him we have life. He has given us many blessings. and he gives wisdom…to help others… [to know] how to take care of ourselves… [and] helping others. So for me that is the most important thing, thanking God so much for so many blessings…wisdom, strength, and love…for others.*"

Discussion

To our knowledge, this study is the first to investigate the holistic impact of the pandemic on the promotora workforce, recognizing that the experiences of promotoras are not often highlighted when addressing the potential negative impacts that may result from working in a high stress job as a frontline healthcare worker. The findings add to the evidence that the Latinx community has been severely impacted by the COVID-19 pandemic, via economic harms, the spread of misinformation, and psychosocial costs, and point to the importance of providing for the community's economic and material needs to promote recovery. Promotoras were also under stress through the pandemic, via changes to the nature of their work and similar psychosocial costs to those faced by their community; nevertheless, they coped with these stressors via self-care and psychosocial healing practices. The COVID-19 pandemic intensified hardships for the Latinx community. Promotoras recounted community members' stories of lost work, lost income, food insecurity, and housing insecurity. Additionally, the spread of COVID-19 misinformation robbed community members of opportunities to make informed decisions regarding prevention and treatment, exacerbating the spread of illness and endangering community members' lives. Community members longed for social connection and experienced grief, anxiety, and depression. Notably,

economic harms were the most reported form of community impact, highlighting the interdependence of health and financial crises. Moreover, the economic harms brought about by the pandemic are likely to further endanger health in the community, both in the short term, via reduced access to healthcare needed to endure acute illness, and in the long term, via the chronic health problems that develop in response to the stresses and depravations of poverty (Lantz et al., 1998; Marmot, 2002). Although policies were instituted by local, state, and federal governments to counteract economic harms via stimulus payments, enhanced unemployment insurance, guaranteed paid time off, and eviction protections, and many community members could not access these programs due to their immigration statuses, leaving them without institutional protections against the adverse impacts of the pandemic. Without economic and housing protections, community members had little choice but to work while sick or accept increasingly crowded living situations, contributing to the spread of COVID-19 and creating vicious cycles of escalating economic and health burdens. Promotoras' stories paint a picture of a community neglected by institutional seats of power, even in the face of a novel, highly communicable disease, when allowing one community to suffer endangers the health of all.

Accordingly, promotoras identified that community members needed their economic and material needs met to overcome the toll of COVID-19. Community organizations such as Latino Health Access (LHA) exist to provide the Latinx community with resources and support, via culturally appropriate health services and community co-creation of positive change. Even as LHA adapted to increase their service delivery in response to COVID-19, promotoras reported that community needs eclipsed what local nonprofits could provide. Findings point not only to the need to better fund such organizations, which have on-the-ground expertise in delivering culturally appropriate, tailored services, but also to include marginalized groups, such as undocumented immigrants, in public relief programs at the state and federal levels.

On a personal level, promotoras were also greatly affected by COVID-19. Underscoring the similarities between promotoras and the community they serve, promotoras also reported psychosocial impacts, including anxiety and grief. However, this toll was exacerbated by enduring both their own and their community's losses, as witnesses to suffering tasked with "*emotionally representing a community in pain.*" These dual stressors may put promotoras at risk for vicarious traumatization or compassion fatigue, both of which have been described among frontline healthcare workers during COVID-19 (Alharbi et al., 2020; Li et al., 2020). Simultaneously, promotoras experienced marked and rapid changes in the nature of their work, including working from home, delivering services via online platforms, losing opportunities for collaboration and socialization with coworkers, training in new areas, and expanding their scope of work. Experiencing such extensive and multidimensional change at work increases employees' risks for stress-related health problems (Dahl, 2011). Taken together, COVID-related changes may particularly endanger promotoras' physical and emotional health.

Although promotoras' work was a source of stress during the pandemic, we also identified it as an opportunity for effective coping, a pattern that has also been observed among other frontline workers (Waris Nawaz et al., 2020) – sometimes in the midst of a crisis, it

provides a sense of agency to be able to do something to help one's community. Promotoras used work both as a means of distraction from the problems COVID-19 caused in their personal lives, and as an opportunity to make meaning in the face of tragedy, by being of service to others, fostering connection, and treating others with kindness, respect, and affection, in line with cultural and religious values. Given the naturally occurring source of meaning that their community work provided, savoring the connection and service to community that their work provides may be a naturally occurring source of resilience for promotoras under stress that could be leveraged in health promoting interventions for frontline community health workers. Relationally focused savoring interventions have been shown to promote psychosocial wellbeing and physical regulation (Borelli et al., 2019, 2020) and are especially effective in Latinx populations (Borelli et al., 2022), for whom values such as *simpatía* and *familismo* are central. These interventions could be modified to help promotoras extract the most benefit from the meaningful, connected nature of their community work. Additionally, promotoras identified self-care, social connection outside of work, and cultural and religious practices as key to coping with the stress of the COVID-19 pandemic, highlighting that any interventions for this population must be informed by culture, embedded in community, and focused on caring for those who care for others.

Clinical Implications

Even as our study documents the hardship the Latinx community faced in the wake of COVID-19, it also highlights the ways that promotoras rose to the occasion, to provide services to a community in need. Therefore, our findings point to the importance of including promotoras in clinical care teams to shape culturally relevant treatment plans for members of the Latinx community. Additionally, our study demonstrates that promotoras are impacted by their community health care work and are therefore at risk of experiencing burnout and vicarious trauma. Clinical programs are needed to support the promotora workforce, and any program designed for promotoras should be culturally informed, highlight the cultural values that facilitate coping and self-care as described by the promotoras, and include promotoras in all aspects of program design. One intervention which might be particularly well-suited to the promotora workforce is relational savoring, which involves focusing deeply on moments of positive connection with another person, ideally times when one provided or received sensitive care to or from another person (Borelli et al., 2020). Spending time reflecting on positive experiences and feelings that result from serving the community in their professional roles may provide a buffer against developing burn out by reminding them of the important and helpful impact they are having on their community. Our study suggests that deriving this type of meaning from their work is motivating and protective for promotoras. Additionally, relational savoring may provide a buffer against experiencing vicarious trauma, through being able to focus on the positive aspects of their work and the supports that they have within the community of the promotora workforce, underscoring the importance of the connections they have with each other to assist with processing the stressful aspects that may result from being a community healthcare worker. Given both that promotoras were critical to meeting the many needs of their communities during the COVID-19 pandemic and that promotoras also faced stress and burnout from rising to this occasion, our study highlights the pressing clinical importance

of supporting promotoras, both for their own benefit and for the benefit of the community. Simply put, supporting low-income Latinx communities means supporting promotoras.

Strengths and Limitations

There are numerous strengths of this study. One strength is the fact that our study built upon a long-standing collaboration with a community agency. This allowed the interviews between the promotoras and the research assistants to occur within the context of a trusting, ongoing and established relationship in which promotoras had previously been active participants in the research and intervention design and delivery. We believe this contributed to the promotoras feeling that their voices and perspectives mattered and their perspectives could and should be shared, thereby creating an ideal context in which to conduct a study in which we asked them about their personal experiences. Given that not all research teams would be positioned to conduct this type of study, we believe the data yielded from this study are unique, and that this is a significant contribution of the current investigation.

Another strength is conducting a study in which we placed the voices of promotoras at the forefront of our research in the service of promoting understanding of the impact of the pandemic on the Latinx community writ large. We contend that the promotoras occupy a crucial role within the low-income Latinx community, which provides an invaluable perspective on community members' experiences of the pandemic. Moreover, because promotoras are so crucial to their communities, understanding their experiences is of the utmost importance, as a foundational step to develop the programs and policies that will prevent burnout, promote thriving, and allow promotoras to continue supporting their communities. Further, given the magnitude of the COVID-19 pandemic, understanding the gravity of its impact on the Latinx community is crucial to being able to address the disparities the exist within the community, and promotoras are in a unique position to be able to provide credible insight into what the community needs to overcome these challenges. At the same time, it must be noted that the results of this study should not be considered generalizable to other communities. Ours was a small sample taken from one specific community (Santa Ana, California) and one community agency, which may not represent the experiences of all promotoras and Latinx community members. Future work is needed to replicate and extend these findings.

Future Research

Future research should focus on investigating the implementation and effectiveness of promotora models so that promotoras are provided with opportunities to thrive in their roles. Acknowledging the challenges that promotoras experience as community health workers, it is important to understand how health care systems can provide support to promotoras in a culturally relevant way that will be impactful. Additionally, future research should focus on including promotoras in research roles to allow them to bring a cultural perspective to the research that is published about their communities and their roles as community health care workers.

Conclusion

Despite the resilience the Latinx community has shown in the face of adversities, it is important to consider whether the basic needs of the community are being met. Our findings serve as a call to action for policymakers to meet these needs in culturally attuned ways. For example, promotoras should be included in the planning and implementation of policies that directly affect the day-to-day lives of the communities that they serve. Additionally, legislation is needed to provide individuals of all documentation statuses access to the same programs to protect physical and economic health and to expand these programs to guarantee access to healthcare and paid sick leave. Finally, our data point to the importance of developing targeted programming to promote promotoras' health, as the health of the community rests on promotoras' shoulders.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgements

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Public Significance Statement:

As trusted members of the communities they serve, promotoras serve as critical frontline responders within low-income Latinx communities during the COVID-19 pandemic, by communicating public health information to the public and relaying the needs of the community to healthcare officials. This qualitative analysis synthesizes the insights of promotoras serving the community during COVID-19, synthesizing their feedback regarding their experiences in providing these services during a pandemic and the additional ways in which they and the community needs additional supports. Their conclusions underscore the importance of additional financial, institutional, and personal supports for promotoras and their communities.

Table 1.

Thematic Analysis Summary: Promotor/a Response Distribution.

Theme/Code	Total	% of Total
Access to Information	**34**	**7.02%**
Beliefs about COVID	18	3.72%
Fear of Illness	11	2.27%
Technology	5	1.03%
Changes to Nature of Work	**154**	**31.82%**
Beliefs about COVID	6	1.24%
Community Needs	7	1.45%
Lessons Learned/Takeaways	3	0.62%
Technology	22	4.55%
Training Accessibility	13	2.69%
Work	103	21.28%
Economic and Material Needs	**18**	**3.72%**
Community Needs	17	3.51%
Lessons Learned/Takeaways	1	0.21%
Economic Challenges	**35**	**7.23%**
Economic Insecurity	29	5.99%
Lessons Learned/Takeaways	1	0.21%
Work	5	1.03%
Psychosocial Healing	**83**	**17.15%**
Compassion	47	9.71%
Coping	7	1.45%
Faith-Based & Cultural Values	27	5.58%
Mental Health Perspectives	2	0.41%
Psychosocial Impact	**42**	**8.68%**
Fear of Illness	18	3.72%
Grief/Loss	15	3.10%
Mental Health Perspectives	4	0.83%
Social Disconnection	5	1.03%
Self-care	**71**	**14.67%**
Prioritizing Health	71	14.67%
No Theme Identified	**47**	**9.71%**
No Code Available	47	9.71%
Grand Total	**484**	**100.00%**

Table 2.

Sample Verbatims Translated from Spanish to English.

Access to Information

(Beliefs About COVID, Fear of Illness, Technology)

- "… There is a lot of bad information… [they] see [on] social networks… [resulting in] being misinformed."

- "… there are people who [believe] that…the coronavirus does not exist."

- "there are many people who can't read, can't write…are very afraid, [and] don't want to leave their house."

- "there are many people…who don't understand…have met thousands of people without a mask…Many people do not stop going to work… like nothing's happening."

Changes to Nature of Work

(Beliefs About COVID, Community Needs, Lessons Learned, Technology, Training Accessibility, Work)

- "…the first impact [is when] the workplace changed and I was not prepared to work from home, I never thought that…I was going to have to work from home, so I wasn't prepared, I didn't have a physical space to work and I didn't have the tools, [like] a computer."

- "…my computer skills…have sharpened a lot. I never thought it would get to this point… at this age [59 years] learning new programs in Google voice… [and] saving the documents…in…Google Drive…it is a mountain of new information."

- "Well, we as promotoras, I believe that what we need is to find out more… I am going to have .to know how to inform them. Not telling [them]… if…[the vaccine is]…trustworthy or…not trustworthy, but just.the benefits [pros]…and against [cons]…[so it's important to be] informed about what you are going to talk about…"

- "…emotionally representing a community in pain" they expressed that it can be "…very difficult [to hear the] stories that they [the community] tell us.we hear…that people are dying from COVID and…the loved ones are the ones who tell us those stories and they are…very much affected and…it makes…[us] sad to hear it. it's something that has affected…[us]."

- "…[We're]…not only here to connect…[clients]… with a resource and to inform…[them] about what's going on but…[we're] also here to accompany…in…[their] emotional process where one can tell [them] not to feel alone… [because] we are to help…we are [here] to give…[them] a hand although [we]… know [they] are [physically] with… [their] family…it is not [a] physical loneliness but it is a quite strong emotional unity that is being experienced."

- "… [my work] has changed because sometimes [after] I finish my work… [I]continue working…I get calls on weekends, during my break time, on my vacations, and I answer them because I know how desperate people are to know…if your service has already been attended to or your check has already arrived…and I know I don't have to do it because it's my free time, but I do."

- "I think the financial part would be very important to sustain the programs and training support."

Economic Challenges

(Economic Insecurity, Lessons Learned, Work)

- in [the]… community there are many people who work in restaurants…[and] in the malls… [or] as a cook…so my community is very affected because they are losing jobs."

- "…It is very difficult because… [community members] are not working…there is no way for them to have income to pay their rent. There are reliefs that some organizations are offering money but this is over. So it's not enough."

- "…although they are sick, they are returning to work…because…they have more pressure to pay rent and buy food for their family and if they don't feel so sick, even if they are infected they still continue to work."

- "… [They] don't have that option of having an unemployment benefit if they don't have documentation, they don't have social security, they do not have the benefit of the Federal stimulus."

- "There are…too many people [living together] in a single apartment, many people… have not been able to pay their rent and the relief that exists for tenants is about to end, so they are at risk…of being [evicted] from their homes…"

Psychosocial Healing

(Compassion, Coping, Faith-Based and Cultural Values, Mental Health Perspectives)

- "…one of the things that I've done.a lot is keep talking…with my friends on the phone…or…by zoom."

- "…something that has helped me is walking three laps around…the mobile homes with two masks…accompanied by my mom and that helps me a lot emotionally."

- "I also read my bible…God's word…calms…my heart and my mind…I try to apply what I read in my personal life…and with my family and whoever [else] I meet."

- "[m]y job, that's what got me out of stress…we've had work…Thank God."

- "…when I'm done with everything at Latino Health Access, I leave everything here…I relax. I'm going to walk, I leave my house and I know it's my family time…My family is apart. The work is separate and everything is separate…As soon as I finish my work, it's family time."

- "…I am very religious; I believe a lot in God. So, the main thing is to give thanks to God. Thanks to him we have life. He has given us many blessings… and he gives wisdom…to help others… [to know] how to take care of ourselves. [and] Helping others. So for me that is the most important thing, thanking God so much for so many blessings that we And give us, this, wisdom, strength, and love for, for others."

Psychosocial Impact

(Fear of Illness, Grief/Loss, Mental Health Perspectives, Social Disconnection)

- "…we are no longer having the activities where we participated directly with the community, so everything has had to be done through social networks and unfortunately many of our participants…[and their families] have been affected by the Covid situation."

- "…sometimes…I get stressed out thinking that a member of my family can get it…it's a bit stressful because…if I go out…[it goes]hand in hand with my family, and…that has really stressed me…but… at the same time…I also try…to get ahead [of my stress] for the same thing…for my family…I try…to calm down a little when I'm stressed."

- "…there is no longer the same connection because I don't see them, when I manage to see them it…is a Zoom meeting…on the computer and many of them [coworkers] …don't turn on their camera…it's…very different since you're no longer close to them…you don't go out to lunch with them. There are no social activities between us."

- "…I am not going to exaggerate…it is difficult…as a Promotora looking at the community that…is afraid…Although I am a promotora…my community is the one that- with which I am working. And I am also shocked to see so many people who need food, who do not have a place to live. That they are all together. So yeah, it's kind of hard."

- "…we hear that many families are all affected, [it is] our neighbors who…are dying…[and] that has affected us quite a bit…after the pandemic… [we are] no longer the same."

- "……you cannot be indifferent to-the pain of other people…my mother…who died always said 'you cannot ignore what is happening around you because everything that happens to you…impacts you. And your children, [and] your family."

Self-care

(Prioritizing Health)

- "…sometimes there is a difficult case, one stays longer and forgets to eat, so it is difficult with my own health. I cannot give an exact answer about the things that I had to do because in reality it has been quite difficult for me, that is, setting the clock at mealtime and taking the time to eat has been difficult for me sometimes I am eating here I am filling out people's applications on the computer and stuff. It is also a question of one stopping seeing the house as it does- that is, like him- because when we are at work one takes lunchtime, it is as if it is a little bit mentally adapting that time inside the house, and there…This is where I fail the most.

- "… my concern when I am working in the field is the protection of myself and my colleagues. That is, we always keep an eye on how we are going to. protect ourselves and also…to protect the community, [like] how we are informing them what the safest measures are for them and for us too.

- "…I try to stay at night…and go for a walk…there are almost no people, but he still wears my mask, my protection and everything…and go out to, to run because I love to run… that's my relaxation… When I am working…and… I feel the stress of the whole situation that is happening. I take a deep breath"

Economic and Material Needs

(Community Needs, Lessons Learned)

- "[what is] …needed for our community is to continue supporting them…with financial resources."

- "economic aid…for the needs that are being seen…they do not have a lot of work, most of them do not have work. also…in health[care] there are…people who have no medical insurance … [and[where to live…[that] is also something important…that is solved…with money."

- "…the people…think that… [there is financial] help…but really…there is [not] as much help…as there should be."

- "[we could use] …help…to give…some type of resource that could be given to the.family. more than…apples and.milk.people really need… bath soap…masks and sanitizer.something.that can help.the families.

No Theme Identified

(No code identified)

- " . as a promotora? . . . of the two of us together, well I am- while I am as a promotora I am aware of my children, they already know that they can call me at any time on my phone and I will answer them no matter what I am doing. I'm always going to answer them. And when I get home, well, to check who needs help, with what tasks or so. Ok."