PROMOTING HEALTH EQUITY AMONG RACIAL AND ETHNIC MINORITIES DURING AND AFTER THE COVID-19 PANDEMIC

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PROMOTING HEALTH EQUITY AMONG RACIAL AND ETHNIC MINORITIES
DURING AND AFTER THE COVID-19 PANDEMIC

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Deserry Salgado
Alexandra Viramontes
May 2022
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Approved by:

Dr. Thomas Davis, Faculty Supervisor, Social Work
Dr. Armando Barragán, M.S.W. Research Coordinator
ABSTRACT

Racial and ethnic minorities experience disproportionate health outcomes during a pandemic, yet preparedness plans have failed to address the social determinants of health that produce the most severe impact. By examining social workers’ perspectives on the health disparities faced by racial and ethnic minorities during the COVID-19 pandemic, this study provides insight into the ways in which services can be improved in a future health crisis. In this exploratory study, a qualitative approach was utilized where social workers were asked to participate in interviews consisting of open-ended questions. The qualitative data was obtained in the form of interview transcripts, which were reviewed for accuracy, coded for common themes, and evaluated using thematic analysis. The findings explore the ways in which social workers can contribute to a pandemic recovery and promote health equity for ethnic and racial minorities in the future.
ACKNOWLEDGEMENTS

Gracias a mi querida familia por brindarme su amor y apoyo en esta etapa de mi vida.

-Alexandra Viramontes

Thank you to all those who have made an imprint in my heart.

-Deserry Salgado
DEDICATION

For all the lives that have been impacted by the COVID-19 pandemic, and for all who have suffered unjust disparities in health and health care. May we continue our work towards equitable opportunities for all.

-Alexandra Viramontes & Deserry Salgado
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CHAPTER ONE
INTRODUCTION

Problem Statement

The presence of COVID-19 is rapidly intensifying across countries worldwide, and like previous pandemics, disproportionality impacting racial and ethnic minority groups at alarming rates (Center for Disease Control [CDC], 2020a; Hutchins, Fiscella, Levine, Ompad, & McDonald, 2009a). Although history has demonstrated that health inequities lead to the increased risk of morbidity and mortality among racial and ethnic minority groups, no clear policies or pandemic preparedness plans exist to address these disparities (Hutchins, Truman, Merlin & Redd, 2009b; Quinn & Kumar, 2014). Pandemics present unique challenges for professionals dedicated to improving the welfare of individuals, families, and the society (Rosoff, 2008). Currently, the lasting impact of COVID-19 is unknown, however the growing and severe health outcomes for minority groups necessitate immediate attention. Accordingly, in their professional and ethical commitment to social justice and addressing the health care needs of vulnerable groups, social workers play a critical role in pandemic response and preparedness planning (National Association of Social Workers, 2016; Rosoff, 2008).

The historic overrepresentation of racial and ethnic minorities impacted by previous pandemics provides insight into the current effects of COVID-19 in the United States. For example, the 1918 influenza pandemic revealed a higher
mortality rate in non-White populations (Hutchins, et al., 2009a). Additionally, the CDC reports that since the emergence of the HIV/AIDS pandemic in 1981, individuals in over 60% of reported cases identified as Hispanic or Black (CDC, 2006). Moreover, hospitalization data from the 2009 H1N1 pandemic revealed that American Indians/Alaska Natives were hospitalized at higher rates followed by Hispanics and then non-Hispanic Blacks (CDC, 2010; Dee et. al, 2011).

Presently, the growing data obtained from CDC for COVID-19 indicates that racial and ethnic disparities are evident in the rate of infection and death (CDC, 2020b).

The severity of the COVID-19 pandemic on racial and ethnic minorities can be understood through available national, state, and local demographics. At the time of writing, the United States reports the highest number of confirmed cases at approximately 7 million and 200,000 related deaths, with Black and Indigenous Americans experiencing the highest death tolls (APM Research Lab, 2020; The New York Times, 2020). The State of California reports the most cases in the United States at 800,000 confirmed and 15,000 related deaths with Latinos making up 61% of cases and 49% of deaths (California Department of Public Health, 2020). The county of San Bernardino reports 52,000 cases and 858 related deaths with Latinos making up 43% of cases by ethnicity and 54% of deaths (San Bernardino County Public Health, 2020). While COVID-19 data is updated daily from various sources, it does not account for groups with unknown race or ethnic background or the multiple cases that go unreported due to lack of
accessible healthcare (Godoy & Wood, 2020).

Long-standing health inequities in the social determinants of health present both micro and macro social work practice consequences. According to the CDC, an individual’s social determinants of health are living, learning, and working circumstances that are influenced by social, economic, and biological systems (CDC, 2018). The health inequities that threaten ethnic and racial minority groups during a pandemic are connected to the history of systemic racism, discriminatory housing policies, ineffective health communications, barriers to accessible healthcare, and poverty in the United States (Feagin & Bennefield, 2014; Hutchins et al., 2009a). A pandemic brings constant changes in the environment and availability of services and resources for minority groups, therefore social workers must consider the environmental systems that impact a clients’ social, emotional, and physical well-being. Addressing the social determinants of health requires the involvement of social workers in all areas of practice.

Purpose of the Study

The purpose of this study is to explore social worker perspectives on the root causes of health disparities among racial and ethnic minorities during the COVID-19 pandemic. In reviewing the disproportionate health outcomes among minority groups, planning for a pandemic remains a critical need in addressing the lasting effects of structural health inequalities (Quinn & Kumar, 2014). This study assesses how social work agencies responded to the COVID-19
pandemic. Moreover, the study gains insight into the ways social workers can promote health equity and better prepare for health crises in the future.

The research method used in this study is a qualitative design. A qualitative design seeks to acquire a better understanding of social workers’ perspectives on the racial and ethnic disparities that led to significant and fatal health outcomes during the COVID-19 pandemic. This study utilized open-ended questions to assess social workers’ observations of local organizational practices that contributed to health disparities faced by ethnic and racial groups. Due to the indefinite impact of the current COVID-19 pandemic, a qualitative design is inclusive in helping understand the pandemic’s effect on different social work practices. Lastly, because of the ever-changing environment and limited research on pandemic preparedness plans, social workers’ insights will be critical in preparing for post-pandemic recovery.

Significance of the Project for Social Work Practice

Addressing the health care needs of vulnerable populations is a pledge that social workers make in their commitment to social justice. The need to conduct this study stemmed from the lack of preparedness plans to address health inequities among racial and ethnic minority groups during a pandemic. Additionally, the limited understanding of the implications a global pandemic has for the social work profession. By better understanding health disparities during a pandemic, social workers will be able to deliver and develop the tools to improve services and health outcomes among racial and ethnic minorities.
The phases of the generalist intervention process: exploring, assessing, planning, and implementing are informed by this study. Social workers identify the social determinants of health most affected by the pandemic. This research assesses perceived agency practices that contributed to ethnic and racial health disparities. Similarly, reflecting on the current practices will aid the planning of local, state, and federal policy changes to improve health outcomes for future pandemics. The findings from this study will facilitate developing guidelines that can be implemented to guide social workers in providing adequate client care during a time when the environment and resources are rapidly changing.

To uphold the National Association of Social Workers (2017) ethical standard of social justice, it is necessary for social workers to be involved in pandemic-preparedness planning to better serve clients and to ensure no socially disadvantaged person is excluded from receiving quality health care. As such, the research question for this study is: In what ways can social workers promote health equity for ethnic and racial minorities during and after the COVID-19 pandemic?
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter examines existing research and data relevant to the topic of health disparities among racial and ethnic minorities in the United States. The literature explores the social determinants of health that contribute to vulnerability in an influenza pandemic. Additionally, an analysis of prior literature on pandemic preparedness plans and response is included in the review. Furthermore, the literature examines the role of Social Workers in Public Health and demonstrates why the proposed study is needed. Lastly, this chapter explains the theoretical framework guiding this research and study.

Health Disparities Among Racial and Ethnic Minorities

Existing literature demonstrates various biological and social factors that contribute to the health disparities observed among racial and ethnic minority groups including access to quality healthcare, pre-existing health conditions, and socioeconomic disadvantages. At the time of this writing, the factors mentioned above have contributed to dire health outcomes for minority populations during the COVID-19 pandemic (Hooper et al., 2020).

Access to Quality Healthcare

Blumenshine et al. (2008) describe the likelihood of barriers in accessing quality care during a pandemic as high due to the already existing health
disparities. According to data provided in the study, Black and Hispanic populations are 2.5 to 4 times more likely than White non-Hispanic populations to utilize hospital services as their primary provider due to lack of health insurance, a designated primary care physician and legal status (Blumenshine et al., 2008). A further study by Hutchins et al. (2009a) reveals that racial and ethnic minority groups have lower annual influenza vaccination rates which places them at higher risk for infection. Additional studies list culture and language as factors that may influence a delay in seeking health care due to a lack of understanding of health risks or a distrust in medical professionals who fail to deliver culturally competent health information (Hutchins et al., 2009a; O’Sullivan & Bourgoin, 2010).

**Socioeconomic Status**

Moreover, socioeconomic status contributes to health disparities, specifically for racial and ethnic minorities who may not have health insurance and are concerned with fees associated with health services, or those who live in low-income communities with limited access to quality healthcare (Blumenshine et al., 2008; Hutchins et al., 2009a). According to national data collected from the 2019 U.S Census, Blacks and Hispanics had a higher than 15% poverty rate compared to the White, non-Hispanic poverty rate of 7% (United States Census Bureau, 2020). Groups that identified as foreign-born non-citizens had higher rates of poverty compared to native born subpopulations (United States Census Bureau, 2020).
Pre-existing Health Conditions

Furthermore, Hooper and colleagues (2020) explore underlying health conditions such as diabetes and obesity which place minority groups at a greater risk for severe health outcomes. Preliminary data indicates individuals diagnosed with diabetes and obesity are more at risk for mortality and hospitalization when infected by COVID-19 (Lighter et al., 2020; Richardson et al., 2020). According to the 2018 Behavioral Factor Surveillance System Report, the ethnic and racial populations with the highest percentage of diagnosed diabetes in the United States were American Indians/Alaska Natives at 17% and Black non-Hispanics at 15% compared to White, non-Hispanics at 11% (American Health Rankings, 2019a). Similarly, 40% of Black non-Hispanic, 39% of American Indians/Alaska Natives and 34% of Hispanic populations had the highest prevalence percentage rate for Obesity in the United States compared to the White, non-Hispanic rate of 30% (American Health Rankings, 2019b).

Vulnerability in an Influenza Pandemic

Evidence of the long-standing history of health disparities in the United States demonstrate that racial and ethnic minority groups are more vulnerable during an influenza pandemic. Research conducted by Quinn and colleagues (2011) during the 2009 H1N1 pandemic revealed higher hospitalization rates among minorities, despite living in high income countries like the United States. Further research suggests that density and crowded living arrangements impact efforts to socially distance during a pandemic (Hooper et al., 2020; Hutchins et al.)
Additionally, a study by O’Sullivan and Bourgoin (2010) demonstrates that regardless of socioeconomic status, Asian and Latino groups in the United States tend to live in crowded households further impacting their ability to physically distance. Moreover, racial, and ethnic groups are more likely to be employed in occupations that are considered essential and would further exacerbate their exposure during a pandemic (Hooper et al., 2020).

Hutchins et al. (2009a) explored the economic impact of a pandemic on racial and ethnic minority groups by reviewing its effect on members living in poverty. Minority populations living in poverty are at a higher risk for mortality due to food and housing insecurity, limited access to quality healthcare, and inability to work from home. As a result, children from minority groups are likely to lose parental support, become exposed, or rely on services from social welfare agencies during a pandemic (Hutchins et al., 2009a). Further, Blumenshine et al. (2008) warn of the exhaustion of medical supplies during a pandemic such as testing, respirators, influenza vaccines and antiviral drugs. Shortages of critical lifesaving supplies during a pandemic greatly impact racial and ethnic minority populations who are already facing health disparities.

Pandemic Preparedness and Response

During a public health emergency, strict recommendations are put in place to reduce the spread of virus, however these recommendations have negative consequences for groups who do not have the privilege to stay home, socially
distance or access health services. Blumenshine et al. (2008) critiqued pandemic plans by the US Department of Health and Human Services (HHS) and the Center for Disease Control (CDC) for failing to recognize the measures necessary to overcome challenges faced by racial and ethnic minorities such as: timely access to treatment, citizenship status or knowledge of the English language. Additionally, Quinn and Kumar (2014) recognized that current plans by the World Health Organization (WHO) only called for the equal distribution of resources between nations but did not address the social factors such as social distancing, school closings, or access to public healthcare that impact minorities during a pandemic. In their study, Quinn and Kumar (2014) suggest that countries take advantage of the time between pandemics to analyze health disparities and the disproportionate levels of morbidity and mortality among minority groups.

Even with documented evidence of racial and ethnic health disparities and calls from previous research to prepare and plan for the next global pandemic, minority groups are once again facing the detrimental effects of another pandemic, COVID-19. Previous research by Hutchins et al. (2009a) recommended that racial and ethnic minority groups be involved in planning for future pandemics by identifying the needs within their community. Furthermore, Blumenshine et al. (2008) suggested that insight from organizations who work with socially vulnerable populations was necessary in the pandemic planning process. Lastly, in a recent article, Hooper et al. (2020) acknowledged the
importance of data by race and ethnicity in order to guide policies, improve healthcare, prevention, and intervention among minority groups.

Social Work in Public Health

The Social Work profession is fundamental in responding to human needs and societal changes that result from a Public Health crisis. In the year 1918, social workers, already having confronted the impact of World War I, had an important role in hospitals and meeting the needs of individuals impacted by the 1918 Influenza Pandemic (Rosoff, 2008). Today, social workers continue to play a vital role in the success of the Public Health field through their service and advocacy for care of all underserved populations. Ruth and Marshall (2017) argue that social work is not recognized enough in Public Health despite its important contribution in the healthcare system by highlighting the skills of the profession such as: advocacy, prevention, and intervention for hard-to-reach populations. Ruth and Marshall (2017) describe an association between unmet social needs and poor health outcomes and confirm that Social Work is critical in understanding this link in order to advance health equity.

Crisis response and intervention in the aftermath of a tragedy is an important practice skill recognized in the social work profession. Marshall et al. (2011) argues that although social work is recognized for its problem-solving and intervention practices, the prevention aspect of the field is not valued equally. Findings from the Marshall et al. (2011) study demonstrate there is inadequate prevention content in social work journals resulting in low interest in
the field’s involvement in Public Health decisions. A further study by Rishel (2015) confirms Social Work should play a leading role in Public Health and validates the unique set of skills carried by social workers in delivering prevention practice. Social workers understand human behaviors, relationships between systems, evidence-based practices that enhance daily functioning, and the history of oppressed populations in the healthcare system (Andrews, et al. 2013). These research findings prove that Social Work involvement is imperative in achieving social justice and addressing the health disparities rising from the societal and environmental challenges of a global pandemic.

Theories Guiding Conceptualization

To promote health equity among racial and ethnic minorities, social workers must understand the environment and the systems which impact an individual’s health. This study utilizes Urie Bronfenbrenner’s (1979) ecological systems theory to explore the interactions between minority groups and their environment. From the ecological systems theory, social workers consider the social systems in which minority groups are functioning in order to understand their interactions within the healthcare setting. The systems that are recognized from this theory are microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1979; Turner, 2017). The impact said systems have on an individual in obtaining health services are explored in this study.
For purposes of this study, the macrosystem represents healthcare policies, legislation, and views on racial and ethnic minorities. Next, the exosystem represents experiences within the healthcare setting. Then, the mesosystem represents the health services available to the individual. Finally, the microsystem represents relationships that influence an individual’s health behavior. Turner (2017) alludes to a limitation of the Bronfenbrenner model in that it does not recognize that individuals hold different privileges within various systems that will shape their experience within each system. Therefore, existing systems of oppression that impact ethnic and racial minorities must be considered in the conceptualization of the issues being studied.

Summary

This study explored racial and ethnic health disparities among individuals impacted by the COVID-19 pandemic. The existing literature demonstrates that racial and ethnic minorities are impacted at higher rates during a public health crisis and stress that planning, political action, and social intervention is needed to address these disparities. The ecological systems theory guides this study by examining the systems that impact an individual in obtaining quality health care. Additionally, the study examines perceptions from social workers who worked with minority groups affected by the COVID-19 pandemic. By obtaining insight from social workers, this study identifies the health inequalities that occurred during the COVID-19 pandemic and explores ways to promote health equity in the care of racial and ethnic minority groups.
CHAPTER THREE

METHODS

Introduction

This study sought to explore ways in which social workers can promote a more equitable health response during and after the COVID-19 pandemic. This section provides a comprehensive description of the methods and measures utilized to conduct this study. This chapter explains the design of the study including a description of the sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to examine social workers' perspectives on health disparities faced by racial and ethnic minorities during the COVID-19 pandemic. Due to the ongoing impact of COVID-19 on the health of minorities and the limited research involving the perspectives of social workers in pandemic preparedness planning, this study design is exploratory. This study utilizes a qualitative approach in which social workers are asked to participate in interviews consisting of ten open-ended questions directly from the research tool created for this study.

A benefit in using an exploratory, qualitative approach is that it allows for in depth responses from social workers that worked or interned during the COVID-19 pandemic. In addition, it provides the opportunity to gain a more
profound sense of the critical needs, limitations, and resources that impacted racial and ethnic groups. Utilizing social workers from different practices and educational backgrounds help gain an understanding from different perspectives and allows for a greater participant number. The unique beliefs, opinions and perceptions gathered from social workers through this approach will aid in advancing health equity in the future.

However, utilizing an exploratory, qualitative approach may present limitations that can arise from gathering, analyzing, and interpreting the data. For example, gathering data in a qualitative study is time consuming and questions may be intrusive. Additionally, the presence of researchers during the interview may impact the responses provided by the participants. Moreover, the analysis of the responses will depend on the researchers’ interpretation of the data which may be impacted by bias. To reduce researcher bias, the two researchers in this study first explored interview themes and commonalities independently and then came together to discuss findings prior to coding.

Sampling

Participants were identified through purposive and snowball sampling methods. This sampling approach was utilized due to limitations presented by the COVID-19 pandemic. Through purposive sampling, the researchers identified participants with known characteristics related to the study topic. In this study, participants were social work employees or interns that were actively engaging with the community during the COVID-19 pandemic. Initial participants included
the personal and professional networks of the researchers. After the initial participants were identified, a snowball sampling method was used to allow participants to connect the researchers to additional social workers interested in participating in the study. The study gained insight from thirteen participants who were social workers with different levels of experience and education.

Data Collection and Instruments

The study collected qualitative data through audio recorded interviews. The participants were asked ten open ended questions, including demographic information from the research tool created for this study. Certain demographic information such as age, gender, ethnicity, education level, years in practice, and employee status was collected during the initial phase of the interview. Additionally, the open-ended questions allowed for furthering responses from the participants to gain additional insight into commonalities or themes discussed during the interview.

To ensure validity and reliability of the interview questions prepared for this study, the student researchers carefully designed a research informed questionnaire that was consistent with the purpose of this study. The researchers sought feedback from the assigned research supervisor during the design process and refined the questionnaire accordingly. The first set of questions examined social workers’ experiences in providing services to racial and ethnic minorities during the pandemic outbreak. The second set of questions examined social workers’ perspectives on the health disparities that led to significant health
outcomes for this population. The third set of questions looked at the effects the pandemic posed in their respective practices and agency response. Finally, the last set of questions focused on recommendations in promoting health equity for minorities in the future.

**Procedures**

The researchers made direct contact with personal and professional networks who met the requirements to participate in the study. Future study participants were identified by utilizing a referral system. The researchers created a flyer to share with initial participants to be used to recruit additional individuals that were interested in the study. The flyer contained a brief study description, desired sample population, and contact information to reach the researchers should individuals agree to participate.

Once participants were identified, interviews were conducted via virtual means, Zoom, a software platform used for teleconferencing. Participants were notified of the potential length of the interview and provided an informed consent, and range of dates and times to schedule an interview based on their availability. Participants were required to respond with their intent to participate on the selected date and were then provided with the meeting link via their preferred method of contact.

Upon joining the scheduled meeting, participants were asked to rename their Zoom ID with a pseudonym. Prior to initiating recording, confidentiality was discussed, non-identifying demographic information was obtained, and informed
consent was collected. The interviews were recorded through the Zoom application, downloaded, and stored to an encrypted USB. At the conclusion of the interview, participants were thanked for their contribution.

Protection of Human Subjects

The confidentiality of the participants was protected by keeping the identity of participants private from individuals outside of the interviews. Due to the limitations presented by the COVID-19 pandemic and to ensure recommended safety measures, the interviews were conducted through Zoom, virtual communication application. Researchers and participants were asked to join the virtual meeting from a private space and utilize headphones if available. Participants were instructed to use pseudonyms for self and anyone they mentioned during the interview.

Participants were informed of their rights, including their right to withdraw consent and/or participation, and were required to provide agreement for consent to participate and be audio recorded. All relative documentation and recordings are kept in a secured or encrypted storage device. All documents and recordings will be retained three years after study completion and deleted thereafter.

Data Analysis

Upon completion of the virtual interviews, the data collected from the recordings was transcribed into written format. The transcriptions were completed verbatim and reviewed for accuracy by both research partners. To
maintain the confidentiality of the participants, no identifying information was included on the transcripts. Once the data was transcribed and reviewed, the researchers read each interview transcript individually, become acquainted with the content of the data, and identified meaningful elements and commonalities. Coding began once the research partners came together to discuss and identify similarities and differences between the data and conceptually connected patterns as categories. Using thematic analysis, the categories were assessed for relation to one another to create broader themes. Furthermore, to assess the demographic profile of respondents, a simple descriptive analysis was completed.

Summary

This study gathered insight from social workers regarding the disproportionate impression the COVID-19 pandemic has on racial and ethnic minorities. The exploratory, qualitative design of the study allowed for inclusive and in-depth perspectives from social workers that are and will continue to serve racial and ethnic minorities. The stated qualitative research method supports the purpose of this study.
CHAPTER FOUR

RESULTS

Introduction

Chapter four includes an explanation of how the data were analyzed and the results of the analysis. This was a qualitative study that welcomed in depth responses from social workers who provided services to ethnic and racial minorities during the COVID-19 pandemic. Upon interviewing thirteen social workers on their perspectives of the health disparities experienced by racial and ethnic minorities during the pandemic, interviews were transcribed and analyzed using thematic analysis. The demographic information of the research participants is first presented, followed by elements and themes that were identified from the data.

Analysis

The demographic information of each research participant is shown in Table 1. This table identifies age, gender, race/ethnicity, years of social work experience, employment status, and level of education. Participant ages ranged from 25 to 55 years old, and all had experience providing social services to ethnic and racial minorities. Ten participants identified as women while three identified as men. Seven participants identified as Latinx, three identified as African American, two identified as Other, and one identified as White. Years of social work involvement ranged from 2 to 20 and varied from full time, part time,
and intern experience. Participant level of education ranged from High School diploma to Licensed Clinical Social Worker.

Tables 2 - 14, demonstrate the data thematic results. The data includes the elements of health disparities during the COVID-19 pandemic categorized by people, places, artifacts, and ideas. Categories were identified through thematic analysis of the participants’ interview transcripts. Direct quotes from participants were used to further explore identified themes and provide an objective presentation of the information gathered.

Data Thematic Results

The research question presented in this study was “In what ways can social workers promote health equity for ethnic and racial minorities during and after the COVID-19 pandemic?” This was an exploratory question that aimed to gain detailed responses from social workers about the health disparities they perceived to have impacted racial and ethnic minorities during the global pandemic. Through the analysis of the data gathered, nine major themes emerged: quality of care; system mistrust; immigration status; resource accessibility; adaptive functioning; community input; community presence; diversity; and policy planning.
The data in Table 1 describes the demographics of the research participants in this study.

Table 1. Demographics of Research Participants

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Participant Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>55, 27, 33, 39, 29, 26, 41, 25, 42, 41, 55, 30, 30</td>
</tr>
<tr>
<td>Gender</td>
<td>Woman, Woman, Woman, Woman, Woman, Woman, Woman, Man, Woman, Man, Man</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Latinx, Latinx, Latinx, Latinx, Latinx, Other, Latinx, African American, African American, African American, African American, White, Latinx, Other</td>
</tr>
<tr>
<td>Years of Social Work experience</td>
<td>8, 9, 7, 7, 5, 3, 20, 2.5, 14, 12, 8, 2, 4</td>
</tr>
<tr>
<td>Employment Status</td>
<td>Full time, Full time, Full time, Full time, Full time, Full time, Full time, Full time, Full time, Intern, Intern/Part-time</td>
</tr>
<tr>
<td>Level of Education</td>
<td>High School, BA, MSW, MSW, MSW, AA, LCSW, MSW, MSW, BA, BA, BA, BA, MSW</td>
</tr>
</tbody>
</table>
The data obtained from the interviews in Table 2 show the populations that our participants served.

Table 2. Research Category: People - Population Served

<table>
<thead>
<tr>
<th>Content/Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Risk Youth</td>
</tr>
<tr>
<td>Aging Adults</td>
</tr>
<tr>
<td>Families and Children</td>
</tr>
<tr>
<td>Mental Health Patients</td>
</tr>
<tr>
<td>Medical Patients</td>
</tr>
<tr>
<td>Housing Insecure</td>
</tr>
<tr>
<td>Unemployed/Disabled</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Undocumented Immigrants</td>
</tr>
<tr>
<td>Minorities</td>
</tr>
</tbody>
</table>

The data obtained from the interviews in Table 3 show the places in which the participants provided services to ethnic and racial minorities.

Table 3. Research Category: Places - Sector

<table>
<thead>
<tr>
<th>Content/Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Clinics</td>
</tr>
<tr>
<td>Behavioral Health Outpatient</td>
</tr>
<tr>
<td>Child Care</td>
</tr>
<tr>
<td>Community Outreach</td>
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<tr>
<td>Foster Care</td>
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<tr>
<td>Workforce Development</td>
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<tr>
<td>Hospital</td>
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<tr>
<td>Education</td>
</tr>
<tr>
<td>University</td>
</tr>
<tr>
<td>Homeless and Housing non-profit organization</td>
</tr>
<tr>
<td>Mental Health Crisis Clinic</td>
</tr>
<tr>
<td>Los Angeles County</td>
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<tr>
<td>Orange County</td>
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<tr>
<td>San Bernardino County</td>
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<tr>
<td>Riverside County</td>
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</tbody>
</table>
The data obtained from the interviews in Table 4 show the abstract artifacts or things that contributed to disparities in health for ethnic and racial minorities.

Table 4. Research Category: Artifacts: Abstract

<table>
<thead>
<tr>
<th>Content/Theme</th>
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</thead>
<tbody>
<tr>
<td>Quality of Care</td>
</tr>
<tr>
<td>Adaptive Functioning</td>
</tr>
<tr>
<td>Distrust in Systems/Government</td>
</tr>
<tr>
<td>Language Barriers</td>
</tr>
<tr>
<td>Access to services</td>
</tr>
<tr>
<td>Existing Health Issues</td>
</tr>
<tr>
<td>Cash Economy</td>
</tr>
<tr>
<td>Insurance</td>
</tr>
<tr>
<td>Resources</td>
</tr>
<tr>
<td>Cultural Norms and Traditions</td>
</tr>
<tr>
<td>Marginalized Community</td>
</tr>
<tr>
<td>Psychosocial Stressors</td>
</tr>
<tr>
<td>Delayed information</td>
</tr>
</tbody>
</table>

The data obtained from the interviews in Table 5 show the concrete artifacts or things that contributed to disparities in health for ethnic and racial minorities.

Table 5. Research Category: Artifacts: Concrete

<table>
<thead>
<tr>
<th>Content/Theme</th>
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</thead>
<tbody>
<tr>
<td>Income</td>
</tr>
<tr>
<td>Funding</td>
</tr>
<tr>
<td>Protective Equipment</td>
</tr>
<tr>
<td>Technology</td>
</tr>
<tr>
<td>Telecare/Telehealth</td>
</tr>
<tr>
<td>Managed Care Settings</td>
</tr>
<tr>
<td>Public Health</td>
</tr>
<tr>
<td>Public Policies</td>
</tr>
<tr>
<td>Health Education</td>
</tr>
<tr>
<td>Immigration Status</td>
</tr>
<tr>
<td>Medicare, Medi-Cal</td>
</tr>
<tr>
<td>Out of Pocket</td>
</tr>
</tbody>
</table>
The data obtained from the interviews in Table 6 show the disparities related to quality of care when transitioning to telehealth faced by ethnic and racial minorities during the pandemic.

**Table 6. Research Category: Artifacts: Quality of Care**

<table>
<thead>
<tr>
<th>Content/Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Personal Communication, Participant 3, February 2021)</td>
</tr>
<tr>
<td>• “Primarily for financial constraints they can't afford the internet so that also impacts the quality of treatment, because they can only receive services through the telephone rather than video.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 3, February 2021)</td>
</tr>
<tr>
<td>• “Patients tend to have difficulty reaching providers... before they would be able to walk into the office...And now how do we do it when we can't physically see each other...so at times I have heard from patients that it's hard for them to reach us, like they'll call and sometimes they can't get through the phone line...so that is a system issue within the agency that obviously presents difficulty with patients.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 12, April 2021)</td>
</tr>
<tr>
<td>• “...a lot of people were having to do phone visits with their doctors, so they weren't seeing their doctors face to face.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 13, April 2021)</td>
</tr>
<tr>
<td>• “Minimizing in person services as much as possible makes it, as a practitioner and as a client, very difficult for that much change to happen that quickly and to expect the same level of quality service.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 12, April 2021)</td>
</tr>
<tr>
<td>• “...a lot of people were having to do phone visits with their doctors, so they weren't seeing their doctors face to face, so it definitely affected people with health issues due to the fact that they weren't seeing their doctors face to face on a regular basis due to Covid.”</td>
</tr>
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</table>

The data obtained from the interviews in Table 7 show the effects of government distrust among ethnic and racial minorities.

Table 7. Research Category: Artifacts: System Mistrust

<table>
<thead>
<tr>
<th>Content/Theme</th>
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<tbody>
<tr>
<td>(Personal communication, Participant 10, March 2021)</td>
</tr>
<tr>
<td>• “As a minority myself and part of a marginalized community what I learned was that I could not dismiss the hesitation… like no one believing in what the government was saying… you know how bad it is, so you know folks that I know of, are used to being lied to by the government.”</td>
</tr>
</tbody>
</table>

| (Personal Communication, Participant 7, February 2021) |
| • “I would say the gap between cultural norms and traditions and American standards of health and expectations, you know, and I easily can go Macro as far as we know the effects of Colonization.” |
The data obtained from the interviews in Table 8 show the barriers experienced by undocumented clients during the pandemic.

Table 8. Research Category: Artifacts: Immigration Status

<table>
<thead>
<tr>
<th>Content/Theme</th>
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</thead>
<tbody>
<tr>
<td>(Personal Communication, Participant 6, February 2021)</td>
</tr>
<tr>
<td>• “Many of our undocumented families primarily operate through the cash economy so...that severely impacted the income of those who were relying on those in-person types of work...a lot of families took on a huge loss financially.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 2, February 2021)</td>
</tr>
<tr>
<td>• “I did see a lot of families get sick with covid and they did not really know where to go or how they would be able to get help...either due to immigration status or not knowing what the community around them was providing or how to actually obtain services for COVID.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 6, February 2021)</td>
</tr>
<tr>
<td>• “I think that a lot of undocumented families were overlooked during this time especially when the stimulus checks are coming out and I really, commend my fellow partners and the people that I work with because they found a way within the city to make a fund specifically for undocumented families.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 5, February 2021)</td>
</tr>
<tr>
<td>• “I learned to be more aware about their emotions and barriers and how limited certain minorities are with accessing resources. For example, the undocumented population, I didn’t realize how COVID-19 really can, or really has impacted their lives. Such as, they don’t get a stimulus check, they don’t have access to financial aid, especially if they are not a DACA recipient.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 5, February 2021)</td>
</tr>
<tr>
<td>• “Oh yeah, so I would say targeting the undocumented population...they faced a lot of barriers that didn’t allow them to get the financial resources.”</td>
</tr>
</tbody>
</table>
The data obtained from the interviews in Table 9 show the barriers to accessing resources during the pandemic.

Table 9. Research Category: Artifacts: Resource Accessibility

<table>
<thead>
<tr>
<th>Content/Theme</th>
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<tbody>
<tr>
<td>(Personal Communication, Participant 6, February 2021)</td>
</tr>
<tr>
<td>• “I would say definitely since the pandemic started…we've received more referrals, the counseling agencies have received more referrals, most crisis prevention or intervention agencies have received just an influx because people’s lives are literally crashing down.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 6, February 2021)</td>
</tr>
<tr>
<td>• “There were such an influx of families and people experiencing homelessness the county hadn't prepared for that they didn't have the funds for that so there was a period of time where…we had run out of options.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 2, February 2021)</td>
</tr>
<tr>
<td>• “Yeah, I think a lot of the times when you want to provide a referral, there’s a lot of qualifications, and a lot of the times, our minority families don't qualify, or they don't have what they are requiring... if they needed rental assistance they didn't qualify, they lived maybe in a backhouse and they couldn't provide that legit paperwork.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 3, February 2021)</td>
</tr>
<tr>
<td>• “The school has gone primarily virtually, that has become a challenge, an added stressor for a lot of our parents…their inability to purchase electronics… or they are having challenges using them…so, these are added psychosocial stressors on top of already the limitations within the therapy or treatment setting.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 3, February 2021)</td>
</tr>
</tbody>
</table>
| • So, in some ways, the fact that things were remote increased access to some patients, it limited their access to community resources.
The data obtained from the interviews in Table 10 show the influence adaptive functioning had in ethnic and racial minorities in adjusting to new forms of service delivery.

Table 10. Research Category: Ideas: Adaptive Functioning

<table>
<thead>
<tr>
<th>Content/Theme</th>
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<tbody>
<tr>
<td>(Personal communication, Participant 10, March 2021)</td>
</tr>
<tr>
<td>• “75-80% of my particular job is in the field so that has completely stopped so it’s significant as far as my delivery how I formally deliver services that was completely changed... this prevented a lot of my clients from, it was a complete disruption in their routine, which prevented them to continue their progress on their recovery plan that we have established and collaborated on.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 8, February 2021)</td>
</tr>
<tr>
<td>• “There is a burden when it comes to being able to reach people via telephone because again a lot of my clients are older so the technology piece it has been a learning curve”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 13, April 2021)</td>
</tr>
<tr>
<td>• “For example, if clients that aren’t consistently using their phone or don’t have a phone or have their adaptive functioning impacted by their diagnosis, they need someone in person because it’s a lot more concrete and direct.”</td>
</tr>
</tbody>
</table>


The data obtained from the interviews in Table 11 show the value of gathering input from the community during a pandemic.

Table 11. Research Category: Ideas: Community Input

<table>
<thead>
<tr>
<th>Content/Theme</th>
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<tbody>
<tr>
<td>(Personal Communication, Participant 3, February 2021)</td>
</tr>
<tr>
<td>• “Getting more feedback from the patients themselves…and the providers that work with them and understanding what the community needs are.”</td>
</tr>
</tbody>
</table>

(Personal Communication, Participant 5, February 2021)

• “I would say maybe providing more services tailored for the minority groups, for example workshops, group therapy, that minority groups can really just relate to one another…networking with organizations outside of the school and also becoming more familiar with certain policies that the school provides.”

(Personal Communication, Participant 2, February 2021)

• “I think there has been that burden of us being remote because a lot of our families are working families and it’s not really an option for them to take off work or ask for the day off or even provided that opportunity to get COVID pay or disability.”
The data obtained from the interviews in Table 12 provide insight into the worth of community presence in marginalized communities.

Table 12. Research Category: Ideas: Community Presence

<table>
<thead>
<tr>
<th>Content/Theme</th>
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<tbody>
<tr>
<td>(Personal Communication, Participant 2, February 2021)</td>
</tr>
<tr>
<td>“I think there needs to be more of that community presence with clinics nearby, or bigger hospitals within the minority communities letting them know what services they can receive, what services possibly could be free for minority families.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 4, February 2021)</td>
</tr>
<tr>
<td>“I have little to no understanding as to how they would present themselves in the community or out in the county other than by word of mouth or sometimes at facility fairs...do more advertising out there to make sure that when you are advertising, that it goes beyond a handout.”</td>
</tr>
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</table>

The data obtained from the interviews in Table 13 provide insight into the benefits of a diverse staff when providing services to ethnic and racial minorities.

Table 13. Research Category: Ideas: Diversity

<table>
<thead>
<tr>
<th>Content/Theme</th>
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<tbody>
<tr>
<td>(Personal Communication, Participant 3, February 2021)</td>
</tr>
<tr>
<td>“We have noticed that there is not much retention at times with our Black, African American patients…they are not able to stay in treatment as long as maybe they would benefit from and I think particularly because there is that representation factor in that they do not see themselves completely in us, the providers”</td>
</tr>
<tr>
<td>(Personal communication, Participant 10, March 2021)</td>
</tr>
<tr>
<td>“More clinical staff ranging everywhere from you know the doctors all the way to the frontline office assistant staff should be reflective of the community.”</td>
</tr>
</tbody>
</table>
The data obtained from the interviews in Table 14 show the recommendations social workers made in contributing to public health policies and improving health outcomes for minority groups.

Table 14. Research Category: Ideas: Policy Planning

<table>
<thead>
<tr>
<th>Content/Theme</th>
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</thead>
<tbody>
<tr>
<td>(Personal communication, Participant 10, March 2021)</td>
</tr>
<tr>
<td>• “We could work with the medical side…spear head together a more integrated healthcare system and through that we can all develop a better policy plan.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 7, February 2021)</td>
</tr>
<tr>
<td>• “Joining projects like this one, surveys, getting involved with the local NASW… community action groups…joining a board of an organization…working within managed care settings…so that directly impacts public health and as social workers we can even work there and affect some change.”</td>
</tr>
<tr>
<td>(Personal Communication, Participant 2, February 2021)</td>
</tr>
<tr>
<td>• “I think advocating, having a voice for the families…an example of what we do at our agency is that we do go to Sacramento, and we advocate for continuing free either childcare or schooling for children, so given the opportunity to also include health in there, not just the educational aspect, but including health and…allowing all types of income level or minority groups the same access to health as it could be for education.”</td>
</tr>
</tbody>
</table>
Summary

Social workers' perspectives on the health disparities experienced by racial and ethnic minorities during the pandemic were categorized into elements of people, places, artifacts, and ideas. Through thematic analysis, major themes were identified. The thematic results were guided by the research question in this study which allowed insight into how social workers can promote health equity in the future for racial and ethnic minorities. The following chapter will provide an in-depth analysis of the data.
CHAPTER FIVE
DISCUSSION

Introduction

Chapter five discusses the significance of the results collected from participant interviews using the research study question as the controlling criteria. The chapter examines the findings related to health equity among ethnic and racial minorities. The limitations of the study results are also discussed. Additionally, this chapter provides recommendations for research, social work practice, and policy in promoting health equity for ethnic and racial minorities. A final conclusion of the study is also provided.

Discussion

The purpose of this study was to gain insight into the ways social workers can promote health equity for ethnic and racial minorities and respond to health crises in the future. The results are introduced by the concepts/themes that emerged from participant interviews. The findings support studies that were cited in the literature review which include the disparities and social determinants of health that contribute to vulnerability during a pandemic and the need for social work involvement in planning. Unanticipated results include immigration status as a social determinant of health which is explained by policies that limit insurance coverage, access to care and program eligibility for this population.
Quality of Care

One prominent theme that emerged when participants were asked to identify a challenge faced by clients in accessing services to their programs was quality of care. A majority of participants identified the transition to telehealth services versus face-to-face visits impacted the quality of care received by their clients. Telehealth impacted quality of care because of the barrier it presented for ethnic and racial minorities that did not have access to technology. This is evident in the words of Participant 12 who stated:

...a lot of people were having to do phone visits with their doctors, so they weren't seeing their doctors face to face, so it definitely affected people with health issues due to the fact that they weren't seeing their doctors face to face on a regular basis due to Covid. (Personal Communication, Participant 12, April 2021)

This quote implies that during the pandemic, when access to continuity of care is imperative, ethnic, and racial minorities' health was impacted due to the delivery of health care service. Additionally, it signifies that precautions that limited accessibility to in-person services and patient to worker ratios may have been contributing factors to poor health outcomes. This is supported by the following statement of Participant 3 who stated:

Patients tend to have difficulty reaching providers... before they would be able to walk into the office...And now how do we do it when we can't physically see each other...so at times I have heard from patients that it's
hard for them to reach us, like they'll call and sometimes they can't get through the phone line...so that is a system issue within the agency that obviously presents difficulty with patients. (Personal Communication, Participant 3, February 2021)

In order to promote health equity, community health centers and organizations must be cognizant of the existing barriers that exist in marginalized communities that need to be addressed prior to another global pandemic. As evidenced by the statements collected from research participants, this includes addressing systemic barriers such as access to technology, and patient to worker ratios.

System Mistrust

The concept of mistrust emerged in the study which might imply that the system itself is in question regarding equity for minority groups. This is a challenge in terms of health equity because the clients themselves do not feel comfortable accessing services. When asked about the learning experience in providing services to minority groups during the pandemic, Participant 10 stated:

As a minority myself and part of a marginalized community what I learned was that I could not dismiss the hesitation… like no one believing in what the government was saying… folks that I know of, are used to being lied to by the government. (Personal communication, Participant 10, March 2021)
This quote implies that in the midst of a pandemic, when access to public health information and health care is critical, minority groups are hesitant to seek services due to the history of government mistrust.

This social worker perspective is important in regard to this study because it suggests that the absence of trust in the system is a barrier to achieving health equity. Social workers must be aware that mistrust is a barrier that cannot be dismissed as it can create challenges when building rapport or engaging with clients in treatment. Furthermore, social workers who are often employed by government agencies, must be involved in developing a system that is trusted in order to improve health outcomes for ethnic and racial minorities in the future.

Immigration Status

The concept of immigration status as a barrier to achieving health equity emerged in this study. This result is important because it indicates that immigration status determines level of health care access and whether an individual qualifies for services. During the COVID-19 pandemic, the Internal Revenue Service provided direct economic relief payments to eligible U.S. Citizens and qualifying residents (Internal Revenue Service, 2021). These stimulus payments were provided to help American families during the pandemic, however undocumented individuals, who did not qualify for this benefit, struggled. This is evident in the words of Participant 5 who stated:

I learned to be more aware about their emotions and barriers and how limited certain minorities are with accessing resources. For example, the
undocumented population, I didn’t realize how COVID-19 really can, or really has impacted their lives. Such as, they don’t get a stimulus check, they don’t have access to financial aid, especially if they are not a DACA recipient. (Personal Communication, Participant 5, February 2021)

In an effort to provide emergency support to undocumented clients, Participant 6 shared how a social service agency and community partners were able to ensure funding for families who were not included in government assistance. The community efforts are seen in the below response:

I think that a lot of undocumented families were overlooked during this time especially when the stimulus checks are coming out and I really, commend my fellow partners and the people that I work with because they found a way within the city to make a fund specifically for undocumented families. (Personal Communication, Participant 6, February 2021)

This response suggests that social workers play an important role in ensuring a comprehensive response to economic recovery that includes undocumented families.

Furthermore, the concept of immigration status is an important factor to this research study because it proposes the need for more resources for undocumented families to improve health outcomes for this minority group. Undocumented families face additional barriers to care during a pandemic because they either do not qualify for services, fear applying for services, or are
unsure about the services for which they qualify. This is evident in the response from Participant 3 who stated:

I did see a lot of families get sick with covid and they did not really know where to go or how they would be able to get help ...either due to immigration status or not knowing what the community around them was providing or how to actually obtain services for COVID. (Personal Communication, Participant 2, February 2021)

This social worker perspective suggests the need for trusted social service agencies to provide specific information about the availability of resources for undocumented clients. It also suggests the need to continue to advocate for resources to meet the health care challenges faced by undocumented families.

Resource Accessibility

Resource accessibility emerged in this study as a critical component. This might suggest that existing programs may need to consider their requirements and capabilities when providing services to ethnic and racial minorities. Social work recommendations in addressing existing resources included considering the funding being provided to programs through the county. This is evident in the following statement by Participant 6:

There were such an influx of families and people experiencing homelessness the county hadn't prepared for that they didn't have the funds for that so there was a period of time where...we had run out of options. (Personal Communication, Participant 6, February 2021)
Moreover, social work perspectives also identified that existing programs did not have the capability of handling the influx of individuals/families that needed services once the pandemic began. This indicates that delivery of services to ethnic and racial minorities was not only impacted by funding but also by the disproportionate number of demands versus resource availability. This is reflected in the statement provided below by Participant 6:

I would say definitely since the pandemic started…we've received more referrals, the counseling agencies have received more referrals, most crisis prevention or intervention agencies have received just an influx because people’s lives are literally crashing down. (Personal Communication, Participant 6, February 2021)

Finally, in regard to accessibility of resources, participants acknowledged that criteria for services serves as a barrier to available resources for certain ethnic and racial minority groups. This barrier is demonstrated in the response below:

Yeah, I think a lot of the times when you want to provide a referral, there's a lot of qualifications, and a lot of the times, our minority families don't qualify, or they don't have what they are requiring... if they needed rental assistance they didn't qualify, they lived maybe in a backhouse and they couldn't provide that legit paperwork. (Personal Communication, Participant 2, February 2021)
This study finding suggests that more funding is needed for programs that address social determinants of health such as housing, and mental health. It also implies that programs that are currently servicing ethnic and racial minorities need to consider the requirements being placed for individuals/ families to receive services. By not providing an inclusive approach, programs may discourage the use of existing resources which can impact the equitable distribution of services.

**Adaptive Functioning**

The study found that adaptive functioning is an important concept because it implies that equity in terms of resources may be impacted on a learning curve. As mentioned earlier, the inaccessibility to technology for ethnic and racial minorities was an identified barrier for quality of care. Social work perspectives further imply that the lack of access to such resources may impact the learning curve across generations for disadvantaged populations. This is evident in the words of Participant 8 who stated:

> There is a burden when it comes to being able to reach people via telephone because again a lot of my clients are older so the technology piece it has been a learning curve. (Personal Communication, Participant 8, February 2021)

In addition, adaptive functioning as it pertains to the ability to problem solve and adapt in individuals that are already experiencing mental, physical and
substance use diagnosis also contributes to resource and health equity. This is evident in the statement provided by Participant 13:

For example, if clients that aren’t consistently using their phone or don’t have a phone or have their adaptive functioning impacted by their diagnosis, they need someone in person because it’s a lot more concrete and direct. (Personal Communication, Participant 13, April 2021)

Further indication of the impact of adaptive functioning on individuals with existing health concerns can be seen in the following statement provided by Participant 10:

75-80% of my particular job is in the field so that has completely stopped so it’s significant as far as my delivery how I formally deliver services that was completely changed... this prevented a lot of my clients from, it was a complete disruption in their routine, which prevented them to continue their progress on their recovery plan that we have established and collaborated on. (Personal communication, Participant 10, March 2021)

The above social work perspective suggests there is a need to consider adaptive functioning in ethnic and racial minorities through a generational learning curve lens. In order to promote health equity, social workers must consider the impact adaptive functioning has on accessibility to resources. This is important for purposes of this study because it demonstrates the need for social service agencies and social workers to provide inclusive access to services by addressing adaptive functioning.
Community Input

Community Input was another significant theme identified in this study. Participants agreed that receiving community feedback was an important consideration when developing programs, policies, or resources aimed to assist ethnic and racial minorities. This can be seen in the statement made by Participant 3:

Getting more feedback from the patients themselves...and the providers that work with them and understanding what the community needs are.

(Personal Communication, Participant 3, February 2021)

Social work participants agreed that certain resources provided by the government were not as useful to ethnic and racial minorities. This can be seen in the emerging theme of immigration status but also in the following statement regarding COVID pay made by Participant 2:

I think there has been that burden of us being remote because a lot of our families are working families and it's not really an option for them to take off work or ask for the day off or even provided that opportunity to get COVID pay or disability. (Personal Communication, Participant 2, February 2021)

Additionally, participants expressed those services provided needed to be tailored to minority groups when asked about how agencies can provide an inclusive response to improve health equity in the future, Participant 5 stated:
I would say maybe providing more services tailored for the minority groups, for example workshops, group therapy, that minority groups can really just relate to one another...networking with organizations outside of the school and also becoming more familiar with certain policies that the school provides. (Personal Communication, Participant 5, February 2021)

This social work perspective suggests there is a need to include a bottom-up approach when developing programs, services and policies that impact racial and ethnic minorities. The community should be provided an opportunity to state what their needs are to ensure programs implemented are useful to the population they are attempting to target. During the COVID-19 pandemic, the government passed multiple policies and provided distribution of funding in areas that may have not been utilized at an equitable scale.

Community Presence

Another emerging concept identified through participant interviews was the significance of community presence. It is important for organizations, hospitals, clinics, and social workers to be involved in the distribution of information regarding services available. The following statement by Participant 2 supports this concept:

I think there needs to be more of that community presence with clinics nearby, or bigger hospitals within the minority communities letting them know what services they can receive, what services possibly could be free
for minority families. (Personal Communication, Participant 2, February 2021)

Through this social work perspective, distribution of services includes more than just providing information brochures or flyers. It includes a deeper level of involvement in the community the organization is serving. This can be seen in the response provided by Participant 4 when asked about agency community outreach efforts during the pandemic:

> I have little to no understanding as to how they would present themselves in the community or out in the county other than by word of mouth or sometimes at facility fairs...do more advertising out there to make sure that when you are advertising, that it goes beyond a handout. (Personal Communication, Participant 4, February 2021)

Considering some of the previously mentioned social work perspectives on the themes of adaptive functioning, resource accessibility, and system mistrust it can be surmised that even if a service is available in marginalized communities, it does not mean the services will be utilized. Building rapport through the use of community presence may encourage minority families to seek out services and be more susceptible to the information being provided.

**Diversity**

The concept of diversity emerged in this study which might imply that a diverse workforce is needed in achieving health equity. Lack of diversity is a challenge in terms of health equity because ethnic and racial minorities do not
see themselves represented in the individuals who are providing care. This is evident in the words of Participant 3 who stated:

We have noticed that there is not much retention at times with our Black, African American patients…they are not able to stay in treatment as long as maybe they would benefit from and I think particularly because there is that representation factor in that they do not see themselves completely in us, the providers. (Personal Communication, Participant 3, February 2021)

Additionally, when asked how agencies could improve health equity for minorities in the future, Participant 10 stated:

More clinical staff ranging everywhere from you know the doctors all the way to the frontline office assistant staff should be reflective of the community. (Personal communication, Participant 10, March 2021)

Given the disproportionate health outcomes for racial and ethnic minorities, this response suggests that agencies must assess whether their workforce is reflective of the community they serve. This is important for purposes of this study because it indicates the need for social service agencies and social workers to expand diversity efforts in order to improve client retention and health outcomes by providing culturally responsive services to diverse communities.

Policy Planning

The concept of policy planning emerged in this study as an important component to advancing health equity. This might suggest that social workers
have a responsibility to become active in the policy planning that impacts care for minority groups. Social workers should apply macro practice skills in helping develop public health policies. This further suggests the need for future research to focus on policy as equally important as treatment. This is supported by the words of Participant 7:

Joining projects like this one, surveys, getting involved with the local NASW… community action groups…joining a board of an organization…working within managed care settings… so that directly impacts public health and as social workers we can even work there and affect some change. (Personal Communication, Participant 7, February 2021)

As change agents, this social worker perspective is important to this study because it highlights the various ways social workers can be involved in policy action.

Furthermore, the concept of policy planning suggests the need for social workers to engage in policy to improve services and conditions related to health. Policies have a direct impact on the health and welfare of the populations social workers serve. The need for social work involvement in public health is seen in the response made by Participant 10 who stated:

We could work with the medical side…spear head together a more integrated healthcare system and through that we can all develop a better policy plan. (Personal communication, Participant 10, March 2021)
As such, the perspective of all health care professionals, including social workers are vital and should be included in the development of public health policies and pandemic response plans.

Lastly, the concept of policy planning implies the need for social workers to advocate for policies that improve access to health care for minority groups. This is recommended in the response from Participant 2 who states:

I think advocating, having a voice for the families…an example of what we do at our agency is we go to Sacramento, and we advocate for continuing free either childcare or schooling for children, so given the opportunity to also include health in there, not just the educational aspect, but including health and…allowing all types of income level or minority groups the same access to health as it could be for education.

(Personal Communication, Participant 2, February 2021)

This social work perspective proposes that creating policies that promote health care as a right is important in achieving health equity.

Limitations

As with most studies, this study presents some limitations. We aimed for a diverse sample size of respondents from different levels of education and experience within the social work field. The snowball sampling technique allowed for an efficient chain referral process, however participants shared similar backgrounds which limited range. The sample size of 13 participants included
only a small number of local social workers, which may not be considered a representative sample as experiences may be limited to the areas the participants served. A more diverse sample including background experience and more racial, ethnic and gender variation would have been helpful to ensure inclusion and representativeness.

Given the ongoing impact of COVID-19 on the health of ethnic and racial minorities, prior research studies relevant to this study were limited. Conducting a study in the middle of a pandemic led to consistent evolving information in terms of daily confirmed cases and lasting impact. Consequently, the need for further research in the area of study is necessary.

Recommendations for Social Work Practice, Policy, and Research

Future social work practice should focus on guiding efforts to address and adequately respond to the health of racially and ethnically diverse communities. Prioritizing trust is vital to developing an equitable system. Also, strengthening community presence and gaining perspectives from clients themselves might lead to appropriate resource development. Furthermore, policy and research should focus on public health policies as fundamentally important in improving health outcomes for ethnic and racial minorities. In order to address the inequities impacting the health of disadvantaged groups, social workers should be involved in developing the very policies that are influencing health outcomes.
Conclusions

Despite the ongoing impact of COVID-19, it is clear that improving pandemic preparedness is necessary. This study demonstrates the shortcomings of responding to the health care needs of racial and ethnic minorities during a significant public health crisis. To prepare for the next pandemic and to advance health equity for minority groups we must look at the institutions and policies that are creating disparities and inequities in health. Developing systems, programs and resources that advance community involvement and trust is essential for post pandemic recovery and positive health outcomes for ethnic and racial minorities. Considering the profession’s commitment to social justice and ensuring the well-being of vulnerable populations, social workers must lead efforts in promoting health equity.
APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL EMAIL
January 15, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-129

Thomas Davis
Alexandra Viramontes
Deserry Salgado
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Thomas Davis
Alexandra Viramontes
Deserry Salgado,

Your application to use human subjects, titled "Promoting Health Equity Among Racial and Ethnic Minorities During and After the Covid-19 Pandemic" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risks and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7598, by fax at (909) 537-7028, or by email at mgillespie@csusb.edu. Please include your application approval number IRB-FY2021-129 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dobbs
Nicole Dobbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

NDM/G

https://mail.google.com/mail/u/0?ik=2b34e6035a&view=pt&search=all&permthid=thread-f%3A16886925296349661078&simple=1&m=16886925296349661078.../1/
INFORMED CONSENT

The study in which you are asked to participate is designed to examine social workers' perspectives of the health disparities faced by racial and ethnic minorities during the COVID-19 pandemic. The study is being conducted by Alexandra Viramontes and Desery Salgado, graduate students, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore social workers' perspectives of the factors that contributed to the health disparities faced by racial and ethnic minorities during the COVID-19 pandemic.

DESCRIPTION: Participants will be asked of a few questions on their experiences providing services to racial and ethnic minorities during the COVID-19 outbreak, which health disparities were identified for this population, how their agency responded, what considerations are valuable in promoting health equity in the future, and some demographic information.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and interviews will be audio recorded.

DURATION: It will take 45 to 60 minutes to complete the interview.

RISKS: Although not anticipated, participants may experience discomfort associated with the interview questions. If discomfort occurs, you may skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions please feel free to contact Dr. Thomas Davis at (909) 537-3839 or by email at tomdavis@csusb.edu

RESULTS: Results of the study can be obtained from the Pfaull Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place an X mark here ___________________ Date ___________________
Interview Guide

1. Demographics
   a. What is your age?
   b. What gender do you identify as?
   c. What race/ethnicity do you primarily identify with?
   d. What is your current employment status?
   e. How many years have you worked within the social work field?
   f. What is your highest level of education?

2. What type of services does your agency provide?
   a. What is your current job title and responsibilities?
   b. How long have you been employed in this position?

3. Did your agency have a pandemic preparedness plan in place prior to the emergence of the Covid-19 pandemic?
   a. Describe how your agency responded to the Covid-19 pandemic?
   b. What protocols and precautions were put in place?
   c. Did the way you deliver services to your clients change?
   d. How did you ensure continuity of care to your clients?

4. Did your agency participate in outreach efforts to ensure that ethnic and racial minorities had knowledge of essential information related to COVID-19?
   a. In what ways did your agency educate its client base and the community on preventing the spread of COVID-19?
   b. Was the public health information shared by your agency available in multiple languages to meet the needs of individuals with limited English proficiency?

5. Please identify the disparities and burdens faced by ethnic and racial minorities in accessing services at your agency?
   a. What requirements, if any, were necessary for minority groups to receive services from your agency?
   b. Were there any funding or macro issues that impacted delivery to ethnic and racial minority groups? If so, please describe.

6. What was valuable about your agency’s response to the Covid-19 pandemic and service to their clients? What was challenging?

7. In what ways can your agency provide an inclusive response and improve health equity for ethnic and racial minority groups in the future?

8. Did you experience any challenges referring/accessing outside resources for clients?

9. As a social worker, in what ways can you contribute to Public Health policies in the future?

10. Please share any additional information about what you learned from your experience in working with minority groups during the pandemic.

   Developed by Deserry Salgado and Alexandra Viramontes
APPENDIX D

PARTICIPANT FLYER
PARTICIPANTS NEEDED FOR SOCIAL WORK RESEARCH PROJECT

GRADUATE SOCIAL WORK STUDENTS FROM CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO ARE CONDUCTING A RESEARCH PROJECT TO EXAMINE SOCIAL WORKERS' PERSPECTIVES OF THE HEALTH DISPARITIES FACED BY RACIAL AND ETHNIC MINORITY GROUPS DURING THE COVID-19 PANDEMIC.

This study has been approved by the California State University, San Bernardino Institutional Review Board and is being conducted under the supervision of Dr. Thomas Davis.

Interested in participating?

If you are interested in participating and providing input on this research topic, please contact Alexandra Viramontes and Deserry Salgado for more information at:

ALEXANDRA.VIRAMONTES4961@COYOTE.CSUSB.EDU

PARTICIPANT REQUIREMENTS:

- The student researchers are looking to interview professionals within the field of social work who provided and continue to provide services to ethnic and racial minorities during the COVID-19 pandemic.

- Participation in this study is voluntary and participant confidentiality will be maintained.

- Interviews may take approximately 45-60 minutes.

- Dates and times for participation are flexible and will be conducted through virtual communication means to ensure safe practice during COVID-19.
REFERENCES


https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx


Richardson, S., Hirsch, J. S., Narasimhan, M., Crawford, J. M., McGinn, T.,


ASSIGNED RESPONSIBILITIES

Research partners, Deserry Salgado and Alexandra Viramontes shared equal responsibilities in the development of this research study. Deserry and Alexandra recognized the complementary contributions and strengths they each brought to the research project. As such, both partners worked closely together to complete every chapter of this study: data collection, data analysis, writing report and presentation of findings. Through weekly meetings, the student researchers engaged in discussions, developed, analyzed, and revised the study in preparation for submission. In sum, both researchers delivered combined efforts in the completion of this research study.