

Responding to a Public Health Disaster: Community Outreach Workers and COVID-19 in California’s Central Valley

*By Meredith Van Natta, PhD, Andres Arias, Maria Escobar, PhD,
Brenda Castañeda-Castañeda, and Nataly Contreras Quezada*

SUMMARY

Our study of community outreach workers in California’s Central Valley highlights their essential yet often undervalued labor during the COVID-19 pandemic. Interviews with **43 community outreach workers** were conducted between October 2021 and June 2022. These interviews demonstrate how outreach workers’ unique knowledge and experience have helped connect community members to vital health and wellbeing services throughout the pandemic. They also reveal many ways that this work was often under-resourced and undervalued. Future policies should sustainably invest in community outreach work as the state’s risk of major public disasters, and their health impacts, increases.

KEY FINDINGS

1. Community outreach workers’ **unique personal experiences** and **technical knowledge** allowed them to fill multiple roles and effectively connect with communities most impacted by the COVID-19 pandemic.
2. Despite their extraordinary efforts and effectiveness, these workers were generally **undervalued, under-resourced,** and (at times) **uncompensated.**
3. **Sustained investment** in developing a well-supported, equitable community outreach workforce is necessary to address the needs of immigrant communities during major public disasters.

COVID-19 AND IMMIGRANT COMMUNITIES IN CALIFORNIA’S CENTRAL VALLEY

Immigrant and mixed-status families living in California’s Central Valley have been especially vulnerable to the pandemic’s health and economic impacts. This largely rural region includes California’s largest proportion of households living below the “living wage” needed to ensure consistent housing and food security.¹ It also includes the state’s highest rate of workers employed in jobs rated highest-risk for COVID-19 transmission: agriculture, food processing, grocery, restaurant/food service, janitorial/hospitality, warehousing, and manufacturing.²

Additionally, recent estimates suggest that approximately 14.7% of California’s workers are noncitizens, nearly half of whom are undocumented.³ Many of these noncitizen workers are currently ineligible for safety-net resources such as Medi-Cal, unemployment insurance, and certain pandemic relief programs. These challenges are especially pronounced in the Central Valley, where the safety-net infrastructure is much less robust than in more urban areas on California’s coast.

Together, these factors have disproportionately impacted immigrant families in the Central Valley. To address the growing challenges that these communities have experienced during the pandemic’s intersecting health and socioeconomic crises, community outreach workers became more vital than ever. These

workers—including health outreach workers (*promotoras/es*), benefits enrollment counselors, community organizers, and other frontline community liaisons—perform paid and unpaid essential labor that connects community members with resources and information to improve their wellbeing in several ways.

COMMUNITY OUTREACH WORKFORCE CONTEXT

During the pandemic, community outreach workers’ efforts included coordinating COVID-19 education, testing, and vaccination services; facilitating food, housing, and unemployment assistance; and navigating complex issues related to noncitizens’ eligibility for safety-net resources. They often carried out multiple roles at once and responded quickly to emerging challenges throughout the course of the pandemic.

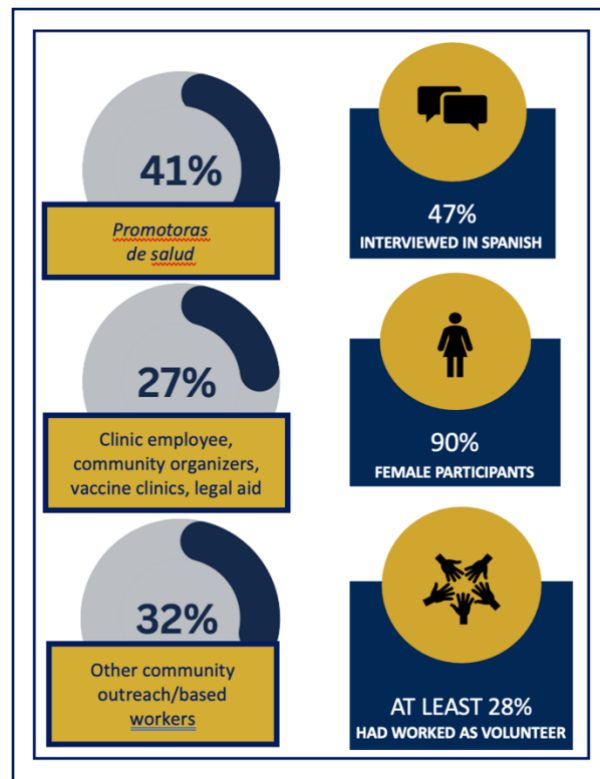
For this study, we spoke with **43 workers** who carried out essential community outreach activities during the COVID-19 pandemic. Their personal and professional experiences reflected the communities of which they were a part and whom they served through their outreach work.

Our study emphasizes that community outreach workers are uniquely qualified to increase meaningful healthcare access, improve health equity among excluded communities in California, and address intersecting social determinants of health. This is especially true in rural areas, including much of the Central Valley, that lack the kind of safety-net infrastructure that exists in larger cities in the Bay Area and Southern California.

The pandemic has highlighted how essential these community outreach workers are to connecting vulnerable community members to vital resources, but it also underscores the need to value and prioritize their efforts with robust, ongoing investment. As California communities benefit from ongoing Medi-Cal expansions, continue to recover from the most urgent

consequences of the pandemic, and face disproportionate health risks through climate change, investing in comprehensive workforce development for community outreach workers would build capacity for advancing health equity.

Figure 1: Demographic Characteristics of Study Participants



This essential workforce faces several opportunities and challenges in California. While the 2014 Workforce Innovation and Opportunity Act (WIOA) supported job training and adult education and literacy efforts, federal eligibility criteria often exclude many noncitizens—especially those who are undocumented or otherwise lack work authorization—from these programs.

California Assembly Bill 5, while clarifying employee status, created challenges for undocumented workers by closing one of the only pathways available for them to work (as misclassified “independent contractors” rather than employees). While this established

“In immigrant communities, I think they feel like they identify with us. Thanks to the fact that we’re also immigrants, people feel like they identify with us, they feel confidence in listening to us.... It’s not the same to offer vaccines and share information on social media, but to do it personally.”—Mayra, Promotora*

important benefits and protections for workers more broadly, it points to the need for further policy development for undocumented workers—including some *promotoras* who spoke with us—to lawfully work as community outreach workers.

These opportunities and challenges suggest that while there is growing acknowledgement of the need for increased investment in workforce development and health access opportunities in the Central Valley, current efforts fall short of creating an enduring, equitable, and high-quality community outreach workforce that reflects the value and effectiveness of their labor.

FIRST-HAND KNOWLEDGE OF EXCLUSION

The workers we spoke with had deep connections to the communities they served, and they were uniquely positioned to facilitate health and wellbeing services on behalf of low-income, immigrant, and mixed-status individuals and families. Many of the workers were immigrants themselves, some undocumented, and/or members of immigrant or mixed-status

families. They often had first-hand experience with the challenges facing essential low-wage, noncitizen workers who are excluded from an already under-resourced safety net in rural and often remote areas of the Central Valley. They also frequently participated in focused trainings to better understand and disseminate information around pandemic-related issues, including testing, vaccination, and support resources. Many had already been involved in similar outreach and education work before the pandemic and pivoted their skills, experience, and expertise to meet the growing needs of community members during the pandemic. Despite their vital role, however, many of those whose personal experience and skills made them effective as community outreach workers—undocumented workers with vital technical knowledge of safety-net resources—were excluded from employment.

Given the high risk of COVID-19 exposure, particularly before the availability of vaccines, many workers described the tension between their commitment to outreaching to the community and their fears of getting sick. Even

“...we have been present, our doors have been kept open, and we have gone where others have not. We have been able to build that trusting community that [has] been lacking.”—Alicia, Community Organizer

“If you don’t go out [and] speak... to the community, it’s really difficult for people to come to us, to seek help. The difficult thing is communicating with the community ... because you have to be constant. And you also have to sacrifice hours with your family, you have to sacrifice weekends, which are social or family [time].”—Miguel, Community Outreach Worker

“We’re not 9:00 to 5:00-ers. I think that’s so important, to continue the funding for this type of work, especially in these type of communities where the community is not so trusting of other folks that come in to their communities, like, ‘Oh, I know the answer,’ and then they’re going to be gone.”—Ana, Community Organizer

“You have to be really careful with that [in the fields] because the supervisor’s right there, or the ranch owner is right there.”—Paola, Promotora

after vaccines became available, the Central Valley lagged other California regions in uptake. One participant described the chance to be recognized and work formally as a certified community health worker during the pandemic as a “great opportunity” but emphasized the additional risk she shouldered in coordinating COVID testing: “I’m a mother; I have small children. ... In the area where I live, unfortunately it’s the area with the lowest rates of vaccinated people in the whole Central Valley.”

Others spoke about the challenges of reaching farmworkers in the fields. Some *promotoras* described having to set aside their usual outreach work while refocusing efforts on pandemic emergencies. Yet overcoming these challenges went well beyond simply expanding their outreach schedules beyond a nine-to-five workday. It also meant physically going out to meet workers where they were, especially at work sites. Some had experience with similar challenges doing outreach around pesticide exposure and domestic violence education. Several of those we spoke with had worked in the fields themselves and knew well how delicately they would have to tread doing outreach. They described having to diplomatically engage with field supervisors to provide education and distribute personal protective equipment.

Many workers also emphasized how much energy and care go into their role as trusted messengers. As *promotora* Isabel explained, “That’s the work we have to do from the beginning, to make people feel comfortable, so that they feel at ease and start building that confidence in you.” This trust had to be backed up with solid information, including Internet links to more detailed resources so community members could fact-check the information and learn more. Many outreach workers underscored the real technological barriers that still exist in the communities most impacted by COVID-19. Despite increasing commitments to telehealth expansion, including under the High Road initiative, poor internet connections in rural areas limited virtual literacy and underlined the importance of in-person connections.

Many workers also described how they explicitly connected their personal experiences with COVID-19, both in terms of having contracted the virus and losing close family members during the pandemic, to their outreach work. Julia, for example, chose to become a *promotora* after contracting COVID twice. She wanted to make sure others would be able to protect themselves better with more up-to-date, scientific information—especially for those who were reluctant to trust vaccines. “What more can I do?” she asked herself. “I already got sick; I lived it.

“The majority of our work is not paid, we’re volunteers if I’m honest...[but] I wanted to do something for my community.”—Laura, Promotora

“I’ve always wanted to help out like that, but a lot of times you can’t help because there are places that ask...that you have [work] papers to do all kinds of things. [Someone I know] said, ‘What you want to do is really nice, but honestly you have to think about the fact that you’re going to be helping out for free. They’re not going to be paying you.’ That did discourage me a bit.” – Teresa, Promotora

That’s why I say this, because of my own experience.”

Others described losing parents to COVID and turning to outreach work to transform their grief into action. As *promotora* Carmen recalled, “I got really sick from the pandemic and lost my dad to COVID [before the vaccine was available]. I didn’t want another grandchild, another child, to lose their grandparents ever again because of ignorance or because of not vaccinating their parents.”

UNDER-RESOURCED AND UNCOMPENSATED LABOR

Some outreach workers described having to “improvise” with the scarce resources they could assemble during the pandemic, such as making their own masks and distributing small pandemic essentials packets door-to-door. For many, this required particular financial sacrifice because they were not able to be paid for their vital outreach work. Like many of the community members they served, several outreach workers we spoke with—especially those working with smaller migrant outreach organizations—were undocumented immigrants without U.S. work authorization. Many of them might have been able to work as independent contractors prior to AB5, but they were caught in a difficult position when the pandemic struck after this reclassification.

While these undocumented workers often possessed the combination of personal experience and technical knowledge that made their outreach work especially effective in

immigrant communities, some found that they could not be legally compensated for their work. Many carried out these efforts on a volunteer basis, even when it meant paying for supplies out of their own pockets.

Gloria, a program manager at a non-profit organization, described the need to get creative around hiring undocumented workers who possessed the skills needed to connect with immigrant communities. She raised the possibility of creating worker cooperatives, such as those elaborated under SB 1407. This could create a space for undocumented community outreach workers to collaborate as entrepreneurs and ensure compensation for the essential labor that they undertake. In the meantime, and in the absence of sustained funding, some of the outreach workers we spoke with returned to domestic work and working in the fields to make ends meet.

PATHWAYS TO AN EFFECTIVE AND ENDURING COMMUNITY OUTREACH WORKFORCE

In addition to existing policies, recent efforts are already underway to shape policies that support community outreach workers who facilitate the health and wellbeing of California’s immigrant communities. Groups such as the Community Outreach Worker/*Promotores* (CHW/P) coalition have emphasized the need to center these workers’ voice and acknowledge their unique contributions as members of diverse communities of color whose essential work should be recognized through fair wages with sustainable funding, inclusive training and employment practices, and leadership roles in

“We’d like for the work that we do to be paid. ... Right now, we’re just volunteers, but we also want to have a motivation to keep doing it.” –Julia, Promotora

“[We’ve considered]” the possibility of worker cooperatives. Not to circumvent the law, but to allow people to sell their labor as if they were a business or a cooperative. I don’t know very much about the mechanics of it, but that’s the type of advocacy that we need in community to improve our wellness.”
– Gloria, Non-profit Program Manager

shaping policy. Two initiatives may provide such pathways.

First, the COVID-19 pandemic has renewed interest in California’s Employee Ownership Hub, established under California Senate Bill 1407, which supports employee-owned businesses. In the wake of the pandemic, groups such as the Worker-Owned Recovery California (WORC) coalition, Project Equity, and Ownership America have emphasized the importance of employee ownership. Such efforts might create pathways to compensate skilled outreach workers who currently cannot be classified as employees.

Second, California’s High Road Training Partnership (HRTTP) continues to invest in programs that promote equitable, sustainable, and high-quality workforce development. Such programs support healthcare workforce development and promote rural resilience in the Central Valley. These efforts aim to improve the quality of community health and other outreach worker jobs and raise them to the standards envisioned in the HRTTP while also mitigating specific challenges facing rural communities.

California workforce development efforts are also moving toward more inclusionary criteria than those outlined in WIOA, a positive step for creating an effective health outreach workforce that will be essential to (1) collective COVID recovery efforts, and (2) ongoing improvement of healthcare access, such as the ongoing Medi-Cal expansion.

As the pandemic and climate disasters continue to disrupt the health and livelihoods of immigrant communities in the Central Valley, our study underscores the need not only to recognize the vital contributions of community outreach workers, but also to prioritize the role that workforce development investments may play to better compensate and lift industry standards for community outreach work. Raising such standards would advance the promise envisioned in California’s for Health 4 All and California For All campaigns.

References

1. Nadeau, Carey Anne. 2018. Living Wage Calculator. User’s Guide/ Technical Notes: 2018 Update. Cambridge: Massachusetts Institute of Technology.
2. UC Merced Community and Labor Center. 2021. “FACT SHEET: How Fresno’s Economic Inequalities Exacerbated the COVID-19 Pandemic.” August 2021 (https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/documents/vps_valley_economic_fact_sheet.pdf)
3. UC Merced Community and Labor Center. 2022. “FACT SHEET—Worker Relief: Expanding the Safety Net to Excluded Workers.” December 2022 (https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/worker_relief_2022_0.pdf)

Supported by a gift from the UC Merced Foundation

MISSION STATEMENT

The UC Merced Community and Labor Center conducts research and education on issues of community, labor and employment, in the San Joaquin Valley and beyond.

*All participant names are pseudonyms.