



The Latinx and Indigenous Migrant COVID-19 Response Task Force

A PROGRAM REPORT BY THE UC SANTA BARBARA COVID-19 CONSORTIUM

The UC Santa Barbara COVID-19 Consortium

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Executive Summary

The Santa Barbara County Latinx and Indigenous Migrant COVID-19 Response Task Force (the Task Force) was formed in April of 2020 to equitably respond to the COVID-19 pandemic in Santa Barbara. The Task Force focused on the Latinx and Indigenous migrant community because, according to Public Health data at the time, these community members were at an increased risk of contracting COVID-19.

The Task Force was convened by the Santa Barbara County Public Health Department. After forming a Steering Committee made up of government agencies, community organizers and organizations, university affiliates, and funders, people joined the Task Force through personal encouragement and invitation from personal networks, mass emails in listservs, and public presentations and meetings. Those who joined the Task Force felt they were called to

respond to the crisis that COVID-19 presented, and they saw the Task Force as a means to expand their impact and do right by their communities.

The Task Force was guided by seven Priority Action Areas. These areas included 1) health education, 2) interpretation and translation, 3) access to health care, 4) communication, 5) community outreach/mobilization, 6) social determinants of health, and 7) community-based organization and Task Force support and funding.

The Task Force carried out many actions across these areas including, but not limited to, hosting a regular convening of dozens of community organizations, health service providers, and community members to inform COVID-19 response efforts; coordinating the distribution of Personal and Protective Equipment (PPE); performing vaccine education and outreach; influencing policy changes at the Public Health Department and in the County

government; providing Language Justice interpretation in multiple languages; and collecting data to inform decision-making and public events. Participants primarily engaged with the Task Force through participating in the virtual Task Force meetings, what we call a Pandemic Community Health Panel, facilitating administrative and data support, and engaging in frontline advocacy.

As the pandemic evolved, so did the Task Force. There were a collection of pivotal moments in this evolution. Some moments were public-facing, such as PPE and vaccine education and outreach campaigns, as well as the COVID-19 Vaccination Town Hall. Other moments were policy-changing, such as the several instances in which information provided by members of the Task Force helped change Public Health Department policies. There were also vulnerable moments, such as the instances of Task Force members openly expressing their grief over broader social issues in the Task Force Meetings, and healing

events, such as the Infinity Healing Ceremony held in the summer of 2021. These changes were largely guided by the community and aimed to center the voices of those that the Task Force served.

The Task Force was not without its challenges. Early on in its existence, several community members shared concerns that the Task Force was complicit in anti-Black racism and Asian erasure because it did not explicitly include these groups as populations of focus in its original iteration (the “Immigrant Health Rapid Response Task Force”).

In response, the Task Force publicly acknowledged this criticism, issued a public apology, and made several commitments, many of which ultimately came to fruition. There were several other challenges that the Task Force addressed over the course of its existence. This included organizing the Task Force meetings predominantly through online spaces, which made it easier and

more difficult to encourage community participation. Another challenge was connecting with the public, a situation that was made difficult by the nature of the pandemic as well as the modes of communication available to those in the Task Force. Finally, the limited work capacity of its members made it a challenge to sustain the infrastructure of the Task Force.

Ultimately, the Task Force made several accomplishments. It was one of the largest cross-sectoral coalitions in recent Santa Barbara County memory; it helped coordinate efforts among many organizational partners to help distribute COVID-19 PPE, health, well-being, and vaccine information and resources to thousands of people in Santa Barbara County; and it helped to create new community-informed health equity policies at the Public Health Department and the County government.

The Task Force centered Language Justice throughout its existence by

providing interpretation in English, Spanish, and some Mixtec variants in its organizing activities. This approach has since served as a model for public meetings held by the Public Health Department and other collaborating organizations' public meetings. For many people, the Task Force established a new space for cross-sectoral organizations to collaboratively solve problems, as well as a space for students to learn how to develop community-engaged crisis response efforts. Finally, it created a forum for community members to build new relationships with each other.

In recognition of its work throughout the pandemic, the Task Force was awarded a Merit Award for Disaster/Emergency Response and Management through the California State Association of Counties in the summer of 2021. These awards spotlight the most innovative programs developed by California's counties and are widely regarded as a significant mark of distinction.

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BACKGROUND

In April 2020, the Santa Barbara County Public Health Department convened a collection of community organizations, governmental agencies, academic partners, and funders across Santa Barbara County to form what ultimately came to be known as the Latinx and Indigenous Migrant COVID-19 Response Task Force (the Task Force). The Task Force aimed to primarily respond to the needs of the Latinx and indigenous migrant communities in Santa Barbara County, because, according to public health data at the time, these communities were at the greatest risk of contracting COVID-19. From April 2020 through the summer of 2021, representatives of over one hundred and thirty different organizations participated in the Task Force to support this goal.

During the 2021 spring quarter at UC Santa Barbara, one of the teams supporting the Task Force at UC Santa Barbara, the Data Team, completed a separate report for the Task Force detailing innovative health equity models in the U.S. that might inform the creation of a long-standing health equity collaborative in Santa Barbara County. While brainstorming how we could collaborate during the summer of 2021, the Coordinator of the Task Force and a Task Force Steering Committee member, proposed that our team at UC Santa Barbara could develop a summary report of the Task Force. Through conversations with members of the Task Force Steering Committee, we developed a process to articulate a program overview of the Task Force: we would analyze publicly available documents from the Task Force, interview Task Force participants to understand what they thought about their experiences in it, and present the information in a public report.

This program report covers the work of the Task force from April 2020 to July 2021. Elements of the Task Force continued through the Santa Barbara County Public Health Department Community Conversations initiative that ended in April 2024.

The data for this program report comes from two primary sources: over 2,000 pages of publicly available documents about the Task Force and over 1,650 pages of transcripts from fifty-five in-depth interviews with Task Force participants (see Appendix for full description of data collection). This document is the collective work of nineteen members of the COVID-19 Consortium. We started this project in June 2021 as participants in the UC Santa Barbara Center for Publicly Engaged Scholarship Summer Internship Program in collaboration with UC Santa Barbara Health Equity Initiatives, the UC Santa Barbara Blum Center Minor in Poverty, Inequality, and Social Justice, and the UC Global Health Center for Gender and Health Justice.

The authors of this report come from twelve different degree programs in the social and natural sciences at four different universities: San Diego State University, the University of California, Los Angeles, the University of California, San Diego, and the University of California, Santa Barbara. Five of our team members are Santa Barbara County locals, including three from Santa Barbara and two from Santa Maria. The vast majority of our team members are women, most of whom are women of color from Latinx, Southeast Asian, South Asian, or Pacific Islander backgrounds. And members on our team brought identities that served as assets to

this project—as mothers, as first-generation college students, as transfer students, as LGBTQIA+ people, as neurodivergent people, as immigrants and children of immigrants, as low-income people, and as people with a desire to do right by our communities.



FORMATION

How and why did people come to the Task Force?

The Latinx and Indigenous Migrant COVID-19 Response Task Force (the Task Force) was created in April 2020, a few weeks after the onset of the COVID-19 pandemic. At the time, government agencies, community members, community-based organizations, universities, and foundations, were deciding how to respond to the challenges of the pandemic. Community members and community organizations alike asked numerous questions:

How could we prevent COVID-19 transmission? How could we keep people safe? What could non-health organizations do? How might COVID-19 impact different groups of people? As the Santa Barbara County Public Health Department closely tracked new COVID-19 cases through local hospitals, mass testing resources, and contact tracing efforts, they found a budding health trend: the Latinx and Indigenous migrant community, many of whom likely did not speak English and were

employed in agriculture, were at an increased risk of contracting COVID-19.

After recognizing this trend from the health data and conversations in the community, the Public Health Department—who had already established close relationships with other community-based organizations, funders, and UC Santa Barbara from their previous partnerships in community-based participatory research courses and health equity work—decided in tandem with representatives of these organizations to convene a group to respond to the COVID-19 pandemic.

From these organizations, they created the Task Force Steering Committee which, over the existence of the Task Force, included the Santa Barbara County Public Health Department, the Mixteco/Indigena Organizing Project (MICOP), the Central Coast Alliance for a Sustainable

Economy (CAUSE), El Centro, the Fund for Santa Barbara, Community Health Centers of the Central Coast, UC Santa Barbara, Hospice of Santa Barbara/Mi Vida, Mi Voz, and Líderes Campesinas.

Many of these organizations were already conducting health equity work in Santa Barbara County—as community organizers, promotores (community health workers), community-based researchers, frontline advocates, and funders—and were uniquely positioned to pivot to health equity responses to the Pandemic; many described its creation as an “organic” outcome of previous health equity work in the community. Through the Steering Committee, they created the Task Force.

People came to the Task Force throughout the course of its existence, and across these different groups, and there were three main ways in which they learned about the Task Force: personal encouragement and

invitation, email, and public presentations and meetings. Why did people ultimately join the efforts? Because they felt a calling to serve marginalized communities, whether they were from those communities or not.

PERSONAL ENCOURAGEMENT AND INVITATION

The majority of the people that we talked to followed a common pathway to joining the Task Force: one of their colleagues encouraged them to join because of their work serving or organizing local communities. For example, one of the Task Force participants, a Latina, has been a health equity advocate in Santa Maria for over thirty years; her work with large-scale health crises dates back to the 1980s when she was working as a health educator with Latinx communities during the AIDS epidemic.

At the time of our interview, she worked for a local hospital in

Maria, California, and when the pandemic started to spread in March 2020, she saw first-hand how the Latinx population was affected by COVID-19. She learned about the Task Force from a colleague who is the director of a community organization that facilitates communication between health care providers and Indigenous communities in the Central Coast.

Having compassion and concern for the community she had been working with for over three decades, she said, “It was important for me to join forces with community partners to really educate our community.” After being verbally encouraged by her colleague, she saw the Task Force as an opportunity to coordinate with other groups in the community.

One notable part of the relationships between these colleagues is that many of the Task Force participants had been

working with each other in smaller coalitions for years—if not decades. Indeed, they were often long-time colleagues from social justice spaces throughout Santa Barbara County.

For example, one local community organizer, a Mexican migrant herself, said she got involved with the Task Force after being invited by a colleague she has known for over a decade. She joined the Task Force after it had existed for several months and was invited to join the Steering Committee because of her longstanding ties to multiple different Latinx and indigenous migrant communities in the area.

Although her colleague invited her to the Task Force later in its existence, she got involved in the Task Force because she wanted to “support indigenous migrant communities.” Like many other community members in the county that had a deep interest and passion in helping marginalized

people, she saw getting involved as an important way to show support for the indigenous migrant population.

GETTING CONNECTED THROUGH EMAIL

Many people we talked to, especially undergraduate students, learned about the Task Force after receiving an email from the Task Force or one of the Task Force partners. For example, starting in early April 2020, the UC Santa Barbara Health Equity Initiatives and the Center for Publicly Engaged Scholarship created an emergency independent studies class that supported different components of the Task Force.

When they recruited students into the course in April, they sent out an email flier inviting students to participate in the pandemic response; they also reached out to students who previously participated in health equity

research classes as well as students through several listserv channels and professors at UC Santa Barbara. They repeated this process throughout the existence of the Task Force, and most of the students we spoke to learned about the opportunity through an email.

For example, during the spring of 2021 one of the UC Santa Barbara collaborators, a Latinx undergraduate student and local to Santa Maria, got involved after her Chicana/Chicano Studies teaching assistant sent out an email and flier for the Task Force. “It seemed really interesting to me because it was in Santa Maria where I live,” she told us, so she joined, eager to contribute to the Task Force so she could assist her own community.

Another student—a Nepalese migrant, former UC Santa Barbara undergraduate student, and current medical student at a University of California campus—

participated in one of these UC Santa Barbara courses and joined the Task Force after receiving an email invitation. She was motivated to get involved with the Task Force based on the influence of her upbringing in Nepal. With a goal to serve underserved communities, her passion came from a perspective she gained in her early stages of life.

As she put it, “I grew up in Nepal for the first six years of my life. I feel like most six-year-olds don’t really remember their first six years. But for me, it was very impactful in my perspective on the world in terms of how people are, the nature of politics, and health disparities in general. As someone who has always wanted to go into the medical field, doing health work with underserved communities has always been something interesting and relevant to me, my community, and my background.”

She chose to join the Task Force

because she felt the mission was intimately connected to her personal experiences. Many students became inspired to get involved after receiving an email, and their lived experiences empowered some, if not most, to participate and assist with its efforts.

PUBLIC PRESENTATIONS AND MEETINGS

A smaller subset of Task Force members became involved through public presentations. For example, in the summer of 2020, the interim coordinator of the Task Force presented to the Santa Barbara County Board of Supervisors to inform them of the work that the Task Force had completed during the first several months of the pandemic.

During her twenty-minute presentation, she covered topics such as what the Task Force was, what principles guided the Task Force, how the Task Force

worked, and what the Task Force had accomplished in influencing public health policy changes and distributing information and resources to community members.

Although some members of the Board had been familiar and involved with the Task Force since its inception through their relationship with the Public Health Department, this was the first time some of them received a comprehensive portrait of the Task Force's activities. At a time when they were trying to determine how to build trust with the community, they saw the Task Force as one avenue for doing so; a few of them regularly sent representatives to the Task Force meetings or attended the meetings themselves.

Others, usually public representatives or their staff members, were encouraged to participate in the Task Force after other members of the Task Force requested meetings with them.

One example is a white woman and local District Representative who had served California's local congressional district for almost a decade. She interfaced with people in the community, and her specific policy areas pertained to issues around energy, environment, agriculture, public safety, healthcare, Veterans' Administration, and the Department of Defense.

As part of her public safety duties during the pandemic, she had also been one of the local Congress members' contact points for COVID-19 response. Their office became involved with the Task Force after sitting for meetings with the Lompoc Prison Task Force, which later became a working group of the larger Task Force, who advocated for people who were incarcerated in the Lompoc Federal Correctional Institution. She worked with the Task Force to share information about their advocacy with the members of the Task Force.



ACTIONS

What did people do in the Task Force?

During the initial stages of the Task Force, there were many discussions about what the Task Force would be and how participants would respond to the needs of the community during the pandemic. Many of the participating organizations—from the Public Health Department to the community-based organizations—were already involved in a range of COVID-19 response efforts outside of the Task Force. This included efforts including, but not limited to, mutual aid organizing, food and PPE distribution, health education, and worker rights advocacy.

Ultimately, the Task Force settled on seven action areas to dedicate their energy: 1) health education, 2) interpretation and translation, 3) access to health care, 4) communication, 5) community outreach/mobilization, 6) social determinants of health, and 7) community-based organization and Task Force support and funding. Each Priority Action Area

was influenced by concerns raised by the Public Health Department, community members, representatives of other community-based organizations, or UC Santa Barbara affiliates.

Action items within each of these areas were wide-ranging. In health education, actions included creating regular reports from the Public Health Department and creating visual, textual, and auditory public service announcements in Spanish and some Mixtec variants (an indigenous language family common in the area).

In interpretation and translation, actions included providing English and Spanish interpretation at most meetings—as well as some events with Mixtec variants and American Sign Language interpretation in the COVID-19 Vaccination Town Hall.

In access to health care, actions included waiving COVID-19 co-

pays, not requiring IDs at vaccine sites, creating safety plans for families, locating mobile clinics in easily accessible locations, and providing psychological first aid training.

In communication, actions included surveying partners to understand their available services and sending public service announcements through Radio Bronco, a influential Spanish commercial radio station in Santa Barbara County, Radio Indigena, an indigenous language radio program sponsored by MICOP, and other culturally relevant media sources.

In community outreach and mobilization, community organizations, the Public Health Department, and other Task Force affiliates led local pandemic outreach efforts, and sent open invitations to community-based organizations to join the Task Force.

In social determinants of health, actions included making sure people were aware of their labor rights during the pandemic, providing access to food and emergency housing resources, and advocating for people incarcerated at Lompoc Federal Correctional Institution.

In community-based organization and Task Force support and funding, actions included informing community members about available grants for COVID-19 response and securing funding for the operation of the Task Force.

Ultimately, we found that there were three main ways that people participated in the Task Force: Task Force meetings, administrative and data support, and advocacy.

TASK FORCE MEETINGS: A PANDEMIC COMMUNITY HEALTH PANEL

People most commonly participated in the Task Force through the Task Force meetings, which we describe as a Pandemic Community Health Panel. We call this collection of meetings a Pandemic Community Health Panel because a consistent group of community members came to the meetings and they provided insight and information about how their communities were faring over the course of a year and a half.

Community participants included representatives of community-based organizations, interested citizens, and farmworkers who called into Task Force meetings from the fields where they were working. These meetings were the “one-stop shop” for the Public Health Department to receive information from the community and for the community to directly pose questions to the Public Health Department.

As much as the Public Health Department gleaned insight from

the community, the community also gleaned insight from them: the information that they received from these meetings allowed participants to have what several called a “direct line” to Public Health so that they could provide the most accurate and up-to-date information to the people they were working with in their communities.

During the first several months of the pandemic, meetings happened weekly on Friday mornings. After about a year, they switched to biweekly and then, eventually, monthly as the pandemic persisted.

The meetings were an hour long and were hosted virtually on Zoom (see Appendix for facilitation guide). From the onset, the meetings were facilitated in both English and, after a short time period, in Spanish. Typical meeting attendance was around thirty to fifty people including promotores, farmworkers, medical providers,

community organizers, funders, university professors, and representatives of government organizations.

The meetings followed a similar format each time: a representative from the Public Health Department would provide updates about pertinent COVID-19 information such as case rates, vaccination plans, and policy changes.

Community members, organizations, or other agencies would share announcements or concerns about what they were seeing in their community.

Community members also posed questions and suggested actions they thought the Public Health Department, and other governmental agencies, could take to better serve the community. Almost every person we spoke with attended these meetings regularly. They presented information from community and organizational perspectives. They also built relationships with other

members of the Task Force, and coordinated pandemic response efforts.

ADMINISTRATIVE AND DATA SUPPORT

Members of the Task Force put in an immense amount of work to facilitate the meetings. They also completed administrative and data support tasks to support the meetings as well as other components of the Task Force.

When the Task Force first started, it operated without funding and with in-kind contributions of unpaid administrative support. After recognizing this need, the Task Force worked with volunteer grant writers to write funding proposals and applied for administrative assistance to fund a part-time coordinator for the Task Force. After receiving funding seven months after its formation, the Task Force hired a part-time coordinator. The coordinator was responsible for fundraising for the

Task Force, strategizing with the Steering Committee, and interfacing with community members.

The Task Force also relied on an administrative coordinator for setting up the Zoom technology, uploading documents into the Google Drive (such as notes, flyers, relevant resources, news articles, etc.), sending updates to the Task Force, and cleaning and adjusting the databases for the Task Force, including the database we analyzed for this report.

UC Santa Barbara students as well as students from UCLA, UC San Diego, and Tufts University, provided a significant portion of other instrumental administrative support, such as note-taking during Task Force meetings and working group meetings, helping write grants, and coordinating logistics for events, such as the COVID-19 Vaccination Town Hall.

In addition to administrative

support, members of the Task Force carried out multiple data collection activities collaboratively.

For example, after holding the Task Force meetings for several weeks, a Task Force member and several UC Santa Barbara undergraduate students fielded a telephone survey with thirty people in English and Spanish to understand how Task Force members were doing with the language interpretation during the meetings and what the Task Force could do better to make the space more inclusive.

Another example was a survey and report on [vaccine attitudes](#). In January of 2021, the Steering Committee collaborated with academic and community partners to create a survey to understand Task Force members' and some local community members' desire to get vaccinated. They pulled questions from the [Pew Research Center's](#) ongoing survey of people involved with the American Trends

Panel, and translated the questions into Spanish with members of the Steering Committee. They also added an open-ended question for people to write their comments, questions, or concerns about the vaccine.

Task Force members fielded the survey and they collected survey responses from over 120 people. A team of students at UC Santa Barbara and Tufts University, as well as UC Santa Barbara alumni, completed the data analysis for the survey which informed the format and content of the COVID-19 Vaccination Town Hall in the winter of 2021.

In addition to these efforts, UC Santa Barbara and a collection of community-based organizations provided several other data sources: a community resources inventory for services offered by Task Force organizations, a grant database for organizations working with indigenous communities, and a database

mapping out studies carried out in Santa Barbara County over the ten preceding years that examined social determinants of health related to contracting COVID-19.

FRONTLINE ADVOCACY

In addition to administrative and data support, Task Force members also participated in direct, frontline advocacy. This work was mostly carried out through the working groups, which focused on advocating and organizing around farmworkers well-being and working conditions, the health of inmates at the Lompoc Federal Correctional Institution, and a more general focus on mental health and wellness.

The Farmworker Working Group was formed in the summer of 2020, primarily in response to organizations' conversations in the community and early reports from the Public Health Department that a disproportionate number of

COVID-19 cases and hospitalizations were occurring among farmworkers in North Santa Barbara County.

Members of this group, through the sustained efforts of their respective organizations, coordinated outreach efforts to individual farms, including the distribution of PPE to thousands of farmworkers. Organizations also coordinated their actions through the Task Force to conduct PPE distribution in neighborhoods in Santa Maria. Multiple people told Task Force members that they heard about vaccine clinics and other public health events through the outreach of the community organizations who were also members of the Farmworker Working Group.

The Lompoc Prison Task Force was formed independently of the Task Force in the spring of 2020, primarily in response to reports that there were increasing COVID-19 cases in the Lompoc Federal

Correctional Institution, which at one point had the highest prison outbreak of COVID-19 in the entire country.

Members of the Steering Committee invited them in the summer to participate in the Task Force to support their efforts and elevate their concerns. The Lompoc Prison Task Force undertook several main actions. They held a “Prayers for Prisoners” rally with dozens of attendees, including speeches from family members of people incarcerated in Lompoc Federal Correctional Institution, that called attention to the COVID-19 situation in the prison.

They held meetings with members of the local government, including a local Congress member’s office, to call for accountability for the poor conditions in the prison. To bring attention to this situation, they filed a lawsuit, created press releases about their concerns about how the prison handled

COVID-19 transmission and prevention, and they shared these through social media and local news outlets.

When cases subsided in early 2021, the Lompoc Prison Task Force disbanded. As one participant told us, “the collaboration between the Lompoc Prison Task Force and ...allowed the broader community to hear about their concerns, to invite elected officials to respond to those concerns, and to create a space for public accountability of the impact of the pandemic on the prison’s population.”

The Wellness Working Group was formed in the early summer of 2020, primarily in response to insight from community members that many people in the community, including young people, were experiencing a rise in mental health stressors. At the onset of this working group, the focus was primarily on producing documents aimed to assist

community members in providing mental health support. For example, they created a bookmark and a magnet that showed young people how to take care of their mental health, which was developed in Spanish and English.

They also created a COVID-19 emergency planning booklet in English and Spanish, which was a document that, in case someone contracted COVID-19, families could use to plan how they would take care of their families. These items were distributed along with PPE kits and the printing costs were covered by a County supervisor’s office.

The Wellness Working Group helped coordinate the Infinity Healing Ceremony, a project that the Task Force co-created with community organizations (see Healing Moments) to offer a public space for the commemoration of loved ones that people in Santa Barbara County lost due to the COVID-19 Pandemic.



EVOLUTION

What were pivotal moments in the Task Force?

The Task Force was created amidst the onset of the COVID-19 pandemic, and continued throughout its first year and a half. In responding to the pandemic, members of the Task Force worked extensively throughout 2020 on educational outreach and organizing, especially during the large surge of cases during the fall of 2020 and the winter of 2021.

When the vaccines for COVID-19 were developed and ready for distribution in the early part of 2021 through California's attempt at an equitable vaccine roll-out, Task Force members worked to get accurate vaccine information out to community members. As COVID-19 cases declined during the spring of 2021, they planned an extensive healing ceremony to commemorate the loved ones that people in the county had lost to COVID-19.

Task Force participants consistently referred to three different types of moments they

felt were most pivotal for the Task Force: public-facing, policy-changing, and healing moments.

PUBLIC-FACING MOMENTS

Public-facing moments included both the creation of the Task Force meetings as well as collaborations to inform the community, such as the COVID-19 Vaccination Town Hall. In the interviews, Task Force participants regularly said that the creation of the Task Force in itself was a pivotal moment in that it was responding to an important need in the community.

To have a public-facing meeting space where multiple different communities could join was something that many felt had not existed before, especially across the range of community members that attended and contributed to the meetings. Outside of the meetings, people regularly referred to their coordinating efforts for vaccine education and

distribution campaigns as pivotal moments.

In the winter of 2021, the Task Force focused primarily on vaccine education campaigns and vaccine outreach. This included activities such as holding vaccine clinics through the Public Health Department and community partners as well as holding a COVID-19 Vaccination Town Hall. The vaccine clinics were a pivotal moment from both the perspective of the Public Health Department as well as a variety of representatives from community organizations because of the focus they put on bringing clinics to the places where community members most needed them. The input that people gave from the meetings about the location of the clinics directly influenced the decision-making of the Public Health Department of where to put the mobile vaccine clinics.

The input from Task Force members also encouraged the

the Task Force to co-host a virtual COVID-19 Vaccination Town Hall in the winter of 2021. The goal for the COVID-19 Vaccination Town Hall was to create a space for community members to hear directly from the Public Health Department as well as local community organizations in a public venue that would inform them about vaccine information and distribution efforts in the county.

The Task Force fielded a survey (see Actions) and the responses to this survey informed part of the structure of the COVID-19 Vaccination Town Hall, where multiple community members from a range of organizations posed questions directly to Public Health Department officials about the COVID-19 vaccine.

During the Town Hall, questions from these organizations covered topics such as how to obtain the vaccine, identification requirements, equitable

distribution of the vaccine, side effects, testing on Black, Brown, Indigenous people and those with diabetes, length of immunity, efficacy, and the physical make-up of the vaccine.

At the same time, community organizations organized to get the word out about the COVID-19 Vaccination Town Hall as well as prepared and facilitated interpretation in English, Spanish, American Sign language and several Mixtec variants. The interpretation for this event alone took several weeks of planning and preparing to ensure the accuracy of the interpretation across the languages.

In the end, over 4,000 people tuned into the Town Hall, with community organizations livestreaming the event on Facebook. Attendees included people from the local community, other counties, and some people from international destinations, such as family members of Santa

Barbara County farmworkers who lived in Mexico.

POLICY-CHANGING MOMENTS

Moments like the vaccine mobile clinics and the COVID-19

Vaccination Town Hall happened in tandem with another collection of moments: policy-changing moments. Several members of the Task Force noted that some of the most significant components of the Task Force's work was its direct impact on the policies of different governing bodies in Santa Barbara County.

In the Public Health Department, for example, input from the Task Force directly influenced several of their policy decisions during the pandemic. As one public health employee told us, policy-making in the context of a pandemic needed to be "transactional" in the sense that, when a need was observed, the Public Health Department needed to make changes to help those communities. These can

come in the form of health officer orders as well as policy changes within the functioning of the health department.

And throughout the different stages of the pandemic, different situations came up that needed to be addressed: when participants in the Task Force meetings noted that they felt cost would be a barrier to people receiving COVID-19 tests in the spring of 2020, the Public Health Department made a policy that waived the cost of COVID-19-related care for people in their clinics.

When the vaccination campaigns started, Task Force members raised concerns about the locations for the mobile clinic vans, the days that community members would be able to go to clinics due to work requirements, and ID requirements for vaccination.

In turn, the Public Health Department ensured the mobile clinic vans were located in places

that were easily accessible to community members, like fairgrounds; the Public Health Department ensured the vaccine clinics were available during Sundays, so that people who worked throughout the week would be able to attend them; and the Public Health Department ensured IDs would not be required for people to get vaccinated.

The Task Force also encouraged changes at the County level. Alongside demands for racial justice by local movements, a local Supervisor said that the Task Force efforts helped raise awareness about equity issues that contributed “in part” to the creation of the \$500,000 equity fund that the Board of Supervisors created in 2020 to address racial justice and equity issues in Santa Barbara County.

VULNERABLE AND HEALING MOMENTS

The other set of moments that

people discussed centered on vulnerability and healing.

Throughout the work of the Task Force, people would often share personal information in meetings and how they were faring over the course of the pandemic.

One pivotal moment that several of the Task Force participants discussed was the meeting in mid March 2021 that occurred days after the Atlanta Spa Shootings that killed six Asian women. At the meeting, two public health employees, both people of Asian descent, shared how the event had impacted them personally. Both were visibly upset and were met with words of affirmation from the Task Force in the Zoom chat as well as verbal affirmations, such as: “We are here with you. We embrace you as part of our community. So we will lift you up.”

Several Task Force members noted how this was one of the most impactful moments they had with public officials because of the

candor and vulnerability with which they both spoke. As one white woman, a population health worker at a local hospital put it, “I just feel like that vulnerability that came through felt like a pivotal moment for the whole group. For them to speak of personal experience, for them to show the vulnerability was really heartwarming and humanizing for them as a person in both power and who experienced many similar experiences in the community as those on the call.”

It was also affirming for UC Santa Barbara students, such as one Asian American student, who said that the Task Force “gave me a safe online space where I knew I could talk about the impacts of COVID-19 and how I was personally affected as an Asian person.”

In addition to these moments of vulnerability, people also felt that moments of healing, especially the Infinity Healing Ceremony, were

pivotal. The idea for the Infinity Healing Ceremony came out of discussions during late winter of 2021. During Task force discussions, participants felt it was important to create a space for people to come together as a community to grieve, heal, and honor the lives of their loved ones who had passed due to COVID-19. It was also intended to be a way to repair harm among community members who felt excluded during the initial iteration of the Task Force (see Challenges). In the end, the Task Force and several organizations raised funds and planned the ceremony.

The ceremony included a blessing of the land from the Santa Ynez Band of Chumash Mission Indians, attendees brought special items on an altar, and they left stones as part of an art installation to commemorate the lives of loved ones. Multi-faith organizations shared words of affirmation and healing, and attendees were offered gifts of milkweed for its

connections to the monarch butterfly and its symbolism between the migration of butterflies and people alike.

As one of the co-organizers of the event put it, “The infinity healing ceremony was great because it was a way that we were able to present the education pieces, but then also present coping mechanisms for our community to really get through COVID. Task force education and outreach is one thing, but I think we were able to take a step further, to really give resources for the community to heal and push through the grief that they may have felt in the process. People were able to collaborate in a great way, and a lot of relationships developed because of it.”



CHALLENGES

What were challenges in the Task Force?

The Task Force also encountered challenges. Since the Task Force was created amidst the onset of the pandemic, one of the most salient challenges was confronting new information and changing community conditions.

Indeed, the same questions that animated the creation of the Task Force in the first place (i.e., How to prevent transmission? How to keep people safe? What could non-health organizations do? How might COVID-19 impact different groups of people?) were many of the same questions that Task Force members continued to ask throughout the pandemic. And although the Task Force came up with ways to both answer these questions and respond to them with resources, they posed challenges nonetheless.

For the vast majority of the people we talked to for this project—from those who had been working in public health campaigns for thirty years to those who had been

working on them for three months—they consistently said that this partnership was one of the most unique in which they had participated.

They dealt with a range of conditions—the pandemic, the information ecosystem, high levels of interest and assistance from dozens of community members, and the availability to utilize remote software to coordinate community actions. These conditions simultaneously provided opportunities to promote well-being in responding to COVID-19, but they also posed challenges.

When we talked with participants in the Task Force, the challenges they mentioned fell into four main areas: inclusion, organizing in an online space, connecting with the public, and capacity and sustainability.

INCLUSION

From the onset of the Task Force, equity and inclusion were its central goals. As a response to the initial COVID-19 trends of disproportionate case rates and hospitalizations amongst the Latinx and indigenous migrant communities in northern Santa Barbara County, the Task Force targeted their efforts to reduce these health disparities in these specific communities.

As such, the name of the Task Force for the first few months of its existence was an approximation of this community and was originally labeled the “Immigrant Health Rapid Response Task Force.” Although these trends were the dominant ones in Santa Barbara County at the time, it quickly came to light that Black and Asian community members throughout California were also disproportionately impacted by COVID-19.

In June of 2020, members of the Black, Asian and Latinx

communities in Santa Barbara County expressed concerns to the Public Health Department that not specifically including the Black and Pan-Asian community in the mission and goals of the Task Force was anti-Black and anti-Asian.

These community members, who were leaders in the larger community organizing and advocacy community in Santa Barbara County, expressed their concerns both in meetings and as well as in email communication with the Public Health Department and the Task Force Steering Committee. After engaging in challenging and meaningful discussions, the Task Force Steering Committee acknowledged these critiques in public emails.

By not including a space specifically for Black and Asian community members, some community members said this created additional barriers for

them. As one Black community member who participated in the Task Force put it, they felt they had to “bulldog” their way into the Task Force.

In response to these concerns, the Task Force publicly apologized and made public commitments to repair these harms. These commitments involved renaming the Task Force to better reflect its focus on Latinx and Indigenous migrants, who faced higher COVID-19 infection rates and language barriers; updating the demographic data on testing in a public dashboard; enhancing the pool of contact tracers to include a broader range of the Black, Latinx, and Asian/Pacific Islander community; building a health equity alliance that would be fully inclusive of all racial and ethnic groups; seeking funding to support these health equity efforts, and hiring a health equity coordinator at the Public Health Department.

Ultimately, several of the

commitments that the Task Force made came to fruition: they renamed the Task Force; the Public Health Department created a publicly available COVID-19 data dashboard; the Public Health Department enhanced the demographic representation of the pool of contact tracers; the Public Health Department developed a health equity alliance; and the Public Health Department secured over \$10,000 in funding for health equity efforts.

The people to whom we spoke in the Task Force felt this moment was extremely important for self-reflection, self-criticism, and a call to do right by its values.

ORGANIZING IN AN ONLINE SPACE

As much of the world shifted to remote work to ensure safety during the initial stages of the pandemic, the original conveners of the Task Force decided to host the Task Force meetings in an

online format through Zoom. And throughout the course of the Task Force’s existence, most of the activities remained online.

For many, if not most, of the Task Force members, this setting was unique. The administrative and technological coordinator for the Task Force said the Task Force setting required people to “navigate a whole new space, uniquely, online.”

The persistent informational changes, especially at the beginning of the pandemic, impacted many organizations’ ability to find and distribute updated, accurate, and essential information to the public quickly and efficiently. This created what one supervisor called the “fog of emergencies,” a turn of the phrase “fog of war” meant to describe the confusion caused by the chaos of the pandemic.

Other challenges included learning how to encourage community

member participation in Zoom meetings, to have the meetings interpreted on Zoom, and to coordinate activities amidst internet connection problems and the like. As one Task Force member put it, it was possible that many community members “didn't have any internet or computer and didn't know how to use Zoom or any kind of application.” This also impacted those who exclusively worked with meetings on Zoom, sometimes contributing to “Zoom fatigue” due to the change, for most, from conducting mostly face-to-face community advocacy to advocating both face-to-face and online.

At the same time that the online meetings posed problems, many in the Task Force felt that the online space created opportunities. For one, people could work on issues for the Task Force from a myriad of settings.

The coordinator of the Task Force directed the Task

Force for several months while living in Mexico. UC Santa Barbara students who participated in the Task Force assisted from locations across the United States as well as in international locations such as Brazil, Mexico, and Spain. It also created opportunities for people from across the county to connect with each other as well as a range of different organizations.

One local community organizer said “if it wasn’t for Zoom, I would not have had the time to meet with these variety of groups that now I know.” Part of the uniqueness of the Task Force was that it could bring people from across the County together on a regular basis in a way that they had not done before due to a variety of barriers, such transportation and time constraints. The training to conduct Zoom meetings allowed other people, specifically the Language Justice interpreters, to utilize these skills in other spaces and to bring skills from other spaces into the Task Force.

CONNECTING TO THE PUBLIC

While the Task Force went to great lengths to include as many people from the community as possible, some Task Force participants felt it was difficult to bring members from the broader public into the Task Force meeting spaces.

They felt this was partially due to the meeting times of the Task Force; the Task Force general meeting occurred on Friday mornings at 9:00am and the other working group meetings happened at various times throughout the week. Some felt that the morning meeting time may have made it more difficult for people from the community who were not employed full time in social justice work to attend, especially for people who were contracted laborers that primarily worked in the morning.

Some felt that part of the challenge of coordinating the Task

Force was working through long-standing distrust that some community members had of different public institutions in the community, as well as the online information ecosystem surrounding COVID-19 and vaccines.

This was a common response from those who we spoke with from the county government agencies. At the beginning of the pandemic, one public health employee recalled that when he interacted with people in the community, they explicitly said “I don’t know who you are. I don’t trust you. I don’t see you serving our community in ways that I think are to the benefit of our community.” Others felt that some of the distrust in the community may have stemmed from peoples’ concerns about the history of institutions exploiting Black and Brown people for health research and objectives.

Although the meeting times for the Task Force meetings did not

change considerably throughout the pandemic (aside from making them less frequent in the latter stages), the Task Force made multiple efforts to ensure that people in the community could access its resources, regardless of their work schedule.

As mentioned in a previous section, the insight that Task Force members provided around people’s work schedules influenced the Public Health Department to have their mobile vaccine units on days of the week where more people were available, such as evening times and on Sundays. This was a departure from the larger policy at the state level, since Public Health Departments were advised to have their vaccine clinics during normal working hours from Monday through Thursday.

Several of the Task Force members felt the work of the Task Force was a broader trust-building process with the community, and

were quick to acknowledge the historically justified distrust from the broader public. Several felt the efforts of the Task Force had helped to build trust in the community. When we pressed Task Force members to tell us about specific instances which led them to believe their efforts were trusted in the community, they often pointed to people seeking out public health resources.

For example, one public health employee recalled an instance when a monolingual Spanish-speaking community member attended a mobile vaccine clinic after they had heard about it through the outreach efforts of the Task Force's Farmworker Working Group.

At the clinic the community member brought their spouse, who was "practically in tears because they were so afraid for their health and the health of their family. They said if she can't work, they can't make a living because

they have kids at home.

Ultimately, we were able to get them a vaccine appointment. So being able to provide her with that vaccine appointment in Spanish meant so much for them and for me to be able to connect them to the clinic."

CAPACITY AND SUSTAINABILITY

The vast majority of Task Force participants were volunteers who worked or studied full time, had families, and navigated additional responsibilities on top of the work they contributed to the Task Force.

Participants from community organizations and other institutions in the Task Force were simultaneously managing their own workloads, ensuring their colleagues' well-being, and contributing to the Task Force's efforts. This included things like making sure people were getting resources, proper assistance, and carrying out services through

different contracts they had.

For example, one organization helped to provide interpretation services for the Task Force but they were also coordinating an interpretation contract with the state; one day, they received upwards of 30,000 calls to the hotline that they had set up through the state for people to call about COVID-19. Students were often navigating several classes, studying for graduate school entrance exams, and managing involvement in extracurricular work in addition to the contributions they put toward the Task Force. While the funding provided to the Task Force eased some of these burdens, they were still a challenge that participants confronted.

The nature of the pandemic, however, presented a conundrum: at the same time that organizations were spread thin, they also saw participation in the Task Force as a useful way to

expand their capacity through relationships with other community members and organizations. As one Latina community advocate said, “it’s about finding our allies. Who’s in it with us?”

Several Task Force participants we interviewed believed that dissolving the Task Force in summer 2021 was premature, particularly given the persistent challenges of the pandemic. This decision-making process was unclear to some participants, with some concerned that the dissolution was more about an end to funding rather than about the community need for the Task Force. These participants felt that, while the health conditions that created the Task Force were different, there was reason to believe dire conditions could come back in subsequent waves.

Others, however, took this dissolution as a different type of “challenge”: as a challenge for

institutions to learn how to embed the practices that the Task Force attempted to embody—Language Justice, centering community voices, coordinating culturally relevant outreach efforts, power sharing between government agencies and grassroots community members—into their normal operating procedures and protocols.



ACCOMPLISHMENTS

What were the accomplishments of the Task Force?

As a local public health official said in the fall of 2021, “The major accomplishment [of the Task Force] is that we hit the mark. We continue to see disparate data in vaccine attainment and the number of cases and the number of boosters...but not in cases. Not in hospitalization. And not in death. So I think that we were successful in keeping focus. I wonder if we didn't have the Task Force focus, how much worse it would be.”

While it is beyond the scope of this project to say how the Task Force directly affected COVID-19 transmission prevention, case rates, and hospitalizations in Santa Barbara County, many felt that, as the public health official put it in the above quote, the Task Force’s coordinated efforts significantly diminished the negative impacts of the pandemic on the community.

As mentioned in the Actions section, the Task Force had several main priority action areas. Within these areas they made

several goals and were able to pursue many of them. In the end, the Task Force accomplished several things through the coordinated efforts of its many partners.

They helped coordinate the distribution of PPE by many partners to thousands of people throughout the county.

They changed public health policy like waiving COVID-19 co-pays, not requiring IDs at vaccine sites, creating safety plans for families, locating mobile clinics in easily accessible locations, and providing psychological first aid training.

They created dozens of visual, textual, and auditory public service announcements in English, Spanish and some Mixtec variants released through social media, Radio Bronco, and Radio Indígena—a radio station run by MICOP that hosts programming in Spanish, Zapoteco, Purepecha, and several

Mixtec variants. They provided English and Spanish interpretation at meetings—as well as Mixtec variants and American Sign Language interpretation in the COVID-19 Vaccination Town Hall.

They advocated for labor rights and for people incarcerated at Lompoc Federal Correctional Institution.

They informed people about available grants and secured funding for the operation of the Task Force.

And they held outreach and educational events that reached several thousand people throughout the county and internationally.

When we asked the Task Force members to reflect on what they thought about the accomplishments of the Task Force, they consistently brought up several areas that they felt were the most significant:

Language Justice, a new space to express concerns, learning the skills of community engaged projects, and building community relationships.

LANGUAGE JUSTICE

The majority of people we talked to felt the Task Force increased community education, awareness, and accessibility to public health announcements related to COVID-19 transmission and vaccination distribution sites.

Notably, several participants felt the combined efforts of the Task Force reduced language barriers for community members from historically marginalized backgrounds, such as Spanish speakers, speakers of Mixtec variants, and, at least for some events, those who communicated in American Sign Language. This was a central part of the Task Force's mission through their commitment to Language Justice. As one Language Justice

practitioner put it, the simple definition of Language Justice is a process by which organizing efforts “co-create spaces in which everyone can participate and be heard and understood in the language that they feel most comfortable in.”

Some of the guiding principles included embracing cooperation and recognizing interpretation as a legitimate profession, a skill that needs to be validated, recognized, and compensated; making space for those from historically marginalized backgrounds to do the interpretation; and most importantly, emphasizing collective growth and accountability.

As she told us, it’s about “making it a process in which everyone is thinking about, how do they write so that what they write can be translated? How do they facilitate meetings, so that it can be a multilingual space? How do we make sure to do that outreach, so

that people show up to this meeting, and not assume that just because we said, interpretation available, that it's going to happen?”

This meant that language was not an “add-on” at the end of Task Force undertakings; it was a fundamental consideration in each of the different planning processes. During the first year or so of Task Force meetings, both the working group meetings and the larger Task Force meetings had interpretation services available in English and in Spanish, with some larger events being interpreted in some Mixtec variants.

Part of the accomplishments of these meetings was how they informed organizations and participants around the county about these varying language families. Several of the community members we talked to noted that they were not aware that there were even Mixtec variants before

participating in the Task Force, and it helped to provide them a nuanced view and understanding of how to connect with local community members.

As one Black public health worker told us, “There are different variants of indigenous languages in the county. I think understanding that will help us be a better department and service to our county. And I think that's something we're going to advocate for and share.”

This accomplishment extended beyond Santa Barbara County: other counties relied on the Task Force to learn how to implement similar processes in their areas. For example, representatives of the public health department in San Luis Obispo County came to several of the Task Force meetings to learn how to implement Language Justice facilitation practices and, according to one of our interviewees, informed the

implementation of interpretation processes in their county.

NEW SPACE TO EXPRESS CONCERNS

Beyond language accessibility, participants also felt the Task Force allowed them to harness their voices to speak personally about their experiences with community-wide disparities.

As a group composed of people from community organizations, health organizations, government agencies, and academic institutions, the Task Force was a platform for people to communicate, organize, and mobilize to combat both the pandemic and existing social and health inequalities.

Notably, the Santa Barbara Town Vaccine Hall—which was the first forum co-hosted by the Task Force that featured community organizations, institutions, and the Santa Barbara County Public

Health Department–provided community members with a platform to use their voices to speak directly with Public Health Department officials. This event was streamed virtually in English, Spanish, several variants of Mixtec, and American Sign Language to ensure that more community members could access the information.

Indeed, while the COVID-19 pandemic remained the commanding issue of the Task Force, several Task Force members observed that the pandemic worsened existing inequalities and highlighted the need for a space to voice their concerns.

One participant told us, “I think the Town Hall forum was very meaningful because it was the first time that we did anything like that, where many organizations were part of it, even to stream it live.... That felt more just and equitable for me... Now the Latinos and

Indigenous migrant community need so many resources and access and part of that community and identifying, I see all of my family, but I also know that the Chumash and the Black community and other communities also need more access and that information obviously. So it felt very good and righteous to do this work collaboratively.”

Multiple times in our conversations, participants in the Task Force said they felt that the Task Force was a type of “space” that had not existed before, where they could have direct communication between so many organizations from a wide array of sectors in Santa Barbara County.

As one person put it, “I think just being able to have this space, just being able to have this access again to the Public Health Department, any questions we have, any issues that came up in the community... Again, that hasn't been done. It hasn't been seen.

And now we are even having conversations about ‘OK we are kind of sort of starting to get a handle on the pandemic. Now let's talk about lessons learned so we can replicate these efforts with health access in general.’”

While many of the organizations and institutions had worked in community spaces together before, several people felt they were “siloed” and the Task Force brought people together into a space in which they could also develop new relationships. Ultimately, the Task Force was one of the largest cross-sector collaborations in recent memory in Santa Barbara County that had brought together such a wide array of organizations.

It was a space for people to express their concerns, and they also saw it as a new space to collaborate around issues based in health equity, something to which many organizations were already committed or to which they

developed a commitment over the course of the pandemic.

STUDENTS BECOMING COMMUNITY-ENGAGED

While many of the Task Force participants had been in community-engaged projects previously, this was the first opportunity for most of the local university students to use the skills they acquired in their courses towards real-life scenarios. They felt that they gained valuable insight and knowledge into both qualitative and quantitative research methods—things like learning how to analyze large amounts of text, analyzing Census and American Community Survey data, and analyzing health data—that allowed them to see how the work could connect to their future goals.

In this way, part of the accomplishment of the Task Force is that it created a space for the

next generation of health equity organizers, researchers, and physicians to be involved with organizations and people who had been doing this work for many years. Students felt that their voices were taken seriously by Task Force leadership and community members, which allowed them to grow not only as researchers, but also gain confidence as community advocates and activists.

While some students expressed their lack of knowledge and experience before working with the Task Force, a majority of them stated that they felt accomplished to see the growth they experienced as a researcher and the community impact of their work: “I think with every project, I've learned something and I've grown from them at the beginning of our project... I did grow as a researcher, as a student, as a person... And I feel like my voice is always being listened to, like even when I was a student, and if I had

a lot on my plate, I was able to communicate that. And I think if I wanted to do something more, if I thought I had this big idea and I felt like it would have worked, they're always willing to listen to what I had to say. I never felt like I couldn't share my voice. I felt like it was always being heard.”

Many of them also learned the ins-and-outs of how to make changes in local policy contexts. Students helped write successful grant proposals that secured funding for local events, they learned the logistics of holding large community events, and they connected with local policymakers to better understand what policymaking looks like on a local level.

Most importantly, the partnership with the Task Force provided students with an opportunity to collaborate on projects when they were looking for a way to get involved during the pandemic. At a time when many students felt

disconnected from school, work, or both, the coordination with the Task Force gave them a space to direct their energy in a large, collaborative effort.

The Task Force also allowed students to see former students in the community since many of the community advocates in the area were also alumni of UC Santa Barbara. This provided students opportunities to not only connect with alumni but to also work on efforts together during the crisis. Students developed their community-engaged skills alongside community members:

“It was cool to see the ways that other communities or other people are doing the same project... how you can apply it to different communities and... how that also relates to getting grant funding and stuff like saying, all these are the numbers of how this worked here, and we can use it in our community... And it was so amazing to see the way that the

Most of these students have gone on to enroll in medical degree programs and Master’s in Public Health programs at multiple University of California campuses and other highly-regarded medical schools across the country.

COMMUNITY RELATIONSHIPS

One of the other accomplishments of the Task Force was its ability to build and expand an organization's capacity to coordinate with other community organizations and institutions in the area. This was a paradox: at the same time that people were overextended, coordinating with the Task Force also allowed them to expand their impact and find other organizations that would provide for good partners.

For example, one organization coordinated with a local hospital to locate COVID-19 “hotspots” to facilitate an effective resource distribution drive. One of the workers shared that, although

their organization could have done this work as an individual organization, partnering with the Task Force allowed them to locate other organizations that could increase the impact of this work.

Several participants in the Task Force told us that these partnerships allowed them to assess other organizations to see who would be good to collaborate with in the future, suggesting that many saw the Task Force as an organizational relationship incubator.

The Task Force also provided a space for community organizers and community advocates to come together as care workers to share a space with people who had similar experiences as them. As one person put it, "I looked forward to Fridays, so that I could hear the same concerns or maybe even frustrations that everyone was feeling around the table..it was kind of like a support group for me as well."

This was clear in the way that people talked about pivotal moments in the Task Force but also in what they did during the meetings.

For example, during one of the meetings, a local community member led a training that allowed attendees to think about how to take care of themselves as people close to the community suffering that occurred during the pandemic. This training, part of the work that they were running for the larger community, was intended to help frontline community workers to take care of their mental health through reflection and learning coping mechanisms. Although it was not intended as a clinical support group, many people saw the space, and activities like these, as a place for them to come as their "raw selves" amidst a time of uncertainty and unpredictability.

CONCLUSION

Ultimately, over one hundred and thirty organizations, including community organizations, health care organizations, universities, and government agencies contributed to the Task Force to ensure it was responsive to the needs of the most marginalized community members in Santa Barbara County during the COVID-19 pandemic. In recognition of its work throughout the pandemic, the Task Force was formally recognized by the Board of Supervisors on Cesar Chavez Day in 2021. The Task Force was also awarded with a Merit Award for Disaster/Emergency Response and Management through the California State Association of Counties in the summer of 2021. This award was given to “recognize the innovative and creative spirit of our California Counties as they find innovative, effective, and cost-saving ways to provide programs and services to their citizens.” People from the Task Force have shared its lessons across the state, and at least one county, San Luis Obispo, has taken inspiration from the Task Force in the operation of their own health equity work in their county, specifically around Language Justice.

When we talked to people about their reflections about the Task Force, the vast majority felt it was one of the most unique partnerships in which they had taken part. They felt it was unique for its focus on attempting to make Language Justice a central part of its operating procedures, employing creativity in responding to community needs, and through its collaboration with other groups and organizations. One consultant for the Task Force echoed what many of the other Task Force participants shared with us: “I would say it was unique, I think the pandemic was unique. I’ve been able to work with a lot of different community-based organizations and see

a lot of grassroots work come to life. And there are elements that are similar. But this—maybe I’m just being sentimental—but I think it was special and unique. I think this wasn’t a project of a single institution. It was a true community collaboration between community-based organizations, funders, and public health agencies. Relationships were formed during a community crisis and this relationship has lasted for eighteen months. Folks have figured out how to work together during so much.”

Indeed, many people took lessons from what they thought the Task Force taught them but also ways in which they thought it could improve. They came to believe, or reinforced their belief, in the importance of developing community-based partnerships to respond to health equity concerns. Although most of the people we talked to were either from Santa Barbara County or had long standing ties to its various communities, this was the first time many had engaged in a broad effort to respond to health equity concerns. Even with this size, they felt it was important to make sure their future work plans are based on the needs of the community. As one person told us, the Task Force provided a space to “empower people with their own ability to make change.” They also learned about the power of networking and how it can greatly expand the influence of organizations' work. Several people said that the Task Force permitted them to find their “people” and those whom they could collaborate with in future projects in the area. And they felt they acquired a “realistic” understanding of the available resources in the county so they could understand how to make their work more responsive to the needs of the broader community.

While many people felt the pandemic created some of the hardest years of their lives, they also felt it created new spaces for engagement and recognition of historical and contemporary injustices and their obligation to do right by them. Indeed, early in its development the Task Force was called to acknowledge how to more fully include community members from the Black and Asian community. Many saw this as an opportunity not to retreat from relationships but to build them by taking those concerns seriously. Others reflected on the activities of the Task Force as providing a new way for communities to organize themselves amidst public health crises. As one person put it, “it really feels like COVID wiped out the playing field and we're starting from scratch. And I can see it's like a white canvas where we can dream. What is this next world going to look like? And being so careful to not overstep and bring those old traditional ways of being and thinking and working, but truly being creative and equitable.”

What will health equity look like in Santa Barbara County in the years to come? How might this type of program be adapted for the “new normal” or a future pandemic? How might these programs become more fully inclusive? How might they scale to larger areas? These are questions that many community organizations, community members, and government agencies will tackle in the years to come. And we hope that this report, and the Task Force lessons we describe here, can serve as a starting point for them.

ACKNOWLEDGMENTS

We dedicate this report to all of the loved ones we lost to the COVID-19 pandemic. We thank all of the Task Force members who took the time out of their busy schedules to talk with us about their experiences in the Task Force. We completed the bulk of this report during the Delta and Omicron waves of the COVID-19 pandemic, and were appreciative of the precious time that people gave to us. We could not have made this document without their expert knowledge and are immensely grateful to them. We also send a collective thank you to the Steering Committee for giving us the opportunity to create this report. We hope it is useful for future programs like this.

The Task Force could not have been possible without the participation of hundreds of people, both independent community members and members of over one hundred and thirty organizations, in Santa Barbara County. It is important to note that although these organizations participated in the Task Force, it does not necessarily mean they endorsed all activities within the Task Force. These organizations include: Blue Sky Center, Bonfire Media Collective, Dignity Health CA Central Coast Division-North, Cachuma Resource Conservation District, Carpinteria Children's Project, Catholic Charities, Central Coast Alliance United for a Sustainable

Economy, Cen Cal Health, Center for Employment Training, City of Santa Maria, Community Environmental Council, Community Health Centers of The Central Coast, County of Santa Barbara, County of Ventura, Domestic Violence Solutions, DRIVERS LISTOS, Eastern Kentucky University, El Centro, Eyeshine, Family Resource Center, Family Service Agency/Santa Maria Valley Youth & Family Center, First 5 Santa Barbara County, Future Leaders of America, Foodbank of Santa Barbara County, Food & Water Watch, Fund for Santa Barbara, Healing Justice SB, Herencia Indigena, HOPE/ ESPERANZA, Hospice of Santa Barbara, Mi Vida, Mi Voz, Immigrant Hope, IMPORTA, Independent Living Resource Center, Isla Vista Youth Projects, Just Communities, La Casa de la Raza, La Hermandad, Legal Aid Foundation of Santa Barbara County, Leading From Within, Lideres Campesinas, LISTOS, Little House by the Park, Love Your Inmate, McCune Foundation, Mexican Indigenous Language Promotion and Advocacy (MILPA), Mixteco/Indígena Community Organizing Project (MICOP), National Association for the Advancement of Colored People (NAACP), New Covenant Church, Non Profit Research Network, Office of Assemblymember Monique Limon, Office of Congressman Salud Carbajal, Office of Supervisor Das Williams, Office of Supervisor Gregg Hart, Office of Supervisor Joan Hartmann, Office of Supervisor Peter

Adam, Office of Supervisor Steve Lavagnino, Pan Asian Network, Planned Parenthood Action Fund, Planned Parenthood California Central Coast, Population Health at Cottage Health, Public Square Equity Intern Program, Sansum Diabetes, Sansum Diabetes Research Institute, Santa Barbara Bucket Brigade, Santa Barbara City Fire Department Office of Emergency Services, Santa Barbara County Promotores Network, Santa Barbara Neighborhood Clinics, Santa Barbara Public Health Department, Santa Maria Health Center, Santa Maria Joint Union High School District, Santa Barbara ACT, Santa Barbara Foundation, Santa Barbara Immigrant Defense, Santa Barbara County Department of Behavioral Wellness, Santa Barbara County Education Office, Santa Barbara Response Network, Showing Up for Racial Justice Santa Barbara, The Towbes Foundation, Transition Mental Health Association, U.S. Department of Commerce, U.S. Census Bureau, UC Santa Barbara Department of Anthropology, UC Santa Barbara Center For Publicly Engaged Scholarship, UC Santa Barbara Department of Chicano/a Studies, UC Santa Barbara Counseling and Psychological Services, UC Santa Barbara Department of Linguistics, UC Santa Barbara Health Equity Initiatives, Valley of the Flowers United Church of Christ, Voluntary Organizations Active in Disaster, and Working for Black Lives.

APPENDIX

The data for this program report comes from two primary sources: over two thousand pages of publicly available documents about the Task Force and in-depth interviews with fifty-five Task Force participants, totaling over 1,650 pages of interview transcripts.

To gather our first source of data, we pulled all documents from the Task Force’s publicly available Google Drive and uploaded them into Dedoose, a qualitative data analysis software. Each member on the team underwent ten hours of qualitative data analysis training and analyzed around thirty documents in our first round of “coding.” Coding is a process of analyzing and categorizing information, and to complete this coding, we wrote down basic information about each document from the Drive: 1) the language in which the document was written, 2) the number of pages in the document, 3) the author or authoring agency, and 4) the type of document.

The documents were composed in seven different languages—English and Spanish were the most common, and one document had a collection of over fifteen different indigenous languages. The documents ranged from one page to over one hundred pages; the average document was four pages. There were over seventy different authors or authoring organizations in the Drive; these included documents from international governments, local community members and organizations, media organizations, and public health agencies. And the vast majority of these documents focused on resources, meeting notes, well-being tips, and updates about COVID-19.

After analyzing these documents, we reexamined them to confirm which of them were produced by participants in the Task Force. Using our collective background in working for the Task Force, we then highlighted documents that were either written 1) by a Task Force member on behalf of the Task Force or 2) by a member organization that actively participated in the Task Force. Of the total documents, this left us with two hundred and thirty two documents, totaling almost nine hundred pages of text.

We then analyzed this subset of documents in two steps. First, we separated the documents into English and Spanish; fluent Spanish speakers analyzed the Spanish documents and fluent English speakers analyzed the English documents. One of the team members would analyze a collection of twenty documents and provide short, two to three sentence summaries of each document. After completing this, each of the team members would analyze a different set of documents, adjusting or adding to the summaries based off of their reading. We completed two rounds of the checks on other members' summaries. After completing this step, we then sorted the documents into three main categories: farmworkers, health and well-being, and criminal legal system, all of which corresponded with the main working groups of the Task Force (see Actions for information about the working groups).

We started gathering our second source of data—in-depth interviews—in June 2021. We first created a proposal of interview questions in English and Spanish and presented it to the Task Force Steering Committee. After two back-and-forth conversations,

including a presentation at the Steering Committee meeting, we settled on two sections of questions: demographic and open-ended interview questions. The eight demographic questions focused on basic identifying information (e.g., contact information, race, age, gender, highest level of education completed, etc.). The dozen open-ended interview questions covered two main topics: their reflections on their participation in the Task Force and what lessons they learned from their participation in the Task Force (see Appendix for full interview guide).

After we finished creating the interview guide, each member of the team underwent ten hours of in-depth interview training, including learning techniques on how to build rapport with Task Force members, receive stories, and ask for additional detail. We used the Task Force email listserv to send out emails inviting all members of the Task Force to offer their perspective for the report; we wrote specialized emails to members of the three working groups since they often participated the most intensively in the activities of the Task Force. We also invited all UC Santa Barbara students and alumni who had supported the Task Force through the Center for Publicly Engaged Scholarship in collaboration with UC Santa Barbara Health Equity Initiatives. In the end, fifty-five people participated, and we were privileged to talk to a range of community members in English and Spanish: farmworkers, public health and medical officials, promotores, UC Santa Barbara community members, political officials and their staff, community organizers and ambassadors, and representatives of funding agencies. We conducted the interviews from August 2021 until January 2022, with

the average interview lasting forty-five minutes.

Each member of our team conducted two to three interviews and created verbatim transcripts of the interviews they conducted. We then input them into Dedoose. To code the interviews, we first input the Task Force members' responses to the demographic questions into a descriptor file in Dedoose. We then linked these descriptor files with each of the participant's transcripts. Then we coded each interview, with nine dominant categories relating to our major interview guide questions: how they came to their organization; how they came to the Task Force; what they did in the Task Force; pivotal moments in the Task Force; accomplishments of the Task Force; uniqueness of the Task Force; challenges of the Task Force; take-away lessons from the Task Force; and anything else that did not have a discrete code.

A smaller subset of our team—Trevor Auldridge-Reveles, Daisy Cruz-Dominguez, Maïte Delneuville, Carly Greutert, Daniella Lee, Elizabeth Melena, and Sean Sugai—completed the final writing stage of the project. Each of us analyzed one of the nine code categories from the interviews to determine three to five dominant themes within each code. We each wrote three page summaries about each code and shared them with other members of the team. The other team members then checked the writing based on their own reflections of the interviews, adding comments into the margins of their documents.

They then analyzed the same interviews, seeking to cross check the

excerpts with the findings detailed in the summaries. After producing a final document, all members of our team read the report and added interview quotes and additional insight where it was appropriate. As a team, we discussed edits and suggestions and added, rejected, or modified them based on a collective decision to ensure the report accurately and clearly represented the Task Force's history. The summaries from the interviews as well as the summaries of the Task Force documents provided the bulk of the information that we present in this report.

Figure 1. Task Force Program Report Interview Guide in English

SECTION 1, DEMOGRAPHICS

Question

1. What is a permanent email address we can contact you at?
2. How old are you?
3. What gender do you identify with, if any (for example, are you male, female, transgender, non-binary/non-conforming)?
4. Are you of Hispanic; Latina(o); Latinx or Latin American origin or ancestry?
 - a. If so, please tell us how you describe yourself (For example, Central American; Chicanx, Chicano(a), or Mexican American).
5. What race or races do you identify with? (For example, do you consider yourself Asian, Black, Native American/Indigenous, White, Mestiza(o), multi-racial or something else?). If Native American/Indigenous, please name tribe.

6. What is the highest level of education you have completed?

SECTION 2, EXPERIENCES WITH THE TASK FORCE: Thank you! The next questions I have are about you and your experiences collaborating with the Task Force.

- Tell me a little bit about yourself and the story of how you came to work at your current organization
- Tell me the story of how you got involved with the Task Force during the pandemic
 - How did you find out about it?
 - What did you expect to get out of the projects?
 - How did you ultimately decide to participate?
- What did you do in the Task Force?
 - Tell me a story about the most meaningful project you participated in
- What do you think were pivotal moments in the evolution of the Task Force ?
 - Can you describe what happened?
 - How did it affect you?
- What do you feel you were able to accomplish in the Task Force?
- Some say participating in the Task Force was a very unique experience for them, others say it wasn't. How about for you?
 - What about it made you feel that way?
- Every project has challenges. What were some challenges you experienced in the Task Force?
 - How did you and the Task Force address it?

- What are two to three lessons you took away from the Task Force?
- How do you hope to apply these lessons in future projects?
- What else should I know about your time participating in the Task Force?

Thank you! I am now going to stop the recorder

Figure 2. Task Force Program Report Interview Guide in Spanish

SECCIÓN 1, DEMOGRÁFICO

Pregunta

Respuesta

1. ¿Cuál es la dirección de correo electrónico permanente en la que podremos contactarle?
2. ¿Qué edad tiene?
3. ¿Con qué género se identifica, si hubiere (por ejemplo: hombre, mujer, transgénero, no-binario/disconforme)?
4. ¿Es usted de origen hispánico, latino(a), latinx o latinoamericano o ascendencia? Si es así, por favor indique cómo se describe a sí mismo (por ejemplo: centroamericano, chicanx, chicano(a), o mexicano americano)
5. ¿Con qué raza o razas se identifica? (Por ejemplo: ¿se considera asiático, afroamericano, nativo americano/indígena, blanco, mestizo(a), multiracial o algo más?) *Si es Nativo Americano/Indígena, por favor nombre la tribu.*
6. ¿Cuál es su grado de instrucción más alto?

SECCIÓN 2, EXPERIENCIAS CON EL GRUPO DE TRABAJO: ¡Gracias!
Las siguientes preguntas son sobre usted y sus experiencias colaborando con el Grupo de Trabajo.

1. Cuénteme un poco sobre usted y la historia de cómo llegó a trabajar en su organización actual.
 2. Cuénteme cómo se involucró con el Grupo de Trabajo durante la pandemia.
 - a. ¿Cómo se enteró de ello?
 - b. ¿Qué esperaba obtener de los proyectos?
 - c. ¿Cómo decidió participar?
 3. ¿Qué hizo en el Grupo de Trabajo?
 - a. Cuénteme sobre el proyecto más significativo en el que participó.
 4. ¿Cuáles fueron las experiencias fundamentales en su tiempo con los proyectos del Grupo de Trabajo?
 - a. ¿Cuál fue la experiencia?
 - b. ¿Cómo le afectó?
 5. ¿Qué cree que fue capaz de lograr en el Grupo de Trabajo?
 6. Algunos dicen que participar en el Grupo de Trabajo fue una experiencia única para ellos, otros dicen que no lo fue. ¿Qué tal para usted?
 - a. ¿Qué le hizo sentir así?
 7. Cada proyecto tiene desafíos ¿Cuáles fueron los que experimentó en el Grupo de Trabajo?
 - a. ¿Cómo lo abordaron usted y el Grupo de Trabajo?
 8. ¿Qué aprendizaje se lleva del Grupo de Trabajo (dos o tres)?
 - a. ¿Cómo espera aplicar estas lecciones en proyectos futuros?
-

9. ¿Qué más debo saber sobre su tiempo participando en el Grupo de Trabajo?

Figure 3. Task Force Meeting Facilitation Guide in English

Our Mission: To create a rapid response task force to address the COVID-19 pandemic, as a collaboration between the Santa Barbara County Public Health Department (SBCPHD), Community-based Organizations (CBO's) working with Latinx and indigenous migrant communities in Santa Barbara County, colleagues at UC Santa Barbara and other partners. We will share updates about new concerns, strategies and resources to take action on the COVID-19 pandemic, in order to support and strengthen existing and new community organizing efforts and services. We will also work with other community organizations to contribute to building a broader county-wide health equity collaborative effort to include Black, Pan Asian, LGBTQ and other communities, centering the voice and leadership of historically marginalized peoples.

9:00-9:05 Welcome & Language Access Guidelines: Zoom protocol, Interpreters

Meeting Facilitation:

- This meeting will be held in English and Spanish. If you are monolingual, please look for the interpretation icon at the bottom of the screen to listen to the interpreters.
- Please enter your name, pronoun, organizational affiliation in chat

- If you would like to be added to the Task Force Contact List, please

enter your data here

- Reminder: We hope to foster full participation, suggest limit 1 question

per person, encourage all to ask questions, privately message Ana Huynh if you prefer to remain anonymous at 805-940-5526

- Contact Tania Reyes in chat if technology issues

- Reminder to all that elected officials participate in these meetings

- If people are speaking too quickly for our interpreters, we will make

hand signals or remind you to please speak more slowly. Thank you all!

Agenda review/feedback

9:05-9:30 Brief update & priorities from Santa Barbara Public Health Department

9:30-9:45 Updates from Working Groups

9:50-10:00 Announcements

*Proposed Priority Action Areas:

1. Health Education
2. Interpretation & Translation
3. Access to Health Care
4. Communication
5. Community outreach/mobilization
6. Other Social Determinants of Health

7. Organizational staff support of Task Force & Funding

Figure 4. Task Force Meeting Facilitation Guide in Spanish

Nuestra misión: Crear un grupo de respuesta para enfrentar la pandemia COVID-19, como colaboración entre el Departamento de Salud Pública del Condado de Santa Bárbara (SBCPHD por sus siglas en inglés), Organizaciones Comunitarias (CBO's por sus siglas en inglés) que trabajan con comunidades migrantes Latinx e indígenas en el Condado de Santa Bárbara , colegas de la UC Santa Barbara, y otros socios. Compartiremos actualizaciones sobre nuevas preocupaciones, estrategias, y recursos para accionar frente a la pandemia COVID-19, con fin de apoyar y fortalecer esfuerzos y servicios nuevos y existentes para organizarse en comunidad. También trabajaremos con otras organizaciones comunitarias para contribuir a la creación de un esfuerzo colaborativo para la equidad de salud a nivel del condado para incluir a comunidades Negras, Pan Asiáticas, LGBTQ, y más, centrando la voz y liderazgo de personas históricamente marginalizadas.

9:00-9:05 Bienvenida y Directivas de Justicia de Lenguaje:
Protocolo de Zoom, Intérpretes

Facilitación de reunión

- Esta reunión se realizará en inglés y español Si usted es monolingüe, favor de buscar el icono de interpretación al fondo de su pantalla para escuchar a los intérpretes

- Favor de escribir su nombre, afiliación, organizacional en el chat, pronombre
- Si le gustaría ser agregada/o a la lista de contactos del Grupo de Trabajo, favor de ingresar sus datos aquí
- Recordatorio: Esperamos fomentar participación total, sugerimos límite de 1 pregunta por persona, les invitamos a hacer preguntas, envíen mensaje privado a Ana Hyunh si prefiere permanecer anónimo al 805-940-5526
- Contactar a Tania Reyes en el chat si tiene problemas con la tecnología
- Recordatorio para todes que funcionarios públicos participan en estas reuniones
- Si las personas hablan demasiado rápido para nuestros intérpretes, haremos estas señas de mano o recordarles que hablen más lento. ¡Gracias a todes!

Repaso/retroalimentación de la agenda:

9:05-9:35 Actualizaciones y prioridades en breve de Santa Barbara County Public Health Department

9:35-9:50 Actualizaciones de los Grupos de Trabajadores

9:50-10:00 Anuncios

*Propuesta para las Áreas de Acción Prioritarias

1. Educación Sobre la Salud
2. Interpretación y Traducción
3. Acceso a la Atención Médica
4. Comunicación

5. Alcance y Movilización a la Comunidad
6. Otros Determinantes Sociales de la Salud
7. Apoyo Organizacional de Personal para el Colaborativo & Financiamiento