



Supporting the Latinx Community's Health Needs in Southwest Virginia - Partnerships and Collaboration during the COVID-19 Pandemic: A Methodology Paper

Ana Corral

Health Sciences Library, University of Houston, Houston, United States.

E-mail address: aecorral@uh.edu

Roberto Silva

Fralin Biomedical Research Institute Health Sciences and Technology Library, Virginia Tech, Roanoke, United States.

E-mail address: robertosilva@vt.edu

Anthony Wright de Hernandez

Special Collections & University Archives, University Libraries, Virginia Tech, Blacksburg, United States.

E-mail address: antwri@vt.edu



Copyright © 2022 by Ana Corral, Roberto Silva, and Anthony Wright de Hernandez. This work is made available under the terms of the Creative Commons Attribution 4.0 International License:

<http://creativecommons.org/licenses/by/4.0>

Abstract: *The Latinx community in southwest Virginia is isolated and vulnerable, with many of their members undocumented and unable to access quality health, education, and social resources, all exacerbated by the COVID-19 pandemic. As part of a collaborative oral history project focusing on the Latinx community, the authors detail their experiences as information professionals managing a transdisciplinary oral history project, and how inclusive, collaborative practices, rooted in community-based participatory research (CBPR) methods can be translated into combating health disparities of vulnerable communities. Medical and information professionals, along with the impacted communities and mutual aid organizations must come together in sharing resources, information, and ideas to address global health inequities. Marginalized communities of color need to be included, not just as active participants but as the momentum leading discussions around solutions for global health inequities.*

Keywords: community-based participatory research, oral history, health literacy, Latinx, COVID-19.

The COVID-19 pandemic has exacerbated global health inequities, rendering countries and individuals unable to look away as access to medical care and reliable health information remains unattainable to many around the globe (Bambra et. al., 2020; Burström, Tao, 2020; Chillag, Lee, 2020). In the United States, these inequities take the form of discriminatory healthcare policies and practices and lack of access to healthcare services, drastically impacting both life expectancy and quality of life, especially for communities of color. Health disparities greatly affect marginalized communities in the state of Virginia, where the Latinx community accounts for approximately 10% of the state's total population (Virginia Department of Health, 2021). At the beginning of the pandemic, Virginia's Latinx community had the highest mortality rates: at least five times the rate of the Caucasian community (Ibid). In southwest Virginia, a rural, primarily agricultural region, issues around healthcare are greatly impacted by social determinants of health and coupled with the digital divide, fostered the opportunity for mis- and dis-information to reproduce at an unmanageable speed, sowing fear and distrust around the health topics of vaccinations, viruses, and the COVID-19 pandemic (Chillag, Lee, 2020; Wilson, Wiysonge, 2020; Tagliabue, Galassi, and Mariani, 2020; Jaiswal, LoSchiavo, and Perlman, 2020).

Holistically addressing health inequities and the social determinants of health that shape them is an issue that requires the expertise of not just medical professionals but also information professionals, community organizations, and the communities that are most impacted. As the United Nations demonstrates in their *2030 Agenda for Sustainable Development*, addressing global inequities cannot be accomplished without mutual collaboration and reliance and the sharing of resources, information, and ideas to move solutions forward and equitably throughout the globe (United Nations, 2015). This paper will provide an overview of Virginia Tech's participation in the *Voces of a Pandemic* oral history project. The authors will detail their participation and describe strategies, practices, and methods utilized in overseeing a community- and health-focused oral history project. By adopting principles of community-based participatory research (CBPR), the authors will demonstrate how transdisciplinary partnerships, extending beyond academia, can successfully aid the Latinx community and how these strategies can be replicated and adapted to collaboratively combat health disparities in marginalized communities.

Voces of a Pandemic was a collaborative oral history project based out of the University of Texas at Austin's (UT Austin) Voces Oral History Center. UT Austin founded and directed the project, partnering with academic institutions and mutual aid organizations in documenting COVID-19 experiences of the Latinx community across the United States. Participating organizations signed memorandums of understanding (MOU) and agreed to conduct interviews; remain active in outreach and promotional efforts; and attend bi-monthly project management meetings. Each partner focused on a subcategory of the Latinx population and funded their own outreach and interview efforts. Electronic copies of the interviews were archived with the Voces Oral History Center and the interviews conducted by Virginia Tech were also added to the archives as part of the *Hokies@Home: Documenting COVID-19* archival project in Virginia Tech's Special Collections and University Archives (SCUA). Narrators signed disclosures and had the autonomy to conceal full names and identities using aliases if they felt unsafe or uncomfortable. Electronic copies of the interviews were made available to the public online and transcripts of said interviews can be requested from the Voces Oral History Center.

As a land-grant institution, Virginia Tech's responsibility to the citizens of the Commonwealth of Virginia was defined in the Morrill Act of 1862. Institutions of this type

were created to focus on agriculture, science, military science, and engineering and to provide education and service to all the citizens of the state where they were located. Despite the land-grant mission that is fiercely upheld across campus, Virginia Tech has historically had an ambivalent and occasionally contentious relationship with the surrounding communities, especially communities of color (Kennelly, 2018; Stephenson, 2010; Hundley, 2015). The University Libraries at Virginia Tech are one of the areas on campus that actively engage and support the surrounding communities, providing resources and dedicated employee positions that engage with community members and organizations, supporting the rich history and wisdom that the lived experience of communities bring to southwest Virginia (Virginia Tech, 2022).

Voces of a Pandemic at Virginia Tech was originally led by the Director of Public History, the University Libraries' Community Engagement & Research Librarian, and SCUA's Community Collections Archivist. Joining the *Voces* project was first proposed by Virginia Tech's Assistant Dean of Diversity, Equity & Inclusion to the Director of Public History as an opportunity to showcase the experiences of the Latinx community during the COVID-19 pandemic. Because the project was collaborative by nature and because the partner institutions retain ownership of project materials, SCUA was included to handle archival aspects of the project. The Community Collections Archivist had extensive experience working with communities on managing their archival collections, and had worked to actively uplift and highlight the experiences of marginalized communities in archives, both of which were vital to the management and flow of the project. Additionally, the Community Engagement & Research Librarian was included to advise on community engagement and inclusion of community-based research methods and practices. The transdisciplinary team also included the President of Casa Latina, the Co-chair and Program Coordinator of Casa Latina, the Fralin Biomedical Research Institute Health Sciences and Technology (FBRI HS&T) Library Studio Manager, and the Director of El Centro, Virginia Tech's Hispanic and Latinx Cultural and Community Center. The focus of *Voces* at Virginia Tech was on the food and employment security of the Latinx community during the COVID-19 pandemic, concentrating on undocumented members that worked in the food industry. The Director of El Centro was brought on first as a team member and then as a consultant as El Centro, the Latinx cultural hub on campus, provided unique insight to the project and could connect students with the Latinx community outside of Virginia Tech, offering the opportunity to grow those connections and provide students with an active learning experience.

The FBRI HS&T Library Studio Manager was invited to join as the project had potential to connect community and academic members located in Roanoke, Virginia with health information and as such, could lead to health-related initiatives in and outside of Virginia Tech. Project planning sessions began in late 2020 where it became evident that food and employment security could not be effectively confronted without consideration of socioeconomic factors, healthcare, health information access, and level of health literacy of the community. Additionally, members of the Latinx community have historically been underrepresented at Virginia Tech and the surrounding communities. As Virginia Tech (and specifically, the four departments associated with the *Voces* project) had a tenuous connection, at best, with the non-academic Latinx community around southwest Virginia, Casa Latina, the region's only mutual aid organization that supports the Latinx community with initiatives and resources, was invited to partner on the project (Casa Latina, 2022).

Inclusion, equitable treatment, and transparency- along with a collaborative approach and CBPR methods—drove the *Voces* at Virginia Tech project, from the selection of the team to

how the interviews were handled. Although CBPR does not have one set definition, it is a type of methodology that adheres to certain principles when working with communities during a research project (Israel et. al., 2003; Oetzel et. al., 2018). CBPR works with the understanding that community is an identity unto itself and as such, must be respected, valued, and positioned as an equal, active partner in research projects, and not merely as a subject of study (Ibid). Community organizations and/or individuals are included from the inception of research goals to the final close out of a research project: the needs, ideas, and guidance of the community are the momentum used to move the research project forward. CBPR positions members of the research team as equal; creating an environment that allows for co-learning and sharing of knowledge, experiences, and resources to ensure that a research project mutually benefits the community and the researchers (Ibid).

CBPR is meant to create social change and challenge the status quo of how research projects are created, run, and disseminated; reverting power back to the communities that are often most impacted by research projects, and who have the most lived experiences on said research topics. Once the research project is completed, all research findings are to be disseminated to the community partners as well as the research team. This is both for full inclusion of the community, as well to give ownership of research back to the community that is being studied. Lastly, the inclusion of community partners in a research project is meant to be an equitable and sustainable process. The partnership is meant to grow beyond a mere research project and strengthen into a long-term relationship between the two, providing mutual aid and shared knowledge, and reinforcing equitable power dynamics (Ibid). It is important to mention that although great efforts were made to incorporate CBPR methodology and practices into *Voces* at Virginia Tech, not every principle of CBPR could be included. Partner institutions were granted much autonomy for project management but some procedures relating to archival and interview processes had to be adhered to out of necessity and could not be modified due to the project constraints. Consent forms were provided by UT Austin and input was not allowed on the language nor was there the ability to change ownership of the interview data.

In the United States, the undocumented community remains one of the most marginalized, vulnerable, and at-risk communities, rendered invisible and unable to access critical educational, social, and health-related services due to their lack of documentation (Chang, 2019). The Latinx immigrant population is currently the fastest growing in the United States but has low health outcomes and low health literacy (Virginia Latino Advisory Board, 2017; Ibid, 2021; Ornelas, Yamanis, Ruiz, 2020). In rural southwest Virginia, where the population is predominantly Caucasian, the Latinx community is isolated; far from family, cultural and social norms, community support, and key health, educational, and information resources (Virginia Latino Advisory Board, 2021; Ornelas, Yamanis, Ruiz, 2020). As of 2016, 3% of the Virginia population was undocumented, making them a total of 27% of the immigrant community (American Immigration Council, 2020). All of these factors, along with the rapport that existed between Virginia Tech and the surrounding communities at the time, meant that the planning of the *Voces* project, especially how the community would be engaged with, needed to be both purposeful and mindful. Virginia Tech did not create the *Voces of a Pandemic* project nor retain ultimate decision-making regarding the project description and purpose, therefore CBPR methods were applied and adapted as much as possible into the management, procedures, and workflows of the research activity.

Casa Latina was asked to join the project with the understanding that they would be as equal of a stakeholder as Virginia Tech. As the only mutual aid organization in the area that

supports and empowers the Latinx community, it was crucial to the success of the project to acknowledge that Casa Latina had connections to a community that other stakeholders did not. It was vital to include their perspective, and acknowledge their power to construct a collaboration that was not transactional in nature but instead one of mutual aid and understanding. Throughout the project, Casa Latina had access to as much information and/or documentation as they needed and had tangible input in how the project was approached, and autonomy over their role and what resources they chose to share. Their needs and the needs of the community they represented were factored into every aspect of the project, from funding requests to how information resources were designed, shared, and disseminated, to how community members were approached for interviews.

The dynamic between an institution that wields as much power, money, and social capital as Virginia Tech does (and by default its departments and employees) and a community partner can be extremely inequitable, reinforce existing power structures, and oppress communities that historically have not had access to the same resources and advantages. As such, it was imperative that Casa Latina and the Latinx community preserve as much autonomy over their experiences and the expertise they chose to share for *Voces*, laying the groundwork for a reciprocal partnership and sharing of resources. In exchange for the skills, expertise, and social and cultural capital that Casa Latina contributed, Virginia Tech provided Spanish-speaking students that aided in community outreach; providing resources and information on the project, and disseminated videos and/or infographics that would most benefit Casa Latina and the Latinx community.

Given the sensitive nature of living as an undocumented immigrant in a rural and culturally isolated area, Casa Latina was the community's main point of contact as they had both access to and previously established connections with community members, enabling them to leverage their community knowledge to identify potential narrators. Additionally, narrators were encouraged to employ informal channels of access and connections to the rest of the community to identify other potential narrators. If narrators were amenable to being interviewed and understood the risks associated with the interview process, Casa Latina would either contact them directly or recommend different strategies for contact depending on the potential narrator's level of comfort. Early on in the outreach process, it became apparent that Casa Latina and community members had questions about the interview and *Voces* project. Virginia Tech created fliers in Spanish and English that were both informed and approved by Casa Latina and then disseminated by both organizations (with Casa Latina retaining editable copies for them to re-use as they saw fit). Virginia Tech also created a public-facing LibGuide in both languages that included contact information and a list of frequently asked questions. Casa Latina was listed as the point of contact to ensure trust in the project and maintain narrator comfort throughout the process. Casa Latina was included on all Virginia Tech project meetings, were trained on procedures and provided access to workflow documentation. If additional questions surfaced, from either Casa Latina or potential narrators, Casa Latina was encouraged to connect via email, telephone, and/or virtual meetings. Pre-interview meetings with narrators were also held in whichever language the narrator preferred to ensure a comfortable environment in which to engage and answer any lingering questions prior to the interview itself. Narrators were encouraged to review their interview upon completion and they were sent a recording that they could watch at their leisure. They were then able to elect to omit certain information or remove the interview from public access/viewing. Narrators also received a physical copy of a transcript from their interview, so as to retain a level of ownership over their story.

To create an environment supportive of trust and ethical practices, gift cards were provided for narrators as recompense for their time and sharing of their stories (Oetzel, et. al., 2017). The project team applied for Virginia Tech internal funding and received \$2,835 which included a stipend for student workers as well as discretionary funding in case any narrator had to travel to a physical interview site or to gain access to Wi-Fi. Employing the practice of active listening, Casa Latina's recommendations of using their space (over a public site) as an alternative for narrators who did not have access to a secure physical site to interview from were put into operation as part of project procedure. Narrators that had a previously established relationship with Casa Latina could also elect to use Casa Latina's physical location, where they would feel more at ease in a known environment, or could ask to be interviewed from the comfort of their own homes.

Voces at Virginia Tech concluded with fifteen interviews in both Spanish and English currently available online as a virtual exhibit as part of SCUA's online archival collections. Having afforded project stakeholders the opportunity to partner across disciplines on pandemic-focused oral histories, this innovative experience offered the opportunity for growth and learning. Managing a transdisciplinary project team in a bilingual, health-focused, oral history project brought new insight, as well as lessons that can be translated to other initiatives, projects, and services supporting the health and health information needs of marginalized communities.

Equitably and mindfully engaging with community groups can strain institutional resources and conflict with "traditional" Western research practices. Academic institutions have a long history of engaging with communities of color, especially Indigenous and Black communities, in predatory research practices that lead to transactional relationships, solely benefitting research teams and not the communities in need. Because of this and the vulnerability of the Latinx community, it was emphasized and reinforced that the *Voces* project would never come at the expense of the Latinx community or Casa Latina. As information professionals it is crucial to acknowledge that there is inherent privilege by the very nature of being employed by or associated with academic institutions of power. This privilege must be used not to speak over but to listen to and elevate the health needs of the very communities involved in research projects. Acknowledging the privilege and inherent power that academic institutions have is crucial when considering how resources should be shared and used during a community-collaborative project.

When working with marginalized communities of color, it is imperative to prioritize their needs and comfort over research output and traditional project management. Because of the vulnerability of undocumented Latinx workers in the community, many narrators throughout the outreach and interview process felt fear of retaliation, identification, and persecution and chose to hide their identity, employ an alias, or remove their interview altogether, even after having completed the transcription process and upload to the repository. Requests such as these were honored without retaliation or antagonism from the project team. Potential delays relating to narrator engagement, including comfort with the interview process and the information being shared were discussed and anticipated as a real possibility from the beginning of the project and were necessary to provide narrators ownership over their lived experiences and how they chose to share and engage with the project team.

For *Voces* at Virginia Tech, having both languages interwoven into the project was vital to foster trust, connection, and understanding of the narrators and their COVID-19 experiences. Not all members of the Latinx community were bilingual and half of the interviews (eight out

of the fifteen) were conducted in Spanish. To ensure that narrators were protected from potential exploitation, members of the project team had to have a firm understanding of both the Spanish and English language, i.e., writing, reading, speaking and also had to have lingual capacity to understand health-related and legal terminology. The most recent consent form that was required to be read by narrators, and signed before the interviews could take place, was not available in Spanish and had to be translated with support of team members, student workers, and Casa Latina.

Project planning and workflow are not a linear processes but are iterative; informed by stakeholder input and the capacities of the community and team members. Burnout, mental, physical, and emotional trauma during the COVID-19 pandemic is present in every country in the world. Additionally, the topics discussed during the interviews were of a sensitive nature and it is important to discuss, be aware and understanding of the emotional toll that listening to lived experiences can have both upon the narrators and those conducting the interviews. Taking time to recover or even step aside from the project needs to be factored into project management and contingency plans on how to manage such an event, including identifying institutional resources that can provide support are necessary.

Multi-institutional projects with various stakeholders that hold different areas of specialty can present challenges in communicating and understanding all parts of a project. Meetings to clarify the project definition and approach with engaging narrators was fundamental to maintaining forward momentum in this project. It is important to have a contingency plan for when partners withdraw or in case of unanticipated project shifts. When these unanticipated changes occur, it is important to maintain open lines of communication and inform all partners-- both to keep them apprised of project status and to also identify if any project plan shifting needs to occur.

After the completion of the *Voces* project, the relationship between Virginia Tech and Casa Latina was retained, leading to additional projects and collaborations. Recently, an Assistant Professor from the English Department at Virginia Tech received a grant for qualitative participatory action research with the Latinx community in Roanoke on the topic of COVID-19 vaccines and is collaborating with Casa Latina on the project. Given the role the University Libraries had during the *Voces* project, the research team has asked to partner with the University Libraries in support of both the interview and archival processes of the research project. To date, the University Libraries at Virginia Tech continue to partner with and support Casa Latina on informational videos for their social media channels, contributing to engagement with the Latinx community on social- and health-related initiatives. Resulting from community outreach that occurred during the *Voces* project, other relationships within Virginia Tech were developed. One of the narrators on the project was Dr. Carla Finkelstein, PhD, Associate Professor at FBRI, has partnered with the FBRI HS&T Library to develop and print 3D models of the COVID-19 virus. This project has helped support the academic, teaching, and research needs of the summer internship students in the Molecular Diagnostics Laboratory at FBRI.

Health inequities, including lack of access to quality healthcare, health-related services, and access to reliable health information (or lack thereof) are firmly rooted in the field of health sciences but medical professionals and the medical field cannot solve these issues alone. Information professionals can play a large part in facilitating access to information (including creating and disseminating health information), when connecting with trusted community partners. As demonstrated by the United Nations *2030 Agenda for Sustainable Development*,

addressing health inequities needs to include a multipronged approach, and must include not just medical professionals, but information professionals, community partners, and community members themselves, when addressing these issues. Too often communities of color are excluded from the very health-related conversations that most impact them and it is critical not just to include these communities but to understand that their lived experiences are just as valuable and can contribute just as much to resolving health inequities as academic and medical professionals and their research do. What originally appeared to be an oral history project on food and employment security in the Latinx community demonstrated that health inequities impact every facet of their lives and that mis- and dis-information play a large role in perpetuating these inequities. The information shared during these interviews provides crucial information on the health needs of the Latinx community and how academic institutions can and should do more in support of them. Information professionals can use their skills in innovative ways and go beyond merely providing services for a community and instead recognize the value of lived experiences of communities and seek to partner with them.

Acknowledgments

I would like to extend my thanks and gratitude to Thania Torres for her generosity, effort, and unswerving commitment to the Latinx community. Thank you to Anthony, Roberto, and Jessica, for working so hard to create venues for marginalized groups to share their lived experiences in a way that honors and doesn't exploit and thank you to every single narrator who trusted us with their memories and experiences.

References

American Immigration Council. Immigrants in Virginia. PDF file. 2020.

<https://www.americanimmigrationcouncil.org/research/immigrants-in-virginia>.

Bambra, Clare, Ryan Riordan, John Ford, and Fiona Matthews. "The COVID-19 Pandemic and Health Inequalities." *Journal of Epidemiology & Community Health*, 74 (2020): 964-968. doi:10.1136/jech-2020-214401.

Burström, Bo and Wenjing Tao. "Social Determinants of Health and Inequalities in COVID-19." *The European Journal of Public Health*, 30, No. 4 (2020): 617-618. doi:10.1093/eurpub/ckaa095.

Casa Latina. "Casa Latina - Roanoke Valley." n.d. Casa Latina. 2022.

<https://casalatinarv.org/>.

Chang, Cindy, D. "Social Determinants of Health and Health Disparities among Immigrants and their Children." *Current Problems in Pediatric and Adolescent Health Care*, 49, No. 1 (2019): 23-30. <https://doi.org/10.1016/j.cppeds.2018.11.009>.

Chillag, Kata L. and Lisa M. Lee. "Synergistic Disparities and Public Health Mitigation of COVID-19 in the Rural United States." *Bioethical Inquiry* (2020): 1-8.

<https://doi.org/10.1007/s11673-020-10049-0>.

Dooley, John. "Virginia Tech and 21st-Century Land-Grant Model." *Virginia Tech Magazine*, 2012, No. 13 (2012): 18. <https://www.archive.vtmag.vt.edu/winter13/21st-century-land-grant-model.html>.

Garcini, Luz M., Ryan Daly, Nellie Chen, Justin Mehl, Tommy Pham, Thuy Phan, Brittany Hansen, and Aishwarya Kothare, "Undocumented Immigrants and Mental Health: A Systematic Review of Recent Methodology and Findings in the United States," *Journal of Migration and Health*, 4 (June 2021): 1-13, <https://doi.org/10.1016/j.jmh.2021.100058>.

Hundley, Meredith. (2015). *Envisioning Virginia Tech: Beyond Boundaries, Community Relationships*. PDF file. Office of the Senior Fellow for Resource Development, Virginia Tech.

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjm1ez30sj1AhVXkWoFHeMfDa0QFnoECAgQAQ&url=https%3A%2F%2Fbeyondboundaries.vt.edu%2Fassets%2Fvisioning-document.pdf&usq=AOvVaw16LYGeibacV_565KC0k_XO

Israel, Barbara A., Eugenia, Eng, Amy J. Schulz, and Edith A. Parker, eds., *Methods for Community-Based Participatory Research for Health* (Somerset: John Wiley & Sons, Incorporated, 2003), ProQuest Ebook Central.

Jaiswal, J., C. LoSchiavo, and D. C. Perlman. "Disinformation, Misinformation and Inequality-Driven Mistrust in the Time of COVID-19: Lessons Unlearned from AIDS Denialism." *AIDS and Behavior*, 24 (2020): 2776-2780. <https://doi.org/10.1007/s10461-020-02925-y>.

Kennelly, Tamara. "The Quiet Path of an Invisible Man: Irving Linwood Peddrew III and Desegregation at Virginia Tech." *The Virginia Magazine of History and Biography*, 126, No. 4 (2018): 422-466. <https://www.jstor.org/stable/10.2307/26538018>.

Oetzel, John G., Nina Wallerstein, Bonnie Duran, Shannon Sanchez-Youngman, Tung Nguyen, Kent Woo, Jun Wang, et. al., "Impact of Participatory Health Research: A Test of the Community-Based Participatory Research Conceptual Model," *BioMed Research International*, 2018 (April 2018): 1-12, <https://doi.org/10.1155/2018/7281405>.

Ornelas, India, Thespina J. Yamanis, and Raymond A. Ruiz. "The Health of Undocumented Latinx Immigrants: What We Know and Future Directions," *Annual Review of Public Health*, 41 (2020): 289-308. <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-040119-094211>.

Stephenson Jr., Max. "Conceiving Land Grant University Community Engagement as Adaptive Leadership." *Higher Education*, 61 (2011): 95-108. doi 10.1007/s10734-010-9328-4.

Sternberg, Robert J. *The Modern Land-Grant University*. (West Lafayette: Purdue University Press, 2014), ProQuest Ebook Central.

Tagliabue, Fabio, Luca Galassi, and Pierpaolo Mariani. "The "Pandemic" of Disinformation in COVID-19." *SN Comprehensive Clinical Medicine*, 2 (2020): 1287-1289. <https://doi.org/10.1007/s42399-020-00439-1>.

Tremblay, Marie-Claude, Debbie H. Martin, Alex M. McComber, Amelia McGregor, and Ann C. Macaulay. "Understanding Community-Based Participatory Research through a

Social Movement Framework: A Case Study of the Kahnawake Schools Diabetes Prevention Project,” BMC Public Health, 18, No. 487 (2018): 1-17, <https://doi.org/10.1186/s12889-018-5412-y>.

United Nations. “Transforming Our World: The 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs.” United Nations. 2015. <https://sdgs.un.org/2030agenda>.

U.S. Department of Health and Human Services. “Social Determinants of Health - Healthy People 2030.” Healthy People 2030. 2020. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

Virginia Department of Health. “Tracking COVID-19 Disparities.” COVID-19 Blog. November 15, 2021. <https://www.vdh.virginia.gov/coronavirus/category/covid-19/race/>.

Virginia Latino Advisory Board. “2020-2021 Annual Report.” September 2021. <https://www.vlab.virginia.gov/media/governorvirginiagov/vlab/documents/reports/2021-VLAB-Annual-Report.pdf>.

Virginia Latino Advisory Board. “2017 Annual Report.” Office of Governor Terence R. McAuliffe. January 13, 2017. <https://www.vlab.virginia.gov/media/governorvirginiagov/vlab/documents/reports/2017-vlab-annual-report-final-draft-121817.pdf>.

Virginia Tech. “A Partial History of VPI.” Virginia Tech History. 2021. <https://history.unirel.vt.edu/>.

Virginia Tech. “Community Resources.” University Libraries. 2022. <https://lib.vt.edu/find-borrow/community.html>.

Weinstein, James N., Amy Geller, Yamrot Negussie, and Alina Baciu, eds., Communities in Action: Pathways to Health Equity (Washington DC: The National Academies Press, 2017), <https://doi.org/10.17226/24624>.

Wilson, Steven Lloyd and Charles Wiysonge. “Social Media and Vaccine Hesitancy.” BMJ Global Health, 5 (2020): 1-7. doi:10.1136/bmjgh-2020-004206.

Woods, Megan. “Roanoke Nonprofit Building up Southwest Virginia’s Spanish-Speaking Community.” WSLs. October 15, 2020. <https://www.wsls.com/news/local/2020/10/15/roanoke-nonprofit-building-up-southwest-virginias-spanish-speaking-community/>.

World Health Organization. “Health Inequities and their Causes.” February 22, 2018. <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>.