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ORIGINAL ARTICLE

Centering Latinx immigrant knowledge for wellbeing, liberation, and justice in community-university research partnerships

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Abstract

Structural inequities impacting immigrant health in the United States were intensified during two recent time periods—the anti-immigrant socio-political context of 2017–2021 and the COVID-19 pandemic beginning in 2020. Our community-university research team adapted and implemented a community-based mental health intervention with Latinx immigrants during these periods, which allowed us to reflect on the role of our community-based participatory research (CBPR) partnership in addressing the disparate impacts of these events on Latinx immigrants. We documented the factors and processes that enabled our partnership to navigate crises, address immediate needs, and promote long-term social change. We analyzed focus groups with community-based organization staff, research team meetings, retreat notes, and interviews with Latinx immigrants. Exacerbated challenges included fear, uncertainty, limited resources, and restricted mobility and isolation. By prioritizing immigrant individual, community, and organizational knowledge and epistemologies, our team built upon immigrants' experiences of survival and resistance in the face of ongoing exclusion to navigate the difficulties of both periods. Instead of developing reactive processes, our partnership centered on immigrants' existing strategies, ensuring responses were rapid, effective, and aligned with community needs. These findings highlight that immigrant communities survive continual "crises" and engage in ongoing resistance and survival strategies that can provide the basis for effective CBPR and other social change efforts.

KEYWORDS

community-based participatory research, COVID-19 pandemic immigrant; Latina/o; mental health; structural inequities

Highlights

- Challenges for immigrant communities are not context-bound but persist across time and place.
- Immigrant strengths, resistance, and mobilization contribute to the survival of structural violence.
- Reflexive community-based participatory research (CBPR) practices centered immigrant experiences to transcend a focus on discrete crises.
- Co-created knowledge prioritized communication, collective care, livelihood, and empowerment.
- These insights contribute to CBPR strategies for immigrant justice, equity, and liberation.

INTRODUCTION

Latinx[1] immigrants account for 40% of all immigrants in the United States (Budiman, 2020) and experience a high burden of physical and mental health disparities (Clark et al., 2020; Pineros-Leano et al., 2022). These disparities have long been attributed to underlying structural inequities, including discrimination, social and political exclusion from government programs, and compounded effects of previous experiences in immigrants' home countries and during migration (Ornelas et al., 2020; Sullivan & Rehm, 2005). In the past decade, Latinx immigrants in the United States have faced numerous contextual conditions that have further exacerbated these inequities and their health consequences, including the anti-immigrant rhetoric and policies during the 2017–2021 time period and the exclusionary policies and disproportionate frontline work experienced by many immigrants during the COVID-19 pandemic (Gemelas et al., 2022). However, navigating crises and uncertainty is not out of the ordinary for Latinx immigrants when considering the violent and unfavorable conditions they may experience before, during, and after migration. Although we typically conceptualize these conditions as discrete periods of crises, we can enhance our understanding by situating them within continuities of Latinx immigrant marginalization and exclusion. By contextualizing these experiences, we highlight how immigrant communities have long built power and resources through collective action, formed community-based organizations (CBOs), and engaged in community-university research partnerships to support their wellbeing. Rather than being novel or reactionary to discrete crises, we recognize that the survival processes of immigrants' experiences, strengths, resistance, and mobilization have enabled them to counteract sustained social and economic oppression.

LATINX IMMIGRANT MENTAL HEALTH IN THE ERAS OF 2017–2021 ANTI-IMMIGRANT POLICIES/SENTIMENT AND THE COVID-19 PANDEMIC

Immigrants have long contended with exclusionary policies, leading to systemic disenfranchisement and adverse mental health outcomes (Dreby, 2015; Rabin et al., 2022). Research consistently shows that Latinx immigrants face significant mental health challenges, such as increased stress, anxiety, and depression, due to limited resources, restricted mobility, marginalization, stigmatization, and fear (Sullivan & Rehm, 2005). These disparities are further exacerbated by deportations, discrimination, and uncertainty, all of which negatively impact Latinx populations regardless of their immigration status (Williams & Medlock, 2017).

However, during the years between 2017 and 2021, there was a heightened targeting of immigrants through anti-immigrant policies and rhetoric that framed migration at the southern U.S. border as a crisis, disproportionatel impacting Latinx communities (Huslage et al., 2023; Roche et al., 2024). These policies included ending Deferred Action for Childhood Arrivals (Romo et al., 2017) (later rescinded by the U.S Supreme Court[2]), reducing access to asylum, and increasing border detentions (Verea, 2018)—all of which increased Latinx immigrants' chronic anxiety, decreased their sense of safety, and intensified their fear (Roche et al., 2024). Anti-immigrant rhetoric and public discourse further increased discrimination against immigrants, leading to detrimental mental health outcomes (Garcini et al., 2016).

Latinx immigrants also experienced disproportionate burdens during the COVID-19 pandemic, including greater economic instability, unequal health outcomes, and limited access to essential resources (Clark et al., 2020; Grills et al., 2022; Hasan Bhuiyan et al., 2021). Immigrants faced additional adverse mental health impacts because of the pandemic's retraumatizing effects, including death, social isolation, and confinement, increased immigration-related uncertainty, and economic precarity through job loss and ineligibility for government relief. Movement restrictions also exacerbated family separation.

The political environment experienced under the 2017–2021 administratrive period and the pandemic consequences were familiar for some immigrants because of past experiences with crises and uncertainty. Thus, as both periods presented numerous challenges, they also highlighted the potential of building on the strengths of immigrant communities to address their disparate impacts. Nevertheless, most mental health interventions focus on individual-level factors, are informed by a deficit perspective, and fail to build on the individual, family, and community strengths of immigrants (Kaltman et al., 2016). This practice continues despite the recognition by many immigrant communities and scholars that better approaches are needed to address structural conditions, including policies that shape immigrant health (Castañeda et al., 2015). To reduce inequities, research must incorporate and understand Latinx immigrant experiences before, during, and post-migration and the social determinants of their mental

[1]The research team adopted the use of the term "Latinx" as it is a gender neutral, inclusive term. The work of community partner New Mexico Dream Team, in particular, focuses on inclusion of LGBTQ+ voices, and thus "Latinx" has become part of the research and implementation language of the IWP; however, not to the exclusion of Latino/a or Hispanic as many participants use and/or prefer those terms. We use the term "immigrant" to refer to people currently living in but born outside of the USA, regardless of their political or legal status as an immigrant, refugee, asylum-seeker, or other circumstances.

[2]The termination of Deferred Action for Childhood Arrivals (DACA) was rescinded on June 18, 2020, when the U.S. Supreme Court, in a 5–4 decision, found that the administration's termination of DACA was judicially reviewable, violating the Administrative Procedure Act (APA).

health outcomes. Interventions should address these multilevel stressors and barriers to mental healthcare through transdisciplinary approaches that simultaneously improve Latinx immigrants' daily conditions and support their social change efforts. Importantly, a growing number of community-based participatory research (CBPR) partnerships are engaging in these efforts.

COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR) AND THE IMMIGRANT WELL BEING PROJECT

Research on community-university partnerships provides evidence for tackling challenges across various socio-political contexts through mutual learning and valuing community and university strengths. In particular, CBPR approaches focus on close collaborations that center on the values, knowledge, and goals of community members, promote the development of supportive social networks, and build long-lasting and trusting relationships, with the ultimate goals of promoting social justice and immigrant liberation (Suarez-Balcazar, 2020). A growing body of literature documents the importance of innovative and culturally appropriate CBPR approaches within Latinx communities to mitigate the impacts of exclusion, discrimination, and inequality (Fortuna et al., 2008; Pérez et al., 2008). These approaches harness the strengths and skillsets of: (1) *community-based organizations* (CBOs), which include a credible and stable community presence, responsiveness to specific community needs, and equitable access to services otherwise unavailable due to immigration status (Rusch et al., 2020); (2) *community members*, such as linguistic, social, cultural, and navigational capital and lived experience (Fernández et al., 2020; Yosso, 2005); and (3) *academic partners*, with access to the resources of universities. Thus, these approaches are able to address and mitigate many of the persistent structural inequities faced by Latinx immigrants.

The Immigrant Wellbeing Project (IWP) is a CBPR study that began in 2017. Its goal was to bring together university faculty, students, staff, and representatives from four immigrant-focused CBOs to adapt and implement a community-based advocacy and social support intervention for Latinx immigrants. This intervention pairs university students with newcomers to engage in mutual learning and social change efforts and promote the mental health of mixed-status Latinx immigrants. IWP was initiated as a core research project of the University of New Mexico Transdisciplinary Research Equity & Engagement Center (TREE Center; U54MD004811) to better understand and promote Latinx immigrant mental health by creating change at multiple levels.

The IWP intervention emphasizes a sustainable and replicable partnership model between CBOs and universities that involves Latinx immigrants and university students working together to (a) increase immigrants' abilities to navigate their communities; (b) improve immigrants' access to community resources; (c) enhance meaningful social roles by valuing immigrants' cultures, experiences, and knowledge; (d) reduce immigrants' social isolation, and (e) increase communities' responsiveness to immigrants through changes in policy and practice. The IWP aims to reduce mental health inequities by simultaneously addressing immigrants' daily stressors across multiple domains (psychological, physical, educational, cultural, social, and material), building on their strengths, and engaging them in working toward meaningful social change.

The intervention involves university students enrolled in a two-semester course and Latinx immigrants working together through two primary modalities: (1) Learning Circles, which involve cultural exchange and one-on-one learning opportunities, and (2) Advocacy, which involves collaborative efforts to mobilize community resources related to health, housing, employment, education, and legal issues. Studies with refugees (including a randomized controlled trial) demonstrated feasibility, appropriateness, acceptability, and evidence that the intervention decreased psychological distress, increased protective factors, and impacted changes in policies and practices (Goodkind et al., 2020; Hess et al., 2014). A goal of the IWP partnership was to integrate the intervention into existing efforts at the four community partner organizations, premised on research that highlights the importance of conceptualizing community interventions as complex social processes that aim to create sustainable change at multiple levels (Trickett et al., 2011). Thus, the aim was to use the intervention model to leverage and enhance existing services, networks, and community mobilization/organizing efforts at the four CBO partners (Centro Sávila, Encuentro, New Mexico Dream Team, and New Mexico Immigrant Law Center), who engage in mental health, legal, educational, and community organizing efforts with Latinx immigrants.

Shortly after submitting the grant application for funding of our CBPR study (2017), the extreme anti-immigrant socio-political context prompted us to shift our focus to the impacts of this context on Latinx immigrant communities and CBOs, and their efforts to adapt to emerging challenges. Several years later, in the face of the COVID-19 pandemic, we recognized commonalities in community members', CBOs', and our partnership's responses to both the 2017–2021 anti-immigrant socio-political context and the pandemic. We also noticed the ways in which Latinx immigrant communities and CBOs were more prepared for the challenges of these times because of past and current experiences, resistance to, and survival of ongoing marginalization, forced separations from family and

friends, exclusion from resources, fear, and uncertainty. Thus, we decided as a team that it was critical to reflect on the ways in which Latinx immigrant individuals and CBOs in our partnership fostered CBPR processes that enabled not only the research to continue but also, more importantly, for the partnership to adapt and support immigrant communities in multiple and innovative ways.

In this paper, we detail the challenges and adaptations of Latinx immigrant communities and CBOs in New Mexico and within our CBPR partnership during two significant periods: the anti-immigrant sociopolitical context from 2017 to 2021 and the COVID-19 pandemic. By reflecting on both periods, we interrogate crisis responses that situate the actions and planning of immigrant communities to address or navigate critical periods or crises as reactionary or unusually innovative. Though we acknowledge the difficulties many immigrants faced during these times, we emphasize the power built and sustained within immigrant communities, immigrant-serving CBOs, and a CBPR partnership, as well as their knowledge, skills, and experiences. Moreover, we stress the importance of their knowledge and power to continuously address structural inequities during and beyond periods of crisis and uncertainty. Through our reflections, we highlight the continuity of Latinx immigrants' experiences in the face of sustained structural inequities and the utility of understanding them as such to better promote Latinx immigrant empowerment and wellbeing and move closer to immigrant liberation.

METHODS

The IWP study had three developmental aims: (1) an ethnographic assessment of the social/political/economic context for Latinx immigrants, their mental health, use of mental health services, and existing stressors and coping strategies (2017); (2) a qualitative case study of the social processes and interactions involved in building on existing CBOs' efforts and adapting and integrating the IWP intervention into these efforts (2017–2021); and (3) a mixed methods longitudinal within-group study of feasibility, acceptability, and outcomes of the IWP intervention with 56 Latinx immigrants (2018–2022). The ethnographic assessment (Aim 1) was collected through 24 in-depth interviews with Latinx immigrant adults and focus groups with almost all staff at four community partner organizations. Data collected for the case study of adaptations and integration of the IWP intervention model (Aim 2) included notes from research team meetings (2×/month), community advisory council retreats (4×/year), participant observations at Learning Circles and CBOs, and focused reflections on changes in organizational and governmental policies and practices. The mixed methods study of intervention processes and outcomes (Aim 3) involved quantitative and qualitative data collected at four-time points over 14 months (pre-, mid-, and post-intervention, and 6 months after the end of the intervention) from participants enrolled in a series of three cohorts (2018–19, 2019–20, and 2020–21). The research was approved by the Univerity of New Mexico's Institutional Review Board (#22217).

From the study's inception, one to three staff from each CBO were members of the research team, which met twice per month to make decisions on all aspects of the study, including finalizing survey questions and interview guides, adapting the intervention, refining data collection methods, and engaging in participant recruitment, implementation, data analysis, and dissemination. These staff were paid through subawards or contracts with each organization. In addition to CBO staff, the research team included four faculty, four graduate students, and a full-time research coordinator. The team was composed of individuals with diverse social locations and identities (majority were immigrants or children of immigrants), which became one of our greatest strengths. This enabled us to amplify voices that have been historically marginalized while reflecting on and acknowledging our own privileges. Almost all team members were bilingual, and research team meetings were conducted in a combination of English and Spanish (see Hess et al., 2022 for more details about bilingual processes).

In addition to research team meetings, the study was guided by a larger community advisory council (CAC), which met quarterly and included the director of each CBO and youth and adult community members (many of whom were former participants in the IWP intervention). The CAC meetings involved half-day retreats with all the research team and CAC members. Retreats included in-depth work on data collection instruments, intervention structure, and data analyses. During the COVID-19 pandemic, retreats were held virtually. Although time intensive, these multiple CBO and community member participation layers were designed to ensure comprehensive, genuine community involvement and multi-directional mutual learning.

Data sources

In-depth ethnographic qualitative interviews

Between March and May 2018, we conducted 24 ethnographic interviews with Latinx immigrants (15 women and 9 men: 22 from Mexico, 1 from Central America, and 1 from South America) to examine their mental health needs, stressors, and economic, social, and political contexts. We collaborated with CBOs to recruit participants, starting with families involved with these partner organizations. Using a purposeful sampling strategy, we selected information-rich cases based on criteria such as age, gender, and involvement with the four IWP partner organizations. Community partners

led the selection process. Interviews ranged from 41 to 99 min, averaging 62 min.

CBO focus groups

In May 2018, the team conducted four focus groups (each with staff from one CBO) to understand the rapidly changing social and political context that began in 2017 and how their organizations were responding in terms of programming, policy efforts, and impacts on their members ($N = 28$; 22 women and 6 men). All staff at each organization were invited to participate. Two faculty and two graduate students paired up, and each bilingual pair facilitated two focus groups. Participants could speak either English or Spanish. The focus groups lasted between 45 and 100 min, averaging 79 min.

Research team meetings and CAC retreats

Between October 2017 and May 2022, we kept notes from research team meetings (6 in 2017, 34 in 2018, 32 in 2019, 27 in 2020, 30 in 2021, 6 in 2022) and agendas, memos, notes, and voice recordings from community retreats (3 in 2017; 6 in 2018; 3 in 2019; 3 in 2020; 2 in 2021-May 2022), which were included in these analyses. Permission from participants was obtained before any recording and use of data.

Qualitative interviews

Employing a similar sampling and recruitment strategy as the ethnographic interviews, we enrolled 56 participants in the IWP intervention and included in this paper's analysis pre, mid, post, and follow-up qualitative interviews from participants enrolled during years that included the beginning of the COVID-19 pandemic—the 2019–2020 cohort ($n = 22$; 19 women and three men: 21 from Mexico, one from Central America) and the 2020–2021 cohort ($n = 18$; 17 women and one men: 15 from Mexico, two from Central America). Interviews examined factors affecting participants' wellbeing, including the impact of the COVID-19 pandemic, and ranged from 31 to 144 min. All interviews were conducted in Spanish, and the audio recordings were professionally transcribed and analyzed in Spanish.

Data analysis

We began data analyses with the following research question: What were the factors and processes that contributed to the ability of Latinx immigrants and our CBPR partnership to successfully navigate the COVID-19 pandemic in ways that maintained our research progress and, most importantly, prioritized the short- and long-term wellbeing of Latinx immigrant participants, community members, and community partners? Early in our analyses, we made the connection that these factors and processes were similar to how Latinx immigrants and our partnership had navigated the 2017–2021 anti-immigrant socio-political context and that it was important to broaden the time frame of our research question to include analysis of data from that time period.

For the qualitative interviews and focus groups, we initially constructed a hierarchical coding structure using a participatory group process that included research team members from CBO partners. These representatives developed themes by reading and discussing transcripts. Two coders fluent in Spanish completed the coding using NVivo 12. The entire research team participated in interpretation and analytical sessions during half-day retreats, employing a participatory model based on Hallett et al.'s (2017) work, which we adapted to occur in Spanish with accommodations for monolingual English speakers on the research team (see Hess et al., 2022 for a detailed description of our participatory bilingual data analysis process that centered participants' experiences in their own words/language). We established a weekly meeting to discuss emerging codes and the hierarchical structure. Analytical memos on the overarching themes were then created to compare data across different sources.

We analyzed CAC Retreat and Research Team Meeting data using abductive thematic analysis (Timmermans & Tavory, 2012) to identify anti-immigrant sociopolitical context-related and pandemic-related challenges, our research team's mitigation strategies, and the strengths that facilitated effective adaptation. This analysis comprised three stages. First, we conducted an initial theme identification, in which three bilingual graduate student team members identified themes in the data sources and synthesized findings into a thematic tree, ensuring intercoder agreement. In the second stage, the same three team members identified broader themes across contexts, illustrating the challenges presented, adaptations, and the effectiveness of our CBPR approach in addressing challenges. We held regular meetings to discuss broader themes and wrote analytic memos. The third stage involved reviewing emerging themes and memos with six CBO staff partners (all members of the Latinx immigrant community), and three faculty researchers to refine and triangulate the themes with their experiences and knowledge of the processes. This participatory process was iterative and occurred monthly from June to December 2022.

RESULTS

Our iterative data analyses identified two overarching themes critical to addressing our research question: (1) Challenges Across Contexts of "Crisis," and (2)

Navigation of Challenges: Latinx Immigrant and CBPR Partnership Strengths. We identified three major challenges that emerged across both periods. However, we also found that Latinx immigrants and CBPR partnership strengths enabled us to respond and persist through these ongoing challenges and address the needs of Latinx immigrants.

Challenges across contexts of "crisis"

Fear and uncertainty

Fear and uncertainty were pervasive throughout both time periods and were exacerbated by lack of information, misinformation, and rapidly changing information. When asked about the impact of rhetoric and policy during the 2017–2021 time period, "fear" was the predominant term mentioned by focus group participants. New Mexico Dream Team (NMDT) members noted that deportation had been a key component of Obama's immigration policy, with more deportations during his administration than any other U.S. president (Bever & Paul, 2018). However, the widespread rhetoric and policies utilized during the following years (2017–2021), openly demonized immigrants with precarious legal statuses, particularly Mexican immigrants, thereby injecting overt racism into national discourse and policy. As one participant stated, "We had a situation with immigration and deportation with Obama, but it was not the same fear that we have right now." A counselor at Centro Sávila described the mental health impacts of this enhanced fear:

> I think in the mental health part, we have seen the fear that families are experiencing. It has caused great distress, anxiety, and depression. Kids, little ones, are very afraid that their parents are just going to disappear. And so, they also present with anxiety and sometimes depression. It's this constant, constant fear of what's going to happen to us? Are we going to be able to continue being here for our children? Are we going to be separated from our families?

Similarly, Encuentro staff spoke about how local anti-immigrant sentiment compounded fears at the national level: "An anti-immigrant community is not anything new since the election. We've had a mayor and a governor who have been anti-immigrant. This has only escalated the situation, making immigrants feel unwelcome or unsafe."

IWP participants also referred to the impacts of new anti-immigrant policies on their daily lives, explaining how these policies affected them and their families. One shared:

> What affects my wellbeing? Not having my family with me, it terrifies me…It terrifies me to think that I could be separated from my son, from my daughter. I try not to think about it. That fear is latent, always there… It's something I can't explain. I'd rather shoot myself. I don't want to imagine that day can come.

All partner organizations mentioned increasing levels of uncertainty related to fear. A New Mexico Immigrant Law Center (NMILC) staff member described how government narratives and misinformation created uncertainty and complicated decision-making:

> Whenever the administration or the state issues…or the news covers something that the new administration wants to implement, but that isn't necessarily implemented yet, I get a lot of calls from clients saying, "Oh, I heard on the news that the public charge definition is being expanded. Now my kids, if they have SNAP or Medicaid, then I'm not going to be able to become a citizen." Just a lot of misinformation that creates fear. They're calling, asking, "Should I wait? What should I do?" It's just a lot of maybes that even we don't really know how to answer yet. So, yeah, fear.

Fear and uncertainty were also prevalent during the COVID-19 pandemic. While fears of deportation and family separation persisted, they were exacerbated by fears of contracting the virus. Misinformation, rapidly changing information, job loss, and economic precarity also contributed to uncertainty. One participant responded that the pandemic increased her fear of spreading the virus to her children, as she had to work as a caretaker to provide for her family despite the risks. Another participant shared how the pandemic reduced her workdays, leading to economic uncertainty and fear about contracting the virus amid constantly changing information:

> My workload went from 5 days to 1 day a week. Another thing is the anxiety; we are worried about the virus because we don't know where it is, where we'll get it…and they say one thing, and then another, everything keeps changing, so there's that.

While these contexts presented unique challenges, they converge in how they impacted Latinx immigrant communities. Fear and uncertainty undermine immigrants' efforts to integrate into the community. Increased fear of deportation makes parents afraid to leave the house to take their children to school, undermining their

education and future opportunities. It also hinders access to essential services, like healthcare. Additionally, fear of contracting COVID-19, combined with economic uncertainty and family separation concerns, highlights the vulnerability of immigrants facing anti-immigrant policies and structural inequities, and their impact on immigrant wellbeing.

Limited access to services and resources

Latinx immigrants face ongoing limited access to services and resources, particularly in terms of government support. Both existing and new barriers became evident during the 2017–2021 time period. Policies like the Public Charge rule and the rescinding of DACA had direct and indirect impacts on access to services and resources; either restricting access outright or reinforcing fears of accessing resources due to potential legal repercussions. Multiple participants mentioned the decision to rescind DACA and its effects on themselves or their children. For instance, one participant shared how her daughter was unable to receive a college scholarship because DACA students were no longer eligible for that benefit. Other participants highlighted the difficulties of accessing healthcare due to high costs for the uninsured and the inability to obtain insurance. One participant emphasized the irony of being able to purchase a car without regular migratory status while being denied healthcare for the same reason:

> So, I feel rejected because of my status, because I don't have insurance. I mean, I don't have insurance because I don't have a legal status. I didn't have opportunities in my country, but at least I had access to insurance. I felt more secure in that aspect, knowing I would be taken care of anywhere. It would be fantastic because if we can afford to pay for a car, don't you think we could afford to pay for our health? I mean, it is a totally broken system, looking to harm us by denying us education and health.

Similarly, other participants expressed frustration about being unable to access federal support programs like Medicaid, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families, despite paying federal and state taxes.

During the COVID-19 pandemic, public health mandates on social distancing particularly disrupted Latinx immigrants' access to community services and resources while barriers to federal support remained. Many participants mentioned their inability to obtain federal relief assistance during the pandemic. One participant shared: "We don't have any benefit. If we don't work, there's no money. So, yeah, that is stressful. Plus, it excluded our kids, you, see? Because we are a mixed status family." This quote highlights how being unable to receive assistance during the pandemic impacted them and their children, regardless of their citizenship status.

Restrictions also hindered access to CBOs and impacted interpersonal interactions, including the in-person delivery of the IWP program. For IWP, this affected opportunities for meaningfully connecting students and immigrants to address unmet needs, particularly at the beginning of the pandemic. For CBOs, this strain manifested in the limited resources available to serve a large population. Participants mentioned the impact of CBOs' limited hours of operation, which conflicted with their schedules, making it impossible for them to access resources. Many also cited the shift from in-person to virtual or phone communication as a barrier to optimal care. Finally, during the pandemic, many participants identified increased wait times for appointments as a significant challenge in accessing resources, with significant consequences like delay in mental health care and diagnosis of diseases.

Restricted mobility and isolation

The political climate and public rhetoric, particularly during the 2017–2021 time period, along with strict migration and border enforcement policies, exacerbated immigrants' isolation. For example, many immigrants avoided leaving their homes unnecessarily, which meant going straight from work to home and avoiding social interactions. One participant responded when asked about how they felt living in the U.S. before the onset of the pandemic: "It's not that I don't like it, I just don't go out anywhere, I don't know people, I don't know anything. Just my job and my house and my kids and that's it, Walmart, Food Market. That's all." Similarly, when asked about barriers and challenges to their wellbeing, many participants referred to feeling isolated and not having anyone to provide emotional or instrumental support, with one participant explaining that the interview was the first time in 11 years living in the United States she had talked in-depth about her experience and feelings because "she didn't have anyone." These quotes highlight how immigrants were already socially isolated to avoid taking unnecessary risks, even before the COVID-19 pandemic.

Thus, immigrants' experiences during the COVID-19 pandemic in terms of isolation and social distancing were not necessarily as new and different as they were for people without an immigrant background. This is exemplified by a participant who shared during a virtual Learning Circle: "Maybe now the rest of the country will know what it feels like to be an immigrant because it is so isolating." Although IWP intervention participants often made references to the mental health impact of the COVID-19 pandemic in terms of being unable to leave

their homes or see their families in the United States and their home countries, and feeling like "their friends had died" since it had been so long since they last saw each other, they also frequently referenced the restrictions on mobility, particularly across national borders, as something immigrant and refugees were familiar with. For example, a participant from Mexico who was interviewed a month after the pandemic started explained that they were already accustomed to "Not being able to see our family, to hug them." These narratives show how both periods (anti-immigrant policies and COVID-19 restrictions) involved restricted mobility.

Being unable to cross borders and feeling isolated/alone in a new society transcends these specific contexts and is a major impediment to immigrant wellbeing. Fear and uncertainty, as well as restricted access to resources, are persistent difficulties that many immigrants have had to navigate. Extant strengths within immigrant communities and our IWP partnership enabled us to traverse these ongoing and emerging challenges.

Navigation of challenges: Latinx immigrant and CBPR partnership strengths

Navigating the 2017–2021 anti-immigrant socio-political context

During the 2017–2021 period, most IWP adaptations centered on the Learning Circles within the project, which were co-facilitated by CBO staff and UNM. While participants were not formally asked to disclose their legal status, a safe and supportive environment was created for those who chose to share their immigration-related stressors. Activities like "The Story of Us," a narrative activity where participants share their life journey, enabled participants to share difficult or traumatic experiences in a supportive setting. Learning Circles also covered legal, healthcare, and educational issues, along with available resources, to address the uncertainty in immigrants' lives. In addition to CBO co-facilitators, other experts from partner organizations attended to share knowledge and support. For instance, Centro Sávila staff presented on healthcare resources for individuals with and without insurance; a lawyer from NMILC conducted screenings to direct participants to appropriate services; and NMDT organized a field trip to the New Mexico Legislature on education day. Students also played a crucial role in mutual learning and the mobilization of community resources/services, and the collaboration and constant communication between students, CBO staff, and course instructors promoted strategic support for each participant. Cross-organizational collaboration was central as well. Encuentro, NMILC, NMDT, and Centro Sávila research team members served as facilitators and, therefore, regularly engaged in planning meetings, where family needs were discussed and addressed. Centro Sávila served as a mental health referral in case needs beyond the scope of program staff arose.

Navigating the COVID-19 pandemic

When the COVID-19 pandemic hit in March 2020, we rapidly transitioned the IWP study to an all-remote format (including all recruitment, data collection, and intervention activities) and documented its feasibility, acceptability, and responsiveness to critical adverse pandemic consequences. The multilevel CBPR approach enabled rapid participant support within the context of limited resource access and evolving health guidelines. Leveraging our CBPR partnership's experience with Latinx immigrant challenges and institutional inclusivity efforts facilitated these necessary adaptations. Pre-existing adaptability to policy changes enabled us to provide essential support quickly and effectively during the pandemic. For instance, connecting participants with student advocates and CBOs allowed us to address immediate needs related to unemployment benefits, food access, health care, and rent assistance. They also provided essential support to help participants negotiate eviction moratoriums and employment rights. Our partnership also organized a fundraiser to prevent evictions among IWP families who were ineligible for federal aid. The research team continued to work collectively for policy changes to increase access to resources/benefits for mixed-status families and DACA recipients.

Other rapid responses included sharing critical and timely information in immigrants' languages with culturally centered messages and disseminating these from trusted sources. Masks were also distributed with explanations about how/why wearing masks was necessary, and COVID-19 rapid tests were made available to participants. In addition, Learning Circles (conducted via Zoom) enabled participants to stay connected with each other, students, and CBO staff. We invited guest speakers, and experts in their fields, to talk about vaccinations, COVID-19, housing, and other topics that were sources of stress and fear. While Learning Circles were virtual, student advocates often visited participants homes to drop off care packages, letters, or learning resources (e.g., children's and language books) and to provide emotional support for participants, resulting in them becoming part of a support system for their immigrant partners during this time. Finally, interview protocols were adapted to include COVID-related questions to assess immigrants' pandemic-related challenges and strengths and the effects of IWP in addressing immigrants' difficulties and supporting their wellbeing.

Navigating the ongoing "crisis" of immigrant exclusion

As we reflected on our CBPR partnership's navigation of these two time periods, it was clear that the nature of the

IWP partnership facilitated rapid adaptations to similar challenges that emerged during both periods—the anti-immigrant sociopolitical context of 2017–2021 and the COVID-19 pandemic. The deep collaborations, knowledge, and labor of all IWP partners were necessary to make these changes possible. We also realized that our partnership was fundamentally shaped by the survival strategies and ongoing resistance of immigrant members (who comprised the majority of university and community partners) and who have developed and employed these strategies as necessities for surviving the long-standing "crisis" of immigrant marginalization and the construction and maintenance of exclusionary borders. As a result of these survival and resistance strategies, our partnership centered on the building and sustaining of trust within the research team and within the Learning Circles and devoted ongoing significant time and effort to maintaining trusting relationships among academic and community partners over many years. Our team also emphasized shared power and decision-making through specific immigrant-driven approaches, including developing and implementing intentional bilingual research processes (not only bilingual meetings but also prioritizing data analysis and dissemination in Spanish).

In addition, we found that many IWP participants applied their skills and experiences toward maintaining optimism and resourcefulness during both periods. This strength, often identified as navigational capital (Yosso, 2005), was pivotal not only for personal coping and survival but also for the IWP intervention. CBO staff, university team members, and IWP participants harnessed available spaces within the intervention (e.g., Learning Circles) and within the broader research project (e.g., bilingual meetings and retreats) to ensure opportunities for vulnerability and growth in which we all could share our fears, concerns, stressors, and support for each other during these periods and engage in systems change and resistance efforts. Because our CBPR partnership was focused on implementing a multilevel advocacy, mutual learning, and social support interventions to create networks of financial, material, legal, and emotional support, the development of these safe places was less disrupted by policies and health events that were more noticeably acute in terms of reduced access to resources, family separation, and limited transnational movement.

During both time periods, our partnership was able to increase interorganizational collaboration to address urgent health and wellbeing issues as they arose, as well as to widen social support networks through multi-sector communication webs that included advocacy for immigrant families through the support of university students and CBO staff. The community-university collaboration helped to counteract limited access to resources and services and fostered collective care, meaningful social inclusion, belonging, and empowerment, by prioritizing immigrant individual, community, and organizational knowledge and epistemologies. Thus, our team built upon immigrants' strengths during both periods. We did not suddenly have to develop new skills for crisis navigation, but rather we continued to center immigrants' ongoing survival strategies that ensured response processes were not only rapid but also deeply resonant with and respectful of community needs and knowledge. Importantly, these strengths within our CBPR partnership enabled us to identify critical areas of research and intervention needed during the COVID-19 pandemic and to obtain a 5-year grant from the National Institute of Mental Health in August 2021 to examine the effects of multiple nested levels of intervention (IWP, involvement with CBOs, and access to local/state structural interventions) on the mental health, economic stability, stressors, and social support of 600 Latinx and African immigrants and refugees. This research provides sustained funding for our community-university partnership and aims to improve our understanding of the multilevel processes needed to reduce structural inequities and the health disparities that result.

DISCUSSION

During the 2017–2021 period of heightened anti-immigrant policies and sentiment and the COVID-19 pandemic, Latinx immigrants experienced significant health disparities, which were further exacerbated by financial instability and limited access to essential resources (Clark et al., 2020; Hasan Bhuiyan et al., 2021). However, many responses failed to address challenges like unrecognized legal status, fear of accessing social services, language barriers, and precarious work and financial situations. Research suggests the importance of addressing these disparities through multilevel approaches considering institutional, community, and individual interventions (Ford-Paz et al., 2020). A critical aspect of CBPR is its acknowledgment of the importance of simultaneously addressing immediate needs and challenging underlying discriminatory policies and other structural barriers perpetuating inequities (Grace et al., 2018).

In this paper, we describe how a community-university partnership mobilized to address ongoing challenges that inequitably impacted Latinx immigrant communities. Leveraging immigrant communities' and our partnership's strengths and resistance, we aimed to reduce mental health inequities by tackling structural violence, fear, isolation, and uncertainty. Using the case of a heightened anti-immigrant socio-political context (2017–2021) and the COVID-19 pandemic, we demonstrated how challenges for immigrant communities are not solely context-bound but persist across time and place. This calls for a reflexive CBPR practice that recognizes how strengths and assets within immigrant communities have emerged from the necessity of having

to navigate continuous structural violence beyond specific periods of crisis. This approach reinforces the agency of immigrant participants, recognizes them as central partners and co-creators of knowledge, and works to create and support alliances with nonimmigrant community members. This results in leveraging all partners' expertize and abilities to engender social justice. By highlighting community-rooted strengths, we aim to promote transparent methodological approaches that enhance community-university partnerships and improve CBPR outcomes, working together to empower immigrant communities toward justice and equity.

The challenges immigrants and CBOs faced in the context of these dual public health crises are similar to those they have faced historically. Anti-immigrant policies enacted during the 2017–2021 period and the COVID-19 pandemic produced and multiplied fear, isolation, and barriers to accessing resources and services among immigrant communities. Fear creates uncertainty about how to protect oneself or one's family from harm. Grace et al. (2018) argue that uncertainty is a type of violence "enacted through systematic personal, social, and institutional instability that exacerbates inequality and injects fear into the most basic of daily interactions" (p. 904). Akin to structural violence, it is critical to see the violence of uncertainty as linked to how immigrants are able to access (or not) health care and other basic resources for survival (Grace et al., 2018).

During times like the 2017–2021 anti-immigrant sociopolitical context and the COVID-19 pandemic, many researchers shifted to analyze them as crisis scenarios during which strategies and methodologies were employed to tackle specific emerging challenges; we suggest that it is important to view these times and these efforts beyond a crisis mode and contextualize them within the U.S. histories of discrimination and exclusion against immigrants (Ngai, 2014). Though we acknowledge these periods exacerbated the burdens of structural inequality, we suggest recognizing them as well as responses to them as continuities in ongoing adaptations and strategies of survival and resistance that immigrant individuals, communities, and CBOs have long had to employ in the USA. At the same time, we saw the rapid nature of adaptations during these multiple public health challenges tied to the intensification of anti-immigrant policies and rhetoric and the COVID-19 pandemic as an opportunity to reflect on strengths and strategies that enable successful navigation, resistance, and survival, and provide elements to incorporate in our CBPR practices.

Implications for CBPR partnerships

The adaptations within our CBPR project suggest four central considerations we want to highlight to uphold and urge others to consider for their own projects. First, we found that constant, multidirectional communication that acknowledges different channels and community preferences is essential. This includes pre-established networks and modes of communication in which participants feel secure and familiar. Second, community perspectives are *integral* for understanding ongoing challenges that drive action and maintaining a proactive approach that is not crisis-driven. Building on work that highlights the centrality of community knowledge, epistemologies, and experiences, we emphasize the necessary transparency about who is part of the research team and who is interpreting community partners' understandings. This also requires us to acknowledge what is often lost in epistemological translation and thus to prioritize the languages of all participants and the co-construction of knowledge by multiple and diverse community members, including CBO staff who are immigrants, former research participants, and other immigrant adults and youth in data analysis and all aspects of the research processes.

Third, while inequities are not felt equally across communities (Grills et al., 2022), the COVID-19 pandemic highlighted vulnerabilities everyone possesses, even within the most privileged positions in our partnership. CBPR scholarship identifies diverging levels of involvement and balancing power dynamics as potential challenges in praxis (Suarez-Balcazar, 2020; Wallerstein, 2017). Our findings highlight the collective nature of care (Neely & Lopez, 2022), as a potential counterfactor to these challenges and a central element to CBPR partnerships. For example, during volatile political times, refugee members of the research team reminded the rest of the team that they had survived many different leaders in their home countries and that we could do the same in the USA, a reminder that provided critical reassurance and emotional support. Similarly, during the COVID pandemic, emotional and practical support was multidirectional and multifaceted across all research team members.

Collective care as a practice prompts us to highlight the essential contributions and labor of CBO staff, all of whom, in our case, are immigrant women of color, as well as our diverse research team that includes immigrants, refugees, children of immigrants, and intervention participants. Despite the challenges they experienced, CBO staff and other research team members were willing to support each other and sustain the momentum of our partnership. It is important that care labor is not taken for granted and that in considering collective care and immigrant survival, justice, and liberation, we center transformative ways of supporting one another (Neely & Lopez, 2022).

Finally, it is critical to emphasize livelihood before specific project goals and acknowledge that survival is and should always be the priority beyond the research. Participants' and communities' situations, particularly when vulnerable, are subject to rapid change. Thus,

providing time and space to ensure an iterative evaluation of needs and ways to support them should be prioritized. Survival becomes an act of resistance in the face of power imbalances. Participants demonstrate this resistance by navigating bureaucratic institutions such as healthcare and social services. Moving beyond a framework of crisis is crucial in recognizing that immigrant communities encounter adversity daily. Thus, while our CBPR partnership maintained flexibility to rapidly adapt and support Latinx immigrant communities in accessing necessary resources and services during periods of heightened anti-immigrant rhetoric and policies, our efforts also continued to push for long-term structural solutions. Research partnerships must prioritize addressing these adversities and underlying structural inequities simultaneously.

Through ongoing engagement between community members, CBOs, and academic partners, our research partnership will continue to evolve and adapt. CBOs will keep innovating in the ways they reach out to and engage with immigrant communities and develop and support immigrant leadership. A partnership that works across sectors has proved to be fruitful in holistically addressing Latinx immigrants' needs. Fear and uncertainty are pervasive, and a single organization or project cannot address the multifaceted challenges immigrants face; partnerships that work in collaboration are best positioned to do this. Too often, immigrants must navigate systems that work in silos, and the burden falls upon them to maintain those diverse relationships. The IWP model and partnership provide a platform for organizations to be in communication, for community members and youth to engage in this collaboration, and ultimately to empower and support immigrants to address the issues they are experiencing in real time.

Limitations

Although our findings are limited to specific contexts and partnership experiences, we hope this paper encourages others to reflect and possibly even apply lessons we learned to their specific contexts, practices, and experiences. Our positionalities only enable us to see what our embodiments allow; however, this can also be seen as a strength since, as a group, we represent diverse and unique identities, perspectives, and communities that are often not included in academic knowledge production.

CONCLUSION

Indeed, many challenges remain, and our partnership is nowhere near addressing the root causes of mental health inequities experienced by Latinx immigrants. However, the IWP model and the experiences of our community-university research team suggest that strengths-based, community-engaged, participatory approaches can work to multiply the effects of CBOs and strengthen collaborations. Further, they provide a forum for transformative social change and contribute to immigrant liberation by addressing the structural violence that anti-immigrant policies engender. Models such as these do not provide definitive solutions, but rather a way forward in the face of structural violence, unjust policies, and another form of collaborative resistance to the false dichotomy of "us" versus "them." Moreover, such interventions and partnerships can serve as a model to change these conditions in ways that promote participation, empowerment, collective care, and equity. In sum, our findings emphasize the importance of centering community strengths in developing strategies that promote immigrant wellbeing, account for dynamic and changing contexts, and ultimately lead to social justice. The 2017–2021 anti-immigrant sociopolitical context and the COVID-19 pandemic presented both challenges and opportunities for our team to reflect on CBPR processes and practices. Our reflections led us to understand the importance of moving beyond a reactive crisis mentality or approach by increasing awareness that immigrant and other racialized and marginalized communities are surviving continual "crises" and are engaged in ongoing resistance and survival strategies that should be recognized, built upon, and learned from.

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CONFLICT OF INTEREST STATEMENT

Jessica R. Goodkind is an unpaid Board Member of United Voices for Newcomer Rights, a partner organization in the study. All other authors declare no conflicts of interest.

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