

# SALUD, TECNO, Y TRABAJO

A HEALTH EQUITY REPORT FOR POLICYMAKERS, COMMUNITY ORGANIZATIONS, WORKERS, AND EVERYDAY PEOPLE

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## SUMMARY

Working with the UI College of Nursing and Johnson County Public Health, Escucha Mi Voz Iowa members conducted a rapid response needs assessment and whole worker health survey of 481 immigrant and refugee residents of Johnson County. This report analyzes the results of the October/November 2023 survey, identifies the structural barriers to vaccine access and health equity, and offers recommendations to policymakers and civil society.

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**Salud, Techo, y Trabajo:** A Health Equity Guide for Policymakers, Community  
Organizations, Workers, and Everyday People

Dr. Emily M. Sinnwell, University of Iowa College of Nursing

Mr. Clinton Dimambu, Escucha Mi Voz Iowa

**Author Note**

Dr. Sinnwell is an associate clinical professor at the UI College of Nursing.

Mr. Dimambu is a Representative Organizer with Escucha Mi Voz Iowa.

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*Escucha Mi Voz Iowa is a grassroots community power organization with 1,000 dues-paying members and a contact list of 5,000 immigrants in five counties. The mission of Escucha Mi Voz Iowa is to advance whole worker health equity and address the structural determinants of health by building the power of working-class immigrant and refugee communities to fight and win justice and dignity in society. Contact Escucha Mi Voz Iowa at 113 S Johnson St, Iowa City, IA 52240. Email: [info@escuchamivozia.org](mailto:info@escuchamivozia.org)*

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## Introduction

The Whole Worker Health Survey was conducted in Spanish and French by trained Community Health Organizers over seven weeks in October and November 2023. The survey was conducted by phone and in-person with 481 respondent-residents of Johnson County. Of the 481 responses, 240 were conducted in-person, either at the Escucha Mi Voz Iowa office in Iowa City, or in the private mobile homes and apartments of the respondents. The other 241 responses were completed over the phone. All data was recorded, stored, and secured in Escucha Mi Voz's EveryAction database.

**The findings reveal** that the working-class, immigrant and refugee communities who were hit hardest by the Covid-19 pandemic continue to face entrenched structural barriers to vaccine access and health equity. The structural determinants to health identified include:

- 1) Low-wage working conditions in essential industries without the benefits of a strong union contract like livable wages, health insurance, and paid sick leave.
- 2) Expensive, overcrowded, and substandard housing.
- 3) Immigration status and primary language other than English.
- 4) The failure of policymakers and service providers to plan and implement a proactive and coordinated outreach program and education campaign.
- 5) The lack of power directly impacted communities currently have to change the economic and social conditions affecting their pay, working conditions, housing, and education.

**Based on these findings, the report recommends:**

1. For workers and everyday people, sign-up as a member of Escucha Mi Voz Iowa. More members means more power to promote whole worker health equity and address structural determinants to health such as jobs, housing, and immigration.
2. For policymakers, fully fund innovative community health partnerships, permanent supportive housing, and household stabilization payments for immigrant and refugee workers.
3. For funders, focus grantmaking on dynamic, base-building organizations with a plan to scale up through grassroots leadership training and 1on1 relational organizing.

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## Literature Review

A dangerous new variant of the Covid-19 virus - known as the JN.1 variant - emerged in September 2023 and quickly spread across the country, becoming the dominant strain in the United States by January 6, 2024<sup>1</sup>. At the same time, less than 10 percent of U.S. adults report being inoculated with the new Covid-19 vaccine<sup>2</sup>.

While the rate of Covid-19 infections and mortalities in immigrant and refugee communities has declined since 2020, public health data from Iowa and across the country continues to highlight the racial disparity and disproportionate impact of the pandemic on immigrant and refugee workers. According to an August 20, 2022 report by the Organization for Economic Cooperation and Development<sup>3</sup>:

*Immigrants are disproportionately affected by COVID-19 [and are] much more likely than their native-born peers to catch the disease, to develop severe symptoms, and to face higher mortality risks. This is due to a range of factors such as poorer housing conditions with higher incidences of overcrowding; a higher dependency on public transport; overconcentration in areas with higher population density; fewer possibilities for teleworking and a higher incidence of frontline jobs; as well as language barriers and other structural obstacles to access health services and communications regarding prevention measures. Immigrants are also underrepresented among those who get vaccinated.*

"We consider immigration as a social determinant that has an impact on health and overall well-being and that puts immigrant communities at greater risk for COVID-19 infection while they are also less likely to access health care or have greater delays in entry into health care," a team of researchers wrote in a peer-reviewed article published by the American Journal of Public Health<sup>4</sup>.

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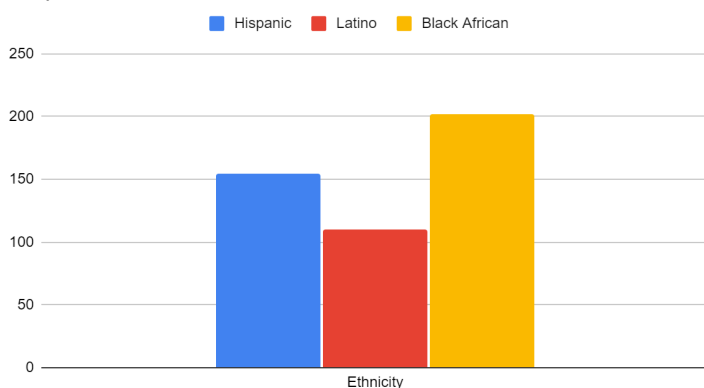
<sup>1</sup> A new COVID variant is dominant in the US: Know these symptoms. Today, Jan 9, 2023. Accessed Jan 10, 2024. <https://news.yahoo.com/covid-variant-spreading-fast-us-014701360.html>

<sup>2</sup> COVID-19 booster is 'abysmal', only 7 percent of U.S. adults with shot. PBS News, Oct 27, 2023. Accessed Jan 10, 2024. <https://www.pbs.org/newshour/health/vaccine-data-shows-rates-for-latest-covid-19-booster-is-abysmal-only-7-percent-of-u-s-adults-with-shot>

<sup>3</sup> What has been the impact of the COVID-19 pandemic on immigrants? An update on recent evidence. OECD Policy Responses to Coronavirus. Aug 20, 2022. Accessed Jan 10, 2024. <https://www.oecd.org/coronavirus/policy-responses/what-has-been-the-impact-of-the-covid-19-pandemic-on-immigrants-an-update-on-recent-evidence-65cfc31c/>

<sup>4</sup> Immigrant Communities and COVID-19: Strengthening the Public Health Response. [Am J Public Health](#). 2021 October; 111(Suppl 3): S224–S231.

Hispanic, Latino and Black African

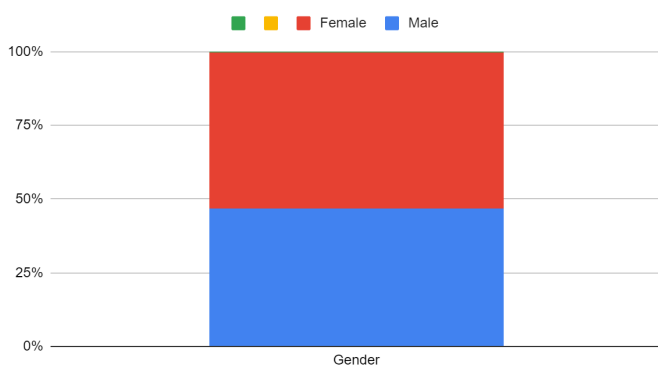


## Respondent Profile

Fifty-five percent of survey respondents self-identified as Hispanic or Latino, and 45 percent identified as Black African.

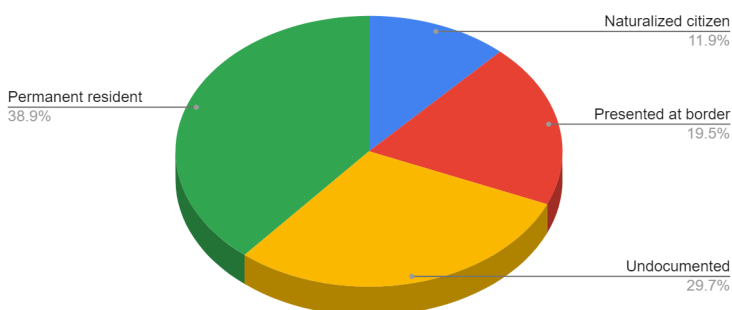
Fifty-three percent of survey respondents self-identified as female, 47 percent identified as male.

Male 47% and Female 53%



Fifty-seven respondents stated they are naturalized citizens, 94 presented at the border and are in asylum proceedings, 143 are undocumented and crossed in the shadows, and 187 are permanent residents.

Immigration status



Naturalized citizens and permanent residents are overwhelmingly Black African refugees. In proceedings or undocumented respondents are primarily Hispanic/Latino.

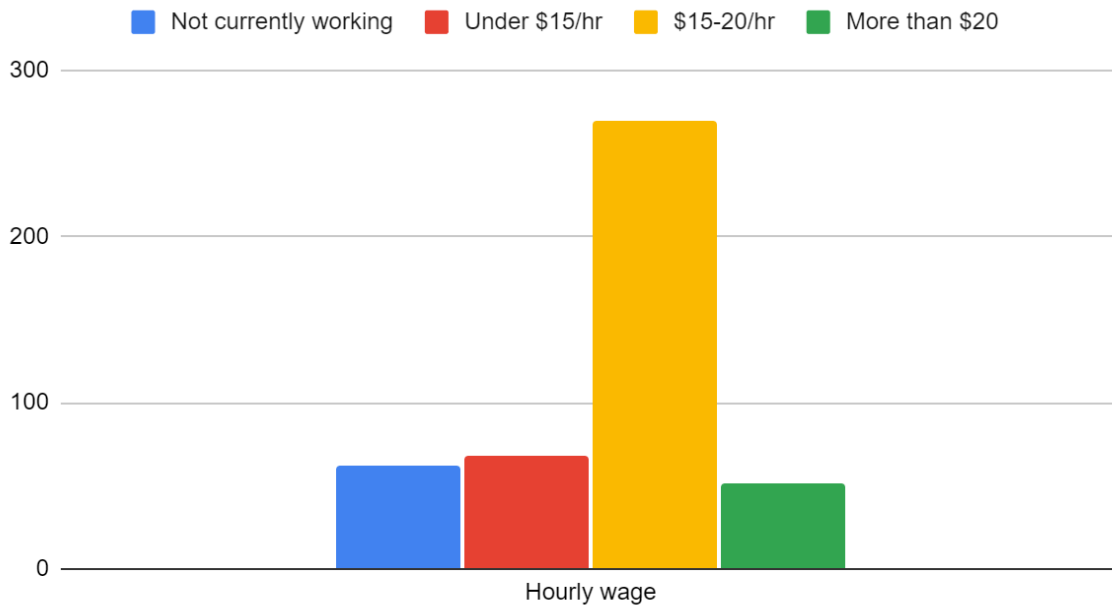
Only three respondents identified English as their preferred language. Sixteen

stated French was their preferred language, 237 stated Spanish was their preferred language, and 217 stated that multiple languages (such as French and Lingala) were their preferred language.

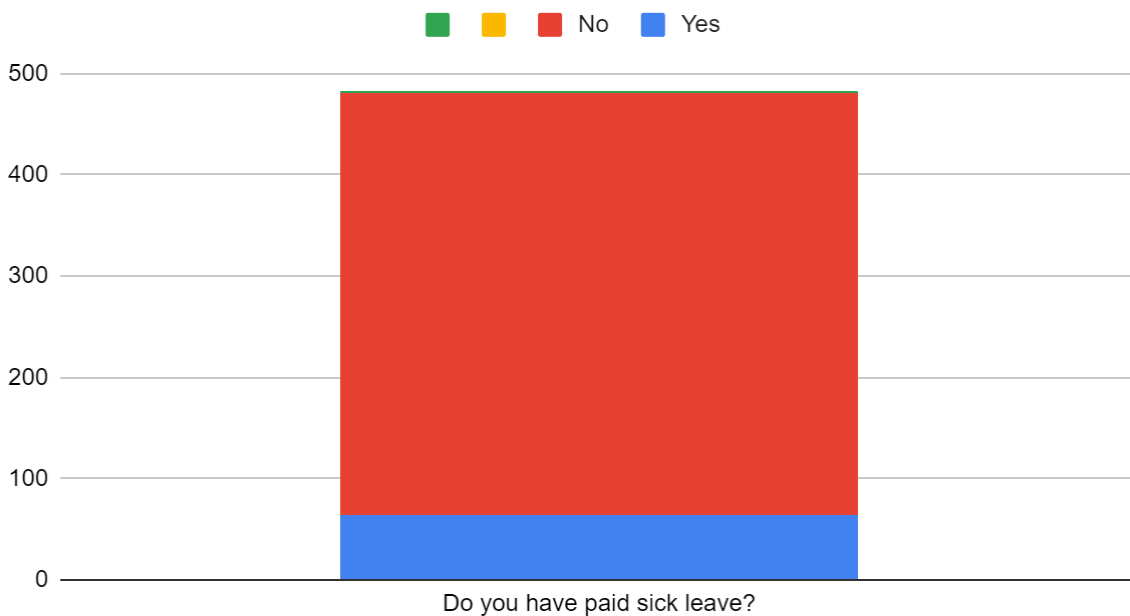
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## Findings Summary: Jobs and Wages Below AMI

Not working, Under \$15, \$15-20 and More than \$20

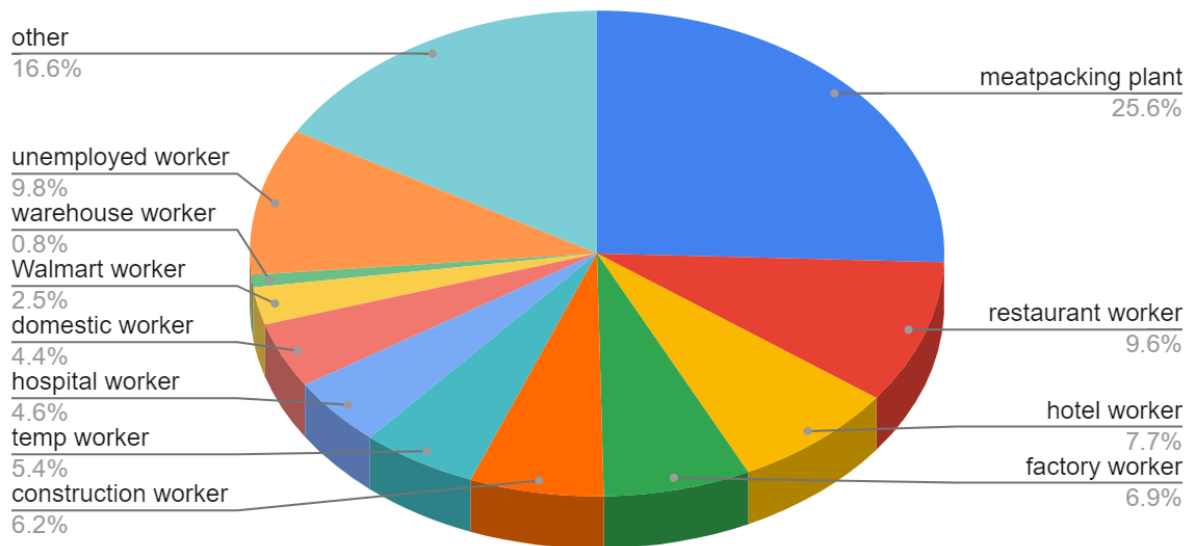


Do you have paid sick leave? Yes 14% No 86%



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## Findings Summary: Distribution of Occupations



Survey respondents include:

- 123 meatpacking plant workers.
- 46 restaurant workers.
- 37 hotel workers.
- 33 factory workers.
- 30 construction workers.
- 26 temp workers.
- 22 hospital workers.
- 21 domestic workers.
- 12 Wal-mart workers.
- 4 warehouse workers.
- 36 unemployed workers (including self-identified housewives, or 'ama de casa').
- 80 other (including farmworkers, public school employees, maintenance, landscapers, etc).

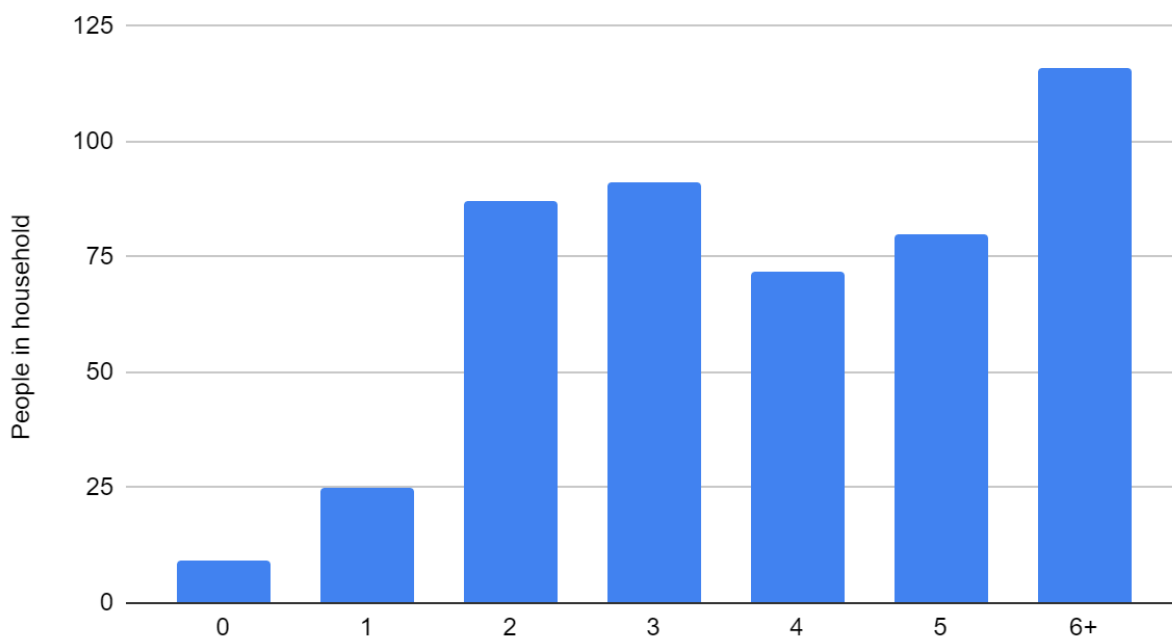
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## Findings Summary: Affordable Housing Crisis More Severe for Immigrant and Refugee Workers

According to survey results, 53 percent of respondents pay over \$800 a month in housing, with more than 1/3rd living in double, triple, or quadruple occupancy households (including more than half of Hispanic respondents).<sup>5</sup>

When controlled for hourly wages and the total number of people in each household, virtually all survey respondents qualify as low-to-moderate income, under 80 percent of the Area Median Income (AMI), with the majority under 50 percent AMI<sup>6</sup>.

People in household



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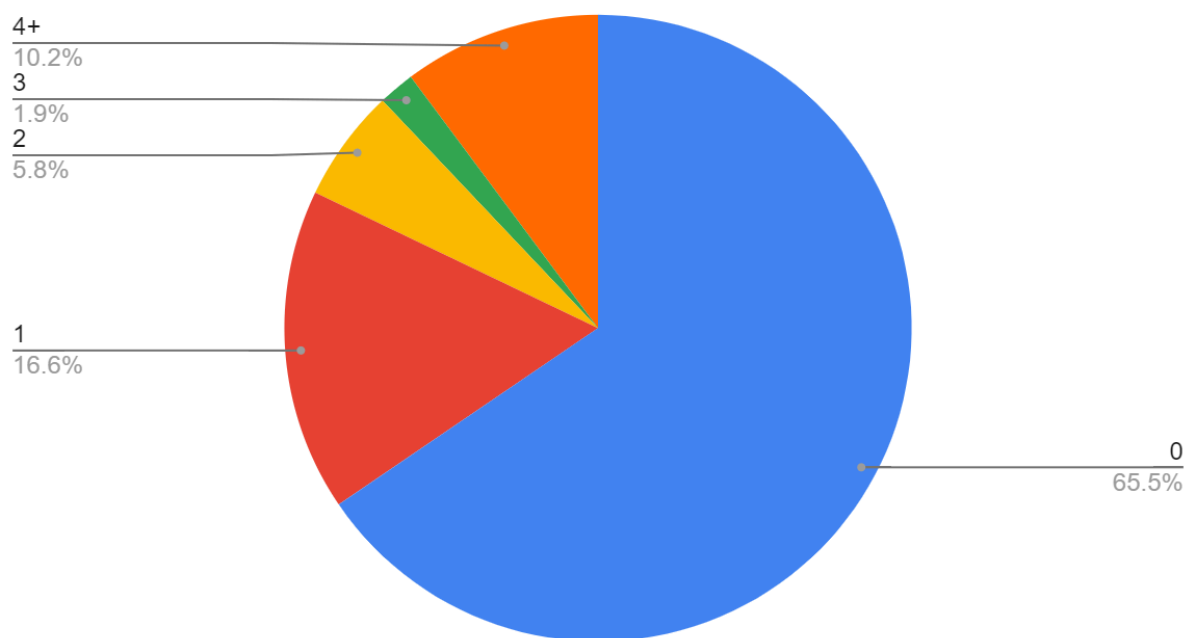
<sup>5</sup> "In 2022, 19.1% of the population was living with severe housing problems in Johnson County, IA." according to <https://datausa.io/profile/geo/johnson-county-ia>

<sup>6</sup> For 2023 estimates from the U.S. Department of Housing and Urban Development, see [https://www.huduser.gov/portal/datasets/home-datasets/files/HOME\\_IncomeLmts\\_State\\_IA\\_2023.pdf](https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_IA_2023.pdf)

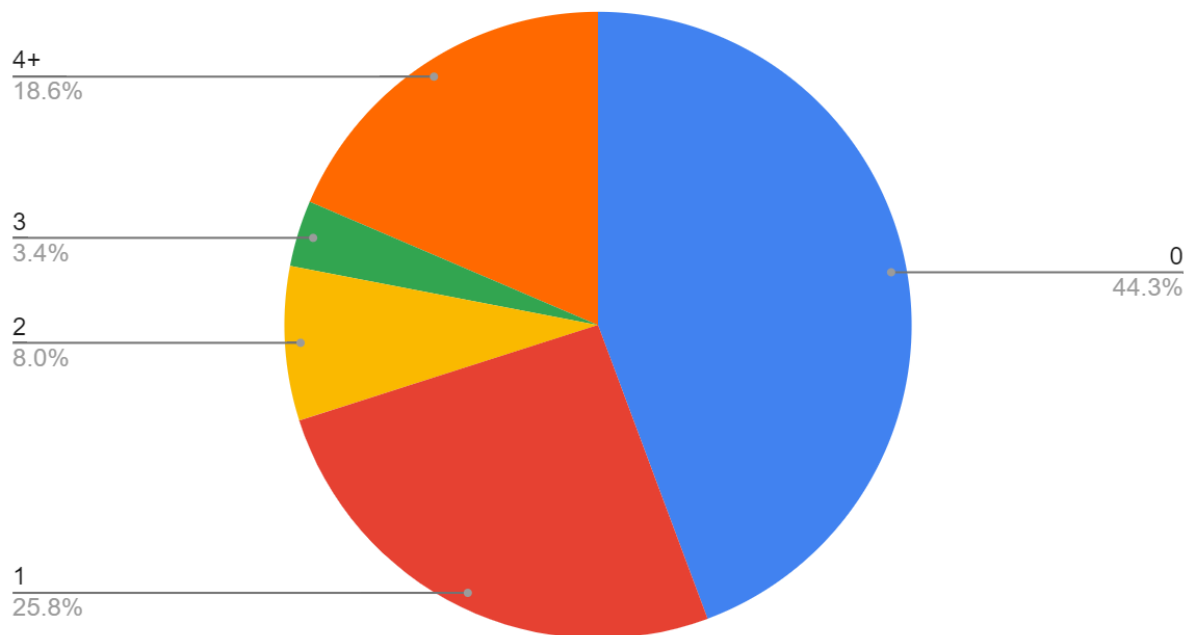


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## Other families in house



## Other families in house Hispanic only



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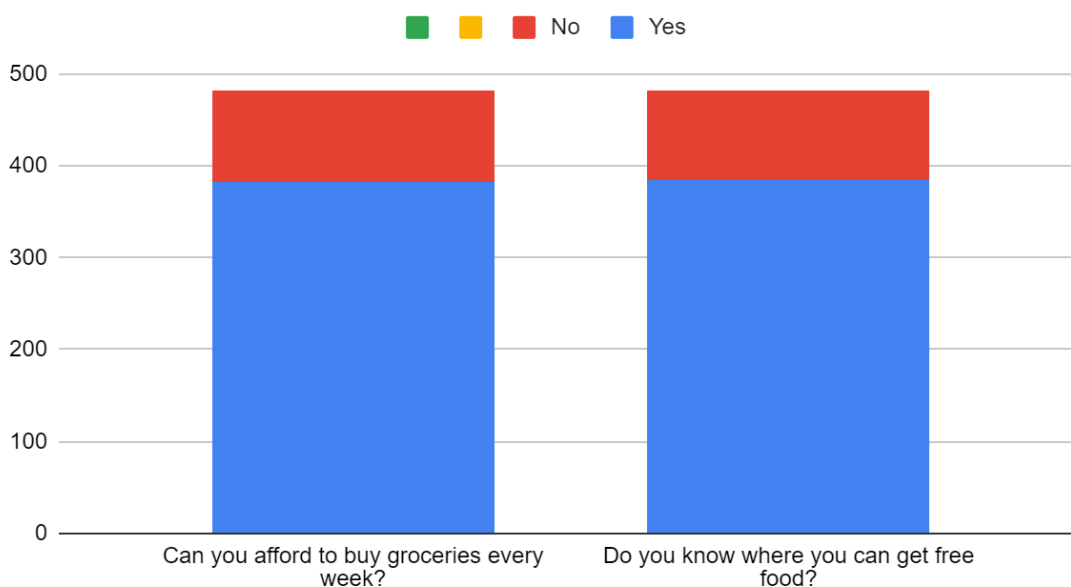
## Findings Summary: Health and Food Security Lacking

Nearly one in five respondents report having at least one serious medical condition such as asthma or diabetes, including 22 percent of Hispanic respondents and 7 percent of Black African respondents (see Appendix B: Data Tables).

This variance between ethnic groups is also reflected in health insurance coverage. While 53 percent of all respondents stated they do not have health insurance, 83 percent of Hispanic/Latino respondents do not have health insurance compared to just 11 percent of Black African respondents. This is likely because a majority of Black African respondents have an immigration status that allows them to work legally in industries that offer health insurance to their workers, such as meatpacking and food production.

One in five respondents reported they are not able to afford groceries every week, including 27 percent of Hispanic/Latino respondents and 11 percent of Black African respondents. Twenty percent of respondents stated they do not know where they can access free food in the Johnson County community, including 28 percent of Hispanic/Latino respondents and 8 percent of Black African respondents.

### Survey results show 20% (plus children) are food insecure



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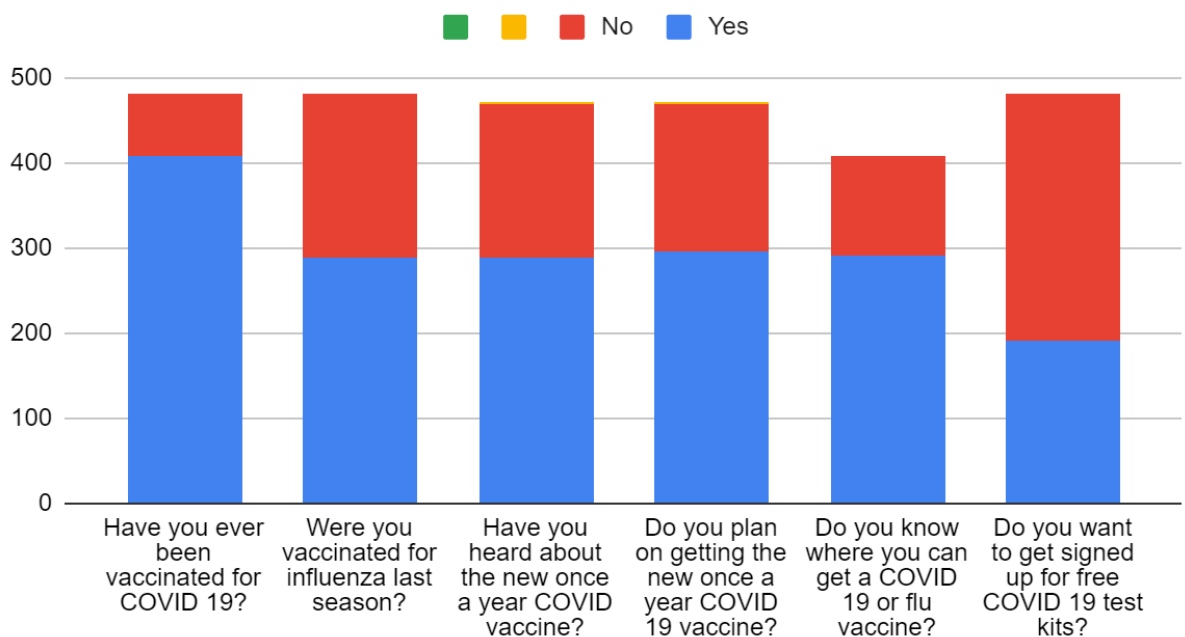
## Findings Summary: Vaccine Demand High Despite Structural Barriers Contributing to Vaccine Hesitancy

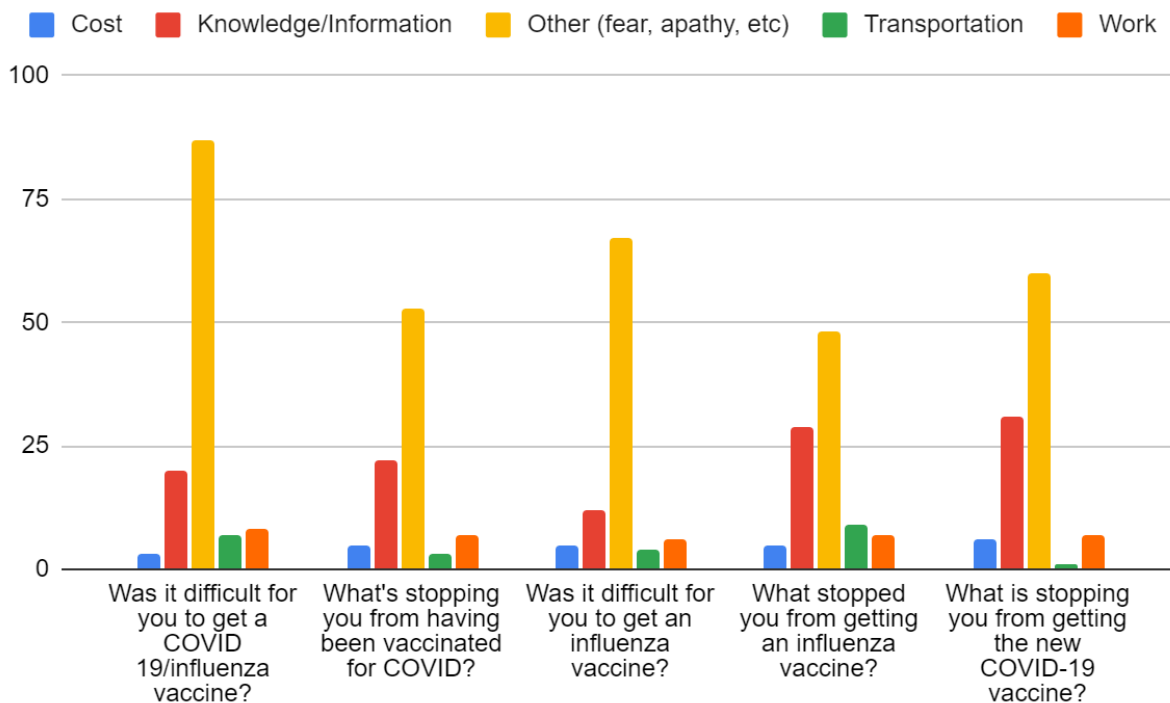
Survey results show that a majority of respondents have been previously vaccinated for both influenza and Covid-19, with sixty-three percent stating they plan to get the new Covid-19 vaccine.

However, structural barriers to access continue to contribute to persistent vaccine hesitancy for 37 percent of survey-takers, barriers including:

- 1) Cost.
- 2) Work.
- 3) Transportation, and
- 4) lack of information, education, and training.

### Survey results show a clear demand for Covid tests & vaccines





## Findings Summary: Top Issues Include Immigration Reform, Affordable Housing, Health Insurance, and Higher Wages

When asked, survey respondents identified immigration reform, health insurance, raising wages, and affordable housing as the top issues impacting their lives.

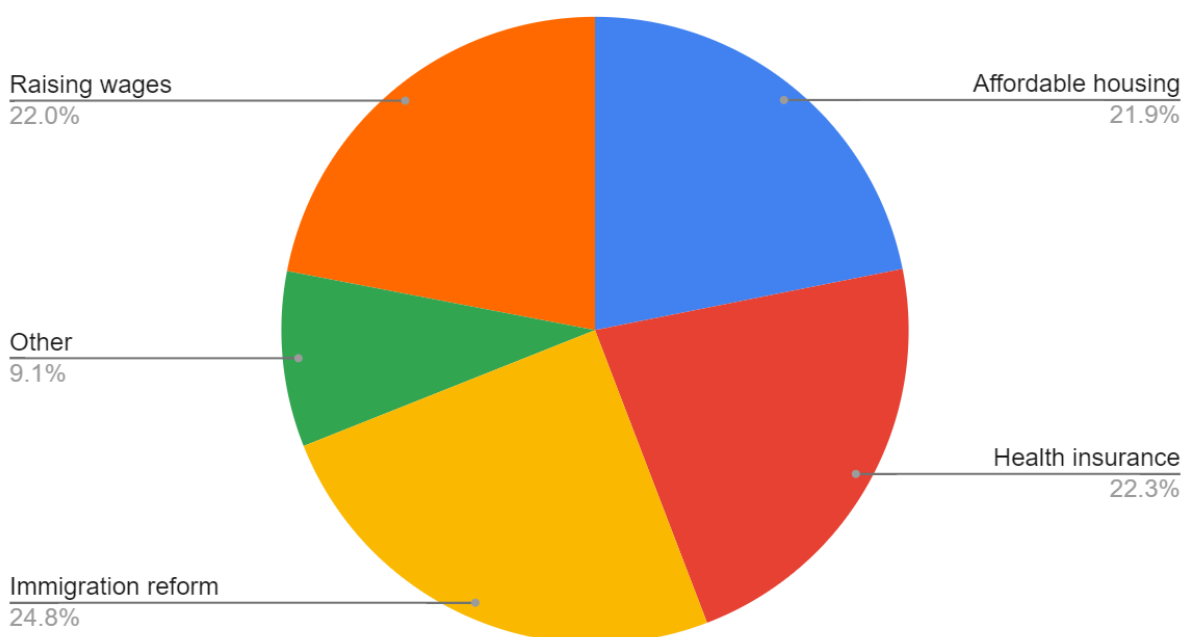
While only four percent of respondents stated they had been the victims of wage theft in the last 12 months, 90 percent reported they have never attended a workers' rights training.

The nine percent of respondents who chose Other Issue were Black African refugees who stated they were not timely notified about the 2022 Johnson County Direct Assistance Program<sup>7</sup>, and did not have an equal opportunity to apply for the \$1,400 household stabilization program.

<sup>7</sup> For more information see Tyson Foods employees demand additional relief funds from Johnson County Board of Supervisors, Daily Iowan, November 28, 2022, accessed 1/22/24. <https://dailyiowan.com/2022/11/28/tyson-foods-employees-demand-additional-relief-funds-from-johnson-county-board-of-supervisors/>

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What issues are most important to you?



## Conclusion and Call to Action: Immigrant and Refugee Workers Need Jobs, Housing, and Services

The Covid-19 pandemic is ongoing, and while demand for new vaccines is high, structural determinants such as housing, work, transportation, insurance, and education all contribute to persistent vaccine hesitancy. While the full range of needed remedies to address these structural determinants to whole worker health equity are beyond the scope of this report, policymakers can take immediate and decisive action to do what they can now.

## Recommendations for Workers and Everyday People

- 1) Sign-up as a dues-paying member of Escucha Mi Voz Iowa. More members means more power to talk, act, and get things done on the issues that matter most, like pandemic relief, affordable housing, immigration, and whole worker health equity.
- 2) Attend National Leadership Training to build your capacity to lead your community.

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## Recommendations for Policymakers and the Public:

- 1) Fully fund innovative community health partnerships to communicate the latest pandemic and public health information to immigrant and refugee workers through trusted community organizations with a mass base of support in the impacted communities.
- 2) Rezone city neighborhoods for multi-family development and allocate remaining American Rescue Plan dollars to affordable housing and permanent supportive housing initiatives. Housing is one of the most important structural determinants to whole worker health equity, and the acute scarcity of affordable housing in Johnson County can be addressed with multi-family zoning and more public investment in projects to scale.
- 3) Fund a second round of \$1,400 household stabilization payments for Black African residents who were not timely notified in their primary language about the opportunity to apply for the Direct Assistance Program. Or pledge an equivalent amount to permanent supportive housing programs for new arrivals.
- 4) Pass resolutions urging the Biden Administration to expedite work permits for all classes of immigrant workers by ordering Temporary Protected Status for Latin American and African countries. Immigrants with legal status have access to essential labor markets that offer somewhat higher wages and benefits. Excluded workers without legal authorization are forced into more precarious industries that offer lower wages, fewer benefits, and less hours.
- 5) Focus nonprofit grantmaking on dynamic, base-building projects that address the core issues of jobs, housing, education, and services to scale. The whole worker health equity survey is one of the most comprehensive datasets available to policymakers, funders, and the public clearly articulating the expressed needs and priorities of hundreds of directly impacted immigrant and refugee workers.

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## **If You Build It, They Will Come**

A vaccine clinic last December co-sponsored by Johnson County Public Health, Escucha Mi Voz Iowa, and Acapulco Mexican Bakery succeeded in vaccinating 18 immigrant workers, including eight who received a Covid-19 vaccine *for the very first time*.

Organizations with a proven track record of success a) delivering accurate and culturally competent information; b) providing transportation, interpretation, and education; and c) pre-screening for social service eligibility; can move the needle to create vaccine demand, reduce vaccine hesitancy, and connect residents with the jobs, housing, and services they need to survive.

## **Appendix A: Census Tract Summary Maps**

Sixty-three point six percent (63.6%) of geocoded respondents live in just five census tract neighborhoods, including four contiguous, racially diverse, and low-income census tracts on the southside and far east sides of Iowa City, and a fifth low-income and racially diverse neighborhood in Coralville. For more information, see Appendix A: Census Tract Summary Maps.

## **Appendix B: Data Tables from Johnson County Survey**

For a detailed breakdown of the entire survey dataset analyzed in this report, see the three data tables attached as Appendix A. These data tables include 1) aggregate results, and for comparison, data tables by ethnicity, 2) Hispanic/Latino, and 3) Black African.