

from August through September 2020. A final check-in with participants in the study occurred in June 2021 where participants offered feedback and comments regarding the results from the study.

Measures

Perceived Stress. The Perceived Stress Scale-10 (Cohen & Williamson, 1988) is a 10-item adaptation from the original 14-item Perceived Stress Scale (Cohen et al., 1983). This survey measures the degree to which situations in one's life are perceived as stressful. Participants are asked to respond to each question using a 5-point Likert scale ranging from 0 (*never*) to 4 (*very often*) over the past month. Total scores range from 0 to 40, with higher scores corresponding to greater perceived stress. This scale demonstrates high internal consistency (Cronbach's alpha = 0.89; Roberti et al., 2006).

Domain-Specific Life Satisfaction- fixed form. The Domain-Specific Life Satisfaction- fixed form is a supplemental measure from the NIH Emotion Toolbox (Gershon et al., 2013). It includes 13 self-report items that examine feelings and attitudes about satisfaction across specific domains within one's life (e.g., health, family, work, self-care, etc.). Responses are given using a 5-point Likert scale that range from 0 (*not at all*) to 4 (*very much*). Total scores range from 0 to 52, with higher scores corresponding to greater life satisfaction. This scale demonstrates high internal consistency (Cronbach's alpha = > 0.9; Gershon et al., 2013).

Emotional support. Emotional support was measured using the Emotional support scale from the NIH Emotion Toolbox (Gershon et al., 2013). It is a 4-item self-report measure that examines the perceived presence of emotional support from others. Responses

are given using a 5-point Likert scale that range from 0 (*never*) to 4 (*always*). Total scores range from 0 to 16, with higher scores corresponding to greater perceived emotional support. This scale demonstrates high internal consistency (Cronbach's alpha = > 0.87; Gershon et al., 2013).

Informational support. Informational support was measured using the Informational support scale from the NIH Emotion Toolbox (Gershon et al., 2013). It is a 4-item self-report measure that examines the perceived presence of informational support from others (e.g. I get useful advice about important things in life). Responses are given using a 5-point Likert scale that range from 0 (*never*) to 4 (*always*). Total scores range from 0 to 16, with higher scores corresponding to greater perceived informational support. This scale demonstrates high internal consistency (Cronbach's alpha = > 0.85; Gershon et al., 2013).

Participants. EMA surveys were distributed to all willing participants during each wave of the study. The sample size for each wave decreased over time due to study attrition: Wave 1 sample consisted of 98 responses, wave 2 consisted of 54 responses, and wave 3 consisted of 42 responses. Participant responses were identified by the phone number used to respond to each EMA survey and then assigned a randomized ID number. Within each wave, some participants were unable to complete the entire survey. We did not identify any factors that distinguished attrition rates. A table depicting attrition and survey completion is shown in Table 1.

Table 1

Distribution Of Responses Per Wave By Survey Measure

	Total # of responses	# Repeat responders (% sample)	# Responses on Perceived Stress Scale (% sample)	# Responses on Emotional Support Scale (% sample)	# Responses on Informational Support Scale (% sample)	# Responses on Life Satisfaction Scale (% sample)
Wave 1	98	N/A	81 (83%)	77 (79%)	77 (79%)	92 (94%)
Wave 2	54	37 (69%)	50 (93%)	50 (93%)	50 (93%)	52 (96%)
Wave 3	42	17 (40%)	38 (90%)	38 (90%)	38 (90%)	38 (90%)

Qualitative Procedures, Measures, and Participants

Procedures. Per the recommendations of the Breakthrough Miami consultant to the community-university partnership, families were invited to participate in the qualitative portion of the study, which entailed 60+-minute Zoom interviews for which participants signed up during available times via a Calendly page set up by the last author that automatically synced with the first author's calendar. The consultant and last author liaised with participants prior to interview times to confirm appointments and introduced the first author to participants at the start of each interview session to establish familiarity. After providing oral and written consent and oral and written assent in instances where a Breakthrough Miami student participated in the interview, participants completed a 60+-minute interview — specific interview time varied by individual participants. Participants were compensated with \$10 Amazon gift cards after completing the interviews. The interviews were audio- and video-recorded and automatically uploaded to the Zoom online cloud repository (N = 9); the audio was automatically transcribed via Zoom.

Transcripts and interviewer notes were coded.

Measures. In response to the quantitative data collected prior to the interviews, the first author designed qualitative interview questions to correspond with the impact of COVID-19 on the following measures as defined through collaboration with the research team and Breakthrough Miami employees who had administered a large-scale needs assessment prior to the study: basic needs, socioemotional well-being, and engagement with community-based organizations.

Basic Needs. Families were asked how COVID-19 impacted their abilities to meet their basic needs, which was defined collaboratively as access to safe housing, food, healthcare, employment, and transportation. In response to initial interviews, this measure was expanded to include access to childcare and Wi-Fi given the remote nature of work and school during the pandemic.

Socioemotional Well-Being. Families were asked how COVID-19 impacted their

socioemotional well-being, which included questions about the state of their social and mental health. This included describing COVID-19-related stressors and the coping mechanisms with which families dealt with these challenges. In response to patterns in initial interviews in which interviewees consistently expressed more concern for their children's socioemotional well-being than their own or their partner's, the questions were later organized into two categories: the socioemotional well-being of the interviewee and their partner by extension and the socioemotional well-being of their children. This allowed access to a more complete portrait of the impacts on the entire family.

Community-Based Organization Engagement.

To assess and inform the current and future practices of Breakthrough Miami and relevant community-based organizations serving South Florida's vulnerable communities, families were asked to describe how they engaged with community-based organizations throughout the pandemic. In seeking to understand the role community-based organizations played in addressing the impacts of COVID-19, families were asked specific questions about accessing services and resources that contributed positively to their ability to meet their basic needs and to address negative socioemotional well-being factors.

Participants. Participants included nine adults who were parents of students who participated in the Breakthrough Miami program, the majority of whom self-identified as female (89%, $N = 8$) and as people of color (89%, $N = 8$). Breakthrough Miami students were also interviewed if they were available during the appointment time; all participants (aged 9-16) identified as male, and the majority self-identified as people of color (Black: 50%, $N = 2$; Latino: 25%, $N = 1$). All student participants had engaged in mandated remote learning in the semester prior to data collection.

Data Analysis Plan

Quantitative Analyses. Quantitative data were collected and stored using Qualtrics (Qualtrics, 2019). Data were then downloaded, cleaned, and analyzed using R (R Core Team, 2013).

Qualitative Analyses. Qualitative data collection and analyses were conducted by the first author. Interviews were conducted and auto transcribed via the Zoom online platform, and the auto transcripts were manually verified for accuracy and uploaded into Atlas.Ti 8 software.

A reflexive journal was maintained throughout data collection and analysis, which was iterative and systematic. Before the first interview and after each interview, reflection and process memos were written to consider researcher positionality, namely considerations of overlapping identities between the researcher and participants as well as of power and privilege existing as part of the researcher-participant relationship. These memos allowed the researcher opportunities to critically question how such factors might influence data collection and analysis, to consider and maintain flexibility with the interview guide and questioning techniques, and to serve as a reminder to centralize participants' experiences and perspectives in the research. Additionally, an analytic memo was written to note emerging concepts and comparisons between the data collected across interviews, which aided in simultaneous collection and analysis. The memo helped inform changes to the interview guide to ensure emergent concepts were addressed in future interviews in efforts to approach data saturation.

Interview data and analytic memos were initially coded for the measures resulting in several hundred initial codes regarding the ways in which families were impacted by, adjusted to, and gained access to support from individuals, communities, and

organizations throughout the COVID-19 quarantine. Initial codes were then compared to each other and combined into second-level codes when appropriate to capture richness and dimension of shared experiences. The second-level codes were then compared to each other in a similar fashion to create themes that illustrated participants' experiences. Reflection and analytic memos were written after each level of analysis to ensure the analysis maintained fidelity to what participants shared with the researcher. Participants' voices were elevated in the use of direct quotes that label each theme.

In seeking to promote data triangulation and study credibility and validity within this mixed methods study (Torrance, 2012), the team collaborated to disseminate preliminary qualitative findings to participants during a virtual town hall through which 89% of interviewed families (N = 8) participated in a member checking survey tool. The initial codes were compared and analyzed with the data from the member checking tool and ultimately categorized into five broader themes that were named in accordance with in vivo quotes from the study interviews.

Results

Quantitative Analyses

First, we ran a linear mixed effects model to test whether perceived stress changed over time with participants as a random intercept. There was an overall effect of time $F(2,105) = 528.88, p < 0.001$. Examining the simple effects demonstrated a significant effect for wave 3 compared to wave 1 ($B = 32.1, t = 230.59, p < 0.001$; Figure 2A). Moreover, this effect was larger than the effect for wave 2 compared to wave 1 ($B = -0.02, t = -0.02, p = 0.98$; Figure 2A).

Second, we ran a linear mixed effects model to test whether emotional support changed over time with participants as a random

intercept. There was an overall effect of time $F(2,166) = 166.66, p < 0.001$. Examining the simple effects demonstrated a significant effect for wave 3 compared to wave 1 ($B = 17.5, t = 17.1, p < 0.001$; Figure 2B) and this effect was larger than the difference between wave 2 compared to wave 1 ($B = -0.02, t = -0.02, p = 0.98$; Figure 2B).

Third, we ran a linear mixed effects model to test whether informational support changed over time with participants as a random intercept. Again, there was an overall effect of time $F(2,113) = 479.09, p < 0.001$. Examining the simple effects demonstrated that the effect for wave 3 compared to wave 1 ($B = 31.98, t = 29.1, p < 0.001$; Figure 2C) was larger than the effect for wave 2 compared to wave 1 ($B = 0.09, t = 0.09, p = 0.93$; Figure 2C).

Lastly, we ran a linear mixed effects model to test whether satisfaction with life changed over time with participants as a random intercept. In contrast to the other models, there was not an overall effect of time $F(2,71) = 0.59, p = 0.56$. This was supported by follow up tests, demonstrating that the effect for wave 3 compared to wave 1 ($B = 1.3, t = 1.1, p = 0.29$; Figure 2D) was not significant, nor was the effect for wave 2 compared to wave 1 ($B = 0.15, t = 0.16, p = 0.88$; Figure 2D).

Overall, quantitative results demonstrated that during the study period, perceived stress increased, but so too did perceived emotional and informational support for our participants. These changes were not part of a broad change as, despite the presence of both increased stress and support, overall satisfaction with life did not change. There are many possible reasons for the lack of change in satisfaction with life over time, namely, this lack of change may have been due to the increasing need for additional support due to stress, which was fulfilled by Breakthrough Miami, but not exceeded. Because this need was not perceived to be met in excess, satisfaction remained at its baseline for the participants.

Qualitative Content Analysis

The results of content analyses are reported below within three broad themes and three subthemes named in accordance with in vivo quotes from the interviews conducted. The themes are illustrative of the experiences of the interviewed families and include decreased food spending, increased household responsibilities, lack of socialization, Breakthrough Miami's support throughout the pandemic, and participants' unmet needs during the pandemic.

"I just stay out of the supermarket and try to use up what I have.": Theme 1 - Barriers to Meeting Basic Needs. According to interview and member checking data, at least 75% of families experienced at least one barrier to meeting their basic needs during the pandemic, and among these, 63% cited insufficient income and/or insufficient savings to cover unexpected costs. It is important to note, however, that 38% of families did not receive sufficient income before COVID-19, thus illustrating the exacerbation of a pre-existing stressor.

Participants described the changing employment landscape during the pandemic, illuminating issues with reductions or losses of income due to layoffs and less available work shifts. Additionally, with the increasing costs of children being home full-time — particularly those who were beneficiaries of free or reduced priced lunches at school — parents spoke at length about needing to cut costs to make ends meet, particularly those surrounding food. Over 55% of participants implemented food-related cost-saving measures like avoiding eating out, being stricter about sticking to essentials when grocery shopping, or trying to avoid trips to the grocery store altogether to save money.

"It's like everybody expects us to be so strong.": Theme 2 - Impacts to Socioemotional Well-Being. While barriers to meeting basic needs was an often-cited source of stress, 89% of

families agreed that COVID-19 negatively impacted their socioemotional well-being. At least 75% of these families cited fear and anxiety surrounding catching and spreading the disease to loved ones. The negative implications of this were largely twofold: due to stay-at-home orders, parents reported feeling stressed and frustrated with increased household responsibilities at the same time that opportunities for socialization and receiving peer support were limited for both parents and students.

"I don't know how to be a full-time mom and work full time. It's really hard.": Subtheme - Increased Household Responsibilities.

Overwhelmingly, parents discussed the challenges of having to balance work and increased responsibilities at home due to the pandemic (N = 8). Whether or not these parents worked from home, all mentioned the added stress of monitoring their children's academic activities along with their work responsibilities. In many cases, parents experienced unexpected frustration associated with students' diminished engagement and achievement in school during remote learning versus in-person schooling. Consequently, parents also discussed the stress involved in helping students to adjust to the new modality by more closely monitoring them during remote learning classes and in creating and enforcing strict schedules for engaging in school activities among other strategies. These additional responsibilities had implications for three parents who worked from home and were unable to complete work assignments with the same speed and efficiency with which they and employers were accustomed, resulting in workplace tension. For parents who worked outside of the home, their fears of transmitting COVID-19 from the workplace to their homes and the stresses involved in rigorously sanitizing themselves and their homes so that they could safely engage with their children for social and academic purposes created an emotional toll. In these instances, parents had to contend with having

to create social boundaries with their children in their own homes, which was troublesome. Coincidentally, stay-at-home orders and fear precluded parents from being able to access their typical support networks to help meet their families' needs, thus further compounding the stress involved with taking on multiple roles due to mandated remote learning.

"There's just some strength that you get from being with people who support you."

Subtheme - Lack of Peer Socialization for Adults. At least 63% of parents mentioned that the lack of socialization with other adults during the pandemic negatively impacted their socioemotional well-being. Many parents discussed feelings of isolation from coworkers, lamenting the absence of in-person workplace rituals like eating lunch or attending social after-work events with team members. The lack of physical contact with other adults throughout the pandemic was also emphasized, particularly in single-parent households. Physical and social distance between parents and friends who would ordinarily provide in-person support and family members who could provide free childcare, prepared foods, or other household support contributed to feelings of isolation and exhaustion. Furthermore, stay-at-home orders and fear of transmission also prevented some parents from being able to care for elderly loved ones, which manifested in guilt and worrying. Some dealt with feelings of helplessness and grief as they experienced loss of family and friends to COVID-19, which was worsened by the inability to visit hospitals or attend funerals.

"This is their life, and they don't get this time back." Subtheme - Negative Impacts to Children's Socialization. While parents struggled with the lack of peer socialization, feelings of sadness, frustration, and disappointment regarding missed opportunities for their children to socialize was emphasized in the interviews. Parents felt relatively better equipped than their

children to cope with the changes COVID-19 brought because they could access their established social network through phone or virtual formats but worried that their children did not have the same opportunities. Parents noted the importance of socialization for their children's development and were saddened by the closures of schools, which many considered the most central component of students' social lives. One parent noted that her child was particularly vulnerable due to her lack of siblings and was frustrated and worried about the long-term implications of social isolation. Moreover, parents and students alike expressed disappointment in missing out on anticipated activities like planned field trips and summer field experiences and celebratory milestone events like graduation and prom. The feeling that children were missing out on valuable portions of their lives was echoed throughout the interviews.

Overall, the lack of socialization and the inability to rely on loved ones for concrete support acutely impacted parents who had to find other avenues for coping with the myriad feelings COVID-19 brought about, such as leaning into spiritual and religious practices for hope and encouragement, engaging in physical activities for stress and anxiety relief, and grounding themselves in gratitude that their very difficult situations were not worse.

"Whenever you reach out to [Breakthrough] and you need something... they always make it happen." Theme - Breakthrough Miami as Critical Support. Overwhelmingly, despite — or because of — limited access to peer and familial support, parents considered Breakthrough Miami to be a critical source of support throughout the pandemic. Both parents and students expressed gratitude for the ways in which the organization solicited their feedback and implemented programmatic changes to meet the needs of families beyond their traditional menu of services. This included connecting families

with information regarding free food drives hosted by other local organizations and providing families with grocery gift cards, both of which 63% of interviewed families took advantage. This was timely in response to the tightening food budgets families were experiencing. Breakthrough Miami also connected families with local school supply drives that 50% of parents attended to help offset the costs of meeting their students' academic needs, working as an institutional agent within the nonprofit complex to connect families with other organizations with essential resources that it could not readily provide.

Parents and students also praised the ways that employees at Breakthrough Miami rapidly shifted their traditional in-person educational programming to a virtual format, considering the activities more exciting and engaging than what was offered through the public school system (N = 8). Parents and students were impressed by employees' abilities to make enrichment more fun and hands-on for students despite experiencing a lack of motivation to attend virtual classes during the school year. In contrast, parents noted that their students were excited to attend Breakthrough Miami sessions, and both parents and students appreciated the opportunities the organization provided for students to socialize with peers.

Finally, the organization also offered near-peer and adult mentorship to students, which was beneficial for both their academic and social emotional development: 100% of parents and students believed that Breakthrough Miami provided academic support through enrichment activities, tutoring, and mentoring. Perhaps more importantly, 75% believed that the organization contributed to the socioemotional well-being of students as indicated by feelings that an adult cared about them, increased self-confidence, and better emotional regulation. Breakthrough Miami's provision of wraparound services

was well-received by families, and parents and students considered the support valuable.

"It would help me, but we did okay.": Theme 3 - Participants' Unmet Needs During the Pandemic. While parents and students overwhelmingly voiced gratitude for Breakthrough Miami's support in meeting their needs during the pandemic, parents also voiced additional needs that Breakthrough Miami or other community-based organizations could meet to further assist households. These included financial assistance for school-related expenses such as uniforms, learning devices, and athletic or physical education fees. It also became clear that younger children had greater needs that parents struggled to meet, and three parents mentioned that programming like that provided by Breakthrough Miami would have been beneficial for those children. Finally, many parents described access issues to the services provided by other community-based organizations due to a lack of marketing or due to limited geographic service areas. Parents mentioned that widespread marketing of distribution events would have been useful and added geographic locations of distribution centers would have maximized reach as some found it costly and difficult or impossible to travel long distances to receive additional support. Among several other reasons, these unmet needs may have contributed to a lack of change in satisfaction with life over time.

Overall, qualitative results provided an in-depth understanding of the quantitative portion of the study: overwhelmingly, families perceived elevated levels of stress related to meeting their basic needs and to the negative impacts the pandemic had on their socioemotional well-being. However, families also noted the importance of engaging with Breakthrough Miami as a source of informational, academic, and socioemotional support.

Discussion

The goal of the current study was to understand the impacts of COVID-19 on the health and well-being of vulnerable families in South Florida and the role a community-based organization played in meeting their needs. The findings show concordance with the emergent literature surrounding COVID-19 and the various impacts on family and community well-being (Golberstein et al., 2020; Morganstein & Ursano, 2020). Both quantitative and qualitative data support that families within this study contended with increasing stress because of the pandemic, and qualitative findings regarding lack of food and financial resources, disruptions to relationships and socialization opportunities, and fear and anxiety regarding transmission were emphasized. However, as the quantitative data revealed and qualitative data confirmed, families reported increased emotional and informational support over time; Breakthrough Miami provided both types to parents and students through connecting them to local resources to meet basic needs and providing programming that helped foster students' development.

In its rapid response to community needs, Breakthrough Miami leveraged processes that lead to creating conditions for community impact (Trickett, 2002): the organization conducted community assessments, developed programming grounded in the sociocultural needs of community members — including utilizing elements of *Black cultural ethos* such as sociality in academic program delivery (Parsons, 2008). Further, the organization leveraged a collaborative community-university partnership with the University of Miami to deepen understanding of the initial data and to inform future action. In this way, the work described here reflects multiple tenets of community psychology, including the shift of perspective to understand persons in contexts and avoiding what Shinn and Toohey (2003) label “context minimization

error,” which minimizes the importance of the multiple micro, meso, and macro environments within which the study participants must navigate. This work clearly situates participants across ecological levels of relationships and functioning and provides a close reading of how respondents employ varying goals and strategies to function in reciprocally reinforcing ways (Rappaport, 1977; Maton, 2000). Also, the findings importantly decenter the typical voices of authority and recenters the voices of those who are often not considered the authority of their own experiences (Riger, 1990). The findings provide a “detailed analysis of complex, dynamic, and meaningful lived experiences across social and cultural contexts (Brodsky, et al., 2017). The concepts and tenets of community psychology informed all aspects of the research, from conceptualization to methodology and interpretation of findings.

Implications for practice

There are multiple implications for practice embedded in the findings presented here. As a community-based promotive initiative, additional work is needed to move towards community empowerment and second order change. For example, given the results of this study, efforts by Breakthrough Miami as well as the participants' public schools could be directed toward building family and community capacity and resources (Chaskin, 2001) and using the findings to advocate for changing roles, rules, and power relationships (Linney, 1990). Breakthrough Miami demonstrated resilience and intentionality in creatively adapting to meet the emerging needs of families. In maintaining close relationships within the South Florida community context among families and other organizations with available resources, the organization can work towards capacity-building in the future to effect sustainable community change beyond the reactionary albeit essential measures used to support families. This may

mean shifting resources and attention from individual student learning outcomes to broader educational efforts that address the ongoing challenges faced by participant families as well as post-pandemic effects such as mental health and trauma.

Implications for community psychologists writ large include the emerging recognition that researchers cannot “give” voice to marginalized groups as Reinharz (1994) has cautioned. Rather, we can develop a knowledge base that is informed by methods we develop to enable us to listen and learn from others and ensure that these voices are embedded as critical expertise to help frame issues and develop informed interventions. Further, this work reinforces the need to widen our lenses to incorporate multiple levels of context and the reality that is embodied by individual interactions across and between levels that informs one’s experience, particularly under acute and unforeseen conditions like a major global pandemic. Finally, the need to uncover nuances in how individuals interpret and make meaning of their lives should drive the development of interventions even under crisis conditions.

Limitations

The limitations of the study are important considerations in interpreting the findings. The intentionally narrow sampling criteria could limit generalizability to other geographic locations, particularly due to complex racial, cultural, and socioeconomic stratification resulting in residential segregation in Miami (Kohn-Wood et al., 2015). Consequently, findings regarding limited accessibility to community-based resources and services may not be applicable in other locales where public transportation is more robust and accessible and where such services may not be concentrated in specific geographical areas. Additionally, as study participants were recruited from the Breakthrough Miami community, findings

may not be representative of other vulnerable communities in South Florida who do not meet the criteria for participation in such an organization and do not benefit from being entrenched within its established network of support. Furthermore, as Breakthrough Miami participants do not have to meet all five established risk factors, there was considerable variation among participants regarding socioeconomic status, household structure, and language access.

There are also limitations regarding the design and implementation of this study. While both quantitative and qualitative data were collected, the sources of data were limited. Due to scheduling constraints and Wi-Fi connectivity issues among other barriers experienced during qualitative data collection, follow-up interviews were not conducted. Additionally, interviews with students were conducted simultaneously with parents, which may have influenced students’ ability to truthfully express their experiences and opinions. Finally, while attrition in a longitudinal study is expected, another limitation for this study is the low response rate with each subsequent wave of EMA surveys (98 responses in Wave 1 compared to 42 in Wave 3). We did not identify any factors that distinguished attrition rates. While the findings were encouraging, larger samples would be helpful for future analyses to truly understand the impact of the COVID-19 pandemic on social, informational, and general well-being. Despite these limitations, however, the team’s interpretation of the findings was rigorous in seeking to capture the experiences of the participants within this limited context.

Conclusions and Implications

The current study highlights the critical role community-based organizations can play in meeting vulnerable communities’ needs amid external stressors. Such needs cannot be met if community-based organizations do not conduct needs assessments consistently and

especially in response to extraordinary circumstances such as those created or exacerbated by the COVID-19 pandemic. Insights from such assessments can and should include consideration of community member feedback in rapidly shifting service delivery to creatively address community concerns. Community-university partnerships can provide a collaborative means for formatively assessing the effectiveness of new efforts to meet community needs by allowing researchers to evaluate program implementation. These are both essential steps towards creating community impact.

Future Research

This research can be extended in multiple ways, particularly in relation to addressing this study's limitations. Exploring the experiences of community members who were not previously enveloped within an organization like Breakthrough Miami but sought out services and resources during the pandemic would be beneficial for further understanding needs gaps and access channels. Additionally, given the variation among study participants, a related study that explores the experiences of community members within the same neighborhood could control for confounding variables impacting community members' needs and experiences such as socioeconomic status, particularly because the prevalence of COVID-19 infections within the South Florida context has been associated with economic disadvantage (Palacio & Tamariz, 2021). Finally, collecting multiple sources of qualitative and quantitative data throughout the mixed methods design for the purposes of further data triangulation (Flick et al., 2012) could provide further insights into community members' experiences, particularly in instances where considerable variation amongst the sample population exists. As community-engaged scholarship is gaining in popularity, providing more opportunities for community members to

provide their perspectives in varying modalities is imperative in capturing their experiences for both community-based organizations and researchers.

References

- Brodsky, A., Mannarini, T., Buckingham, S., & Scheibler, J. (2017). Kindred spirits in scientific revolution: Qualitative methods in community psychology. In M.A. Bond, I. Serrano-Garcia, & C. B. Keys, (Eds.), *APA handbook of community psychology: Vol. 2 Methods for community research and action for diverse groups and issues* (pp. 75-90). American Psychological Association. <http://dx.doi.org/10.1037/14954-005>
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Chaskin, R. J. (2001). Building community capacity: A Definitional framework and case studies from a comprehensive community initiative. *Urban Affairs Review*, 36(3), 291-323. <http://dx.doi.org/10.1177/10780870122184876>
- Cheng, Y., Yu, J., Shen, Y., & Huang, B. (2020, May 26). Coproducing responses to COVID-19 with community-based organizations: Lessons from Zhejiang Province, China. *Public Administration Review*, 80(5), 866-873. <http://dx.doi.org/10.1111/puar.13244>
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396. <http://dx.doi.org/10.2307/2136404>
- Cohen, S., & Williamson, G. (1988). Perceived

- stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on Applied Social Psychology* (pp. 31–67). Newbury Park, CA: Sage.
- Denham, S. A. (2003). Relationships between family rituals, family routines, and health. *Journal of Family Nursing, 9*(3), 305–330.
<http://dx.doi.org/10.1177/1074840703255447>
- Flick, U., Garms-Homolova, V., Herrmann, W. J., Kuck, J., & Ronsch, G. (2012). “I can’t prescribe something just because someone asks for it . . .”: Using mixed methods in the framework of triangulation. *Journal of Mixed Methods Research, 6*(2), 97–110.
<http://dx.doi.org/10.1177/1558689812437183>
- Gemelas, J., Davison, J., Keltner, C., & Ing, S. (2021). Inequities in employment by race, ethnicity, and sector during COVID-19. *Journal of Racial and Ethnic Health Disparities, 9*(1), 350–355.
<http://dx.doi.org/10.1007/s40615-021-00963-3>
- Gershon, R. C., Wagster, M. V., Hendrie, H. C., Fox, N. A., Cook, K. F., & Nowinski, C. J. (2013). NIH toolbox for assessment of neurological and behavioral function. *Neurology, 80*(11 Supplement 3), S2–S6.
<http://dx.doi.org/10.1212/WNL.0b013e3182872e5f>
- Golberstein, E., Wen, H., & Miller, B. F. (2020). COVID-19 and mental health for children and adolescents. *JAMA Pediatrics, 174*(9), 819–820.
<http://dx.doi.org/10.1001/jamapediatrics.2020.1456>
- Gray, D. M., Anyane-Yeboah, A., Balzora, S., Issaka, R. B., & May, F. P. (2020). Covid-19 and the other pandemic: Populations made vulnerable by systemic inequity. *Nature Reviews Gastroenterology & Hepatology, 17*(9), 520–522.
<http://dx.doi.org/10.1038/s41575-020-0330-8>
- Jose, R., Holman, E. A., & Silver, R. C. (2019). Community organizations and mental health after the 2013 Boston Marathon bombings. *Social Science & Medicine, 222*, 367–376.
<http://dx.doi.org/10.1016/j.socscimed.2018.08.019>
- Kellerman, J. K., Hamilton, J. L., Selby, E. A., & Kleiman, E. M. (2022). The mental health impact of daily news exposure during the COVID-19 pandemic: Ecological momentary assessment study. *JMIR mental health, 9*(5), e36966.
<http://dx.doi.org/10.2196/36966>
- Khazanchi, R., Evans, C. T., & Marcelin, J. R. (2020). Racism, not race, drives inequity across the COVID-19 continuum. *JAMA Network Open, 3*(9).
<http://dx.doi.org/10.1001/jamanetworkopen.2020.19933>
- Kohn-Wood, L. P., Samson, F., & Braddock, J. (2015). Race, social identity, and generative spaces: Miami as a microcosm of categorical complexity in a 21st-century global city. *American Behavioral Scientist, 59*(3), 386–405.
<http://dx.doi.org/10.1177/0002764214550307>
- Krouse, H. J. (2020). COVID-19 and the widening gap in health inequity. *Otolaryngology–Head and Neck Surgery, 163*(1), 65–66.
<http://dx.doi.org/10.1177/0194599820926463>

- Kuhfeld, M., Soland, J., Lewis, K., Ruzek, E., & Johnson, A. (2022). The COVID-19 school year: Learning and recovery across 2020-2021. *AERA Open*, 8. <http://dx.doi.org/10.1177/23328584221099306>
- Linney, J. A. (1990). Community psychology into the 1990s: Capitalizing opportunity and promoting innovation. *American Journal of Community Psychology*, 18(1), 1-17. <http://dx.doi.org/10.1007/BF00922686>
- Marsh, S., Dobson, R., & Maddison, R. (2020). The relationship between household chaos and child, parent, and family outcomes: A systematic scoping review. *BMC Public Health*, 20. <http://dx.doi.org/10.21203/rs.2.24075/v2>
- Morganstein, J. C., & Ursano, R. J. (2020). Ecological disasters and mental health: Causes, consequences, and interventions. *Frontiers*, 11, 1-15. <http://dx.doi.org/10.3389/fpsy.2020.00001>
- Palacio, A., & Tamariz, L. (2020). Social determinants of health mediate COVID-19 disparities in South Florida. *Journal of General Internal Medicine*, 36(2), 472-477. <http://dx.doi.org/10.1007/s11606-020-06341-9>
- Parsons, E. C. (2008). Learning contexts, Black cultural ethos, and the science achievement of African American students in an urban middle school. *Journal of Research in Science Teaching*, 45(6), 665-683. <http://dx.doi.org/10.1002/tea.20240>
- Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*, 75(5), 631-643. <http://dx.doi.org/10.1037/amp0000660>
- Qualtrics. (2019). Qualtrics (Version 9/2019) [Computer software]. Qualtrics. <http://www.qualtrics.com>
- R Core Team (2013). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <http://www.R-project.org/>.
- Rappaport, J. (1977). *Community psychology: Values, research, and action*. New York, NY: Holt, Rinehart & Winston.
- Reinharz, S. (1994). Toward an ethnography of "voice" and "silence." In E. J. Trickett, R. J. Watts, & D. Birman (Eds.), *Human diversity: Perspectives on people in context* (pp. 178-200). Jossey-Bass.
- Riger, S. (1990). Ways of knowing and organizational approaches to community research. In P. Tolan, C. Keys, F. Chertok, & L. Jason (Eds.), *Researching community psychology* (pp. 42-50). American Psychological Association. <http://dx.doi.org/10.1037/10073-004>
- Roberti, J. W., Harrington, L. N., & Storch, E. A. (2006). Further psychometric support for the 10-item version of the perceived stress scale. *Journal of College Counseling*, 9(2), 135-147. <http://dx.doi.org/10.1002/j.2161-1882.2006.tb00100.x>
- Shinn, M., & Toohey, S. M. (2003). Community contexts of human welfare. *Annual Review of Psychology*, 54, 427-259. <http://dx.doi.org/10.1146/annurev.psych.54.101601.145052>

- Spoth, R., Guyll, M., Lillehoj, C. J., Redmond, C., & Greenberg, M. (2007). PROSPER study of evidence-based intervention implementation quality by community-university partnerships. *Journal of Community Psychology, 35*(8), 981-999. <http://dx.doi.org/10.1002/jcop.20207>
- Spoth, R., Guyll, M., Redmond, C., Greenberg, M., & Feinberg, M. (2011). Six-year sustainability of evidence-based intervention implementation quality by community-university partnerships: The PROSPER study. *American Journal of Community Psychology, 48*(3-4), 412-425. <http://dx.doi.org/10.1007/s10464-011-9430-5>
- Torrance, H. (2012). Triangulation, respondent validation, and democratic participation in mixed methods research. *Journal of Mixed Methods Research, 6*(2), 111-123. <http://dx.doi.org/10.1177/1558689812437185>
- Trickett, E. J. (2002). Context, culture, and collaboration in AIDS interventions: Ecological ideas for enhancing community impact. *Journal of Primary Prevention, 23*(2), 157-174. <http://dx.doi.org/10.1023/A:1019964215050>
- Trickett, E. J. (2009). Multilevel community-based culturally situated interventions and community impact: An ecological perspective. *American Journal of Community Psychology, 43*, 257-266. <http://dx.doi.org/10.1007/s10464-009-9227-y>

Author Note

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