



National
Urban League

COVID-19

COMMUNITIES OF COLOR NEEDS ASSESSMENT

U.S. Latinx Communities

A PARTNERSHIP WITH

The Alliance for National Psychological Associations for Racial and Ethnic Equity



ABOUT THE NATIONAL URBAN LEAGUE

The National Urban League is a historic civil rights and urban advocacy organization. Driven to secure economic self-reliance, parity, power, and civil rights for our nation's marginalized populations, the National Urban League works towards economic empowerment and the elevation of the standard of living in historically underserved urban communities.

Founded in 1910 and headquartered in New York City, the National Urban League has improved the lives of more than two million people annually through direct service programs run by 90 local affiliates in 36 states and the District of Columbia. The National Urban League also conducts public policy research and advocacy work from its Washington, D.C. bureau.

The National Urban League is a BBB-accredited organization and has earned a 4-star rating from Charity Navigator, placing it in the top 10% of all U.S. charities for adhering to good governance, fiscal responsibility, and other best practices.

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Grills, C., Carlos Chavez, F. L., Crowder, C., De la Cruz Toledo He, E., Terry, D., & Villanueva, S. (August 2021).
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Introduction

The National Latinx Psychological Association used a national sample of Latinx adults (N = 2,300), adult immigrants (N = 536) and youth 13-17 (N = 923) living in the United States, to address the following questions:

1. What has been the impact of COVID-19 infection risk, infection, and mortality in Latinx youth and adults living in the United States?
2. How has COVID-19 impacted the economic well-being of Latinx youth and adults living in the United States?
3. How is COVID-19 affecting the physical health and mental health of Latinx youth and adults living in the United States?

The areas of assessment included:

- Latinx adults and immigrant adults: work and employment, education, home life, social activities, economic issues, emotional health and well-being, physical health problems, physical distancing and quarantine, infection risk, infection, and mortality, infection history, positive changes, household food insecurity, substance use, care-giving stress, family life stress, activism engagement, social justice views, discrimination, and social support
- Latinx youth: academics and education, personal and family COVID-19 experiences, financial challenges, housing and rent, psychological well-being, discrimination, personal health behaviors, alcohol use, coping mechanisms, and food security (or the lack thereof).

Please see Appendices A and B for an overview of the sampling methodology and data analysis plan.

Key Findings

The key findings are presented as follows:

1. Youth demographics and COVID-19 impact
2. Adult demographics and COVID-19 impact
 - a. Including COVID-19 impact on adult essential workers
2. Latinx adult immigrant demographics and COVID-19 impact.

Latinx Youth

(N = 923 Latinx youth ages 13 to 17)

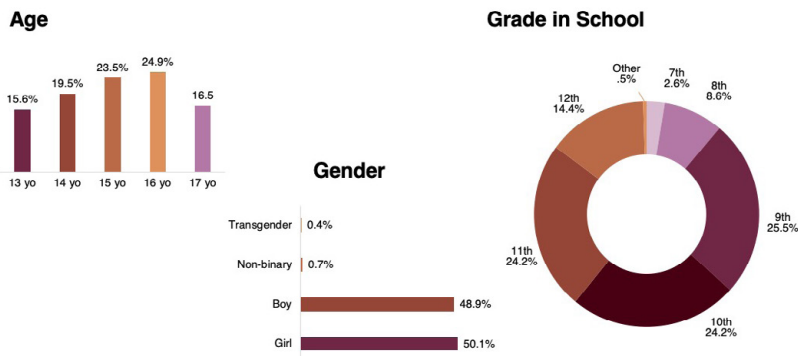
Demographic Characteristics

Age and Gender. The sample was diverse, with a mean age of 15.07, and ages ranging from 13 to 17. Roughly 35% of the sample was below 15 years of age, and the majority (40%) were above 15. Specifically, 15.6% (144) were 13 years old, 19.5% (180) were 14 years old, 23.5% (217) were 15 years old, 24.9% were 16 years old, while 16.5% were 17 years old.

Half of the participants identified as a girl (462, 50.1%), boy (451, 48.9%), gender non-binary/gender fluid (6, .7%), and transgender (4, .4%).

Education. Participants' level of education was 7th grade (21, 2.6%), 8th grade (79, 8.6%), 9th grade (235, 25.5%), 10th grade (223, 24.2%), 11th grade (223, 24.2%), 12th grade (133, 14.4%), and "Other grade" (6, .5%).

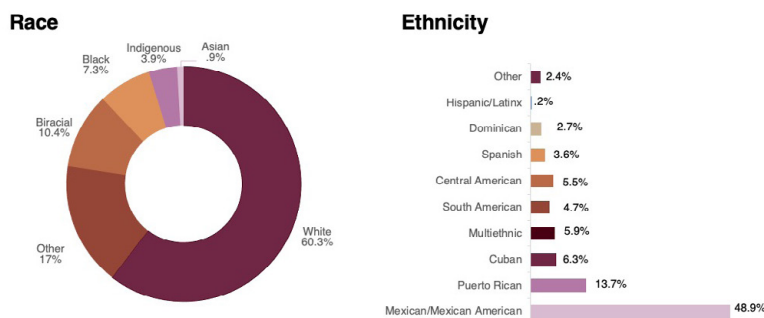
Latinx Youth Sample Characteristics (N = 923)



Ethnicity and Race. The majority of youth identified as Mexican or Mexican American (451, 48.9%), followed by Puerto Rican (126, 13.7%), Cuban (58, 6.3%), Multiethnic (54, 5.9%), South American (41, 4.7%), Central American (51, 5.5%), Spanish, (33, 3.6%), Dominican (25, 2.7%), Hispanic/Latinx (2, .2%), and Other (22, 2.4%).

Most Latinx youth racially identified as White (557, 60.3%), Other (157, 17%), Biracial (96, 10.4%), Black (67, 7.3%), Indigenous (36, 3.9%), and Asian (8, 0.9%).

Latinx Youth Sample Characteristics (N = 923)



COVID-19 Infection Risk, Infection, and Mortality

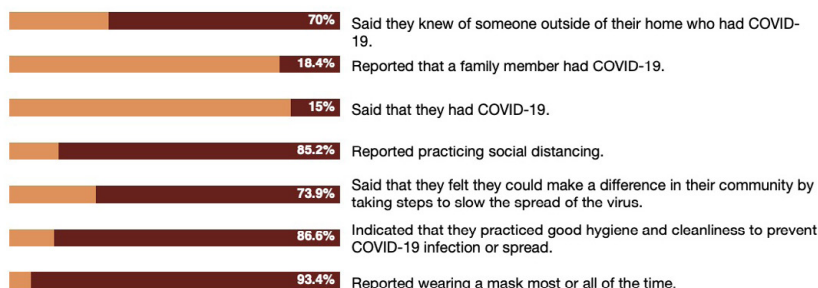
Fifteen percent of youth reported having had COVID-19, while 18.4% (170) had family members at home with COVID-19. They are living with constant worry about infection with 69.1% (638) indicating they were likely to contract COVID-19 in the next 3 months. To illustrate, 70% (648) knew of other people outside of home who had been infected with the COVID-19 virus.

Nearly two out of three youth (73.9%, 683) believed they could make a difference in their community in stopping the spread of the disease. When asked about actions to prevent community spread of the virus, 86.6% (799) Latinx youth reported practicing good COVID-19 guidelines (i.e., good hygiene and cleanliness), 93.4% (808) wore a mask most or all of the time, and 85.2% (786) practiced social distancing to prevent the spread of the COVID-19 virus. Alarming, nearly one out of four youth reported being discriminated against by security and other law enforcement officers when wearing a mask (e.g., being followed around by security when wearing a mask in stores), with AfroLatinx and Indigenous youth reporting more incidences of discrimination when wearing a mask (37.3% and 25% respectively) than other Latinx youth subgroups.

Latinx Youth (N = 923)



COVID-19 Infection Risk, Infection, and Mortality

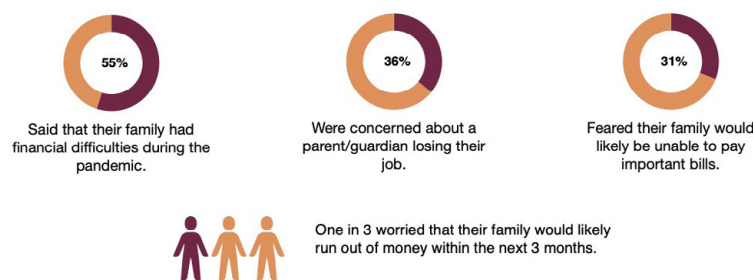


Economic Impact. The majority of youth (89.2%, 823) were financially dependent on their family, more than half (54.1%, 499) of their parents were essential workers; and over half (55%, 498) reported their family experienced financial difficulty because of COVID-19. In this context, more than one third (36%, 326) were concerned about their family members losing their job; one out of three (297) worried their family would likely run out of money within the next 3 months; while 31% (277) feared their family would likely be unable to pay important bills like rent within the next 3 months.

Latinx Youth (N = 923)

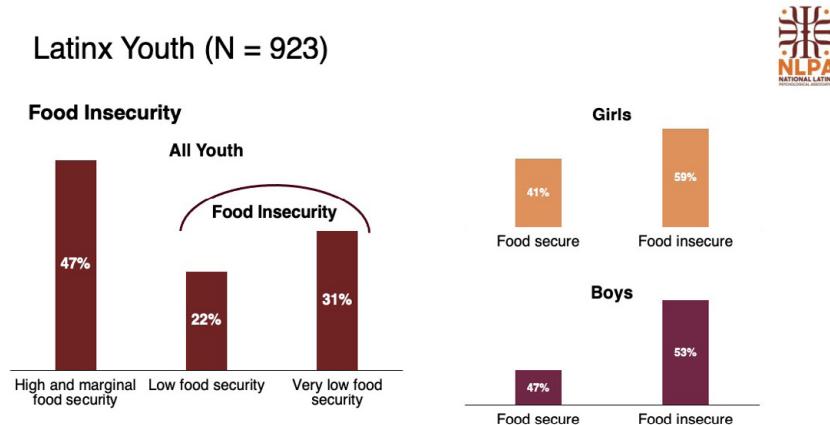


Economic Impact

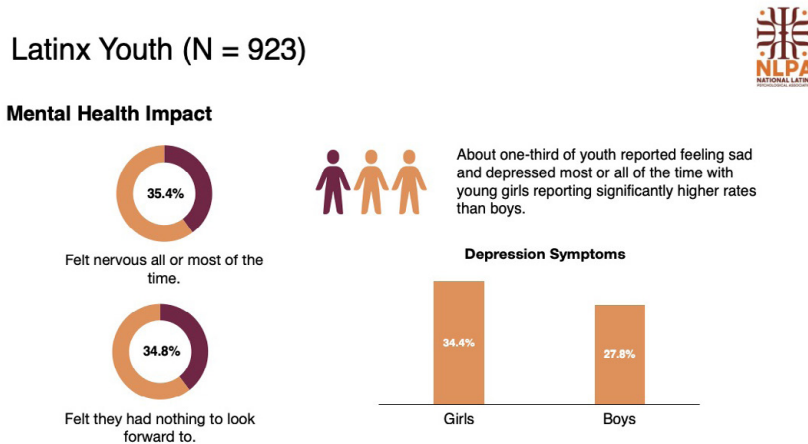


Food Insecurity. More than half of youth (53%, 490) were food insecure. Specifically, 22% (206) noticed a reduction in the quality, variety, or desirability of the food they had access to (low food security) and almost a third (31%, 284) said their eating patterns were disrupted and reduced their food intake (very low food security)¹.

Latinx girls had higher levels of food insecurity than Latinx boys. Specifically, 59% of Latinx girls (267) were food insecure, while 53% of Latinx boys (240) were food insecure. Youth were most concerned about only being able to buy cheap foods (53.3%, 492), their family running of money to purchase food (49.2%, 454), the inability to have a balanced meal because of lack of money (46.7%, 431), and worrying about food running out (35.2%, 325).



Mental Health Impact. Youth mental health has been significantly affected by COVID-19. About one-third of youth (289) reported feeling sad and depressed most or all of the time. Girls reported significantly higher rates of depression than boys (34.4%, 159 vs. 27.8%, 125). More than 1 in 3 (35.4%, 327) youth felt nervous all or most of the time, with girls reporting significantly higher rates of anxiety than boys.



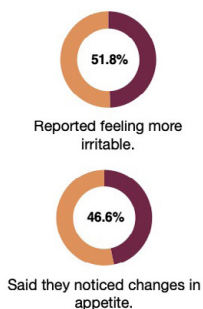
Of great concern, more than 1 in 3 youth (34.8%, 321) felt they had nothing to look forward to, with girls endorsing these beliefs at a significantly higher rate compared to boys. Youth also reported somatic symptoms associated with stress, including physical discomfort, nausea, stomach aches (36.6%, 337), change in appetite (46.6%, 431), and more irritability (51.8%, 478).

To cope with the stress of the pandemic, youth tried to talk about it with friends and family (653, 70.7%) or tried not to think about it (731, 79.7%). Close to 20% of youth (188) used drugs or alcohol and 55.1% (508) turned to food to manage the stress of the pandemic.

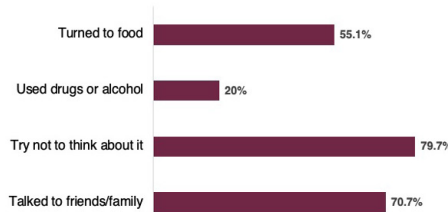
Latinx Youth (N = 923)



Mental Health Impact



Coping Strategies to Deal with Covid-19 related Stress



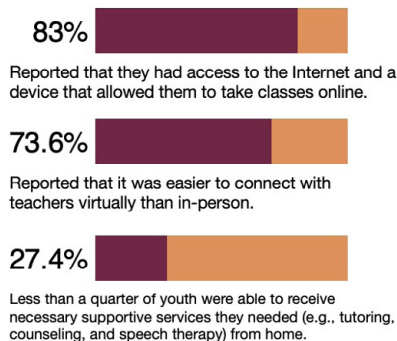
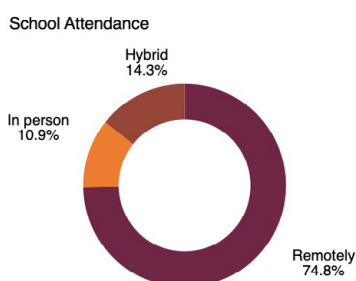
Education Impact. Attendance: A majority (74.8%; 690) of youth attended school remotely, 10.9% (101) attended in person, and 14.3% (132) attended via a hybrid format.

Access: Most youth had access to the internet (83.0%, 766) and a computer/tablet/or other device (83.9%, 774) to take classes and complete schoolwork. About 50% of youth (488) reported that their school provided them with a computer. Most students (73.6%, 679) reported that it was easier to connect with their teachers virtually than in person. However, for those students who received support services at school (e.g., tutoring, counseling, and speech therapy) before the pandemic, only 27.4% (253) were able to receive services from home.

Latinx Youth (N = 923)



Education Impact

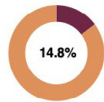


Academic Performance: The majority of students (80.6%, 744) were able to complete schoolwork in a timely manner. Less than half (47.9%, 442) reported that their grades remained the same since the pandemic began; 34.2% (316) reported their grades were worse; and only 17.9% (165) said their grades improved. However, 14.8% (137) said that it was likely that they would not be able finish school due to the pandemic. In addition, one in five (186) believed there was at least a 50% chance they would not be able to finish the school year.

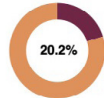
Latinx Youth (N = 923)



Education Impact

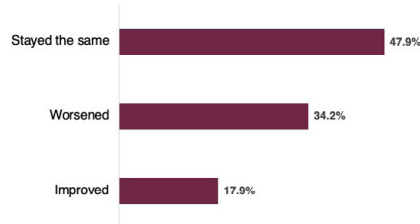


Said it was likely they would not be able to finish school due to the pandemic.



Reported there was a 50% chance they would not be able to finish the school year.

Changes in Grades



Latinx Adults

(N = 2,300)

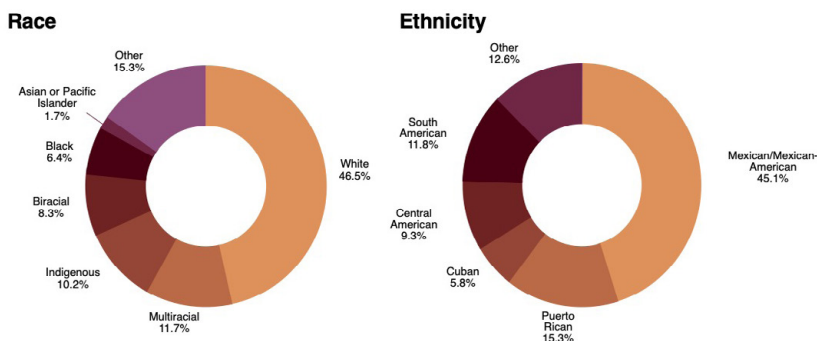
Demographic Characteristics of the Aggregate Latinx Adult Sample

Age and Gender. The age of the participants ranged from 18 – 89, with an average age of 33. About 44% of the sample (1,004) identified as male, 54% as female (1,227). Meanwhile, 2.3% identified (52) as gender fluid or non-binary, and less than 1% (12) as other.

Ethnicity and Race. A majority of Latinx adults identified either as Mexican or Mexican American (45.1%, 1,032), Puerto Rican (15.3%, 350), or Cuban (5.8%, 133). Meanwhile, 9.3% (214) was Central American, 11.8% (270) was South American, and 12.6% (293) was “Other” (e.g., Multiethnic, Hispanic, Latinx).

Most identified their race as White (1,068, 46.5%). On the other hand, 11.7% (269) identified as Multiracial, 10.2% (233) as Indigenous, 8.3% (190) as Biracial, 6.4% (146) as Black, 1.7% (38) as Asian or Pacific Islander, and 15.3% (351) as “Other” (e.g., Hispanic, Latinx, Spanish).

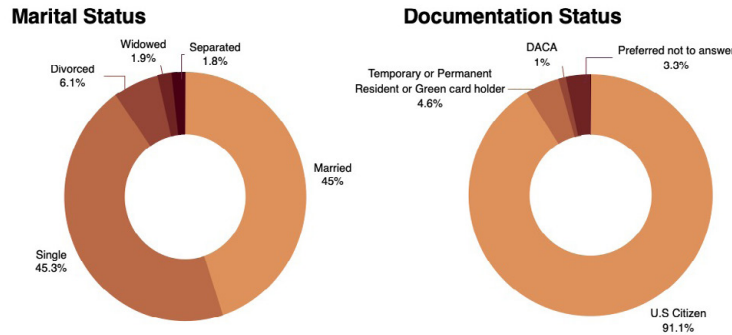
Latinx Adults Sample Characteristics (N = 2,300)



Marital Status and Sexual Orientation. Forty-five percent were married (1,034), with 45.3% (1,041) single, 6.1% (140) divorced, 1.9% (43) widowed, and 1.8% separated (41). About 79.6% were heterosexual (1,830), with 10.1% (233) bisexual, 5.2% (199) gay or lesbian, 2.1% (48) pansexual, .7% (17) queer, .7% (17) asexual, .7% (16) questioning, and .8% (20) "Other".

Documentation Status. Nearly all respondents identified as a U.S. citizen (2,095, 91.1%) followed by either a temporary or permanent resident or green card holder 4.6% (105), DACA holder, 1 % (22), while 3.3% (78) preferred not to respond or identified as "Other" (e.g., refugee, non-U.S. citizen resident).

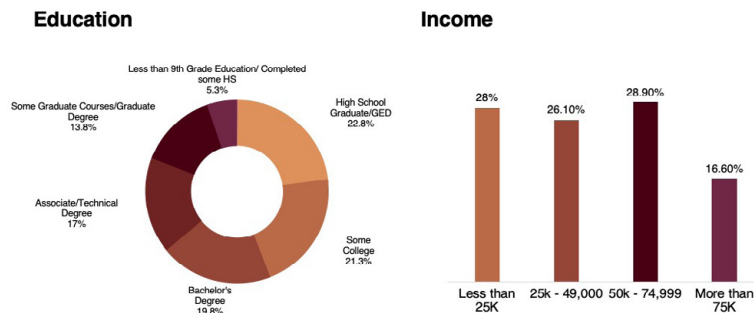
Latinx Adults Sample Characteristics (N = 2,300)



Educational Attainment and Income. There was a broad distribution of education attainment. Close to 1 in four (22.8%, 525) had a high school degree or GED; 21.3% (489) had at least some college and 19.8% (456) had a bachelor's degree. Another, 391 (17%) had an associate degree or a technical school degree, and 317 (13.8%) had taken some graduate courses or had a graduate degree. Finally, 5.3% (121) completed some high school or less than a 9th grade education.

Twenty-eight percent of Latinx adults (653) reported an annual income of less than \$25,000. Twenty six percent (600) indicated an annual income between \$25,000 and \$49,999. Nearly thirty percent (28.9%; 664) reported an income between \$50,000 and \$74,999. Finally, 16.6% (383) reported an annual income of \$75,000 or more.

Latinx Adults Sample Characteristics (N = 2,300)

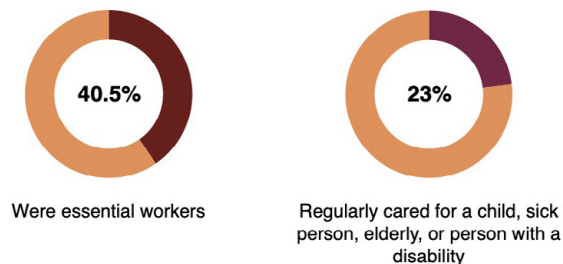


Caregiver Status. Almost a quarter of the sample (525, 23%) were caregivers (i.e., regularly cared for a child, sick person, elderly person, or person with a disability). Caregivers ranged from 19 to 73 years of age with a mean age of 33.6. About half (47.6%, 249) identified as male, about half (48.6, 254) as female, 2.5% (13) as gender nonbinary, and 1.3% (7) as Other. More than half of the caregivers (298, 56.8%) reported being married or having a domestic partner, 33.7% (177) identified as single, 2.9% (15) were separated, 4.6% (24) were divorced, and 2.1% (11) were widowed.

Latinx Adults Sample Characteristics (N = 2,300)



Other Characteristics



COVID-19 Infection Risk, Infection, and Mortality

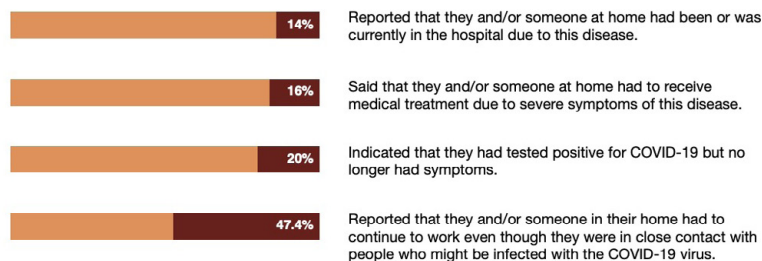
Almost half of the sample (47.4%, 1,088) reported that they and/or someone in their household had to continue working even though they and/or someone in their household were in close contact with people potentially infected with the COVID-19 virus.

A little less than one quarter of respondents (20%, 462), indicated that they tested positive for COVID-19 but no longer had symptoms. Sixteen percent (365) said that they and/or someone in their household had to receive medical treatment due to severe COVID-19 symptoms. Fourteen percent (330) shared that they and/or someone in their home had been or were currently in the hospital due to this disease.

Latinx Adults (N = 2,300)



COVID-19 Infection Risk, Infection, and Mortality

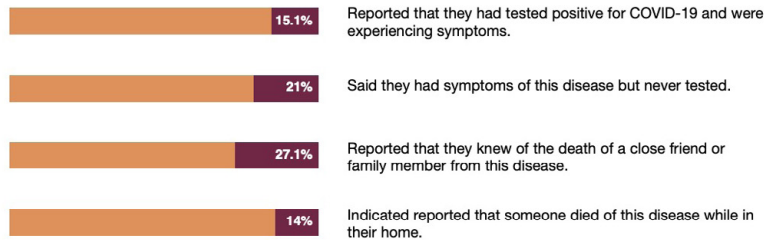


Meanwhile, 15.1% (345) of participants reported that during the third wave of the pandemic they tested positive for COVID-19 and were currently experiencing symptoms. Of concern was the number of participants (21%, 472) who said they had symptoms but were never tested. Over one quarter of participants (27.1%, 619), had experienced death of a close friend or family member from this disease. Fourteen percent (330) reported that someone died of this disease while in their home.

Latinx Adults (N = 2,300)



COVID-19 Infection Risk, Infection, and Mortality



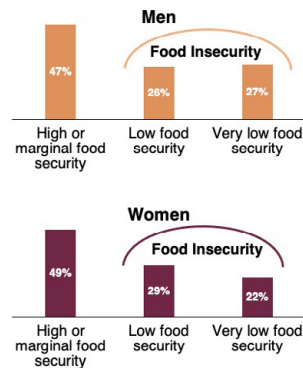
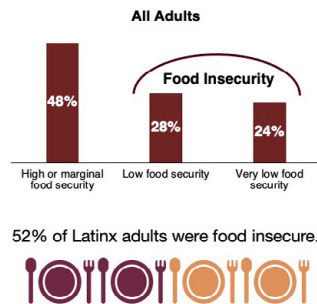
Food Insecurity

More than half (52%, 1,196) of adult Latinx participants were food insecure, with over a quarter of the sample (28%, 646) having low food security (i.e., having difficulty buying enough food). Additionally, almost 1 in 4 (24%, 553) had very low food security (i.e., besides having difficulty purchasing food, individuals with very low food insecurity also resorted to cutting down meals or portions to make food last longer).

Latinx Adults (N = 2,300)



Food Insecurity



Economic Impact

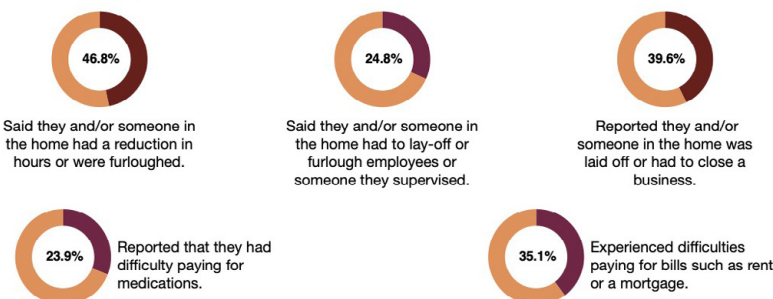
The COVID-19 pandemic significantly impacted the economic wellbeing of adult Latinx participants. More than 1 in 3 (39.6%, 909) reported they and/or someone in their household were laid off from their job or had to close their own business. Almost half (46.8%, 1,074) indicated that they and/or someone in their household experienced a reduction in work hours or were furloughed. Close to a quarter (24.8%, 569) said they and/or someone in their household had to lay-off or furlough employees or someone they supervised.

Over one third of participants also indicated experiencing difficulties paying bills such as rent or a mortgage (35.1%, 801) and close to one quarter (23.9%, 546) reported having difficulties paying for medications.

Latinx Adults (N = 2,300)



Economic Impact



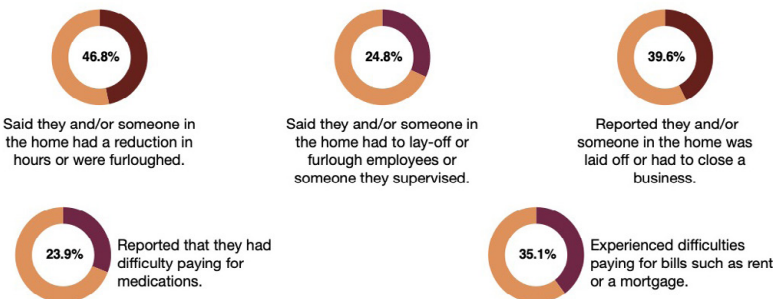
Physical Health Impact

A little less than one third of participants (32.8%, 748) said that they and/or someone in their home experienced an increase in health problems not related to COVID-19. Of concern was the number of participants (23.6%, 536) who said they and/or someone in their household had an important medical procedure cancelled. Overall, 35% (795) reported getting less medical care during the COVID-19 pandemic, while 18.1% (412) were specifically unable to access medical care for a serious condition.

Latinx Adults (N = 2,300)



Economic Impact



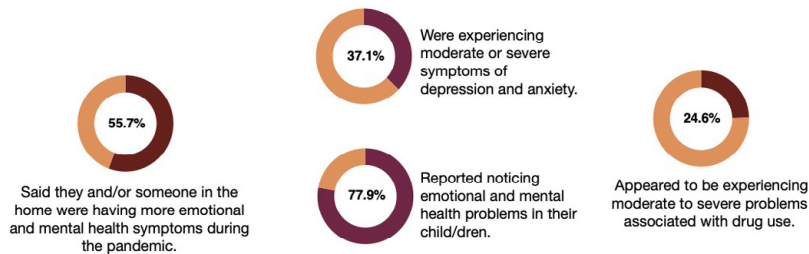
Mental Health Impact

The COVID-19 pandemic appears to be taking a toll on the psychological wellbeing of adult Latinx individuals and families. More than half of the sample (55.7%, 1,272) indicated that they and/or someone in their household were having more emotional and mental health symptoms during the pandemic. Over one third (37.1%, 852) experienced moderate or severe symptoms of depression and anxiety (e.g., feeling nervous, anxious or on edge most days or almost every day). Almost one quarter (24.6%, 550) experienced moderate to severe problems associated with drug use (e.g., prescription medications).

Latinx Adults (N = 2,300)



Mental Health Impact



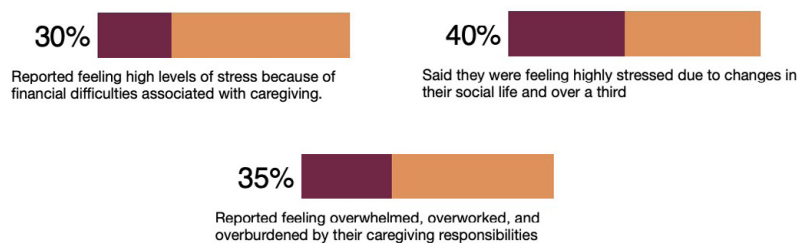
A disturbing finding was the significant number of participants that noticed emotional and mental health problems in their child/ren. More than 3 in 4 (1,775, 77.9%) reported seeing an increase in behavioral or emotional problems in their child/children.

Caregiver stress. Given the rate of reported concerns about behavioral and emotional problems in children in the home, we examined the level of stress experienced by caregivers. Thirty percent of caregivers (158) reported feeling high levels of stress because of financial difficulties associated with caregiving responsibilities. Additionally, 40% (211) said they were feeling highly stressed due to changes in their social life and over one third (35%, 182) indicated feeling overwhelmed, overworked, and overburdened by their caregiving responsibilities.

Latinx Adults (N = 2,300)



Mental Health Impact: Caregivers



Latinx Adult Essential Workers

(N = 932)

This portion of the report is based on a subsample (N = 932; 40.5%) of the entire Latinx adult aggregate sample (N = 2,300). According to the CDC, essential workers are those who carry on the operations and services in industries that are key to support the continuity of essential functions for the country². For the purpose of this assessment, we defined essential workers as individuals who were exempt from stay-at-home or shelter in place orders and were required to report to work. This included health care workers, law enforcement, custodial staff, and food service and agriculture workers.

Demographic Characteristics of Latinx Adult Essential Workers

Age and Gender. The age of the participants ranged from 18 – 72, with an average age of 31. Almost half (49.5%, 461) identified as male, 48.5% (452) as female, and 1.9% (18) as gender fluid or non-binary.

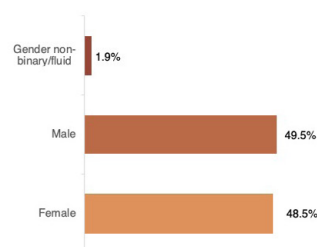
Ethnicity and Race. A large number of essential workers identified as Mexican or Mexican American (46.1%, 430), followed by South American (12.7%, 118), Puerto Rican (12.3%, 115), Central American (9.7%, 90) and Cuban (6%, 56). A total of 121 (13%) identified as Other (e.g., multi-ethnic, Hispanic, Latinx).

Most of the sample identified their race as White (426, 45.7%). Approximately 13% (12.8%, 119) essential workers identified as Indigenous, 12% (117) as Multiracial, 8.2% (76) as Biracial, 7.3% (68) as Black, 1.6% (15) as Asian or Pacific Islander, and 12% (112) as “Other” (e.g., Hispanic, Latinx, Spanish).

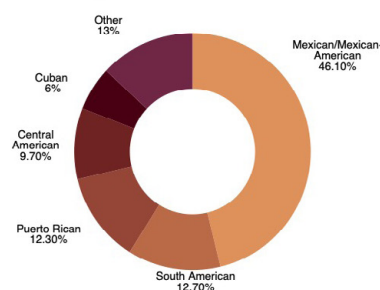
Latinx Adult Essential Workers Sample Characteristics (n = 932)



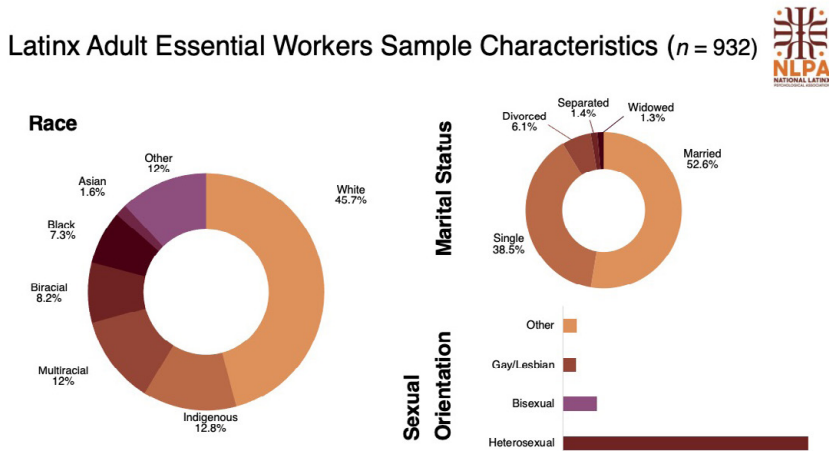
Gender



Ethnicity

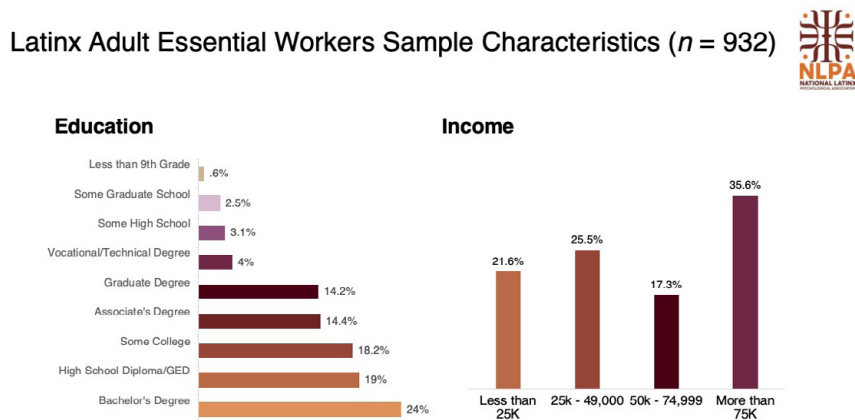


Marital Status and Sexual Orientation. Over half of essential workers (490, 52.6%) were married, 38.5% (359) were single, 6.1% (57) were divorced, 1.4% (13) were separated, and 1.3% (12) were widowed. Most identified as heterosexual (744, 79.8%), 10.9% (102) as bisexual, 4.3% (40) as gay or lesbian, 2% (19) as pansexual, .6% (6) as queer, .4% (4) as asexual, 1.1% (10) as questioning, and 1.2% (12) as Other.



Educational Attainment and Income. Nearly 24% (223) had a bachelor’s degree, 19% (177) received a high school diploma or GED certificate, 18.2% (170) had completed some college courses, 14.4% (134) had an associate’s degree, and 14.2% (132) had a graduate degree. The remaining respondents had completed vocational school or a technical degree (4%, 37), some high school (3.1%, 29), some graduate school (2.5%, 23), or had less than a 9th grade education (.6%, 6).

In terms of annual income, 21.6% (201) earned less than \$25,000, 25.5% (238) earned between \$25,000 and \$49,999. Meanwhile, 17.3% (161) earned between \$50,000 and \$74,999 and over one-third (35.6%,332) reported an annual income of \$75,000 or more.



COVID-19 Infection Risk, Infection, and Mortality

Over two-thirds of (67.1%, 635) essential workers reported that they and/or someone in their household had to continue to work even though they and/or someone in their household were in close contact with people who were potentially infected with the COVID-19 virus. One in 4 (25.9%, 241), indicated that they had tested positive for COVID-19 and had symptoms at the time of this assessment. Additionally, about 30% (272) reported that they and/or someone in their household had experienced symptoms of COVID-19 but were never tested. Another 30% (283) said they and/or someone in their home tested positive for COVID-19 but no longer had symptoms.

One quarter of essential workers (25.3%, 236) said they and/or someone in their home had to receive medical treatment due to severe COVID-19 symptoms, including hospitalization. Over one third of participants (35.3%, 329), experienced the death of a close friend or family member from this disease.

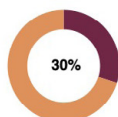
Latinx Adult Essential Workers (n = 932)



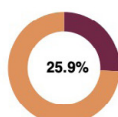
COVID-19 Infection Risk, Infection, and Mortality



1 in 4 said they and/or someone in their home had to receive medical treatment due to severe symptoms of this disease, including hospitalization.



Said they and/or someone at home tested positive for COVID-19 but no longer had symptoms.



Indicated that they and/or someone at home had tested positive for COVID-19 and had symptoms at the time of this assessment.

Latinx Adult Essential Workers (n = 932)



COVID-19 Infection Risk, Infection, and Mortality

67.1%



Said they and/or someone in their home had to continue to work even though they were in close contact with people who might be infected with the COVID-19 virus.

30%



Said they and/or someone in their household had experienced symptoms of COVID-19 but were never tested.

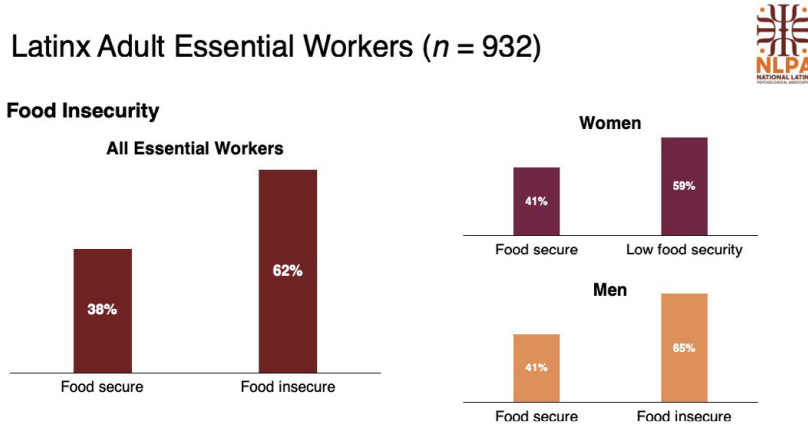
35.3%



Said that they knew of the death of a close friend or family member from this disease.

Food Insecurity

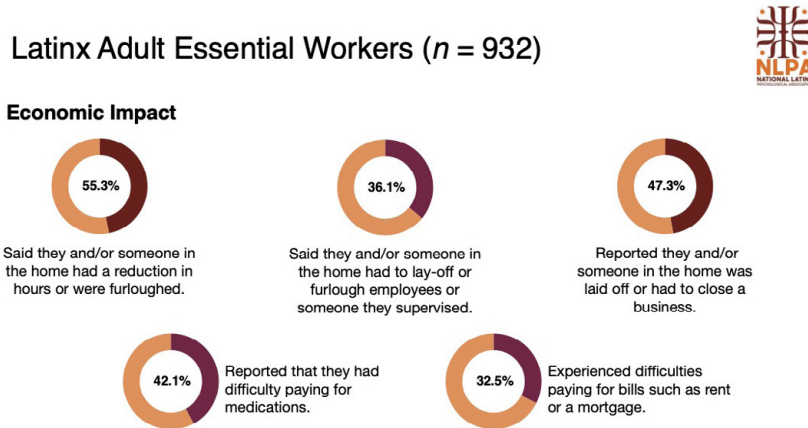
Levels of food insecurity were severe among Latinx essential workers. Close to two-thirds (62%, 578) were food insecure, while 38% (354) were food secure. Levels of food insecurity were more prevalent among men. Sixty-five percent of male essential workers (298) were food insecure. In contrast, 59% (267) of female essential workers were food insecure.



Economic Impact

Economic distress was also significant among Latinx essential workers. Almost half (47.3%, 441) reported they and/or someone in their household were laid off from their job or had to close their own business. More than half (55.3%, 515) indicated that they and/or someone in their household experienced a reduction in work hours or were furloughed. More than 1 in 3 (36.1%, 336) said they and/or someone in their household had to lay-off or furlough employees or someone they supervised.

Although essential workers play a critical role in the continued operations of the United States³, 42.1% (392) indicated they experienced difficulties paying for bills such as rent or a mortgage and close to one third (32.5%, 303) had difficulties paying for medications.



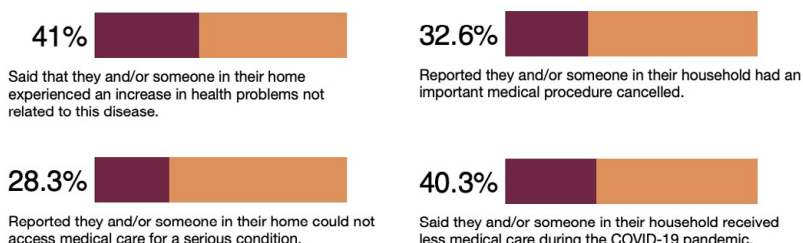
Physical Health Impact

Forty one percent (386) of essential workers reported that they and/or someone in their home experienced an increase in health problems not related to this disease. Close to one third (32.6%, 304) said they and/or someone in their household had an important medical procedure cancelled during the pandemic. Overall, 40.3% (376) reported getting less medical care during the COVID-19 pandemic, while 28.3% (264) indicated they and/or someone in their home were unable to access medical care for a serious condition specifically.

Latinx Adult Essential Workers (n = 932)



Physical Health Impact



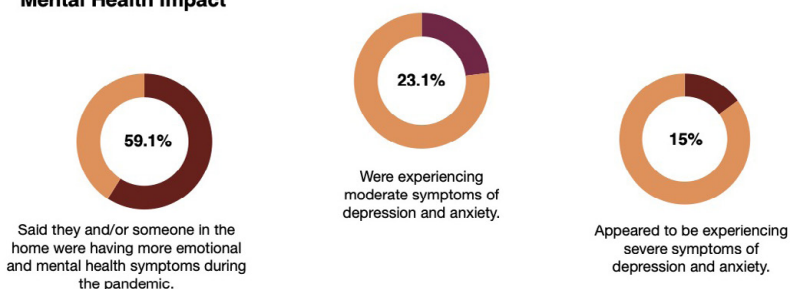
Mental Health Impact

In addition to the higher rates of infection, a significant number of essential workers (59.1%, 551) said that they and/or someone in their household were having more emotional and mental health symptoms during the pandemic. Almost one in four (23.1%, 215) experienced moderate symptoms of depression and anxiety, and 15% (143) experienced severe symptoms of depression and anxiety. Severe symptoms of depression and anxiety have been previously associated with functional impairment and higher rates of disability days⁴. Of particular concern was the vast majority (83.6%, 779) of essential workers who reported seeing an increase in behavioral or emotional problems in their child/children.

Latinx Adult Essential Workers (n = 932)



Mental Health Impact



Latinx Immigrant Adults

(N = 536)

For the purposes of this report, we defined immigrants as those who were born outside of the United States, including Puerto Ricans, and who hold a wide range of immigration statuses (e.g., U.S. citizenship, Temporary Protective Status, DACA).

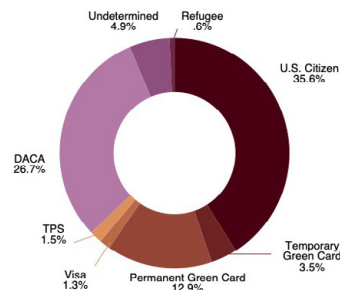
Demographic Characteristics of the Latinx Adult Immigrant Sample

Documentation Status. Over one-third (35.6%, 191) were US citizens, 26.7% (143) DACA recipients, 12.9% (69) permanent green card holders, 6.9% (37) identified having as “other” status (e.g., undocumented), 5.6% (30) who preferred not to disclose (5.6%), 4.9% (26) reported an “undetermined” status, 3.5% (19) temporary green card holders (3.5%), 1.5% (8) holders of temporary protected status, 1.3% (7) visa holders, and less than 1% (.6, 3) were refugees.

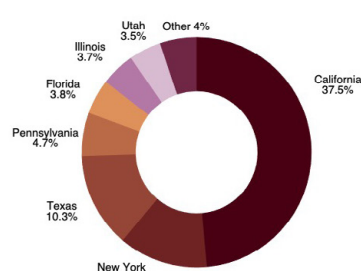
U.S. Location. Participants resided in 40 states, including those where immigrants make up a significant portion of the population such as California (37.5%), New York (9.7%), Texas (10.3%), Pennsylvania (4.7%), Florida (3.8%), Illinois (3.7%), and Utah (3.5%). Less than 3% of participants resided in Maryland, Colorado, Washington, Georgia, New Jersey, Arizona, Tennessee, and Virginia. Less than 1% of the sample resided in other states.

Latinx Adult Immigrants Sample Characteristics (N = 536) 

Documentation Status



Location

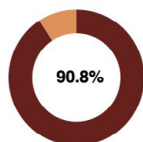


Age and Gender. Participants ranged in age from 18 – 67, with an average age of 30.29. The vast majority (90.8%) were under 40 years old. Most participants identified as female (351, 65.5%), male (171, 31.9%), non-binary/gender fluid (11, 2.1%), and other (1, .2%). Less than 2% (8) were transgender people.

Latinx Adult Immigrants Sample Characteristics (N = 536)

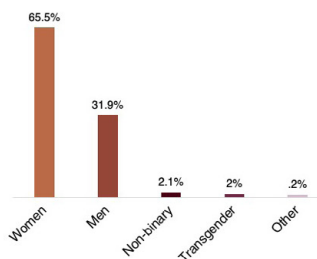


Age



Were under the age of 40.

Gender

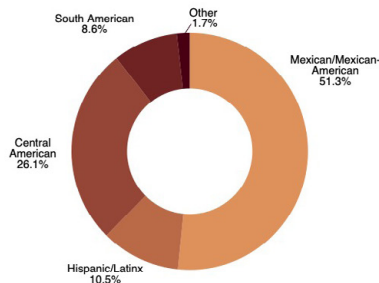


Ethnicity and Race. Half of the sample identified as Mexican (51.3%, 275). Meanwhile, 56 identified their ethnicity as Hispanic or Latinx (10.5%), 139 as Central American (26.1%), 46 as South American (8.6%), and 9 as Other (1.7%). In terms of racial identification, a total of 4 participants identified as American Indian or Alaska Native (.7%), 84 were Indigenous from Mexico (15.7%), 22 were Indigenous from Central America (4.1%), 13 were Indigenous from South America (2.4%), 14 were Black (2.6%), 3 were Asian (.6%), 1 was Native Hawaiian (.2%), 148 were White (27.6%), 44 indicated “other race” (8.2%), 38 were biracial (7.1%), 31 were multiracial (5.8%), and 95 indicated they did not know (17.7%).

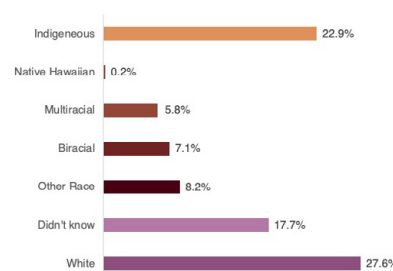
Latinx Adult Immigrants Sample Characteristics (N = 536)



Ethnicity



Race



Marital Status and Sexual Orientation. Most of the sample was either married (257, 47.9%) or single (256, 47.8%). The remainder were divorced (13, 2.4%), separated (7, 1.3%), or widowed (2, .4%). Eighteen percent (97) identified as LGBTQ. Less than one percent reported another sexual orientation (.7%, 4) and 1 person identified as asexual (.2%).

Educational Attainment and Income. Participants' level of education varied. About 5% (4.9%, 26) had less than a 9th grade education, 4.1% (22) attended some high school, 11.9% (64) obtained a high school diploma or GED, 7.3 (39) completed technical or vocational trade school, 24.4% (131) had some college education, 14.2% (76) obtained an associate degree, 22.9% (123) obtained a bachelor's degree and 9.9% (53) had a graduate degree.

The majority of the sample was low income (376, 71.6%), with household incomes lower than \$49,000 in 2019. There were 10 participants (1.9%) who identified as upper income (i.e., income over \$150,000).

Essential Worker Status.

A total of 146 (27.2%) Latinx immigrants identified as essential workers.

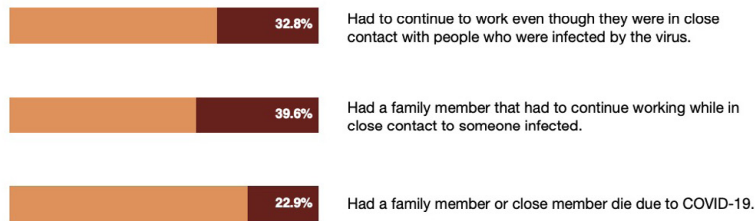
COVID-19 Infection Risk, Infection, and Mortality

About one-third (32.8%, 176) of the sample had to continue working even after being in close contact with someone infected by the virus; and 39.6% (212) lived with someone who had to continue working after being in contact with someone who was infected. While 5.2% (28) of the participants reported they had the virus, about 10.6% (57) indicated they tested positive but no longer had symptoms. Most concerning was the percentage of participants who reported the death of a close friend or family member from the virus (123, 22.9%).

Latinx Adult Immigrants (N = 536)



COVID-19 Infection Risk, Infection, and Mortality



COVID-19 infection and mortality varied by U.S. citizenship status, suggesting that citizenship seemed to protect immigrants from health impacts of the pandemic.

- Of those who reported having COVID-19 symptoms but had not been tested: 1 in 4 were immigrants with U.S. citizenship compared to 3 in 4 immigrants without citizenship.
- Of those who tested positive for COVID-19: 2 in 5 were U.S. citizens compared to 3 in 5 not having U.S. citizenship.
- U.S. citizenship also seemed to be a shield against experiencing mortality of a close person from COVID-19. Of those who reported someone dying from COVID-19 while in their home: 2 in 5 were immigrants with U.S. citizenship compared to 3 in 5 immigrants without U.S. citizenship.



Latinx Adult Immigrants (N = 536)

U.S. Citizenship Shield



1 in 4 immigrants with U.S. citizenship had COVID-19 symptoms but was never tested.



3 in 4 immigrants without U.S. citizenship had COVID-19 symptoms but was never tested.



2 in 3 immigrants with U.S. citizenship tested positive for COVID-19.



3 in 5 immigrants without U.S. citizenship tested positive for COVID-19.

Food Insecurity

Nearly half of all immigrants (46.5%) reported experiencing food insecurity. Food insecurity was worse among immigrants without U.S. citizenship. To illustrate, 2 in 3 immigrants without US citizenship reported food insecurity, while only 1 in 3 immigrants with citizenship were food insecure.



Latinx Adult Immigrants (N = 536)

Food Insecurity



Of all Latinx immigrant adults had difficulty getting enough food or healthy food.

1 in 3 immigrants with U.S. citizenship were food insecure.



2 in 3 immigrants without U.S. citizenship reported food insecurity.



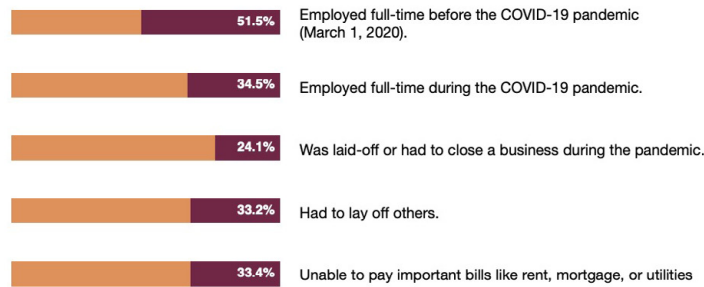
Economic Impact

About half of the sample (276, 51.5%) were employed full time before COVID (prior to March 1st, 2020) and 7.6% (41) were unemployed. Comparatively, those employed full time dropped to 34.5% (185) during the pandemic (after March 1st, 2020) and the number of those unemployed rose to 17.9% (96). A total of 24.1% of participants (129) were laid off or had to close their business during the pandemic, and 33.2% (178) lived with someone who was laid off or had to close down their business due to the pandemic. More than 1 in 3 of the participants reported they were unable to pay important bills like rent or utilities (179, 33.4%).

Latinx Adult Immigrants (N = 536)



Economic Impact



Mental Health Impact

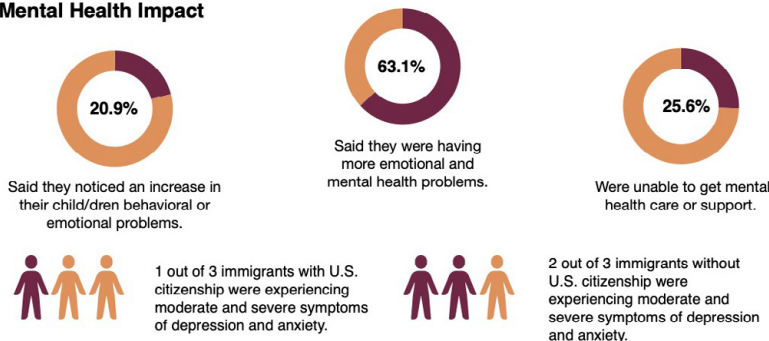
More than half of the participants (338, 63.1%) reported increases in mental health problems or symptoms during the pandemic and 20.9% (112) reported seeing increases in their child’s behavioral or emotional problems. Despite increases in mental health problems, a quarter of the sample (25.6%, 137) said they were unable to access mental health treatment or therapy during the pandemic.

Additionally, 1 in 4 immigrants reported moderate mental health distress during the pandemic, while 17.6% reported severe mental health distress. Moderate and severe mental health distress was twice as high for immigrants without citizenship compared to immigrants with citizenship. Two out of three immigrants without U.S. citizenship reported moderate and severe mental health distress compared to one out of three for immigrants with U.S. citizenship.

Latinx Adult Immigrants (N = 536)



Mental Health Impact



Summary and Recommendations for Federal Policy for U.S. Latinx Youth

1. Based on key demographic indicators, this sample of participants seems representative of the broader Latinx youth community living in the U.S.
2. In terms of financial difficulties, 53% of Latinx youth reported being food insecure. Specifically, youth reported that their meals consisted of cheap foods void of nutrition as a result of dwindling financial resources during COVID-19. It is recommended that stimulus and financial aid packages account for both parents and minors living in the same household. Healthy eating initiatives such as school lunch/dinner boxes program should be maintained - or initiated in schools currently lacking food programs - to help youth supplement their missed meals and complement the lack of nutritious foods. This practice may also be extended to week-ends when youth are not attending school and may be more likely to go hungry for two consecutive days. Free webinars that center on school-parent conversations to address risks of food insecurity in the household are warranted.
3. In terms of academic performance during COVID-19, 34.2% reported that their grades worsened and 20.2% of all youth indicated there was more than a 50% chance that they would not be able to finish the school year. Establishing a hybrid system (online and face-to-face) involving office hours with teachers as well as after-school tutoring support for students who may be at risk of failing courses is highly recommended.
4. One third of Latinx youth reported poor mental health outcomes. The most frequently reported symptoms of distress included depression, anxiety, and irritability. It is recommended that there be a focus on greater and easier access to psychological services at schools (with school counselors), as well as telehealth options.
5. Given that approximately 20% of the sample reported using drugs or alcohol to deal with stress related to the pandemic, we suggest the creation of substance use interventions that can be delivered through the use of an app that youth can access on their phones to record their moods and feelings throughout the day (ex: IFeel App).

Summary and Recommendations for Federal Policy for U.S. Latinx Youth



1. Based on key demographic indicators, this sample of participants seems representative of the broader Latinx youth community living in the U.S.
2. In terms of financial difficulties, **53% of Latinx youth reported being food insecure**. Specifically, youth reported that their meals consisted of cheap foods void of nutrition due to dwindling financial resources due to COVID. It is recommended that stimulus and financial aid packages account for both parents and minors living in the same household. Healthy eating initiatives such as school lunch/dinner boxes program should be maintained - or initiated in schools currently lacking food programs - to help youth to supplement their missed meals and complement the lack of nutritious foods. Free webinars that center on school-parent conversations to address risks of food insecurity in the household.
3. In terms of academic performance during COVID-19, **34.2%** reported that their grades worsened and **20.2%** of all youth indicated there was **more than a 50%** that they would not be able to finish the school year.

Summary and Recommendations for Federal Policy for U.S. Latinx Youth



4. **A third of Latinx youth reported poor mental health outcomes**. Specifically, the most endorsed symptoms of distress reported by youth were depression, anxiety, and irritability. It is recommended that there be a focus on greater and easier access to psychological services at schools as well as tele health options.
5. Given that **approximately 20% of the sample reported using drugs or alcohol to deal with stress related to the pandemic** we suggest to prepare substance use interventions through the use of an app that youth can use of their phones (ex: IFeel App).

Summary and Recommendations for Federal Policy for U.S. Latinx Adults

1. Based on key demographic indicators, this sample of participants seems representative of the broader Latinx community living in the U.S.
2. In terms of financial difficulties, approximately 2 in 5 Latinx adults reported losing their job and close to half saw a reduction in work hours or were furloughed. Over one third experienced difficulty paying bills such as rent and utilities. Recommendations that could help buffer the economic impacts of the pandemic include both housing and employment-related supports:
3. Housing: a) Expansion of stimulus funds to help struggling families pay for rent/mortgage and other utilities; b) Extension of housing eviction moratoriums; c) Creation of a loan modification installment plan similar to the 2009 plan to help borrowers reduce monthly mortgage loan payments.
4. Employment: a) Extension of unemployment benefits; b) Elimination of the work requirement for Medicaid benefits; c) Re-implementation of cost-sharing reduction subsidies to insurers under the Affordable Care Act; d) Provision of additional funds to facilitate enrollment into the public exchange insurance program.
5. The significant amount of food insecurity across Latinx families warrants an increase in funds provided through The Special Supplemental Nutrition Program for Women, Infants, and Children (*WIC*) and expansion of the list of foods that can be purchased with **SNAP benefits**.
6. With 21% of Latinx adults reporting an infection history but not being tested, it is recommended that continued information campaigns be conducted that emphasize the importance of COVID-19 testing and detail the procedures of how to do so. It is also important to identify barriers to testing access (e.g., long distance to testing sites, lack of transportation, inability to take time off from work, immigration status fears). Given the high rate of economic stress, it is also important to identify economic barriers to testing access (e.g., insurance loss, loss of wages associated with taking time off from work to get tested).
7. Given that approximately 1 in 3 Latinx adults have lost a close family member or friend, it is recommended that support and funds be provided for grief counseling in trusted community sites, such as churches, community centers, etc.
8. More than half of Latinx adults reported an increase in mental health problems, with more than 1 in 3 Latinx adults experiencing significant psychological distress. Therefore, it is recommended that there be a focus on greater and easier access to psychological/counseling services, including face-to-face and tele health options. Further, because severe symptoms of depression and anxiety experienced by a considerable number of participants can lead to lost working days, it is important to examine how increases in mental health problems may also be associated with more financial stress. These services should not be restricted solely to evidenced based mental health practices which may have limited cultural relevance. Community defined and culturally grounded options should also be made available.
9. An overwhelming majority (77.9%) of Latinx participants reported increased behavioral and emotional problems in their children. It is recommended that targeted resources and funds be directed to primarily Latinx-serving schools to provide general support services and professional psychological services, when needed, to students and families.

10. Our data showcases how documentation, specifically U.S. citizenship, buffered the economic and health impact of COVID-19 on Latinx adult communities. Therefore, we call on an expedited path to citizenship which can help increase access to health and economic resources are available. This can improve the public health of the larger U.S. population.
11. Ensure that efforts to test and vaccinate are readily available for immigrant communities, given the high infection rates.
12. Allow for immigrants of all statuses, including those who are undocumented, to receive stimulus checks, given the high rates of economic hardship, difficulties paying rent and bills, and difficulties securing healthy food.

Summary and Recommendations for Federal Policy for U.S. Latinx Adults



1. Based on key demographic indicators, this sample of participants seems representative of the broader Latinx community living in the U.S .
2. In terms of financial difficulties, approximately 2 in 5 Latinx adults reported losing their job and close to half saw a reduction in work hours or were furloughed. Over one third experienced difficulty paying bills such as rent and utilities. Recommendations that could help buffer the economic impacts of the pandemic include both housing and employment-related supports:
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Summary and Recommendations for Federal Policy for U.S. Latinx Adults



3. The significant amount of food insecurity across Latinx families warrants an increase in funds provided through The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and expansion of the list of foods that can be purchased with **SNAP benefits**.
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Summary and Recommendations for Federal Policy for U.S. Latinx Adults



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Summary and Recommendations for Federal Policy for U.S. Latinx Adults



8. Our data showcases how documentation, specifically U.S. citizenship, buffered the economic and health impact of COVID-19 on Latinx adult communities. Therefore, we call on an expedited path to citizenship which can help increase access to health and economic resources are available. This can improve the public health of the larger U.S. population.
9. Ensure that efforts to test and vaccinate are readily available for immigrant communities, given the high infection rates.
10. Allow for immigrants of all statuses, including those who are undocumented, to receive stimulus checks, given the high rates of economic hardship, difficulties paying rent and bills, and difficulties securing healthy food.

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Appendix A

Methodology

Participant recruitment

Youth participants. The entire youth sample was recruited via Qualtrics Panel. Panel participants are recruited from various sources, including website intercept recruitment, member referrals, targeted email lists, gaming sites, customer loyalty web portals, permission-based networks, and social media, etc. To invite participants, Qualtrics sent an email invitation to the survey to parents/guardians of potential participants informing them of the study. After obtaining consent from parents/guardians, the parent/guardian was asked to pass the survey to the minor. Minor participants were then asked to indicate their assent (i.e., agreement to participate in study), OR if they did not agree to participate in study).

Adult participants. A majority of the Latinx adult sample (n = 2,300) were recruited using Qualtrics Panel. To invite participants, Qualtrics sent an email invitation to the survey to potential adult participants informing them of the study. The rest of the adult participants (n = 536) were adult Latinx individuals who identified as immigrants. This immigrant sample was recruited by sharing the online survey with immigrant rights' activists, who then distributed the survey widely among their networks, organizations, and on social media accounts.

Procedure

Consent Process. After a brief study description, participants were asked to read the informed consent form. All study forms, including the consent form were available in English to participants recruited through Qualtrics. The adult immigrant sample also had the option to respond in Spanish. A near majority (86.9%, 466) of participants completed the survey in English and (13.1%, 70) completed the survey in Spanish.

Instruments

Youth participants. After consenting to the study, youth participants completed questionnaires that included: demographic items, the Multicultural Events Scale for Adolescents (MESA)⁵,

modified items from the Epidemic – Pandemic Impacts Inventory (EPII)⁶, the 5-item Mental Health Inventory (MHI-5)⁷, the Youth Health Risk Behavior Survey (YRBS)⁸, and the Coping Strategies Inventory (CSI)⁹.

Adult participants. After consenting to the study, adult participants completed questionnaires that included: demographic items, the EPII, the Patient Health Questionnaire (PHQ-4)¹⁰, the Drug Abuse Screening Test (DAST-10)^{11,12}, and the 6-item food insecurity measure from the USDA¹³.

Appendix B

Data Analysis

The data was first reviewed for accuracy and redundancy. Participants who failed to respond to four validity questions (e.g., Please select No for this question; Please skip this question) were removed from the sample. Similarly, duplicate participation (same participant responding more than once to the online survey) was removed from the final sample. Upon cleaning the data, researchers ran measures of centrality and distribution to determine the demographic composition of the sample (e.g., number of respondents based on gender, age). Finally, researchers applied several methods of statistical analysis to determine the level of accuracy of each variable of interest (e.g., job loss associated with the pandemic, levels of food security or the lack thereof) and the relationship between different assessment variables (e.g., COVID-19 related stress, food insecurity).

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Few events have shaped American history and our national perspective on racial inequity as profoundly as the grief, community distress and economic devastation brought about by the COVID-19 pandemic.

The pandemic unmasked the stark racial inequities in our economic, health care, education and other systems and institutions — a reality of inequities to which we can not and must not return.

-- Marc H. Morial



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