



NATIONAL LATINX
PSYCHOLOGICAL ASSOCIATION

**Final Report to the National Urban League
COVID-19 Needs Assessment on U.S. Latinx Communities**

April 26, 2021

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Introduction

The National Latinx Psychological Association (NLPA) is pleased to submit its Final Phase I Report on *COVID-19 Needs Assessment on U.S. Latinx Communities*. This study is part of a larger research being conducted by the National Alliance of Psychological Associations for the Advancement of Racial and Ethnic Equity (the Alliance) to understand the effects and associated disparities of the COVID-19 pandemic on communities of color in the United States. For Phase I, NLPA focused on the assessment of the following areas among Latinx adults in the United States: work and employment, education, home life, social activities, economic issues, emotional health and well-being, physical health problems, physical distancing and quarantine, infection history, positive changes, household food insecurity, substance use, caregiving stress, family life stress, activism engagement, social justice views, discrimination, and social support. In addition, we also added an assessment for Latinx youth minors, focusing on the following areas: Academics and education, personal and family experiences since the COVID-19 pandemic, financial challenges, housing and rent, psychological well-being, discrimination, personal health behaviors, alcohol use, coping mechanisms, and food security (or the lack thereof).

Background and Objectives

A COVID-19 Latinx community needs assessment can provide a snapshot of the impact of and any associated disparities associated with COVID-19. This includes potential disparate outcomes related to health; mental health; substance abuse; financial resources/hardships; employment; food security. With needs assessment data in hand, stakeholders can delineate priority areas and roadmaps during the SARS-CoV2 pandemic for health and life improvements in Latinx communities. This needs assessment can further contribute to defining strategies to make positive and sustainable changes to protect and support quality of life among Latinx living in the United States, and to ensure that these communities participate fully in pandemic recovery. Using a national sample of Latinx youth living in the United States, the needs assessment addressed 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?

We also examined the impact of COVID-19 infection risk, infection, and mortality and its overall impact on the economic well-being, physical health, and mental health of vulnerable Latinx populations, specifically, essential workers and immigrants.

To answer these questions, a sample of Latinx youth ages 13-17 ($N = 923$) and adults ($N = 2,836$) was administered via an online survey. The data for this assessment study was collected between **November 2020 and January 2021**. This study received approval by the Internal Review Board at Arizona State University.

Please see Appendices A and B to review our sampling methodology and data analysis plan.

Key Findings

The key findings of our analyses of COVID-19 stressors and impact is organized in the following way:

1. Demographics of the youth sample and COVID-19 impact in Latinx youth.
2. Demographics of the adult sample and COVID-19 impact in Latinx adults.
3. Demographics of Latinx adult essential workers and COVID-19 impact in this Subsample.
4. Demographics of Latinx adult immigrants and COVID-19 impact in this subsample.

1. Latinx Youth

This portion of the report is based on a sample of $N = 923$ Latinx youth (ages 13 to 17) living in the United States.

Demographic Characteristics of the Latinx Youth Sample

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. 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%).

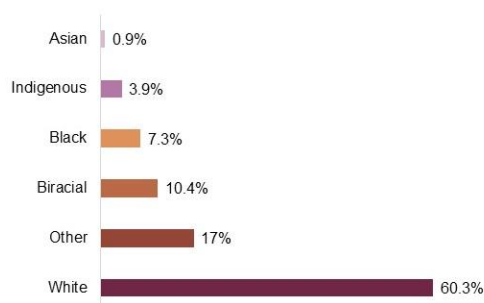
Ethnicity and Race. The majority of youth identified as Mexican or Mexican American (451, 48.9%), followed by Puerto Rican (126, 13.7%), Cuban (58, 6.3%), Multiethnic (54, 5.9%), South American (41, 4.7%), Central American (51, 5.5%), Spanish, (33, 3.6%), Dominican (25, 2.7%), Hispanic/Latinx (2, .2%),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

Most of Latinx youth racially identified as White (557, 60.3%), 157 (17%) identified as Other, 96 (10.4%) as Biracial, 67 (7.3%) identified as Black, 36 (3.9%) identified as Indigenous, and 8 (.9%) identified as Asian.

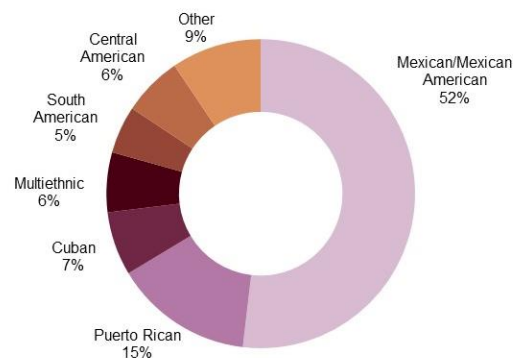
Latinx Youth Sample Characteristics (N = 923)



Race



Ethnicity

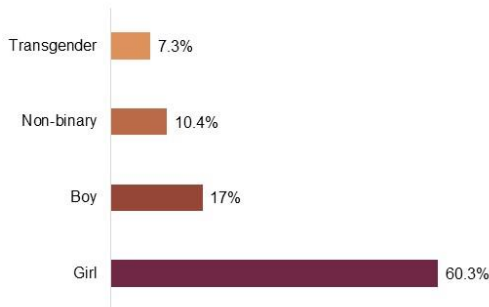


Education. Participants' level of education was 7th grade (21, 2.6%), 8th grade (79, 8.6%), 9th grade (235, 25.5%), 10th grade (223, 24.2%), 11th grade (223, 24.2%), 12th grade (133, 14.4%), and "Other grade" (6, .5%).

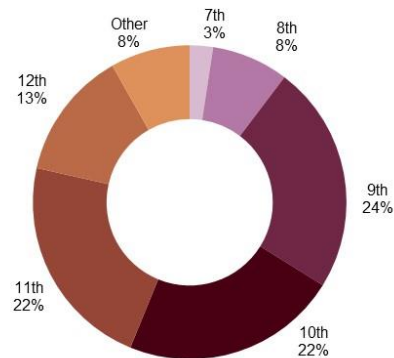
Latinx Youth Sample Characteristics (N = 923)



Gender



Grade in School



Financial Dependency. The majority of youth (823, 89.2%) reported being financially dependent on their family, and more than half (499, 54.1%) of youth's parents were considered essential workers.

COVID-19 Infection Risk, Infection, and Mortality

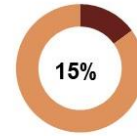
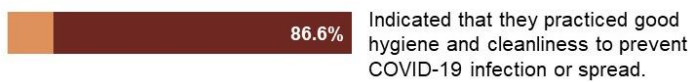
Fifteen percent of youth participants reported having had COVID-19 and 18.4% (170) had family members at home with COVID-19. Despite the relatively low rate of reported infection, 69.1% (638) felt that they were likely to contract COVID-19 in the next 3 months. Perhaps this could be explained by the infection rate the youth reported among persons outside of their home. To illustrate, 70% (648) knew of other people outside of home who had been infected with the COVID-19 virus.

A large number of youth (683, 70%) also believed they could make a difference in their community in stopping the spread of the disease. When asked about actions to prevent the spread of the virus, 86.6% (799) Latinx youth reported practicing good hygiene and cleanliness, 93.4% (808) reported they wore a mask most or all of the time, and 85.2% (786) said they were practicing social distancing to prevent the spread of the COVID-19 virus. However, close to a quarter of the youth said they were 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.

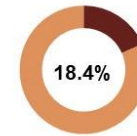
Latinx Youth (N = 923)



COVID-19 Infection Risk, Infection, and Mortality



Said they had COVID-19.



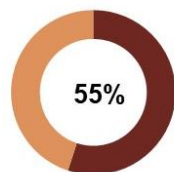
Said that a family member in their home had COVID-19.

Economic Impact. Over half of the youth (498, 55%) reported that their family experienced financial difficulty because of COVID-19. More than a third (326, 36%) reported being concerned about their family members losing their job. Meanwhile, 1 in 3 (297) reported that their family would likely run out of money within the next 3 months. Thirty-one percent (277) reported that their family would likely be unable to pay rent within the next 3 months.

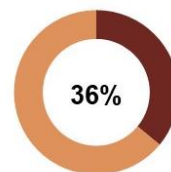
Latinx Youth (N = 923)



Economic Impact



Said that their family had financial difficulties during the pandemic.



Were concerned about a parent/guardian losing their job.



One in 3 believed that their family would be unable to pay important bills (e.g., rent) in the next 3 months.

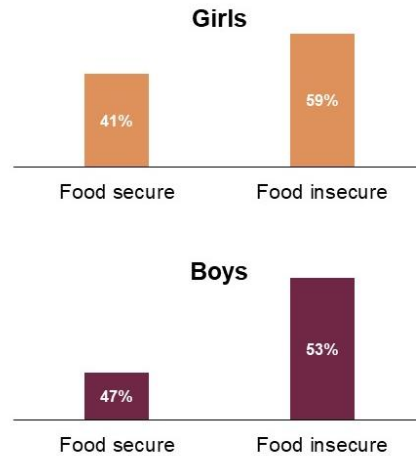
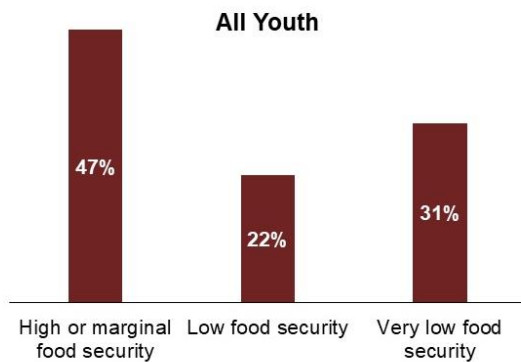
Food Insecurity. More than half of youth (53%) were food insecure. Specifically, 22% (206) reported that they noticed a reduction in the quality, variety, or desirability of the food they had access to (low food security) and almost a third (284, 31%) said their eating patterns were disrupted and reduced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

Latinx girls had higher levels of food insecurity than Latinx boys. Specifically, 59% of all Latinx girls were food insecure, while 53% of all Latinx boys were food insecure. Youth were concerned about their family running out of money to purchase food, only being able to buy cheap foods, worrying about food running out, and inability to have a balanced meal because of lack of money.



Latinx Youth (N = 923)

Food Insecurity

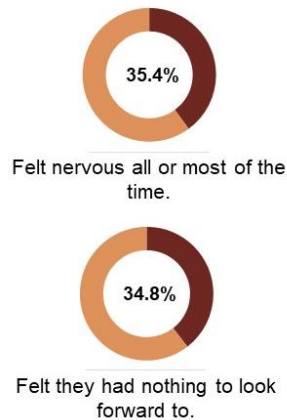


Mental Health Impact. Youth participants reported that their mental health has been significantly affected since the beginning of the COVID-19 pandemic. About one-third of youth (289) reported feeling sad and depressed most or all of the time. Girls reported significantly higher rates of depression than boys (159, 34.4% vs. 125, 27.78%), respectively. More than 1 in

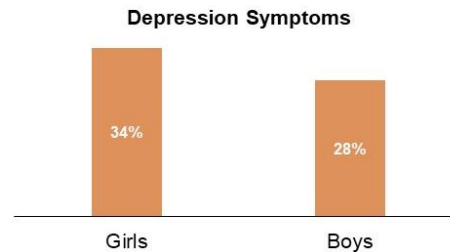


Latinx Youth (N = 923)

Mental Health Impact



About one-third of youth reported feeling sad and depressed most or all of the time with young girls reporting significantly higher rates than boys.



3 (327, 35.4%) of all youth indicated they felt nervous all or most of the time, with young girls reporting significantly higher rates of anxiety than boys.

Most alarming, more than 1 in 3 youth (321, 34.8%) felt that 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 of stress, including physical discomfort, nausea, stomach aches (337, 36.6%), change in appetite (431, 46.6%), and more irritability (478, 51.8%).

To cope with the stress of the pandemic, youth reported trying to talk about it with friends and family (653, 70.7%) and trying not to think about it (731, 79.7%). Roughly 20% of youth (188) reported using drugs or alcohol to distance themselves from the stress of the pandemic; and 55.1% (508) turned to food as a way of forgetting about the issue.

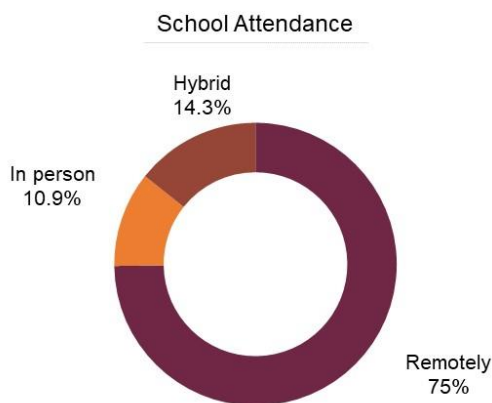
Education Impact. *Attendance:* 74.8% (690) of youth were attending school remotely, 10.9% (101) were attending school in person, and 14.3% (132) were attending via a hybrid format.

Access: Most youth had access to the internet (766, 83.0%) and a computer/tablet/or other device (774, 83.9%) to take classes and complete schoolwork. About 50% of youth (488) reported that their school provided them with a computer. Most students (679, 73.6%) 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



73.6%

Reported that it was easier to connect with teachers virtually than in-person.

24.7%

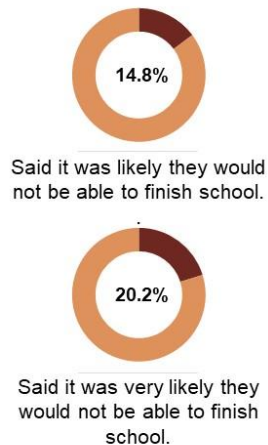
Less than a quarter of youth were able to receive necessary supportive services they needed (e.g., tutoring, counseling, and speech therapy) from home.

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

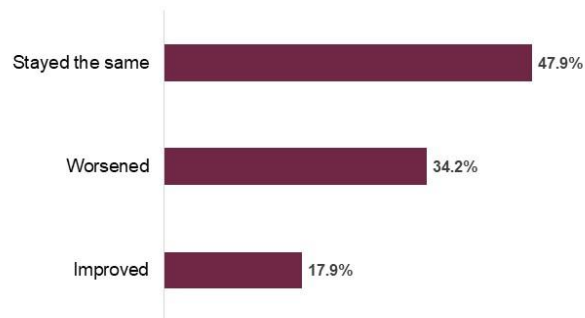
Latinx Youth (N = 923)



Education Impact



Changes in Grades



2. Latinx Adults

This portion of the report is based on a sample of $N = 2,300$ Latinx adults living in the United States.

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 man, 54% as woman (1,227). Meanwhile, 2.3% identified (52) as gender fluid or non-binary, and less than 1% (12) as other.

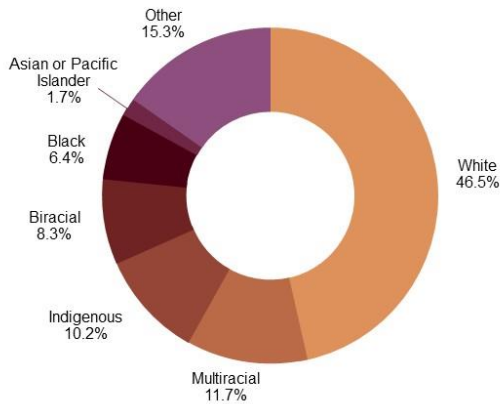
Ethnicity and Race. A majority of the Latinx adults identified either as Mexican or Mexican American (1,032, 45%), Puerto Rican (350, 15.3%), or Cuban (133, 5.8%). Meanwhile, 9.3% (214) was Central American, 11.8% (270) was South American, and 12.6% (293) “Other” (e.g., Multiethnic, Hispanic, Latinx).

Most of the sample 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).

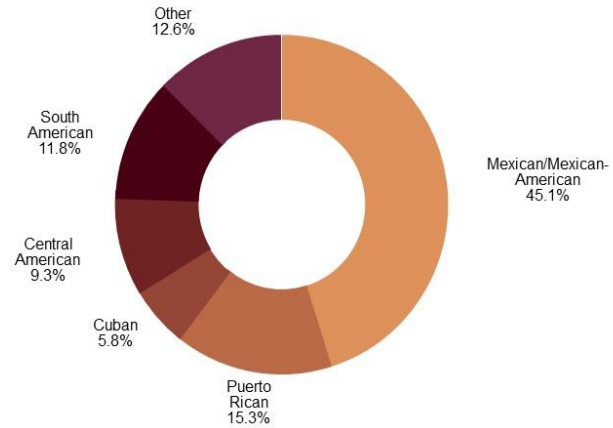
Latinx Adults Sample Characteristics (N = 2,300)



Race



Ethnicity

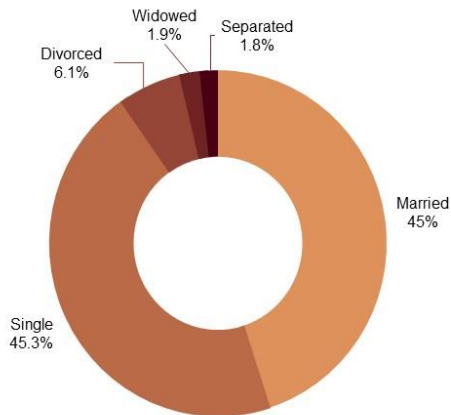


Marital Status and Sexual Orientation. Forty-five percent of the sample was married (1,034), 45.3% (1,041) was single, 6.1% (140) was divorced, 1.9% (43) was widowed, and 1.8% was separated (41). About 79.6% said they were heterosexual (1,830), 10.1% (233) as bisexual, 5.2% (199) as gay or lesbian, 2.1%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

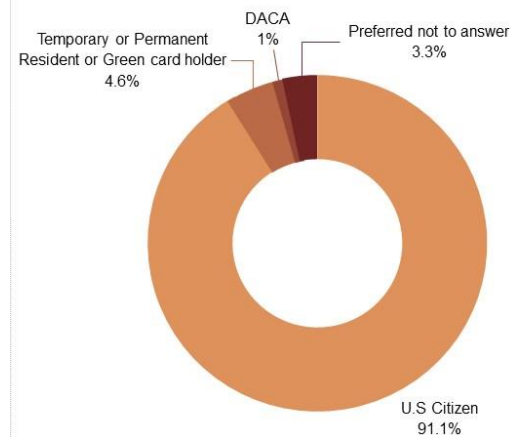
Latinx Adults Sample Characteristics (N = 2,300)



Marital Status



Documentation Status



Documentation Status. A majority of the sample identified as a U.S. citizen (2,095, 91.1%). The remaining 8.9% included: either a temporary or permanent resident or green card holder 4.6% (105), DACA holder, .9% (22), 3.3% (78) preferred not to respond or identified as “Other” (e.g., refugee, non-U.S. citizen resident).

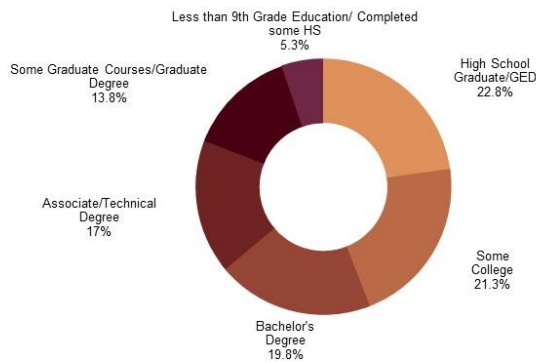
Educational Attainment and Income. In terms of educational attainment, 22.8% (525) reported they were a high school graduate or had a GED. This was followed by about 21.3% (489) who said they had at least some college and 19.8% (456) who reported having a bachelor’s degree. Meanwhile, 391 (17%) said they had an associate degree or a technical school degree, and 317 (13.8%) said they had taken some graduate courses or had a graduate degree. Finally, 5.3% (121) said they had 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. Six-hundred participants (26.1%) indicated an annual income between \$25,000 and \$49,999. Meanwhile, 664 (28.9%) reported an income between \$50,000 and \$74,999. Finally, 383 (16.6%) reported an annual income of \$75,000 or more.

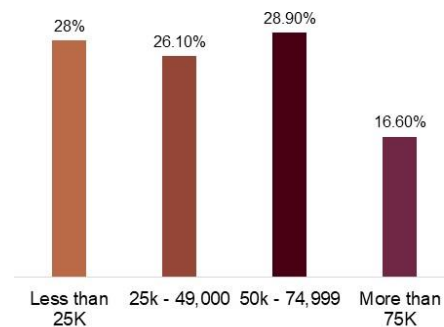
Latinx Adults Sample Characteristics (N = 2,300)



Education



Income

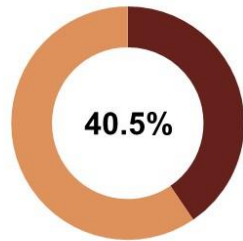


Essential Worker and Caregiver Status. Among Latinx adults, 40.5% (932) said they were an essential worker. Seventy-five participants (3.3%) preferred not to answer. Almost a quarter of the sample (525, 23%) said they regularly care for a child, sick person, elderly person, or person with a disability.

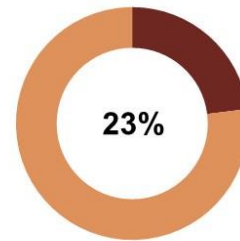
Latinx Adults Sample Characteristics (N = 2,300)



Other Characteristics



Were essential workers



Regularly cared for a child, sick person, elderly, or person with a disability

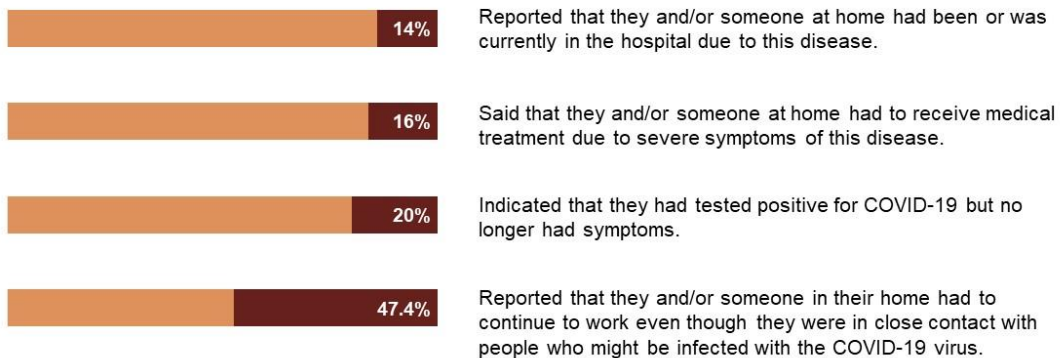
COVID-19 Infection Risk, Infection, and Mortality

Almost half of the sample (1, 088; 47.4%) 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 might be infected with the COVID-19 virus.

Latinx Adults (N = 2,300)



COVID-19 Infection Risk, Infection, and Mortality



A little less than quarter of respondents (462, 20%), indicated that they had 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 symptoms of this disease. Fourteen percent (330) indicated that they and/or someone in their home had been or currently in the hospital due to this disease.

Meanwhile, 15.1% (345) of participants reported that at the time when they took the survey (during the third wave of the pandemic) they had tested positive for COVID-19 and were currently experiencing symptoms. Of concern, was the number of participants (472, 21%) who said they had symptoms of this disease but were never tested. Over a quarter of participants (619, 27.1%), said that they knew of the 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



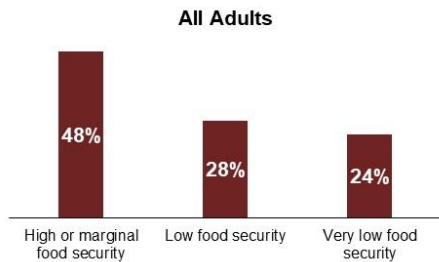
Food Insecurity

More than half of adult Latinxs were food insecure. Specifically, over a quarter of the sample (646, 28%) had low food security. For example, having difficulty buying enough food. Additionally, almost 1 in 4 (553, 24%) had very low food security. Besides having difficulty purchasing food, individuals with very low food insecurity also resort to cutting down meals or portions to make food last longer.

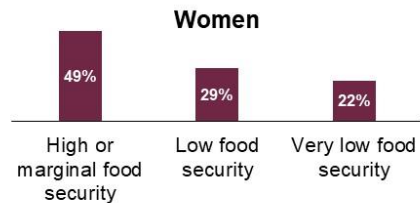
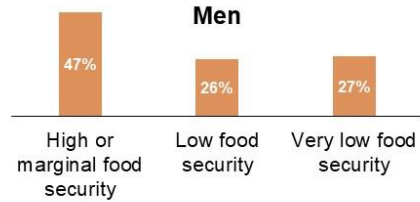
Latinx Adults (N = 2,300)



Food Insecurity



52% of Latinx adults were food insecure.



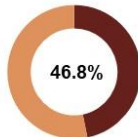
Economic Impact

The impact of the COVID-19 pandemic on the economic wellbeing of adult Latinxs was also significant. To illustrate, more than 1 in 3 (909, 39.6%) reported they and/or someone in their household were laid off from their job or had to close their own business. Almost half (1,074, 46.8%) indicated that they and/or someone in their household experienced a reduction in work hours or were furloughed. Close to a quarter (569, 24.8%) said they and/or someone in their household had to lay-off or furloughed employees or someone they supervised.

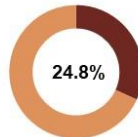
Latinx Adults (N = 2,300)



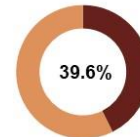
Economic Impact



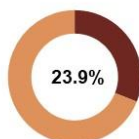
Said they and/or someone in the home had a reduction in hours or were furloughed.



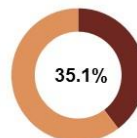
Said they and/or someone in the home had to lay-off or furlough employees or someone they supervised.



Reported they and/or someone in the home was laid off or had to close a business.



Reported that they had difficulty paying for medications.



Experienced difficulties paying for bills such as rent or a mortgage.

More than a third of the sample also indicated they experienced difficulties paying for bills such as rent or a mortgage (801, 35.1%) and close to a quarter (546, 23.9%) reported that they had difficulty paying for medications.

Physical Health Impact

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

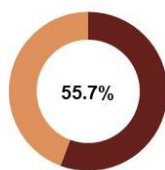
Mental Health Impact

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

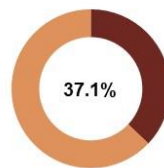
Latinx Adults (N = 2,300)



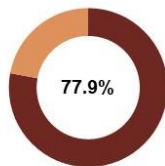
Mental Health Impact



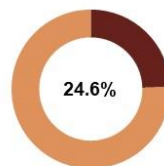
Said they and/or someone in the home were having more emotional and mental health symptoms during the pandemic.



Were experiencing moderate or severe symptoms of depression and anxiety.



Reported noticing emotional and mental health problems in their child/dren.



Appeared to be experiencing moderate to severe problems associated with drug use.

Of great concern was the significant number of participants that reported noticing emotional and mental health problems in their child/dren. 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 reported by adults, we examined the level of caregiver stress experienced by participants who described themselves as someone who regularly cared for a child, sick person, elderly person, or person with a disability. In total, 525 (22.8%) Latinx adults identified as a caretaker. Caregivers ranged from 19 to 73 years of age and had a mean age of 33.6, with 47.6% (249) identifying as men, 48.6% (254) identifying as women, 2.5% (13) as gender nonbinary, and 1.3% (7) identifying as Other. More than half of the caregivers (298, 56.8%) reported being married or having a domestic partner and 33.7% (177) identified as single, 2.9% (15) were separated, 4.6% (24) were divorced, and 2.1% (11) were widowed.

Thirty percent of caregivers (158) reported feeling high levels of caregiver 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 a third (182, 35%) indicated feeling overwhelmed, overworked, and overburdened by their caregiving responsibilities.

Latinx Adults (N = 2,300)



Mental Health Impact: Caregivers



3. Latinx Adult Essential Workers

This portion of the report is based on a subsample ($n = 932$) of the 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 study, we defined essential workers as individuals who are exempt from stay-at-home orders or shelter in place and must report to work. Accordingly, essential workers in the present study included health care workers, law enforcement, custodial staff, and food service and agriculture workers.

Demographic Characteristics of the Aggregate Latinx Adult Sample

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

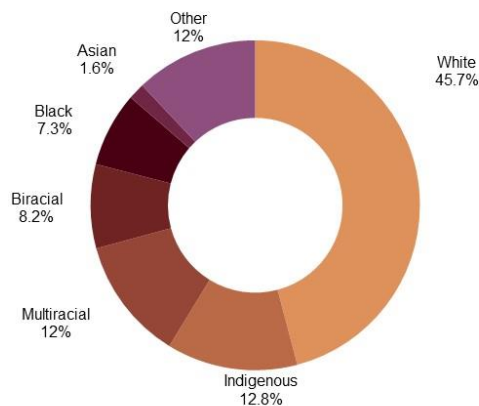
Ethnicity and Race. A majority of essential workers identified as Mexican or Mexican American (430, 46.1%), South American (118, 12.7%), or Puerto Rican (115, 12.3%). This was followed by Central American (90, 9.7%) and Cuban (56, 6%). A total of 121 (13%) identified as Other (e.g., multi-ethnic, Hispanic,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

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

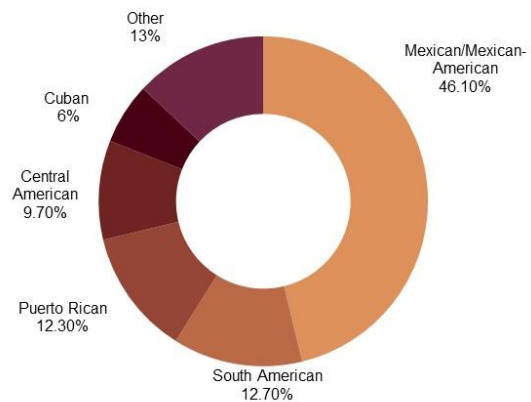
Latinx Adult Essential Workers Sample Characteristics (n = 932)



Race



Ethnicity



Marital Status and Sexual Orientation. Over half of essential workers (490, 52.6%), 38.5% (359) was single, 6.1% (57) was divorced, 1.4% (13) was separated, and 1.3% (12) was 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. A total of 6 (.6%) reported having less than a 9th grade education, 29 (3.1%) had some high school, 177 (19%) received a high school diploma or GED certificate, 37 (4%) completed vocational school or a technical degree. A total of 170 (18.2%) had completed some college courses, 134 (14.4%) had an associate’s degree, 223 (23.9%) had received a bachelor’s degree, 23 (2.5%) had completed some graduate school, and 132 (14.2%) had a graduate degree.

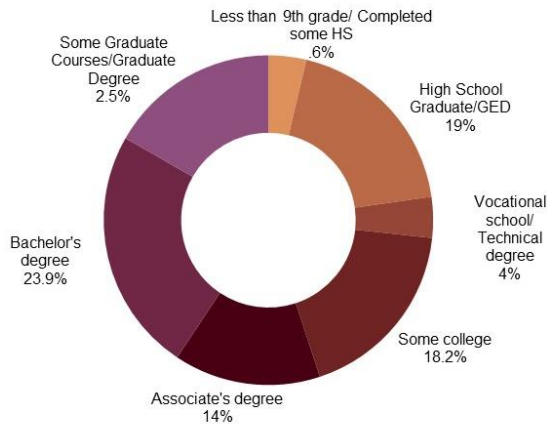
In terms of income, 201 (21.6%) reported an annual income of less than \$25,000 and 238 (25.5%) indicated an annual income between \$25,000 and \$49,999. Meanwhile, 161 (17.3%)

reported an income between \$50,000 and \$74,999. Finally, 332 (35.6%) reported an annual income of \$75,000 or more.

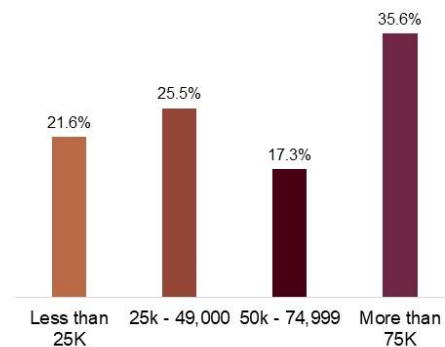


Latinx Adult Essential Workers Sample Characteristics (n = 932)

Education



Income



COVID-19 Infection Risk, Infection, and Mortality

A significant number of 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 might be infected with the COVID-19 virus (635, 67.1%). One in 4 (241, 25.9%), 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

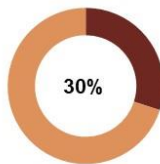


Latinx Adult Essential Workers (n = 932)

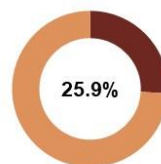
COVID-19 Infection Risk, Infection, and Mortality



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.

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.

A quarter of essential workers (236, 25.3%) said they and/or someone in their home had to receive medical treatment due to severe symptoms of this disease, including hospitalization. Over a third of participants (329, 35.3%), said that they knew of 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



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.



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



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

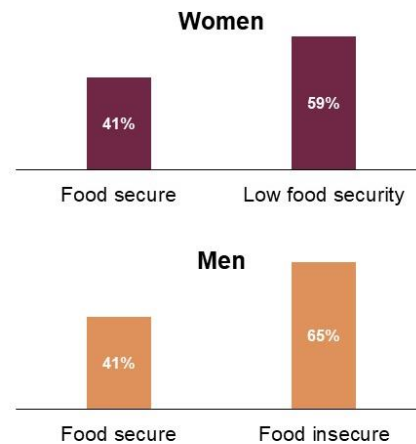
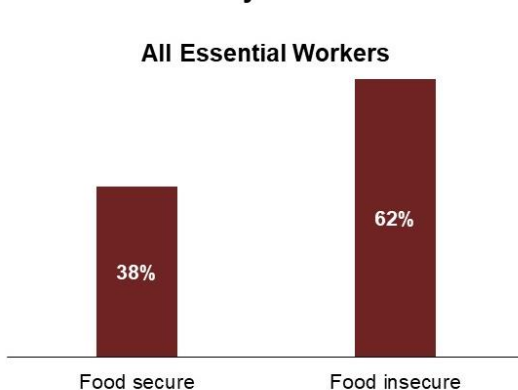
Food Insecurity

Levels of food insecurity were severe among Latinx essential workers, 62% of workers were food insecure, while 38% were food secure wherein levels of food insecurity were more prevalent among men. Specifically, 59% (267) of women essential workers were food insecure



Latinx Adult Essential Workers (n = 932)

Food Insecurity



while the remaining 41% (185) were food secure. Similarly, among men essential workers, 65% (298) were food insecure while the remaining 35% were food secure.

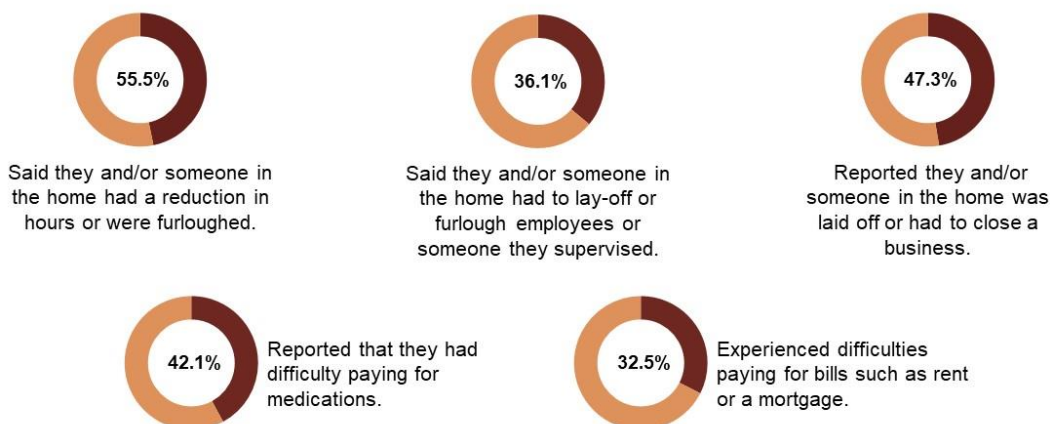
Economic Impact

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

Latinx Adult Essential Workers ($n = 932$)



Economic Impact



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

Physical Health Impact

A total of 386 (41.4%) 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 a third of respondents (304, 32.6%) said they and/or someone in their household had an important medical procedure cancelled during the pandemic. Additionally, 28.3% (264) indicated that they and/or someone in their home were unable to access medical care for a serious condition during the pandemic. Overall, 40.3% (376) reported getting less medical care during the COVID-19 pandemic.

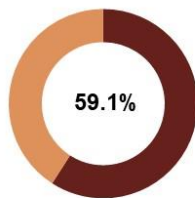
Mental Health Impact

Beyond the higher rate of infection among essential workers observed, we also noted that a significant number of essential workers (551, 59.1%) said that they and/or someone in their household were having more emotional and mental health symptoms during the pandemic. A total 215 (23.1%) were likely to be experiencing moderate symptoms of depression and anxiety. Fifteen percent (143) of essential workers reported experiencing severe symptoms of depression and anxiety. Severe symptoms of depression and anxiety have been previously associated with more functional impairment and higher rates of disability days⁴. The number of essential workers that reported seeing an increase in behavioral or emotional problems in their child/children (779, 83.6%) was also concerning.

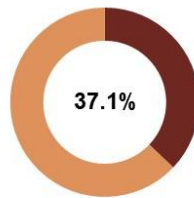


Latinx Adult Essential Workers ($n = 932$)

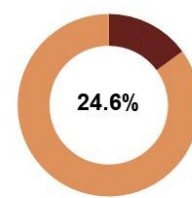
Mental Health Impact



Said they and/or someone in the home were having more emotional and mental health symptoms during the pandemic.



Were experiencing moderate symptoms of depression and anxiety.



Appeared to be experiencing severe symptoms of depression and anxiety.

4. Latinx Immigrant Adults

This portion of the report is based on a sample of $N = 536$ Latinx immigrant adults living in the United States. 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

U.S. Location. Participants resided in 40 states, including those where immigrants make up a significant portion of the population, including 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 the following states: Maryland, Colorado, Washington, Georgia, New Jersey, Arizona, Tennessee, and Virginia. Less than 1% of the sample resided in other states.

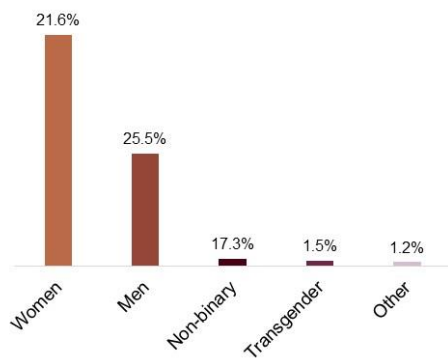
Age and Gender. The age of the participants ranged from 18 – 67, with an average age of 30.29. More than half of the sample (58%) was below 30 years of age, and the vast majority (90.8%) were under 40 years old. Most participants identified as woman (351, 65.5%), man (171, 31.9%), non-binary/gender fluid (11, 2.1%), and other (1, .2%). There were 8 transgender people (1.5%).

Ethnicity and Race. Half of the sample identified as Mexican (273). 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%).

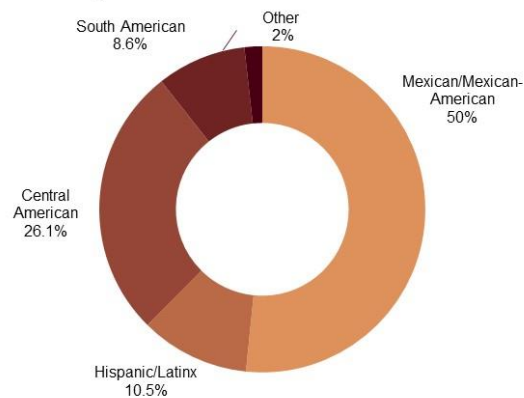
Latinx Adult Immigrants Sample Characteristics (N = 536)



Gender



Ethnicity

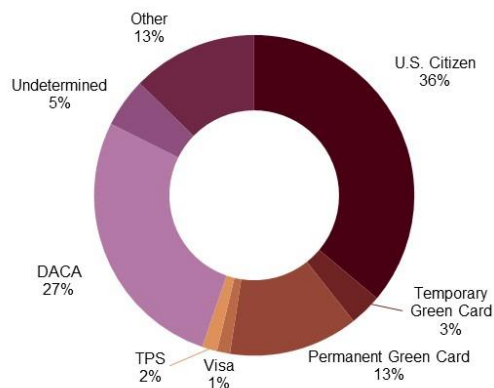


Documentation Status. Immigration status was composed of 191 US citizens (35.6%), 19 temporary green card holders (3.5%), 69 permanent green card holders (12.9%), 7 visa holders (1.3%), 8 holders of temporary protected status (1.5%), 143 DACA recipients (26.7%), 3 refugees (.6%), 26 with “undetermined” status (4.9%), 30 who preferred not to disclose (5.6%), and 37 with “other” status (6.9%).

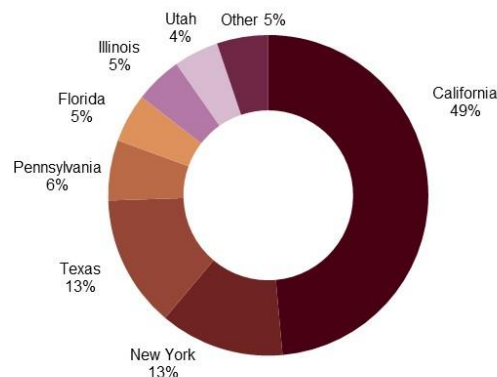
Latinx Adult Immigrants Sample Characteristics (N = 536)



Documentation Status



Location



Marital Status and Sexual Orientation. Most of the sample was either married (257, 47.9%) or single (256, 47.8%). The rest of the sample was divorced (13, 2.4%), separated (7, 1.3%), or widowed (2, .4%). A total of 97 people (18%) identified as LGBTQ. Four identified as having another sexual orientation (.7%) and 1 person identified as asexual (.2%).

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

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 (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

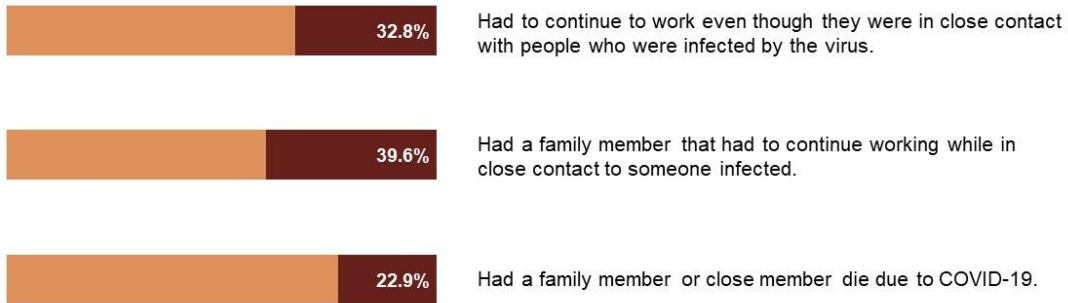
About 32.8% (176) of the sample had to continue to work even when they knew they were in close contact to someone infected by the virus; and 39.6% (212) had someone in their home had to continue working while in close contact to someone infected. While 5.2% (28) of the participants reported they currently had the virus while participating in the study, about 10.6% (57) indicated they had tested positive for the COVID-19 virus but no longer had symptoms of the disease. Most concerning was the percentage of participants that reported they had experienced the death of a close friend or family member from the virus (123, 22.9%). U.S. citizenship seemed to protect immigrants from health impacts from the COVID-19 pandemic. Of those who reported having COVID-19 symptoms but not being tested, 1 in 4 were

immigrants with U.S. citizenship, and 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.



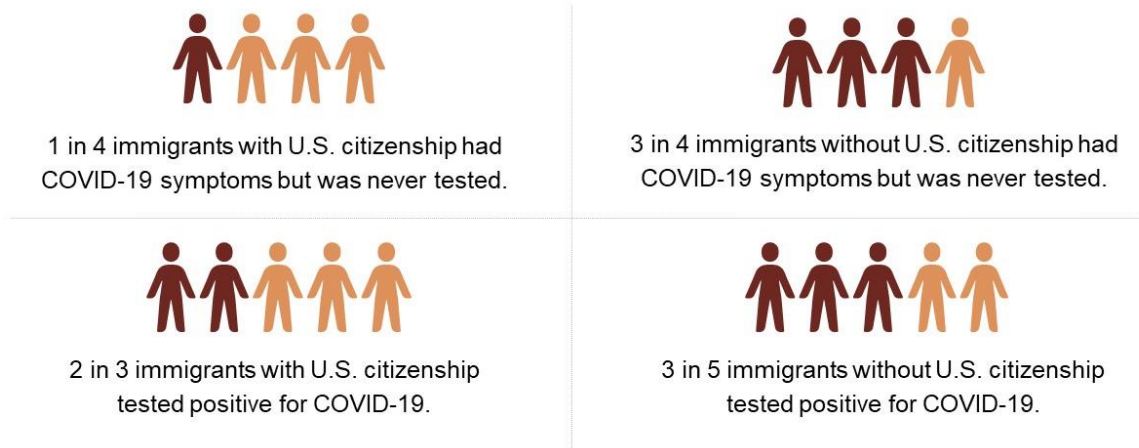
Latinx Adult Immigrants (N = 536)

COVID-19 Infection Risk, Infection, and Mortality



Latinx Adult Immigrants (N = 536)

U.S. Citizenship Shield



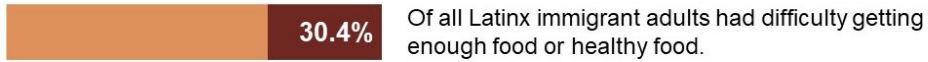
Food Insecurity

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



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



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



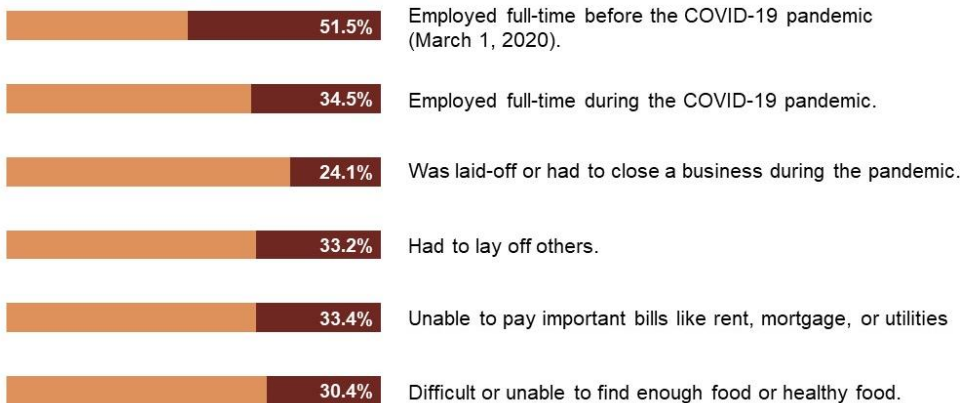
Economic Impact

About half of the sample (276, 51.5%) was employed full time before COVID (prior to March 1st, 2020) and 41 were unemployed (7.6%), while 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) had someone else in their home be laid off or 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

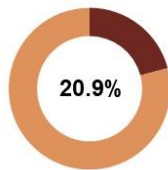
More than half of the participants (338, 63.1%) reported increases in mental health problems or symptoms during the pandemic and 20.9% (112) reported seeing increases in child's behavioral or emotional problems. Despite increases in mental health problems, a quarter of the sample (25.6%, 137) said they 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, 2 out of 3 immigrants without U.S. citizenship reported moderate and severe mental health distress, compared to 1 out of 3 for immigrants with U.S. citizenship.

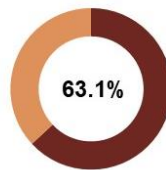


Latinx Adult Immigrants (N = 536)

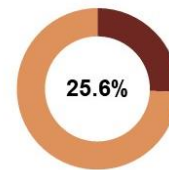
Mental Health Impact



Said they noticed an increase in their child/dren behavioral or emotional problems.



Said they were having more emotional and mental health problems.



Were unable to get mental health care or support.



1 out of 3 immigrants with U.S. citizenship were experiencing severe symptoms of depression and anxiety.



2 out of 3 immigrants without U.S. citizenship were experiencing severe symptoms of depression and anxiety.

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. This practice may also be prolonged to weekends where youth are not attending school and thus risking going hungry for two consecutive days. Free webinars that center on school-parent conversations to address risks of food insecurity in the household are warrant.
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. It is recommended to establish a hybrid (online and face-to-face) office hours with teachers as well as after-school tutoring support for students who may be at risk of failing courses.

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 (with school counselors), 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 to record their moods and feelings throughout the day (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 was furloughed. Over a third had difficulty paying bills such as rent and utilities. Expand stimulus funds to help struggling families pay for rent/mortgage and other utilities. Extend housing eviction moratoriums. Create a loan modification plan similar to the 2009 plan to help borrowers reduce monthly mortgage loan payments.
3. Extend unemployment benefits. Eliminate the work requirement for Medicaid benefits. Re-implement cost-sharing reduction subsidies to insurers under the Affordable Care Act and provide additional funds to facilitate enrollment into the public exchange insurance program.
4. The significant amount of food insecurity across adult Latinxs warrants an increase in funds provided through The Special Supplemental Nutrition Program for Women, Infants, and Children (*WIC*) and expansion the list of foods that can be purchased with **SNAP benefits**.
5. 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 site, lack of transportation, inability to take time off from work).
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. 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 assess how increase in mental health problems may also be associated with more financial stress.
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.

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 for ascent (i.e., agree to participate in study, OR does not agree to participate in study).

Adult participants. A majority of the Latinx adult sample ($n = 2,300$) was 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 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 will be available in English to participants recruited through Qualtrics. The adult immigrant sample recruited also had the option to respond in Spanish. However, a total of 466 (86.9%) participants completed the survey in English and only 70 (13.1%) participated in Spanish.

Instruments

Youth participants. After consenting to the study, youth participants answered the following questionnaires: a demographic survey, 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 answered the following questionnaires: a demographic survey, 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 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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