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A Deeper Look: The Impacts of COVID-19 Among Latinos in Omaha

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A Deeper Look: The Impacts of COVID-19 Among Latinos in Omaha
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Abstract

The COVID-19 pandemic has manifested worldwide distress, affecting the lives of all population groups. Racial disparities are evident as minority populations are being disproportionately affected by the impacts of COVID-19. Data indicate that the Latino population may experience more severe cases of COVID-19 and have a higher mortality rate. However, little is known about the effects that the pandemic is having on day-to-day life. Thus, the purpose of this study is to investigate COVID-19's impact on life aspects including employment situation, finances, mental health, and experiences of discrimination among the Omaha Latino community. A survey collected data from 311 participants to understand how the pandemic had affected their lives. The study found that over half of participants were economically impacted from the pandemic, and over 60% of participants experienced an adverse employment impact. Women also reported more mental health concerns and had higher levels of worry. Spanish speakers were more likely to experience negative economic and employment impacts than English speakers. Spanish speakers were also found to have higher levels of mental health concerns and worry than English speakers. The study highlights the serious issues that Latinos have faced during the COVID-19 pandemic and further details the disparities present in the United States. In order to address the adverse effects of the COVID-19 pandemic on Latinos, programmatic and policy recommendations are provided.

Chapter 1 – Introduction

A year into the COVID-19 pandemic, we have experienced major outbreaks, quarantine, and over half a million deaths in the United States. COVID-19 is disparately affecting vulnerable minority populations such as Latinos, Blacks, and Native Americans (Robert Wood Johnson Foundation [RWJF], 2020). As we continue to tread through the effects of the pandemic, we must dig deeper into the impact it has had on a community that is a significant contributor to the prosperity of this country. Latinos work in many essential jobs, such as agriculture and manufacturing, that others may not want to do. This hardworking community has experienced disproportionate morbidity and mortality rates. In fact, in January 2021, there were 422 Hispanic weekly cases of COVID-19 per 100,000 compared to 179 weekly cases per 100,000 non-Hispanic Whites (Centers for Disease Control and Prevention [CDC], 2021a). During that same week, the CDC reported that there were 5.54 deaths per 100,000 Hispanics versus 4.15 deaths per 100,000 non-Hispanic Whites. COVID-19 Hispanic deaths totaled over 95,000 as of March 17, 2021 (CDC, 2021a). Latinos are being affected at increased rates and are more likely to face hospitalization and even death from COVID-19 (CDC, 2021b).

The COVID-19 pandemic has not only affected individuals' health, but it has also had economic and social consequences. It is essential to recognize the extent of the hardships that the Latino community has faced throughout the COVID-19 pandemic and how those hardships have impacted their everyday lives, but unfortunately, data is limited on how the COVID-19 pandemic is affecting the day-to-day life of Latinos.

The aim of this capstone project was to explore the impact of the COVID-19 pandemic on Latino Center of the Midlands clients' everyday life, including economic and employment impacts, worries caused by the pandemic, mental health, and perceived discrimination. These aspects will be analyzed by gender, primary language, and age to gain a deeper understanding of the pandemic's impact on the Latino community.

Chapter 2 – Background and Literature Review

The COVID-19 pandemic has highlighted the health disparities experienced by minority groups in this country and has affected minority communities at disproportionate rates. Latinos are 1.3 times more likely to contract COVID-19 and 3.1 times more likely to become hospitalized with COVID-19. Latinos are 2.3 times more likely to die after contracting COVID-19 than Non-Hispanic Whites (CDC, 2021b). According to the CDC (2021b), Latinos comprise almost 30% of cases in the United States and 19% of all deaths. Of the cases reported, 52.2% were women and 47.8% were men (CDC, 2021b). In Nebraska, the Latino population is only 11.2% of the total population, yet Latinos make up one-fifth of hospitalizations and 12.1% of COVID-19 deaths (Nebraska Department of Health and Human Services [NE DHHS], 2020).

Social Determinants of Health and Latinos

Many of the devastating effects of COVID-19 in the Latino community and other communities of color stem from the structural racism and systemic inequalities present in the United States (American Psychiatric Association, 2020). Even before the pandemic, people of color have traditionally suffered from high levels of poverty, limited access to well-paying jobs, overcrowded housing, and limited access to healthcare (Kreiger, 2020; Quandt et al., 2020; Fortuna et al., 2020). All of which are examples of social determinants of health. These long-standing structural inequalities and health disparities can be traced back to the social determinants of health (Macias Gil et al., 2020).

Social determinants of health are influenced by individual's social and environmental factors, such as where people are born, where they live, and where they work. The social determinants of health can affect a wide range of health outcomes and the quality of life of individuals (Hudson, Sewell, & Funchess, 2017; Macias Gil et al., 2020). These determinants have affected the Latino community for a long time and have become more evident with the COVID-19 pandemic. Macias Gil and collaborators (2020) identified some of the social determinants of health among Latinos present

within the COVID-19 pandemic: comorbidities, access to healthcare, immigration status, language barriers, work conditions, and economic burden. For example, having a coexisting medical condition was found in 90% of hospitalized COVID-19 patients, and it is known that Latinos have a higher chance of having one or multiple chronic diseases (Moyce et al., 2020). Latinos have low access to healthcare as they have the highest uninsured rate of all minority populations, which could be a barrier to receiving COVID-19 testing and care (Bibbins-Domingo, 2020; Macias Gil et al., 2020). Language barriers can negatively affect the quality of care and affect the health literacy of individuals (Macias Gil et al., 2020; Moyce et al., 2020). The Office of Minority Health reports that 72% of Latinos speak a different language than English at home (Macias Gil et al., 2020).

Essential Workers

The CDC (2020b) identified race and ethnicity as risk markers for underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the SARS-CoV2 virus. Latinos are more likely to work in industries deemed “essential” by the Department of Homeland Security's Essential Critical Infrastructure Workforce advisory list (CISA, 2020), such as the service industry, agriculture, and factories, including meatpacking plants. Those working in these industries, especially those in the meatpacking industry, are now considered "essential workers" (Vargas & Sanchez, 2020; Ramos et al., in press). The work done at these essential industries cannot be done from home; thus, increasing workers’ risk of contracting COVID-19 (Quandt et al., 2020). Not only can the work not be done from home, but the work conditions of these industries pose a significant risk of exposure (Moyce et al., 2020; Saitone, Schaefer, & Scheitrum, 2021). Many of these work environments are crowded, preventing social distancing and lacking personal protective equipment (PPE), and there is limited enforcement of health guidelines, including a lack of access to regular hand-washing stations, among others, especially in the meatpacking industry (CDC, 2020b; Hendrickson, 2020).

Meatpacking plants, in particular, have become COVID-19 hotspots with large outbreaks throughout the country as workers continue to work even though the conditions increase their risk for COVID-19. Additionally, these plants have been shown to be "transmission vectors" to the surrounding communities (Taylor, Boulous, & Almond, 2020; Saitone, Schaefer, & Scheitrum, 2021). It is extremely difficult for meatpacking plant workers to practice social distancing guidelines inside the plants. There are hundreds of workers in crowded spaces, many times without appropriate personal protective equipment (Ramos et al., in press). In Nebraska, Senator Tony Vargas proposed bill LB 241, which would enact health and safety protections for meatpacking workers during the COVID-19 pandemic (Nebraska Legislature, 2021). These health and safety precautions include a 6-foot radius around each worker, free face masks and face shields, regular disinfection of frequently touched areas in the facility, among many other safety precautions (Nebraska Legislature, 2021). This bill would be crucial in protecting meatpacking employees from COVID-19 as there are currently about 28,000 meatpacking plant workers in Nebraska (Ramos et al., in press).

Nebraska has always been a state where meatpacking has been a lucrative business. Omaha was once coined the "World's largest livestock market & meatpacking center," and much of South Omaha was created around this industry in the 1900s (Omaha World Herald [OWH], 2020). According to the Nebraska Department of Labor, in 2019, there were almost 9,000 meatpacking employees just in Omaha as there are multiple large meatpacking facilities in the Omaha area, including the Greater Omaha Packing Co, Omaha Steaks International, and Nebraska Beef (OWH, 2020). These meatpacking plants were originally staffed with European immigrants, but then the industry brought Latinos from Mexico and Latin America and African Americans from the southern United States to work. Now, the workforce in these meatpacking plants comprises mainly Latinos, African Americans, and most recent immigrants from Somalia, Myanmar, and Sudan (OWH, 2020).

Economics

Not only are Latinos suffering from the disease itself at higher rates, but they are also encountering major economic troubles as the economic recession due to COVID-19 continues (Vargas & Sanchez, 2020). Given that Latinos suffer from income inequality and are overrepresented in small businesses, the service industry, and the agricultural industry, it is not surprising that they are being hit hard by the economic impact of COVID-19 (Bibbins-Domingo, 2020). Latino essential workers continue to work in unsafe settings. Thus, they are in constant danger of the virus. However, even those who are not in "essential" jobs simply cannot stop working due to economic necessity. Latinos often work low-wage jobs and do not have an economic safety net in case of lost wages (Vargas & Sanchez, 2020). In fact, 27% of Latinos have zero or negative net worth and are struggling to pay bills and afford rent (Pew Research, 2020; Kreiger, 2020).

The Latino unemployment rate has risen sharply from 4.8% in February 2020 to a peak rate of 18.5% in April 2020. The unemployment rate rose steeply for Latino women, from 5.5% in February 2020 to a peak rate of 20.5% in April 2020 (Pew Research, 2020). These unemployment rates surpass those of the Great Recession of 2007-2009. The unemployment rate reached 13.9% in 2010 (Pew Research, 2020). A year into the pandemic, the unemployment rate stands at 6.0% in March 2021 (Center on Budget and Policy Priorities, 2021); however, race-based differences are still present. Latino unemployment rates are standing at 7.9% compared to Whites at a rate of 5.4% (Center on Budget and Policy Priorities, 2021).

Surveys conducted by Pew Research found that six in ten Latinos had experienced job losses or pay cuts due to COVID-19 compared to only four in ten non-Hispanic White U.S. adults (Krogstad & Lopez, 2020). Many Latino households are experiencing the effects of lost income and jobs, resulting in many not able to pay their bills (Pew Research, 2020; Fortuna et al., 2020). A recent Robert Wood Johnson Foundation (RWJF) report found that 87% of Latinos experiencing lost wages due to the pandemic reported facing severe economic problems (RWJF, 2020). The Census Bureau's

Household Pulse survey found that renters of color were not caught up on their rent. For example, 20% of Latinos could not pay rent compared to 9% of White renters (Center on Budget and Policy Priorities, 2021). These economic stressors also affect families' abilities to provide enough food; 16% of Latinos stated that they did not have enough to eat compared to 6% of White adults (Center on Budget and Policy Priorities, 2021).

Mental Health

Not being able to afford rent, bills, and food can be traumatic and may negatively affect one's mental health and overall well-being (Kreiger, 2020; McKnight-Eily et al., 2021). A recent report found that Latinos saw the pandemic as a significant threat to their health and economic position (Pew Research 2020; SAMHSA, 2020). A February 2021 Mortality and Morbidity Weekly Report from the CDC reported that the overall prevalence of depression among adults was 28.6%. This report also noted that 40.3% of Hispanic adults reported symptoms of depression. Hispanics were 59% more likely to report depressive symptoms than Whites. Among the findings, Hispanics were four times more likely than Whites to self-report suicidal thoughts/ideation (McKnight-Eily et al., 2021).

The COVID-19 pandemic has uncovered many social determinants of health that can affect mental health, such as potentially losing a job, inability to access healthcare, not having enough food, and unstable housing (McKnight-Eily et al., 2021). Latinos generally have lower access to mental health services as well as experiencing less culturally responsive care (SAMHSA, 2020). Experiencing care that is not culturally responsive puts patients at a higher risk of receiving poor quality care or being dissatisfied with the care (Georgetown University, 2020). This lack of cultural competency from providers may prevent individuals from accessing care.

The COVID-19 pandemic further emphasized the racial and ethnic disparities in the access to mental health services and overall healthcare access of minority populations. For example, current disparities in access to care include the lack of a primary care provider, lack of health insurance, and a

preexisting condition (McKnight-Eily et al., 2021; Macias Gil et al., 2020). In 2018, 19.8% of Hispanics were uninsured, while only 5.4% of non-Hispanic Whites were uninsured (Macias Gil et al., 2020).

Although we may be able to identify some of the reasons Latinos may be more susceptible to contracting COVID-19, there is limited research on the impacts of COVID-19 on Latino individuals' day-to-day lives. Through this capstone, I explore the effect of the COVID-19 pandemic on Latino Center of the Midlands clients' lives by looking for associations between economic and employment impacts, worries, mental health, and experiences of discrimination based on gender, primary language, and age.

It is critical to understand how the pandemic has affected different subgroups of Latinos for potential strategies to be developed to address these disparities. Through this secondary data analysis, we hope that this research may be used in the future to generate tailored strategies for the Latino community. Exploring potential differences based on gender, primary language, and age will allow us to deploy relevant public health approaches and more effectively communicate with, serve, and support specific subgroups that are disproportionately affected.

Chapter 3 – Data and Methods

The purpose of this study is to further analyze the data collected by the Latino Center of the Midlands through their COVID-19 survey to explore the impact of the pandemic on Latinos. The survey was administered to clients and community members in the Omaha area from September 1-12, 2020. The timing of the survey was a critical point in the COVID-19 pandemic as we had just spent months working through major outbreaks in many meatpacking plants, including those in Omaha. The survey was available and advertised online through social media, and the Latino Center of the

Midlands staff also administered the survey over the phone to clients. A total of 311 participants responded to the survey.

The UNMC Center for Reducing Health Disparities team conducted the initial descriptive analysis, including demographics, COVID-19 testing, participant concerns, and participant well-being, and has permission to perform additional analysis and publish from this dataset. This research study will extend the descriptive results to explore the impacts of COVID-19 on economics and employment, worries related to COVID-19, mental health, and discrimination experiences to examine differences between groups based on gender, primary language, and age. By looking at the differences in hardships experienced during the COVID-19 pandemic, we may discover better ways to address the health and social disparities that Latinos in Omaha have faced due to the pandemic.

IBM SPSS version 27 software was used to conduct these analyses. Determination of correct statistical tests was crucial. Thus, I referenced the University of California Los Angeles (UCLA) Statistical Consulting Group's web page for choosing the proper statistical test in SPSS (UCLA: Statistical Consulting Groups, 2016). To correctly run each SPSS statistical test, I referenced Kent State University Libraries' SPSS Tutorials for each specific statistical test that was used (Kent State University Library, 2021). Chi-square tests and Pearson correlations were conducted.

Measures

Economic Impact

Initially, the measures for economic impact were coded using distinct levels of economic hardships as participants were allowed to mark all that applied to the following question: "Have you had any economic hardships because of the coronavirus (COVID-19)? Please mark all that apply." Response options included: not able to pay the rent or utilities (0), not enough money to purchase food (1), had to apply for public benefits (e.g., SNAP, WIC) (2), filed for unemployment (3), and I have not had any economic hardships (4). These responses were recoded into a dummy variable that

would allow for a more general view of economic hardships and whether the respondent had been economically impacted or not. If any of the following responses, not able to pay rent or utilities, not enough money to purchase food, had to apply for public benefits, or filed for unemployment, were selected, participants were coded as negatively economically impacted (1). This allowed to distinguish between participants that were affected economically (1) and those that were not (0).

A Chi-square test was used to analyze economic impact based on gender, primary language, and age. A Pearson Correlation test was used to assess the association between gender, primary language, age, and economic impact.

Employment Impact

Participants were asked the following question about how COVID-19 had impacted their employment status, "How has your employment status changed due to the coronavirus (COVID-19)?" Participants had the following options, it has not changed (0), my hours were cut (1), I lost my job (2), I had to quit my job to take care of people who depend on me (e.g., children, parents) (3), I had to reduce my hours to take care of people who depend on me (4), and I got a new job (5). If a participant responded that they had experienced any negative employment impact (options 1-4 listed), they were coded as having been negatively impacted. This variable measuring employment impact due to COVID-19 was recoded into a dummy variable of impacted (1) or not impacted (0).

The data analysis for employment impact followed the same steps as the 'economic impact' data analysis. A chi-square test was used to assess associations between gender, primary language, age, and negative employment impact. Pearson correlations were used to assess associations between gender, primary language, age, and negative employment impact.

Worries

Participant's worries were asked the following question, "How worried are you about the following?" There were six different questions pertaining to worry: "getting sick with COVID-19, a

family member becoming sick with COVID-19, losing your job, arranging childcare, understanding COVID-19 safety precautions in your child's school, and children's virtual/remote learning program from school." Initially, worries were measured using a five-point Likert scale ranging from "Not at all worried" (0) to "Extremely worried (4)."

The internal consistency for the six worry variables was analyzed using Cronbach's alpha. Because there was a good internal consistency, $\alpha = .833$, a new continuous variable was computed. This new variable was created using the sum of all six worry variables, giving us the mean and standard deviation for worry for all participants. Scores ranged from 0 to 24, with the mean being 13.29 (SD=6.32). The was a maximum score for worry was 24.0, with higher scores indicating more worries.

To further analyze the results for worry, the original variables were recoded into dummy variables for each of the six questions. If the participant selected from any four of the of the responses that indicated "worried" to any extent, they were scored as worried (1). A chi-square test was used to assess associations between gender, primary language, age, and each of the six dummy variables for worry. Pearson correlations were used to assess associations between gender, primary language, age, and the continuous worry variable.

Mental Health

To assess mental health, participants were asked the following three questions, "In the past week, have you felt—nervous, anxious, or on edge; depressed; or lonely." These questions used a four-point Likert-type scale that spanned from "not at all or less than one day (0), 1-2 days (1), 3-4 days (2), and 5-7 days (3)." Internal consistency of the three items was assessed. Because there was good reliability, $\alpha = .829$, a new variable using the sum of the three mental health questions was created. Scores ranged from 0 to 9, with an average score of 3.35 (SD=2.17). Higher scores indicated worse levels of mental health.

The three initial mental health variables were also recoded into dummy variables of nervous, depressed, or lonely (1) or not affected (0). The new recoded variables were used to conduct Chi-squared tests for gender, primary language, and age. Finally, a Pearson correlation test was conducted for the mental health scale and each group.

Perceptions of Discrimination

To assess perceptions of discrimination, participants were asked how much they agreed, using a four-point Likert scale to the following three statements: I believe the country has become more dangerous for people in my racial/ethnic group because of fear of the coronavirus (COVID-19); I worry about people thinking I have the coronavirus (COVID-19) simply because of my race/ethnicity; most social and mass media reports about the coronavirus (COVID-19) create bias against people of my racial/ethnic group. Response options included: strongly disagree (0), somewhat disagree (1), somewhat agree (2), or strongly agree (3).

Because there was adequate internal consistency, $\alpha = .730$, a new continuous variable was computed using the sum of the three discrimination questions. The mean was 4.18 (SD=2.43). The maximum score for perceived discrimination was 9.0, with higher scores indicating that participants perceived discrimination was worse.

Following this analysis, the variables were recoded into dummy variables of "discrimination" (1) or no discrimination (0). A chi-square test was used to assess associations between gender, primary language, age, and each of the three variables for perceived discrimination. Pearson correlations were used to assess associations between gender, primary language, age, and the continuous perceived discrimination variable.

Demographics

Gender was coded into male (0) and female (1). Primary language was coded as English (0) or Spanish (1), and age was a continuous variable but was also recoded into four categories: 25 and under (0), 26-40 (1), 41-55 (2), and over 56 (3).

Chapter 4 – Results

Participants included Latinos in South Omaha who responded to the Latino Center of the Midlands' COVID-19 survey, which explored the impact of the pandemic. A total of 311 participants responded to the study. About three-quarters of the participants (77.6%) were clients of the Latino Center of the Midlands. Most participants were female (73.4%) and had a mean age of 36. Most participants spoke Spanish as their primary language (82.6%). Demographics of the study population can be seen in Table 1.

Table 1
Demographics of the Study Population

Gender	n (%)
Male	80 (26.6)
Female	221 (73.4)
Primary language	
Spanish	251 (82.6)
English	53 (17.4)
Age	
<25	73 (25.1)
26-40	106 (36.4)
41-55	90 (30.9)
>56	22 (7.6)

Economic Impact

Of the total participants, 53.6% reported a negative impact on their economic status, including not having enough money for rent and utilities, food, or filing for unemployment. Of the participants that had been negatively economically impacted, 80% were women. Almost 90% of Spanish speakers reported being negatively economically impacted. Spanish speakers were significantly more likely

than English speakers to report experiencing a negative economic impact, $p = .015$. There was a statistically significant positive correlation between age and economic impact. Results for economic impact based on gender, primary language, and age are reported in Table 2.

Table 2

Results for Economic Impact and Employment Impact based on Gender, Primary Language, and Age.

	Gender		Primary Language		Age			
	Male n (%)	Female n (%)	English n (%)	Spanish n (%)	≤ 25 n (%)	26-40 n (%)	41-55 n (%)	56 ≥ n (%)
Negative economic impact	31 (20.0)	124 (80.0)*	16 (10.3)	139 (89.7)*	21 (14.2)	56 (37.8)	60 (40.5)	11 (7.4)
Negative impact on employment	27 (19.6)	111 (80.4)**	9 (6.5)	129 (93.5)***	16 (12.3)	55 (42.3)	51 (39.2)	8 (6.2)

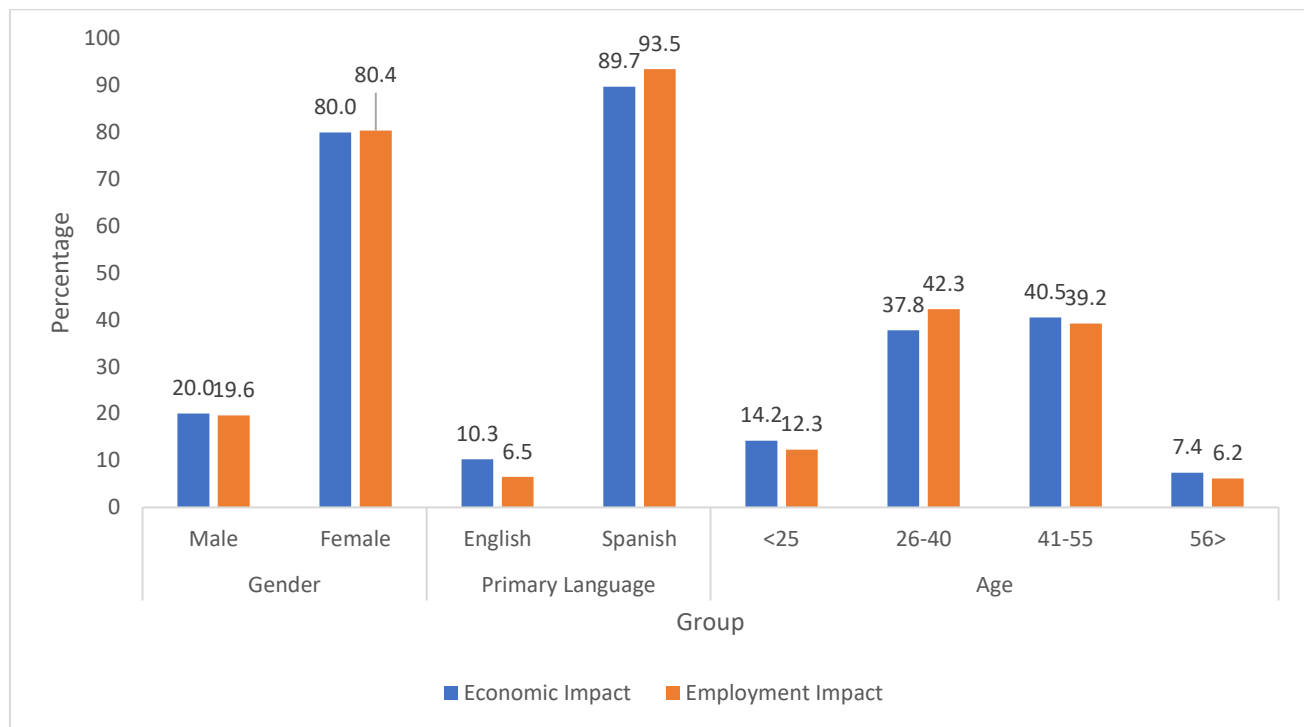
* $p < .05$; ** $p < .01$; *** $p < .001$

Employment Impact

Of the total participants, 61.3% reported a negative impact on their employment status, including job loss, hours cut, or taking voluntary reductions due to family care responsibilities. Of participants that had their employment negatively impacted, 80.4% were women. Women were significantly more likely than men to report experiencing a negative employment impact, $p = .002$. Of participants that reported a negative employment impact, 93.5% were Spanish speakers. Spanish speakers were significantly more likely than English speakers to report experiencing a negative effect on employment, $p < .001$. Results for employment impact based on gender, primary language, and age are reported in Table 2. Visual representation for economic impact and employment impact can be viewed in Figure 1.

Figure 1

Negative Economic and Employment Impact Reported by Participants based on Gender, Primary Language, and Age.



Worry

Almost all participants (98.1%) reported being worried, including getting sick with COVID-19, losing their job, or arranging childcare. Results show that 273 participants (88.6%) were worried about getting COVID-19. Women were significantly more likely to be worried about getting sick with COVID-19 than men, 91.7% compared to 80.0%, respectively, $p = .005$. Almost all participants (98.1%) were worried that a family member would get sick with COVID-19. We found that 78.5% of participants were worried about losing their job, and of those, 87.3% were Spanish speakers. About three-quarters of participants reported being worried about arranging childcare (74.3%) and were worried about virtual learning (75.2%). Results for worry by gender, primary language, and age are presented in Table 3. Visual representation for each of the six worry variables separated by primary language can be viewed in Figure 2. There was a statistically significant correlation age and worry.

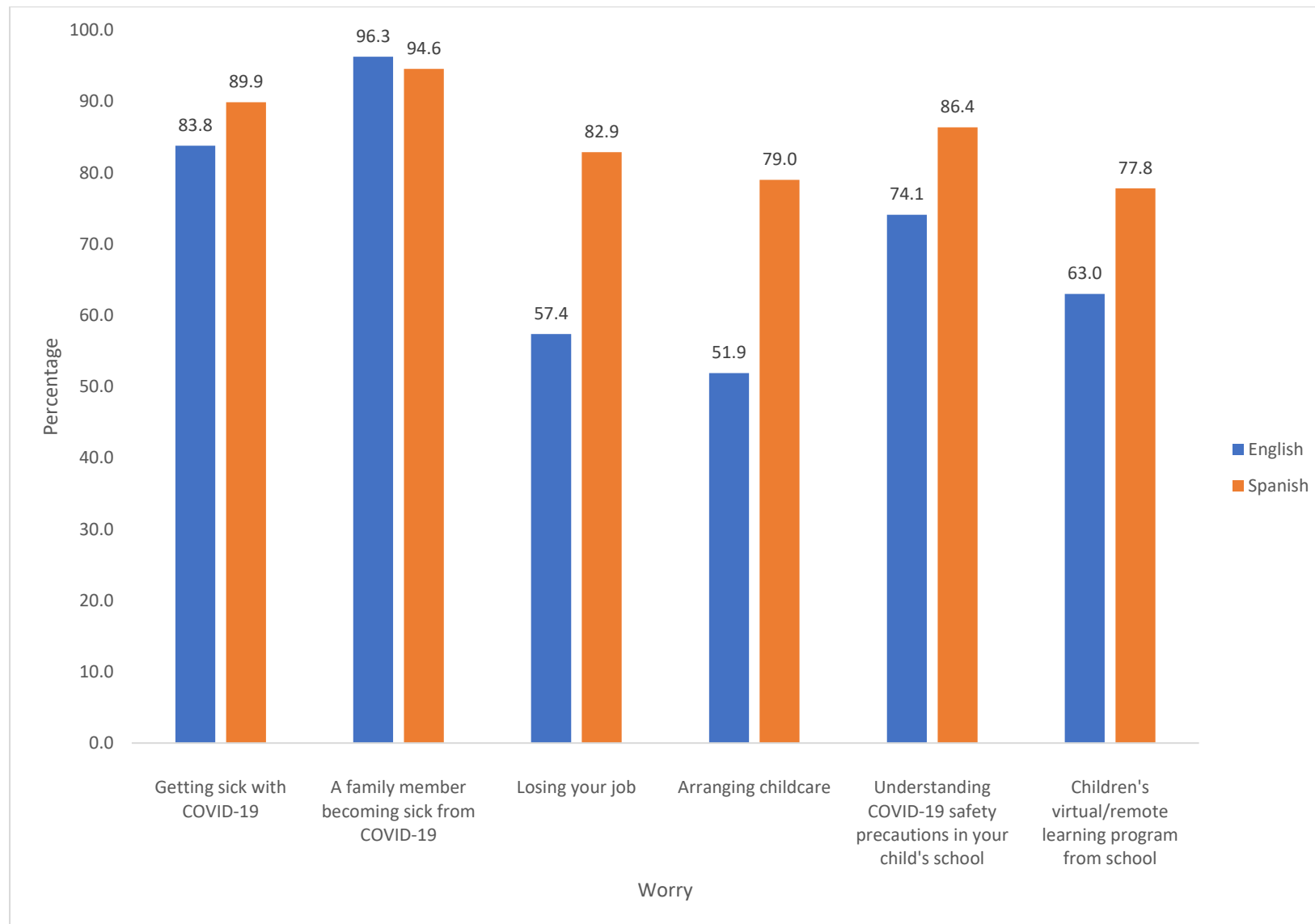
Statistically significant differences for five of the six worries were found for the age categories of younger than 25 and those ages 41-55.

Table 3*Percentage of Participants who Reported Worries by Gender, Primary Language, and Age*

Worry	Gender		Primary Language		Age			
	Male n (%)	Female n (%)	English n (%)	Spanish n (%)	<25 n (%)	26-40 n (%)	41-55 n (%)	56> n (%)
Getting sick with COVID-19	64 (80.0)	209 (91.7)**	45 (83.3)	231 (89.9)	59 (79.7)**	101 (92.7)*	90 (96.8)**	16 (72.7)**
Family member getting COVID-19	75 (93.8)	217 (95.2)	52 (96.3)	243 (94.6)	69 (93.2)	103 (94.5)	90 (96.8)	21 (95.5)
Losing your job	59 (73.8)	182 (79.8)	31 (57.4)	213 (82.9)***	47 (63.5)**	92 (84.4)**	81 (87.1)**	12 (54.5)**
Arranging childcare	62 (77.5)	166 (72.8)	28 (51.9)	203 (79.0)***	43 (58.1)***	80 (73.4)	82 (88.2)***	14 (63.6)
Understanding COVID-19 safety precautions in child's school	64 (80.0)	195 (85.5)	40 (74.1)	222 (86.4)*	51 (68.9)***	98 (89.9)***	85 (91.4)***	16 (72.7)
Children's virtual/remote learning program	58 (72.5)	173 (75.9)	34 (63.0)	200 (77.8)*	48 (64.9)*	89 (81.7)*	74 (79.6)*	12 (74.8)*

* p < .05; ** p < .01; *** p < .001

Figure 2
Percentage of Participants Reporting Worries based on Primary Language.



Mental Health

Almost half of all participants (47%) reported that they had experienced mental health issues in the last week. About 80% of women reported experiencing a mental health issue such as feeling lonely, depressed, or lonely compared to about 20% of men. Of all participants, 40.6% reported feeling depressed within the last week, and of those 82.4% were women. Results for mental health by gender, primary language, and age are presented in Table 4, and visual representation is displayed in Figure 3. The average mental health score was 3.35, with a range of 0.0 to 9.0.

Figure 3
Mental Health Levels Based on Gender, Primary Language, and Age.

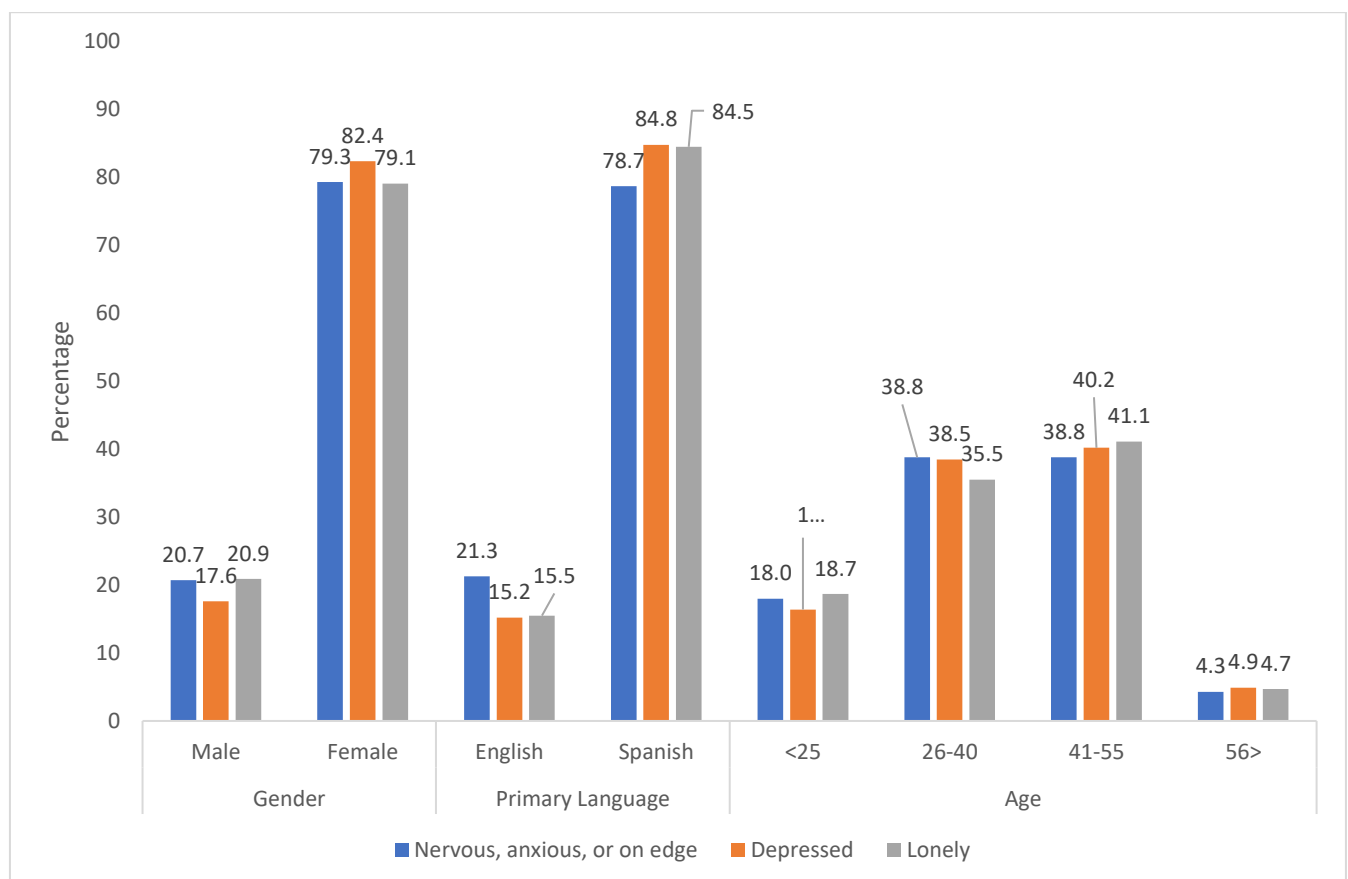


Table 4*Results for Mental Health based on Gender, Primary Language, and Age.*

	Gender		Primary Language		Age			
	Male n (%)	Female n (%)	English n (%)	Spanish n (%)	<25 n (%)	26-40 n (%)	41-55 n (%)	56> n (%)
Mental Health								
Nervous, anxious, or on edge	29 (20.7)	111 (79.3)	30 (21.3)	111 (78.7)	25 (18.0)**	54 (38.8)	54 (38.8)**	6 (4.3)*
Depressed	22 (17.6)	103 (82.4)**	19 (15.2)	106 (84.8)	20 (16.4)**	47 (38.5)	49 (40.2)**	6 (4.9)
Lonely	23 (20.9)	87 (79.1)	17 (15.5)	93 (84.5)	20 (18.7)*	38 (35.5)	44 (41.1)*	5 (4.7)

* p < .05; ** p < .01; *** p < .001

Perceived Discrimination

Over half (61.7%) of participants reported that discrimination had gotten worse due to COVID-19. Over half of the total participants (57.5%) believed that the country had become more dangerous for people of their racial/ethnic group because of fear of COVID-19. Almost half (46.1%) of all Spanish speakers agreed with the statement, “I worry about people thinking I have coronavirus (COVID-19) simply because of my race/ethnicity.” Results for perceived discrimination based on gender, primary language, and age are displayed in Table 5.

Table 5

Perceived Discrimination based on Gender, Primary Language, and Age.

	Gender		Primary Language		Age			
	Male n (%)	Female n (%)	English n (%)	Spanish n (%)	<25 n (%)	26-40 n (%)	41-55 n (%)	56> n (%)
I believe the country has become more dangerous for people in my racial/ethnic group because of fear of the coronavirus (COVID-19)	50 (63.3)	129 (61.2)*	39 (72.3)	151 (59.2)	45 (60.8)	68 (62.4)	57 (61.3)	13 (61.9)
I worry about people thinking I have the coronavirus (COVID-19) simply because of my race/ethnicity	30 (38.0)	101 (45.1)	14 (26.9)	117 (46.1)*	21 (29.1)**	49 (44.9)	49 (53.9)**	6 (28.5)
Most social and mass media reports about the coronavirus (COVID-19) create bias against people of my racial/ethnic group	26 (33.3)	106 (47.3)	22 (41.5)	112 (44.4)	25 (34.2)	46 (42.6)	46 (50.0)	9 (42.8)

* $p < .05$; ** $p < .01$

Chapter 5 – Discussion

The COVID-19 pandemic is affecting racial and ethnic minorities at disparate rates, yet there is not much research on the impact of the pandemic on the day-to-day life of individuals. The purpose of this study was to explore the effect of the COVID-19 pandemic on Latino Center of the Midlands clients' lives by looking for associations between economic and employment impacts, worries, mental health, and experiences of discrimination based on gender, primary language, and age. The study found that over half of participants were economically impacted from the pandemic, and over 60% of participants experienced an adverse employment impact. Women were more likely to have been negatively impacted economically and employment-wise than men. Women also reported more mental health concerns and had higher levels of worry. Spanish speakers were more likely to experience negative economic and employment impacts than English speakers. Spanish speakers were also found to have higher levels of mental health concerns and worry than English speakers.

The data reported in this study is consistent with current research as there has been a rise in Latino unemployment since the beginning of the pandemic. National unemployment rates for Latinos increased by 13.7% from February 2020 to April 2020. The unemployment rates experienced by Latino women saw a considerable spike rising 15% during the first few months of the pandemic (Krogstad & Lopez, 2021). Latinos are overrepresented in the industries hardest hit by the pandemic, such as the service industry and agricultural industry. The issue of Latino unemployment, particularly Latino women, is not new. Often, Latinos have lower levels of education, they may not speak English required by some employers, or they may worry about their immigration status, all of which limit their options for work. Limited English proficient individuals may be at increased risk of negative social and economic impacts as highlighted by

our study with Spanish speakers reporting significant economic and employment consequences and higher worry scores. This is consistent with current research. Many have reported that many Latino households are experiencing the effects of lost income and jobs, resulting in many stating that they have not been able to pay their bills (Krogstad & Lopez, 2020; RWJF, 2020).

A recent survey on the impact of COVID-19 effects by race and ethnicity from RWJF found that 63% of Latinos experienced a negative impact on employment, such as job loss, being furloughed, or having hours reduced. They also found that 87% of those impacted employment-wise experienced severe economic problems such as trouble paying utilities, affording food, and paying rent (RWJF, 2020).

The purpose of this capstone was to uncover the extent of the impacts that the COVID-19 pandemic has had on various life aspects and the well-being of clients of the Latino Center of the Midlands in Omaha, Nebraska. To do this, I explored various life aspects such as economic and employment impacts, worries, mental health, and perceived discrimination, based on gender, primary language, and age.

This study draws attention to the severe economic, employment, and mental health issues that Latinos have faced during the COVID-19 pandemic, issues that further demonstrate the racial disparities present in the United States. Moving forward it is crucial to introduce policies to help mitigate the negative effects of economic and employment challenges caused by the pandemic and prevent future negative impacts.

Policies should start with those deemed essential during a federal disaster declaration to ensure that essential workers are protected. Potential policies include paid sick leave and paid family leave for all employees. Such policies would aid in reducing the disparate economic and employment effects of the next pandemic based on what has been seen during the COVID-19

pandemic. These policies would allow individuals to take time off in case of infection or to serve as a caregiver for a loved one without the worry of losing their job or worrying how they would be able to afford rent, bills, and food for themselves and their family.

The Families First Coronavirus Response Act (FFCRA) required employers to provide eligible employees with paid sick and expanded family and medical leave for certain COVID-19 related reasons (Department of Labor, 2021). This act was effective April 1, 2020 through December 31, 2020 unless individual employers choose to continue such leave policies until September 30, 2021 (DOL, 2021). The FFCRA helped take off some stress off employees who were sick or performing caregiving duties, yet this act must be expanded upon to further serve the community. Although such policies exist, immigrant workers may be afraid to seek such aid as fear is a real issue.

Additionally, policies such as Senator Vargas' proposed bill in Nebraska that aims to ensure the safety of employees in meatpacking facilities are critical in protecting the Latino community. We need to hold employers responsible to adhering to safety measures and providing adequate PPE to all employees. Policies that ensure the safety of employees to and from work as well as those in shared living quarters are vital in slowing the spread of infection. We need to remember what we have experienced during this pandemic and prepare for future pandemics.

Those deemed as essential workers felt unheard during this pandemic and the data suggest they suffered consequences of unsafe and unequal infrastructure. Essential workers ordered to continue working to supply the country's food deserve to be heard and protected. These workers sacrificed their well-being and the well-being of their families to supply the country with food, yet they have received very little in return. The same industries that gave

these essential workers bonuses for continued work amidst the pandemic should provide bonuses and time off for mental health care ensuring all employees have access to such services. On top of these specialized bonuses to initialize mental health care it is critical that employers permanently increase wages. Many employers increased wages as an incentive for workers to continue working during the pandemic, wages that may be reduced as employers may believe the pandemic to be over. Yet, the pandemic is not over. We do not know how long the negative effects of the pandemic will last which is why it is crucial that these employees receive permanent wage increases.

The disparities in economics and employment among Latinos have been made clear with this study as well as the severe effect of COVID-19 on the mental health of Latinos. We found increased rates of mental health issues such as anxiety, depression, and loneliness yet we know of the inequities that are present in accessing health care among minority populations. In order to mitigate the disparities in mental health we need to increase the access to mental health services for all especially vulnerable minority populations. Regardless of immigration status, language spoken, insured or uninsured, or income, Latinos deserve equitable access to mental health services. It is crucial that this population has access to culturally competent mental health services as it would ensure better quality of care.

Community centers such as the Latino Center of the Midlands may consider creating community support groups. These community support groups would provide support to those suffering from mental health concerns such as anxiety or depression as well as provide emotional support for stress, grief, and loss caused by the pandemic, in a culturally safe environment. The support groups would provide for open conversation among participants regarding what they have been experiencing as well as providing tips on what they can do at home to better support

positive mental health. There is a need to include mental health resources in public health emergency and disaster policies. Current and future relief bills such as the CARES Act can be adapted to provide funding to community organizations like the Latino Center of the Midlands to adequately fund such mental health promotion programs. Without funding and legislative action to promote such mental health services, Latinos will continue to suffer from increased mental health concerns due to the pandemic.

This research study's limitations include a cross-sectional study, and data was only collected at one point in time. The data collected was self-reported by participants and had only a limited number of participants. Another limitation is the assumption that the majority of the participants were Latino as they were clients of the Latino Center and that they resided in or near South Omaha. Finally, a majority of the participants were clients of the Latino Center; however, it is possible that non-clients have had different experiences.

Ideas for future research include conducting interviews with individuals to collect more in-depth responses regarding the effect that the COVID-19 has had on their lives. A potential evaluation of services used by participants to minimize the effects of the COVID-19 pandemic could be helpful in determining ways to provide better support to individuals. It could be good to conduct similar studies among other vulnerable populations such as Blacks and Native Americans as this would be crucial to better understand the extent of the impact of COVID-19 among various populations.

Conclusion

It is crucial to work on mitigating the disparities to prevent the disparities and inequities from widening and having more negative effects on the lives of vulnerable minority populations. Some of the power to help the Latino community lies in the hands of policy-makers, as public

policies can either enhance health or intensify the health disparities present in the United States. Policies may be effective in mitigating the negative effects of the pandemic yet they take time to be incorporated. The real power to help mitigate some of the negative effects of the pandemic is at the local level which tends to be the most effective to make a change in a community. Thus, it will take effective community outreach and communication, partnerships with trusted community organizations such as with the Latino Center of the Midlands, and continued research to mitigate the negative effects of the pandemic along with policies. This study may provide the background for and aid a local data-driven approach to public policy, community outreach and partnerships, and continued research to support the health of Latinos in the Omaha area.

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