

THE STATE OF UNDOCUMENTED YOUNG ADULTS IN CALIFORNIA

THE HEALTH, SOCIAL, AND ECONOMIC IMPACTS OF COVID-19
BETWEEN 2020-2022

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ACKNOWLEDGEMENTS

This project was made possible with the generous support of the University of California Office of the President (Award #R00RG2579), the UCLA Asian American Studies Center, and the California Asian American and Pacific Islander Legislative Caucus. We would like to thank the BRAVE Study Community Advisory Board for their support and guidance throughout this study. The BRAVE Study at UCLA School of Public Health is a group of researchers and community members committed to uplifting immigrant voices, building communities, and informing health policy interventions through research. For more information, visit: www.thebravestudy.org.

DISCLAIMER

The views expressed herein are those of the authors and not necessarily those of the University of California, Los Angeles. The authors alone are responsible for the content of this report.

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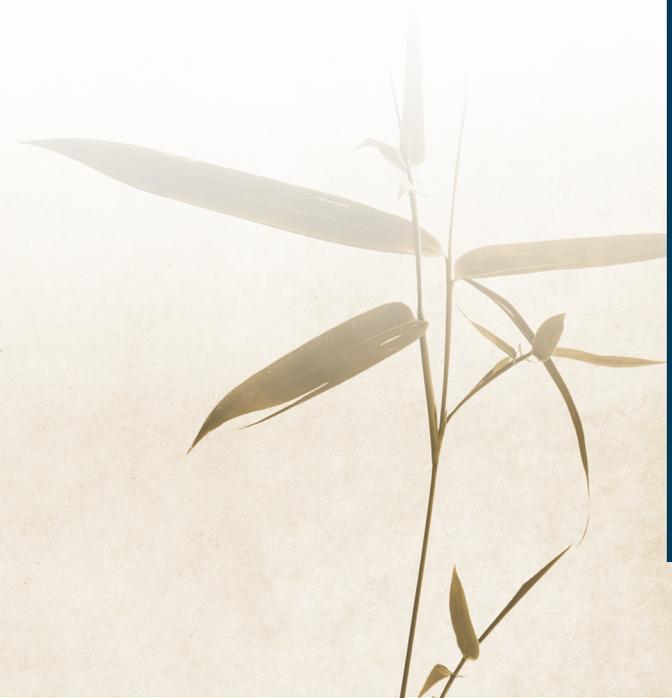
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EXECUTIVE SUMMARY

Immigrants face disproportionate health, economic, and social impacts from the COVID-19 pandemic (Clark et al., 2020). However, there are limited data on the undocumented young adult population, including in California, which is home to approximately a quarter of the undocumented population in the United States (US)—over two million individuals (Johnson, Perez, & Mejia, 2021). This policy report provides an assessment of the health, economic, and social impacts of COVID-19 on undocumented young adults aged eighteen to thirty-nine years in California. The community-engaged BRAVE (Building communities, Raising All immigrant Voices for health Equity) Study collected data from 359 undocumented young adults from September 2020 to February 2021 to assess the impacts of COVID-19 on the economic, social, and health outcomes of undocumented young adults. A subset (n=158) of these individuals were followed up with via surveys between February and May 2022 to examine potential changes in reported COVID-19 risks and outcomes. This data will provide timely information to policymakers, health and social service providers, and other stakeholders working with immigrant communities through the pandemic and beyond.

KEY FINDINGS

1. Undocumented young adults had **high levels of health and social risk factors** that made them susceptible to COVID-19 infection.

2. As of June 2022, undocumented immigrants were **2.3 times more likely to have ever tested positive for COVID-19** than other Californians.
3. Although undocumented immigrants had **equal levels of vaccine acceptance and higher levels of mistrust in the vaccine approval process** as US adults before the vaccines were widely available, as of June 2022, **undocumented young adults in our sample had higher vaccination rates** than both California and the US.
4. Undocumented young adults experienced **high levels of depression** during the pandemic.
5. Undocumented young adults experienced **high levels of economic insecurity and economic impacts** due to the pandemic.

RECOMMENDATIONS

1. Increase access to **comprehensive and affordable healthcare and insurance**, including mental healthcare.
2. Ensure undocumented immigrants are **included in economic recovery efforts**.
3. Increase, enforce, and raise awareness about **workplace protections** for undocumented immigrants.
4. **Eliminate restrictive immigration policies and immigration enforcement actions** that reduce public trust and impose structural barriers to medical and public health services among undocumented immigrants.
5. Continue to support evidence-based policies through **routine data collection** with undocumented immigrants in California.

INTRODUCTION

There are approximately 10.5 million undocumented immigrants in the US (Lopez, Passel, & Cohn, 2021). California is home to the most immigrants in the US, comprising almost a quarter of the nation's undocumented immigrant population (Johnson, Perez, & Mejia, 2021). It is estimated that undocumented immigrants make up 20% of the state's immigrant population and 5.6% of its populace (Johnson, Perez, & Mejia, 2021). Although Latinos constitute the largest share of the undocumented population in California, immigrants from Asia represent a growing share of the population: approximately 460,000 Asian undocumented immigrants, or 18% of undocumented in the state (Johnson, Perez, & Mejia, 2021; *AAPI Data*, 2017). Despite comprising a sizeable portion of the population, undocumented immigrants are oftentimes left out of necessary medical and social services in the U.S., placing them at greater risk for poor health outcomes.

The COVID-19 pandemic has exacerbated underlying racial and ethnic health inequities. Immigrants may be disproportionately impacted by the pandemic, including increased exposure and risk of COVID-19 infection, given their existing health, economic, legal, and social vulnerabilities (Jaljaa et al., 2022). Undocumented immigrants may underutilize or avoid health services for COVID-19 related medical needs. Although U.S. Citizen and Immigration Services (USCIS) has announced that services used for

COVID-19-related symptoms or diagnoses will not be counted towards future public charge determinations, “chilling” effects have already damaged trust within immigrant communities, much to the detriment of their well-being as well as public health (Justice in Aging, 2020). In addition, due to the explicit exclusion of undocumented immigrants in the Affordable Care Act and eligibility criteria of state Medicaid programs, nearly half of undocumented individuals in the U.S. remain uninsured during this public health crisis and period of economic uncertainty (USCIS, 2020).

Undocumented immigrants face a number of economic and social vulnerabilities that increase their risk of COVID-19 infection but also lead to other poor outcomes, such as delaying needed healthcare, economic impacts from the pandemic, and negative mental health outcomes. Structural vulnerabilities that undocumented immigrants face include economic and occupational precarity, limited access to healthcare and social safety net programs, language barriers, and punitive immigration policies (Clark et al., 2020; Kiester & Vasquez-Merino, 2021; Bernstein et al., 2020). Racism and discrimination place undocumented immigrants at higher risk for COVID-19 infection, morbidity, and mortality (Clark et al., 2020). Despite the myriad challenges that immigrants face during the pandemic, information about the short- and long-term health, economic, and social impacts of the pandemic on this population is sparse.

To fill these data gaps, the BRAVE Study—a community-engaged project—collected data from 359 undocumented

young adults from July 2020 to February 2021 to assess the impacts of COVID on the economic, social, and health outcomes of undocumented young adults. Additionally, a subset of these individuals was followed up with between February and May 2022 to examine whether there were any observed changes in COVID-19 risks and outcomes (n=158). We also use a number of available and published state and national sources for comparison.

The focus of this policy brief is on undocumented young adults between 18-39 years of age. We focus on this age group given recent policy protections for this specific population (e.g., Deferred Action for Childhood Arrivals, or DACA). Therefore, this specific age group remains of high interest to policymakers and also includes the earliest DACA recipients. Results from this study will provide timely information to policymakers, health and social service providers, and other stakeholders working with immigrant communities.

METHODOLOGY & RESEARCH QUESTION

STUDY DESIGN

Data are from the COVID-19 BRAVE (Building community Raising All immigrant Voices for health Equity) Study, a community-engaged cross-sectional survey on the impacts of the COVID-19 pandemic on undocumented immigrants in California. The research team developed the survey in

collaboration with a Community Advisory Board and school and community-based immigrant-serving organizations, who led recruitment efforts through flyers, list serves, and social media. Respondents were eligible to complete the survey if they reported undocumented status, Asian and/or Latinx race, 18-39 years of age, residing in California at the time of the baseline survey, and ability to take the 15-minute online survey in English or Spanish. Data were collected between September 2020 and February 2021, via Qualtrics, and participants were compensated with a \$10 gift card. All study participants were followed up between February and May 2022 and were compensated with a \$20 gift card for participation.

ANALYTICAL SAMPLE

A total of 438 participants received a link with information about the password-protected questionnaire, and 366 (84% response rate) completed the survey. We validated survey responses by matching immigration-related questions to the criteria for the Deferred Action for Childhood Arrivals (DACA) program. For example, we excluded 24 respondents who either reported being born in the U.S. or disclosed unexpired lawful immigration as of June 15, 2012, living in the U.S. for less than five years prior to June 15, 2012, having a conviction of a felony or a significant misdemeanor—which would have disqualified them for the DACA program. Previous studies have used a similar approach [31, 32]. The final analytic sample includes 359 participants. In total, 158 participants

completed the second survey from February to May 2022 to yield a follow-up rate of 44%.

ANALYSES

We conducted univariate analyses to examine the distribution of the study sample for each of the 2021 and 2022 waves.

For questions that were included in both 2021 and 2022 surveys, we used paired t-tests, McNemar's tests, and Stuart Maxwell tests to assess if there were significant differences between the surveys. All analyses were conducted with Stata version 15.1, with statistical significance set at $p < .05$. The Institutional Review Board at the University of California, Los Angeles approved this study.

RESEARCH QUESTION

The aim of this policy report is to identify the health, economic, and social implications of COVID-19 among undocumented young adults living in California.

DATA & FINDINGS

SAMPLE CHARACTERISTICS

Our baseline sample included 359 participants, 158 of whom completed the second survey to yield a follow-up rate of 44%. Participants from the baseline survey represented ten regions of California, including Superior California (1.7%), North Coast (0.3%), San Francisco Bay Area (6.4%), Northern

San Joaquin Valley (1.4%), Central Coast (4.2%), Southern San Joaquin Valley (9.2%), Inland Empire (9.5%), Los Angeles County (49%), Orange County (12.6%), and San Diego-Imperial (5.6%). These regions were similarly represented in the follow-up sample, with the exception of North Coast, which had no follow-up participants.

Baseline and follow-up respondents were similar in gender distribution, in which 261 (72.7%) and 118 (74.7%) reported being female in the first and second surveys, respectively. Race/ethnicity distribution also were similar between the two samples, with 307 (85.5%) baseline participants and 133 (83.7%) follow-up participants identifying as Latinx. In addition, both samples were equally likely to be DACA recipients, where 220 (62.2%) baseline participants and 104 (67.5%) follow-up participants reported having DACA. Relative to the baseline sample, the follow-up sample was more likely to be older (mean=23.7, SD=3.5), have attained some college or higher levels of education (75.7%), and be employed (65.8%).

HEALTH OF UNDOCUMENTED YOUNG ADULTS DURING THE PANDEMIC

Underlying Chronic Conditions

Undocumented participants generally had low prevalence of chronic conditions known to increase risk for severe COVID-19 outcomes. Approximately 11% and 10% of the baseline and follow-up samples, respectively, reported having asthma.

Health Insurance

In our assessment of insurance status, we found high levels of participants who were uninsured (**Figure 1**). Specifically, 21.3% of baseline participants were uninsured and 19.1% of follow-up participants were uninsured. We found even higher rates of ever-uninsured status in the past 12 months, in which 36.1% of our baseline population reported being uninsured.

When asked about reasons for uninsured status (**Figure 2**), the largest majority reported being uninsured due to ineligibility (37.1% baseline, 39% follow-up). This likely reflects current federal and state policies that exclude all or parts of the undocumented population from enrolling in health plans. Our baseline and follow-up samples also reported being uninsured due to lost job or hours (13.7% baseline, 13.6% follow-up) which may indicate greater job insecurity among undocumented immigrants who are eligible for employer-sponsored insurance. Meanwhile, nearly a third of our samples found health insurance cost prohibitive (33.1% baseline, 30.5% follow-up).

Beyond basic health insurance, our participants also lacked equitable access to oral health benefits, with just 45.8% of

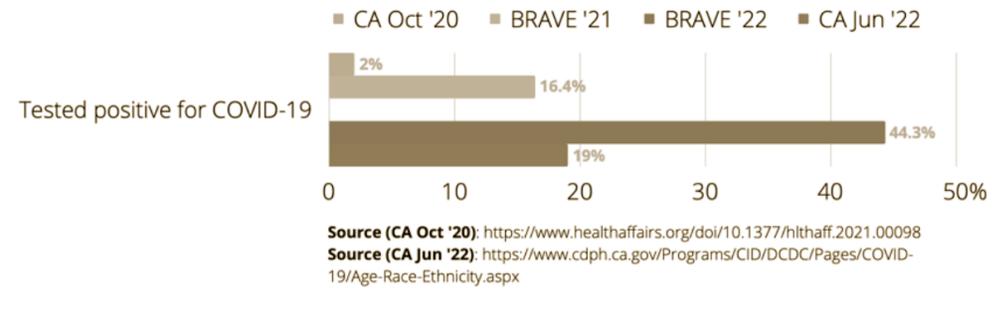


Figure 1: Insurance status of BRAVE participants.

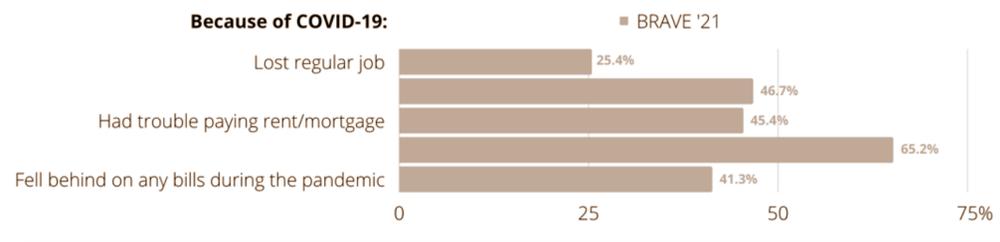


Figure 2: Reason for uninsured status in BRAVE participants.

the baseline and 47.4% of the follow-up samples reporting having dental coverage.

COVID-19 infection rates and healthcare seeking behaviors

We observed significant differences in the rates of confirmed COVID-19 cases among our baseline and follow-up samples compared to the rates of California

at similar timepoints (**Figure 3**).

In October 2020, about 2% of Californians had tested positive for COVID-19 (Reitsma et al., 2021).

Among our baseline participants who were surveyed between September 2020 to February 2021, 16.4% had tested positive.

This rate grew 2.7 times to 44.3% among follow-up participants who were surveyed between February 2022 to May 2022. Meanwhile, as of June 2022, 19% of Californians have ever tested positive for COVID-19 (California Department of Public Health, n.d.).

Given only 45.4% of the baseline and 88.6% of the follow-up samples had ever taken a COVID-19 test, we likely underestimated the rate of those who have ever had COVID-19. Actual rates may be closer to, but not greater than, the proportion of people who reported that they ever had or suspected having COVID-19 (42.2% baseline, 77.2% follow-up). There were similar rates of people who reported that their family or household members ever had or suspected having COVID-19 (43.4% baseline, 77.2% follow-up).

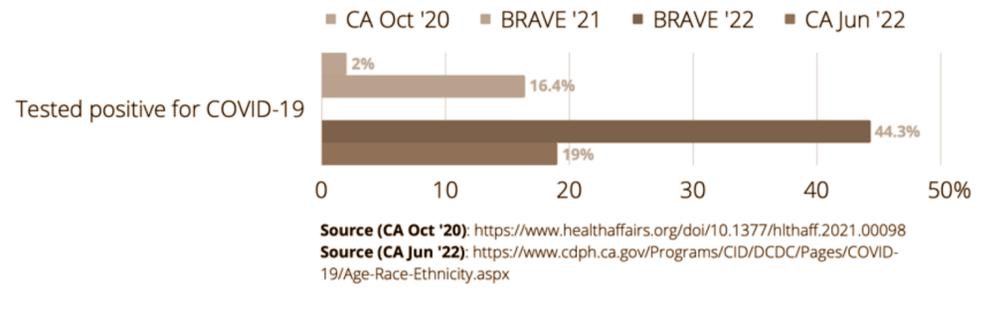


Figure 3: Prevalence of positive COVID-19 cases in BRAVE participants compared to the general Californian population.

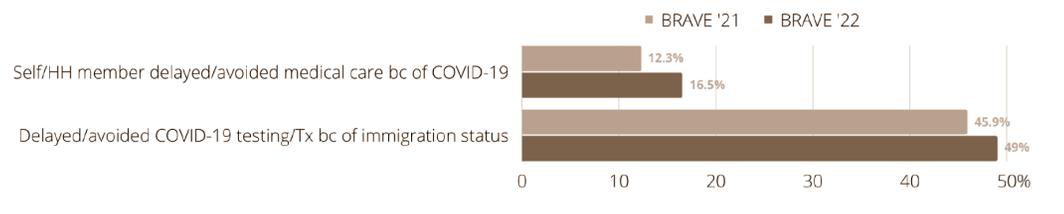


Figure 4: BRAVE participants reporting self or household member's delay or avoidance of COVID-19 testing or related medical care due to immigration status.

In addition, a considerable number of respondents avoided or delayed seeking medical services during the pandemic (**Figure 4**). Specifically, 12.3% of the baseline sample and 16.5% of the follow-up sample reported ever delaying or avoiding COVID-19 testing or treatment due to immigration status. In addition, almost five in ten undocumented young adults indicated they delayed or avoided medical care due to COVID-19 (45.9% baseline, 49% follow-up).

COVID-19 vaccination rates and acceptability

Prior to widespread availability of approved COVID-19 vaccines, rates of vaccine acceptance among our baseline population were practically equal to those of the general US population in 2021. When asked about likelihood of getting a hypothetical COVID-19 vaccine, 35.6%, 50.6%, and 13.8% of the baseline population responded definitely, probably, and definitely not, respectively, compared to 35%, 49%, and 16% of the US nonelderly adult population in 2021 (Karpman et al., 2021). Furthermore, in the follow-up survey, almost a third (31.2%) reported that they do not trust the government's approval process to ensure the COVID-19 vaccine is safe. US adults had lower levels of distrust in the government's vaccine approval process as of November 2020 (25%) (Funk & Tyson, 2020).

Despite initial vaccine mistrust in the baseline sample, we saw high levels of vaccination in the follow-up sample. We found 89.3% were fully vaccinated, 5.7% were partially vaccinated, and 5% did not respond. California adults aged eighteen to forty-five had slightly lower vaccination rates as of June 2022, where 78.1% were fully vaccinated, 9.6% were partially vaccinated, and 12.4% were unvaccinated (State of California, n.d.). Among US adults aged eighteen or older, 76.8% were fully vaccinated, 12.7% were partially vaccinated, and 10.5% were unvaccinated (Centers for Disease Control and Prevention, 2020). The follow-up sample also had a higher proportion of individuals who received one or more booster shot(s) (76.4%) compared to all California adults aged

eighteen to forty-five (53%) (State of California, n.d.) and US adults aged eighteen or over (51.5%) (Centers for Disease Control and Prevention, 2020).

ECONOMIC FALLOUT FROM THE PANDEMIC

Approximately one-third of our baseline and follow-up samples were essential workers (26.6% and 31.9%, respectively). Meanwhile, about six out of ten participants indicated that they had one or more essential workers in the household in the baseline sample (59.1%) and follow-up sample (62.4%). Approximately 13% of the baseline sample and 19% of the follow-up sample reported receiving hazard pay.

Economic impacts due to COVID-19

The economic fallout from the pandemic was particularly pronounced among undocumented young adults (**Figure 5**). From the baseline sample, over a quarter (25.4%) lost their regular job due to COVID-19, nearly half (46.7%) faced reductions in hours and income, 45.4% had trouble paying their rent or mortgage, 65.2% had trouble affording basic needs (food, medical, bills, school fees, etc.), and 41.3% fell behind on any bills during the pandemic.

Use of Relief Funds

Various federal and local governments distributed cash and non-cash assistance to residents during COVID-19. California established the California Disaster Relief Assistance for Immigrants (DRAI) funds in 2020, a one-time state-funded

assistance program for immigrants who were ineligible for federal stimulus funds. However, only 5.6% of the baseline population and 3% of the follow-up population reported receiving DRAI funds (**Figure 6**).

Furthermore, only 15.4% of the baseline sample and 17.7% of the follow-up sample received unemployment insurance.

Social risks of undocumented young adults during the pandemic

The baseline and follow-up samples had average household sizes of 4.8 (SD 2.0) and 4.9 (SD 2.0), respectively, which were almost double the average household size of 2.5 among the US population in 2021-22 (U.S. Census Bureau, 2021).

With regard to mental health, over eight out of ten participants (80.8%) and seven out of ten (71.7%) in the baseline and follow-up samples, respectively, reported a clinically significant number of depressive symptoms (**Figure 7**).

Within the community, over a third of the baseline sample somewhat agreed, agreed, or strongly agreed with the statement, “I feel unsafe in my community.” In the everyday

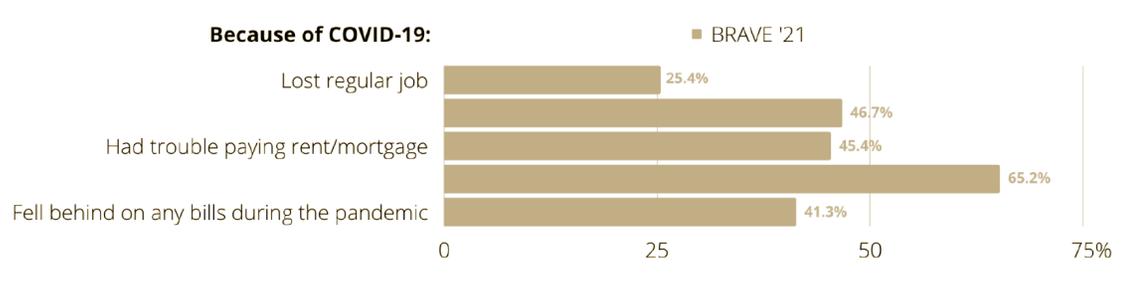


Figure 5: Economic impacts experienced by BRAVE participants related or due to the COVID-19 pandemic.

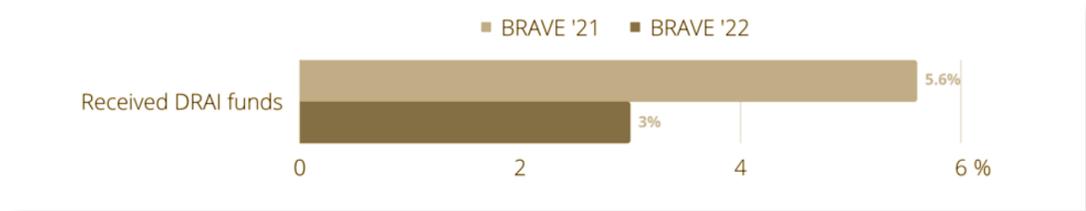


Figure 6: Share of BRAVE participants who reported receiving California Disaster Relief Assistance for Immigrants funds. member’s delay or avoidance of COVID-19 testing or related medical care due to immigration status.

context, the share of baseline participants who experienced an act of discrimination on a weekly or daily basis ranged from 2.6% (“people act as if they’re afraid of me”) to 15.5% (“people act as if they’re better than me”). When asked about the main reason underlying acts of discrimination, 43.5% cited race, ancestry, or national origin; 33.6% cited gender

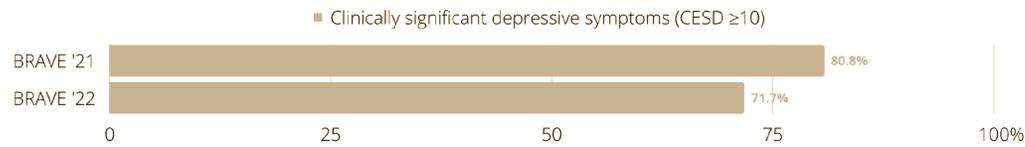


Figure 7: Proportion of BRAVE participants who reported experiencing a clinically significant number of depressive symptoms.

or sexual orientation; 12.2% cited documentation status; and 10.7% cited other.

Among our baseline participants, 15.6% had ever experienced an immigration raid; 46.6% knew someone who had ever been detained or deported; 0.9% had ever faced deportation proceedings; 20.9% had ever seen immigration authorities in their neighborhood; 37.1% feared getting deported; 75.5% had ever stayed at home or away from certain areas to avoid police and immigration agents; 69% had ever avoided traveling by car, bus, train, or plane to avoid checkpoints; 8.6% had ever been stopped by police for no good reason; and 3.7% had ever been asked to show proof of citizenship or legal status. The rate of baseline participants who had forgone non-cash benefits due to fear of being a public charge was 52.8%.

CONCLUSIONS & RECOMMENDATIONS

Taken together, our results provide a snapshot of the impact of COVID-19 on undocumented immigrants in California and highlights a need to address the challenges that undocumented immigrants face. Undocumented immigrants face precarious circumstances that put them at higher risk for COVID-19 infections, morbidity, and death. While the risk factors and outcomes we have outlined in this policy brief are illustrative of the impact of COVID-19 on undocumented immigrants, they are not exhaustive. Our central conclusions are as follows:

1. **Undocumented young adults had high levels of health and social risk factors that made them susceptible to COVID-19 infection.** This includes lack of health insurance coverage, prevalence of asthma, and living in households with members who were essential workers. Additionally, undocumented young adults

experienced high levels of encounters and fears of immigration enforcement.

2. **As of June 2022, undocumented immigrants were 2.3 times more likely to have ever tested positive for COVID-19 than other Californians.** Cases may have been underreported given the considerable proportion of respondents who stated they delayed or avoided COVID-19 testing due to their immigration status.
3. Although undocumented immigrants had equal levels of vaccine acceptance and higher levels of mistrust in the vaccine approval process as US adults before the vaccines were widely available, as of June 2022, **undocumented young adults in our sample had higher vaccination rates than both California and the US.**
4. **Undocumented young adults experienced high levels of depression during the pandemic.** Approximately 81% of respondents reported clinical levels of depression during the first year of the pandemic (2020-2021).
5. **Undocumented young adults experienced high levels of economic insecurity and economic impacts due to the pandemic.** This includes over 25% who reported losing their regular job and 47% reported who had reduction in hours and income. Additionally, over 65% of participants indicated challenges with affording basic living expenses, such as tuition, food, and bills.

We believe our results are among the first to provide a comprehensive overview of undocumented immigrants' COVID-19-related risks and outcomes. Our research affirms the prevalence of extant health and social inequities among this population, and highlights the health, economic, and social factors among undocumented young adults during the pandemic.

Undocumented immigrants faced untold challenges even before the COVID-19 pandemic and will likely endure significant burdens during the recovery phase of the crisis. Addressing the short and long-term impact of the pandemic on undocumented immigrants will likely benefit all Californians. Solutions enacted now may cushion post-pandemic outcomes and buffer potentially adverse circumstances during future health crises. Our recommendations include:

1. **Increase access to comprehensive and affordable healthcare and insurance, including mental health care.**
 - Increase access to immigrant-friendly mental health services
 - Provide culturally responsive trainings for school-based counselors and mental health specialists
2. **Ensure undocumented immigrants are included in economic recovery efforts.**
 - Include and support community-based organizations to distribute information and funds for economic recovery efforts

- Minimize administrative and logistical burdens for immigrant families by offering a number of access points
3. **Increase, enforce, and raise awareness about workplace protections for undocumented immigrants.**
 - Implement “Know Your Rights” campaigns and educate community members through community-based organizations and other trusted sources
 - Pass immigrant inclusive policies that protect and enforce workplace rights, including hazard pay
 4. **Eliminate restrictive immigration policies and immigration enforcement actions that reduce public trust and impose structural barriers to medical and public health services among undocumented immigrants.**
 - Disentangle and protect communities from federal immigration agencies and enforcement actions
 - Engage with trusted and known sources of health information, including doctors, community advocates, and social service organizations
 5. **Continue to support evidence-based policies through routine data collection with undocumented immigrants in California.**
 - Support community-engaged and community-based participatory research approaches
 - Advocate for disaggregated data, including across immigration statuses, race/ethnicities, and ages

NOTES

STRENGTHS AND LIMITATIONS

This study has some limitations. First, we used a convenience sample, so our results may not represent the experiences of all undocumented immigrants in California or the US. Second, this is a cross-sectional study, assessed at one point in time, which limits the generalizability of our results. Third, our study focuses on undocumented immigrants in California, a state where close to a quarter of the undocumented U.S. population reside and one that has passed more inclusive immigrant policies in recent years. Thus, a similar study undertaken among undocumented residents in a different state may deviate from our findings. We guided our analyses with a conceptual framework, focusing on the medical, social, economic, and legal challenges that increase undocumented immigrants’ risk for COVID-19 infection, morbidity, and mortality. Our emphasis on the anticipated socioeconomic impacts of the COVID-19 pandemic may help policymakers, health and social service providers, and other stakeholders working with immigrant communities be better prepared to address the needs of this population.

ABOUT THE AUTHORS

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THE BRAVE STUDY





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