The State of Undocumented Young Adults in California

ASIAN AMERICAN & PACIFIC ISLANDER POLICY INITIATIVE

The Health, Social, and Economic Impacts of COVID-19 between 2020-2022

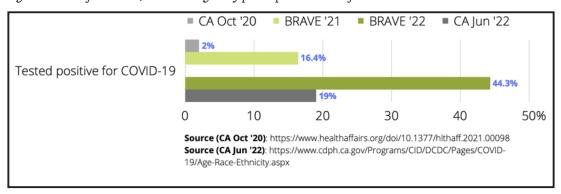
mmigrants face disproportionate health, economic, and social impacts from the COVID-19 pandemic (Clark et al., 2020). However, there are limited data on the undocumented young adult population, including in California, which is home to over 2 million undocumented individuals—approximately a quarter of the undocumented population in the United States (Johnson, Perez, and Mejia, 2021).

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. 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 using 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. 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 with 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 (Figure 1). 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.



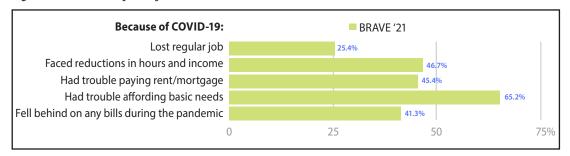


3. Although undocumented immigrants had equal levels of vaccine acceptance and higher levels of mistrust in the vaccine approval process as US adults before the vaccines were widely available, as of June 2022, undocumented young adults in our sample had higher vaccination rates than both California and the US. We found 89.3% were fully vaccinated, 5.7% were partially vaccinated, and 5% did not respond. California adults aged 18-45 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 ("Vaccination data," 2022).

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- 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 (Figure 2). 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.

Figure 2: Economic impacts of COVID-19



6. Addressing the short and long-term impact of the pandemic on undocumented immigrants will likely benefit citizens and non-citizens.

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, anwd 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.

References

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