

THE BROOKINGS INSTITUTION

WEBINAR

THE SOCIOECONOMIC CONSEQUENCES OF COVID-19 FOR LATINO FAMILIES

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**Presentations:**

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**Panel 1:**

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**Panel 2:**

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## P R O C E E D I N G S

MS. BUSETTE: Good afternoon, everybody. Thank you for joining us for this excellent seminar on the socioeconomic consequences of COVID-19 for Latino families. I'm absolutely thrilled that we are hosting this with a range of very, very impressive experts. So what I'm going to do is go over what the run of the show is for this event and then we'll proceed.

So this event is broken into three parts. So first we're going to hear an excellent presentation on some of the latest research on COVID-19, long COVID-19 for Latino families. Then we are going to have a panel discussion about that research. And then our final part is we're going to have a panel discussion among three of our experts to discuss what the consequences have been for the Latino families that they serve and that they focus on. And we'll also in that discussion talk about potential policy solutions.

So as you all know we have extensive bios for our panelists on our website for this event. But I did want to very quickly introduce our first panel of speakers. So we have Noreen Sugrue who's a director of research for the Latino Policy Forum. We have Dr. Marina Del Rios who is an associate professor of emergency medicine at the University of Iowa Carver College of Medicine and she's also representing Illinois Unidos. And we also have my colleague, Gabriel Sanchez, who is a Rubenstein fellow in Governance Studies at Brookings.

And with that, Gabe, I will turn things over to you and then we will come back for our panel discussion.

MR. SANCHEZ: Excellent. Thank you, Dr. Busette, for the great, warm introduction. I appreciate on behalf of all the partners for this event, all of you, as wonderful audience members. It's an absolute pleasure to be here with you, and I appreciate the context of talking about COVID-19 on the Latino community while I myself unfortunately am struggling with a little bit of lingering COVID symptoms myself. So I appreciate everybody behind the scenes who has picked me up over the last few days as we got ready for this great event.

So without further ado, my name is Gabriel Sanchez as noted. You see the focus of our

conversation is going to be the socioeconomic consequences of COVID on the Latino community.

So a little bit of context before I jump into some fresh data. I'm sure all of you that are participating on this webinar today are very familiar with the fact that unfortunately the Latino community has suffered significantly across a number of different COVID-19 outcomes throughout the course of the pandemic. This includes unfortunately Latinos being slightly more than twice as likely to unfortunately pass away as a result of COVID-19 than white Americans. And preliminary evidence suggests that Latinos are more likely than other racial ethnic groups in the United States to experience long COVID symptoms.

I emphasize preliminary evidence. I actually participated in a briefing with Dr. Fauci earlier today where he spoke specifically about long COVID and noted unfortunately at this point there's a lot more questions that still remain unanswered about long COVID. So we really want to stress a lot of what we're talking about is preliminary at this point. But as more data becomes clear and available it's becoming unfortunately crystal clear that the Latino population is more likely than just about anybody else in the United States to be struggling with the longer-term symptoms associated with COVID.

A major point of emphasis for our conversation with you today is also the fact that Latinos have suffered significant financial obstacles during the pandemic. Again, at higher rates than white Americans and have experienced worse overall health outcomes throughout the pandemic including high loss of health insurance access primarily driven by job loss and moving unfortunately from full-time employment to part-time employment which often times comes associated with that unfortunate loss of health insurance.

And the first time as a survey researcher that I put a long COVID item on a survey of Latinos was a state-wide Colorado poll for the Colorado Latino policy agenda. And the finding that jumped out at us from that study was that Latino parents are three times as likely to experience long COVID symptoms relative to Latinos without children. So that finding again just note that. Three times as likely in households that have children relative to Latinos without kids in the household was the primary motivation for the focus on Latino families in the fresh data that I'll present to you today.

And I'd like to thank Abriendo Puertas and Unidos U.S. for allowing me the opportunity to include long COVID content on their national Latino family survey. Thanks to their generosity and their partnership and being willing to put this content on their survey, it allows me an opportunity for you to be the first audience to see this data specifically focused on long COVID symptoms.

So you see unfortunately when we asked the respondents whether or not they themselves as parents or primary caregivers or their children are experiencing long COVID symptoms. You see at the end of the day one in four Latino families are either experiencing long COVID symptoms themselves as parents or primary caregivers, have children who are experiencing long COVID if they themselves are not or unfortunately have both the child and themselves experiencing symptoms.

All right. So one in four, right? A lot of folks think well how important is that? How pervasive is this across the Latino community? And so, if we estimate there's roughly 14 million Latino families in the United States today. This finding suggests that there are 3.5 million Latino families right now trying to navigate this difficult challenge.

For some context that's more individuals than live in the city of Chicago in and of itself across all racial and ethnic groups. So it just gives you a pretty eye-popping idea of unfortunately how pervasive long COVID symptoms are specifically for Latino families in the United States.

One of the questions that I've been asked since I started putting out some content in Brookings online for the Latino community is if we had any insights about who among Latinos as an incredibly diverse population is more or less likely to be struggling with long COVID symptoms?

And so, when we break out the data looking for internal variation a few things jump out at us. One is Latinos with higher socioeconomic status levels appear more likely to face challenges with long COVID. You see that Latinos who are currently employed are four percent more likely than unemployed Latinos to be struggling with longer term symptoms. And we see a pretty significant difference based on household income.

Latinos with household incomes of \$75,000 or higher are 10 percentage points more likely than those at lower income levels to be struggling with longer term symptoms associated with

COVID. And when we ask folks directly in the survey whether or not their personal family's financial situation has gotten better, gotten worse or stayed about the same point over the past year?

We see that Latinos whose personal financial situation has gotten better over the past year are twice as likely to report that they are personally dealing with long COVID relative to families whose financial situation has gotten worse and three times as likely as families whose financial situation has stayed the same.

So we know from this dataset that individuals who are more likely to be actively working, actively employed primarily employed in occupations that have them remaining outside of the home, those are the individuals most likely to be struggling with longer term COVID symptoms.

Whenever I'm talking about the Latino community, I like to look at any possible variation based on acculturation. And in this context, we find that U.S. born and English dominant Latinos are also more likely to have long COVID symptoms relative to the less acculturated foreign born and Spanish dominate counterpart.

A major focus of our motivation with our time with you today has also been to look at any potential economic challenges associated with long COVID for Latino families across the United States. So we asked a number of follow up items to those families who indicated either the child or they themselves were struggling with any longer term COVID symptoms, whether or not any of the following challenges have been problematic for they themselves or their households specifically again due to long-term COVID?

And you see unfortunately 36 percent. So more than a third of Latino households across the country that are dealing with long-term COVID symptoms have depleted their savings to pay for healthcare costs already. Another 33 percent so one-third essentially of those families have lost wages because of missing work associated with long COVID symptoms. Twenty-eight percent indicate that their overall quality of life has significantly decreased as a result of long COVID symptoms, and they themselves are currently depressed.

And you see when I couple these two findings together, the 24 percent who indicate that

they feel they're in danger of losing their job because of missed work and the 22 percent who indicate that they have already lost their job due to missed work associated with long COVID. It emphasizes unfortunately the long-term economic consequences for these families that are struggling with long COVID symptoms in their household.

You also see 21 percent indicating that they cannot exercise or do the same level of activities that obviously is correlated with mental health and other physical health outcomes. And 90 percent indicate that their child has not been able to participate in early child programming or sport activities. So we see unfortunately many families are dealing with economic and mental health challenges associated with long COVID specifically in the Latino community.

Maybe the most important finding in the context of how we think about internal variation with the consequences associated with long COVID is in relation to gender. So although Latinas are slightly less likely than Latino males to report that they are facing lingering COVID-19 symptoms, they are much more likely as you see in the figure in front of you to report economic challenges associated with these symptoms.

So whether we're talking about depleting their savings to pay for healthcare costs or seven percent more likely among Latinas relative to Latino males who have lost wages because of missing work. When you see the significant gap between Latinas and Latino males as it relates to their quality of life and depression associated with these symptoms, unfortunately Latinas are struggling much more so than Latino males across a range of these different outcomes.

And this comes unfortunately at a time where a number of researchers have identified that Latinas have lost significant amount of their wealth during the pandemic and are suffering a number of other economic consequences. So this is essentially being piled onto the Latino community at a time when they are already incredibly financially vulnerable.

And we also want to emphasize that when we think about the specific economic challenges associated with long COVID, it also comes at a time where Latino families across the country are already incredibly stretched thin economically because of not only the pandemic but the rising cost of

living due to price increases, et cetera. And to provide some context for that we asked all respondents in the survey whether or not they have had to do any of the following to manage their personal financial situation during the past year specifically due to price increases and the rising cost of living.

I mean here we breakout for you households that have long COVID situations relative to the overall sample in the population. So you see in many cases unfortunately households that are dealing with long COVID are more likely to be facing these very difficult financial decisions including 50 percent of long COVID families in the Latino community indicating that they're having to borrow money from friends or family to navigate this very difficult period.

You also see a significantly higher rate of long COVID households at 28 percent indicating that unfortunately they're having to take the aggressive step of borrowing money from a Pay Day or title loan company that offer as you all know extremely high interest rates to be able to weather this very difficult financial storm. Twenty-four percent of long COVID households indicating that they're skipping a monthly car, rent or mortgage payment. So we know that all these things unfortunately are going to create even longer term and more significant economic challenges for these households specifically due to again the consequences of having longer term COVID symptoms.

And we also see and emphasize the long-term consequences of the situation. A pretty significant number, 13 percent, of long COVID households indicating that they've either had to postpone or quit either educational opportunities or career training. Again, things that could elevate the overall financial standing of their families that unfortunately they're having to forego because of the situation that they're in. And this speaks unfortunately to the multigenerational impact economically that we see long COVID is having for Latino families specifically.

And finally, at least for my time with you today, when you think about all of the economic stress indicators that I presented to you. The specific health outcome and challenges associated with long COVID, it's not surprising to see that many Latino households across the country right now are very concerned about their own mental health as well as the mental health of their children.

So you see when we asked folks whether or not they're extremely concerned, moderately

concerned, et cetera, either with their own individual as parents mental health or primary caregiver's mental health as well as that of their children, 41 percent of respondents indicated right now they're extremely concerned about the mental health of their children. And 34 percent extremely concerned about their own individual mental health.

And unfortunately like a lot of the other inequalities we know that are facing Latino community even pre-pandemic Latinos were more likely than any other community in the United States to lack access to mental health services. So we know unfortunately that these challenges again are coming at a time when Latinos were already struggling with being able to get basic access to mental health.

And finally, when we ask a range of questions about how concerned Latino parents are about the long-term future of their households and their children, we see that 59 percent of Latino respondents are concerned that they will not be able to afford to pay for their children's childcare or education expenses, 36 percent of those extremely concerned.

So pretty sobering and unfortunately not the most optimistic data to share with you today, but hopefully it has given you some context that my colleagues at the Latino Policy Forum will be able to add to with the wonderful study and report that they've been able to publish specifically looking at a number of these challenges in the state of Illinois.

I will emphasize as I turn things over to my colleagues for their presentation that we will release a blog post if it's not already up on Brookings how we rise almost immediately after this presentation finishes with you today that will have a lot of the datapoints that we've already shared with you as well as what my colleagues will share so you can grab that in your own free time and might be able to follow up with us if you have any follow up questions. Thank you very much. Del Rios

MS. DEL RIOS: Thanks, Gab, for that introduction and I'm going to go over a few slides with some of the data that we have in the report and just general data on the consequences of COVID in Latinos. So if we could go to my first slide?

MR. SANCHEZ: If our technical support could please provide that back to me, I could get us back up and running.



MS. DEL RIOS: Well, in the interest of time, I'm just going to start talking and then hopefully the slides will pop up just because I want to make sure that we have time for audience questions.

But I think one of the things that I wanted to stress is that when we talk about the socioeconomic consequences of COVID, it's important to step back and see how the physical and mental health are closely tied to socioeconomic capabilities, right? And because I'm not going to go over this again, we talked about it, the disproportion of burden of COVID in Latinos has been felt throughout cases, hospitalizations and that's even now that we're seeing a convergence of cases, we're still seeing that Latinos are leading in -- have some of the highest rates of hospitalizations and deaths due to COVID.

And it's important to note, and it's reasonable to assume that Latino case rate has likely underdiagnosed. This is especially true at the two tail ends of the pandemic early on when Latinos were just not getting tested. And then now that we don't have access to free tests and that everyone is being forced to return back to in person work. And what that means for Latinos being unable to take time off from work to heal from COVID. We probably are seeing an underreporting of cases currently. If we could move to the next slide, please?

Now, moreover COVID has also disproportionately affected younger Latinos. So in Illinois, 65 percent of diagnosed cases, of COVID cases among Latinos were in those of age 20 to 59. And when you look at age adjusted mortality rate for Latinos, it's among the highest of all ethnic groups. And what that meant is that with COVID, we've seen a steep decline in life expectancy. And the greatest number of years of potential life lost of all ethnic groups.

What this leads to is increased uncertainty for a generation of children who have lost their parental figures, who are living now in households with increasing financial instability due to the loss of the breadwinner of the family and so many other repercussions. If we could go to the next slide, please?

I'd be remised as an emergency medicine physician to talk -- to skip talking about the effects that COVID has had and all the collateral damage in terms of the health of Latinos. We've seen an increase in severity of non-COVID medical conditions. And while part of it has been blamed on people

postponing their care during the pandemic because of, you know, fear of exposing themselves to COVID in clinics and hospitals.

There's also an increasing, let's say, defunding of hospitals and of healthcare. So there's been units that have been closed in hospitals, services that are downsized most recently. You've probably seen on the news how pediatric ICUs and emergency departments are overwhelmed because there's been a decrease in the number of beds available for kids. And this has especially been an issue in hospitals that serve communities of color and that serve Latinos.

And so, with the hospital unit closures, with a massive exodus of healthcare providers too, hospitals are dealing now with an overwhelming number of patients with complications due to chronic medical conditions that typically would have been taken care of as outpatients so diabetes, hypertension, asthma. We've seen an increase in the length of stay in hospitals and we've also seen an increase in the odds of death for conditions that -- compared to what we saw before the pandemic.

And this is non-COVID medical conditions, right? And some of this has disproportionately affected the Latino community. In fact, I've done research in the city of Chicago where we've seen that increase in cardio thoracic cases in the Latino community more so than any other community in the city of Chicago. We can move to the next slide.

And so, meanwhile we're seeing also this increase in non-COVID conditions that are now leading to increase in length of stay, increased deaths. We're also at the tipping point of a mental health crisis in our communities. The U.S. population as a whole has experienced an increase in anxiety and depression. Gab talked about this.

We're seeing roughly one in four adults are reporting some anxiety or depression, but this increase has been even higher among Latinos. One in three Latinos report either anxiety or depression. This graph is specifically talking about the elderly, but this holds true for all age groups. And this is only exacerbated by existing pre-COVID structural barriers that have just gotten worse post-pandemic.

So things like lack of health insurance coverage. The proportion of families that are offered mental health treatment in Spanish was already declining before the pandemic. Now, it's likely to

continue to decline given that one, there's higher uninsured rates. A lot of people who have lost their employer-based insurance. And then on top of that we've had a massive exodus also of mental healthcare providers. And in addition, we've seen a decline in college enrollment which means that our workforce for the future for mental health providers is likely going to be even more challenging than what we're seeing now. And then if we could go to this next slide because I want to go back to now long COVID.

And I think it's important to note. So this is kind of like the official term of long COVID. It's post-acute sequelae of SARS-CoV-2. SARS-CoV-2 being the virus that causes COVID. And we know that one in five American adults who have had COVID still have long COVID. That proportion is even higher in communities of color. In Latinos, it's estimated that around 40 percent of Latinos that have had COVID have now long COVID symptoms.

Nearly nine percent of Hispanic -- of all Hispanic adults currently have long COVID and Gab just talked about the fact that one in four households, Latino households, have someone with COVID. Either the adult themselves or a child or a combination of the two. And it's important to note that long COVID is probably also underdiagnosed in Latinos both because of a lot of underdiagnosis of COVID initially.

And so, not understanding that these new symptoms that they have might have been related to a prior COVID infection. But also, because of the fact that it's likely underreported. Again, people are -- don't have the same access to medical care. May not have a consistent primary care provider with whom they can share the fact that now they're feeling different from when they had their COVID and don't know where to seek healthcare. And this is especially true in low income and English as a second language communities.

So with Latinos that are with limited English proficiency, it is probably a higher rate of long COVID than what we're actually reporting right now. And we're hoping that with new funding for research and for providers that can take care of people in our community that we can have a better sense of how long COVID is affecting our communities. But that has its problems as to people being able to

return to their jobs and to be able to provide for their families.

So with that I'm going to pass it on to Noreen who is going to talk a little bit more about more of the socioeconomic repercussions of COVID in Latinos.

MS. SUGRUE: Thank you, Marina. Thank you, Gab. We've seen the discussion of long COVID. We've seen a framing from Dr. Del Rios of COVID and the impact on Latinos. What I would now like to do is turn to the Latino policy form report which is centered on Latinos in Illinois and focuses on jobs, housing, education, mental health and disability and death benefits.

It highlights that COVID is far more than a health crisis. And because of the demographic profile of Latinos in Illinois our policy directions are applicable and scalable to the nation. All of the policy directions in the report center on linguistically and culturally appropriate equitable investment in people, services, outreach and educational health, social and economic infrastructure with immigration status never used as a criterion for inclusion in or access to resources or programs.

Since early 2022, in Illinois and across the nation, we've seen a convergence of the rates of diagnosed COVID cases among Latinos and blacks. Next slide, please.

But as you can see that is not how the COVID story began nor is it how the socioeconomic impacts should be understood or assessed. In addition to the disproportionate impacts of COVID on Latinos, we need to focus on the Latino community because of the fact that pre-COVID Latinos were a significant contributor, a driver if you will, to overall economic stability and growth in Illinois, the communities in which they live and the nation.

Some key findings in our report include, next slide please. Currently as well as before and during the pandemic many Latinos worked in low wage occupation that put them at high risk for exposure to the virus and disease development. Analysis shows that jobs in which Latinos are disproportionately represented carried the highest risk of excess mortality from COVID. As one study found, workers in the food and agriculture sector faced the highest excess mortality.

Far greater than healthcare workers suggesting that it is exposure as well as on the job protections that matter. Lack of advancement, safety and reasonable wages are fundamental inequalities

plaguing many Latino workers and must be rectified. The next slide, please.

For housing, we found that the definitions and criteria used to identify those qualify for housing assistance and access to programs and at creating sustainable secure housing do not always reflect the housing conditions many Latinos face. For example, definitions of homelessness do not consider those who double up. A widespread occurrence for Latinos facing homelessness.

Ensuring the definitions of problems and criteria for services reflect the lived experiences of Latinos is essential especially if we are to address housing insecurity and homelessness. The next slide please.

Pre-pandemic, Latinos were making the educational gains required for continued and sustained economic growth and stability. But since the pandemic, the number of Latinos enrolled in early childhood education programs through community college has decreased.

The policy directions we identify aim to put Latinos back on the pre-pandemic track of significant educational gains while also supporting even greater progress in the future. Our policy directions are designed to ensure Latinos have equitable access to educational opportunities. Next slide please.

In the area of mental health, findings underscore increased mental health issues for Latinos across the life cycle. At the same time, culturally and linguistically appropriate and affordable easily accessible care and services are decreasing.

Our policy directions center on increasing resources for affordable and accessible services and care within the Latino community but also making significant educational and training investments to increase the number of mental health providers who are available and able to serve the Latino community. Mental health services and providers must be plentiful, affordable and accessible. Next slide please.

Finally, to turn back to where we started, long COVID. Long COVID demands that we reformulate who qualifies for disability benefits. Workers in all sectors and their family regardless of immigration status need access to disability benefits. The policy directions in the report lay out where

resources, services, outreach and advocacy are needed if we are to see Latinos economically recover from COVID. And such a recovery is required if the nation is to fully recover from COVID's economic damage. And now, I'm going to turn this back to Camille who is going to lead us in a conversation.

MS. BUSETTE: Right. Thank you so much, Noreen and Gab and Marina for excellent and excellent and very sobering set of presentations.

I wanted to start by asking about one of the findings around the fact that Latinos with higher socioeconomic status were reporting long COVID and the -- were reporting more instances of having to deal with long COVID. And that appeared to be a pretty prominent finding.

One of my questions there is sort of situated in Marina's observation that, you know, there are a lot of people who haven't had access to health services. Who are probably not high socioeconomic status. And I'm wondering if that data is a point in time that really captures who has access and therefore who can report. Or if there are other reasons driving that? I would love to hear some thoughts on that.

MS. SUGRUE: When I saw that finding, Camille, it reminded me of the findings very early in the pandemic where we had these incredibly high rates of Latinos being diagnosed. Yet, they had the lowest rate of testing. And when we went in and talked with people, they didn't test because they didn't want to share information. They didn't go to the hospital or the doctor because they didn't have the money. Latinos have the lowest rates of health insurance.

Access to care as we all know in the United States requires insurance and money. And Latinos far too often especially those that were most likely to get sick lacked both. And so, when I saw that Marina and I actually had a conversation. It struck us as just another example of the pre-structural inequalities putting a veneer on what is wrong with the way we analyze some data. And it does not tell the true story of what's going on, on the ground among Latinos.

MR. SANCHEZ: Yeah, I'll agree with that. The only thing I'll add to that is, you know, the troubling thing when you're looking for recommendations for folks, I'd ask how do we deal with this issue?

If you scan the research, the number one thing they say is, right, meet regularly with your

primary care physician. And we know unfortunately Latinos are less likely than anybody else to have a primary care physician or a regular doctor that they see themselves or they see regularly. I think that also speaks to the fact that it's that same economic disadvantage facing Latinos that's leading to that finding. That it's the higher SES folks that are more likely to be reported in the data.

And I think that's probably driving that much more than anything else. The other potential explanation would be folks that are having better economic situations are more likely to be out in the workforce and therefore more likely to get exposed in the first place.

MS. SUGRUE: The other thing I think we can't ignore, Gab, is the political vitriolic language around immigrants and prejudices.

And for many people particularly the more economically and socially marginalized you are, you're less likely to want to engage with organizations that collect personal data. And we don't know how much that contributes. But I think we would be remised in not acknowledging that it plays a part.

MS. DEL RIOS: Well, that's even -- we talk about this in the report. And just the diagnosis of COVID and how many people foregoed and going to a physician or getting tested because their employers would even tell them, if you get tested, I will report you. I will have you, you know, deported.

And so, you know, that's just one thing. I think it boils down to we have an issue of selection bias here, right? The people that are reporting the symptoms are the people that have the means to get to a provider. Who have a provider and they can communicate with them in their language, right?

I think that as we learn more about long COVID and there are right now large national studies looking at this. I hope that the NIH really continues putting an emphasis as they say on their website that they're going to recruit people from underserved communities because we really need to understand the consequences of long COVID in non-English speaking immigrant communities, low-income communities. I don't think we have the whole picture. We really need to invest in that.

MS. BUSETTE: Right. Thank you all for that. I wanted to move onto some of the other

findings around the gender significant and pretty staggering gender gap impact.

And, you know, obviously based on the early research, it looks like Latinas are really the ones who are bearing the brunt of long COVID issues. Can you speak a little bit more to why that is the case? I mean we just put up the figures. So like, you know, this is sort of the fact. But let's talk a little bit about what are some of the issues that are driving that.

MS. SUGRUE: The form actually just published a report on the great resignation. It's not Latinos. And there was a lot of information on Latinas in there. And they took the largest COVID driven employment loss of any racial or ethnic group by gender.

The issue of childcare both in terms of access and cost as well as Latinas being a large percent of childcare workers. And of childcare workers, they're the lowest paid childcare workers. And so, something like 40 or 45 percent of Latina childcare workers live below poverty line.

So what we're seeing is that they've just taken this enormous hit and because the death rates when you look at it by age. It doesn't get a lot of press, but elderly Latinos and Latinas actually have among the highest death rates. That has often been the infrastructure which has allowed women to work outside of the home. And that's been undercut along with everything else.

MS. BUSETTE: Gab.

MR. SANCHEZ: I'll take my hat to Unidos US who put out a very comprehensive report looking specifically at Latino wealth and the wealth gap and the consequences of the pandemic on the Latino community.

And so, folks take a look at that. It's a wide range of economic conditions where Latinos are unfortunately -- and we're not talking about just within the Latino community, but across any intersectional community in the United States. Across most economic indicators, Latinos are struggling more than anybody else. And the unfortunate reality is those of us who have been tracking economic data for some time know that Latinos were the population that took the longest to rebound from the last economic recession.

So many of those folks were barely getting back on their feet before the rug was pulled



out from under them once again. The reality is, you know, if we did not have the Latino community over the last 10 years and advancing entrepreneurs and the small business ownership. That overall would have decreased in the United States over the last decade.

So many of these Latinas and small business owners themselves that have seen their business to struggle financially during the pandemic. And they're just adding to that now. A very difficult vulnerable position many of these women are in this new challenge of the economic condition associated with long COVID.

MS. SUGRUE: And, Gab, that actually speaks to an issue we've been very concerned about at the Forum is how you use data and tell the story.

Yes, Latinas have gone back to work and they're almost at pre-COVID employment rates. But when you look at earned weekly income, Latinas are lower than any other racial or ethnic group when you look at it by gender. And so, they may be back to work but they're making far less money than everyone else. So that speaks to your point.

MS. BUSETTE: Right. Marina, did you want to say anything, or can we move on?

MS. DEL RIOS: I mean really the only thing that I was going to say is this speaks to, as Noreen often says, right? We are exposing and exacerbating an already broken system. And so, Latinas already were -- yes, they had -- their entrepreneurship was rising. The higher rates of employment so on and so forth, but they still had the lowest wage earners pre-pandemic.

They also have lower rates of insurance which means that they didn't get the access to healthcare that they needed, which means that they also haven't had time to recover post-COVID, right? Because there's no such thing as sick leave in this country. And less so for people that are undocumented or have other barriers, right?

And so, again, this begs to really investigate how we cannot go to what happened pre-COVID or how the system was pre-COVID for something better.

MS. BUSETTE: And so, thank you. I want to remind the audience. So we'll be taking questions from the audience fairly soon. So the way in which you can submit questions is via Twitter at

[@BrookingsGov](#) with the hashtag #LatinoLongCOVID or by email, [events@brookings.edu](mailto:events@brookings.edu).

With that I wanted to move to a discussion about mental health services. And I have a couple of questions around that. The first is I mean we all know that COVID has had a tremendous impact on everyone's mental health. And in general, in the U.S., we have not been very attentive to that.

But I wanted to start by asking about we know that mental health services are inadequate particularly for Latinos and Latino families. But what are some of the ways in which you have seen mental health services roll out that seem promising? I want to start with that.

MS. DEL RIOS: I mean I think that one model -- so in the ideal world we would have enough psychologists, psychiatrists that are, you know, bilingual, bicultural that can provide language concordance and culturally relevant services. That's going to take a while to build that infrastructure considering that just physicians in the U.S. only six percent are Latinos, right?

And I would argue that probably psychiatrists are not far off from the just general physician roll out. But here are other opportunities. And so, one way is there's social workers that we can start investing and trying to have more crisis workers that can work to both address the mental health but also the socioeconomic repercussions of mental health and of long COVID and COVID in general.

There's also opportunities with community health workers, right? They can at least be a point of contact to try to bridge them with services. It is, you know, in the case of a crisis like someone who is having suicidal ideations. Obviously, we still need providers that can communicate with those patients in the hospital, in the clinic, in the mental health hospitals.

But I think it does help to have community health workers to have service in the community where you can have maybe more of a conversation and just having resources to just talk about what's going on at home, right? Like peer support groups that can then at least help people with kind of just think through what are things that they can do as work through with resources within their community versus what may need more medical attention.

But I think the bottom line is that, you know, this is a problem that's going to be long term. Mental health crisis is probably underdiagnosed as well. There's a lot of stigma with diagnosing mental

health illness and mental illness in Latinos. And again, the absence of language concordance services means that sometimes we're not -- our screening tools are even inadequate. So this is just something that we need to really invest on in the long term.

But in the short-term community health workers, peer support groups is one way to at least get us to some support for people that need it.

MS. BUSETTE: Thank you.

MR. SANCHEZ: The only thing I'll add to that is that although we know digital divide challenges are huge for the Latino community. I've seen some promising evidence that telehealth or virtual health is working effectively in the context of mental health.

A couple of datapoints on that I oversaw a large end Latino survey for some community care out of New York. And we asked folks that were utilizing telehealth in the Latino community their satisfaction levels with it. I was somewhat surprised how high the satisfaction levels were of Latino patients who at least who have access through that channel to be able to get access to care.

All my colleagues who are mental health providers themselves have said but basically by necessity during the pandemic having to move from in person to virtual meetings and appointments for mental health. They found that, you know, over time obviously you get much better and more proficient at utilizing those tools. And a lot of those folks have told me we should keep a lot of that in play just to increase access points. Again, for those who have access to Wi-Fi, which we know is an underlying challenge for Latinos.

MS. BUSETTE: Right. Thank you very much for that. I wanted to go back to a comment, Noreen, that you had made about, you know, the importance of recovering lost ground that was attained prior to the pandemic.

And I'm wondering if that the definition of recovering has changed at all? What that really means? And what are some of the ways in which you're trying to promote that?

MS. SUGRUE: I think that what we're trying to say with the recommendations is that -- or the directions is that things were not great and there were underlying systemic inequities and racism that

were confronting Latinos and were real challenges. And in some instances, even barriers pre-COVID. Those have been exacerbated in COVID.

We have to remember that even in spite of those structural inequities we saw Latinos pre-COVID driving rates of new homeownership, driving rates of starting new businesses, job creation and the rate of educational attainment that is looking at bachelor's or higher was actually -- when you look at the slope was actually pretty steep.

COVID is acting as a brake on that. And what we talk about is, yes, the recovery is beginning. Latinos, the community -- Latinos within the community are beginning to look at buying homes again, et cetera. But rather than just go back to where we started, we need to say what we've got to do is accelerate and address those structural inequities so that recovery is not 2019, but rather recovery is something like 2024. I don't know if that answers the question.

MS. BUSETTE: No. I think that's very, very helpful. And, you know, I guess what I'm going to do is kind of go around the room here and talk a little -- ask you each about, you know, the structural inequities that Latinos face and have faced prior to COVID, face now, et cetera.

What are some of the ways in which the U.S. needs to address those? And I'm going to give you each about 45 seconds.

MS. DEL RIOS: If I could jump in? So I'm an emergency medicine physician. So I am at the point of entry for the healthcare system for a lot of marginalized communities. And so, I always say that look at any emergency department and you will see all of the ways that medicine and society collide.

I think that for one thing the way that we've structured payment of healthcare needs to be rethought. Just completely overhauled. The fact that so many people are only able to receive healthcare through employer-based insurance is a problem.

But then on top of that the insurance -- the safety net that exists in the United States leaves out the undocumented. Leaves out a huge proportion of the population that is paying taxes, is driving the economy, is providing essential services to all of us. The least that we can do is provide them healthcare so that they can continue being healthy and doing all of these jobs that other people may not

want to do. So I think that that's one big thing just overhauling that.

The other piece is really investing in language concordance services. It is ridiculous that Spanish is the second most spoken language in the United States and there are still hospitals that don't have interpreter services. And there are still schools that don't have interpreter services for the parents of the kids that are attending that school. Why is that still the case? Why is it always translating documents, translating resources an afterthought? It should be always done in parallel.

And so, I think that that's another big piece. In the other thing that I've seen also in the pandemic is the fact that there's not enough worker protections for low-wage earners. I mean a lot of what drove the high rates of COVID was the fact that people weren't provided personal protective equipment.

They were in poorly ventilated spaces. They were in overcrowded conditions working. All of these warehouse workers, food industry workers that were being forced to continue to work while the rest of us might be able to work from home and they weren't even given adequate protections to stay healthy through the pandemic.

And then the other piece and I could go on. But the other piece is we really need to invest in sick pay and in sick time. This idea that as soon as your fever breaks you can go back to work. That's ridiculous. We are seeing that most of the people that are experiencing consequences long term from COVID is because they weren't allowed to recover initially. They weren't allowed to just pace themselves and go slower and maybe work less hours or maybe spend more time sitting. And so, those are all things that we really just need to invest on. And I'll stop there because I'm sure that Noreen and Gab have more to say.

MS. BUSETTE: Great. Thank you, Marina. Noreen?

MS. SUGRUE: I think that what we need to do is step far back. And I take a sort of more global approach. The narrative has to change. Latinos are an essential ingredient in the economic and educational and social structure of this country.

And when we realize that we are not doing someone a favor by saying, okay, we're going

to provide you services. And we understand that the integration of giving Latinos what is equitably due them in the same way we give it to other groups because people claim equity and need. That has got to become the narrative.

When that becomes the narrative and we begin to see resources allocated equitably, we will begin to see change. And I mean I can go on about the Forum's reports and the way we've been doing this, but I will also point to a new Brookings' report that just came out about the need for immigration. And that without the immigration and the loss in particular of Latino immigration in those ancillary occupations which are fundamental to the country's economic stability. We've got to understand there's an intradependency and we're doing this not for the right reasons, not because it's moral. We're doing it because the data tell us this is what we need to do.

MS. BUSETTE: Thank you, Noreen. And, Gab, why don't you bring us to a close in this discussion?

MR. SANCHEZ: Yeah. I'll try to be very brief because I agree with everything my colleagues have already laid out so well for us.

One is like the most obvious point is, right, these are system level challenges. So we need system level reform in order for us to see any real change, right? And so, I'll take two different systems. One is healthcare. The number one variable in any of my academic modeling and statistical models trying to figure out vaccine status or long COVID outcomes or whatever it is in term of outcome. One of the strongest predictors of not the strongest predictor is access to health insurance.

And so, if we're all talking about the fact that our system needs complete revision. If you've got a large segment of the population that unfortunately doesn't have that most basic access point of health insurance that's obviously a fundamental problem. And we know documentation status, et cetera, all of this exacerbates things. The big scary animal in the room is we all know that the federal funding that has expanded access to health insurance through Medicaid, that clip is coming up on us.

A lot of states like my home state of New Mexico that has such a huge segment of our population that that's their access point. We're very worried about what the future is going to look like

much less returning back to what it was before, which we all know was a problem. So that's one system.

The other is, right, we're talking about a survey of families so we're talking about children, our education system. We know the number of flaws were pointed out with the spotlight during the pandemic. And so, we think about the context of long COVID. A lot of these youngsters who are already behind because they lost a lot of schooling because they didn't have access to Wi-Fi, digital divide again posing a significant challenge.

Now, if they've got long COVID symptoms, missing school is a consequence of that. How are we at a system level going to address that? Only keeping those kiddos in school through the long haul? But not all the stigma associated with being the kid that unfortunately is missing class and falling behind? So we need system level solutions. Those are just two systems that I think we all would agree need major, major rehaults.

MS. BUSETTE: Great. Thank you all for that. I'm going to turn to questions from the audience now. And I'm going to start off with one that was submitted a little earlier which has to do with thinking about the loss in small business income.

And, you know, obviously we can't survey everything. So I'm not expecting this to be quantified but if we could just talk a little bit -- we talked a little bit about it relative to Latinas, but it was just a small part of the discussion.

If we could talk about the loss of small business income and why that is so important? And why is obviously is a consequence of COVID? I think that would be a great place to start.

MS. SUGRUE: In Chicago, the second largest tax generating commercial strip is in a Latino neighborhood. It's 26<sup>th</sup> Street. Second to what everyone refers to as the Magnificent Mile. You know, the places where like Neiman Marcus and Cartier are. A place where all of us, I'm sure shop.

Fifty percent of businesses on 26<sup>th</sup> Street in Chicago closed. The second largest tax generating commercial strip is Latino and 50 percent of the businesses closed. Imagine the job loss and imagine the tax loss to the county, the city, the state and the nation.

That's what we were talking about in 2020. Many businesses are starting to come back

but we also know that their profit margins are not what they once were. They're not making and generating the cash that they used to generate. So that's -- I mean that's just one sort of quantitative example because most people don't think of 26<sup>th</sup> Street in Chicago even those of us who live in Chicago. Many don't know how much tax generation came out of that strip. They assume it's all sort of on the North side, wrong.

MS. BUSETTE: That's helpful. I wanted to move onto another question we got a little earlier about the influence of immigration status on both the socioeconomic consequences of COVID and just generally around access to health services of all sorts, mental health, et cetera.

Gab, I know you've done some work in the past where you really distinguish between immigration status. I wonder if there's anything you can say about that?

MR. SANCHEZ: Yeah. Incredibly important question. I'll try to be as brief as possible. I think, you know, I've been studying this an awful long time.

And one of the realities that we saw in the context of the pandemic is documentation status unfortunately is a huge marker, right, for basic trust in the system and utilization of any benefits or resources that you're entitled to. And then we know by probably the biggest potential positive from the Biden administration was the reversal of the public charter which was huge and consequential. A lot of us celebrated that.

What a lot of people don't realize is most mixed status families and undocumented immigrants, not just Latinos, but all segments of racial and ethnic groups either, A, are not even aware that shift in policy happened to provide access points for resources that they desperately need. Of if they've heard that it happened, they don't believe it because of the big challenges associated with misinformation and disinformation that is unfortunately saturating more so than anybody else Spanish speaking Latinos.

And so, I think you put those two things in play and unfortunately the undocumented population as well as their documented family members -- wherever there's lifelines and supports available they are less likely to be able to utilize them because they're scared to death to do so because



they're worried it is going to lead to unfortunate consequences for they themselves, their family members in the context of deportation.

MS. BUSETTE: Thanks, Gab. Marina, I have a question for you that I think will probably close out our discussion here. And it has to do with long COVID in the following sense.

So long COVID is something that we, you know, don't have a precise diagnosis but it's a range of symptoms obviously. And it may not be well known that there is something such as long COVID in, you know, various Latino communities.

So I wanted to ask you, you know, how do we -- how would you advise families to get information about long COVID and to think about whether or not this is something that needs further assessment by somebody, you know, who can provide culturally appropriate medical care?

MS. DEL RIOS: Yeah. I mean this is incredibly difficult especially for Latinos that speak English as a second language. There's not a lot of providers out there that can make thorough assessments in Spanish and ask all the questions of all the symptoms that are related to long COVID.

And right now, we're up to close to 50 symptoms because long COVID affects really multiple organs. It can affect your lungs, your brain, your heart. So I think, you know, in the ideal world, we would all have access to a primary care physician. And whether Latinos and especially undocumented Latinos can have easy access depends on where they live.

But federally qualified health centers generally take care of all people. Whether they have insurance. Whether they have documentation or not. So those are always good places to start if you have not yet established care with someone. And be persistent about asking questions.

If you yourself or have a family member who had -- who has not been back to their normal self since they got COVID, or you suspect that they had COVID at some point and wasn't formally diagnosed but they're just not back to their normal self. Then I would say seek medical care and ask questions and be persistent.

There's been a lot of reports of people, especially people of color who have been, you know, labeled as being anxious or, you know, having psychosomatic symptoms meaning that there was

some psychiatric diagnosis that was tied to their symptoms. And then when you dig further what they're experiencing is real physiologic changes in their body. And so, it's important that just people be persistent and ask questions and seek medical care.

And then for the people that are in Illinois, I know we have an Illinois Amigos resources on our web. We can point people to resources. I'm sure that there's places in other states where people can turn to for resources.

MS. BUSETTE: Great. Thank you, Marina. We also have a question from John Garcia who is asking that does the recently released House Select Committee report on President Trump's administration's interference with CDC operations and action on COVID provide any additional insights into today's topic?

MR. SANCHEZ: Yeah. I'll start with that one. That's the man, the myth, the legend, Dr. John Garcia was my dissertation advisor so thank you, John, for that question.

I think, a number of different ways to approach that. One is if we know that unfortunately the past administration's efforts to essentially undercut the resources available to tackle all those problems, right? We all know that's a gapping challenge. But maybe even more importantly even most recently, I think in Alamos weekly track poll that just came out last week indicated that a large segment of Latino voters across the country not only are being exposed to but are buying into a lot of misinformation specifically about COVID.

And unfortunately, if they don't trust what's coming from the CDC directly because of the context of that undercutting from that last administration. How do you counter all that misinformation that we know unfortunately is directly and negatively impacting vaccine status and a whole lot of other outcomes that could fortunately save a lot of lives?

So I think that's an incredibly important point and it speaks to, unfortunately, the reality of just lack of trust not only from Latinos but a lot of vulnerable communities across the country and the information that can lead them to beneficial behavior change.

MS. BUSETTE: Right. Thank you so much. Well, unfortunately, it seems like we've just

gotten started, but we are going to move to our second panel. I do want to thank Noreen, Marina and Gab for an excellent, excellent discussion.

And of course, all of these incredible professionals. Their information is available on our website page for this event so do feel free to reach out to them. And thank you to the audience for your questions for this panel. I'm going to move onto the second panel at this point.

Great. Everybody is here. So thank you so much for joining us. As I mentioned in the introduction, our second panel is really going to dive into what kinds of experiences the clients or the people that they focus on are experiencing now in this sort of third year of COVID.

And we also are going to talk a little bit about policy directions that will hopefully, you know, get us back on track and have our Latino neighbors thriving economically and from a health perspective.

So it's my pleasure to introduce the second panel. And the second panel is Mariana Osoria who's the senior vice president of Partnerships and Engagement for Family Focus. Sylvia Puente, president and CEO of Latino Policy Forum. And Adrián Pedroza who is the executive director for Abriendo Puertas and is also an Aspen Institute Ascend Fellow. So welcome to all of you.

I wanted to start by maybe with Mariana. And maybe we can discuss a little bit about what, you know, people are coming to you. What is it you're actually seeing relative to the discussion at least that we had earlier?

MS. OSORIA: Thank you, Camille. Thank you all for being here. I really appreciate the discussion and opportunity to share what Family Focus has seen on the ground, in the field since March 2020 and still continuing today.

So I think the previous panel did an excellent job in identifying some of the key impacts that communities face in a very broad way. What I'll talk about -- a little bit about what that impact is at the local level. And, you know, we have had Family Focus serves about 11 service centers serving 11 community areas in the city of Chicago and in the surrounding suburbs. So we have a wide array of community areas that we're serving.

We absolutely served about eight of the top 10 zip codes in the state of Illinois that have the highest percentages of COVID. So our community areas were very impacted in the certain terms of COVID and the families that we were seeing. So some of the things that we saw that will not be surprising to you all is we had to do a lot of pivoting around our program staff.

We were immediately considered essential. We had to support our staff in getting them the tools and the resources that they needed to be able to continue to respond to immediate needs the families were asking about because there was so little information early on in particular in the Spanish language. So many -- we got many questions from family members, from participants, from our very own staff, in fact, in how do we respond?

And so, we were able to quickly pivot. Learn the tools, access, you know, virtual systems to be able to support families. And we were working with them day-to-day around questions like where can we get tested? How do we get tested? What is the cost? What is the fear of getting tested? We heard first-hand the stories of those individuals that were incredibly scared, frankly, in being able to share information. Going to these mass test sites that people had to, you know, that were stood up, you know, as a response. But was actually not really thoughtfully rolled out for the Latino community. And as, you know, Dr. Marina mentioned concordant language.

So, you know, we were able to see these things firsthand and be able to provide supports to those families. We saw as was stated, a lot of impact for our Latina women, our moms. We served quite a few moms. And so, many of them did have to leave the workforce. Did have to care for their children at home, help manage education, become teachers, become doctors. All of those things that, you know, they may in the past may have had some access to resources and supports too. And so, those are some of the things that we saw.

And then on the education level with Illinois Amigos, the work that we did. We were able to, you know, we did some surveys, and the results were very similar. Mental health being one of the major things that our families were responding to and requesting as well as concerns about academic levels for their students. Now that we are transitioning back to normalcy those are some of the greatest

challenges.

But again, we saw heartbreak in our communities to be frank. We have families who lost their key, you know, provider as we were working with them. We saw over 100 percent increase in participant requests and needs. So needs for services and actual participants coming to us. So it was incredibly challenging and continues to be because these families continue to struggle in terms of housing. In terms of access to food. And then most definitely the workforce.

So there are a number of challenges that we've seen on the ground and continue to see as a result. And very much in line with some of what was discussed in the first panel.

MS. BUSETTE: Thank you, Mariana. So, Sylvia, I wanted to move to you and maybe you can tell us a little bit about some of the things that you are hearing about. Some of the needs, et cetera.

MS. PUENTE: So yes. So the Latino Policy Forum is a policy organization that works on statewide policy. And what we discovered is one of the very few organizations that has a Latino focused policy organization in the states. There just aren't many models like us across the nation.

And what we've heard today clearly is that COVID is not yet over for the Latino community. But I really want to emphasize and speak to, you know, we're having a logical, rational conversation around the devastation that is impacting our community, right? And I hope that I don't cry, right?

So it's really, really feeling the pain of that, right? And that our community really is paying the price for being essential workers. And frankly, as we've heard too many have paid with their life.

Even in the midst of that, the Latino community members continue to get up every day and go to work and to kind of feed their children and provide for their families. So there is tremendous resiliency and fortitude. But what we've been talking about, the prior panel and this panel, is how do we really address some of the structural changes that are really necessary to improve quality of life given this crisis moment that I think that we're in?

There are other reports, a Latino GDP report that speaks to Latinos being the drivers of

economic growth in the nation among our communities. And I just want to emphasize then that really what we're talking about today and how we move forward as policymakers, philanthropists, advocates, activists, right? Is that we have to really address both the moral paradigm of what we're hearing as well as the economic imperative of what we're hearing.

And the Latino Policy Forum working with many others. And as you heard, we have -- many of us are connected to Illinois Amigos, which is a coalition that we've helped to collate to come up with a direct response to the COVID crisis namely we created educational materials for Illinois Amigos. We've undertaken vaccine drives. We've met on a regular basis with our mayor's office and our governor's office to figure out how do we address the COVID crisis here in Illinois?

I think that one of the things that we have successfully done is that the story of COVID really to the public and to larger society and its impact on the Latino community really was muted. And we've really helped to turn up the volume to elevate the narrative of COVID and what it means and what we need to do to address it.

We've done that certainly by regular reporting on the incidents of COVID in the Latino community. And saying that for the first two years, hey, yes, this is disproportionately impacting everybody, but COVID is 40 percent higher in the Latino community than it is for other communities. We've written extensively on it. And of course, in the report that we're introducing today the launch and impact of COVID. And this webinar is another way of elevating the narrative because if we're going to have policy change, you can't have policy change until people are educated.

And then once they're educated, we've got to create the public welfare change. And that's what we're driving at with this.

So let me just give you two examples of policies revisions that we have successfully worked on. And, you know, we are in Illinois. We are in a predominantly blue state. And we are in a state that is fairly responsive to all of the communities that are in need.

So for three years now and working Latino Policy Forum and working with many others because we never do this work alone. Our legislature has allocated \$500 million in housing and

mortgage assistance for people who have been proportionally impacted by COVID. And then what's really wonderful about that, again, working with our legislators and working with many others is people are eligible for that regardless of their immigration status.

So we knew that would really go to help those that were really, really in need. Five hundred dollars sounds like a lot of money, and it is. Five hundred million dollars sounds like a lot of money. And it is but it wasn't nearly enough for the demand of the hardship and financial hardship that many, many, many experienced. And we were to bring community providers to the table to help design that program.

There were organizations that were both funded and volunteered to do the outreach. But even with all of that the Latino response wasn't what we wanted it to be. People were afraid to give their information to government. People thought this is too good to be true. And even in our quest for equity, which is, you know, we want what the Latino community -- all we want is an equitable response. The enrollment of Latinos in that program was significantly less than what we would have liked. Nonetheless, having those resources, knowing that it was available to the entire community was significant.

And another policy and one that we're very happy with. And again, working with many advocates and other organizations, as for two years our legislature allocated \$30 million for cash assistance to those who are really experiencing economic hardship. And that cash assistance was primarily directed to immigrants. And to immigrants who didn't receive some of the windfall that the financial government initiated at the beginning of the COVID crisis. Because none of those dollars went to anybody with a household that had an ITIN number.

So we're very fortunate that we live in a relatively generous state that we've been able to allocate this amount of resources and investment into our communities. But having said that we still had to make the case. We still had to be vigilant and watchdogs. We still had to talk to our legislators. We still had to bring our community members to the table to make sure that we could have this kind of investment in the Latino community.

And I've got a couple of other examples that I'll save those for later, the next round.

MS. BUSETTE: Okay. Thanks, Sylvia. Adrián, so tell us a little bit about what you, your organization, service provider organizations what they are seeing on the ground relative to this question of long COVID.

MR. PEDROZA: Great. First off, thank you for this discussion. Thanks to the Brookings Institute and the Latino Policy Forum, Family Focus partners in this work and Unidos U.S. who really is a partner with us in this national Latino family survey that was conducted. I'm very happy to be sharing some early findings here first with you all on this webinar.

You know, Abriendo Puertas/Opening Doors, we work with approximately 300 early childhood partners across 41 states to engage and invest in Latino families with children from zero to five and including expecting families. Many of our partners are early childhood providers. They're Head Start providers, community health workers, community-based organizations and other family serving organizations. For us, really this work is about ensuring that we keep our eyes on the impact of long COVID and the impact of this pandemic on our youngest in our households because as we all understand, 90 percent of brain development occurs in these earliest of years and impacts the lifelong learning of children until adulthood.

We understand the consequences of stress and especially toxic stress on child development. And so, this conversation is particularly important to us as we really think about how we're setting up our youngest children for their lifelong learning.

You know, just want to just go back in some of the things that we want to just reinforce with the stories that we've been hearing from our partners and from the families that they serve in their local communities. You know, Dr. Gab Sanchez mentioned that 59 percent of Latino families report that they are concerned with not being able to afford childcare or educational programs.

We know that this continues to hold true as we look at some of the cross tabs with families that have our youngest children, zero to three, in their household. That number is about 60 percent. You know, the stories that we hear from many of our Spanish speaking families in our communities are that they also, right, are seeing the struggling and maybe feeling more of this impact



when we look at the cross tabs of our national survey. We're seeing that actually 10 percent of our Spanish respondents are reporting -- or that 69 percent of our Spanish respondents are reporting that their concern was not being able to afford child or educational programs. This is 10 percent higher than the 59 percent number.

We also hear deeply from families about their concern of their children being able to manage stress and anxiety in their households and even them as parents and caregivers managing the stress and anxiety. We know, of course, as was previously described how long COVID, right, impacts the stress and anxiety of households.

We heard from families through this national survey and through the continuous stories that we hear that families are seeing that -- one in three families are saying that they would like emotional support counseling or therapy. So this is telling us and what we're hearing from families that they are aware of this stress and anxiety in their household and they're asking for these specific services. You know, even with the stigma that was mentioned. They're very much aware of anxiety and stress in their household and they're asking for that, that support.

This number was actually higher for expecting mothers at 42 percent saying that they would like emotional support counseling or therapy for their children. And these are expecting mothers is that maybe are thinking about other children as they are born. Or even additional children that they might have in their household.

When asked what additional support is needed by families, one in three said -- and this is very interesting. It goes back to some of the financial stress and maybe the stress that families are feeling as far as losing job or job insecurity in the workforce. One in three said that career counseling and coaching is important to them. That they would like this additional support.

The same number one in three said that they would like financial counseling or coaching. Again, these are families with children under five years old and younger and expecting families. This is very much aligned with who we continuously hear from our partners and from the families that they serve that financial security is of high concern to them.

We all hear of the, of course, of the higher prices that families are seeing. And so, they're thinking about their own development, about their own financial security as they are looking to ensure their child's wellbeing.

So, you know, for us as we continue to work with our partners in different states that are serving families with their youngest children, you know, it's the long COVID impact, the health impacts and of course the economic security and their concern to ensure that their household has all the resources to ensure their child's success and wellbeing. And do you want us to talk now about the policy solutions?

MS. BUSETTE: We will move to that. But thank you, Adrián, for that very really interesting data. I do want to remind the audience that they can submit question via Twitter at [@BrookingsGov](https://twitter.com/BrookingsGov) with the hashtag #LatinoLongCOVID or by email, [events@brookings.edu](mailto:events@brookings.edu).

So now, we have a few more minutes and I do want to start, Mariana, with you about what are some potential policy solutions? And unfortunately, we're not going to be able to get into a lot of depth. But would just love to hear your take on that.

MS. OSORIA: Yeah. I'll try to be really brief and to share that lots of the information that we gleaned from the work at Family Focus and the work of Illinois Amigos mirrors some of what Adrián been talking about.

And so, some of the policy solutions that have been implemented and need to be expanded we think include a deeper investment in the early childhood workforce, right? Ensuring things like parity with other streams of education. Ensuring that we are growing our own spokes.

You know, we know that Latina women have been part of that workforce and it's difficult to go back when you can't even afford to pay for childcare to go back to your childcare job. So that's one of the pieces.

The other thought is to think about very hyper local approaches. What we've seen in the last two and a half years where there's been the most success with connecting families to resources, vaccination is when there has been on the ground folks, promotores de salud, parent mentors, parent

leaders to help navigators that are out talking door to door in community and in schools about these issues.

Obviously, an expansion on healthcare in the state of Illinois, we've expanded access to healthcare for those 42 and older, but we know that we've been seeing folks who have been impacted and unfortunately some that have even died for lack of going to the doctor and the hospital in that younger age group as well.

And then I think again connected to the local -- the hyper local approach is that community health and school-based mental health approach. In the survey that Illinois Unidos did, the number one concern parents had about their children was access to mental health supports. And so, you know, again that mirrors what others have talked about, but we really need to think about because of the dearth of individuals that are bilingual, bicultural. We need to think about other approaches that can be funded like community mental health and connecting to our school districts to ensure that we are doing it.

And finally, I think work safety measures. We all talked about essential workers and ensuring that our essential workers in the workplace have real policy that is directed towards their safety at all levels. Not in the nonprofit sector only but in every level, manufacturing, the restaurant business, et cetera. So those are some of the thoughts that I have around policy.

MS. BUSETTE: Thank you, Mariana. Yeah, I appreciate that. I'm going to go a little bit out of order here and, Adrián, if you can kind of give us some policy solutions as well that would be great.

MR. PEDROZA: Yeah. Just a second, you know, the wonderful comments from Mariana. You know, we did ask in our national family survey some policy questions. And I'm happy to say that overwhelming majority, 86 percent of families nationally said that they support increase funding for mental health services, and this is key that our culturally and linguistically response of services.

So families are aware that they're wanting funding and they're saying specifically they want culturally and linguistically responsive services. Even with the stigma as I said earlier. Families are saying out front this is what we need. This is what we want. These are the solutions that we're offering. When we look at Spanish respondents, it's actually 10 percent higher. So 96 percent of the Spanish

respondents say it. So almost 100 percent. It's incredible say that they want this increase funding for culturally and linguistically relevant responsive services for infant mental health.

So again, just, you know, the real I think key here is that it is these local community agencies and organizations that are key to meeting these needs. They are approximate to community, approximate to understanding the needs of community. And, you know, I would say that as we build up these systems that we have to make sure that there's cost reimbursement and rate structures that are built into them so that our local agencies and organizations are adequately able to build and invoice to provide these culturally and linguistically relevant services.

So that's key as we've seen this happen throughout the state, throughout different states, right? We're seeing that really, we're having to make sure that not only with infant and mental health services but also childcare services that we have the right rate reimbursement and cost reimbursement structures that allows the families to receive the types of services they're asking for.

MS. BUSETTE: Excellent. Thank you, Adrián. Sylvia, is there anything else you wanted to add to your excellent list of policy solutions earlier?

MS. PUENTE: Thank you. Well clearly, we need to think about how we offer more opportunities for workforce advancement. And how we help those that are in the low-wage labor market. You know, basic things like paid time off and sick time and vacation time would have helped a long way from who experienced COVID. They were afraid to take time off because they were afraid that they would lose their job.

So really anything around the labor market and particularly as we've heard through all the women in the labor market and the extreme challenges, they have had in some of the findings that we've heard earlier.

We obviously need to continue to provide basic economic assistance and cash assistance. But we also really need to think about how we define homelessness. And really understand that the federal definition of homelessness does not work for the Latino families and for many other families I would say as well. Our families are less likely to be on the street, but it is the hidden

homelessness of families being doubled up and tripled up and multiple families living in a stable household.

So how do we define homelessness so that there can be resource investment to address the crisis that we've seen that has forced families to double up and triple up because of COVID?

We've heard of the dire need for mental health services. And I won't reiterate that other than to say that we're fortunate and that we have already attained a policy forum in Illinois, Unidos have already begun to meet with our state officials to say what is our plan to improve mental health services going into our communities? Going into our schools? And how do we create this pipeline of professionals and paraprofessionals so that more people can receive services?

And there I think there really is support to know that there really has been a seat change for everyone because as you said earlier, all of our mental health -- finding a person in mental health has not been affected by COVID, right? But I heard a legislator say to me the other day, Sylvia (speaking Spanish), I need help with my children, right?

So I think we are shifting our awareness of understanding our critical importance but the necessity of improved and supportive mental health services in our community.

And then lastly, we've heard about the need for early education. But I also want to say that one of the other findings in our report was the number of young people who left community college because they left community college, I think it was 17 percent of the Latino community colleges students stopped going to community college because they had to help their families who were in an economic crisis. They got jobs. They had to help take care of siblings. They had to figure out the technology for their younger siblings so that they could be online and in school.

So looking at how do we have solutions that begin to address all of these issues are important. But the education like we heard about children in the very young end, and early education and the number -- a colleague organization, Advance Illinois did a report that said 20 percent of our children in early education disappeared. And so, we had children on the very young end who didn't get better education. And then we have our youth on the backend who are trying to get to college who disenrolled.

We have got -- with everything that we're talking about, but when we look at just the backseat now that is happening with education. The education and vocations alone are going to impact a generation of Latino families and communities for at least the next generation. So those are some of the things that I think that we also need to be thinking about to really figure out what are the structural changes and resources investment so that we can help families get through this crisis that is never ending.

MS. BUSETTE: Thank you all for your very thoughtful comments, your policy recommendations. I'm certainly hoping we'll get to a place where, you know, we do have an intentional focus on a lot of these areas. But I have really learned a lot. I'm sure our audience has learned a lot.

I want to thank you, Mariana, Sylvia, Adrián for joining us. And again, to our audience for joining us. Thank you so much.

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