The Immigrant Population Amid COVID-19 Pandemic Crisis: A Compiled Project for NURS 518

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The Immigrant Population Amid COVID-19 Pandemic Crisis: A Compiled Project for NURS 518

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Abstract

Immigrants has been part of the United States (US) historical society ever since this country has long been discovered. They say that this nation is built by immigrants. Some people would strongly disagree; but to be fair that is a reality. The American economy has long thrive and sustained, and has been strengthened by the contributions made by immigrants. Immigrants come from a variety of cultural and ethnic backgrounds; each with their own stories to tell and traditions to share.

The COVID-19 pandemic has made an impact on the socioeconomic and health care inequities of vulnerable and undeserved communities in the US, one of which is the immigrant population. Approximately 44% had been naturalized US citizens, 26% were documented and 30% came in as undocumented immigrants. There is an expected estimated increase in the immigration population from 12.5% in 2010 to 20% by 2050 if the trend continues (Bustamante, Van de Wees, 2012). At present, there are 10.5M undocumented immigrants in the US and 44.4M individuals with legal document status were born outside the US (Radford, 2019). Ten years ago, in 2010, the American Community Survey and US Census review says that there was an increase in the immigration population by 24% between 2000-2010. These immigrants are comprised of foreign-born individuals coming from Latin America including Mexico and the Caribbean (53%), Asia (28%), Europe (12.5%), Africa (4%), North America (2%) and Oceania (0.5%). The recent statistics done by the Migration Policy Institute in 2018 showed that the largest group of immigrants were the Mexicans, that counts as 25% of all immigrants in the US. This is followed by Indians with 6%, Chines 5%, Filipinos 5%, Salvadorans 3%, Vietnamese 3%, Cubans 3%, Dominicans 3%, Koreans 2% and Guatemalans who has 2% of the immigrant population.
The immigrant population has been a diverse and versatile yet vulnerable group when it comes to having disparities with maintaining a sense of healthy well-being as a part of a sub-population, as well as acquiring health care services as compared to the native-born individuals within a given host region. These inequities to the immigrant communities are more emphasized because of the COVID-19 pandemic that has affected every community and millions of people globally. The following health issues are discussed and its effects and influences to the vulnerable immigrant population specially during this pandemic. A multilevel view of the society-behavioral-biological interface, as well as a developmental ecology framework, will be included to present the environmental and personal determinants of health concerning the immigrant population (Stokols, 2018).

Systems thrive for balance and congruence with their surroundings (Stokols, 2018). The society’s and nature’s dynamic interconnection show their adaptive capability by initially making conservatory process followed by a destabilization in order to create a new and re-organized system. Entropy is a core feature of all organized forms to move toward dissolution but with the capacity to keep its negative entropic feature, keeping its structure and purpose functional as time moves forward. This is where resilience comes in; in order for any given system to sustain, continue and survive at any given condition and at any given time. Since the COVID-19 hit the US, the social determinants of health had been impacted by the pandemic directly. It does not matter what race or ethnicity the person comes from, living in poverty or not, especially those people whose immigration status, is legal or not. Access to health care has been an issue to the immigrant community even before the dawn of the pandemic. Advocate groups pointed out that many undocumented people without Social Security numbers are not eligible for the critical economic aid by the Families first Coronavirus Response Act. Knowing the fact that immigrant workers will not receive a critical relief from the federal government will make them continue to go to work even if they are sick or have a member of the family who are, thus making themselves and the people around them at risk of exposure, else contracting the virus itself.

There is still inadequate information to access when it comes to the immigrant population health disparities due to COVID-19. Continued public health collection is still needed in order to identify and delineate health inequalities and the impact of immigration status on COVID-19 outcomes. Eventually, addressed issues can be used to make future policies and interventions to address potential serious health issues of the immigrant population.

**Immigrant census, data and rates during COVID-19 pandemic**

As of August 2020, The CDC had rate ratios of COVID-19 cases, hospitalization and death in the US according to race and ethnicity. as I mentioned from the above paper, little is unknown about the impact of immigration status on COVID-19 outcomes due to insufficient public health data records at this point in time. These risk markers on top of socioeconomic status, access to health care and increase exposure to the virus due to occupation (essential or frontline workers) are factors
community spread and individual risk of COVID-19, eventually affecting and overwhelming the health care system as to date.

<table>
<thead>
<tr>
<th>Rate ratios</th>
<th>American Indian/Alaskan native/NHWA</th>
<th>Asian</th>
<th>Black/African American</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>2.8x higher</td>
<td>1.1x higher</td>
<td>2.6x higher</td>
<td>2.8x higher</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>5.3x higher</td>
<td>1.3x higher</td>
<td>4.7x higher</td>
<td>4.6x higher</td>
</tr>
<tr>
<td>Deaths</td>
<td>1.4x higher</td>
<td>No increase</td>
<td>2.1x higher</td>
<td>1.1x higher</td>
</tr>
</tbody>
</table>

At present, COVID-19 has greatly affected the immigrant population due to a number of factors, such as cultural and language barriers, high population-density home and work environments, multigenerational family living arrangements, limited access to health care and health insurance, long-term detainment in detention centers and majority of the jobs the immigrant, legal or not, population takes are considered as “essential” during this pandemic; thus there is always a high risk of getting exposed to the virus (IDSA, 2020). It has been noted that there is an increased risk of contracting this novel coronavirus if an individual has underlying health conditions such as diabetes, hypertension and obesity. Certain groups such as Latinos and South Asians have a high prevalence for diabetes and hypertension alone (Greenaway et al., 2020). A New York City Health and Nutrition Examination Survey found out that Latinx (33%) and South Asians (43%) has higher hypertension prevalence rates as compared to Non-Hispanic White Americans (27.5%). Diabetes rates, on the other hand, has a prevalence of 11.8% for the Latinx and Asians with 8.4% versus the NHWA who only has 7.1% on the prevalence scale. Centers for Disease Control and Prevention (CDC) says that Latinx people here in the US are four times more likely to get hospitalized due to COVID-19 as compared to non-Latinx people due to this reality at hand. As of April 2020, COVID-19 case data from the CDC showed Latinx who makes up 18% of the US population (US Census Bureau, 2018) accounted for 17% of COVID-19 cases here in the US.

Social determinants as mentioned above affects the health and well-being of this population during this pandemic. For culture and economic reasons, this population may live in crowded multi-generational households or low-income and public housing that makes it difficult to adhere into social distancing or quarantine protocols. This set-up makes things impossible to isolate from family members who are either elderly, immunocompromised or even those who have underlying co-morbidities. Moreover, approximately 7.1M undocumented immigrants does not have any health insurance coverage (IDSA, 2020), eventually compromising their own health by not seeing a health care provider or not getting treatment at the earliest possible making their symptoms life-threatening because of the fear of high health care costs. Despite 75% of documented immigrants were eligible for Affordable Care Act coverage (IDSA, 2020), many were still uninsured due to poverty, language issues, cultural differences between patient and provider, racial discrimination and difficulties navigating the health care system (Greenaway et al., 2020). The “public charge rule” was implemented by the Department of Homeland Security (DHS) in 2019,
this policy aggravated the fears of undocumented immigrants about accessing health care, testing and treatment and economic assistance. An immigrants’ application for citizenship can be affected if one takes advantage of the benefits provided by the government, such as Medicaid, food stamps and subsidized housing (Cooney, 2020).

Due to economic pressures, migrant workers in essential services, such as hotels, restaurants, groceries and other service-sector positions, opt to continuously work in hazardous and precarious settings despite the high risk of exposure and possible contraction of COVID-19. Factors affecting these occupational conditions are inability to work from home, having to commute to work and use public transportation, and not having sick paid days or limited benefits due to low income-generating jobs. These socioeconomic disparities can be drawn from the fact that most immigrants may or may not have high-quality education that can limit their future job options and lead to low paying or less stable jobs (CDC, 2020). Though some of them who attain higher education may still end up with unsatisfactory job options simply due to possible racial injustices. In the COVID-19 article by Greenway and company, on exposing and addressing health disparities among ethnic and migrants, some countries’ migrant frontline health workers have been particularly affected by COVID-19 pandemic due to inadequate access or inappropriate use of protective personal equipment or even over representation in low paying paramedical positions that may have led to increased exposure.

Getting in depth with the Social Determinants of Health of Immigrants

Most social determinants of health are in a way interconnected to one another. As you read through this paper, the social determinants of health discussed its influence to the immigrant population and how COVID-19 has impacted this vulnerable group under each function.

1. **Physiology.** Studies on population genetics had shown that biological differences can have a direct impact to health disparities. Linking to natural selection, human genetics showed some grouping across and between a given topography (Chiao & Blizinsky, 2013). Natural selection happens when a more beneficial gene/s is able to adapt on a given geographic region given the environmental disadvantages it faces. Natural selection can be associated with specific functional changes that can modify the chances of getting certain illnesses or health disorders. High incidence rate of COVID-19 can be associated not only due to socioeconomic health determinants but may also be linked to potential genetic susceptibility (Greenaway et al., 2020). In behavioral genetics, which is the study of behavioral traits associated with specific genes, health disparities exist between different race or ethnicity in a given geographic area as specific genes continuously interact with the environment (Chiao & Blizinsky, 2013). Certain ethnic groups such as Black Africans, Latinos and south Asians have higher rates of diabetes, hypertension and cardiovascular diseases making them susceptible to contract COVID-19 (Greenaway et al., 2020). The role of interacting with specific factors, either a stressor or a stimulus, in the environment can either lead to risk or lead to resilience to COVID-19. Likewise, epigenetics influences gene expression.
Changes in gene expression happens as people get integrated to the social predictors in the community. These alterations can also lead to social health outcomes in response to the environmental demands of the social experience (Chiao & Blizinsky, 2013).

2. Behavioral Health. People have their own health behaviors or practices, either they acquire it from where they come from or eventually nurtured it as a form of adaptive practices on where they are at present. Predictors of health behaviors can be derived from a multitude of factors that affects an individual or a group of people. These influences can be due to personality, coping-style, self-efficacy and self-expectancies related to motivation and health outcomes (Hilliard, Riekert, Ockene & Pbert, 2018). Immigrants can have their own specific health practices that is often culture-based; an example for this would be smoking. Hence, susceptibility to COVID-19 gets high to people with existing behavioral health issues such as smoking that can eventually lead to respiratory complications. Statistics shows that Hispanics (10.1%), with the exception of Asia Americans, have a lower rate of smoking than most other racial or ethnic groups in the US, given the Whites (16.6%), Blacks (16.7%), and Natives (21.9%) (Jamal et al, 2016, as cited in Hilliard, Riekert, Ockene & Pbert, 2018). Reason being, the lack of family approval comes into play when high risk health behaviors are practiced by a family member. Most immigrant communities have close family ties that serve as support, either materially or emotionally. The adherence to moral and traditional guidance is very common to specific ethnic groups eventually affecting the immigrants’ health behaviors.

3. Racism or bias. Social distinction and prejudice often happen to immigrants as they settle on a new haven mostly to seek a better life. Mental stress is experienced by these vulnerable population as they continue to transition and adjust into a new environment. Culture may overlap with race and ethnicity and it is important to note that there are a lot of sub-group variations when it comes to ancestry, biology, socioeconomic status, cultural and belief systems and behaviors within each racial or ethnic group. Structural and contextual factors together with inequities, discrimination and racism are variables not usually getting documented or undergone research when it comes determining health disparities among immigrants (Adhikari & Sanou, 2012). An individual’s immigrant status can have a great effect when it comes to accessing services and opportunities that affect health. Health care providers may be able to understand and delineate the existing and possible services and difficulties that an immigrant client can avail or confront respectively, given his or her legal status. Given this detail, some undocumented parents do not avail health care services that their legally documented children are entitled to (King et al, 2016). During this time of pandemic, the CARES Act issued by the US government is supposed to provide insurance aid to out-of-work individuals due to reasons related to COVID-19. Unfortunately, this act excludes anyone who lives with other people who uses an individual TIN to file for taxes, by which includes the undocumented immigrants and the estimated 5.9M of their children who are US Citizens who are supposed to receive assistance (IDSA, 2020).
4. **Built environment.** Immigrants form at least 50% of the labor force here in the US in the last decades. Work immigrants accept and perform a variety and diverse jobs. Some immigrant workers are in the professional or managerial occupations, though others work on the service careers, and the rest can either be seen on the transportation, production, natural resources, constructions and maintenance occupations. Given the great diversity of immigrants, generalizing the population statistics to a single individual is impossible. Immigrants, both the wealthy and educated and the less fortunate and inexperienced are attracted to new opportunities in a different milieu. They would eventually and likely be hired and have a job, and at the same time live on a multigenerational household (King et al, 2016). With this notion, immigrants face a multitude of health hazards from their household and even along their line of work. Immigrants who work on the agricultural (73%) and food manufacturing (29%) labor force are particularly at risk to COVID-19 given the substandard living and working conditions. Farmworkers are housed by their employers in congregate housing or barracks-style facilities making higher chances of outbreaks happening due to overcrowding and the inability to adhere to physical distancing guidelines (IDSA, 2020). Incidences of outbreaks also happen at immigration detention centers. In May 2020, the Immigration and Customs enforcement (ICE) agency, under the Department of Homeland Security (DHS), reported 943 confirmed cases of COVID-19 in detainees and 44 employees at the detention centers (Okonkwo et al., 2020). By August 2020, there has been 4000 confirmed COVID-19 cases across 52 ICE known facilities. These places usually operate on isolated areas with limited hospitals. Lockdown rules are also implemented to restrict movement of people around. Detention facilities usually operate on above capacity levels and have congested environments where people are in close contact, share bathroom privileges and have limited access to hygiene and sanitizing products (IDSA, 2020).

5. **Cultural and economic environment.** Cultural change happens when there is an adjustment in beliefs and behaviors as a result of the different experiences an individual or a certain population go through as they thrive and adapt into their new lives. As mentioned earlier, immigrants have culturally-based beliefs and habits. These can affect the trust and adherence to the health provider recommendations that is existent to the host region. In turn, this disparity can affect the health care delivery system in the specific area where immigrants commute. Given this fact, immigrants from different cultures have different attitudes, beliefs and/or interpretations of bodily symptoms, what makes of the disease process and what interventions, remedies and treatments are and can be acceptable (Betancourt, 2006; Surbone, 2006, as cited in Hilliard, Riekert, Ockene & Pbert, 2018). Both health care providers and patients from the immigrant population may have a different perspective when it comes on how they understand and explain what health, symptoms and disease means due to language and cultural barriers. For culture and economic reasons, immigrants may live in crowded multi-generational households or low-income and public housing that makes it difficult to adhere into social distancing or quarantine protocols during this COVID-19 pandemic. This set-up makes things impossible to isolate from family members who are either elderly, immunocompromised or even those who have underlying co-morbidities. Moreover, approximately 7.1M undocumented immigrants does
not have any health insurance coverage, eventually compromising their own health by not seeing a health care provider or not getting treatment at the earliest possible making their symptoms life-threatening because of the fear of high health care costs (IDSA, 2020). Prior to health care reform, 34% of immigrants do not have a health insurance as compared to native-born US residents (12%) who are uninsured (King et al, 2016). As a response for the COVID-19 pandemic, 75% of documented immigrants were eligible for Affordable Care Act coverage (IDSA, 2020), but many were still uninsured due to poverty, language issues, cultural differences between patient and provider, racial discrimination and difficulties navigating the health care system (Greenaway et al., 2020). Furthermore, when the “public charge rule” was implemented by the Department of Homeland Security (DHS) in 2019, this policy aggravated the fears of undocumented immigrants about accessing health care, testing and treatment and economic assistance. An immigrants’ application for citizenship can be affected if one takes advantage of the benefits provided by the government, such as Medicaid, food stamps and subsidized housing (Cooney, 2020).

6. **Socioeconomic environment.** Immigrants, given the risk factor of having to be exposed to more than one racial or ethnic group, becomes vulnerable to health disparities due to the existence of acculturative stress or the effect of integrating identities to more than one culture or ethnic context. People with lower socioeconomic status are less likely to have access to quality health care and may experience greater risk to physical health due to poor labor and even living conditions. Differences in socioeconomic levels in the immigrant population happens because of the diversity of people within the sub-groups (Chiao & Blizinsky, 2013). The US attracts both educated and wealthy immigrants as well as those who had few education and opportunities from their own countries to move and settle in. Immigrants are more likely be employed, live in poverty and lack a high-school diploma as compared to native-born Americans. On the flip side, immigrants are more likely to hold a degree and could have gained a high education status than a native-born citizen (King, et.al. 2016). Due to economic pressures, migrant workers in essential services, such as hotels, restaurants, groceries and other service-sector positions, opt to continuously work in hazardous and precarious settings despite the high risk of exposure and possible contraction of COVID-19. Factors affecting these occupational conditions are inability to work from home, having to commute to work and use public transportation, and not having sick paid days or limited benefits due to low income-generating jobs. These socioeconomic disparities can be drawn from the fact that most immigrants may or may not have high-quality education that can limit their future job options and lead to low paying or less stable jobs (CDC, 2020). Though some of them who attain higher education may still end up with unsatisfactory job options simply due to possible racial injustices. In the COVID-19 article by Greenway and company, on exposing and addressing health disparities among ethnic and migrants, some countries’ migrant frontline health workers have been particularly affected by COVID-19 pandemic due to inadequate access or inappropriate use of protective personal equipment or even over representation in low paying paramedical positions that may have led to increased exposure.
7. **Natural Environment.** The risks of diseases and exposures predominant from where an immigrant individual comes from is a health issue faced by immigrants. As they travel back and forth between their host country and their native region, the risk of contracting infectious diseases such as COVID-19 has an impact on their health and well-being, as well as the people they are interacting with every day. Environmental exposure to pollutants, not just prevalent diseases and vector-borne illnesses, are also considered as health risks for this vulnerable population (King et al, 2016). An individual’s body can adapt to an accustomed weather, altitude, climate and humidity conditions in certain geographical area. Sudden changes and exposure to these variables can pose a great toll to a person’s physiological state. There are times that the body can adjust, sustain and thrive to the new condition but at times the body can also deteriorate if it cannot adjust to the environmental changes around it. Under this function, a specific example related to having a higher rate of getting respiratory diseases are the immigrant farmworkers who are predominantly exposed to respiratory irritants and pesticides that is nature to their work environment, thus, getting a higher risk for COVID-19 (IDSA, 2020).

8. **Virtual environment.** With the use of virtual and/or augmented reality, immigrants are able to interact and get familiar to the new host country even without them being physically present in that particular region. Advancement in technology allows people to travel and experience new places virtually, learn to speak and hear how the language is spoken in to the new host country as compared on how it is spoken and learn from one’s country of origin (Hadjistassou, Avgousti & Louca, 2019). Regrettably, difficulty of accessing and navigating the health care enrollment process, which usually comes via virtual or electronic outlets, is one of the reasons why majority of the lawful immigrants remains uninsured despite eligibility for the ACA coverage. Access to health care system through establishment of multilingual COVID-19 hotlines with triage capabilities and access to clinical information or care (telemedicine) are yet to be enhanced by the government (IDSA, 2020). Studies in US and UK showed major health inequities among racial and ethnic groups but there is not enough data about the impact of immigration status on COVID-19 outcomes. Continued research and routine collection of public health data through the help of virtual or augmented technology is still needed but unfortunately may not be available in most countries (Greenaway et al., 2020).

**The Immigrant as a Resilient Group**

The Social Ecology in the Digital Age book by Dr. Daniel Stokols was able to discuss the situational factors that affects the human-environment interactions that somehow influences the capacity of targeted systems to become resilient in order to sustain and thrive as time goes on. These categories are comprising of spatial, temporal, sociocultural and virtual circumstances that influences human-environment relations. An example from that I can relate to this is the immigrant population that I am working right now for my paper. The immigrant population is a
diverse and dynamic group consisting of different race and ethnicities (Mexican/Latinx, Asian, African/Black) who are trying to make a life-change in their own way, through their own perspective, but still having to retain the culture and traditions from their native place as they try to assimilate and acculturate to their new and immediate surrounding. During this time of COVID-19 pandemic, the immigrant population faces stressors as a result of migration that can have a toll not just on their physical (language barrier), social (loss of social network, discrimination) and economic (financial constraints) well-being but mostly on their psychological health (depression, anxiety) (Lee, Hong, Zhou, Robles, 2020). Resilient survivors have the capacity to retain their psychological coherence despite challenges that will eventually help them sustain a better well-being in the later time frame (Stokols, 2018). Furthermore, socio-cultural sustainability in this population applies best if the society is able to protect such a vulnerable population from such stressors and exposure to risk disparities. The “public charge rule”, under the Department of Homeland Security policy in 2019, that is affecting immigrants’ access to health care during this time of pandemic affects the resilience and sustainability of the said community. Public health care has been a deprived commodity to immigrants that may be due to inequities from behavioral (food/diet), built (housing/transportation), socio-cultural (discrimination/bias), and economic (employment/income), political (public policies on affordable healthcare coverage), environmental (sanitation/overcrowding in detention facilities) determinants. We know for a fact that public health gives emphasis on improving the health of the society as a whole through organized, population-wide approaches (Molster et al., 2018). Society’s capacity to maintain resilience and sustainability for extended periods depends on how well it manages available resources, such as the human capital. Going back to my vulnerable group, immigrants account for the food supply labor work force, thus, they should be considered as a human capital that the government must not take for granted. With this regard, an economically powerful but socially unjust government would not be able to sustain a resilient vulnerable group as well as to support their own community. The digital setting poses both positive and negative effects on the resilience and sustainability outcomes in the community. Access to online information and social interactions have different impact on the cognitive, emotional and social well-being of people. Inequitable access to information from or through the Internet of Things by vulnerable immigrant groups during this period can become a possible threat to global sustainability due to barriers in obtaining pertinent information on health, access, policies, rights and liabilities. These virtual inadequacies can create an additional mental strain to a holistically stressed psyche of an immigrant.

With the social ecological problems arising and as they influence the people and the environment at varying and accelerating scales, sustainability development goals and strategies had been designed and programmed by the global authorities, such as the United Nations, to address human and environmental issues from the microlevel (social behavior and psychology) and up to its macrolevel (economics, society-nature relations, international governance) (Stokols, 2018). Physical and psychological well-being of individual and population levels contribute directly to societal resilience and sustainability. Human-designed physical features such as provision of accessible low-cost housing, or access to public transport from home to work influences
sociocultural qualities of people’s milieu. Promoting positive social interaction between neighborhoods and encouraging commitment to citizen participation in environmental stewardships projects can strengthen people connection and bridging social capital among individuals from different racial or ethnic groups; as well as providing support to nature. A biophilic design such as mentioned can have restorative effects to the environment as well as benefits to the physical and mental health of people. Creating settings that are tailored to the needs of diverse groups, such as an immigrant population, can promote personal and societal resilience. Initiating and enhancing the right social policies and advocating on these programs can create improvements in the social and economic conditions with physical, emotional and mental health outcomes among the disadvantaged social groups (Williams, Phillips & Koyama, 2018). As discussed by Dr. Stokols (2018), sustainable behavior can be promoted by targeting decision and behaviors of intermediaries who act on behalf of their constituents. With this regard, the government must mitigate the burden of social inequities to the immigrant group by changing their policies that suppresses rights and placing restrictions for access of health care during this pandemic. Hence, becoming an effective social policy advocate entails knowledge and understanding on how to navigate the public health “river analogy” and make distinction between the downstream (immigrant patient, his/her family, entire immigrant community) versus upstream (society, economic, political and environmental) encounters (Williams, Phillips & Koyama, 2018) and how they affect the health issue (mental health in this case) of the concerned population group. These policies can entail behavior, lifestyle and attitude change through feedback approach or education programs to gain knowledge of what entails the immigrant person or group. These should be accessible to them if not through support of their own friends/families but also through the IoT or even through social work services. These guidelines can enhance inclusiveness and resilience of a community in order to sustain and thrive as a whole as time goes on.

**A Microscopic View of the Impact of the COVID-19 pandemic on the Asian Immigrant Population**

As immigrants played a leading role in building a productive and progressive nation, there are a lot of misinterpreted information about this group, may they be legal or not. I got to read some immigration myths and facts from the George W. Bush Institute and one myth they mentioned says that immigrants are taking over the country. The fun fact is, legal immigrants only account for 13.5% of the total US population which has been in line with historical norms. Another myth says that immigrants do not help the economy since they do not work; they even take American jobs that are intended for Americans. But in reality, 72% of immigrants believe work is how you succeed in the American soil. This has been part of their cultural tradition and upbringing. Immigrants have been responsible for half of the total US labor force over the last decade. Even immigrant-owned businesses had contributed to at least 1.6 trillion in the US gross domestic product by 2013. These businesses employ 8-11 employees and provide jobs to at least 4 million people in the US for the past decade. Unfortunately, a false information has been circulating for a long time saying that immigrants are ALL MEXICANS. Well, that is not absolutely true. 30% of immigrants actually come
from Asia. They mostly hail from China rather than Mexico. Most of them even have college
degrees or even likely to have an advanced degree, thus giving them more opportunity and options
to be part of US work force. With this notion it is false to say that immigrants take advantage of
the US welfare system; given that 62.2% of immigrants are employed as compared to 58.1% of
native-born Americans who are not. More so, it has been noted that some of the most influential
entrepreneurs, like Jerry Yang of Yahoo and Satya Nadella the Microsoft CEO, are Asian immigrants
themselves or children of Asian immigrants.

Since the beginning of the pandemic, health care and welfare access has been a major issue to all
people; from all walks of life or from any region or state. Previously named as the 2019 novel
coronavirus, the SARS-COV-2 or most commonly known as COVID-19 does not delineate any race,
ethnicity, age, gender, religion and even social status. Anyone from anywhere can contract the
virus. As of August, this year, the CDC had rate ratios of COVID-19 cases, hospitalizations and
deaths in the US according to race and ethnicity. Even there is a lack of accurate and disaggregated
data per ethnicity, it has been determined that Asian immigrants are one of the racial groups hit
hardest by COVID-19. Estimated deaths alone accounted to 35%; coming second from the Hispanic
group who has 44% casualty rate. Native-born Americans all account below 31% of fatality rates;
may they be from white, black or native group. The increase in fatality rate can be rooted to
multiple probable social health determinants that are contextual to how Asian immigrants live and
survive, and for them to become resilient members of the US society.

Asian immigrants are well known to have mixed-status families, thus using public benefits could
affect their immigration status. When the “Public Charge Rule” was implemented by the
Department of Homeland Security in 2019, the policy aggravated the fears of documented
immigrants about accessing health care, testing and treatment, and even economic assistance.
For any immigrant’s given perspective, knowing that your goal of getting a citizenship can be at
stake if you take advantage of the benefits provided by the government, like Medicaid, food
stamps or subsidized housing, will make you reluctant to avail such support. Likewise, the CARES
Act has been issued by the government that is supposed to provide insurance aid to out-of-work
individuals due to COVID-19. Unfortunately, this act excludes anyone who lives with other people
who uses an individual TIN to file for taxes, by which includes undocumented immigrants and their
children who are US citizens and are supposed to receive assistance. The policy is more or less the
same, with the 1994 anti-immigrant Proposition 187. During that time, it required police, health
care and teaching professionals to verify and report the immigration status of all individuals,
including children. The policy had been fought by human rights and immigrant groups in California
and eventually voided and deemed unconstitutional by the federal district court in 1999. The bias
and discriminatory nature of these policies can promote poor outcome to early testing and access
for health care during this crucial time of pandemic. This system can have a direct impact on the
psychological well-being of any foreign-born individual while living in American soil.

Most Asian immigrants feel the bulk of racism by being blamed as the cause of the pandemic since
it originated in Asia, particularly in China. Stigmatization, or just because an Asian looks Chinese,
makes Asian immigrants reluctant to seek medical care at earliest time possible. Social distinction and prejudice can lead to mental stress, like anxiety and depression, that is mostly neglected by healthcare providers given the delayed presentation of Asian immigrants for care. Mental health challenges can also be complicated by language barriers may it be through public health communication efforts or even a face-to-face encounter between provider and the Asian immigrant patient. With the efforts of sharing COVID-19 information through the internet, lack of English language proficiency can lead to misunderstandings during testing and treatment. Another truth to consider among Asian community is that mental health treatment can also be stigmatized. It has been accounted that there is only 5.8% of Asians who seek mental health services here in the US, versus 19% from the White American group.

Asian families are tight-knit and live in multi-generational households. Most Asians are stereotyped of doing social gatherings because of their behavioral and cultural make-up. This can be seen as an act of social and psychological support to each another specially during times of crisis. With the pandemic having to implement quarantine protocols, having this set-up can be difficult for Asian immigrants in adhering into social distancing or isolation procedures specially with families comprising of the elderly, the immunocompromised or with co-morbidities, and even essential or frontline workers.

Health care occupation has been the fastest growing occupation in the US economy due to an ageing population. Since 2018, Asia has been the leading region of birth of immigrant health care workers, from doctors to nurses and even health-care support positions. These immigrants have come here in the US to find jobs and make a better living. Asian health care workers have played a significant role in frontline pandemic response sectors. The surging cases and relentless effects of COVID-19 to the US population have a direct impact on the bio-psychological well-being of the Asian immigrant health care workers.

Asian immigrants have the widest variance in corporate success, educational attainment and income. Asian immigrants are considered a model minority given their excellence and their ability to assimilate in the US society. But at this time of pandemic, Asian-owned businesses have suffered worst economic effects since unemployment rate increased to 450% from February to June 2020 alone; this has been greater rate of increase than of other racial groups. The lack of government and financial support has placed the Asian immigrant population at higher risk to the effects of COVID-19. Asian immigrants’ socioeconomic status contributes to their reluctance to report symptoms or go for testing mainly because of insufficient insurance coverage, or having minimal wage occupation can jeopardize their job security by a simple leave of absence or calling in sick.

By the year 2055, it has been projected that Asians will be the largest immigrant group, accounting to 38% from the total US population. But the impact of COVID-19 to the health and livelihood of Asian immigrants must be addressed now. Mitigation of immigrant policies and research on disaggregation and delineation of ethnic background among Asians must be done as early as now. Equitable public representation through inclusivity and diversification of the business culture for
Asian immigrants, as well as better collection of accurate data on the Asian immigrant population can help develop effective intervention on their needs as members of the US community.

**Conclusion**

As we know, the nature of COVID-19 pandemic is still current and evolving as it affects every population globally. There is no definite intervention or actionable outcome that we can derive at this point; though recommendations and suggestions by health authority groups are present though not implemented fully and with 100% efficacy and satisfaction rate. As researchers and studies have mentioned from the articles included in this paper, there are still a lot of data gaps that needs to be identified and addressed to fully understand the framework of this health event as it relates to the immigrant group. Even the eventuality of identifying potential strategies and interventions to address the disparities that are currently relevant with this health issue for every population are also in the designing phase.

**References**


*Top 25 destinations of International Migrants.*