



| COVID-19 POLICY BRIEF SERIES

Economic Impact of the COVID-19 Pandemic on Latinos¹ in WA State and its Toll on Women

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INTRODUCTION

The COVID-19 pandemic has devastated the U.S. economy, with Latinos experiencing a disproportionate impact. Latinos represent a large proportion of workers in many industries that are essential to the economy. As essential workers, they have faced more exposure to COVID-19, resulting in higher rates of infection and mortality. Latino workers have also disproportionately experienced loss of jobs, decreased work hours, and work-related income throughout the country¹ with the largest losses among Latina women workers.² In Washington state, while massive job losses have been widespread across industries,³ their effects have been worse for Latino workers who had lower incomes and higher poverty rates during the pre-pandemic economy,⁴ resulting in greater financial vulnerability to the economic shocks of the pandemic. As a result, Latinos have been disproportionately impacted by housing and food insecurity.⁵ Since the pandemic began, rates of food insecurity among Latino households with children have risen from 16.8% pre-pandemic to 47%, with recent data showing that this trend is likely to continue.⁶

For Latinas, the unemployment rate has risen more quickly than that of Latinos over the course of the pandemic.⁴ At the start of the pandemic, Latinas left the workforce at twice the rate of Latinos, and 8 months after, it doubled to four times. Even compared to other women in the workforce, Latinas left jobs at a rate three times higher than white women and 4 times higher than Black women.^{7,8} Another important consideration is the rate of single-parent households headed by Latinas.

For Latinas (women), the unemployment rate has risen more quickly than that of Latinos (men) over the course of the pandemic⁴.

According to the 2018 U.S. Census, there were 3.29 million Hispanic families with a single female head of household (19.1% compared to 8.6% white single female head of household families),⁹ underscoring the potential impact of job losses by Latinas.

Latinos are also impacted by large disparities in health insurance coverage. Among U.S. residents less than 65 years of age, Latinos are three times more likely to be uninsured than non-Hispanic whites. **Moreover, uninsurance rates are higher among low-income Latinos.**¹⁰ Before the pandemic, 35% of Latinos living below the federal poverty line were uninsured compared with 15% of non-Hispanic whites, whereas 13% of Latinos living above the federal poverty line were uninsured compared with 6% of non-Hispanic whites. Not surprisingly, 22% of Latinos report financial or insurance barriers to accessing care compared to 10% of non-Hispanic whites.¹⁰

To better understand the economic impact of COVID-19 on Latinos in Washington state, we used data from the “Understanding Washington Latinos’ Experiences Around COVID-19” survey developed by the Latino Center for Health and administered in collaboration with SeaMar Community Health Centers to their patient population in Western Washington.

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¹ Although “Latino” is in the official name of LCH and is considered the most familiar term, we recognize that it is limited. We acknowledge that “Latino” is a male-gendered identifier and people in our community choose other forms of identity, including “Latina” and gender-neutral “Latinx” and “Latine.” Our community is not a monolith, and we work to support all chosen identities.



KEY FINDINGS

Overall, participants in our sample were 31-50 years old (47%), married (53%), had an education of less than or equal to high school (68%), and spoke Spanish (61%). (For full details, see Table 1 in the appendix.)

Economic impact on Latinos. Based on data from the Self-Sufficiency Standard for Washington State,¹¹ the minimum income to cover the basic needs of one parent and one child in Washington state in 2020 ranged from \$41,123 in Yakima County to \$69,215 in Seattle King County. Results from this survey show that 44% of our sample do not meet their basic needs (Table 1). Additionally, 60% reported their household income was reduced due to the pandemic and 43% reported that they either stopped or significantly decreased remittances to their countries of origin. Remittances from the U.S. to Latin American countries are a vital

source of economic support for families in those countries.¹²

More than a third of respondents (38%) were currently unemployed, and 17% reported losing their job due to COVID-19. In addition, 37% reported reduced work hours due to the pandemic. Among those who were currently employed, only 17% reported working from home, with the majority working in occupations with higher exposure to COVID-19. Furthermore, only 21% reported being eligible for unemployment benefits and 19% for paid sick leave.

Similar to national data, 45% of women in this survey were unemployed compared to 34% of men. Among those women who were employed, they were more likely to work part-time compared to men (31% to 25%, respectively). (See Table 1 for full details and Tables 2 and 3 in the appendix.)

Latino Center for Health – University of Washington

The Latino Center for Health is a state-funded interdisciplinary research center at the University of Washington. Housed administratively at the School of Social Work, the center conducts community-engaged research through capacity building and authentic partnerships with community stakeholders to promote the health and well-being of Latino communities in Washington State.

<https://latinocenterforhealth.org/>

Table 1. Economic characteristics by gender

	Male*		Female*		Total	
	N=173	(%)	N=180	(%)	N=363	(%)
Household income						
< \$15000	34	20%	36	20%	73	20%
\$15001-\$30000	45	26%	40	22%	88	24%
\$30001-\$50000	33	19%	33	18%	69	19%
\$>50001-70000	15	9%	15	8%	30	8%
>\$70001	12	7%	11	6%	23	6%
Prefer not to answer	22	13%	34	19%	56	15%
Household income reduced						
Yes	100	58%	114	63%	220	60%
No	59	34%	44	24%	106	29%
Prefer not to answer	8	5%	15	8%	23	6%
Changes in money sent outside USA						
I don't send money outside the U.S.	70	40%	71	39%	143	39%
Amount of money has increased	7	4%	4	2%	11	3%
Amount of money has decreased	48	28%	51	28%	104	29%
Amount of money has stayed the same	12	7%	11	6%	26	7%
I am no longer able to send money	23	13%	27	15%	50	14%
Currently employed						
I am not employed	58	34%	81	45%	141	38%
Part-time 1-30 hrs per week	43	25%	56	31%	103	28%
Employed >31 hrs per week	48	28%	31	17%	83	23%
I'm retired	13	8%	5	3%	18	5%

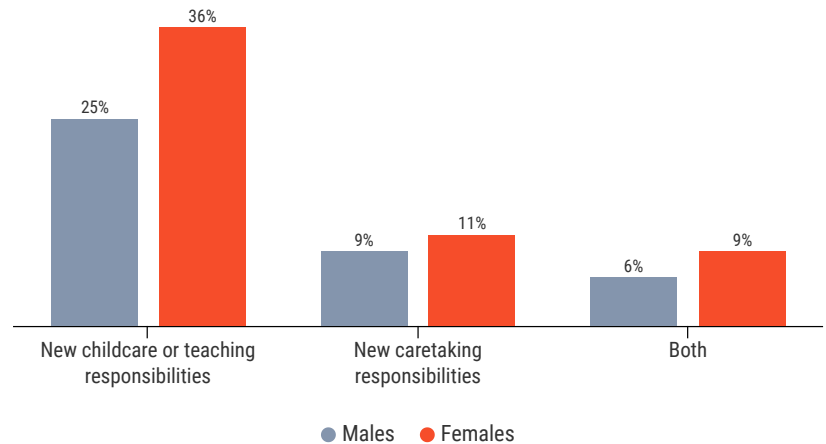
*From the entire sample, 3 participants reported other gender.

**Childcare and caretaking responsibilities.**

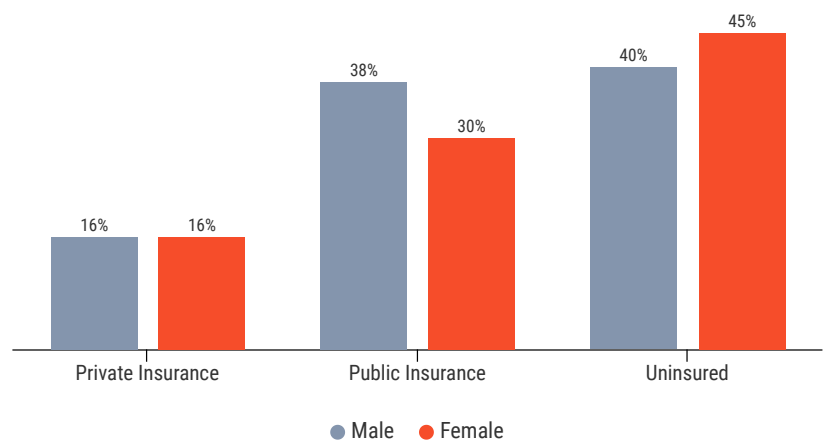
Latinas and Latinos in our sample reported that they had to take on new childcare responsibilities (29%) and other new caretaking responsibilities (9%), such as taking care of an aging parent, disabled sibling, or someone ill in their family, during the pandemic. Of those who had a new childcare responsibility, 6% of men and 9% of women also had a new caretaking responsibility. However, Latinas reported more new childcare (36% versus 25%) and caretaking (11% versus 9%) responsibilities than Latinos (see Figure 1 and Appendix Table 4).

Medical Insurance. Overall, 41% of our sample were uninsured, and of those, 65% were employed. This disparity was more pronounced among Latinas who were more likely to work part-time and were more likely to be uninsured (42%) than Latinos (32%). Regardless of employment status, Latinas were more likely to be uninsured compared to Latinos (45% versus 40%, respectively) (see Figure 2 and Appendix Table 5). This may be largely explained by the fact that Latinas were more likely to work in occupations where insurance may not be offered such as retail, food services, and cleaning services (see Appendix Table 6). This survey captured private insurance as being provided by Employer/individual plan and public insurance as being provided by Medicaid/Medicare/Military/Indian Health Services.

Food and Housing. The impact of income loss was evident in respondents' concerns regarding their inability to afford food or housing if they stayed at home when sick. In particular, when asked how many days a week they worried about running out of food, 53% responded several days a week. Similarly, when asked how many days a week they worried about not being able to pay rent, 47% responded several days a week (see Appendix Tables 1 and 2). This is particularly concerning since the federal nutrition programs that are in place to mitigate these disparities are not accessible to some Latino households due to mixed immigration status and concerns regarding anti-immigration policies¹³

Figure 1. New Caregiving Responsibilities due to COVID-19 by Gender

Note | Caretaking responsibilities are beyond childcare such as: caring for an aging parent, disabled sibling, someone ill in your family.

Figure 2. Health Insurance by Gender

Note |
Private insurance: Employer/individual plan.
Public insurance: Medicaid/Medicare/Military/Indian



"Let's let them know what the Latino community does, to keep our country fed, to keep our country safe, Latinos are taking care of elderly, take care of children, and all the work they do to make our country safe and clean."

– Dolores Huerta, Civil Rights Activist

POLICY RECOMMENDATIONS

Latinos mostly work in essential jobs. They feed our country and keep it running; however, they have faced social and economic inequities that have been exacerbated by the pandemic. Latinos, regardless of immigration status, deserve to have their basic needs met including access to affordable health care, food, and housing security. In addition to experiencing high unemployment rates, having new childcare responsibilities at home due to COVID-19, has forced them to leave the workforce at an alarming rate. Latinas need policies that support an equitable and inclusive post-pandemic recovery. While all of these issues are of extreme importance, the following recommendations are focused on addressing the economic impact and new caregiving responsibilities brought on by the pandemic.^{14,15}

We recommend:

- 1. Expanding the federal unemployment benefits through Pandemic Unemployment Assistance, Emergency Paid Leave and Emergency Family and Medical Leave.**¹⁶ This will allow Latinos to be able to recover from COVID-19 or help care for loved ones who fell sick with COVID-19, whether they are self-employed, independent contractors, or work part-time.
- 2. Increasing the minimum wage and eliminating tipped minimum wage.** Latinos tend to work in low-wage jobs and are disproportionately facing food and housing insecurity.
- 3. Increasing relief funding for childcare.** This will allow Latinos, especially Latina mothers who have taken on most caregiving responsibilities, to continue working or to return to the workforce and provide for their families.
- 4. Providing support to undocumented Latino immigrants.** Unemployment benefits have not been available to undocumented workers leaving them and their families unprotected.
- 5. Enhancing worker rights and protections such as safety protocols for essential workers.** This will allow Latinos to feel safer at work and have the right to take time off work if they are sick, which will help decrease the spread of COVID-19.

METHODOLOGY

Of the 18,167 eligible patients, 2,500 were selected for the survey. We oversampled males and those who preferred Spanish as a language due to lower expected survey responses from these two populations. In addition, we stratified the sample by geography based on three regions of the state: the north region of Western Washington, the Puget Sound region, and the remainder of the state. The survey was administered by mail with the option to complete by phone. The final sample of survey respondents consisted of 363 individuals for a response rate of 17%. Results reported in this brief are based on unweighted analysis of eligible survey respondents.

LIMITATIONS

Our study had some limitations. We only provided surveys in English and Spanish, excluding individuals whose primary language is an indigenous language and those with low literacy for whom surveys are inaccessible. This is a cross-sectional representation and longitudinal patterns cannot be inferred. Finally, the response rate was 17%, therefore, the results may not generalize to the SeaMar population as a whole or Latinos in our state.



APPENDIX

Table 1. Demographic characteristics by gender

	N=173	(%)	N=180	(%)	N=363	(%)
	Male*		Female*		Total	
Age						
18-30 years	30	17%	42	23%	72	20%
31-50 years	73	42%	93	52%	169	47%
51-64 years	47	27%	32	18%	79	22%
>65 years	23	13%	12	7%	35	10%
Marital status						
Married/living together	88	51%	101	56%	191	53%
Single	48	28%	49	27%	101	28%
Divorced/separated	26	15%	20	11%	48	13%
Widowed	4	2%	3	2%	7	2%
Education						
Less or equal to high school	125	72%	118	66%	248	68%
Some college	19	11%	27	15%	48	13%
Associate degree/college or more	23	13%	29	16%	55	15%
Language						
English	72	42%	65	36%	142	39%
Spanish	101	58%	64	33%	221	61%
Birthplace						
US born	42	24%	44	24%	89	25%
Foreign born	122	71%	131	73%	259	71%

*From the entire sample, 3 participants reported other gender.

**Missing average 4-7%.



Table 2. Economic characteristics by gender

	N=173	(%)	N=180	(%)	N=363	(%)
	Male*		Female*			
Household income						
< \$10000	12	7%	15	8%	28	8%
\$10001-\$15000	22	13%	21	12%	45	12%
\$15001-\$30000	45	26%	40	22%	88	24%
\$30001-\$50000	33	19%	33	18%	69	19%
\$50001-\$70000	15	9%	15	8%	30	8%
\$70001-\$100000	9	5%	10	5%	19	5%
> \$100000	3	2%	1	1%	4	1%
Prefer not to answer	22	13%	34	19%	56	15%
Household income reduced						
Yes	100	58%	114	63%	220	60%
No	59	34%	44	24%	106	29%
Prefer not to answer	8	5%	15	8%	23	6%
Household number						
1	22	13%	5	3%	28	7%
2-4	103	60%	11	62%	217	60%
5-10	39	23%	55	31%	97	27%
>10	1	1%	2	1%	4	1%
Changes in money sent outside USA						
I don't send money outside the U.S.	70	40%	71	39%	143	39%
Amount of money has increased	7	4%	4	2%	11	3%
Amount of money has decreased	48	28%	51	28%	104	29%
Amount of money has stayed the same	12	7%	11	6%	26	7%
I am no longer able to send money	23	13%	27	15%	50	14%

*From the entire sample, 3 participants reported other gender.

**Missing average 4-7%.



Table 3. Employment characteristics by gender

	N=173	(%)	N=180	(%)	N=363	(%)
	Male		Female			
Currently employed						
I am not employed	58	34%	81	45%	141	38%
Part-time 1-30 hrs per week	43	25%	56	31%	103	28%
Employed >31 hrs per week	48	28%	31	17%	83	23%
I'm retired	13	8%	5	3%	18	5%
Lost job due to COVID-19						
Yes	31	18%	28	16%	60	17%
No	122	71%	124	69%	254	70%
Hours reduced due to COVID-19						
Yes	68	39%	63	35%	136	37%
No	73	42%	67	37%	144	39%
In current job, are you able to:						
Work from home	18	18%	16	17%	36	18%
Eligible for unemployment benefits	16	16%	23	24%	42	21%
Receive paid sick leave	17	17%	18	19%	39	19%
Concerns about losing job for staying home while sick*						
Not concerned	22	22%	19	20%	42	21%
A little concerned	18	18%	27	29%	48	24%
Very concerned	40	39%	34	36%	77	38%
Concerns about not being able to afford food, housing if you stay at home sick*						
Not concerned	13	13%	11	12%	24	12%
A little concerned	16	16%	19	20%	37	18%
Very concerned	56	55%	53	56%	114	56%
Worried about running out of food						
Not at all	78	45%	64	36%	147	41%
Several days	63	36%	70	39%	136	37%
More than half the days/nearly everyday	23	13%	33	18%	57	16%
Worried about paying rent/eviction						
Not at all	87	50%	78	43%	170	47%
Several days	46	27%	52	29%	100	28%
More than half the days/nearly everyday	28	8%	38	10%	68	19%

*Missing was particularly high for this variable 22% for male, 15% for female, and 18% total.



Table 4. Caregiving responsibilities

	Male		Female		Total	
New childcare or teaching responsibilities at home because of COVID-19	N=157		N=161		N=327	
Yes	43	25%	65	36%	110	29%
New caretaking responsibilities* because of COVID-19	N=159		N=169		N=337	
Yes	15	9%	19	11%	34	9%
Both	N=152		N=159		N=311	
Yes	9	6%	15	9%	24	8%

*Caretaking responsibilities are beyond childcare and can include: caring for an aging parent, caring for a disabled sibling, or caring for someone ill in your family.

Table 5. Access to healthcare

	No insurance				Private*				Public**			
	Male		Female		Male		Female		Male		Female	
Employment status												
I am not employed	18	26%	35	43%	2	7%	7	24%	35	54%	31	57%
Part-time 1-30 hrs per week	26	38%	34	42%	5	19%	5	17%	9	14%	11	20%
Employed >31 hrs per week	22	32%	9	11%	16	59%	16	55%	7	11%	5	9%
I'm retired	0	0%	0	0%	0	0%	1	3%	11	7%	4	7%
Total***	69	40%	84	45%	27	16%	29	16%	65	38%	54	30%

*Private: Coverage provided through a current or former employer, labor union or individual plan.

**Public: Coverage provided through Medicaid/Applicable, Medicare, Military, Indian Health Services, or other type.

***Totals don't add up to 100% due to missingness in employment information.

Table 6. Type of work

	N=173 (%)		N=180 (%)		N=363 (%)	
	Male		Female			
Agriculture/farmworker	13	8%	10	6%	24	7%
Factory/warehouse worker	8	5%	10	6%	18	5%
Automotive sales or repair	5	3%	0	0%	5	1%
Uber/Lyft driver	1	1%	3	2%	4	1%
Delivery driver	8	5%	4	2%	14	4%
Construction/landscaping	44	25%	5	3%	51	14%
Maintenance of building/facilities	14	8%	7	4%	22	6%
Management of rental properties/facilities	3	2%	1	1%	4	1%
State and local gov, utilities, school	2	1%	4	2%	6	2%
Healthcare, pharmaceutical or laboratory	5	3%	14	8%	19	5%
Retail/professional services	4	2%	3	2%	8	2%
Restaurant and food services	27	16%	25	14%	54	15%
Grocery stores, food markets/food outlets	5	3%	6	3%	11	3%
Cleaning	1	1%	23	13%	26	7%



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