



Immigrant Family Financial and Relational Stressors and Coping Strategies during the COVID-19 Pandemic

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Executive Summary

The COVID-19 pandemic caused a tidal wave of immediate change, with ongoing and damaging effects to Minnesotans' health, finances, and families. Immigrant and refugee families are particularly important to include in policy and practice responses to crises, as the majority of immigrants work in industries vital to the economy (e.g., food services, health care, social assistance, and manufacturing; Kosten, 2018). In Minnesota, 77% of employed refugees are essential workers (Kerwin, 2020). Due to their more recent arrival in the U.S., their ongoing adjustment to U.S. language, culture, and systems, and their common history of trauma due to violence or other trauma-inducing experiences prior to or during migration, immigrant and refugee families may be at higher risk than other families for health, financial, and family stressors due to the pandemic (Kerwin, 2020).

Our research team conducted interviews with 19 community-based nonprofit health and human services providers serving immigrant and refugee families from urban and rural Minnesota during June - August 2020. The primary intention of this study is to share findings with policymakers and community agencies to inform ongoing policy about the experiences of immigrant families.

Key findings

- Immigrant families faced high rates of job loss after COVID. Participating providers reported an average 70% of their clients had reduced hours or lost jobs. This percentage is higher than that found in other reports, and it is likely due to this study's focus on families who sought agency help and were therefore experiencing significant challenges.
- Families fear bringing COVID home to infect family members. Families shared with providers that employers pressured them to return to work despite inadequate COVID precautions, and providers reported an average 16% of their clients had COVID. Greater workplace protections would facilitate confidence in going to work and promote health in families.
- Providers consistently expressed a need for sustainable rent assistance. Following loss of income, families' primary fear was losing their housing. Available sources of rent assistance quickly depleted.
- School-community agency partnerships and engaged staff, particularly staff who speak the family's language, are important for helping youth succeed in distance learning. Providers reported that many parents struggled with both the technology and the content knowledge to assist their children in their schoolwork.
- While some families drew closer in their time at home, some families struggled to care for all their children at home without options for outside interactions. Additional supports for youth, such as youth mentors or virtual groups, are valued.



Methodology

Participants. We conducted interviews with 19 community-based nonprofit health and human service providers serving immigrant communities. Eight providers primarily served Somali communities, six providers primarily served Latinx communities, three providers primarily served Karen communities, and two providers served multiple immigrant groups. Ten providers were located in urban areas, and nine providers were located in rural areas. Providers had been working with immigrant communities for 7 months to 29 years ($M = 6.32$ years, $SD = 8.66$).

Procedure. Immigrant-serving health and social service agencies were contacted by phone and email with an invitation for up to three staff to participate in an interview. Participants were given a \$100 gift card in appreciation for their time. Interviews were conducted between June and August of 2020 by two research team members. The University of Minnesota IRB determined the study to be exempt from review.

The semi-structured interview asked agency staff to describe their generalized knowledge about the experiences of the families they serve following COVID. The interview addressed six major areas of impact, including 1) jobs, 2) housing, 3) food, 4) health and health care access, 5) family relationships, and 6) coping strategies. While the majority of the interview was qualitative in nature, a few specific questions assessed clients' family size, and percentages of a provider's clients who had lost jobs, had challenges paying rent, or had COVID.

Analysis. Inductive content analysis (Elo & Kyngäs, 2008) was used to analyze transcribed interview data. Researchers first conducted open coding, assigning as many codes as necessary to describe the content. Researchers then met to discuss initial codes, focusing on passages assigned to the same categories to verify that they held the same meanings. Researchers then grouped the lists of codes into higher- and lower-order groups, creating a categorization matrix. One team member independently coded a manuscript using the matrix, to establish data trustworthiness. We note that several of the codes bridged two categories; in these cases, researchers identified the lower-order codes that were intersections between higher-order codes.

Detailed results are presented on the following pages.



Detailed Results

“Our lives are all intertwined, and homelife, work life, everything is like all one now”

The themes identified in interviews are presented below, organized into major areas of impact. In cases where there was overlap between major areas of impact, the overlap is depicted with visuals. Each section includes a brief description of the themes noted, as well as key quotes describing the themes.

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Resilience and Strength in Family

“This is going to be very challenging for our families to rise back up, but they're rising, right? And then the question is how do we help them to continue doing that?”

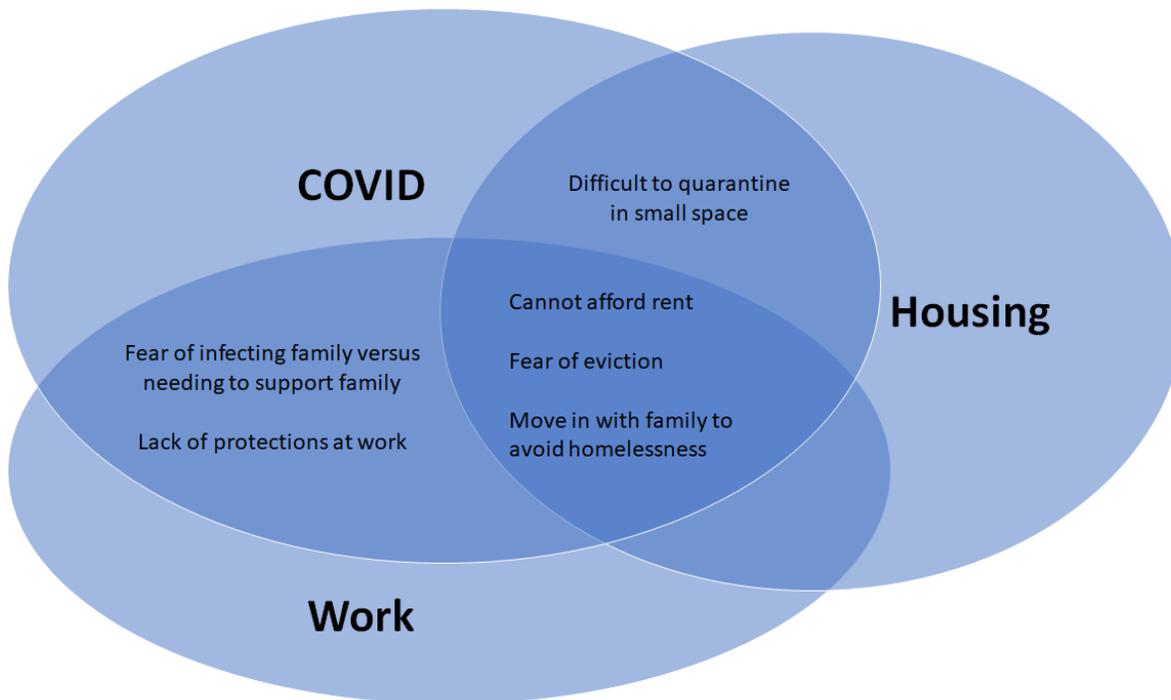
The resilience and strength of immigrant families was woven through every interview. Although these families faced the challenges of COVID compounded by the pile-up of stressors regularly faced by immigrants, providers clearly communicated that families continued to share strength in their families and in their communities.

People who immigrate to or seek refuge in the United States typically have many people depending on them, including immediate and extended family members in the United States and family members remaining in their home countries. It was not surprising that a focus on family was the backdrop of every concern, whether it was fear of bringing COVID home and infecting family members, fear of losing housing for one's family, or balancing the challenges of social distancing with their culture of connection and strong value of relationships. Some families found closer connection with family members with everyone at home, while others struggled with conflict in close quarters as they tried to manage limited resources and maintain rules for safety (described further in the “Family Relationships” section). Regardless of their clients' experiences of stress, the providers saw how these immigrant families provided for, protected, and connected with family.

Key Quotes

- *“I would just say, obviously there are challenges, but the patients that we see are also very happy. It's interesting because they're dealing with all these different things. And once we have conversation with them, you realize that they're very grounded. That even though all these different things are going on, they're still very happy. And they always have a smile on their face, and they'll tell you jokes.”*

Intersections of Work, COVID, and Housing



Key Quotes

COVID-Work Balance

- *“Almost everyone I've talked to wants to go back to work, but they also know that if they end up being positive, that they can, obviously, spread the virus and impact others. And the news and everything that see or read is telling them, “If you suspect that you're sick, don't go to work.” But then, they're also getting pressure from their boss to come back to work. So they're kind of in a conflicted situation”*
- *“Jobs is a big issue, but then it becomes a huge issue when people need to work, but there are not the same conditions to go back to work.”*

Job loss and Housing

- *“It's understandable that there was this opportunity from the state saying, if you cannot afford the rent, you cannot be evicted, but nothing else. Later on, it's going to pile up and if I don't have a job, the second biggest concern, if I don't have a job, how am I going to go back and pay?”*
- *“But normally they don't go homeless, they just go with a relative. They just live with someone and then they help each other and share whatever they have.”*

COVID and Housing

- *“If people decide to move, and I will say right now, 17 families that I know have decided to move out and not renew contract and move with family members. That gets it really complicated, because then you have more density in a small space if they get contracted with the virus.”*



Brief Description

Job loss, fear of contracting COVID, and risk of losing housing were three of the concerns participants identified as most pressing. Each is intertwined with the others. Immigrant families experienced high rates of job loss after COVID; participating providers reported an average 70% of their clients had reduced hours or lost jobs (see Table 1). This percentage is higher than that found in other reports, and it is likely due to this study’s focus on families who sought agency help and were therefore experiencing significant challenges.

Table 1. Average percentage of clients with reduced hours or lost jobs

Name	Average percentage of clients with reduced hours or lost jobs	# Providers reporting
Karen	50%	3
Latinx	93%	4
Somali	61%	2
Overall	70%	11

Note. Overall category includes the average across all populations served, and includes two providers who served multiple populations and did not indicate serving one primary population.

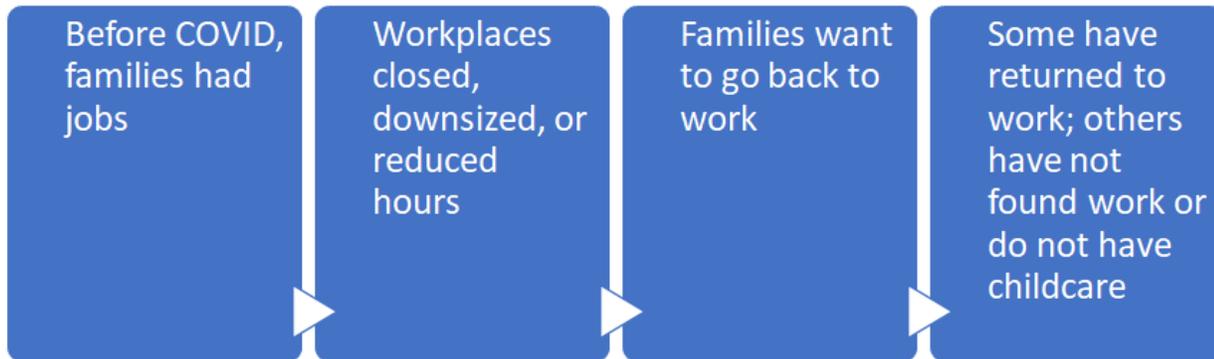
Job loss was immediately linked by participants to inability to pay rent and fear of losing housing. Participating providers reported that an average 38% of their clients could not afford rent or mortgage (see Table 2). Two providers also noted that some clients would be uncomfortable about sharing this type of information, so it is likely that the percentage of families who struggle to pay rent or fear they will lose their housing is higher. While the eviction moratorium was appreciated, participants reported that not all families knew about the moratorium, and those who did, knew they would still need to pay all their rent once the moratorium ended. Participating providers reported that many families were moving in with other family members to prevent homelessness, and that this increased the risk of spreading the coronavirus to family members.

Table 2. Average percentage of clients who can't afford their rent or a mortgage

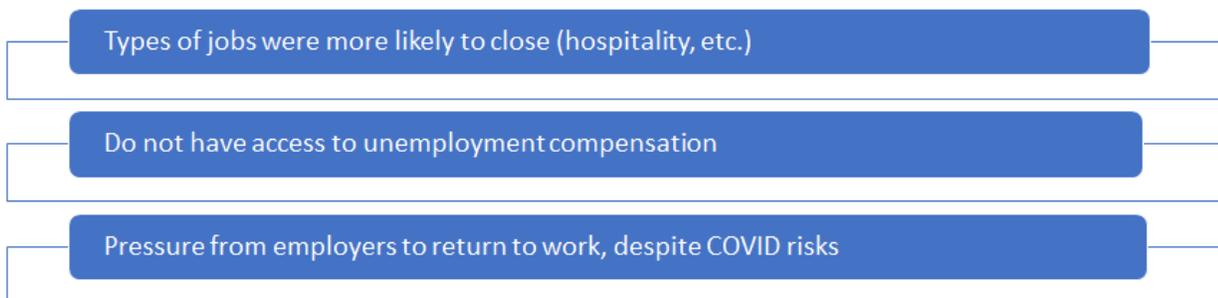
Name	Average percentage of clients who can't afford rent/mortgage	# Providers reporting
Karen	23%	3
Latinx	68%	3
Somali	27%	4
Overall	38%	11

Jobs

Job loss and constraints during COVID



Extra constraints with types of jobs held:



Key Quotes

- *“So before COVID started, all of our families were working, whether that was the husband, whether that was the wife, whether that was the main head of the household, or whether that was both, there was at least always one person working fulltime to provide or the families”*
- *“[They] have been fired or there’s no place to work. They just closed their restaurant, they closed everything... Those are big, big employers. Distribution got stopped, so a lot of the drivers, too, end up with no jobs. The guys that helped load and unload also ended up with no jobs.*
- *“The other thing that I would add to that that I consistently have noticed is how much pressure the patients are in, especially on the COVID side when they do get a COVID test from employers, to return to work. I’ve had people call me and say, “My boss keeps texting me,” and things of that nature. A lot of them work, maybe, menial jobs and are being asked to come in even though their test may be pending or something to that effect. So, I think that can be unique to certain industries or certain jobs. I think the higher or more educated—that require more education may be more lenient with that versus people who are working in the lower paying jobs.”*
- *“The conversation comes out, “I’ve been sick for—I might have taken already 7 days of the 14 days I’m supposed to be because this started back in so and so.” It’s still at that stage where, “I’m going to*

lose my job if I just say I feel achy, I don't know yet." Instead of going in to get it tested and staying home. It's, "I might lose my job, so let me talk to my work first and figure out what they think. And if they tell me, then, to get tested, then I'll go get tested."

- *"We had participants who couldn't go back to work because their children now are at home and they don't have childcare"*

Brief Description

Job loss among immigrant families was substantial. As described in the "Intersections of work, COVID, and Housing" section above, providers reported an average 70% of their clients had lost their job. As most families were working before COVID (often multiple people from the same family worked outside the home), the drop in income was drastic. Unemployment benefits mitigated these effects for families who were eligible, but many families were ineligible due to not meeting income requirements, lack of documentation, or alternate arrangements with employer (for example, one company offered base pay to employees while they were shut down, but families lost their income from overtime hours which is a fairly regular income stream for many immigrant families). Families want to return to work. At the time of our interviews in summer 2020, some had returned to work but others could not find jobs or could not find childcare that would allow them to return to work.

Many providers indicated that the types of the jobs immigrant families held had extra constraints relative to COVID. Jobs in the hospitality industry were likely to shut down during COVID. Many families in these jobs were not eligible for unemployment compensation, either because their employers did not want to provide them with documentation of employment or because their earnings did not reach the required income threshold. Finally, multiple providers reported that some employers pressured people to go back to work, even when employees showed symptoms of COVID.

Impact of income loss





Key Quotes

- *“If one of them doesn’t have income, and only one has all the burden, and obviously then they’re in crisis for this or that, and then they fight. One of them is getting homeless or she went up to a shelter, this or that, then they lose the apartment because they don’t have enough money.”*
- *“I would say hypertension is a big one just because—and the feedback that I get is that it's difficult to focus on that aspect of health when you're constantly thinking about how you're going to pay your bills, how you're going to provide your kids with food, how are you going to buy clothing, pay rent, all of those things”*
- *“For the families that we're able to continue that [sending money to family in a home country], I mean, nothing has changed in that area. But the ones that are no longer employed, they can barely keep their own roof, let alone, help another family. It's been a lot to deal with. They're having a hard with themselves to not be able because that overseas person that was dependent on them, they were their only source of making it to the next day or the next month. And they feel like they've failed because they can't do that”*
- *“I have families that have told me, “I’m grateful they gave me \$150 for a month for food,” but as we know, food prices are going up”*

Brief Description

Lack of income leads to both fear and material deprivation in families’ basic needs, including fear of losing housing, inability to focus on health maintenance or treatment, struggle to pay for food, and inability to support family in a home country. Any of these individual concerns would be challenging for families. The intersecting nature of loss of income and ability to support family combine to result in high levels of ongoing stress. This stress is likely to result in negative mental and physical health outcomes.

Housing

Key Quotes

- *“The landlord like yell at the clients to pay rent. The landlord also say things like, you need to move out by this date if you don’t pay your rent. It’s really painful to hear that. Because when you don’t speak the language, people might take advantage of you.”*
- *“It’s understandable that there was this opportunity from the state saying, if you cannot afford the rent, you cannot be evicted, but nothing else. Later on, it’s going to pile up and if I don’t have a job, the second biggest concern [after spreading COVID to family], if I don’t have a job, how am I going to go back and pay? Eventually, I’m going to be evicted. So the first concern was, where am I going to live. 17 families that I know have decided to move out and not renew contract and move with family members.”*
- *“So if they’re being threatened to be evicted, there’s that law in place or that thing in place right now in the State of Minnesota, but it doesn’t mean that people aren’t being threatened with that, or cell phones being shut off, cars being repossessed, things like that. And so our legal team has been helping patients with those situations and what your landlord or what your creditor can and can’t do right now.”*



Brief Description

As noted in the “Intersections of work, COVID, and Housing” section above, job loss was immediately linked to participants’ inability to pay rent and fear of losing housing. Participating providers reported that an average 38% of their clients could not afford rent or mortgage (see Table 2 above), although providers noted this figure may be higher among their clients, as some are reluctant to share concerns about inability to pay rent. Providers noted that some clients were still being threatened with eviction during the moratorium, and that they would advocate for the clients or connect them with legal supports. For families not threatened with immediate eviction, the threat of future piled-up bills loomed large.

The fear of losing housing was powerful. Providers noted that rent came first, before any other expense. Facing the future prospect of inability to pay, many families left their homes and moved in with other family members. A recent study highlighted that living in overcrowded households is a fairly common housing strategy for foreign-born essential workers. Results from a recent study found that the percentage of these workers living in overcrowded households was nearly three times that of native-born workers (Kerwin, 2020). For immigrant workers in the current study, continuing to pay rent meant that they needed to cut back on other necessities.



Health

COVID-Related Health

Key Quotes

- *But even, some of these places where they worked, those locations were not taking as much precautions, right? So there was this big company who had a lot of employees, they didn't follow any COVID-19 restrictions, and then they had a lot of folks testing positive, including—that affected some of my families, as well because the lack of care of this company and the lack of restrictions that they had and how that ended up affecting the kids and the families, the parents who were working in those locations.*
- *When our families, I don't know if it's culture or anything, but when our families heard about COVID, they put all the precautions that they had to, like masks, washing their hands, making sure they sanitize everything.*
- *Some of my clients do test positive for COVID-19. Even in the community a lot of clients test positive, which is quite difficult where you have a big family living in apartment and one of you get positive COVID-19 and you don't know where to go or you don't know where to do quarantine—because you don't have place to.*

Brief Description

Providers reported that their clients feared contracting COVID, especially fearing that they would then infect their children or that family elders would contract the virus. Therefore, clients feared continuing to go to work or returning to work. As noted in the “Intersections” column above, employers did not always offer adequate safety precautions. Providers reported that 16% of their clients on average, had contracted COVID (see Table 3).

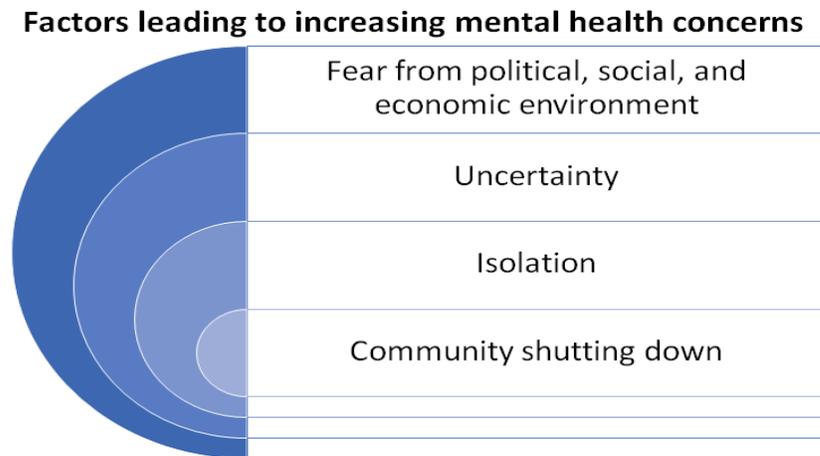
Cultural strengths and values of the immigrant groups involved in our study (Somali, Karen, Latinx) also present unique assets and challenges to mitigating risks associated with COVID. Providers reported that a strength across these refugee and immigrant groups is their strong community connections and their practice of supporting one another and spending time together. However, this makes social distancing and quarantining much harder to implement.

Another challenge with these immigrant groups is that providers find that there is sometimes disbelief that COVID is real until close friends and family become ill, or their clients don't understand what exactly COVID is or how to protect against it. Community agencies worked to promote accurate information about COVID and safety precautions, as described in the “Assistance Available” section.

Table 3. Percentage of clients diagnosed with COVID

Name	Average clients diagnosed with COVID	# Providers reporting
Karen	13%	3
Latinx	8%	4
Somali	29%	4
Overall	16%	12

General health impacted by stressors



Key Quotes

- *I would say we have an increase in patients that—patients that I work with have shown more signs of anxiety, depression, and then uncontrolled diabetes.*
- *It's already really strung for them, always being afraid and also if you add to that the political situation which is a whole new thing, we can spend another hour talking about that.*
- *And the COVID-19, the majority of our patients, they don't have the skills to earn money, so when COVID-19 comes in and they lose their job, that means that they became hopeless.*
- *The elders seem vulnerable and susceptible to fear, to stigma, to an uncertainty—that ambiguous nature that the response has taken of, “How long do we isolate for; what do we do? Are the police going to come and arrest us for gathering?” There's a lot of that palpable sense of unease.*
- *But one issue is getting the medications, because a lot of—some of the clients are elderly. And so people who take care of them can't really go out there and get the medication from them. And what if they go out and be exposed to the COVID and now they're bringing it inside back to the elder, then that will be an issue.*

Brief Description

Regarding more general health impacts, clients have had trouble obtaining and paying for their regular medications. Financial concerns are sometimes more pressing than health concerns. In addition, mental health was noted by many providers as a critical topic. Prior to COVID, there was already some lack of understanding about mental health, though understanding of and support for mental health concerns are increasing in the community. As COVID-related issues emerged in these families, several providers note an increasing prevalence of mental health issues such as anxiety and depression. Uncertainty adds stress and the political environment has also increased fear and stress. Finally, isolation is compounding already existing mental health issues and generating new ones.

Family Relationships

Spectrum of family responses in reaction to COVID



- More time for activities together
- Coping through family activities
 - Cooking
 - Shows
 - Games
- Cope by connecting more with family back home
- Exhausting and frustrating situation for parents
- Few options for children to go out
- Difficult for children to stay home
- Family violence
 - Difficult to track, but occurring
 - Linked to substance abuse
 - There is agency support

Key Quotes

- *Some of them are saying, “This is the best relationship that we ever had,” because the dad is staying home, the mom is staying home, the kids are good. So, the whole family stays. And some of them are saying, “We are having a bad day because the children are here. They don’t go to any other place. The elders are here.” So, there might be a problem, staying together. But some of them are saying it’s good, and some of them are saying it’s bad.*
- *“I want to say it’s right down the middle of it’s been very beneficial and it’s been not so great. I think probably half of the patients that I’m seeing, it’s been really nice to have our family together. Yeah, we can’t go anywhere, but we’re doing more things together. We’re reading more. We’re playing games. We’re cooking together, or just spending time bonding, finding things to do as a family that they didn’t have time to do before.”*
- *“And so they’re like, I just feel so crappy. I just need to—I’m afraid I’m going to snap or I’m afraid that this is going to happen or that’s going to happen and I just need a break. And so I feel like there’s the two ends of the spectrum. Either they’re really enjoying the time with their family and trying to take advantage of it, or there is some issue whether it’s a domestic violence situation or just not having the opportunity to get that break from everybody, that there’s more of that tension at home.”*



Brief Description

Immigrant families are larger on average than native-born families. Providers reported the average size of their client families was 5.32 people (see Table 4). Having many people in the family increases both the opportunities for support and connection and the responsibility to provide. For example, providers repeatedly described how children young and old helped their parents. Younger children helped their parents navigate technology to connect with resources. Older children helped with childcare and with earning income for the family. Childcare was a shared task in the family, with different family members contributing.

Given the impact of Covid-19, the variability of responses reflects the diversity of the families within these three immigrant groups. However, two general responses were described by providers. Some families have responded to Covid-19 by growing closer together and spending more time together. Two providers said they had seen no changes in their clients' family relationships. When there were programs or staff who could support youth, this was a relief to parents (see the "Assistance Available" section).

For other families, staying at home was exhausting, frustrating, and led to increased conflict. Parents were exhausted by the sole care of their kids with few resources in a small space, and children struggled with staying home and having few opportunities to go out. In some cases, providers reported that families grew closer together through conflict resolution.

Some of these families struggled with domestic violence disputes. Providers reported that it was difficult to track the amount of domestic violence at present, but acknowledged it was still occurring, and that there are trusted resources in the community to provide support. Providers specializing in domestic violence reported an increase in calls, and reported the cases of family violence were often linked to substance abuse.

Table 4. Average Client Household Size

Name	Average household size	# Providers reporting
Karen	8.00	1
Latinx	4.75	4
Somali	5.42	4
Overall	5.32	10



Missing absent family and struggles to care for them

Key Quotes

- *“So, as you can imagine, when COVID-19 struck, and airplanes were all shut down, that money wasn't being sent for a short period of time. I think there are ways around it now, but that had a huge impact.”*
- *“Back home, they work a lot because—now, we see in United States America, one of the greatest country, biggest country, it's big for everything, it's struggling with COVID-19. What do you think is going to happen in Africa, especially in Somalia that doesn't have a strong central government? So they worry a lot. They worry for their families. They worry for their loved ones. They worried for what's going to happen back there, the ones that they left. They cannot do anything for them. They cannot travel. If they travel, that requires a lot of money to spend. They worried for their health if they go there. They worried they might get infected with COVID-19. So there are so many things that they are worried about in terms of financial and the health.”*

Brief Description

Families who have members living in countries other than the U.S. had difficulty supporting them financially or visiting them physically, which caused psychological and emotional difficulties. Immigrant families remain close, regardless of location, and draw strength from their relationships with family wherever they may live, as described in the “Coping” section below.

Coping

Individual

- Exercise
- Faith

Family

- Connecting with family in home country
- Coping through family activities

Community

- Connecting with friends
- Connecting with agency
- Getting back to community

Key Quotes

- *“We do hear them a lot saying that “I’m going on a walk. It releases my stress.” Spending a little bit of time with the children playing games, board games releases your stress.”*
- *“But a lot of them still rely on their family. So family, I think, has probably been number one. I think the other part of what I'm hearing, for people who were already in therapy prior to COVID, a lot of them have said, “I don't know how I would have continued through this if I didn't have my therapy purpose.” And so a lot of it—we've had quite a few patients start therapy since COVID started to help manage some of their symptoms because they don't want medication for a temporary situation.”*
- *I feel like even with COVID and some other stuff that's going on in social justice and that kind of matter, I do feel like there are a lot more students who are starting to open up and absorb what's going on and try to even have some difficult conversations, some of them, at least. I think that's what I start to see, the strength in that population without that much of a stress.*



- *Now, with much stress, I do see that they're trying to navigate through. I see that resilience and strength in them more even though we are having the hardest time, I think.*

Brief Description

Covid-19 has changed the daily lives of immigrant and refugee families living in Minnesota. Some families have increased their positive coping skills to help alleviate the stress of this pandemic. Families have been able to enjoy activities like fishing, biking, playing board games, and exercising more. Families have responded by connecting with their communities, friends, and local agencies. Two providers reported an increase in substance use related to the stress of COVID-19; another provider reported a reduction due to staying at home, and two others reported no change in negative coping tools. Other families have relied on their faith to help them through these difficult times as well.

Distance Learning

Key Quotes

- *"They switched to online learning for their kids, and we can connect them to the internet and make sure they have a way to log on to their classroom. But if the parent is not literate and didn't have any type of—didn't have an opportunity to have formal education and is not familiar with using technology and was still employed and working in 12-hour shifts, it's very difficult to follow through with all of the requirements for online learning"*
- *"I know they ran out of their electronics pretty quickly when the schools were closed, but the school social workers also do a really good job of making sure that their students have electronics so that they can continue going to online school"*
- *"Our mosques are still not open. Dugsis are not open. Some families are lucky enough to do online dugsis with their kids, but the majority of the families because of them being on already a limited budget and not having income coming in and not being able to afford any ongoing payment, they're not able to do the online dugsis. Because that aspect of your children's faith, it's a big deal. It's almost as much as feeding your parents overseas. Some families will tell you, "We feel like we're failing because it's our job to be able to do this for our kids, and we're not able to do it."*

Brief Description

With the transition to online schooling, providers reported that many parents struggled with both the technology and the content knowledge to assist their children in their schoolwork. The combination of these two barriers created stress for many parents. We note that there were some exceptions, families who felt there were no challenges to distance learning, and families in which parents thought there were no challenges until staff reached out to report children were not doing their work.

School-community agency partnerships and engaged school staff were important for helping youth succeed in school. Liaisons or community agency staff who spoke the family's language were necessary to create a foundation for success.

With the transition away from in-person schooling, religious education also became a challenge. Children in Muslim families were largely unable to participate in dugsis [weekend school], which was sad for parents.



Food Cost, Supply, and Availability

Key Quotes

Not Enough Money to Buy Food

- *And then I'll go in at the end and the patient is like, "This information is wonderful, I would follow this, but I can't afford groceries. So then, it's almost like we should have started with us going in to see if they could afford groceries, because that's been one of the biggest things."*
- *Most of them are trying to look for milk, eggs, fruit, so they're going out there, too. I have families that have told me, "I'm grateful they gave me \$150 for a month for food," but as we know, food prices are going up."*

Stress Over Increased Cost of Food

- *But she only told me that the argument was because he was eating a lot and she told him that there's not a lot of food, so they had to consume less. The child got a little mad, and he went outside, like, "Mom, I'm going to go play." She's like, "He always goes to play outside, and I always look at him. And then, he wasn't there." But it had a good ending.*

Inability to Buy Foods That Met Cultural Preferences and Needs

- *"I think within the culture [Latinx], I heard that some don't really consume canned food. It's more grains and tortillas and meat."*
- *"We've noticed a lot of—a need we weren't particularly able to meet was some of the very specific dietary needs for folks who were fasting [Somali]. There were some very specific asks for bananas and lemons—more of that traditional food that's used during fasting, or tea or consumables. The overall shortage of produce, in general, in our area was really an impact."*

Brief Description

Staff serving immigrant and refugee families reported that their clients faced similar issues to those that many limited-resource families hit by unemployment faced during the COVID pandemic such as a lack of money to buy enough food to meet their family's needs, the increased price of food as the pandemic continued which put pressure on an already-stretched family budget, and some difficulty accessing food and supplies.

Staff also shared some unique challenges related to food influenced by these families' histories and cultures such as limited or no supply of the foods they typically bought from local ethnic grocery stores, and their inability to fully avail themselves of free food support because they had cultural preferences for certain types of foods that are not typically available from food shelves. Overall, the stress related to adequately and appropriately feeding their families was a significant source of stress for immigrant and refugee families served by the providers interviewed in this study.



Assistance Available

There are many forms of assistance available to immigrant families in Minnesota, including help from family, community members, local government, federal government, and local agencies. The types of help available from each group is presented below. Each description is immediately followed by a descriptive quote.

Family

Help from family members. The first source of help for many was their family members. Families offered financial support to one another or offered space for others to move in with them. *“A lot of the families had to turn out to their families to loan money, too”*

Managing/budgeting new finances. Unpredictable income streams were challenging to navigate for families. Management skills were helpful to determine priorities and how to use resources. *“It's like, “Okay. I can't spend it all. I know that. My case manager told me that I'm not supposed to just spend, spend. But now what? How do I differentiate which to keep for what, and what to pay for what? And when should I pay this and that?”*

Community-Based

Food shelves. Nearly every participant talked about food shelves and food distribution events being a key resource for their families. Providers reported that the food distribution in Minneapolis was particularly noteworthy after the riots following Mr. Floyd's murder, due to the many pop-up distribution events. *“I think the whole strategy of our state for example Minnesota, has been really strong in that area because you see food distribution everywhere. So they at least make sure that basic need for the people even who are immigrants is covered.”*

Direct support from the community. Community members responded to one another's physical needs with direct help in the form of meals, produce, living space, and transportation. *“I think in our community everyone supports each other like if someone is sick the other would come and help, either family or friends. I think that's the best way they support each other, or if someone has more food and the other family doesn't have food, they will share”*

Financial grants from agency and community fundraising. Local agencies raised funds to help with rent and bills. These funds were greatly appreciated and helped families hope. Unfortunately, due to the high demand, each time funds were raised, it ran out within days. *“There's an organization that helps. We've referred, in Hennepin county and Ramsey county, we've referred 61 families to a private organization that had some funding to help with rent. They all qualified, but then there's no more funding. That was a small help, but that was really good. It was \$500 for two months”*



Low-cost, low eligibility health services. Providers felt that although many families were concerned about the cost of health care, low-cost and low-eligibility health services met that need. *“And there aren't very many area clinics that—I mean, they'll serve patients if it's an emergency, but a lot of the area clinics will tell patients that they should come here instead of getting in debt to the point where they will never be able to pay their bills somewhere else”*

Government

Unemployment benefits. Nearly every provider mentioned unemployment benefits and how they were a priority for families who were eligible. *“I think what we're seeing is a lot of the people that have become unemployed, if they're eligible for unemployment, some of them are doing—they're doing okay.”*

Government funding for rent and food assistance. Funding such as county emergency financial relief and the Minneapolis GAP fund were exciting to providers as options for families and families also relied on state government funding resources such as MFIP (Minnesota's Welfare Reform program). *“The first application that we could apply for, we're really excited about was the Minneapolis Gap Funding application. In three months they hear it, and it's a lottery system and not a lot of families qualified for it got chosen through this lottery system.”*

SNAP benefits (Supplemental Nutrition Assistance Program formerly known as Food Stamps) and the pandemic EBT (a temporary food benefit for children who would have received free or reduced meals if schools were open) were helpful resources, reducing the burden of food bills during a time of increased consumption and reduced resources. *“And also the other thing that I really liked from the Department of Education was their P-EBT program, which was to help families fund for their foods, because acknowledging that a lot of them were closing, that they were going to provide lunches, make sure that family had funds to buy their groceries and what they needed in their families for their children who qualified for free lunch. And that's been helpful, but I have had a family who they don't have a kid from the K-12, they have Head Start, they have younger babies, so we help those babies, right?”*

Community Agencies

The agencies are trusted resources in their communities, and they become a primary option for support, particularly with navigating all the challenges to receiving assistance. *“Because most of the clients, they trust our work and the job that we're doing. So they keep contacting us or they keep coming back to us with any systems for help they're needing.”*

Conducting personal check ins. Providers reached out to clients on a regular basis, checking on their needs and showing that someone cared about them. *“Yeah, but mainly they've been saying thank you for calling, that it helps a lot to be heard”*

Distributing food/essentials. Several providers described how they or their team members dropped off food or necessities or worked at a pop-up food distribution to support families' access to essentials. *“Some of*



the clients are elderly. And so people who take care of them can't really go out there and get the medication from them. And what if they go out and be exposed to the COVID and now they're bringing it inside back to the elder, then that will be an issue. But I think one of our coworker, he did help pick up those medications and deliver it to their doorsteps, which is nice."

Fundraising and applying for grants. Some agencies fundraised to provide direct support to struggling families. *"Two months ago we raised some money and we were able to help close to 2000 families with \$500 towards rent"*

Connecting to and advocating for resources. Agency staff not only connected families to resources, but also advocated for improved resources and helped reduce the barriers of language and technology for families by helping them apply. *"And then, if they're looking for other resources, they ask me and I search for them and I call them back, or I call the number, because there's a lot of numbers that only have the English option and they don't speak English"*

Serving as liaison. Agency staff sometimes had ongoing relationships with both the family and the other providers in their lives, such as teachers or landlords. Staff would continually advocate for the family's needs and work together on plans for how to meet them. *"And I was able to connect with a lot of my student teacher, and then they were able to share with us the—because their students were with them most of the time in class, so they understand the student and they were able to share with that, "Oh, this student's is not doing well. Oh, and this student is doing well," that kind of stuff. And so then, I was able to understand my student better and then which subject my student is lacking in. So some of my student might be good in this subject but really bad in another subject. So I was really able to help them that way."*

Supporting youth. Some agency staff worked specifically with youth, running groups, providing summer activities, and offering mentoring. These services were appreciated by parents and youth. *"And their parents want them to register because they're like, They're just at home. Their sleeping schedule is awful. Take them, fix that. so yeah, they've shown a lot of gratitude and also understanding through this process because we have taken them along the way to hear their feedback, to hear their suggestions."*

Educating about COVID and safe practices. Agencies answered questions about COVID, shared informational materials about the illness, and promoted safe practices. *"The other thing is, they don't know how the COVID-19 spreads or what are the signs and symptoms. As the health issues they normally face, they normally call us, we try to explain to them the signs and symptoms, or how it can spread and stuff like that, but they're still struggling. And then, some of them are scared and getting stress because of this COVID-19."*

Providing free COVID tests. Some agencies provided free COVID tests, while others directed families to the free testing resources available in the community. *"We were told they can be tested, but if you get infected a regular doctor visit is not covered"*



Barriers to Assistance Access

Families face barriers at each stage of the process to access assistance; there are barriers preventing families from applying, barriers in the application process, and barriers when resources for which they're eligible are depleted or inaccessible. There are also some barriers specific to accessing health care. Each is addressed below.

Barriers that prevent families from applying

Minority communities do not seek resources until they need them. Providers reported that their immigrant clients do not get resources or seek assistance unless they need it. *"They don't ask for help. They work for what they have. They're not used to asking for that kind of assistance."*

Fear of making a mistake. Providers reported that their clients were afraid of making a mistake on the forms and being asked to pay the money back. *"What applying for unemployment entails, where that information goes, what will be received back whether—I think a lot of times, there's also a fear that if you apply for unemployment and you're ineligible, that you've done something wrong. Or that you've tried to somehow abuse the system."* One provider reported this fear coming true for a client, who was approved for unemployment even though she did not make the minimum income. She sent some to her family overseas. When the mistake was recognized, the government asked for a recoupment, which was a *"real mental health challenge for her... she's failing there, she's failing there; she's failing here. And it's an extreme, heavy burden on her to continue on because now it's zero income for her household. And zero income for worse overseas."*

Fear of accessing services due to lack of documentation or citizenship status. For families without documentation, with mixed documentation, or whose families' path to citizenship may be impacted by the public charge rule, accessing any service is scary. A report of foreign-born workers documents the policy paradox that immigrant workers "are 'essential' at very high rates, but many lack status and they have been marginalized by US immigration and COVID-19-related policies" (Kerwin, 2020, p. 1). As one provider commented, *"Their immigration status. Some of them have severe—they cannot receive any help due to their immigration status, so they're really scared to go out there and call other organizations for help. Even with us, we were a little scared"*.

Fears about accessing food benefits:

- *"It's hard for them to understand that the kids were born here and they have rights, it's their rights as US citizens to access those services."*
- *"For EBT or MFIP, no. You need to be a resident or a citizen. Even if they have a work permit, they don't qualify for those benefits. Work permit H1B visas, and all the many more visas that are out there, people don't qualify."*
- *"Part of it is fear, and part of it is because of public charge. So they fear that if they, say, you get EBT benefits for a few months, that it'll permanently eliminate their chances of ever becoming a US citizen, becoming naturalized."*



Fears about accessing rent assistance:

- *“We’ve been trying to do the application, the emergency application of XXXX County. So, there are some families who refuse to do it, because they are also scared of what they’re asking, their immigration status. So, some don’t want to complete it, so they don’t do it and we try to look for other options.”*

Fears about accessing health care

- *“If you don’t have documents, you don’t have access to health.”*

Barriers in the application process

Language. Many resources are only available in English. Applications for benefits, phone numbers for help lines or resource distributions often only have an English option. Landlords typically only speak English which makes it very difficult for families to communicate directly to explain rent challenges. *“And then, if they’re looking for other resources, they ask me and I search for them and I call them back, or I call the number, because there’s a lot of numbers that only have the English option and they don’t speak English.”*

Technology skills. Technology was often required to set appointments, have conversations with providers, or to apply for help. Providers described how many of their clients did not feel comfortable with technology. This discouraged families from seeking appointments and made it difficult to access resources without someone to help them through the process. *“And then to create those account, you need to have e-mail. And some of the Karen clients don’t have e-mail. Mostly all the Karen elders, they do not have e-mails, so that’s hard.”*

Wait time. Providers reported that some programs, such as rent assistance programs and unemployment, had long processing times. While families were thrilled when they received assistance, such as a grant for rent assistance, the uncertainty during the long waiting periods were stressful. *“My families waited three, four months to hear something back, right? So we got very excited, but a month—rent is due in two weeks, rent is due the next month. I think recently, the programs that I’ve been referring my families to has been to Hennepin County’s rental assistance program, which is still a month waiting periods to get a response”*

Income requirements. One provider reported that some of their families did not meet the minimum earning requirement for unemployment. Another provider reported that families are sometimes not eligible for services because their income was too high prior to the crisis.



Barriers when resources for which they are eligible are depleted or inaccessible

Demand far exceeds funds to cover basic needs, especially rent. At the time of our interviews, providers reported *“right now everyone is desperate for rent assistance because they haven’t worked for months.”* Providers reported that additional funds for rent assistance were needed. This was true for individuals on unemployment, as unemployment did not cover the cost of rent, and for individuals who had lost jobs and did not qualify for unemployment. *“Right now, our needs are to help people with rent payment and rental assistant, rent for the clients. So that’s the most [needed] —houses need for the community.”*

Transportation. Providers reported that families had challenges travelling for appointments or for picking up medication, food, and necessities. *“Transportation has largely been a real sticking point for a lot of our immigrant families, especially the elders or those who are disabled or disabled elders. The folks were already feeling isolated without having any easily accessed transportation resource. It felt even more so during COVID... the Metro public transit is not the same as rural public transit where the bus schedule is that it operates during daytime hours and it has a limited route. You can almost call up to arrange a ride a day in advance rather than just catch the bus route. It’s a very different animal.”*

Barriers specific to healthcare

In addition to barriers common across all services such as language constraints, lack of technological familiarity, and transportation, there were three barriers specific to health care.

Key Quotes

- *“I work with some families from Guatemala that have never gone to the doctor, they’ve never gone to the dentist. So it’s weird, right, to just go into this building that just seems very formal and it’s not what people are used to sometimes. Then you have all these people talking to you in English and it’s just overwhelming. So I can see where even getting to the point where you feel comfortable to call and schedule an appointment can be scary.”*
- *“Some of them do have to have the meet your doctor on Zoom appointments. It’s really—it’s mumbo-jumbo to them. It’s like, “This is not going to work.” So it’s not important. They’re not counting it as important as that one-on-one visit. But the ones that have health concerns, the ones with children that need appointments, they’re doing that.*
- *“They believe it’s very expensive and they don’t have medical insurance cover for going to the hospital or medicine and stuff like that”*

Brief Description

The biggest barrier regarding healthcare is cost. Healthcare is expensive without insurance, and often families have to prioritize other bills and expenses over their healthcare needs. Providers also reported that clients have difficulty understanding how the U.S. healthcare system works generally, and that the shift to telehealth and



virtual visits has complicated that. Their clients see virtual visits as less functional and less important, and prefer in-person appointments which are difficult to obtain currently.

Changes for Agencies and Need to Support Agency Staff

Key Quotes

- *“We are working in getting our statistics for the six months through July, so I will not be able to give you numbers, but I can tell you at the very least, the number of the participants, the calls have been double in that time”*
- *“For my program, I work with 100 clients on my list, but I have served over 300 calls during the COVID, related to health insurance, SNAP benefit, employment insurance.”*
- *“But the reason why we had that shift and as many organizations have done, is that we acknowledged that we cannot run our regular programs without ensuring that our families had access to basic needs such as food, diapers, or financial support for their grants and bills”*
- *“That [job responsibilities] has changed a lot of me actually. I’m doing a lot of jobs that I’m not usually doing right now. I’m more at the office now. I used to be more at the schools working with youths. So that’s a little bit different. Also the youth have been—I actually gave them my e-mail and some of them have my personal phone number that I’m closed to—leaders that they have—and they keep calling me.”*

Brief Description

COVID brought major changes to agencies, notably including substantial increases in the number of clients served. Several providers were working with double the number of clients they had before COVID. We note that health agencies that depended more on in-person visits saw declines in the number of daily clients.

Agency staff learned new tasks, such as how to apply for unemployment benefits or administer COVID tests, to support the increased volume of need and the COVID-specific needs. Several agencies reported a shift to greater focus on basic needs, so staff quickly needed to learn more about the resources available during COVID to supply basic necessities. Coordinating these new responsibilities and rapidly changing resources in the midst of greatly increased clients was a challenge, and yet the providers were committed to serving their clients in times of need to the best of their ability. Staff and agencies described partnering with the schools and other agencies providing related services to meet these needs.

As in-person meetings were barred, agency staff shifted services to virtual formats such as phone calls, What’sApp, Facebook messages, and Zoom meetings. Adjustment to these changes was difficult. Providers reported struggling to reach their clients or to have their clients respond to them.

Providers noted that agency staff also needed resources, support, and connection. Because so many of the providers in immigrant-serving agencies are immigrants themselves, many of the things their clients are experiencing, staff are experiencing with their own families. Family income may have decreased, or extended family members may have moved into their home. They may have fears about bringing COVID home to family members, or be grappling with the impacts of isolation. At the same time, these staff are managing increased caseloads, taking on new job tasks or learning new delivery formats. Agencies can consider offering supervision opportunities for staff to process the stress they are experiencing due to increased work demands and resulting strains, making sure staff have access to the same resources that are provided to clients, or finding other ways to support their staff so they can continue providing critically needed service and good care to the community.



Collaborators

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Agency Name	Location
Casa de Esperanza	Saint Paul
Change Inc. in partnership with the St. Paul Public Library	Saint Paul
Karen Organization of Minnesota	Saint Paul
Open Door Health Center	Mankato
People's Center	Minneapolis
United Community Action Partnership	Marshall

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