

THE COVID-19 PANDEMIC AND MATERIAL HARDSHIPS: A QUALITATIVE
STUDY OF UNDOCUMENTED IMMIGRANTS IN THE UNITED STATES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Erika E. Chavez-Marroquin

May 2022

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ABSTRACT

The study aimed to recognize the financial impact the COVID-19 pandemic had on the undocumented immigrants living in southern California. Utilizing an exploratory method with a qualitative approach. The research interviewed English and Spanish-speaking participants who are a part of the undocumented population and have employee history. The study utilized a purposive and snowball sampling method and explored the financial impact the COVID-19 pandemic had on participants' personal finances, resources they were able to access, and gaps in programs or additional resources through federal and state aid. Through the data analysis, the research identified the following themes: limitations on accessible resources, an increase in anxious and stressful feelings, both increase and decrease in monetary income, and feelings of somewhat to denied feelings of inclusivity in relief programs or aid. A limitation of the study was the small sample size, therefore, not being able to generalize to the larger population. Lastly, recommendations for the social work practice include the advocacy for services provided to the undocumented population to reduce the gap of inequalities and create social justice. In addition to being able to professionally assist undocumented individuals seeking mental health services with no expectations of significant pay.

DEDICATION

To my brother and my mother who have supported me unconditionally. To my family who always believes in me and my success. To my husband who has patiently loved me through my journey of school and has inspired me to become my best. To my Guatemalan family who have walked with me and watched me grow. To my friends who supported me and cheered me on. And to the village that fostered my perseverance for education and the want to break statistics among graduate Latinas.

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CHAPTER ONE

PROBLEM FORMULATION

Migrants move to the U.S to seek for safety and better life but often encounter more challenges and disparities than achieving their dreams. According to Batalova et al. (2021), immigration continues to increase throughout the years, with more than 44.9 million immigrants living in the U.S in 2019. To emphasize, 42.3 million immigrants resided in the U.S in 2014, 43.9 million in 2015, 43.7 million in 2016, 44.5 million in 2017, and lastly 44.7 million in 2018. For the years 2017 to 2019, 13.7% of the U.S population have been immigrants (Capps et al. 2020). Additionally, according to Capps et al. (2020), as of 2018, 11 million of the total immigrant population were unauthorized immigrants, also known as undocumented immigrants.

As immigration increases, immigration policy tends to fall behind current trends. Most individuals can only obtain legal/ permanent residency in the U.S through sponsorship either by a family member or employer, through refugee or asylum status, or among other humanitarian programs. Obtaining permanent residence requires a thorough and often lengthy process which not all immigrants qualify for. Therefore, many immigrants live in limbo, facing financial hardships with little to no help from governmental and/or state programs. Such programs are created to aid families during difficult times due to their undocumented status. Undocumented immigrants in the U.S are often ineligible to apply for public assistance, including the Supplemental Nutrition Assistance Program (SNAP),

often referred to as food stamps, regular Medicaid, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF). In addition to being ineligible for health care subsidies under the Affordable Care Act (ACA), often known as Obamacare and are prohibited from buying unsubsidized health coverage on ACA exchanges (National Immigration Forum, 2018). Furthermore, immigrants with lawful permanent residency or green card holders have limited access to all public benefit programs and can only access them after five years of legal residence. Lastly, undocumented immigrants do not have the required paperwork to apply for a stable job or position, often leaving them to work under inadequate circumstances. Consequently, current American policies are designed to leave most immigrants, especially undocumented immigrants, with limited to no resources diminishing their likelihood of success and financial stability.

Major Immigration Interventions

Major immigration interventions have been created in hopes of adjusting and adapting to different circumstances. However, immigration continues to be a political issue due to how much power a government has over it. Without a new law or policy reforming immigration, including current migrants residing in the U.S and future immigrants, immigration will continue to be a debate for political parties to use. Immigrants are often given a surface solution to staying and contributing to the economy of the U.S, but not a pathway of citizenship that would allow them to benefit from their contribution. Below are public policies that

carry significant implications for immigration in the twenty-first century: the Immigration and Naturalization Act of 1965, The Refugee Act of 1980, The Deferred Action for Childhood Arrivals (DACA) program, and The Temporary Protected Status program.

The Immigration and Naturalization Act of 1965

The Immigration and Naturalization Act of 1965, also known as the Heart-Celler Act of 1965, signed by President Lyndon Johnson, changed and affected immigrants' lives entering the U.S. This federal law eliminated the National Origins Formula used since the 1920s, prioritizing migrants from specific European countries, The Refugee Act. Public Law, 96-212. The law continues to be in effect, providing an essential structure for immigration law. According to the Refugee Act (Public Law, 96-212), one of the goals is to emphasize family reunification and provide equal opportunity to migrants from eastern and southern European countries and Latin America. The act was the first time a numerical limitation was set for the Western Hemisphere and increased the number of Eastern Hemisphere visas. Non-quota immigrants and immediate relatives were not within the number of either hemisphere or limit of visas (Public Law, 96-212). Notably, it prioritizes relatives of American citizens and permanent resident aliens over applicants with special job skills for the first time. Lastly, the act's purpose was to end discrimination and open the doors to the mass entry of people from Asia and Latin America, where the U.S continues to see a high number of immigrants (Public Law 89-236, 1965).

The Refugee Act of 1980

The Federal Refugee Act of 1980 was created by The Federal Refugee Resettlement Program intended to assist refugees in achieving economic self-sufficiency as quickly as possible upon arrival in the U.S. President Jimmy Carter signed the act after the Vietnam War saw an increasing number of Vietnamese and Cambodians fleeing their countries due to political chaos and physical danger The Refugee Act, S.643 - 96th Congress (1979-1980). The Refugee Act of 1980 created a process to review and adjust the refugee number to meet emergencies and required annual consultation between Congress and the President on refugee admission. In hopes to allow presidents to change and modify the number of refugees and asylum seekers entering the U.S per year at their and congress' discretion. Additionally, it changed the definition of "refugee" to a person with a "well-founded fear of persecution" stated to standards established by the United Nations conventions and protocols The Refugee Act, S.643 - 96th Congress (1979-1980). The Refugee Act's goal is to provide and create resources for refugees and asylum seekers to successfully adapt to the U.S by learning English, providing employment, training, and placement, in addition to financial resources to help with stability, The Refugee Act, S.643 - 96th Congress (1979-1980).

The Deferred Action for Childhood Arrivals (DACA) program

In 2012 the U.S Department of Homeland Security (DHS), with the support of President Barack Obama, issued the Deferred Action for Childhood Arrivals

(DACA) policy to provide young unauthorized immigrants temporary lawful status. The program offers a person to be lawfully present in the U.S and the opportunity to apply for work authorization (USCIS, 2021). DACA allows for a renewable period of two years. Still, it does not give legal immigration status nor a pathway to citizenship. To obtain DACA, a person must qualify under strict guidelines and have no criminal background. Furthermore, their DACA status can be removed if the recipient engages in criminal activity, leaves the country without advance parole, or if the program is repealed (USCIS, 2021). DACA serves as a band-aid in the continuously complex immigration system to provide a temporary solution for young adults who call the U.S their home. The program can be terminated at any time, and political powers and presidents have challenged its legality. Therefore, DACA recipients and their families continue to live in fear of the unknown, knowing this is temporary (the United States Citizenship and Immigration Services, 2021a).

The Temporary Protected Status Program

Temporary Protected Status (TPS) is granted by the Secretary of the Department of Homeland Security (Secretary) to those eligible and unable to return to their homes safely. The Secretary can designate a country eligible for TPS if the country is under ongoing armed conflicts, such as civil war, an environmental disaster, epidemic, or other extraordinary temporary (the United States Citizenship and Immigration Services, 2021b). To be eligible for TPS, a person's nationality must be from a designated country, be applying during the

specified registration period, and be physically present in the U.S since the appointed date. The benefits TPS provides are that the person cannot be removed from the U.S or detained by DHS based on their immigration status, eligibility for an employment authorization document (EAD), and eligibility for travel authorization (USCIS, 2021b). Similar to DACA, the TPS program are band-aids in our immigration system and not permanent solutions. TPS recipients are not on a pathway to citizenship, and most live in fear of the unknown (USCIS, 2021b).

Purpose, Rationale, and Significance of Study

The purpose of this study is to explore the financial impact COVID-19 pandemic among undocumented immigrants living in Southern California. This study will answer the following research questions: How does the Covid-19 pandemic impact undocumented immigrants in Southern California? What coping strategies do undocumented immigrants in Southern California use to survive the hardships caused by the Covid-19 pandemic?

In December 2019, a highly contagious virus from Wuhan, China, named COVID 19- by the World Health Organization, rapidly spread worldwide, affecting the populations' health and daily lives. In the US, there have been a total of 32.9 million cases reported and 596,686 deaths reported until June 24, 2021 (WHO, n.d). In addition to 3.7 million cases reported in California and 293,765 cases reported in San Bernardino County with 4,841 deaths (ArcGIS Hub, n.d.). COVID-19 has had a monumental impact globally, and different countries have

created laws and policies to best protect their citizens. For example, the U.S created a COVID-19 economic relief package to aid American families and workers, assist small businesses, state, local and tribal governments, and assistance from American industries.

The assistance included relief payments, also known as stimulus payments for every U.S citizen, unemployment benefits such as waiving some of the required elements to stay on unemployment and extending qualifications for those caring for children, among other financial benefits (United States Department of Labor, 2020). However, undocumented immigrants continue to be excluded from benefits provided at the federal and state levels. Therefore, COVID-19 has created a significant impact on the finances and the health of immigrants living in the U.S.

According to the National Association of Social Workers (NASW) (2017), as social workers, one of the ethical responsibilities to clients is cultural awareness and social diversity. According to the NASW (2017), "Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability" (p.12) Studying the financial impact of COVID-19 among undocumented immigrants will provide further analysis in how to best provide services and wraparound services as it continues to impact future generations.

CHAPTER TWO

LITERATURE REVIEW

This chapter consists of four sections. The first section presents a synthesis of the existing literature on the impact of the pandemic on undocumented immigrants and its limitations. The second section contains a synthesis of theoretical perspectives guiding this research. Lastly, the third section is the critical analysis of theoretical perspectives.

Synthesis of the Literature

The undocumented immigrant population in the U.S, specifically in Southern California has been dramatically affected by COVID-19. The health of undocumented immigrants has been affected together with their finances. The following studies demonstrate the impact of COVID-19 on the health care for undocumented immigrants in Italy and the effect of COVID-19 on the labor market around the U.S. Although studies were conducted in two different parts of the world there are correlations that can be made to apply to Southern California.

The issue of immigration and the impact of COVID-19 has been studied worldwide. In Italy, Devillanova et al. (2020) focus on the access and reason for medical visits during COVID-19 to an organization named Naga, which provides primary health care for undocumented immigrants. The study is a qualitative study utilizing the Naga electronic systems that collect demographics, and medical information, among other necessary data. The study revealed a sharp reduction in the daily number of visits during the early phase of COVID-19

(Devillanova et al., 2020). However, the strict lockdown might be associated with a decrease in daily visits. Secondly, Devillanova et al. (2020) observed an increased number of acute respiratory infections whose symptoms are similar to mild COVID-19 cases (Devillanova et al., 2020). Lastly, there was an indication of an increase in homelessness during the early phase of COVID-19 and the patients of the Naga organization.

Comparatively, COVID-19 had a disadvantageous effect on undocumented immigrants and their employment. Borjas and Cassidy (2020) conducted an analysis of data on the adverse impact of the COVID-19 labor market shock on immigrant employment, utilizing the CPS Basic Monthly Files, downloaded from the Integrated Public Use Microdata Series (IPUMS) (Borjas & Cassidy, 2020). The analysis demonstrates that the adverse effect can be attributed to the different kinds of jobs that immigrants and natives hold (Borjas & Cassidy, 2020). Specifically, immigrants are less likely to have jobs that could be done from a remote setting; consequently, it allows more natives to stay employed and work from home (Borjas & Cassidy, 2020). The limitations of the study were the lack of access to know which employers were undocumented.

Due to the fear of repercussions, including fear of deportation, data from undocumented immigrants are often challenging to obtain. Therefore, direct access to qualitative and quantitative data from undocumented individuals is lacking. Additionally, there can be inconsistencies when pulling data, demographics, and information from a database due to the fabrication or

falsehood when individuals fill out the information. The literature confirms that there was an impact of COVID-19 on undocumented immigrants. However, there are limited studies on the negative effects of COVID-19, specifically on the undocumented population.

Synthesis of Theoretical Perspectives Guiding this Research

Social workers often face the dilemma of practicing in a micro or macro setting and implementing Critical Theory (CT) concepts to practice. Social workers can recognize how the personal and political can connect to empower, create change, and eliminate oppression. CT began around the 1920s and 1930s with the philosophers Theodor Adorno and Max Horkheimer, both critical scholars associated with the Frankfurt School (Salas et al., 2010). CT can track down to Marx's critiques of the economy and society, but it was through the Frankfurt School that it was developed and refined (Crossman, 2019). Since 1930's the ideology of CT has been used for other theoretical perspectives, including the feminist theory and emancipation theory (Salas et al., 2010). Through modern social theorists bell hooks and Paulo Freire, the application of CT was widened in their questioning of the impact of sexism and race on power and the social order (Salas et al., 2010). The goal of CT is to assist individuals in recognizing their oppression, come together, and possibly engage in political actions that transform society. Therefore, creating social change with individual empowerment.

Critical theory can contribute to and enhance the work of social workers by setting a foundation that allows social workers to focus on the micro and macro practice, engaging in social justice. CT can be viewed as a guide for social action; it believes that understanding the social systems focusing on power and domination consciousness will increase the need for change (Salas et al., 2010). Furthermore working together at the micro and macro level studying transference, countertransference and human behavior in the social environment can establish the best course of action and unite at both levels for social justice change (Salas et al., 2010). CT is an ideological framework that can bring stronger cohesion to the Social Work profession (Salas et al., 2010). Theories such as CT can be used as ideologies and guidelines to aid social workers in their commitment to social justice.

Social workers have the ethical principle to pursue social change, especially with and on behalf of vulnerable and oppressed individuals and communities (NASW, 2017). Together with CT, social work practice “begins with a commitment to recognize how the personal and political are connected, and consequently integrate social care to eliminate oppression” (Salas et al., 2010, p. 5). For social workers to engage in CT practice, the following factors must be considered: historical and cultural context, power distribution, self-reflection, nonjudgmental inquiry, values, and action (Salas et al., 2010). The factors aid in having a further understanding of societal events affecting individuals, such as race, national origin, skin color, privileges individuals can or cannot have and

their advantages and disadvantages, try to eliminate bias, and steps that can be taken to address social change (Salas et al., 2010). Implementing CT in the social work profession when dealing with a significant societal problem such as immigration can lead to social justice change in successfully assisting such a population.

Immigration continues to be a significant societal challenge and solutions to the problem are scarce. Social workers implementing CT in their practice can empower their clients not only to be successful as individuals by providing the tools and techniques to use in their daily lives but also to come together to work towards change. Therefore, improving individual well-being, promoting social justice, and implementing micro and macro practices. According to Batalova et al. (2011), 26 percent of the U.S population consists of immigrants and their U.S born children. Social workers empowering and advocating together with the population of immigrants can lead to social change and policy change that will assist immigrants in being successful and achieving their dreams.

The critical theory aims to combine the micro and macro practices to assist individuals in recognizing their oppression and creating social change. According to the NASW (2017), social workers have the value for social justice and the ethical principle to challenge social injustice. Utilizing CT in social work practice can aid to make a more significant impact on the individual and join forces to create social change. CT has been used as a guideline for other theories with a successful movement resulting in social change with individual

empowerment (Salas et al., 2010). Thus, implementing social work and CT when working with individuals who have migrated to the U.S can lead to empowerment and possible change in immigration policies that best assist them.

Critical Analysis of Theoretical Perspectives Guiding this Research

Social workers rely on different theories for educational and practice purposes. However, there are currently no empirically tested measures to evaluate such theories (Joseph & Macgowan, 2019). The Theory Evaluation Scale (TES) is a tool developed by social work professors Rigaud Joseph and Mark L. Macgowan to fill this gap in the literature. The TES' purpose is to assess the merits and shortcomings of social work theories (Joseph, 2020a). The TES consists of nine criteria being: coherence, conceptual clarity, philosophical assumptions, connection with previous research, testability, empiricism, limitations, client context, and human agency (Joseph & Macgowan, 2019). Coherence refers to elements of the theory that are developed, integrated, and presented in a smooth and consistent fashion. For conceptual clarity, variables of theory should be presented in an unambiguous method. Additionally, "a theory should embrace its philosophical integrity by clearly explaining its axiological, ontological, epistemological, and methodological connections" (Joseph & Macgowan, 2019, p. 9). Theories should connect with previous research by building on prior knowledge to show where a theory contributes. Furthermore, theories should have a testable hypothesis for future research via observational and experimental research. In addition, theories must outline their scope of

competence containing limitations, which would allow practitioners to determine any shortcomings and find other theories that can support said shortcomings. Lastly, it is important for a theory to account for clients' experiences and recognize that humans are active agents within their environment. Utilizing strength-based, a positive approach provides hope and purpose to practice (Joseph & Macgowan, 2019).

The TES can aid social work students to transfer classrooms experience into the real world (Joseph & Macgowan, 2019). The TES is the only known theory-quality tool that has been appraised by a panel of social work experts across the globe (Joseph & Macgowan, 2019). Therefore, applying the TES for theories use in the social work profession can aid in improving and closing gaps. Joseph and Macgowan (2019) recommend a scoring range of 1-5 for the TES, with one being the lowest and five the highest scores. Additionally, scores for the theory can range from 9 to 45, meaning the higher the score, the better quality the theory is. If a theory scores 9 with the TES, the theory is deemed poor. If the theory ranges from 10-to 19 utilizing the TES tool is considered fair. Scores ranging from 20-29 on the TES are a good theory. Lastly, an excellent theory score between 30 and 45.

When analyzed under the TES, CT generated a score of 31 (see Table 1 below). Accordingly, with a score of 5 on theory coherence, conceptual clarity, philosophical assumptions, client context, and human agency. Secondly, a score

of 3 in connection with previous research and limitations. Thirdly, a score of 2 on testability and empiricism.

The critical theory strengths are coherence, conceptual clarity, philosophical assumptions, client context, and human agency. It clearly states the history, key components of theory, and the key components of critical social work practice and emphasizes enhancing the well-being of all individuals with particular attention to the empowerment of people to create environments conducive to social justice change (Salas et al., 2010). The limitations of the theory fall upon testability and empiricism. Critical theory lacks providing a framework and a testable hypothesis for observational and experimental methods, in addition to the lack of research and studies that support the outcome.

Table 1
 Critical Analysis of the Critical Theory with Joseph & Macgowan's Theory
 Evaluation Scale (TES)

Criteria	Description	Score
1	The theory has coherence.	5
2	The theory has conceptual clarity.	5
3	The theory clearly outlines and explains its philosophical assumptions.	5
4	The theory describes its historical roots in connection with previous research.	3
5	The theory can be tested and proven false via observational and experimental methods.	2
6	The theory has been critically tested and validated through empirical evidence.	2
7	The theory explains its boundaries or limitations.	3
8	The theory accounts for the systems within which individuals interact with people around them.	5
9	The theory recognizes humans as active agents within their environment.	5
Overall score		31
<i>Theory quality based on overall TES score: Critical Theory</i>		

CHAPTER THREE

METHODOLOGY

The methods section of a research paper provides an overview of the research methods. In each section, the research specifies how the researcher designed it, what data was collected, and the data analysis. The sections of the paper: the ethics/ protection of human subjects, the research design, sampling of the research, data collection instruments and procedures, study variables, and data analysis.

Ethics/Protection of Human Subjects

To begin the study, the researcher took steps before and after the research to maintain the researcher's ethics and the anonymity of the participants. The researcher completed the Collaborative Institutional Training Initiative (CITI) program to ensure ethics in the study. In addition, the researcher sought approval to conduct the survey from the Cal State University San Bernardino (CSUSB) Institutional Review Board. The researcher provided informed consent to all participants with all facets of the study, including purpose, risks, and benefits, and how the researcher kept their confidentiality.

Moreover, the researcher took all proper COVID-19 guidelines by conducting interviews through zoom. Anonymity and privacy of participants and confidentiality were established by assigning all participants a number to not utilize any names. No identifying information was asked for demographics or data

purposes, and all demographics and data information is being stored in a secured locked location and will be destroyed after three years of completion.

Research Design

The purpose of the research is an exploratory study of the financial impact the COVID-19 pandemic had among undocumented immigrants living in Southern California. Apart from embracing exploratory study, the method is qualitative. The intervention that was used will be non-experimental. The study had a cross-sectional timeline to provide the effects of the COVID-19 pandemic on the specified population. Lastly, the generalizations of the findings will be correlational, exploring the variables of the COVID-19 pandemic and the material financial impact.

Sampling

The research took a non-probability sampling method. It utilized the purposive sampling method, as participants are to be part of the undocumented immigrant population. In addition to the purposive sampling method, the study also included the snowball sampling method. The sample size of the research is 9 individuals who identified as undocumented immigrants and lived in Southern California. Individuals will range from ages 20 and over with previous employment history or income. Lastly, participants in the study included students, heads of households, and individuals with different socioeconomic statuses.

Data Collection Instruments and Procedures

The interviewer of the study collected general demographic information together with a semi-structured questionnaire. The general demographic information collected included age, race, ethnicity, gender, marital status, education, and employment. The interviewer explained to participants the informed consent, risks, and benefits and how the information will be used and stored. The semi-structured interview included closed-ended questions for demographic data and open-ended questions for the semi-structured survey. Some of the questions that were asked are as follows: “what are the most effective resources you have utilized *during the pandemic?*” “*How have the changes in immigration policy affected you? Including public charge?*” “*What effect has the COVID-19 pandemic had on your personal and family’s life?*” “*What impact has the COVID-19 pandemic had on your monetary income?*” “*In your current immigration status, do you feel included in the COVID-19 financial relief/ stimulus check policy?*” “*How can the U.S health system and its services improve to service the undocumented population?*” “*How can the U.S support undocumented immigrants currently living in the U.S through their COVID-19 relief policies?*”

Procedures for inviting participants included phone calls, publishing on social media platforms, and the snowball effect. The interviewer posted on social media platforms and asked participants and individuals to refer potential participants to the study. The questionnaire was administered through zoom. The

interviewer asked participants if they were comfortable with the interview being audio recorded for translation purposes by utilizing zoom technology to audio record.

Sensitizing Concepts

In this section, the research will define the key terms in the study.

Undocumented immigrants refer to anyone residing in the U.S without legal documentation. COVID- 19 defines as an infectious disease caused by the novel coronavirus, beginning in 2019. Relief from the COVID-19 pandemic is the emergency funding provided by the government to respond to the COVID-19 crisis. Immigration policy refers to the rules regarding rights of access, permission to participate in employment, rights of asylum seekers and refugees, rights of immigrants to bring their family members, and rules for acquiring citizenship to the U.S. The study will use the sensitization of concepts for data collection purposes, including, coding, and to further analyze the data obtained during the interviews

Data Analysis

The data was analyzed by the researcher only. The data was analyzed by hand, using a spreadsheet on excel and then a thematic analysis. The researcher assigned a number to each interview for confidentiality and anonymity purposes. Furthermore, the researcher created a codebook for the data and organized the codes into themes. The data will be stored for three years for record purposes and properly disposed of afterward.

CHAPTER FOUR

RESULTS

Introduction

This chapter outlines the findings of the research project. Included is demographic information on research participants. Together with data collected through interviews of undocumented participants. The participants' responses were gathered from a demographic questionnaire and individual interviews. Emphasis is placed on the major themes found during the interview process. These themes include resources the undocumented population was able to utilize, the effects of COVID-19 on their personal and family lives, and the inclusivity of the undocumented population during the COVID-19 pandemic.

Data Analysis

Nine people who identified themselves as part of the undocumented population participated in this study. Five out of nine participants did not have any legal immigration documents, and four are part of the DACA program. All participants identified as Hispanic/Latino and were born outside of the U.S; Countries participants were born in included Mexico, Guatemala, El Salvador, and Honduras. The majority of participants' ages ranged from 26-35 years old, with two participants aged 18-25, one with an age range 41-50, and one who was over 51 years old. Six participants identified as female and three as male. Most

participants spoke English, and three completed the survey in Spanish. Lastly, all participants had previous work experience and lived in Riverside and San Bernardino County in California.

The table listed below demonstrates the demographic data gathered for this research.

Table 2
Demographic Characteristics of the Sample (N =9)

Variables	N	%
Race/Ethnicity		
White	0	0
Black	0	0
Hispanic	9	100
Multiracial	0	0
Age		
18-25	2	22.2
26-35	5	55.6
36-40	0	0
41-50	1	11.1
51 and Older	1	11.1
Gender		
Male	6	66.7
Female	3	33.4
Country of Origin		
Mexico	6	66.7
El Salvador	2	22.3
Guatemala	1	11.1

The participants were asked a total of eight open-ended questions. The interview times varied from six to twenty-eight minutes. Participants were asked about the financial impact COVID-19 had on their personal lives and their families, resources they could access, and inclusivity in governmental/ federal related programs.

Themes

Throughout the analysis of the data, the researcher concluded to have the following themes emerged from the interviews that demonstrated the participants' impact of COVID-19 while living in the U.S undocumented: 1) Limitations on accessible resources, 2) increase of anxious and stressful feelings, 3) both increase and decrease of monetary income and 4) feelings of somewhat to denied feelings of inclusivity in relief programs or aid.

Limitations on Accessible Resources

Undocumented immigrants are often restricted on the resources they can partake in at a federal and state level. Participants were asked about the resources they were able to utilize during the COVID-19 pandemic. Participants stated the frustration of not being able to access resources such as unemployment, although they are contributing by paying taxes and DACA recipients are legally working. Participant 2 stated:

I feel like a lot of these resources and funds is mostly available to people that are citizens, and so one being undocumented, whenever there's a hardship, we always have to think about, okay, how are we (going) to get

through this? Because we know that, all resources that are available to us are through people who are citizens. So I think it's harder for us to go through that hardship because we know that their aids or funds or any type of help is not available to us because of our immigration status.

(Participant 1, January 2022).

In addition, participants expressed increased feelings of anxiety and stress, however, many were not able to access appropriate mental health services due to the lack of local resources, state aid, and lack of appropriate medical insurance. Participant 7 stated:

Le dan prioridad a personas con aseguranza, entonces tú quedas hasta el final de la lista de espera de muchísimos meses y los pocos recursos que hay sin que te pidan tu social security están saturados todavía está la fecha. (Participant 7, March 2022).

English translation: They give priority to people with insurance, so you go to the end of the waiting list and wait for many months and the few resources that there are who do not ask for your social security are saturated until today. (Participant 7, March 2022)

Participant 9 had a similar experience of not being able to access mental health and unemployment monetary resources.

No tenemos acceso al desempleo por no tener un seguro social pero tampoco nos ayudan con nuestra salud física y mental para seguir trabajando (Participant 9, March 2022).

English translation: We do not have access to unemployment because we do not have social security number. However, they do not help with our physical and mental health to continue working (Participant 9, March 2022).

Furthermore, participants stated the fear and stress surrounding obtaining medical services for themselves or their families due to the lack of proper insurance and the high cost of medical attention.

Yes. When they were sick, they didn't want to go to the hospital because of that (lack of medical insurance). And so they, they didn't go. My grandma, she was the one that ended up going, because of that (lack of medical insurance), my parents didn't wanna go to the hospital and cause anymore expenses (Participant 1, January 2022).

In addition, participant 8– shared the need to have medical insurance as COVID-19 continues to affect people's health, especially those with an immunocompromised system, and the high cost of medical services.

I feel like there should be a way where health insurance could be easily obtained. Especially right now, before it was like, oh, you need it because we tend to have diabetes, high blood pressure, and all these types of diseases. But now because of COVID now everyone needs it. [Because] all these bills (medical bills) are up to \$5,000. (Participant 8, March 2022).

Increase in Anxious and Stressful Feelings

The COVID-19 pandemic impacted citizens worldwide as social distancing and staying at home were mandated regulations. The mental health wellness of many began to decline. Many citizens were able to benefit from programs maintained through insurance. However, the undocumented population was left out of many programs or mental health assistance. Participants in the study stated that the pandemic's effect on their personal lives was the increase in feelings of anxiousness and stress. Participant 1 shared:

It was mainly on my mental health. I would say, stress, anxiety. I recently got diagnosed with that (stress and anxiety). I do have anxiety that have to learn to cope with it, because of taking that huge responsibility of being the main provider, the main house provider, and not my parents.

(Participant 1, January 2022).

Participant 9 had a similar experience of having a decline in her mental health wellness.

Yo creo que fue como un poco de estrés y quizás estar como totalmente encerrado fue agobiante por ratos uno sentía que tenía la enfermedad, pero era como más psicológico creo que en lo personal A mí me afectó como psicológicamente (Participant 9, March 2022).

English translation: I think it was like a bit stressful and maybe being totally locked up was overwhelming at times,; Ifelt that I had the disease at

times, but it was more psychologically,; I think that personally, it affected me psychologically (Participant 9, March 2022)

In addition, participants from the study stated to have an increased of stress surrounding work as they saw the need to continue working through the pandemic but feared contracting the virus.

Actually that was, that was one of the biggest things. I was constantly concerned about (work) just because, it was never very clear as to whether or not we were going to be able to receive any type of assistance (Participant 8, February 2022).

Participants did not only worry about themselves but also their families who the majority are part of the undocumented population.

My work was still the same. It did make it stressful at some point when it would get overcrowded at the beginning, just worrying about getting sick and then going home and then getting the rest of my family sick and/ or just getting sick again affecting other people around me (Participant 4, February 2022).

Both Increase and Decrease in Monetary Income

The majority of participants continued to work during the COVID-19 pandemic and its lockdown with the exception of three. One of the participants expressed the difficulty of not having a work permit or an SSN that would allow her to work legally, therefore being fired during the pandemic.

Mi trabajo me descanso, porque la compañía y el jefe previo me agarró con mi ITIN number, hubo cambio de personal y me dijeron que que necesitaba dar mi número de seguro social sabiendo que yo había dado mi número de ITIN. Etonces esa pues eso fue la causa de me despidieron (Participant 7, March 2022).

English translation: My job dismissed me because the company and the previous boss had hired me with my ITIN number; however, there was a change of personnel, and they told me that I needed to provide them with my social security number, knowing that I had given my ITIN number. So that was the reason I was fired (Participant 7, March 2022).

Participant 9 expressed her difficulty not being employed for two months and having the need to find personal resources to be able to “survive”

Me tomo unos dos como dos meses porque durante la pandemia ya que muchos negocios y mucho trabajos cerraron entonces fue bien difícil. Yo tuve que empezar a ingeniármelas qué puedo hacer verdad de lo que yo sé hacer, qué puedo hacer para poder sobrevivir (Participant 9, March 2022).

English translation: It took me about two months because, during the pandemic, many businesses and many jobs closed, so it was very difficult. I had to start figuring out what I can do, things I am good at, and things I can I do to survive (Participant 9, March 2022).

In contrast to the three participants who lost their jobs, negatively impacting their finance, most participants were able to continue working despite the pandemic lock-down.

I've been lucky because the organization I work for work ramped up rather than slow down. So I've been able to benefit from this pandemic monetarily. (Participant 3, February 2022).

Participant 8 expressed a similar experience.

I think work wise, because I do DoorDash for work and there was a spike in the food delivery service. Just because everyone was, was at home. So at the very beginning of the pandemic, there was a huge spike. Everyone was ordering. So there was more business for the drivers, for the door dash drivers. (Participant 8, March 2022).

In addition, participant 6 stated that husband's work increased due to the demand for online orders and an increase in mail deliveries.

Mi esposo trabaja de andar dejando paquetes, para el fue mejor porque ganaba más por más paquetes entregado y que toda la gente pedía en línea (Participant 6, 2022).

English translation: My husband works delivering packages, for him it was better, he earned more as he was able to deliver more packages due to all the online orders (Participant 6, 2022).

As stated, most participants were deemed as necessary workers due to the demand for at-home deliveries and frontline workers. Although many continued

working, the state of worry remained; however, the fear of losing their income and not being able to utilize resources given to U.S citizens was greater.

At first it was, I mean, still, it is still very nerve-wracking just because, I figured if I get sick, then I can't work for the next 10 days to two weeks and it never really felt like I would be able to compensate for that. (Participant 8, March 2022).

In addition, some participants who continued working felt the need to help their families as they were the only source of income within the household. Negatively impacting the participants' monetary income and monetary resources such as their savings account. Participant one shared her experience by stating:

Because me and my oldest brother were the only ones, with income, we had to use up our savings [because] it wasn't enough. We didn't have, any of the resources. The stimulus checks came in, thankfully, but only cause we needed to pay additional stuff. Yeah. And then we only got a certain amount and my parents didn't get anything because they don't really have social (Participant 1, January 2022)

Feelings of Somewhat to Denied Feelings of Inclusivity in Relief Programs or Aid.

Participants in the study felt somewhat to not to be included at all in the governmental relief program, including the stimulus checks.

We work hard, we do our part, we pay taxes. We contribute a lot and even though I was included in, I also know a lot of family members and friends who weren't included, people who I strongly believe probably even

deserved the help more than I did because they work two jobs.

(Participant 8, March 2022).

Actually yes, we do receive some monetary assistance, but not as much as a citizen would. (Participant 3, February 2022).

Participant 2 clarified they were able to obtain some funding, however, were not able to benefit from all funding resources at a federal and state level.

And that was, that was a huge, a huge thing just because, I wasn't sure if I was gonna be able to receiving anything. I guess I had the blessing to receive the first or second stimulus check, but then I believe they sent the California one out and that's the one I didn't receive. (Participant 2, February 2022).

Lastly, participant 6 expressed the fear of accepting resources as it could affect her immigration process in the future. Therefore, declined services that could have been monetarily beneficial.

Porque en mi caso me vino de que lo de la tarjeta del niño porque él está en la escuela pero al final iba afectar ni caso en migración ya cuando fuera corte. Yo creo que eso sí sería como una ayuda que le brindaron ayuda pero que no afectará a la hora de estar en el en corte (Participant 6, March 2022).

English translation: Because in my case the child's food card came in the mail as my child is in school, but in the end, it could affect me in immigration, once we show up to court. I think that it would be beneficial to

but knowing that it will not affect us when it comes to going to court
(Participant 6, March 2022).

Summary

This chapter gathered and stated data results from individual interviews. Demographic details of participants were presented. The themes that were identified during interviews were limitations on accessible resources, an increase of anxious and stressful feelings, both increase and decrease of monetary income, and feelings of somewhat to denied feelings of inclusivity in relief programs or aid. The researcher used a qualitative approach to acquire information on experiences from the undocumented community during the COVID-19 pandemic and its effects on their monetary income.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will provide a summary of the results to address the research question; what was the financial impact of COVID-19 on the undocumented population in Southern California? As previously stated, the four major themes identified in the results of the study were limitations on accessible resources, an increase in anxious and stressful feelings, both an increase and decrease in monetary income, and feelings of somewhat denied feelings of inclusivity in relief programs or aid. Some participants stated that to continue to work during the COVID-19 pandemic in some ways positively impacted their monetary income. However, many of the participants who continued to work expressed increased fear and worry about contracting the virus and not being able to take advantage of public assistance. Based on the results, the researcher will make recommendations for future studies of the social work profession.

Discussion

As previously described in Chapter two, undocumented immigrants and even some immigrants under the DACA program had a disadvantage in employment during the COVID-19 pandemic. While native-born citizens were able to work remotely or utilize governmental assistance such as unemployment undocumented immigrants were on the front lines, continuously working as

essential workers. Borjas & Cassidy (2020) state that immigrants are less likely to have jobs in a remote setting as a result it allowed more natives to stay employed, work from home or be able to utilize governmental financial resources. The present study was in line with existing research and found that all participants who continued to work during the pandemic were deemed as front-line workers and remained working in person. The findings of this study demonstrate that some undocumented immigrants had an increase in monetary income or were not negatively affected by the COVID-19 pandemic due to stable employment. However, other participants expressed the negative impact COVID-19 had on their monetary income, as participant 7 expressed losing a job and not being able to find another one in addition to not being eligible for any monetary assistance. Similarly, participant 9 stated the need to “survive” and find different methods to create an income.

Furthermore, many participants expressed their increased worry and stress surrounding finances as they felt somewhat or completely excluded from state and government assistance that could benefit their financial and overall well-being. This is important as although many were able to continue to be financially stable their overall well-being including their mental health might have been affected. As stated in chapter 2, Davillanova et al. (2020) recognize a decline in daily medical visits at the Naga clinic and an increase in homelessness among their patients. As an example, participant one expressed an increase in anxious feelings, leading to a clinical diagnosis of having anxiety. In addition, participant

8 stated they were constantly being concerned about the unknown of not being able to work. Participant 4 noted the extra stressors of being a front-line worker, contracting the virus, and infecting those around you. The fear participants or families of participants may have around seeking any assistance, such as in the example of participant 6 expressing hesitancy around accepting any “help” as it could affect their immigration case in the future.

Considering Critical Theory (CT) in chapter two, its goal is to assist individuals in recognizing their oppression, come together and possibly engage in political actions to transform society (Salas et al, 2010). Participants in this study were asked if they felt included in the financial relief programs provided by the government to ease financial uncertainty and the resources they were able to utilize during the COVID-19 pandemic. All participants stated not fully feeling included in both COVID-19 financial relief programs and/ or resources established to assist financially including unemployment, or healthcare. This led all participants to fear being unable to work either by becoming unemployed, contracting the virus, having a medical condition, or the responsibility of being a caretaker all participants from the study could have been negatively impacted as shown in their responses. As previously stated the goal of CT is to assist individuals in recognizing their oppression, work together, and increase engagement in political action to transform society. As the undocumented population gain knowledge of their gaps in services, the aim according to CT is to

create the need for change and advocate for social justice and equity among the whole population (Salas et al., 2010).

Limitations

One of the limitations of the study was the sample size of 9 participants. The data gathered can serve as a background for this study, however, it cannot be generalized to the larger population. It would be beneficial for future research to include participants of various group ages, who have different responsibilities such as head of household and caretakers and include the field of work. Secondly, the interview guide developed by the researcher did not test for the reliability or validity of the instrument. The questions created for the interviewees were based on previous studies related to COVID-19 and the general population and literature reviews.

Future Research

Future research will be beneficial to assess the impact of COVID-19 on the mental health wellness of the undocumented population. Research can include access to mental health services either through public or private insurance or individually paid, taking into consideration the cost of services and the ability to afford them. This can serve as a comparison to native-born accessibility to mental health services and the current gaps if any. This will assist in the understanding of a more inclusive healthcare system and the need for mental health professionals who are bilingual and possess cultural humility.

Recommendations for Social Work Practice and Policy

Social Work Practice

Per the NASW Code of Ethics (2017) and stated in chapter two, social workers have the ethical principle to pursue social justice and challenge social injustice, especially on behalf of vulnerable and oppressed individuals and groups of individuals. Key social change efforts are on issues of poverty, unemployment, and discrimination among other forms of social injustice (NASW, 2017). It is crucial for social workers to be aware of the existing discriminations and inequalities exposed by COVID-19 and advocate and serve to reduce the gap in resources and services for the undocumented population. Moreover, participants expressed an increase in anxious and stressful feelings where social workers can serve as professionals to introduce mental health wellness and techniques to decrease negative feelings. Per the NASW Code of Ethics (2017), another ethical principle of the social work profession is service, which goal is to help those in need and to address social problems. Encouraging social workers to volunteer a part of their professional skills with no expectations of significant pay might allow for some undocumented immigrants who would otherwise not be able to access or afford mental health services to receive professional help from a social worker.

Policy

As stated in chapter one, immigration continues to be a political issue. Without a new law or policy reform immigrants residing in the U.S will continue to

only be a debate for political parties with a Band-Aid given solution. The last major immigration intervention created was DACA in 2012 which five out of the nine participants were a part of. A deduction the researcher was able to obtain by the different benefits they were able to have in contrast to the ones who were not a part of the program, in addition to directly asking the participants if they had DACA. However, even with the DACA, program many participants felt limited and somewhat excluded from resources. Therefore, it is important for social workers to be informed of the different challenges undocumented immigrants face and learn of appropriate resources they are able to obtain to be able to effectively provide services and minimize the traumatic aspect of retelling their story or being turned down due to lack of documentation. This may reduce the fear of obtaining resources and seeking medical attention when needed. Lastly, social workers can advocate for policy change to decrease the gap in services for the undocumented population and provide services without the expectation of significant pay.

Conclusion

This research aimed to explore the financial impact the COVID-19 pandemic had on the undocumented immigrants living in Southern California. Based on the existing research and the data collected from this research, the undocumented population would benefit from being able to access more existing governmental resources including unemployment among others. As immigration continues to increase social workers can advocate to create social change and

minimize the gap in services and resources between native-born and undocumented immigrants. The study recognized the need for further study on the mental health impact COVID-19 had on the undocumented population, in addition to recognizing the need for more social work professionals.

APPENDIX A
INFORMED CONSENT

A Qualitative Study of Undocumented Immigrants in the U.S

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the financial impact of the COVID-19 pandemic among undocumented immigrants living in Southern California. The study is being conducted by Erika Marroquin, Masters of Social Work student at California State University, San Bernardino (CSUSB). The study will be supervised by Dr. Carolyn McAllister, Director and Professor in the School of Social Work at CSUSB. This study has been approved by the Institutional Review Board, California State University, and San Bernardino.

PURPOSE: This study will answer the following research questions: “How does the COVID-19 pandemic impact undocumented immigrants in Southern California?” and “what coping strategies do undocumented immigrants in Southern California use to survive material hardships caused by the COVID-19 pandemic?”

DESCRIPTION: Participants will be asked a few questions about the impact the COVID-19 pandemic had on their finances, how they were affected under their undocumented status and some resources they were able to utilize.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. You may also choose to skip any of the questions.

You can participate in this interview if you are:

1. At least 18 years of age or older
2. Employed or have employee history
3. Identify as undocumented, AB540 student
4. English and/or Spanish speaking

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only. . Your identity will be protected by keeping all records and materials confidential in a locked box and on a password protected drive. Your name or contact information will not be used in any data entry or analysis.

DURATION: It will take about 15 to 30 minutes to complete the survey. Our conversation may be digitally audio recorded, transcribed, and analyzed

Please write your initials if you approve to be audio-recorded_____.

RISKS: Participation in this interview exposes you to minimal risk of breach of confidentiality. However, all records and research materials that identify you will be de-identified and held confidential. Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants, but the results of the study will provide critical insights on poverty which is a global issue.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Carolyn McAllister through email at cmcallis@csusb.edu.

RESULTS: Results of the study will be presented in social work conferences and published in a peer-reviewed journal and/or book.

INFORMED CONSENT:

- I have read the contents of the consent form and have listened to the verbal explanation given by the investigator
- My questions concerning this study have been answered to my satisfaction. This protocol has been explained to me at a level that I can comprehend.
- Signing this consent document does not waive my rights nor does it release the investigator, institution from their responsibilities
- I hereby give voluntary consent to participate in this interview

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

CONSENTIMIENTO INFORMADO

Este estudio en el que se le esta pidiendo su participation está diseñado para explorar el impacto financiero de la pandemia de COVID-19 entre los inmigrantes indocumentados que viven en el sur de California. El estudio está siendo realizado por Erika Marroquin, estudiante de Maestría en Trabajo Social de la Universidad Estatal de California, San Bernardino (CSUSB). El estudio será supervisado por la Dra. Carolyn McAllister, Directora y Profesora de la Escuela de Trabajo Social de CSUSB. Este estudio ha sido aprobado por la Junta de Revisión Institucional, la Universidad Estatal de California, San Bernardino.

PROPÓSITO: Este estudio responderá las siguientes preguntas: "¿Cómo afecto la pandemia de COVID-19 a los inmigrantes indocumentados en el sur de California?" y "¿Qué estrategias de adaptación utilizaron los inmigrantes indocumentados en el sur de California para sobrevivir a las dificultades financieras y materialísticas causadas por la pandemia de COVID-19?"

DESCRIPCIÓN: Se le harán preguntas a los participantes sobre el impacto que tuvo la pandemia de COVID-19 en sus finanzas, cómo fueron afectados por su estatus migratorio de indocumentados y algunos recursos que pudieron utilizar.

PARTICIPACIÓN: Su participación en el estudio es totalmente voluntaria. Puede negarse a participar en el estudio o terminar su participación en cualquier momento sin ninguna consecuencia. También puede optar por no responder cualquiera de las preguntas.

Puede participar en este estudio si es:

1. Al menos 18 años de edad o mayor
2. Empleado o tiene historial de empleo
3. Identificarse como indocumentado o estudiante AB540
4. Habla inglés y / o español

CONFIDENCIALIDAD: Sus respuestas serán confidenciales y los datos se informarán en forma grupal sin identificar por nombre. Su identidad estará protegida manteniendo todos los registros y materiales confidenciales en una caja cerrada con llave y en una unidad protegida con contraseña. Su nombre o información de contacto no se utilizará en ninguna entrada o análisis de datos.

DURACIÓN: Le tomará entre 15 y 30 minutos completar la encuesta. Nuestra conversación puede ser grabada, transcrita y analizada digitalmente.

Escriba sus iniciales si aprueba que la entrevista sea audio grabada _____.

RIESGOS: La participación en esta entrevista lo expone a un riesgo mínimo de violación de la confidencialidad. Sin embargo, todos los registros y materiales de investigación que lo identifiquen serán desidentificados y se mantendrán confidenciales. Aunque no se anticipa, puede haber cierta incomodidad al responder algunas de las preguntas. No es necesario que responda todas las preguntas y puede negar responder o terminar su participación.

BENEFICIOS: No habrá ningún beneficio directo para los participantes, pero los resultados del estudio proporcionarán información crítica sobre la población inmigrantes indocumentados, un problema global.

CONTACTO: Si tiene alguna pregunta sobre este estudio, no dude en comunicarse con la Dra. Carolyn McAllister por correo electrónico a cmcallis@csusb.edu.

RESULTADOS: Los resultados del estudio se presentarán en conferencias de trabajo social y se publicarán en una revista escolar y / o libro revisado por pares profesionales.

CONSENTIMIENTO INFORMADO:

- He leído el contenido del formulario de consentimiento y he escuchado la explicación verbal dada por el investigador.
- Mis preguntas sobre este estudio han sido respondidas satisfactoriamente. Este protocolo me ha sido explicado a un nivel que puedo comprender.
- La firma de este documento de consentimiento no renuncia a mis derechos ni libera al investigador ni a la institución de sus responsabilidades.
- Por lo presente doy mi consentimiento voluntario para participar en esta entrevista.

Certifico que leí lo anterior y que tengo 18 años o más.

Coloque una marca X aquí

Fecha

APPENDIX B
DEMOGRAPHICS

DEMOGRAPHICS

Age: What is your age?

- a. 18-25
- b. 26-35
- c. 36- 40
- d. 41- 50
- e. 51 and older

Ethnicity (or race)

- a. Hispanic/ Latino
- b. Black or African American
- c. White
- d. Two or more races
- e. Prefer not to answer

Gender:

- a. Male
- b. Female
- c. Specify: _____
- d. Prefer not to answer

In what Country were you born?

DEMOGRAFÍA

Edad: ¿Cuál es su edad?

- f. 18-25
- g. 26-35
- h. 36- 40
- i. 41- 50
- j. 51 y más

Etnia (o raza):

- A. Hispano / latino
- B. Negro o afroamericano
- C. Blanco
- D. Dos o mas ethnias
- E. Otro (especificar) _____
- F. Prefiero no responder

Género:

- A. Masculino
- B. Mujer
- C. Especificar: _____
- D. Prefiero no responder

¿En que país nacio?

APPENDIX C
INTERVIEW GUIDE

INTERVIEW GUIDE

1. What resources you have been able to utilize during the pandemic?
2. How has the changes in immigration policy affected you? Including public charge
3. What effects has the COVID-19 pandemic had on your personal life?
4. What effects has the COVID-19 pandemic had on your family's life?
5. What impact has the COVID-19 pandemic had on your monetary income?
6. In your current immigration status, do you feel included in the COVID-19 financial relief/
stimulus check policy?
7. How can the U.S health system and its services improve to service the undocumented
population?
8. How can the U.S support undocumented immigrants currently living in the U.S through their
COVID-19 relief policies?

GUÍA DE ENTREVISTA

1. ¿Qué recursos ha podido utilizar durante la pandemia?
2. ¿Cómo le han afectado los cambios en la política migratoria? Incluyendo la carga pública
3. ¿Qué efectos ha tenido la pandemia de COVID-19 en su vida personal?
4. ¿Qué efectos ha tenido la pandemia de COVID-19 en la vida de su familia?
5. ¿Qué impacto ha tenido la pandemia COVID-19 en sus ingresos monetarios?
6. En su estado migratorio actual, ¿se siente incluido en las decisiones políticas, incluyendo el alivio financiero de COVID-19?
7. ¿Cómo pueden mejorar el sistema de salud de EE. UU. Y sus servicios para atender a la población de inmigrantes indocumentados?
8. ¿Cómo pueden los EE. UU. Apoyar a los inmigrantes indocumentados que actualmente viven en los EE. UU. A través de sus políticas de ayuda COVID-19?

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