

AfroLatinx Health Disparities during the COVID-19 Pandemic

by

Alexis Faison

A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Approved September 2023 by the
Graduate Supervisory Committee:

Cristalis Capielo Rosario, Chair
Frank Dillon
Elisa Vasquez

ARIZONA STATE UNIVERSITY

August 2024

ABSTRACT

Among Latinxs living in the United States (U.S.), AfroLatinx individuals are more susceptible to dying from COVID-19 because of pre-existing health conditions such as diabetes, heart disease, and hypertension (Chapman, 2020). These health disparities, in turn, have been associated with economic inequalities AfroLatinx communities face in the U.S. due to discrimination and racism (Weinstein et al., 2017). Scholars have called attention to the need to focus on AfroLatinx populations, given the systematic denial of AfroLatinx experiences in the psychological literature (Sanchez, 2021) and the systemic and institutional barriers AfroLatinx face when seeking physical and mental health support (Borrell, 2005). Using Borrell's (2005) framework for studying the determinants of health disparities affecting AfroLatinxs, in Study 1, I examined the association between individual characteristics (e.g., socioeconomic indicators), psychosocial factors (e.g., economic distress), and contextual factors (e.g., discrimination) reported by AfroLatinx adults and emotional and physical health problems during the COVID-19 pandemic. As an expansion of Borrell's model, I also examined whether having a pre-existing condition can help explain mental health distress above and beyond other determinants of health disparity. Study 2 built on the first study by helping identify the specific areas of stress and needs identified by AfroLatinxs during the COVID-19 pandemic. The second aim of Study 2 was to determine the more frequent and effective strategies AfroLatinxs with pre-existing conditions used to cope with COVID-19-related stressors and needs.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank my amazing husband, Antonio Faison, for his unwavering support and love throughout my educational journey. No effort on my part will be enough to thank you for the sacrifice you have made on my behalf over the years as I strived to achieve my dreams. I made the best decision in choosing you to be my partner in life and the father to our girls. We are fortunate to have you in our lives. I also want to acknowledge my daughters - Amani and Alexandria Faison. You have made me stronger and more fulfilled than I ever could have imagined. You will always be my greatest accomplishment. Additionally, I am forever grateful for my parents, Jean and Karen Dominique, and mother-in-law, Yolanda Faison, who provided me with the love and support I needed from afar to make it to this point! I also want to acknowledge those individuals who are not here physically yet continue to support me through their guidance, prayers, and love – My grandmother, Louise Duckett, and father – Ronnie Bennett. I am the woman I am today because of you all!

Furthermore, I want to thank my committee members, Dr. Cristalis Capielo Rosario, Dr. Frank Dillion, and Dr. Elisa Vasquez! I appreciate you all taking the time to serve on my dissertation committee. I also want to give special thanks to the National Latinx Psychological Association (NLPA) interdisciplinary research team in collaboration with The Alliance of National Psychological Associations for Racial and Ethnic Equity for their investment and dedication to assessing the needs of communities of color during the pandemic. This project wouldn't be possible without their support and data on AfroLatinx experiences.

I want to give a special thank you to everyone who has supported me as a student, especially during my doctoral journey! In no particular order, shout out to some of my closest friends Aubrey Everett, Tanya Stevens, Nicole Nkwazema, Kristina Redd, Sarah Dumas, Taylor Ratliff, Darren Winn, Anyoliny Sanchez, Jennifer Flórez, Jennifer Collins, Amanda Gonsalves, and Michelle Lis for always supporting me and showing love!

Moreover, I want to thank the mentors who put me in this prime position; I am incredibly thankful for Dr. Cristalis Capielo, Dr. Alisa (Giac – Thao) Tran, Dr. Amina Simmons, Dr. Lilia Miramontes, Dr. Jennifer Pereira, and countless others for helping me along my educational journey! Lastly, I want to acknowledge the journey itself; to graduate school, I would like to thank you for helping me grow, challenging me, and making me realize the work ahead as I shift from student to professional in the field.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
LIST OF FIGURES	vii
CHAPTER	
1 INTRODUCTION.....	1
Problem in Perspective	3
Proposed Studies and Significance	5
Study 1 & 2 Hypotheses	6
2 LITERATURE REVIEW	8
Study 1: Theoretical Framework.....	8
Pre-existing Conditions as an Individual Determinant Health	12
Study 2: Stressors and Coping in AfroLatinxs.....	14
COVID-19 Stressors and Needs.....	15
Coping Strategies Utilized by AfroLatinx	17
3 METHOD	20
Procedures	20
Study 1: Study Sample	21
Measures ..	22
Data Analysis.....	25
Study 2: Study Sample	26
Measures ..	27
Data Analysis.....	28

CHAPTER	Page
4 RESULTS	29
Data Cleaning and Screening	29
Study 1: Preliminary Analysis	30
Study 1: Moderation Analysis	30
Study 2: Preliminary Analysis	32
Needs	33
Stressors	33
Coping Strategies.....	34
5 DISCUSSION.....	36
Study 1: Discussion.....	36
Limitations and Future Directions	42
Clinical Implications	43
Study 2: Discussion.....	45
Limitations and Future Directions	50
Clinical Implications	50
REFERENCES.....	53
APPENDIX	
A STUDY 1 TABLES	68
B STUDY 2 TABLES.....	71
C STUDY 1 FIGURES	76
D STUDY 2 FIGURES.....	78

LIST OF TABLES

Table	Page
1. Correlations and Descriptive Statistics.....	69
2. Hierarchical Regression Analysis	70
3. COVID-19 Needs reported by AfroLatinx	72
4. COVID-19 Stressors reported by AfroLatinx	73
5. COVID-19 Coping Strategies reported by AfroLatinx.....	74
6. Content Analysis Themes	75

LIST OF FIGURES

Figure	Page
1. Borrell's Framework.....	9
2. Conceptual Model.....	26
3. Interaction Slope	77
4. COVID-19 Needs Bar Graph.....	79
5. COVID-19 Stressors Bar Graph.....	79
6. COVID-19 Coping Strategies Bar Graph.....	80

CHAPTER 1

INTRODUCTION

Overview

Historically, epidemics and pandemics have hit the most vulnerable and marginalized populations hardest (Kantamneni, 2020). The Centers for Disease Control and Prevention (CDC; 2020) have recognized Black and Latinx persons as vulnerable populations susceptible to disproportionate rates of COVID-19 infection, severe disease, and mortality compared with White Americans in the United States (U.S.). For example, Holden and colleagues found that the risk of COVID-19 for Black and Latinx Illinois residents was more than twice that of Whites across all age groups. According to the CDC (2020), a higher burden of COVID-19 infection and death among Blacks and Latinxs is related to social determinants of health such as racial discrimination and poverty. The higher likelihood of COVID-19-related death among Black and Latinx individuals is also associated with higher rates of pre-existing health conditions such as diabetes, heart disease, and hypertension within these populations (Chapman, 2020).

The higher prevalence of pre-existing conditions affecting Black and Latinx communities in the U.S. has also been associated with systemic racist discrimination in healthcare (Smedley, 2020). The Institute of Medicine (IOM) defines race-based healthcare disparities as “racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention” (2003, p. 4). A study by Nong and colleagues (2020) showed that 21% of Black and Latinx participants reported that they had experienced discrimination in the

healthcare system. They also found that 72% of those who had experienced discrimination reported experiencing it more than once. Racial and ethnic discrimination were the most frequently reported types of discrimination participants experienced (Nong et al., 2020).

Systemic racism also creates conditions of economic inequality that, in turn, negatively affect access to resources that promote health (Holden et al., 2022). To illustrate, economic hardship may keep individuals from accessing preventative care and services to treat significant health conditions and chronic diseases (Kaiser Family Foundation, 2021). Even when insurance coverage is not a concern or factor in receiving care, Black and Latinx communities still experience difficulty accessing quality healthcare due to limited transportation and high copayments (Barlow et al., 2021). These racial and ethnic disparities in healthcare are well-established as determinants of worse health outcomes (Dawson et al., 2014; Williams & Mohammed, 2008).

Beyond creating unequal access to health-promoting resources, the racial discrimination Black and Latinx individuals experience daily puts them at risk of developing mental and physical disorders, including chronic illnesses. For example, racial and ethnic discrimination have been associated with adverse mental health (e.g., low self-esteem, distress, depression, anxiety, and sleep problems), adverse physical health (e.g., low self-rated general health status, diabetes-related outcomes, high blood pressure, and other cardiovascular health issues), and health risk behaviors (e.g., smoking and alcohol use) among Black and Latinx populations (American Psychological

Association, 2016; CDC, 2020; LeBrón et al., 2014; W. D. Lopez et al., 2016; Sirin et al., 2015; Williams et al., 2003).

The Problem in Perspective

It has been well-documented that Black and Latinx communities are disproportionately affected by the COVID-19 pandemic (e.g., CDC, 2020; Grosicki et al., 2022; Holden, 2022). In addition to an increased likelihood of contracting the virus, Black and Latinx individuals have also experienced higher rates of psychological distress during the pandemic (McKnight-Eily, 2020). For instance, in a study exploring mental health, substance use, and suicidal ideation during COVID-19, researchers found that 40.8% of Latinx had elevated symptoms of anxiety or depression (Czeisler et al., 2020). Further, Black participants in the same study reported increased substance use and thoughts of suicide during the pandemic (Czeisler et al., 2020). Other studies show similar rates of psychological distress during the pandemic among Black and Latinx individuals. A study by the Kaiser Family Foundation (2020) found that 48% of Black adults and 46% of Latinx adults reported symptoms of anxiety and depression compared to 41% of Non-Hispanic White adults sampled. Studies have also revealed the association between COVID-19 illness and psychological distress (Kaiser Family Foundation, 2020; Kim et al., 2021; Liyanage-Don et al., 2021). To illustrate, patients hospitalized with COVID-19 are more likely to experience mental health problems than individuals who did not experience COVID-19-related hospitalization (Brooks et al., 2020).

In addition to psychological distress, COVID-19 has also been associated with chronic illnesses and physical health concerns (Webber et al., 2021). Higher rates of

COVID-19 disease among Black and Latinxs can also be partly explained by higher rates of pre-existing conditions such as diabetes, asthma, hypertension, and obesity within these populations (Graham et al., 2020; Kaiser Family Foundation, 2020; SAMHSA, 2020). For example, while the CDC (2020) highlights that over half (52%) of the data collected were missing race and ethnicity data, among COVID-19 cases, about a third of cases were among individuals with underlying cardiovascular disease, 30% of cases had diabetes, and 18% of individuals had chronic lung disease (CDC, 2020). Additionally, chronic conditions may develop due to severe COVID-19 illness, including obesity, hypertension, diabetes, heart failure, malignancy, and immunosuppression (CDC, 2022).

Although the available literature provides essential information about the impact of COVID-19 on Black and Latinx populations, most of these studies do not pay attention to individuals who identify as AfroLatinx. AfroLatinxs are Black individuals with ancestry in Latin America, Mexico, Central and South America, and the Spanish-speaking Caribbean (Sanchez, 2021; Jiménez et al., 2010). This lack of attention to intersectionality has been identified as a major issue because it erases significant disparities AfroLatinx individuals experience concerning health and its determinants (Sanchez, 2021). To illustrate, AfroLatinxs are likely to experience worse physical and psychological health outcomes than White Latinxs (Borrell, 2005; Cuevas et al., 2016). Additionally, AfroLatinxs are more likely to experience discrimination than White Latinxs because of their phenotypical features, such as skin color, facial features, and hair texture. The proposed studies address this limitation by focusing on the impact of COVID-19 among AfroLatinx individuals.

Significance of the Studies

This research project took place across two studies. Study 1 examined the associations between multiple indicators of health and health outcomes reported by a U.S. national sample of AfroLatinxs during the COVID-19 pandemic. The first aim of Study 1 was to examine the association between correlates of health across individual (i.e., pre-existing conditions), psychosocial (i.e., social disruptions and social isolation), and contextual (i.e., discrimination) domains and emotional and physical health problems experienced during the pandemic. The second objective of Study 1 was to examine whether having a pre-existing condition was associated with more emotional and physical health problems. Results from Study 1, specifically my focus on pre-existing conditions among AfroLatinxs, represented a needed extension of our current theoretical understanding of the factors that impact the health of this community.

In the second study, I focused on further examining the experiences of AfroLatinxs with pre-existing conditions during the pandemic. To do this, Study 2 sought to meet two objectives. First, Study 2 examined what AfroLatinxs with pre-existing conditions identified as the most significant stressors and needs they experienced during the pandemic. Finally, as part of Study 2, I examined what participants reported were the most effective and frequent coping strategies used during pandemic challenges. Findings from Study 2 can provide nuanced insights into the specific needs of this population and what are the most effective ways in which psychologists and allied professionals can act to address these needs.

To accomplish the aims of Study 1, I analyzed quantitative data collected from a U.S. national sample of AfroLatinxs (N = 147). Study 2 used the same data but instead focused on a set of questions that gathered data that asked participants with pre-existing conditions (n = 78) to identify the pandemic-related stressors and needs and the coping strategies they used to deal with these challenges. Data for this study was collected during the third wave of the COVID-19 pandemic in the U.S. (November 2020 - January 2021).

Study 1 Hypotheses

H1: Exposure to the COVID-19 virus will be positively associated with emotional and physical health problems experienced during the pandemic.

H2: The association between exposure to the COVID-19 virus and pandemic-related emotional and physical health problems will be stronger among participants with pre-existing conditions.

H3: Experiencing discrimination will be positively associated with emotional and physical health problems experienced during the pandemic.

H4: The association between discrimination and pandemic-related emotional and physical health problems will be stronger among participants with pre-existing conditions.

H5: Social isolation will be positively associated with emotional and physical health problems experienced during the pandemic.

H6: The association between social isolation and emotional and physical distress will be stronger among participants with pre-existing conditions.

H7: Social disruptions will be positively associated with emotional and physical problems experienced during the pandemic.

H8: The association between social disruptions and emotional and physical distress will be stronger among participants with pre-existing conditions.

Study 2 Hypotheses

H1: There will be more needs related to necessities such as food and housing during the pandemic.

H2: There will be more health and financial-related stressors during the pandemic.

H3: AfroLatinx will identify coping strategies related to connection to family, friends, and community during the pandemic.

CHAPTER 2

LITERATURE REVIEW

This literature review covers the central tenets of Borrell's (2005) framework for the effect of race on Latinx health and well-being (see Figure 1). I emphasize empirical support for the model by examining the association between correlates of health across individual, psychosocial, and contextual domains and psychological and physical health outcomes. Further, I highlight the limitations of past studies exploring AfroLatinx health and well-being by focusing on whether pre-existing conditions are associated with more physical and mental health distress and increased barriers to accessing psychological and physical health care. Lastly, I discuss empirical support surrounding stress and coping among AfroLatinx.

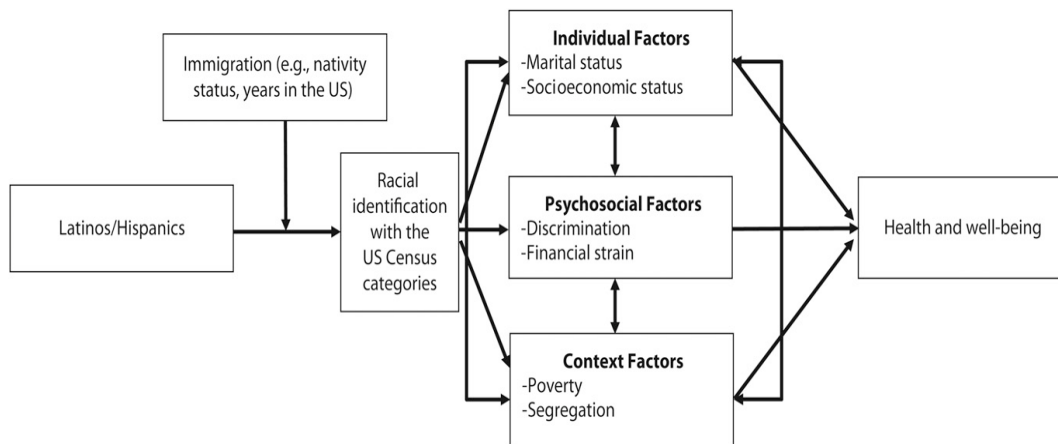
Study 1: Individual, Psychosocial, and Contextual Indicators of Health among AfroLatinxs during the COVID-19 Pandemic

Among theoretical frameworks seeking to understand the links between race and health among Latinx individuals, the Framework for the Effect of Race on Latinx Health (FERLH, Borrell, 2005) is one of the very few to focus on the experiences of AfroLatinxs. The FERLH model posits that the cumulative effects of individual and structural stressors put AfroLatinxs at an increased risk for physical and psychological distress (Borrell, 2005; Cuevas et al., 2016). Borrell (2005) calls scholars to explore the complexities of sociodemographic dynamics operating within Hispanic or Latinx subgroups and how those dynamics influence the health and well-being of AfroLatinxs. Further, Borrell argues that the racial identification of Latinxs (e.g., Black or White) can

be an advantage or disadvantage at personal, psychosocial, and contextual levels. Accordingly, a person who identifies as AfroLatinx is expected to experience more challenges across each level than someone who identifies as White Latinx. This may explain why Latinx subgroups with higher proportions of Afro-descendants, like Puerto Ricans and Dominicans, tend to experience less access to appropriate housing, healthcare, education, occupations, and opportunities and worse health outcomes than other Latinx groups (Bryc et al., 2010).

Figure 1

Borrell's (2005) Framework for the Effect of Race on Latinx Health and Well-Being



Borrell (2005) identifies three domains of health determinants: individual characteristics, psychosocial factors, and contextual factors. Individual characteristics refer to one's traits and experiences that influence health status. These individual-level factors could include marital status and socioeconomic status. Psychosocial factors reference stressors that impact one's health through psychological distress, such as lack of social support, financial strain, perceived discrimination, and social isolation. Lastly, contextual factors refer to social structures, such as segregation, poverty, and

environmental hazards that further impact a person's well-being. While each domain is believed to impact health, the framework argues that factors in different domains will affect "each other and will further interact" (Borrell, 2005, p. 381) to affect someone's health status.

In an analytic review of how race and skin color affect the health of Latinx conducted by Cuevas et al. (2016), researchers found evidence to support the FERLH model. Specifically, Cuevas et al. (2016) found that health outcomes among AfroLatinxs were associated with several individual, psychosocial, and contextual factors. For example, one of the studies in their review showed that skin tone combined with racial discrimination was associated with health. For example, AfroLatinx with darker skin tones who faced discrimination also reported worse health outcomes than their lighter-skinned counterparts (Garcia et al., 2015). Another study showed that Black Latinx living in segregated areas may have limited food options and access associated with higher body mass index (Kershaw & Albrecht, 2014). Further, Black Latinx reported higher depressive symptoms than White Latinx counterparts (Ramos et al., 2003). Also informed by the FERLH framework, Capielo Rosario et al. (2021) identified distinct health profiles among Afro-Puerto Ricans with skin color, marital status, ethnic discrimination, and racial discrimination as the primary health indicators. Specifically, they found that Afro-Puerto Ricans with darker skin tones and high discrimination experiences reported more psychological distress than Afro-Puerto Ricans with lighter skin and fewer experiences of ethnic and racial discrimination (Capielo et al., 2021).

While not explicitly citing Borrell's model, other researchers have also found evidence for the role psychosocial factors such as social support and isolation have on an individual's health. In a sample of adults with at least one pre-existing condition, researchers found that levels of anxiety and depression were higher among individuals who were socially isolated (Evans & Fisher, 2021). Further, when social support was factored in, the relationship between social isolation and anxiety was reduced (Evans & Fisher, 2021). This literature supports how individual, psychosocial, and contextual conditions can intersect to impact psychosocial and health status.

During the pandemic, socioeconomic issues and inequality also widened. For instance, data shows that Black adults reported higher incidents of food insecurity, being laid off, unemployment, and overall economic hardship than their White counterparts (Perry et al., 2021). The COVID-19 pandemic has also been associated with increased racial discrimination against people of color, referred to as a "double pandemic" (Addo, 2020). Racial discrimination has placed communities of color at a higher risk of experiencing a lack of access to health care, worse living conditions, food insecurity, and worse health outcomes (Cadenas et al., 2021; Noppert, 2020).

Social isolation increased because of national and self-imposed stay-at-home measures. While reducing their risk of COVID-19 infection, the isolation they experienced may have, in turn, affected their mental health. A study exploring the influenza pandemic in 2009 found that isolation resulted in psychosocial problems, especially for vulnerable populations like minority groups, low socioeconomic status, and people with pre-existing conditions (Perrin et al., 2009). While the COVID-19 pandemic

is different, it can be expected that individuals experienced similar health outcomes due to quarantine and isolation. Therefore, examining the associations between several health indicators, like isolation, discrimination, and social support, is critical during the COVID-19 pandemic. Informed by this scholarship, in Study 1, I examined the association between health correlates across individual, psychosocial, and contextual domains and psychological and physical health outcomes reported by a U.S. national sample of AfroLatinxs during the COVID-19 pandemic.

Pre-existing Conditions as an Individual Determinant of Psychological Distress

The available data on the impact of the pandemic on communities across the U.S. also shows that COVID-19-related disease has disproportionately affected individuals with pre-existing health conditions. An individual with a pre-existing condition has been diagnosed with cancer, diabetes, hypertension, mental health disorders, and other illnesses or health conditions (CDC, 2022). Pre-existing conditions affect nearly 27% of non-elderly adults (18-65) in the U.S. population (Claxton et al., 2019). Further, approximately 45% of non-elderly adults have at least one family member with a pre-existing condition (Claxton et al., 2019). For instance, Black (17%) and Latinx (18%) adults experience higher rates of diabetes than Whites (10%), and Black adults (57%) also report a higher prevalence of hypertension compared to White and Latinx (44%; Baumgartner et al., 2021). Individuals with pre-existing conditions who contracted COVID-19 are at increased risk of being hospitalized, admitted to the ICU, or dying from the disease (CDC, 2020, 2022; Stokes et al., 2020). More specifically, COVID-19

hospitalizations are six times higher, and deaths are 12 times higher for patients with pre-existing conditions (Stokes et al., 2020).

Additionally, a meta-analysis by Tresskova-Schwarzbach and colleagues (2021) showed that individuals with pre-existing conditions (e.g., diabetes, obesity, health failure, COPD, and dementia) experienced more severe COVID-19 disease than those without pre-existing conditions. Therefore, having a pre-existing health condition should be considered another important individual-level health indicator among AfroLatinxs during the pandemic, particularly given the high rates of pre-existing conditions in Black and Latinx populations. Accordingly, the second objective of Study 1 is to examine whether having a pre-existing condition was associated with more physical and mental health distress and increased barriers to assessing mental health and physical health care.

Several studies have established the association between pre-existing conditions and mental health outcomes. In a study exploring health-related quality of life (HRQoL), pre-existing conditions were shown to be more important than other psychosocial factors (e.g., ICU-related factors) in a sample of former intensive care unit patients (Orwelius et al., 2010), such that patients with pre-existing diseases had the lowest HRQoL scores. Pre-existing conditions have also been associated with an increased risk of experiencing depressive, anxiety, and posttraumatic stress symptoms (Buneviciene et al., 2021). Results from a survey with 1,034 participants conducted by Buneviciene et al. (2021) on the association between perceived health status and mental health status during the pandemic, individuals with pre-existing conditions were at 1.5 to 2 times more likely to be at risk for moderate-to-severe depressive, anxiety and PTSD symptoms, and greater

fear of COVID-19 than participants without pre-existing conditions. However, there is limited information about how pre-existing conditions among AfroLatinx may have affected their psychological health during the pandemic. In the current study, pre-existing conditions are operationalized as physical and mental health conditions that participants reported before the COVID-19 pandemic.

Study 2: COVID-19 Stressors and Coping in AfroLatinxs with Pre-existing Conditions

Study 2 examined the most significant stressors and needs experienced by AfroLatinxs with pre-existing conditions during the pandemic. Further, Study 2 also explored what these participants reported were the most effective and frequent coping strategies for dealing with pandemic challenges. According to Lazarus and Folkman's (1984) transactional theory of stress and coping, stress results from the imbalance between an individual's perceived internal (e.g., anxiety, lack of sleep, negative self-talk) and external (e.g., job stress, job loss, death of a relative) demands and the perceived personal and social resources they may have to cope with these demands. The model distinguishes between two cognitive appraisal processes - primary and secondary appraisals. Primary appraisal describes a person's analysis of whether an event they experience is either positive or stressful (i.e., harm, threat, or challenge). The secondary appraisal involves evaluating one's resources to deal with the perceived stressful event. Stress arises when the stressful event is perceived to exceed one's resources (Lazarus & Folkman, 1984).

The ongoing COVID-19 pandemic has been identified as a chronic and universal stressor (Pfeifer et al., 2021). The uncertainties of the ongoing pandemic, coupled with existing stressors, have taken a mental and physical toll, particularly among vulnerable populations (Smedley, 2020). Blacks, Latinxs, and individuals with pre-existing conditions have been identified by the CDC (2020; 2022) as populations particularly vulnerable to COVID-19-related stressors. This is because COVID-19 unveiled the deep-seated racial inequities in health care and amplified socioeconomic factors contributing to poor health and well-being (Addo, 2020). Therefore, the second explored the stressors and coping mechanisms identified by AfroLatinx individuals with pre-existing conditions during the pandemic. Specifically, I examined which COVID-19-related stressors (e.g., financial, housing, access to care) were personally relevant and perceived as stressful by participants (primary and secondary appraisal). I also examined the coping strategies identified by participants.

COVID-19 Stressors and Needs

Throughout the pandemic, individuals have reported concerns about infection, altered everyday life routines, and uncertainty regarding the future (Amirkhan, 2021). Individuals also experienced loneliness due to quarantine and contact restrictions (Brooks et al., 2020). In a study exploring COVID-19 stressors, participants reported significant levels of stress related to financial difficulties, difficulty balancing work and family responsibilities, social isolation, and fears about themselves or family members developing COVID-19 (Coiro, 2021). Researchers noted that the “frequency and severity of stressors was higher among adults who identified as Black or Hispanic” (Coiro, 2021,

p. 9). This may be because prior to the COVID-19 pandemic, Black and Latinx communities were already experiencing disproportionate internal (e.g., mental health disparities) and external demands (e.g., poverty) that, in turn, may have limited the resources available to cope with COVID-19 stressors (Hagger et al., 2020). To illustrate, meta-analysis results reported that Latinx adults report higher prevalences of posttraumatic stress disorder, depression, anxiety, and substance use than non-Latinx counterparts (Garcini et al., 2016). Additionally, Latinx communities often experience “concentrated poverty, intergenerational low educational attainment, racism, violence (and related trauma), and discrimination,” which serve as persistent social stressors that can adversely affect their health and well-being (Vega et al., 2008 p.13). Therefore, assessing which stressors were more relevant to AfroLatinx individuals during the pandemic is critical.

Researchers have also noted that individuals with pre-existing conditions may be particularly affected by COVID-19-related stressors. For example, Amirkhan (2021) reported that the elderly, chronically ill, and immunocompromised face greater pandemic demands with fewer resources than other communities. This, in turn, may cause them to experience a state of stress overload. Due to racial discrimination and pre-pandemic health and economic disparities, AfroLatinx with pre-existing conditions may have also experienced disproportionate COVID-19 stressors. This stress overload may increase infection risk and dysregulated functioning (Amirkhan, 2021). Because health and economic problems are likely to outlive the pandemic (Kar et al., 2021), understanding everyday stressors experienced by AfroLatinx with pre-existing conditions can be

particularly relevant to bringing awareness to their concerns while also informing policy and interventions to improve the post-migration conditions of this community.

Coping Strategies Utilized by AfroLatinx

Coping refers to “cognitive and behavioral efforts to master, reduce, or tolerate the internal and external demands created by the stressful transaction” (Folkman, 1984, p. 843). If the demand is within one’s coping abilities, it is seen as a challenge. However, if the demand exceeds one’s coping resources, it is seen as a threat, resulting in physical and mental dysfunction (Lazarus & Folkman, 1984). Additionally, the transactional model of stress and coping (Lazarus & Folkman, 1984) notes that coping resources can be physical (e.g., health, energy), social (e.g., social support), psychological (e.g., self-esteem, beliefs), or material (e.g., financial) but that coping itself could be categorized along behavioral and cognitive categories. Seeking social support, expressing emotions, or attempting to resolve problematic situations are examples of behavioral coping.

Meanwhile, putting the experience into perspective, positive reappraisal, and positive refocusing represent examples of cognitive coping (APA, n.d.). The literature also describes behavioral and cognitive coping as adaptive or maladaptive. For instance, social support is one of the most adaptive ways to cope with stress (Sun et al., 2020). In contrast, substance use, and continuous depressive rumination have been identified as maladaptive coping strategies (Finkelstein-Fox & Park, 2019). However, the literature on coping in Black and Latinx populations has called into question the adequacy of categorizing coping along adaptive and maladaptive descriptors. For example, in a study on the experiences of Puerto Ricans who reported vicarious trauma associated with

Hurricane María in 2017, Capielo Rosario et al. (2020) found that seeking ways to distract oneself, typically described as maladaptive, allowed participants to find a positive meaning for the traumatic event. Similarly, Gilbert et al. (2016) observed in a sample of immigrant Latino men that both adaptive (i.e., problem-solving, seeking support) and maladaptive coping (i.e., passivity, seeking distractions) helped participants cope with experiences of marginalization-related stress. Desensitization and escape have also been identified as helpful coping strategies among Black populations (Lewis et al., 2012).

Specific to the COVID-19 pandemic, some studies have shed light on how individuals have coped with COVID-19-related stressors. For example, Park and colleagues (2020) found that the most common coping strategies were distraction, active coping, and seeking emotional and social support (Park et al. 2020). Further, Park and colleagues (2020) found that younger participants, sexual minorities, and those with greater financial instability generally reported greater substance use, behavioral disengagement, and humor. In another study exploring stress and coping during the COVID-19 pandemic, hoping for the best, remaining busy, and having faith in God or religion were the top three coping strategies (Park et al., 2020). While these studies provide some information on COVID-19 coping strategies, no information is available on the specific coping utilized by AfroLatinx with pre-existing conditions. Because of the noted limitations on maladaptive and adaptive coping categorizations, in Study 2, I only sought to analyze and categorize identified coping strategies along behavioral and cognitive domains. Study 2 has implications for the specific needs of this population, as

well as what are the most effective ways in which psychologists and allied professionals can act to address and support these needs.

CHAPTER 3

METHOD

This dissertation utilized data previously collected by the National Latinx Psychological Association (NLPA) interdisciplinary research team in collaboration with The Alliance of National Psychological Associations for Racial and Ethnic Equity to assess the needs of communities of color during the pandemic. This larger study received approval from the Institutional Review Board (IRB) at Arizona State University. The survey assessed several factors related to well-being (e.g., health) during the COVID-19 pandemic. Data were collected online using Qualtrics Panels during the third wave of the pandemic (November - January 2021).

Procedures

All participants were recruited using the Qualtrics Panel. After a brief study description, participants were asked to read the informed consent and give written consent before participating in the survey. The survey consisted of measures that assessed (1) sociodemographic characteristics, (2) negative and positive pandemic-related experiences, (3) perceived stress, and (4) symptoms of depression and anxiety. Four quality checks were implemented throughout the survey using multiple-choice questions to identify inattentive or automated responses. Additionally, time spent on the survey was tracked, and responses that were completed with a speed that was not humanly possible, relative to the estimated time to complete the survey, were dropped from the study. The average number of non-disclosed items for each measure was < 0.25%. Participants received a \$7 electronic gift card for their participation. To receive compensation,

participants were provided a unique code at the end of the survey, which was generated by the Qualtrics platform. The research team confirmed that the survey responses passed the validity checks before analysis.

Study 1

Study Sample

The sample for the first study consisted of 147 AfroLatinx adults. Approximately half (55.5%) identified as female, 43.8% identified as male, and 0.7% identified as other gender. Most participants (90%) identified as U.S. Citizens, with the remaining 10% varying in documentation statuses, temporary resident (2.1%), permanent resident (2.7%), DACA (1.4%), refugee (1.4%), and non-resident (0.7%). In terms of ethnic identity, the sample identified with 17 different ethnicities: 32.9% identified as Puerto Rican, 16.4 % identified as Mexican, 13.7% identified as Dominican, 8.9% identified as multi-ethnic, and the remaining 28.1% identified with another Hispanic/Latin origins. Regarding education level, 21.9% reported having completed some high school, 21.2% had a bachelor's degree, 19.2% had taken some college courses, 15.8% held an associate degree, and 15.1% had a graduate degree. More than half of the sample (54.8%) identified as single, and 42.5% identified as being married or having a domestic partner. The remaining 2.8% said they were widowed, divorced, or separated. In terms of pre-existing health conditions, 21.9% depressive disorder, 21.2% chronic lung disease, 19.2% anxiety disorder, 14.4% reported heart disease, 14.4% hypertension, 13.7% severe obesity, 11.6% active/current cancer, 10.3% diabetes, 9.6% autoimmune disease, and 6.2% alcohol/ drug disorder.

Measures of Individual Characteristics

Pre-existing conditions. Pre-existing conditions were measured using a 10-item scale developed by the Montreal Behavioral Medicine Center (2020). The measure assesses pre-existing conditions before the COVID-19 pandemic, such as heart disease, chronic lung disease, active cancer, hypertension, diabetes, severe obesity, autoimmune disease, depressive disorder, anxiety disorder, and alcohol or drug disorder. Participants responded either “Yes” (1), “No” (2), or “I don’t know or prefer not to answer” (3). For this study, participants who responded Yes to at least one of the ten listed conditions were labeled as having a pre-existing condition.

Measures of Psychosocial Characteristics

Social Disruptions. To examine participants’ experiences with social disruptions, I used participants’ responses to the 10-item **social activities** subscale of the Epidemic-Pandemic Impacts Inventory (EPII; Grasso et al., 2020). This subscale assesses participants’ ability to connect with family and friends during the COVID-19 pandemic. Sample items include: “Separated from family and friends,” “Unable to visit loved ones in a care facility,” and “Religious or spiritual activities canceled or restricted .” Responses to the items ranged from “Yes, Me,” “Yes, Person in the Home,” “Me and Someone in my Home,” “No,” and “Not Applicable.” For this paper, the three “Yes” responses were collapsed, as were the “No” and “N/A” responses. For each “Yes” response, participants received a score of 1. Meanwhile, “No” responses received a score of 0. In the end, each participant obtains an index of social activity disruptions, with

higher scores indicating more disruptions. The Cronbach's alpha in the current study is .853.

Social Isolation. The EPII (Grasso et al., 2020) has an 8-item subscale, **Physical Distancing and Quarantine**, which assesses a person's experience of isolation during the COVID-19 pandemic (e.g., "Isolated or quarantined due to possible exposure" or isolated due to existing health conditions that increase risk of infection or disease"). Responses to the items ranged from "Yes, Me," "Yes, Person in the Home," "Me and Someone in my Home," "No," and "Not Applicable." For this paper, the three "Yes" responses were collapsed, as were the "No" and "N/A" responses. For each "Yes" response, participants received a score of 1. Meanwhile, "No" responses received a score of 0. In the end, each participant obtains an index of social isolation during the pandemic, with higher scores indicating more isolation. The Cronbach's alpha in the current study is .822.

Measures of Contextual Factors

Discrimination. The short version, a 5-item version of the Everyday Discrimination Scale (EDS; Strenthel et al., 2011), was used to assess daily discrimination experiences. The scale asks participants how often they have experienced different discriminatory actions against them (e.g., "People act like they think they are better than you" or "You are treated with less respect than others"). Participants rate each item using a 6-point Likert scale from 0 (*None*) to 5 (*Almost Every Day*). Responses to items were summed to calculate an overall discrimination score for each participant, with

higher scores indicating more discrimination experiences. The Cronbach's alpha in the current study is .896.

Exposure to COVID-19. To assess how this environmental hazard was associated with participants' health, I used participants' responses to the 8-item infection history subscale of the EPII (Grasso et al., 2020) has an 8-item subscale **Infection History**, which assesses one's experience with COVID-19 symptoms and infection during the pandemic. For example, items ask if you and someone in your home "currently have symptoms of this disease but have not been tested," "tested and currently have the disease," and "hospital stay due to this disease." Responses to the items ranged from "Yes, Me," "Yes, Person in the Home," "Me and Someone in my Home," "No," and "Not Applicable." For my dissertation, the three "Yes" responses were collapsed, as well as the "No" and "N/A" responses. For each "Yes" response, participants received a score of 1. Meanwhile, "No" responses received a score of 0. In the end, each participant obtains an index of COVID-19 exposure, with higher scores indicating an increased risk of COVID-19 infection. The Cronbach's alpha in the current study is .867.

Measure of Health Outcomes

Emotional and Physical Health Problems. To assess health problems during the pandemic, I used items from the **Emotional Health and Well-being and Physical Health Problems** scales of the EPII (Grasso et al., 2020). The 6-items combined create a scale assessing emotional and physical health concerns participants experienced during the pandemic. For example, items include "Increase in mental health problems or symptoms," "Increase in sleep problems or poor sleep quality," "Less physical activity or

exercise,” “Overeating or eating more unhealthy foods,” and “more time sitting down or being sedentary.” Responses to the items ranged from “Yes, Me,” “Yes, Person in the Home,” “No,” “Not Applicable,” and “Me and Someone in my Home.” For my dissertation, the three “Yes” responses were collapsed, as well as the “No” and “N/A” responses. For each “Yes” response, participants received a score of 1. Meanwhile, “No” responses received a score of 0. In the end, each participant obtains an index of health, with higher scores indicating more emotional and physical health problems. The Cronbach’s alpha in the current study is .790.

Data Analysis

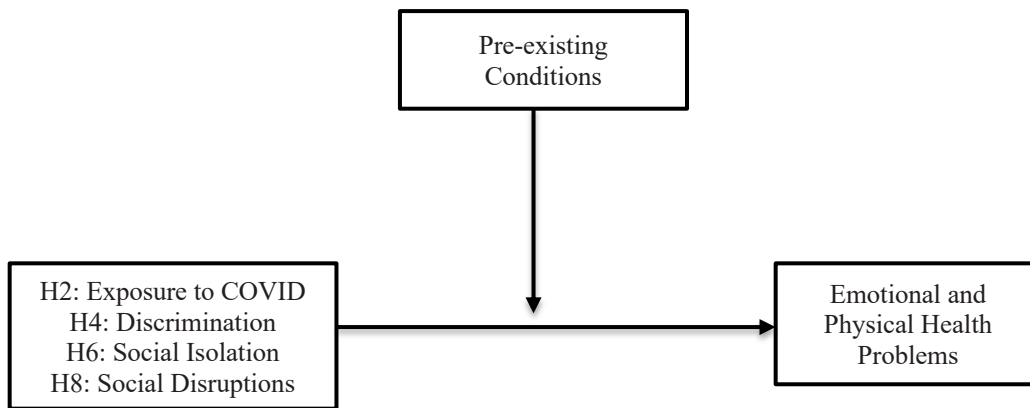
To test the stated hypotheses for Study 1, I ran descriptive statistics on the study variables to better understand the variables being tested and assess the data distribution. I also assessed the data to ensure all regression assumptions were met (normality, linearity, multicollinearity, and homoscedasticity). Additionally, I conducted a bivariate correlation analysis to examine the association between the continuous variables in the study. I also ran crosstabs to assess mean mental and psychological health differences across study categorical variables (i.e., pre-existing conditions, marital status, income, and gender).

The primary analysis for Study 1 consisted of a hierarchical regression (see Figure 2). The first model explored how pre-existing condition status, social disruptions, discrimination, infection history, and isolation could predict emotional and physical health problems. The second model added the interaction between social disruptions and pre-existing conditions. The third model added the interaction between discrimination and pre-existing conditions. The fourth model added the interaction between infection

history and pre-existing conditions. The fifth model added the interaction between isolation and pre-existing conditions. All data analyses were completed using SPSS Version 28 (IBM, 2021).

Figure 2.

Conceptual Diagram of the Moderation Models for Study 1.



Study 2

Study Sample

The sample for the second study consisted of AfroLatinx adults with pre-existing conditions (n =78). Approximately half (52.6%) identified as female, and 46.2% identified as male. One participant identified their gender identity as “other.” Most participants (88.5%) identified as U.S. Citizens, with the remaining 11.5% varying in documentation statuses: temporary residents (2.6%), permanent residents (3.8%), DACA (1.3%), refugees (1.3%), and prefer not to answer (2.6%). In terms of education level, 23.1% had taken some college courses, 20.5% held associate degrees, 17.9% were high school graduates, 2.6% had a technical degree, 17.9% held a bachelor’s degree, 15.4%

had a graduate degree, and 2.6% reported having completed some high school. Regarding marital status, half of the sample (51.3%) identified as single, and 44.9% identified as married—the remaining 3.9% identified as being either widowed or divorced. In terms of pre-existing conditions, a majority of participants had a depressive disorder (41%), followed by chronic lung disease (39.7%), anxiety disorder (35.9%), heart disease (26.9%), hypertension (26.9%), severe obesity (25.6%), cancer (21.8%), diabetes (19.2%), autoimmune disease (17.9%), and alcohol/drug disorder (11.5%).

Measures

The following single-item measures were created by the National Latinx Psychological Association (NLPA) interdisciplinary research team in collaboration with other researchers from The Alliance of National Psychological Associations for Racial and Ethnic Equity. The team developed these questions to further the most significant areas of COVID-19-related stress and need and the strategies they used to cope with COVID-19 stress.

COVID-19 Needs were measured using a single-item question, “Since the pandemic, which of the following have you needed more help with?” For this question, participants could identify their needs from 30 items. These included: “food,” “housing,” “childcare,” “employment,” and several others (see Appendix B). Participants were asked to select all the options that applied. Participants were also given the option to write in other areas of need.

COVID-19 Stressors were measured using a single-item question, which read, “What were your greatest sources of stress during the COVID-19 pandemic”? The

responses varied from physical and mental health concerns to caregiving responsibilities and impacted work. Individuals could select as many stressors as they saw fit based on their experience during COVID-19. They were also given the option to write in additional stressors.

Coping Strategies were assessed by asking a single question: “How have you coped with stress related to the COVID-19 outbreak”? Some responses included talking to family, my healthcare provider, religion, hobbies, journaling, exercising, music, eating more often, sleeping more often, using drugs/alcohol, and countless others. There was also an option for “no stress” or “no coping strategies.”

Data Analysis

For Study 2, I utilized a content analysis approach to examine participants’ responses to questions related to stress, needs, and coping strategies experienced by AfroLatinx individuals with pre-existing conditions during the COVID-19 pandemic. I began this process by examining the occurrence of each need, stressor, and coping strategy and counting its presence among participants in the dataset. I then went one by one to code for the frequency of the concept in the data. This analysis was done by hand using a tally sheet to accumulate data about the frequency of occurrence in each category (needs, stressors, and coping strategies). Next, I explored each need, stressor, and coping strategy to see if I noticed any patterns and grouped them into common themes.

CHAPTER 4

RESULTS

Data Cleaning and Screening

Before completing the main analysis, I cleaned the data and recoded variables. I ran descriptive statistics on the study variables to better understand the variables being tested and assess the data distribution. To evaluate for possible outliers in the data, I ran casewise diagnostics to identify cases with a standardized residual greater than three standard deviations from the mean. Based on this analysis, no outliers were detected in the current sample. I examined the Skewness, Kurtosis, and standard errors to assess the normality assumption. The absolute value of Skewness and Kurtosis should not be greater than 2 and 7, respectively (Kim, 2013). Based on these suggested values, the results indicate normal distribution as values are within the acceptable range.

Further, I ran tests to ensure that the four regression assumptions were met: a) independence of observations, b) linearity, c) multicollinearity, and d) homoscedasticity. To test for the independence of observations, the Durbin-Watson statistic was used to identify the relationships between observations. Values between 1.5 and 2.5 suggest independence. This analysis showed that the Durbin-Watson for the current study was 2.02. Therefore, this assumption was met. Partial regression plots (P-P plots) were conducted to test for linearity and indicated that the independent and dependent variables were linearly related, as observed by the straight line. To assess homoscedasticity, I visually inspected a plot of standardized residuals versus unstandardized predicted values; on the scatterplot, cases were evenly distributed and showed no apparent pattern.

To test the presence of multicollinearity, variance inflation factor (VIF) values were evaluated, and if the scores were between 1 and 10, then no multicollinearity was present. The current study's scores ranged from 1.18 to 2.36, indicating that the assumption was met.

Study 1

Preliminary Analysis

Table 1 shows the correlations, mean scores, and standard deviations for the primary variables used in the current study (see Table 1). Correlations examined the relationships among the primary study variables (i.e., social disruptions, social isolation, discrimination, exposure to COVID-19, and emotional and physical health problems). The correlations were analyzed at a 5% alpha significance level and interpreted using Cohen's effect size conventions (small = .10, moderate = .30, and large = .50; Cohen, 1988). All correlations were statistically significant among study variables. Specifically, there was a large, positive correlation between infection history and social isolation, such that more exposure to COVID-19 is associated with increased physical distancing and quarantine behaviors ($r = .691, p < .001$). A small, positive correlation existed between discrimination and emotional and physical health problems ($r = .239, p = .005$). Further, there was a moderate positive association between discrimination and social disruptions ($r = .288, p < .001$), social isolation ($r = .358, p < .001$), and infection history ($r = .315, p < .001$).

Results from crosstabulations showed there was not a statistically significant difference between those with pre-existing conditions and those without pre-existing

conditions across the following study variables: social disruptions ($\chi^2(10) = 12.21, p = .271$), social isolation ($\chi^2(8) = 15.09, p = .059$), and discrimination ($\chi^2(23) = 28.71, p = .190$). However, the percentage of participants with pre-existing conditions differed significantly by infection history, $\chi^2(8) = 20.23, p = .009$. That is, participants with pre-existing conditions reported more exposure to COVID-19 than participants with no pre-existing conditions. Lastly, emotional and physical health problems significantly differed based on pre-existing condition status, $\chi^2(6) = 15.96, p = .014$. Specifically, participants with pre-existing conditions reported more emotional and physical health problems than their counterparts.

Main Analysis

Table 2 presents the model summary of the R-square, Adjusted R-square, and R-square changes associated with each step in the hierarchical regression. The first model with an R^2 of .270, $F(5,120) = 8.870, p < .001$, suggests that pre-existing condition status, social disruptions, discrimination, infection history, and isolation account for 27 percent of the variance in emotional and physical health problems. Social disruption was positively associated with emotional and physical health problems ($b = .281, p < .001$). The results of Model 2 were not statistically significant as there were no improvements and changes in R^2 from Model 1; $R^2 = .270, F(1,119) = .035, p > .05$. Therefore, adding the interaction between social disruptions and pre-existing condition status did not help explain the variance in emotional and physical health problems. However, social disruption remained a factor correlated with health outcomes ($b = .290, p < .001$). In Model 3, we entered the interaction of social disruptions and pre-existing conditions;

which was statistically significant R^2 of .304, $F(1,118) = 5.794, p = .018$. In other words, the variables added in Model 3 accounted for 30.4% of the variance in emotional and physical health problems. Social disruptions ($b = .405, p < .001$) and discrimination ($b = .092, p = .017$) were positively associated with emotional and physical health problems. The interaction between discrimination and pre-existing condition status was negatively associated with emotional and physical health problems ($b = -.121, p = .018$). In other words, there was a statistically significant difference in the association between discrimination and health problems for AfroLatinx with and without a pre-existing condition. The interaction for isolation and pre-existing condition status added in Model 4 did not yield any significant changes, $R^2 = .307, F(1,117) = .481, p > .05$. The R change of .003 was insignificant. Lastly, in Model 5, the interaction between isolation and pre-existing condition was added, which was insignificant in explaining the variance in health problems, $R^2 = .307, F(1,116) = .000, p > .05$.

Study 2

Data Analysis

In Study 2, I identified some of the specific areas of stress and needs identified by AfroLatinxs with pre-existing conditions ($n = 78$) during the COVID-19 pandemic. Additionally, I explored common coping strategies utilized by this group during the pandemic. Table 9 shows the content analysis results for needs and stressors reported by AfroLatinx participants with pre-existing conditions and the coping strategies employed by the same participants.

Needs

Participants were asked to identify from a list of 30 different areas of need (see Table 6; e.g., food, transportation, childcare, money). Participants could select all needs they experienced during the pandemic. A review of the participants' responses showed that participants' selections ranged from one need to 14 needs during the COVID-19 pandemic. The top five needs included food ($n = 35$; 44.87%), transportation ($n = 27$; 34.62%), housing ($n = 26$; 33.33%), phone bill ($n = 19$; 24.35%), and internet/Wi-Fi ($n = 18$; 23.07%) (see Table 5). Further, I was able to categorize participants' identified needs across five themes: (a) basic needs (e.g., food, housing, transportation, utilities), (b) technology access (e.g., phone bill, cable bill, internet/Wi-F), (c) work and school support (e.g., academic support, unemployment services, employment), (d) health services (e.g., dental, mental health, family/partner counseling), and (d) community resources (e.g., childcare, eldercare, emergency services). Of these, basic needs were the most identified ($n = 62$; 79.48% of participants) by AfroLatinx with pre-existing conditions in the study. Approximately half of the participants identified Technology access as another top need ($n = 39$, 50%). For the remaining categories, work and school support ($n = 29$; 37.18%), health services ($n = 21$; 26.92%), and community resources ($n = 22$; 28.21%) were reported by fewer AfroLatinx with pre-existing conditions in the study.

Stressors

Participants could select from a list of 31 pandemic-related stressors (see Table 7, e.g., access to food, financial concerns, impact on work, mental health concerns). The top five stressors included: mental health concerns ($n = 34$; 43.59%), financial concerns ($n =$

31; 39.74%), physical health concerns ($n = 25$; 32.05%), housing concerns ($n = 17$; 21.79%), and impact on family members ($n = 16$; 20.51%). Other stressors and major concerns identified by participants included transportation concerns, caregiving responsibilities, impact on work, children, food access, and social distancing or quarantine. I categorized these stressors along six overarching themes: health (e.g., physical health concerns, mental health concerns, access to medical care), family (e.g., caregiving, impact on children, and impact on family members), financial (e.g., financial concerns, housing, transportation, impact on work), community (e.g., impact on community, discrimination, others not wearing mask), limited access (e.g., access to food, baby supplies, clean water, personal care products), and no stressors. Health ($n = 50$; 64.10%) and financial concerns ($n = 49$; 62.82%) were the most significant stressors reported by AfroLatinx with pre-existing conditions in the study.

Coping Strategies

Lastly, participants had 28 coping strategies in the survey (see Table 8). Most participants listed talking to friends and family ($n = 32$; 41.02%), listening to music ($n = 31$; 39.74%), talking/seeing a primary care physician ($n = 25$; 32.05%), hobbies/indoor activities ($n = 19$; 24.36%), and increased television watching or other screen time activities ($n = 18$; 23.08%) as the top five coping strategies utilized. Five common themes emerged from the coping strategies used by AfroLatinx during COVID-19. The themes were: (a) connection to others (e.g., talking to family and friends, health care providers, primary care, mental health providers, helping professionals), (2) mindfulness practices (e.g., meditation/mindful practices, religious practices, keeping journal, listening to

music), (3) physical activities (e.g., hobbies and indoor activities, civic engagement, exercise, being outdoors), (4) maladaptive strategies (e.g., drinking more alcohol, eating more, sleeping more, using more tobacco, more marijuana), and (5) no coping skills. The most utilized coping strategy among participants during COVID-19 was connection to others ($n = 67$; 85.89%). Additionally, mindfulness practices ($n = 40$; 51.28%) and increased maladaptive strategies ($n = 40$; 51.28%) were utilized by more than half of the AfroLatinx participants with pre-existing conditions in the study.

CHAPTER 5

DISCUSSION

Study 1

Study 1 examined the association between social isolation, social disruption, discrimination, pre-existing conditions, exposure to COVID-19, and emotional and physical health problems experienced during the pandemic in a sample of AfroLatinx adults. The results provided partial support for the association between these variables. Specifically, I found that social disruptions, social isolation, exposure to COVID-19, and discrimination were all positively correlated with emotional and physical health problems. Additionally, I found that pre-existing condition status was positively associated with infection history, isolation, and discrimination experiences during the pandemic. As shown in Figure 1, regression analyses examined whether having a pre-existing condition impacted these respective relationships. Results showed that the effect of discrimination experienced during the pandemic and health outcomes was stronger among individuals without a pre-existing condition. In other words, it is crucial to acknowledge that Latinx are not a monolithic group and that health and well-being depend on various components of one's racial identification at individual, psychosocial, and contextual factors (Borell, 2005). Further, results provide a deeper understanding of the role of discrimination and social disruptions in health outcomes.

Exposure to COVID-19 and Emotional and Physical Health Problems

The first hypothesis was supported as infection history/exposure to COVID-19 and emotional and physical health problems were positively related. However, contrary

to hypothesis two, the interaction between exposure to COVID-19 and pre-existing condition status on health problems was insignificant. In other words, the main effect did not differ among those with and without pre-existing conditions. This finding is also contradicted by recent studies indicating that individuals with pre-existing conditions were at an increased risk for health problems if exposed to COVID-19 during the pandemic (Buneviciene et al., 2022; CDC, 2022). For instance, in Buneviciene et al., 2022, researchers found that individuals with pre-existing conditions were at an increased risk for depression, anxiety, PTSD symptoms, and greater fear of COVID-19.

Additionally, the risk for mental health distress may be explained by the fear of exposure and COVID-19 infection, as there may be potential complications given their pre-existing disease (Buneviciene et al., 2022). A possible explanation for the difference in our findings may be related to our focus on assessing emotional and physical problems. The researchers used the patient health and generalized anxiety disorder questionnaires to assess depressive and anxiety symptoms (Buneviciene et al., 2022). In contrast, the current study utilized a six-item measure focused on increased risky health behaviors. Our findings indicate that exposure to COVID-19 was a significant determinant of emotional and physical well-being regardless of pre-existing conditions in this sample. This finding may be because the adverse effects of exposure to the virus had an equalizing impact on the health of participants in this study.

Discrimination and Emotional and Physical Health Problems

AfroLatinx experiences with discrimination were also found to be an important correlate of health problems in the current sample, which supports the third hypothesis.

Specifically, higher levels of discrimination experienced during the pandemic were positively associated with more emotional and physical health problems reported. This finding was expected given the growing body of scholarly literature finding similar associations between discrimination and health during the pandemic. For example, anti-Asian discrimination and xenophobia were heightened during the pandemic, in the form of hate speech, physical attacks, microaggressions, and overall hatred directed toward Asians. A study that examined the experiences of Asian Americans found that about 30% of the sample reported increased discrimination since the pandemic, and over 40% reported increased health problems (Lee et al., 2021). Zhang et al. (2022) observed that everyday discrimination was associated with increased anxiety and depressive symptoms and worse functioning in a sample of 165 older adults (56 Asian and 109 non-Asian). However, discrimination was not associated with health outcomes before COVID-19 (Zhang et al., 2022), highlighting the importance of exploring discrimination in the context of the pandemic. For instance, racial and ethnic discrimination experiences in healthcare settings impacted the prevalence of non-vaccination against COVID-19 (Elam-Evans et al., 2023), further increasing health disparities during the pandemic. Additionally, a study found that ethnic discrimination was associated with COVID fears among Latinx college students (Sanchez et al., 2022), linked to increased anxiety and depression symptoms.

In support of hypothesis four, results also showed a significant interaction between discrimination and pre-existing conditions on emotional and physical health problems. Results indicate that the relationship between discrimination and emotional

and physical health problems was stronger among AfroLatinx participants without pre-existing conditions. For AfroLatinx individuals with a pre-existing condition, discrimination was not the main concern during COVID-19. In general, historically marginalized communities are more susceptible to chronic stress (James-Conterelli et al., 2023; McEwen, 2017) and developing pre-existing conditions (Reyes, 2020). However, individuals with pre-existing conditions may have developed adaptive coping skills to buffer the effects of discrimination on health. This finding highlights the importance of having an intersectional framework for addressing health disparities. Borrell's (2005) framework also identifies the need to explore the complexities of sociodemographic dynamics and how they interact with each other to influence health and well-being in Latinx communities. For instance, systemic racism is the root cause of poor health outcomes for Black and Latinx populations during COVID-19 (Holden et al., 2022). Madorsky et al. (2021) addressed vaccine distrust in Black communities, stemming from a public health infrastructure that has historically failed communities of color. Structural racism is reflected in residential segregation, unfair lending practices, barriers to homeownership, biased policing and sentencing of men and boys of color, and voter suppression (Braveman et al., 2022). These various experiences of structural racism have been in place for decades in Black and Latinx communities. As a result, historically marginalized communities are more susceptible to chronic stress (James-Conterelli et al., 2023; McEwen, 2017) and developing pre-existing conditions like diabetes, asthma, heart disease, and hypertension (Reyes, 2020). Therefore, models that aim to explain health

disparities among AfroLatinx populations should consider an intersectional approach that could include pre-existing condition status as an important individual-level risk factor.

Social Isolation and Emotional and Physical Health Problems

As stated in the fifth hypothesis, social isolation was positively associated with emotional and physical health problems during the COVID-19 pandemic among the study's sample of AfroLatinx. Thus, while solid social connection protects health, a lack carries increased health risks (Holt-Lunstad et al., 2015, 2020). The physical and mental health risk of social isolation has been compared to smoking cigarettes, obesity, lack of access to care, and physical inactivity (Alcaraz et al., 2019; Holt-Lunstad et al., 2015; Novotney, 2020). Additionally, Alcaraz et al. (2019) found race differences when exploring social isolation, such that Black men and women were more likely to be isolated than their white counterparts. One researcher referenced the double pandemic of social isolation and COVID-19, which emphasized the detrimental effects of sacrificing social connections during the pandemic (Holt-Lunstad, 2020). For instance, a study found that experiencing social isolation during the pandemic worsened mental health and increased substance use and overdoses for individuals experiencing homelessness with pre-existing serious mental illness or substance use disorders (Jeffers et al., 2022).

Additionally, in the study, behavioral health providers shared the following: “[Social isolation is] the worst thing for anybody with mental health or substance abuse” and “The opposite of addiction is connection.” Findings from Study 1 add to the existing literature by documenting this association during the COVID-19 pandemic, as social distancing and quarantining were safety precautions mandated to slow virus transmission

and reduce the risk of infection. However, we know that while useful in some regards, it came at a cost for socially isolated individuals lacking support and connection to others, which impacted their overall emotional and physical well-being. However, disconfirming hypothesis six, the current sample's interaction between social isolation and pre-existing conditions on health problems was insignificant. This finding was surprising given the research showing isolation was amplified for those with pre-existing mental illness during COVID-19, as they were likely to suffer from loneliness and social isolation before the pandemic (Hwang et al., 2020). The United States Surgeon General released an advisory on the epidemic of loneliness and isolation, naming isolation a public health crisis (Murthy, 2023). Therefore, our findings could be due to the increased social isolation everyone experienced during COVID-19, to which pre-existing condition status did not matter. The inability to connect with others resulted in adverse emotional and physical health outcomes.

Social Disruptions and Health Problems

In the current study, social disruption was positively associated with emotional and physical problems, which supports the seventh hypothesis. During the pandemic, social disruptions to daily routines and constraints to outdoor activities may have resulted in increased weight gain, unhealthy eating habits, and limited exercise, which may increase eating disorder risk (Rodgers et al., 2020). Morris and colleagues (2022) studied a sample of adults with chronic health conditions (e.g., cardiovascular disease, asthma, chronic obstructive pulmonary diseases, anxiety, or depression). They examined the inequalities they experienced during the pandemic regarding access to resources and care.

For instance, the study discussed that some people may have lacked outdoor green space, exercise, and social connection due to social distancing restrictions, which would have benefited their health and well-being (Morris et al., 2022). These findings support that social disruptions came at an inopportune time for AfroLatinx individuals who likely already had limited access to activities to promote health, ultimately exacerbating health outcomes.

Lastly, the eighth hypothesis was not supported, as the interaction between social disruptions and pre-existing conditions on emotional and physical health was insignificant. In other words, this sample's main effect of social disruption on health problems did not vary based on pre-existing condition status. This finding could be explained by the increase in disruptions in everyone's life during COVID-19, to where it did not matter whether you had a pre-existing condition; the inability to engage in usual activities resulted in adverse emotional and physical health outcomes. Disruptions in childcare, employment, and housing were identified by female caregivers during the pandemic (Brown et al., 2022). These disruptions increased depressive symptoms, lower self-rated health, and food insecurity (Brown et al., 2022). Therefore, social disruptions during COVID-19 affected individual's health and well-being as they adjusted their lives given all the changes and uncertainty during the pandemic.

Limitations and Future Directions

The study results should be interpreted considering its limitations. First, it is important to note that the assessment of four of the main variables in the study (i.e., exposure to COVID, discrimination, social isolation, and social disruptions) was

conducted using the Epidemic-Pandemic Impacts Inventory (EPII), which at the point of this study had yet to receive adequate evidence for its psychometric properties or the optimal scoring procedures for this measure. Therefore, it would be important for future studies to refine this assessment tool and determine if it appropriately assesses diverse groups, like our AfroLatinx sample. Second, the outcome variable for health problems focuses on six behavioral health risk factors compared to assessing health symptomatology. Hence, future studies may consider the utility of assessing health symptoms and behavioral assessments to understand the impact on health and well-being. Third, the study utilized cross-sectional data. Therefore, moderation analyses cannot infer causation relationships. Given this limitation, future studies need to conduct a longitudinal study based on the lasting impacts of COVID-19-related indicators of health and health outcomes for AfroLatinx. Lastly, it would be helpful for future studies to explore potential differences between direct (i.e., tested positive for COVID, COVID symptoms) and indirect (i.e., Someone died of COVID while in your home or close friend or family member died from disease) COVID-19 exposure as an indicator of health and well-being.

Implications for practice with AfroLatinx

Results suggest that exposure to COVID-19, social disruptions, social isolation, and discrimination experienced during the pandemic were all significant correlates of emotional and physical health problems. Additionally, the effect of discrimination appeared to be worse among AfroLatinx individuals with pre-existing conditions. These findings provide important insights for clinical practice with AfroLatinx individuals.

First, clinicians working with AfroLatinx are encouraged to discuss the impact of COVID-19 on their overall well-being and to assess any potential lingering effects that may impede their functioning. For instance, individuals may still be processing the trauma of contracting COVID-19 and the fear of re-exposure to the virus. Clinicians can lean on empirically validated treatments such as acceptance and commitment therapy, cognitive behavioral therapy, group therapy, and peer support (Schreiber, 2021).

Additionally, clinicians working with AfroLatinx to process COVID-19-related trauma may benefit from a trauma-informed approach. The CDC acknowledges that “adopting a trauma-informed approach is not accomplished through a particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level” (CDC, 2020).

Secondly, clinicians may benefit from engaging in cultural humility to ensure equitable and culturally informed care for AfroLatinx clients. Clinicians cannot be neutral and remain silent about the current social, political, economic, and health crises AfroLatinx clients are enduring. In practice, this may look like addressing the clinicians' biases and assumptions to work with clients to identify and address experiences of discrimination while also acknowledging the role of systemic and structural racism. Given the known historical mistreatment and personal discrimination experiences in healthcare settings, the clinician's awareness, and sensitivity in addressing these concerns may foster patient trust and improve treatment adherence. Additionally, clinicians may benefit from centering the client's voice and adopting a strengths-based approach to processing and healing.

Lastly, results emphasize the importance of encouraging and fostering social connection among AfroLatinx, who struggled with social isolation and disruptions during the pandemic. Further, given the increase in technology utilization during the pandemic, maintaining social connections with technology needs to continue to be explored. For instance, telehealth therapy is an option for AfroLatinx clients with transportation or financial barriers. Given what is known about Latinx cultural values, family and community are salient aspects of AfroLatinx identity and worldview. Therefore, clinicians may consider the role of family-centered support or utilizing community resources to recommend group therapy and peer-led support groups to create a sense of belonging.

Study 2

In Study 2, I identified some of the specific areas of stress and needs identified by AfroLatinxs with pre-existing conditions ($n = 78$) during the COVID-19 pandemic. Using a content analysis approach, I explored common coping strategies utilized by this group during the pandemic. The results supported the hypothesis regarding the types of needs, stressors, and coping strategies most used by this sample. Specifically, basic needs were identified as the most common needs among this sample of AfroLatinx. Regarding COVID-19 stressors, health-related stressors were the primary concern in this sample. Lastly, connection to others during the pandemic was the coping strategy most utilized by participants. These results are shown in Figures 3-5. Below, I expand on these findings and discuss important implications for practice and research with AfroLatinx with pre-existing conditions.

COVID-19 Needs

The most common COVID-19 needs endorsed by participants were food, housing, transportation, utilities, and phone bills, which supports hypothesis 1. Upon exploring possible themes among these needs, five need categories emerged: (a) basic needs, (b) technology access, (c) work and school support, (d) health services, and (e) community resources. The top two categories that most participants identified were basic needs and technology access. The results provide insight into what needs AfroLatinx communities may have had during the pandemic, which aligns with the existing literature. For instance, Maslow's hierarchy of needs applies to this study, given that AfroLatinx participants appear motivated to attain lower basic needs before satisfying their higher human needs during the COVID-19 pandemic. Basic needs such as food and housing must be stable before they can address their legal or healthcare needs.

Further, researchers discussed the benefits of families ensuring that older adults had access to food, medication, and personal protective equipment at a bare minimum during the pandemic (Hwang et al., 2020). However, colleges across the United States reassessed basic needs beyond food, shelter, and transportation, including internet access, mental health services, and food pantry resources (Reed, 2021). Therefore, while basic needs may vary depending on one's demographics and lived experiences, basic needs are the most identified during the COVID-19 pandemic.

Further, Latinx communities have historically dealt with financial hardships that force them into crowded, low-income neighborhoods with limited access to

transportation and food resources (Andrasfay & Goldman, 2021). By August 2020, about 62% of Latinx people had experienced some financial hardship, significantly higher than the rate among all U.S. adults. Latinx people reported having more difficulties paying debts (35% versus 25%) and getting meals from a food pantry or other charities (31% versus 17%). As well, many Latinx people reported other hardships, such as challenges paying for healthcare (19%), receiving jobless benefits (17%), and losing medical insurance (11%) (Noe-Bustamante et al., 2021). As a result of additional financial barriers, it is understandable that basic needs, such as housing, food, and transportation, were a common need of AfroLatinx during the pandemic. These findings also connect to the stressors that AfroLatinx with pre-existing conditions experienced.

COVID-19 Stressors

The most common COVID-19 stressors were physical health concerns, mental health concerns, financial concerns, housing concerns, and impact on family members. When looking at potential themes among the 31 stressors provided for participants, there were six distinct categories of stressors experienced by AfroLatinx with pre-existing conditions during the pandemic. These categories included (a) health, (b) family, (c) financial, (d) community, (e) limited access, and (f) no stressors. The top two categories endorsed by this sample were health and financial-related stressors, which supports hypothesis 2 of this study. Health concerns amid a global pandemic are valid, considering the many uncertainties related to COVID-19 origin, exposure, risk, vaccination, and the unknown in general (Koffman et al., 2020). One study highlighted that crisis call volumes increased during the initial outbreak due to fear of infection and concerns about physical

health (Brühlhart et al., 2021). This fear of infection was amplified for individuals deemed "vulnerable" given their pre-existing medical conditions, which increased their risk for infection while also impacting their mental health, medication adherence, and management of the pre-existing condition (Buneviciene et al., 2021). Additionally, health concerns steadily grew, given limited access to medical care available as routine activities halted to test and treat the influx of COVID-19 cases (Núñez et al., 2021).

Additionally, a unique set of financial challenges emerged during the pandemic due to stay-at-home mandates, lay-offs, business closings, and COVID-19 exposures and illness. A qualitative study exploring financial stressors among Latinx during the pandemic found that 60% of participants reported financial impacts from the pandemic. Further, three themes emerged when exploring the impact of COVID-19 on work: state closures had a negative impact on work, women were affected the most due to childcare demands, and essential workers had a different experience (Blanco et al., 2022). These findings align with what this sample in the study reported as their primary stressors and provide insight into the complexities of COVID-19 on health and finances.

COVID-19 Coping Strategies

The most common coping strategies adopted were talking to friends and family, talking/seeing a primary care physician, increased television watching or other screen time activities, hobbies/indoor activities, and listening to music. Five common themes emerged from the coping strategies utilized by AfroLatinx with pre-existing conditions during COVID-19. The themes were (a) connection to others, (b) mindfulness, (c) physical activities, (d) maladaptive strategies, and (e) no coping skills. The most utilized

coping strategy among participants during COVID-19 was the connection to family and their community, rooted in Latinx cultural values, such as familismo (Ayón et al., 2010). AfroLatinx's ability to connect with family, health care providers, and community professionals helped them cope with the drastic changes they were dealing with daily. Despite needing social distance and quarantine during COVID-19, connection happened virtually through increased use of Facetime, Zoom, and telehealth appointments if unable to be in person with others. This highlights that social connection comes in many forms yet is needed to manage the needs and stressors experienced during the pandemic.

In addition to the adaptative coping strategies like connection to others and mindfulness practices, some maladaptive coping strategies were endorsed by AfroLatinx participants in the study. These maladaptive strategies included increased food consumption, alcohol, tobacco, and marijuana. The APA Stress in America survey conducted during the pandemic found that 42% of U.S. adults reported weight gain since the start of the pandemic, with an average gain of 29 pounds (Weir, 2021). Obesity was already prevalent among BIPOC and low-income communities before the pandemic, so these disparities were amplified during the pandemic as access to fresh, healthy foods was limited (Weir, 2021) and snacking behavior increased throughout the pandemic (Bakaloudi et al., 2022). Additionally, when individuals are stressed and isolated, they find ways to manage in the best ways they know, sometimes resulting in unhealthy decisions like increased substance use. However, during the pandemic, it was difficult to utilize social interactions or physical activity as coping strategies, which makes it easier for individuals to seek convenient yet unhealthy alternatives (Abramson, 2021) to feel

good at the moment without considering the long-term health consequences.

Limitations and Future Directions

This study has a few limitations that should be considered when reviewing the results of this study. One limitation stems from the small sample size of 78 participants. While the small sample size limits the generalizability of the results, this sample provides important insight into COVID-19 needs, stressors, and coping strategies specific to AfroLatinx with pre-existing conditions. Given the use of secondary data for this study, there was no ability to ask additional open-ended questions or gain clarification on their responses to the survey. Future studies should consider utilizing focus groups or individual interviews to gain more insight into the unique experiences of AfroLatinx during the pandemic.

Additionally, these focus groups or interviews can be conducted virtually to broaden access to AfroLatinx individuals. Lastly, this study does not address the specific pre-existing conditions that participants have, just whether they have one. We need to know the condition to account for potential differences in needs, stressors, or coping among this sample. Future studies may consider exploring different challenges and stressors experienced by individuals with differing pre-existing conditions, as not all conditions are alike.

Implications for practice with AfroLatinx

Taken together, the results from this study emphasize the importance of acknowledging that basic needs must be met to address other issues the individual may be experiencing. At the intake assessment, clinicians should engage in a basic needs

assessment - assessing whether the individual and family's basic needs are being met. Clinicians are charged with being prepared to share resources and willing to advocate for them to get their needs addressed, such as local relief efforts, utility assistance programs, local food pantries/food services, and other resources. Additionally, since health and financial concerns were highly identified stressors for AfroLatinx participants, clinicians should assess and promote whole-person wellness. By assessing whole-person health, clinicians can discuss physical, psychological, financial, social, spiritual, and relational health to understand better how the client's lived experiences have shaped their worldview.

Further, providers should engage in cultural humility as they seek to understand one's unique experiences while prioritizing culturally relevant coping strategies (Balbim et al., 2019). Strategies such as connection to family and community are rooted in Latinx cultural values. Therefore, clinicians should be mindful of conceptualizations and treatment recommendations rooted in the dominant culture of individualism to honor and respect the clients' collectivist values and culture. Thus, clinicians can ask clients if they want any family involved in their treatment or discuss family therapy or group therapy options to focus on connection and shared experience.

Lastly, the results show that while our AfroLatinx participants utilized many healthy coping skills during COVID-19, unhealthy coping strategies were also utilized. Therefore, skill building may involve psychoeducation about developing and applying healthy coping skills while acknowledging cultural implications. Additionally, it is vital to ask for feedback and reactions to see the clients' thoughts on the concept and explore

what strategies are currently working and not working for them as they navigate COVID-19 and other life stressors. Therefore, providers must check their biases on what is acceptable or healthy coping to determine the client's perspective on whether it is maladaptive or if they have experienced consequences due to their coping behavior.

REFERENCES

- Abramson, A. (2021, March 1). Substance Use during the Pandemic. *Monitor on Psychology*, 52(2). <https://www.apa.org/monitor/2021/03/substance-use-pandemic>
- Acevedo, N. (2020, June 12). *Latinos must confront 'ingrained' anti-black racism amid George Floyd protests, some urge*. NBCNews.com. Retrieved June 24, 2022, from <https://www.nbcnews.com/news/latino/latinos-must-confront-ingrained-anti-black-racism-amid-george-floyd-n1223696>
- Addo. (2020). Double pandemic: racial discrimination amid coronavirus disease 2019. *Social Sciences & Humanities Open*, 2(1), 100074–100074. <https://doi.org/10.1016/j.ssaho.2020.100074>
- Alcaraz, Eddens, K. S., Blase, J. L., Diver, W. R., Patel, A. V., Teras, L. R., Stevens, V. L., Jacobs, E. J., & Gapstur, S. M. (2019). Social Isolation and Mortality in US Black and White Men and Women. *American Journal of Epidemiology*, 188(1), 102–109. <https://doi.org/10.1093/aje/kwy231>
- Amirkhan. (2021). Stress overload in the spread of coronavirus. *Anxiety, Stress, and Coping*, 34(2), 121–129. <https://doi.org/10.1080/10615806.2020.1824271>
- Andrasfay, & Goldman, N. (2021). Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. *Proceedings of the National Academy of Sciences - PNAS*, 118(5), 1–. <https://doi.org/10.1073/pnas.2014746118>
- Artiga, S.; Garfield, R., & Orgera, K. (2020). Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>
- Ayón, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino Family Mental Health: Exploring the Role of Discrimination and Familismo. *Journal of Community Psychology*, 38(6), 742–756. <https://doi.org/10.1002/jcop.20392>

- Balbim, G. M., Marques, I. G., Cortez, C., Magallanes, M., Rocha, J., & Marquez, D. X. (2019). Coping Strategies Utilized by Middle-Aged and Older Latino Caregivers of Loved Ones with Alzheimer's Disease and Related Dementia. *Journal of cross-cultural gerontology*, 34(4), 355–371. <https://doi.org/10.1007/s10823-019-09390-8>
- Bakaloudi, D. R., Jeyakumar, D. T., Jayawardena, R., & Chourdakis, M. (2022). The impact of COVID-19 lockdown on snacking habits, fast-food and alcohol consumption: A systematic review of the evidence. *Clinical nutrition (Edinburgh, Scotland)*, 41(12), 3038–3045. <https://doi.org/10.1016/j.clnu.2021.04.020>
- Barlow, P., Mohan, G., Nolan, A., & Lyons, S. (2021). Area-level deprivation and geographic factors influencing utilisation of General Practitioner services. *SSM - population health*, 15, 100870. <https://doi.org/10.1016/j.ssmph.2021.100870>
- Baumgartner, J. C., Aboulaflia, G. N., Getachew, Y., Radley, D. C., Collins, S., & Zephyrin, L. (2021, June). *Inequities in Health and Health Care in Black and Latinx/Hispanic Communities: 23 Charts*. The Commonwealth Fund. Retrieved August 5, 2022, from https://www.commonwealthfund.org/sites/default/files/2021-06/Baumgartner_racial_disparities_chartbook_v2.pdf
- Blanco, L., Cruz, V., Frederick, D. & Herrera, S. (2022). Financial Stress Among Latino Adults in California During COVID-19. *Journal of Economics, Race, Policy*, 5, 134–148. <https://doi.org/10.1007/s41996-021-00087-0>
- Borrell, L. N. (2005). Racial identity among Hispanics: Implications for health and well-being. *American Journal of Public Health*, 95(3), 379–381. <https://doi.org/10.2105/AJPH.2004.058172>
- Braveman, Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling: Study examines definitions, examples, health damages, and dismantling systemic and structural racism. *Health Affairs*, 41(2), 171–178. <https://doi.org/10.1377/hlthaff.2021.01394>

- Brooks, Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet (British Edition)*, *395*(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Brown, Fernald, L. C. H., Hamad, R., Hoskote, M., Jackson, K. E., & Gosliner, W. (2022). Pandemic-related socioeconomic disruptions and adverse health outcomes: a cross-sectional study of female caregivers. *BMC Public Health*, *22*(1), 1893–1893. <https://doi.org/10.1186/s12889-022-14287-2>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>
- Brühlhart, Klotzbücher, V., Lalive, R., & Reich, S. K. (2021). Mental health concerns during the COVID-19 pandemic as revealed by helpline calls. *Nature (London)*, *600*(7887), 121–126. <https://doi.org/10.1038/s41586-021-04099-6>
- Buneviciene, Bunevicius, R., Bagdonas, S., & Bunevicius, A. (2022). The impact of pre-existing conditions and perceived health status on mental health during the COVID-19 pandemic. *Journal of Public Health (Oxford, England)*, *44*(1), e88–e95. <https://doi.org/10.1093/pubmed/fdab248>
- Burke, T., Berry, A., Taylor, L. K., Stafford, O., Murphy, E., Shevlin, M., McHugh, L., & Carr, A. (2020). Increased Psychological Distress during COVID-19 and Quarantine in Ireland: A National Survey. *Journal of clinical medicine*, *9*(11), 3481. <https://doi.org/10.3390/jcm9113481>
- Bryc, K., Auton, A., Nelson, M. R., Oksenberg, J. R., Hauser, S. L., Williams, S., Froment, A., Bodo, J. M., Wambebe, C., Tishkoff, S. A., & Bustamante, C. D. (2010). Genome-wide patterns of population structure and admixture in West Africans and African Americans. *Proceedings of the National Academy of Sciences of the United States of America*, *107*(2), 786–791. <https://doi.org/10.1073/pnas.0909559107>

- Cadenas, Cerezo, A., Carlos Chavez, F. L., Capielo Rosario, C., Torres, L., Suro, B., Fuentes, M., & Sanchez, D. (2023). The citizenship shield: Mediated and moderated links between immigration status, discrimination, food insecurity, and negative health outcomes for latinx immigrants during the COVID-19 pandemic. *Journal of Community Psychology, 51*(6), 2355–2371. <https://doi.org/10.1002/jcop.22831>
- Capielo Rosario, C., Faison, A., Winn, L., Caldera, L., & Lobos, J. (2021). No son complejos: An intersectional evaluation of AfroPuerto Rican health. *Journal of Latinx Psychology, 9*(1), 45–64.
- Carson, Casillas, A., Castellon-Lopez, Y., Mansfield, L. N., Morris, D., Barron, J., Ntekume, E., Landovitz, R., Vassar, S. D., Norris, K. C., Dubinett, S. M., Garrison, N. A., & Brown, A. F. (2021). COVID-19 Vaccine Decision-making Factors in Racial and Ethnic Minority Communities in Los Angeles, California. *JAMA Network Open, 4*(9), e2127582–e2127582. <https://doi.org/10.1001/jamanetworkopen.2021.27582>
- Centers for Disease Control and Prevention. (2022, May 2). *People with certain medical conditions*. Centers for Disease Control and Prevention. Retrieved July 31, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Centers for Disease Control and Prevention. (2020). *Covid-19 racial and ethnic disparities*. Centers for Disease Control and Prevention. Retrieved June 22, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>.
- Chapman A. (2020). Ameliorating COVID-19's Disproportionate Impact on Black and Hispanic Communities: Proposed Policy Initiatives for the United States. *Health and human rights, 22*(2), 329–331.
- Claxton, G., Cox, C., Damico, A., Levitt, L., & Pollitz, K. (2019, October 4). *Pre-existing condition prevalence for individuals and families*. KFF. Retrieved July 27, 2022, from <https://www.kff.org/health-reform/issue-brief/pre-existing-condition-prevalence-for-individuals-and-families/>

- Coiro, Watson, K. H., Ciriiglio, A., Jones, M., Wolfson, A. R., Reisman, J., & Compas, B. E. (2021). Coping with COVID-19 stress: Associations with depression and anxiety in a diverse sample of U.S. adults. *Current Psychology (New Brunswick, N.J.)*, 1–13. <https://doi.org/10.1007/s12144-021-02444-6>
- Cuevas, A. G., Dawson, B. A., & Williams, D. R. (2016). Race and skin color in Latino health: An analytic review. *American Journal of Public Health*, 106(12), 2131–2136. <https://doi.org/10.2105/AJPH.2016.303452>
- Czeisler, Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24-30, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(32), 1049–1057. <https://doi.org/10.15585/MMWR.MM6932A1>
- Dawson, Walker, R. J., Campbell, J. A., & Egede, L. E. (2014). Effect of perceived racial discrimination on self-care behaviors, glycemic control, and quality of life in adults with type 2 diabetes. *Endocrine*, 49(2), 422–428. <https://doi.org/10.1007/s12020-014-0482-9>
- Elam-Evans, Jones, C. P., Vashist, K., Yankey, D., Smith, C. S., Kriss, J. L., Lu, P.-J., St Louis, M. E., Brewer, N. T., & Singleton, J. A. (2023). The Association of Reported Experiences of Racial and Ethnic Discrimination in Health Care with COVID-19 Vaccination Status and Intent - United States, April 22, 2021–November 26, 2022. *MMWR. Morbidity and Mortality Weekly Report*, 72(16), 437–444. <https://doi.org/10.15585/mmwr.mm7216a5>
- Evans, & Fisher, E. B. (2021). Social Isolation and Mental Health: The Role of Nondirective and Directive Social Support. *Community Mental Health Journal*, 58(1), 20–40. <https://doi.org/10.1007/s10597-021-00787-9>
- Finkelstein-Fox, & Park, C. L. (2019). Control-coping goodness-of-fit and chronic illness: a systematic review of the literature. *Health Psychology Review*, 13(2), 137–162. <https://doi.org/10.1080/17437199.2018.1560229>

- Flagg, & Campbell, L. (2021). COVID-19 in Communities of Color: Structural Racism and Social Determinants of Health. *Online Journal of Issues in Nursing*, 26(2), 1–11. <https://doi.org/10.3912/OJIN.Vol26No02Man06>
- Garcia, Sanchez, G. R., Sanchez-Youngman, S., Vargas, E. D., & Ybarra, V. D. (2015). RACE AS LIVED EXPERIENCE: The Impact of Multi-Dimensional Measures of Race/Ethnicity on the Self-Reported Health Status of Latinos. *Du Bois Review*, 12(2), 349–373. <https://doi.org/10.1017/S1742058X15000120>
- Garcini, L. M., Murray, K. E., Zhou, A., Klonoff, E. A., Myers, M. G., & Elder, J. P. (2016). Mental Health of Undocumented Immigrant Adults in the United States: A Systematic Review of Methodology and Findings. *Journal of Immigrant and Refugee Studies*, 14(1), 1-25. <https://doi.org/10.1080/15562948.2014.998849>
- Gilbert, S. (2019, November 18). *The importance of community and Mental Health* Stephanie Gilbert. National Alliance on Mental Illness. Retrieved July 29, 2022, from <https://www.nami.org/Blogs/NAMI-Blog/November-2019/The-Importance-of-Community-and-Mental-Health>
- Gilbert, P., Barrington, C., Rhodes, S. D., & Eng, E. (2016). Saliendo Adelante: Stressors and Coping Strategies Among Immigrant Latino Men Who Have Sex with Men in a Nontraditional Settlement State. *American Journal of Men's Health*, 10(6), 515–525. <https://doi.org/10.1177/1557988316647704>
- Grosicki, Bunsawat, K., Jeong, S., & Robinson, A. T. (2022). Racial and ethnic disparities in cardiometabolic disease and COVID-19 outcomes in White, Black/African American, and Latinx populations: Social determinants of health. *Progress in Cardiovascular Diseases*, 71, 4–10. <https://doi.org/10.1016/j.pcad.2022.04.004>
- Hagger, Smith, S. R., Keech, J. J., Moyers, S. A., & Hamilton, K. (2020). Predicting Social Distancing Intention and Behavior During the COVID-19 Pandemic: An Integrated Social Cognition Model. *Annals of Behavioral Medicine*, 54(10), 713–727. <https://doi.org/10.1093/abm/kaaa073>

- Holden, Simon, M. A., Arnold, D. T., Halloway, V., & Gerardin, J. (2022). Structural racism and COVID-19 response: higher risk of exposure drives disparate COVID-19 deaths among Black and Hispanic/Latinx residents of Illinois, USA. *BMC Public Health*, 22(1), 312–312. <https://doi.org/10.1186/s12889-022-12698-9>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
- Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International psychogeriatrics*, 32(10), 1217–1220. <https://doi.org/10.1017/S1041610220000988>
- Jacobs, & Burch, A. E. (2021). Anxiety during the Pandemic: Racial and ethnic differences in the trajectory of fear. *Journal of Affective Disorders*, 292, 58–66. <https://doi.org/10.1016/j.jad.2021.05.027>
- James-Conterelli, S., Dunkley, D., McIntosh, J. T., Julien, T., Nelson, M. D., & Richard-Eaglin, A. (2023). The impact of systemic racism on health outcomes among Black women: Recommendations for change. *The Nurse Practitioner*, 48(2), 23–32. Doi: 10.1097/01.NPR.0000000000000001
- Jeffers, A., Meehan, A. A., Barker, J., Asher, A., Montgomery, M. P., Bautista, G., Ray, C. M., Laws, R. L., Fields, V. L., Radhakrishnan, L., Cha, S., Christensen, A., Dupervil, B., Verlenden, J. V., Cassell, C. H., Boyer, A., DiPietro, B., Cary, M., Yang, M., Mosites, E., ... Marcus, R. (2022). Impact of Social Isolation during the COVID-19 Pandemic on Mental Health, Substance Use, and Homelessness: Qualitative Interviews with Behavioral Health Providers. *International journal of environmental research and public health*, 19(19), 12120. <https://doi.org/10.3390/ijerph191912120>
- Jiménez Román, M., & Flores, J. (2010). *The Afro-Latin@ reader: History and culture in the United States*. Duke University Press

Kaiser Family Foundation. (2020). *The implications of COVID-19 for mental health and substance abuse*. Retrieved April 23, 2020, from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implicationsof-covid-19-for-mental-health-and-substance-use>

Kantamneni N. (2020). The impact of the COVID-19 pandemic on marginalized populations in the United States: A research agenda. *Journal of vocational behavior, 119*, 103439. <https://doi.org/10.1016/j.jvb.2020.103439>

Kar, N., Kar, B., & Kar, S. (2021). Stress and coping during COVID-19 pandemic: Result of an online survey. *Psychiatry Research, 295*, 113598–113598. <https://doi.org/10.1016/j.psychres.2020.113598>

Kershaw, K. N., & Albrecht, S. S. (2014). Metropolitan-level ethnic residential segregation, racial identity, and body mass index among U.S. Hispanic adults: a multilevel cross-sectional study. *BMC public health, 14*, 283. <https://doi.org/10.1186/1471-2458-14-283>

Kim H. Y. (2013). Statistical notes for clinical researchers: assessing normal distribution (2) using skewness and kurtosis. *Restorative dentistry & endodontics, 38*(1), 52–54. <https://doi.org/10.5395/rde.2013.38.1.52>

Kim, J. W., Kang, H. J., Jhon, M., Ryu, S., Lee, J. Y., Kang, S. J., Jung, S. I., Shin, I. S., Kim, S. W., Stewart, R., & Kim, J. M. (2021). Associations Between COVID-19 Symptoms and Psychological Distress. *Frontiers in psychiatry, 12*, 721532. <https://doi.org/10.3389/fpsy.2021.721532>

Koffman, Gross, J., Etkind, S. N., & Selman, L. (2020). Uncertainty and COVID-19: how are we to respond? *Journal of the Royal Society of Medicine, 113*(6), 211–216. <https://doi.org/10.1177/0141076820930665>

Lazarus, R. S., and Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.

LeBrón, Spencer, M., Kieffer, E., Sinco, B., & Palmisano, G. (2019). Racial/Ethnic Discrimination and Diabetes-Related Outcomes Among Latinos with Type 2

- Diabetes. *Journal of Immigrant and Minority Health*, 21(1), 105–114.
<https://doi.org/10.1007/s10903-018-0710-0>
- Lee, & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health (Washington, D.C.)*, 6(1), 70–78. <https://doi.org/10.1037/sah0000275>
- Lewis, Mendenhall, R., Harwood, S. A., & Browne Hunt, M. (2013). Coping with Gendered Racial Microaggressions among Black Women College Students. *Journal of African American Studies (New Brunswick, N.J.)*, 17(1), 51–73.
<https://doi.org/10.1007/s12111-012-9219-0>
- Liyanage-Don, Cornelius, T., Sanchez, J. E., Trainor, A., Moise, N., Wainberg, M., & Kronish, I. M. (2021). Psychological Distress, Persistent Physical Symptoms, and Perceived Recovery After COVID-19 Illness. *Journal of General Internal Medicine: JGIM*, 36(8), 2525–2527. <https://doi.org/10.1007/s11606-021-06855-w>
- Lopez, W. D., LeBrón, A. M., Graham, L. F., & Grogan-Kaylor, A. (2016). Discrimination and Depressive Symptoms Among Latina/o Adolescents of Immigrant Parents. *International quarterly of community health education*, 36(2), 131–140. <https://doi.org/10.1177/0272684X16628723>
- Madorsky, Adebayo, N. A., Post, S. L., O'Brian, C. A., & Simon, M. A. (2021). Vaccine Distrust: A Predictable Response to Structural Racism and an Inadequate Public Health Infrastructure. *American Journal of Public Health (1971)*, 111(S3), S185–S188. <https://doi.org/10.2105/AJPH.2021.306411>
- McEwen B. S. (2017). Neurobiological and Systemic Effects of Chronic Stress. *Chronic stress (Thousand Oaks, Calif.)*, 1, 2470547017692328.
<https://doi.org/10.1177/2470547017692328>

- McKnight-Eily, L. R., Okoro, C. A., Strine, T. W., Verlenden, J., Hollis, N. D., Njai, R., Mitchell, E. W., Board, A., Puddy, R., & Thomas, C. (2021). Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic - United States, April and May 2020. *MMWR. Morbidity and mortality weekly report*, 70(5), 162–166. <https://doi.org/10.15585/mmwr.mm7005a3>
- Mekawi, Carter, S., Packard, G., Wallace, S., Michopoulos, V., & Powers, A. (2022). When (passive) acceptance hurts: Race-based coping moderates the association between racial discrimination and mental health outcomes among Black Americans. *Psychological Trauma*, 14(1), 38–46. <https://doi.org/10.1037/tra0001077>
- Molock, S. D., & Parchem, B. (2021). The impact of COVID-19 on college students from communities of color. *Journal of American College Health*. Advance online publication. <https://doi.org/10.1080/07448481.2020.1865380>
- Morris, S., Wildman, J. M., Gibson, K., Moffatt, S., & Pollard, T. M. (2022). Managing disruption at a distance: Unequal experiences of people living with long-term conditions during the COVID-19 pandemic. *Social science & medicine (1982)*, 302, 114963. <https://doi.org/10.1016/j.socscimed.2022.114963>
- Murthy, V. (2023, May 3). *New Surgeon General Advisory raises alarm about the devastating impact of the epidemic of loneliness and isolation in the United States*. HHS.gov. <https://www.hhs.gov/about/news/2023/05/03/new-surgeon-general-advisory-raises-alarm-about-devastating-impact-epidemic-loneliness-isolation-united-states.html>
- Noe-Bustamante, L., Krogstad, J.M., & Lopez, M. (2021, July 15). *For U.S. Latinos, COVID-19 Has Taken a Personal and Financial Toll*. Pew Research Center. <https://www.pewresearch.org/race-ethnicity/2021/07/15/latinos-have-experienced-widespread-financial-challenges-during-the-pandemic/>
- Nong, Raj, M., Creary, M., Kardia, S. L. R., & Platt, J. E. (2020). Patient-Reported Experiences of Discrimination in the U.S. Health Care System. *JAMA Network Open*, 3(12), e2029650–e2029650. <https://doi.org/10.1001/jamanetworkopen.2020.29650>

- Noppert, G. A. (2020). COVID-19 is hitting black and poor communities the hardest, underscoring fault lines in access and care for those on the margins. *The conversation*, 9.
- Novotney, A. (2020, March 24). The risks of social isolation. *Monitor on Psychology*, 50(5). <https://www.apa.org/monitor/2019/05/ce-corner-isolation>
- Núñez, A., Sreenganga, S. D., & Ramaprasad, A. (2021). Access to Healthcare during COVID-19. *International journal of environmental research and public health*, 18(6), 2980. <https://doi.org/10.3390/ijerph18062980>
- Orwelius, Nordlund, A., Nordlund, P., Simonsson, E., Bäckman, C., Samuelsson, A., & Sjöberg, F. (2010). Pre-existing disease: the most important factor for health-related quality of life long-term after critical illness: a prospective, longitudinal, multicentre trial. *Critical Care (London, England)*, 14(2), R67–R67. <https://doi.org/10.1186/cc8967>
- Park, Russell, B. S., Fendrich, M., Finkelstein-Fox, L., Hutchison, M., & Becker, J. (2020). Americans' COVID-19 Stress, Coping, and Adherence to CDC Guidelines. *Journal of General Internal Medicine: JGIM*, 35(8), 2296–2303. <https://doi.org/10.1007/s11606-020-05898-9>
- Perrin, P. C., McCabe, O. L., Everly, G. S., Jr, & Links, J. M. (2009). Preparing for an influenza pandemic: mental health considerations. *Prehospital and disaster medicine*, 24(3), 223–230. <https://doi.org/10.1017/s1049023x00006853>
- Perry, Aronson, B., & Pescosolido, B. A. (2021). Pandemic precarity: COVID-19 is exposing and exacerbating inequalities in the American heartland. *Proceedings of the National Academy of Sciences - PNAS*, 118(8), 1–. <https://doi.org/10.1073/pnas.2020685118>
- Pew Research Center, April 2020, “About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19”

- Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology, 59*(1), 1-9. <https://doi.org/10.1037/a0026208>
- Pfeifer, Heyers, K., Ocklenburg, S., & Wolf, O. T. (2021). Stress research during the COVID-19 pandemic and beyond. *Neuroscience and Biobehavioral Reviews, 131*, 581–596. <https://doi.org/10.1016/j.neubiorev.2021.09.045>
- Ramos, B., Jaccard, J., & Guilamo-Ramos, V. (2003). Dual Ethnicity and Depressive Symptoms: Implications of Being Black and Latino in the United States. *Hispanic Journal of Behavioral Sciences, 25*(2), 147–173. <https://doi.org/10.1177/0739986303025002002>
- Reed, M. (2021). *Basic needs through the pandemic*. Inside Higher Ed | Higher Education News, Events and Jobs. <https://www.insidehighered.com/blogs/confessions-community-college-dean/basic-needs-through-pandemic#:~:text=That%20refers%20to%20the%20basics,option%20over%20the%20last%20year.>
- Reyes. (2020). The Disproportional Impact of COVID-19 on African Americans. *Health and Human Rights, 22*(2), 299–308.
- Rodgers, Lombardo, C., Cerolini, S., Franko, D. L., Omori, M., Fuller-Tyszkiewicz, M., Linardon, J., Courtet, P., & Guillaume, S. (2020). The impact of the COVID-19 pandemic on eating disorder risk and symptoms. *The International Journal of Eating Disorders, 53*(7), 1166–1170. <https://doi.org/10.1002/eat.23318>
- Sanchez. (2021). Introduction to special issue on AfroLatinidad: Theory, research, and practice. *Journal of Latinx Psychology, 9*(1), 1–7. <https://doi.org/10.1037/lat0000186>
- Sanchez, D., Adams, W. N., Arango, S. C., & Flannigan, A. E. (2018). Racial-Ethnic Microaggressions, Coping Strategies, and Mental Health in Asian American and Latinx American College Students: A Mediation Model. *Journal of Counseling Psychology, 65*(2), 214–225. <https://doi.org/10.1037/cou0000249>

Sanchez, Carlos Chavez, F. L., Wagner, K. M., Cadenas, G. A., Torres, L., & Cerezo, A. (2022). COVID-19 stressors, ethnic discrimination, COVID-19 fears, and mental health among Latinx college students. *Journal of Diversity in Higher Education*. <https://doi.org/10.1037/dhe0000448>

Sanchez, & Awad, G. H. (2016). Ethnic group differences in racial identity attitudes, perceived discrimination, and mental health outcomes in African American, Black Caribbean and Latino Caribbean college students. *International Journal of Culture and Mental Health*, 9(1), 31–43. <https://doi.org/10.1080/17542863.2015.1081955>

Schreiber, M. (2021, July 1). Treating patients with long COVID. *Monitor on Psychology*, 52(5). <https://www.apa.org/monitor/2021/07/treating-long-covid>

Sibrava, Bjornsson, A. S., Pérez Benítez, A. C. I., Moitra, E., Weisberg, R. B., & Keller, M. B. (2019). Posttraumatic Stress Disorder in African American and Latinx Adults: Clinical Course and the Role of Racial and Ethnic Discrimination. *The American Psychologist*, 74(1), 101–116. <https://doi.org/10.1037/amp0000339>

Sirin, Rogers-Sirin, L., Cressen, J., Gupta, T., Ahmed, S. F., & Novoa, A. D. (2015). Discrimination-Related Stress Effects on the Development of Internalizing Symptoms Among Latino Adolescents. *Child Development*, 86(3), 709–725. <https://doi.org/10.1111/cdev.12343>

Smedley, B. (2020). *Speaking of psychology: Why is covid-19 disproportionately affecting Black and Latino Americans with Brian Smedley, Ph.D.* American Psychological Association. Retrieved July 31, 2022, from <https://www.apa.org/news/podcasts/speaking-of-psychology/african-americans-latinos-covid-19>

Spates, Evans, N. M., Watts, B. C., Abubakar, N., & James, T. (2019). Keeping Ourselves Sane: A Qualitative Exploration of Black Women’s Coping Strategies for Gendered Racism. *Sex Roles*, 82(9-10), 513–524. <https://doi.org/10.1007/s11199-019-01077-1>

- Sternthal, Slopen, N., & Williams, D. R. (2011). Racial disparities in health: How Much Does Stress Really Matter? *Du Bois Review*, 8(1), 95–113. <https://doi.org/10.1017/S1742058X11000087>
- Stith, A. Y., & Nelson, A. R. (2002). Institute of Medicine. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Board on Health Policy, Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.
- Stokes, Zambrano, L. D., Anderson, K. N., Marder, E. P., Raz, K. M., El Burai Felix, S., Tie, Y., & Fullerton, K. E. (2020). Coronavirus disease 2019 case surveillance - United States, January 22-May 30, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(24), 759–765. <https://doi.org/10.15585/MMWR.MM6924E2>
- Sun, Harris, K., & Vazire, S. (2020). Is well-being associated with the quantity and quality of social interactions? *Journal of Personality and Social Psychology*, 119(6), 1478–1496. <https://doi.org/10.1037/pspp0000272>
- Sze, S., Pan, D., Nevill, C. R., Gray, L. J., Martin, C. A., Nazareth, J., Minhas, J. S., Divall, P., Khunti, K., Abrams, K. R., Nellums, L. B., & Pareek, M. (2020). Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis. *EClinicalMedicine*, 29, 100630. <https://doi.org/10.1016/j.eclinm.2020.100630>
- Torres, S. A., Santiago, C. D., Walts, K. K., & Richards, M. H. (2018). Immigration policy, practices, and procedures: The impact on the mental health of Mexican and Central American youth and families. *American Psychologist*, 73(7), 843–854. <https://doi.org/10.1037/amp0000184>
- Treskova-Schwarzbach, Haas, L., Reda, S., Pilic, A., Borodova, A., Karimi, K., Koch, J., Nygren, T., Scholz, S., Schönfeld, V., Vygen-Bonnet, S., Wichmann, O., & Harder, T. (2021). Pre-existing health conditions and severe COVID-19 outcomes: an umbrella review approach and meta-analysis of global evidence. *BMC Medicine*, 19(1), 212–212. <https://doi.org/10.1186/s12916-021-02058-6>

- Vega, W. A., Rodriguez, M. A., & Gruskin, E. (2009). Health disparities in the Latino population. *Epidemiologic reviews*, *31*, 99–112.
<https://doi.org/10.1093/epirev/mxp008>
- Walker, R. J., Williams, J. S. & Egede, L. E. (2016). *The American Journal of the Medical Sciences*, *351* (4), 366-373. DOI: 10.1016/j.amjms.2016.01.008.
- Webber, Lang, M. A., Stuever, D. M., Escobar, J. D., Bylsma, V. F. H., & Wolff, G. G. (2021). Health-Related Behaviors and Odds of COVID-19 Hospitalization in a Military Population. *Preventing Chronic Disease*, *18*, E96–E96.
<https://doi.org/10.5888/pcd18.210222>
- Weinstein, Geller, A., Negussie, Y., Baciú, A., & Geller, A. (2017). *Communities in action: pathways to health equity* (Weinstein, A. (Amy B. . Geller, Y. Negussie, & A. Baciú, Eds.). The National Academies Press.
- Weir, K. (2021, May 9). The extra weight of COVID-19. *Monitor on Psychology*, *52*(5).
<https://www.apa.org/monitor/2021/07/extra-weight-covid>
- Williams, & Mohammed, S. A. (2008). Discrimination and racial disparities in health: evidence and needed research. *Journal of Behavioral Medicine*, *32*(1), 20–47.
<https://doi.org/10.1007/s10865-008-9185-0>
- Williams, Neighbors, H. W., & Jackson, J. S. (2003). Racial/Ethnic Discrimination and Health: Findings From Community Studies. *American Journal of Public Health* (1971), *93*(2), 200–208. <https://doi.org/10.2105/AJPH.93.2.200>
- Zhang, L., Cruz-Gonzalez, M., Lin, Z., Ouyang, X., Zhao, F., & Alegría, M. (2022). Association of everyday discrimination with health outcomes among Asian and non-Asian US older adults before and during the COVID-19 pandemic. *Frontiers in public health*, *10*, 953155. <https://doi.org/10.3389/fpubh.2022.953155>

APPENDIX A
STUDY 1 TABLES

Table 1

Correlations and Descriptive Statistics

	<i>M</i>	<i>SD</i>	1.	2.	3.	4.	5.
1. Pre-existing Condition							
2. Social Disruptions	4.75	3.22	.125				
3. Social Isolation	2.90	2.35	.223*	.513**			
4. Exposure to COVID-19	1.63	2.40	.217*	.381**	.691**		
5. Discrimination	11.39	7.04	.277**	.288**	.358**	.315**	
6. Emotional and Physical Health Problems	3.13	2.08	.160	.529**	.345**	.207*	.239**

Note. ** $p < .01$, * $p < .05$

Table 2. Hierarchical regression analysis table.

Independent Variables	R^2	ΔR^2	b	β	t
MODEL 1	.270***				
1. Pre-existing Condition			.150	.036	.433
2. Isolation			.144	.164	1.35
3. Social Disruptions			.281	.431	4.69***
4. Exposure to COVID-19			-.109	-.123	-1.12
5. Discrimination			.024	.081	.921
MODEL 2	.270	.000			
1. Pre-existing Condition			1.50	.036	.430
2. Isolation			.144	.163	1.35
3. Social Disruptions			.290	.444	3.86***
4. Exposure to COVID-19			-.108	-.121	-1.11
5. Discrimination			.024	.081	.918
6. Social Disruptions x Pre-existing			-.020	-.020	-.188
MODEL 3	.304*	.034			
1. Pre-existing Condition			.076	.018	.222
2. Isolation			.111	.126	1.05
3. Social Disruptions			.264	.405	3.55***
4. Exposure to COVID-19			-.090	-.100	-.931
5. Discrimination			.092	.310	2.41*
6. Social Disruptions x Pre-existing			.043	.043	.405
7. Discrimination x Pre-existing			-.121	-.291	-2.41*
MODEL 4	.307	.003			
1. Pre-existing Condition			.063	.015	.184
2. Isolation			.117	.133	1.10
3. Social Disruptions			.250	.383	3.23***
4. Exposure to COVID-19			-.026	-.029	-.195
5. Discrimination			.087	.292	2.23*
6. Social Disruptions x Pre-existing			.067	.068	.603
7. Discrimination x Pre-existing			-.112	-.271	-2.18*
8. Exposure to COVID-19 x Pre-existing			-.110	-.095	-.694
MODEL 5	.307	.000			
1. Pre-existing Condition			.063	.015	.183
2. Isolation			.116	.131	.661
3. Social Disruptions			.250	.383	3.00**
4. Exposure to COVID-19			-.025	-.028	-.170
5. Discrimination			.087	.292	2.14*
6. Social Disruptions x Pre-existing			.066	.067	.549
7. Discrimination x Pre-existing			-.112	-.271	-2.12*
8. Exposure to COVID-19 x Pre-existing			-.111	-.096	-.565
9. Isolation x Pre-existing			.002	.002	.010

Note. * $p < .05$ ** $p < .01$ *** $p < .001$

APPENDIX B
STUDY 2 TABLES

Table 3

COVID-19 Needs reported by AfroLatinx

-
- 1 = Food
 - 2 = Housing
 - 3 = Transportation
 - 4 = Utilities
 - 5 = Phone bill
 - 6 = Cable bill
 - 7 = Internet/Wi-Fi
 - 8 = Computer or phone equipment
 - 9 = Internet/tech support
 - 10 = Academic support
 - 11 = Unemployment services
 - 12 = Employment
 - 13 = Health services
 - 14 = Dental services
 - 15 = Childcare
 - 16 = Eldercare
 - 17 = Legal assistance
 - 18 = Emergency services
 - 19 = Paying for funeral services
 - 20 = Mental health services
 - 21 = Family/partner counseling
 - 22 = Spiritual/faith-based care
 - 23 = Grief counseling
 - 24 = Other
 - 25 = Nothing
 - 26 = Money
 - 27 = Health care
 - 28 = Debt
 - 29 = Help with Everything
 - 30 = Connecting with family/friends
-

Table 4

COVID-19 Stressors reported by AfroLatinx

-
- 1 = Physical health concerns,
 - 2 = Mental health concerns
 - 3 = Financial concerns
 - 4 = Housing concerns
 - 5 = Transportation concerns
 - 6 = Caregiving responsibilities
 - 7 = Impact on work
 - 8 = Impact on your child
 - 9 = Impact on your community
 - 10 = Impact on family members
 - 11 = Access to food
 - 12 = access to baby supplies
 - 13 = access to clean water for hand washing
 - 14 = access to personal care products
 - 15 = access to protective personal equipment
 - 16 = access to medical care
 - 17 = access to grief care
 - 18 = Access to Internet and tech
 - 19 = Social distancing or quarantined
 - 20 = Discrimination due to race/ethnicity
 - 21 = I am not stressed
 - 22 = Being stressed because others are not wearing a mask or social distancing
 - 23 = Other
 - 24 = Separation from family/friends,
 - 25 = Others overreaction to Covid
 - 26 = Politics
 - 27 = Change in daily activities
 - 28 = Money/living conditions problems
 - 29 = Work problems
 - 30 = Family problems/health
 - 31 = Internet/tech problems
-

Table 5

AfroLatinx Coping Strategies Utilized during COVID-19

-
- 1 = Talking with friends and family (by phone, text, or video)
 - 2 = Talking to my healthcare providers more frequently
 - 3 = Talking/seeing a primary care physician or general practitioner
 - 4 = Talking to my mental healthcare professional such as a counselor, therapist, psychologist, psychiatrist, or social worker
 - 5 = Talking/seeing a traditional helping professional like a culturally based healer, religious/spiritual leader, or advisor
 - 6 = Talking/seeing a community helping professional such as a health worker, promotor, peer counselor, or case manager
 - 7 = Searching the internet or T.V. more frequently for information
 - 8 = Meditation and/or mindfulness practices
 - 9 = Religious or spiritual practices (praying, reading religious texts)
 - 10 = Increased television watching or other “screen time” activities (video games, social media)
 - 11 = Hobbies and indoor activities (painting, drawing playing a musical instrument, reading, cooking/baking)
 - 12 = Keeping a journal
 - 13 = Participated in civic engagement activities (joined/participated in a community organization, registered to vote, organized/advocated for my community, attended a protest, contacted an elected official)
 - 14 = Exercise (running, walking, sports, dance, yoga, biking)
 - 15 = Being outdoors (using my local park, exercising, doing sports)
 - 16 = Listening to music
 - 17 = Eating more often, including snacking
 - 18 = Sleeping more often, including napping or lying down in bed
 - 19 = Drinking more alcohol than usual
 - 20 = Using more tobacco (smoking, vaping) than usual
 - 21 = Using more marijuana (vaping, smoking, eating) than usual
 - 22 = I have not done any of these things to cope with the COVID-19 outbreak
 - 23 = Other
 - 24 = Drugs
 - 25 = No stress
 - 26 = Shopping
 - 27 = TV/Video games
 - 28 = Reading
-

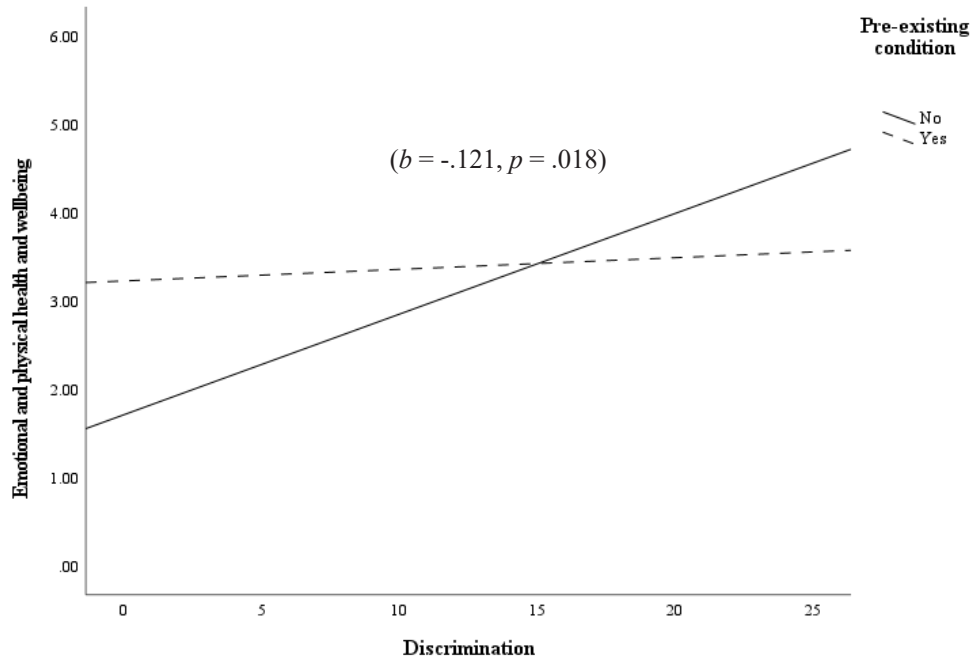
Table 6

Content Analysis Themes for COVID-19 Needs, Stressors, and Coping Strategies Utilized by AfroLatinx with Pre-existing Conditions.

	Category	Examples	<i>n</i>	%
COVID-19 Needs	1. Basic Needs	Food, Housing, Transportation, Utilities	62	79.49%
	2. Technology Access	Phone Bill, Cable Bill, Wi-Fi, Computer or Phone Equipment, Tech Support	39	50%
	3. Work and Social Support	Academic Support, Unemployment Services, Employment	29	37.18%
	4. Health Services	Dental, Mental Health, Family/Partner Counseling, Grief Counseling	21	26.92%
	5. Community Resources	Childcare, Eldercare, Emergency Services, Paying for Funeral, Spiritual/Faith-Based Care	22	28.21%
COVID-19 Stressors	1. Health	Physical Health Concerns, Mental Health Concerns, Access to Medical Care	50	64.10%
	2. Family	Caregiving, Impact on Children, Impact on Family Members	33	42.31%
	3. Financial	Financial Concerns, Housing, Transportation, Impact on Work	49	62.82%
	4. Community	Impact on Community, Discrimination, Others not wearing a mask	16	20.51%
	5. Limited Access	Access to Food, Baby Supplies, Clean Water, Personal Care Products, Grief Care	33	42.31%
	6. No Stressors		21	26.92%
Coping Strategies	1. Connection to Others	Talking to family and friends, Health Care Providers, Mental Health Providers, Community Helping Professional	67	85.90%
	2. Mindfulness Practices	Meditation Practices, Religious Practices, Keeping Journal, Listening to Music	40	51.28%
	3. Physical Activities	Hobbies and Indoor Activities, Civic Engagement, Exercise, Being Outdoors	33	42.31%
	4. Maladaptive Use	Drinking more Alcohol, eating more, sleeping more, Using more tobacco, more Marijuana	40	51.28%
	5. No Coping Identified		2	2.56%

APPENDIX C
STUDY 1 FIGURES

Figure 3



APPENDIX D
STUDY 2 FIGURES

Figure 4

COVID-19 Needs reported by AfroLatinx with Pre-existing Conditions

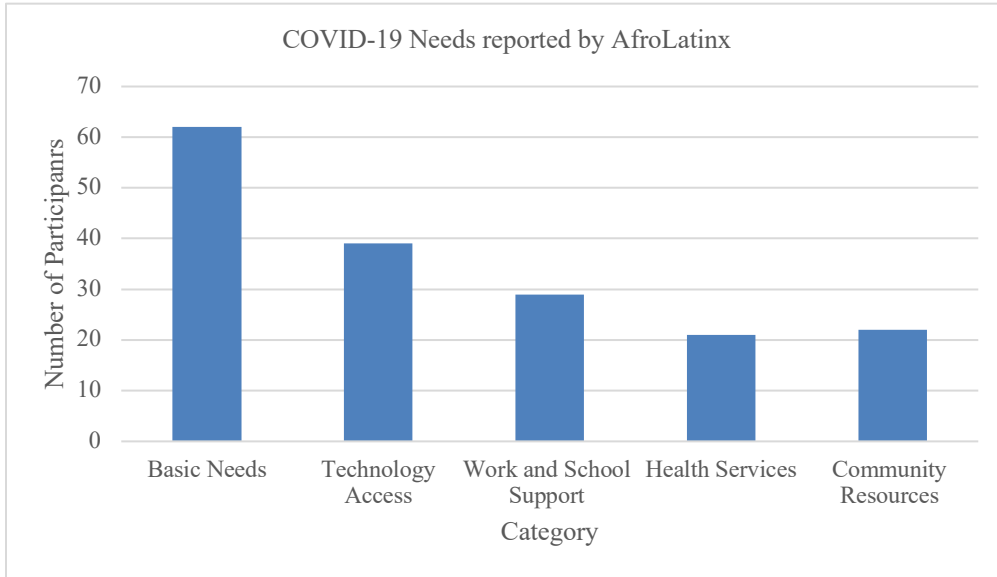


Figure 5

COVID-19 Stressors reported by AfroLatinx with Pre-existing Conditions

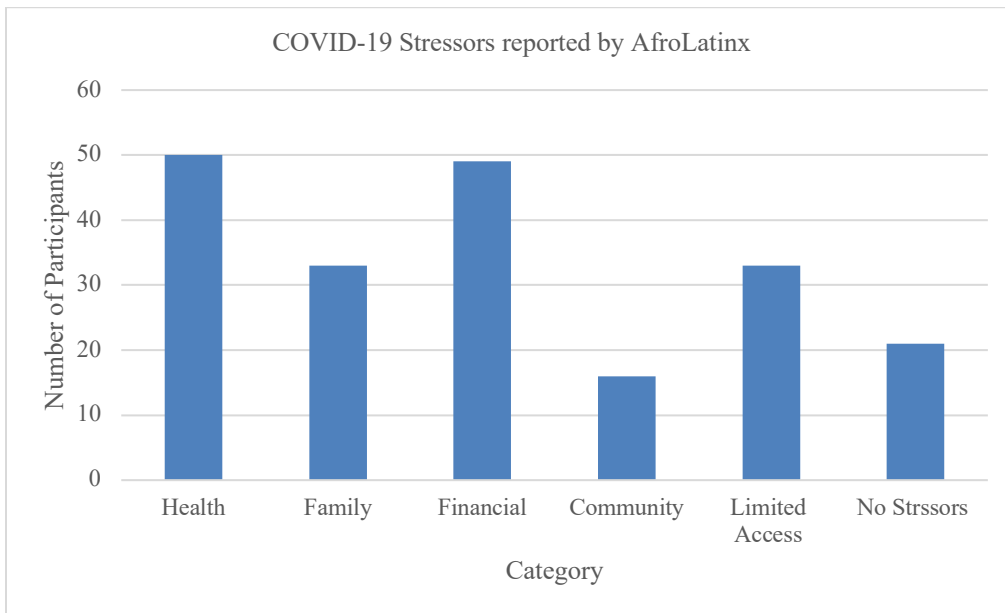


Figure 6

COVID-19 Coping Strategies reported by AfroLatinx with Pre-existing Conditions

