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Financial impacts of the COVID-19 pandemic on immigrant communities in Portland Maine: a qualitative study

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Abstract

Background The COVID-19 pandemic not only disproportionately impacted the health of immigrants in the US, but led to financial disparities as well. However, few studies to date capture the experience of asylum-seeking and refugee populations.

Methods We analyzed semi-structured interviews conducted in fall 2021 with immigrants (primarily asylum-seekers and refugees from countries in Central and East Africa) and key informants, and conducted focus group discussions in spring 2023 with employees of a non-profit supporting the financial needs of asylum-seekers and refugees in Portland, ME.

Results We identified several ways in which the COVID-19 pandemic negatively impacted the financial stability of asylum-seekers and refugees, including: job loss, work permit backlog, lack of sick leave benefits, childcare expenses and related job strain, rising cost of basic goods, issues of housing availability/affordability, and healthcare expenses.

Conclusion Policy changes that address structural factors and support financial stability among asylum-seekers and refugees and other low-income populations could help mitigate the impact of future public health crises and ultimately improve health equity.

Keywords Financial impacts, COVID-19, Asylum-seekers and refugees, Wellbeing

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Text box 1. Contributions to the literature

- Few studies examine how the COVID-19 pandemic impacted the financial health of asylum-seekers and refugees, which is important for understanding health inequities.
- For asylum-seekers and refugees in Portland, Maine, the COVID-19 pandemic fostered financial instability in several ways: disrupted employment; led to job loss; created a work permit backlog; increased expenses related to childcare, basic goods, and healthcare; and fueled issues of housing availability/affordability.
- This study offers evidence to support much-needed policies that address socioeconomic factors and bolster public health infrastructure in order to ensure both financial and physical health for vulnerable populations, especially in times of public health crisis.

Introduction

The COVID-19 pandemic disproportionately affected the health of structurally vulnerable populations in the US, including low-income racial minorities and immigrants [1, 2]. These poorer health outcomes for immigrant communities are linked to structural inequities in both healthcare access (e.g. under/uninsured; language barriers; fear of legal repercussions during healthcare encounters) and socioeconomic factors (e.g. work opportunities limited to essential jobs with higher exposure risk; lack of sick pay; crowded housing) [3, 4].

Alongside impacts on physical health, the COVID-19 pandemic also disproportionately affected the *financial health* of immigrant communities due to similar factors. Since many immigrants work in essential industries that put them at greater risk of COVID-19 infection, they faced missed days from work with no sick pay benefits to protect against lost wages [3, 4]. Immigrants also experienced high rates of unemployment. In a nationally representative survey, 51% of low-income immigrant families reported the pandemic had negatively impacted their or a family member's employment, with 26% specifically reporting job loss [5]. Furthermore, some immigrants were ineligible to receive unemployment benefits and COVID-19 federal relief checks because of legal status [3, 4].

While there is a growing literature base on the financial impacts of the pandemic for US immigrants, few studies capture the experience of asylum-seeking and refugee populations who face unique health and financial vulnerabilities. Several factors make it particularly challenging for asylum-seeking and refugee populations to navigate US systems, as compared to immigrant communities who have lived in the US longer; these factors include lower English proficiency, greater mental and physical health challenges, and less familial support [6]. To address this knowledge gap, we undertook a qualitative study that explored how the COVID-19 pandemic led to financial

distress and instability for asylum-seekers and refugees living in Portland, Maine.

Methods

We conducted a qualitative analysis of 29 semi-structured interviews conducted in fall of 2021 with immigrants (primarily asylum-seekers and refugees from countries in Central and East Africa) and key informants, including medical interpreters and community health workers (see Table 1). The focus of the interviews was on current experiences during the height of the pandemic. We also conducted two focus group discussions in March 2023 with six employees of a community-based organization (CBO) providing financial education, employment, and housing assistance to asylum-seekers and refugees in greater Portland, Maine. In contrast to the interviews, the focus group discussions considered experiences throughout the pandemic, from 2020 to 2023. As such, this analysis examined both acute financial impacts at a particular moment in the pandemic, as well as the long-term chronic financial impacts. Both focus group and interview participants provided consent; discussions were audiotaped and professionally transcribed. Using

Table 1 Demographics of interviewed participants and key informants (N = 29)

Participant characteristics (n = 16)	N
Mean age in years (SD) ^a	40.8 (14.78)
Gender identity ^a	
Female	8
Male	7
Immigrant group	
Latina/Latino	1
Arabic speakers (Syrian/Sudanese)	2
Somali	2
Burundi/Rwandan	3
Congolese	4
Angolan	4
Key Informant characteristics (n = 13)	N
Type of role	
Community Health Worker	6
Medical Interpreter	5
Staff of immigrant-led non-profit	2
Immigrant group most engaged with	
Latina/Latino	3
Arabic speakers	2
Somali	1
Burundi/Rwandan	1
Congolese/Angolan	3
Multiple	3

^a Three participants did not mention their age in the interview and one participant did not identify their gender

qualitative software (MaxQDA), we descriptively analyzed transcripts focusing on financial themes.

Results

We identified six financial areas that were negatively impacted by the COVID-19 pandemic among asylum-seeking and refugee communities in Portland, ME: employment, income, childcare, housing, cost of basic goods and healthcare coverage. Figure 1 presents a visual summary of our thematic findings, documenting *how* the pandemic impacted each of these financial topics and categorizing the impacts as either barriers to *accessing* or *maintaining* financial stability.

Employment and income emerged as the most impacted financial areas. Focus group participants explained how pandemic-related shutdowns limited opportunities for employment and exacerbated an ongoing backlog in asylum-seeking work permit application review. Work permits that would typically take six months to process took a year or more, creating further barriers to economic stability. Both focus group and interview participants described how the pandemic also negatively impacted the ability to maintain employment.

"The place I work at got closed several times and I stayed home, they didn't pay me. I used money I saved. Paying the rent will be hard. I pray and ask God not to get COVID because I need to pay rent." (Asylum-seeking/refugee participant)

While some asylum-seekers and refugees gained employment during the pandemic due to the opening of a local COVID-19 test manufacturer, many layoffs happened with downsizing and closure of other businesses, and, when demand for testing decreased, the manufacturer also closed causing mass layoffs.

"[Layoffs are] connected to COVID in certain ways because most of these people were hired ... to work on these vaccines and anything that's related to COVID. That specific department where most of these people got laid off were working on COVID [tests]... But now that the demand is not as high as it used to [be]...we have this massive layoff and it's really impacting a lot of families." (CBO participant)

Moreover, since asylum-seekers and refugees often work in positions without sick pay benefits, this led people to either work while sick with COVID-19 and avoid testing or stay home when sick and face income loss.

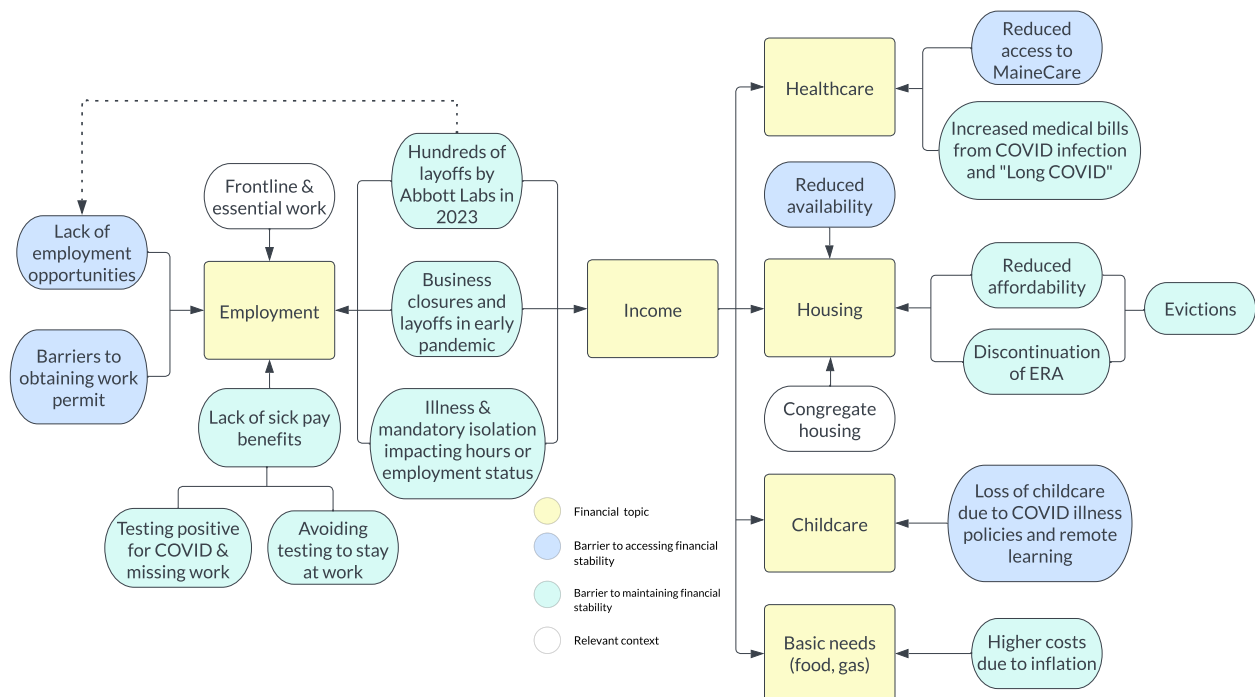


Fig. 1 Financial impact of the COVID-19 pandemic on asylum-seekers and refugees in Portland, ME, 2021–2023. This diagram depicts the financial challenges experienced by asylum-seekers and refugees in Portland, ME during the COVID-19 pandemic, beginning on the left with barriers to getting and maintaining employment, flowing to negative impacts on income, which in turn impacted other key financial areas that were also directly affected by the pandemic including childcare, basic needs, housing, and healthcare

“They said that they don’t want...to be sick and stay home because they [do] not have enough to pay their rent. They can get food, but when they pay come, they don’t have enough because they didn’t work. So they are really concerned about it. That’s why some, they don’t even want to know if they’re sick or not.”
(Key informant participant)

These impacts on employment and income in turn impacted several other key financial areas — childcare, cost of basic goods, housing, and health coverage — which were also directly affected by the pandemic in unique ways.

Remote learning school policies and isolation/quarantine requirements for children with COVID-19 illness/exposure created a need for asylum-seeking and refugee families to pay for additional childcare or lose income from time off work. As one focus group participant noted, it was more commonly mothers who took time off work which put them at risk of losing their job.

“Usually the mother is the one who would have to stay home with the kids, that is just the default caregiver. And that has been hard because when you do that enough times as an employee, not all employers are very understanding. So you have some...who are on thin ice with their employers because they have had two years of having to take time off to support their families.” (CBO participant)

The cost of basic goods like gas and groceries became more burdensome, as the pandemic not only impacted income but also drove inflation.

“So employment and housing...they notice that everything is expensive now. The housing is expensive, food expensive so it’s hard to get to it.” (Key informant participant)

The COVID-19 pandemic also exacerbated both housing availability and affordability issues for low-income people including asylum-seekers and refugees. While the federal Emergency Rental Assistance (ERA) program initially eased this financial stressor, the discontinuation of the ERA in 2023 ultimately left many asylum-seekers and refugees facing eviction because they were in rental agreements beyond what they could pay with their income and other sources of assistance.

“The Emergency Rental Assistance...did not give us a limit to how much someone should rent an apartment [for]. So somebody could find an apartment for \$3000, [and] we’ll pay for it. And now that threshold is above what the General Assistance can pay. Now they are subject to eviction because... [General Assistance] is not able to support that rate

and at the same time they end up being evicted.”
(CBO participant)

Lastly, participants explained how the COVID-19 pandemic resulted in healthcare expenses due to COVID-19 treatment costs, especially for those asylum-seekers and refugees who were under or uninsured. Further, it was not until mid-2022 that the Medicaid expansion took place in Maine, which removed the five-year wait period for “qualified non-citizens” to become eligible; hence, the experiences shared by key informant participants capture a time before the expansion.

“So mostly everyone I worked with I helped them apply to Mainecare [Medicaid], but not everybody was accepted. And I just considered myself really naive and I thought that it was going to work out.”
(Key informant participant).

Discussion

Our research documents how the COVID-19 pandemic impacted the financial stability of asylum-seekers and refugees in Portland, ME, including: job loss, work permit backlog, lack of sick leave benefits, childcare expenses and related job strain, rising cost of basic goods, issues of housing availability/affordability, and healthcare expenses.

Our findings are similar to those documented in other COVID-19 research on financial impacts, while also capturing unique financial hardships faced by asylum-seekers and refugees. A study by Duh-Leong et al. (2022) of immigrant Chinese American families also found the pandemic led to experiences of job loss, fluctuating prices of basic goods, and disrupted childcare arrangements that hindered employment [7]. A scoping review of the COVID-19 health impacts on asylum-seekers and refugees around the world documented similar issues of unemployment, reduced work hours, and lack of social protections, which in turn negatively influenced health [8]. We captured additional pandemic factors that led to financial strain such as the work permit backlog and widespread job layoffs by a testing manufacturer that employed many asylum-seekers and refugees.

In the aftermath of COVID-19, calls have been made in the US for policy changes that address socioeconomic factors and bolster public health infrastructure to ultimately reduce health disparities [3, 4]. Based on the financial factors uncovered in our study, we offer four policy recommendations to further support asylum-seekers, refugees and low-income individuals in times of public health crisis: (1) adoption of the White House’s “Blueprint for Renters Bill of Rights” in order to ensure fair leases and prevent evictions [9]; (2) expansion of paid family and medical leave; (3) more comprehensive

expansion of the Affordable Care Act and state Medicaid expansion programs [10]; and (4) legislation to expedite the work authorization process for asylum-seekers [11].

Limitations of our work include the focus on one city in a Northeastern state, and the asylum-seeking and refugee groups represented were primarily from countries in Central and East Africa. Additionally, the study did not collect information to distinguish between the differences in experience and access to resources between asylum-seeking and refugee populations. A strength is that we included both key informant and community voices, and research activities took place both earlier (2021) and later (2023) in the COVID-19 pandemic which captured a broader temporal perspective.

Conclusion

In order to improve health equity for asylum-seekers and refugees and build resilience for future public health crises, scientists must continue to study the role of structural factors and financial well-being, and work with policymakers on addressing these key issues.

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Authors' contributions

Authors EWC, CR, KMF and GDS conceptualized the study. KMF and EAJ secured funding. MK designed the interview guide, conducted and coordinated interviews, and managed interview transcription. GDS, EWC, KMF, and MK designed the focus group guide and CR coordinated the focus groups. GDS facilitated the discussions while EWC took detailed notes and subsequently transcribed the audio-recordings. EWC conducted the qualitative analysis of both interview and focus group data, and created the findings diagram (Fig. 1). GDS provided mentorship and input on the qualitative analysis. EWC drafted the initial manuscript and all authors provided feedback and edits, with approval of the submitted manuscript.

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Data availability

The codebook used for the analysis presented in this study is available upon request from the corresponding author. The data itself will not be made available as we did not ask participants for their permission to share interview/focus group transcripts outside the research team.

Declarations

Ethics approval and consent to participate

This research was reviewed and approved by the MaineHealth Institutional Review Board (study number 1795294). All interview and focus group participants provided verbal informed consent to both participate in the research activity and to have the discussion audio-recorded.

Competing interests

The authors declare no competing interests.

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