



Pandemic Response Institute

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Community Level Data on the Impact of COVID-19 in NYC

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A report from the NYC Pandemic Response Institute's Community Convening and Learning Team (CCLT) led by the CUNY Graduate School of Public Health and Health Policy. Contributing Authors: Diana Romero, PhD, MPH; Deborah Levine, LCSW; Ira Memaj, MPH; Laura Hobbs, MPH; Claire Ogburn, MPH; Kamrun Nahar, MPH

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Executive Summary

The report is based on research conducted by the Community Convening and Learning Team (CCLT) of the New York City (NYC) Pandemic Response Institute (PRI). This Environmental Scan documents the research activities conducted by community-based organizations (CBOs), faith-based organizations (FBOs), health departments, and research/academic institutions in NYC and describes the resources being accessed to meet community needs since the start of the COVID-19 pandemic in March 2020. A list of New York City-based organizations, research and academic institutions, and health agencies was compiled using the New York State Department of Education’s Guide to Community-Based Organizations and the New York Immigration Coalition (NYIC)’s members list. Reports, publications, and other media sources for each organization were reviewed, recorded, and documented according to our inclusion/exclusion criteria. The objectives of this investigation were to: 1) gain a better understanding of the impact COVID-19 has had thus far on communities across NYC, 2) document the breadth of community-level research, 3) provide insight on the work of CBOs during a global public health emergency, and 4) inform current and future strategies that promote health and prevent disease.

Findings illustrate an active research community in CBOs—many of whom are working in collaboration with academic institutions. We highlight various initiatives—programs and activities—spearheaded by CBOs during the first waves of the COVID-19 pandemic that functioned to inform the social, economic, and health impacts of the COVID-19 pandemic on historically marginalized communities (HMCs). An integral part of these initiatives is the connection between the provision of health services and human/social services (e.g., housing, transportation, cash assistance, education, etc.), a consideration often neglected in public health responses. Moreover, this Scan illustrates a wealth of community-level research that centers health equity. Over the years, there has been an increase in support for a health equity perspective in public health, and the pandemic has further stressed its significance. This Environmental Scan reflects a synthesis of information that informs us about the familiar patterns of reality, such as the significant imbalance in access to public health services across NYC, the disproportionate harm of the pandemic on low-income communities, communities of color, and immigrants, and the systemic frailties that limit the ways CBOs respond to community needs. CBOs have consistently provided data on community needs, the type of services they provide to communities, and barriers or challenges they face during the provision of services and resources. Even with inadequate funding and lack of systemic support, CBOs continue to compensate where city services fail to meet the needs of the community. Building toward the future requires taking accountability for past shortcomings. It is time to stop placing the burden of public health responses on CBOs, and instead integrate their existing work into system responses that streamline support to CBOs to meet community needs, and inform efficient, effective, and equitable policy changes.

Abstract

Aim

Identify the extent of COVID-19-related community-level research in New York City (NYC) conducted by multi-sectoral efforts of community- and faith-based organizations (C/FBO), academic centers, partnerships, and health centers.

Methods

The Environmental Scan gathers research on COVID-19 and its impact on organizations and communities across NYC. We first compiled a list of 210 NYC-based organizations, then looked into publications released by each organization on COVID-19 from March 2020 to June 2022. We sought reports, needs assessments, surveys, and publications that describe the social, economic, and health impacts of COVID-19 on NYC communities.

Findings

We identified 68 reports among 50 total data sources. About 43.0% of the reports provided community-level data on job insecurity, followed by data on access to services (25.0%), mental health (19.1%), education (14.7%), housing (14.7%), and xenophobia/racism/discrimination (8.8%). During the first year of the pandemic, NYC communities experienced striking job deficits and financial distress. High unemployment rates, housing and food insecurity, and worse mental health outcomes were highest among communities of color, low-income, and immigrant communities. Immigrant communities experienced increased incidences of racial discrimination and xenophobia. Despite bearing the brunt of the COVID-19 pandemic, historically marginalized communities did not receive appropriate and necessary resources and services, such as financial assistance, food and housing aid, and health services.

Discussion

The COVID-19 pandemic magnified the long-existing disparities within public health infrastructure, which impact the health of communities directly and indirectly. As the cosmopolitan center, NYC did not provide sufficient COVID-19-related services and assistance to the most vulnerable, especially low-income communities, immigrants, and Black, Indigenous, People of Color (BIPOC) communities. When government-directed services failed to meet the needs of these populations, CBOs stepped in, providing some of the most needed services such as cash assistance, housing and food resources, and health services ranging from mental health to COVID-19 testing and vaccinations. Highlighting the importance CBOs play—especially during public health emergencies—provides insights into how they can be integrated in preparedness efforts, prevention and mitigation strategies, and most importantly, how they can be better supported.

Next Steps

Growing and strengthening relationships with CBOs, FBOs, and other local supporting organizations and coalitions can lead to earning the trust of communities and becoming better listeners and providers of services and resources that meet community needs. Moreover, exploring new ways to support CBOs to conduct community research, provide better and more appropriate resources, and ensure that these efforts are scaled up can result in both reaching more people and those people being more responsive and having more positive experiences with the systems at large. Having CBOs as one of our closest research partners will provide us with a better understanding of how public health emergencies impact communities and how we can better show up for them.

Introduction

Background

Over the last two years, NYC has been the epicenter of the COVID-19 pandemic in the United States, with residents experiencing an overwhelming number of cases, hospitalizations, and deaths.^{1,2} COVID-19 has disproportionately impacted historically underserved communities, including communities of color^{1,3,4}, immigrant communities^{5,6}, and low-wage essential workers^{7,8}, and increased the need to deliver appropriate and timely health information and other resources to the public.^{9,10} Historically, community-based organizations (CBOs) have served as effective conduits in health communication, promotion, and planning in emergency situations. Throughout the pandemic, these organizations provided essential services such as food supplies, personal protective equipment (PPE), shelter, and health resources including COVID-19 testing and vaccinations.¹¹

Despite the important role that CBOs play in filling critical health and social service gaps, many struggled to remain in operation.¹²⁻¹⁴ While COVID-19 brought its own set of new service challenges, pre-existing organizational issues facing C/FBOs and city agencies also came into sharp focus. Organizations saw an increased demand for services¹⁵ in the midst of chronic underfunding¹²⁻¹⁵, staff shortages^{11,12,16,17}, canceled programming^{18,19}, difficulty working remotely²⁰, weak communication systems^{9,21}, and limited resources in communities served.²⁰ These extraordinary circumstances forced many CBOs to alter their structure, focus, and/or systems to meet their communities' needs.¹⁵

To understand how to best shift organizational programming and priorities to meet the demand for services after COVID-19, many CBOs conducted their own surveys and interviews with community members. Organizations serve as important centers for community-level research and frequently produce targeted community needs assessments and annual reports. This community-level data illuminates community needs and identifies and evaluates the effectiveness of programming and services deployed. We conducted this Environmental Scan to gain a deeper understanding of how current structures and systems disproportionately impact marginalized communities and how stakeholders can collectively enact a healthier and just future for those communities.

The NYC Pandemic Response Institute (PRI)

The PRI was formed by the City of New York as a response to the COVID-19 pandemic and future health threats. The PRI, in collaboration with CBOs, research and academic institutes, and state health agencies, focuses on conducting research on public health emergencies to address the vulnerabilities of healthcare systems and recognize structures impacting social determinants of health. Beyond collecting research, the PRI is determined to: 1) amplify how vulnerable populations are disproportionately impacted by public health emergencies, 2) review and evaluate the type of services and resources available to populations, and 3) assess how public health messaging is disseminated in our communities. The goal of the PRI is to assess and address the public health infrastructure while simultaneously collaborating closely with communities and stakeholders to build more sustainable and equitable solutions for current and future public health emergencies. Our partnerships with various NYC-based organizations, institutes, and agencies allows us to investigate COVID-19 using community-level data collected by organizations across the City, which are often excluded in peer-reviewed research and evaluations.

- Environmental Scan Objectives
- Provide an overview of the research being conducted in the community
- Evaluate the impact of COVID-19 on communities across NYC (at the community level)
- Identify innovations and strengths in community-level research
- Identify gaps in research representations and findings
- Assess the response of the City and C/FBOs and if/how services were accessed by community members

Highlight points of action, recognize trends in implementation and programs that promote health in the context of COVID-19, and encourage public health officials, lawmakers, and other stakeholders to create efficient, effective, and equitable solutions that meet community needs

Methodology

The methods of the Environmental Scan report are divided into two phases designed to collect, identify, and interpret community-level data on COVID-19 in NYC. Phase I collection took place from February-April 2022 and included clearly defining the research question of the Environmental Scan and development of methods/approaches to collect data. Phase II took place from April 2022-July 2022 and included data review, generation of themes that were guided by the research question, and organization of the data according to specific characteristics.

Phase I

Aligning with PRI's mission, this Environmental Scan is designed to address the following research questions:

- How has COVID-19 impacted communities across NYC?
- What are the existing services and resources organizations have utilized to meet the community needs during the COVID-19 pandemic?

- What are the remaining gaps and inconsistencies in knowledge, service provision, and community-level data on COVID-19?
- How does existing public health infrastructure contribute to the disproportionate effect of COVID-19?

For this Environmental Scan report, we used a list of organizations collected from the New York State Department of Education’s *Guide to Community-Based Organizations* and the New York Immigration Coalition’s members list. Additional organizations were added as we came across them through search engines or related organizations. We also searched for additional organizations using keywords: “NYC community level data on COVID-19” and “New York community organizations.” Additionally, health agencies and research partnerships were found through references recorded in reports. We identified a total of 607 organizations, institutions, and agencies. The initial screening of the data sources included identifying organizations, institutions, agencies, and other data sources based in NYC. Of the 607 identified organizations, 210 were NYC-based organizations. The list of NYC-based organizations was advanced to the second screening process, which was divided among three researchers. Each researcher explored the website of every organization to find reports, publications, surveys, and other media published by each organization from March 2020 to July 2022. When available, researchers also utilized the search bar within organizations’ websites using the following search terms: “COVID-19,” “coronavirus,” “report,” “publication,” “survey,” and “media.” The mission statement, population served, and contact information of NYC-based organizations were recorded on a collaborative document.

Phase II

Reports from the remaining data sources were included according to our eligibility criteria, which was guided by our research questions. We included reports, publications, media sources, individual-level surveys, and community-level surveys containing COVID-19-related findings on communities across NYC from March 2020 to July 2022. Given our focus on the impacts of COVID-19 across communities, we excluded reports focusing on COVID-19 symptoms, cases, and deaths, as well as non-English reports and/or publications. Non-English publications were excluded because we did not have the appropriate resources and funding to properly translate the publications. Reports and their details – titles, authors, type of study, research questions, target population, sample number, COVID-related measures, key findings, and study limitations – were recorded on a collaborative analytic document. Of the 210 NYC-based data sources/organizations, 50 produced COVID-19-related reports/publications. All 50 NYC-based data sources were categorized by type of organization: community-based organizations (CBOs), academic-research institutes, CBOs and research institute partnerships, and municipal agencies. We included non-governmental organizations and non-profit organizations broadly into the category of CBOs since all included data sources served NYC communities. Additionally, we contacted each data source to confirm their identification.

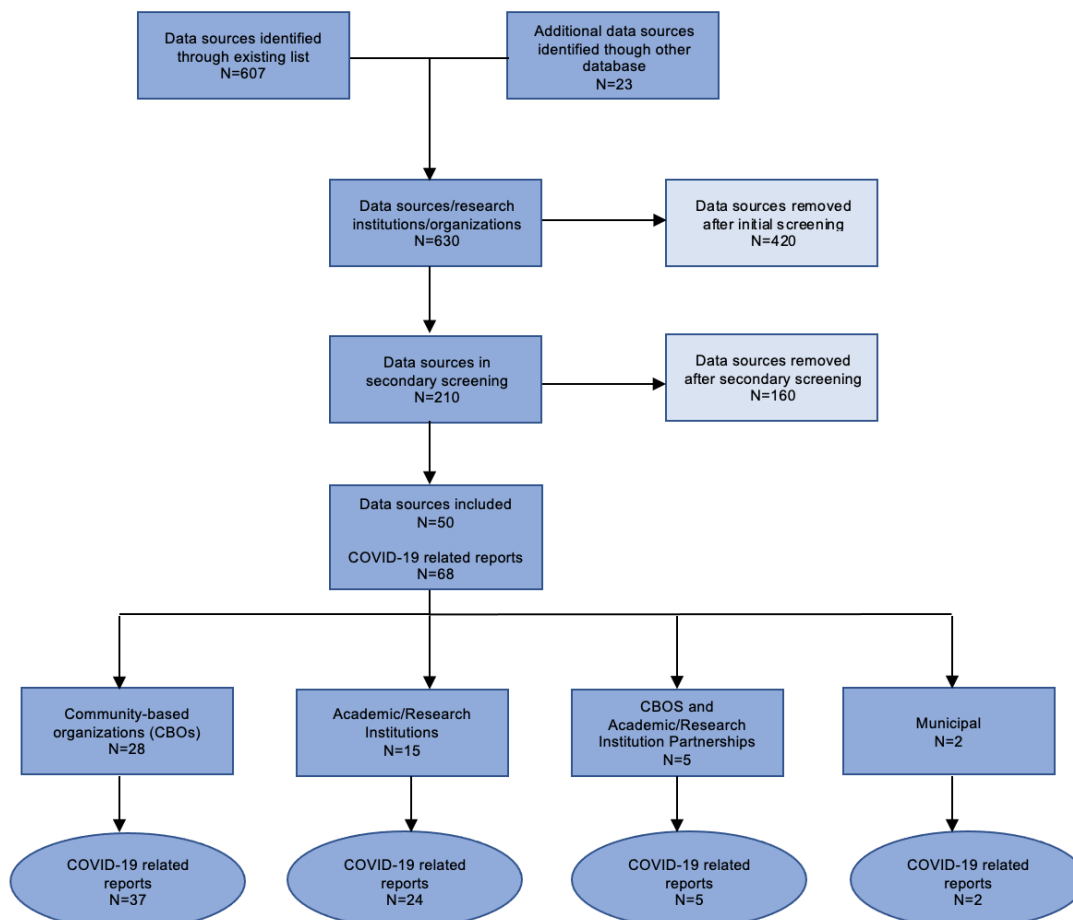
Reports from the remaining NYC-based data sources were categorized by population type and subjected to a full-text review by each researcher. Each researcher familiarized themselves with the findings presented in the reports and recorded notes on potential data items of interest as preliminary codes. We examined and compared initial codes to generate themes that accurately and consistently captured the findings. Reflexive notes and discussions among researchers were done multiple times to reach a

consensus on the identified themes that were common among all reports. Each theme was clearly defined and given a narrative description – including how it relates to our research question, how it interacts with other themes, and how it contributes to our larger mission within PRI. Themes are summarized under the “Results” section of this Scan.

Results/Findings

Of the 210 organizations' websites scanned, 68 reports on community-level data during the first 2 years of the pandemic were completed by 50 organizations. Figure 1 illustrates the flow diagram of the inclusion/exclusion criteria and the final data sources categorized by type, which include 28 CBOs, 15 academic and research institutions, 5 CBO-academic/research institution partnerships, and 2 municipal agencies. From the total reports (detailed in Table 1 in the Annex), 46 included original data collection (i.e., 31 cross-sectional studies, 8 mixed methods, 2 qualitative, 3 longitudinal, 1 case report, and 1 evaluation), while 22 included secondary data analysis. The reports detailed findings on the following topic areas: unemployment, housing and homelessness, violence, equitable access to healthcare, education, income inequality, and food security. Populations of focus included Black, Indigenous, and people of color (BIPOC) communities, low-wage communities, immigrants, essential workers, students, and youth.

Figure 1: Flow diagram of inclusion/exclusion process of data sources and their reports.



In the initial screening process, all 630 data sources were screened on whether they were based in NYC or not. NYC-based data sources were advanced to the second screening process. In the secondary screening process, we included organizations that had published reports, publications, individual-level surveys, and community-level surveys related to COVID-19 between March 2020 and July 2022. We excluded all data sources and reports that were not related to COVID-19, were conducted prior March 2020, were not conducted in the English language, and were annual financial reports. After the exclusion criteria, 68 COVID-19 related reports/publications were produced by 50 NYC-based data sources. The 50 remaining data sources were categorized by type, including community-based organizations (CBOs), research and academic institutions, community-based organization/academic institute partnerships, and municipal agencies.

Themes

Reports shared an array of ways in which COVID-19 impacted communities in NYC. Six main themes were generated during data analysis: job insecurity; access to services; mental health; education; housing; and xenophobia, racism, and discrimination. An additional theme was added and categorized as *other*, to include studies with important findings that did not align with the main themes. We also identified a cross-cutting theme to highlight the intersections of the findings and issues raised in the reports. Table 2 summarizes the themes and key findings identified.

Table 2. Identified themes of community-level data reports

Themes	Key Findings from Reports
Job Insecurity	<p>NYC fared worse economically than the national average with higher unemployment rates coupled with increased costs of living. Immigrants, BIPOC, and women are most severely impacted.</p> <p><i>Cross-cutting: Xenophobia, Racism, and Discrimination</i></p>
Access to Services	<p>Immigrant communities experienced the greatest difficulty accessing services during COVID-19 due to exclusion from assistance programs, language, fear of retaliation due to their immigration status, and racial and cultural discrimination. Access to other health services were also hampered during the pandemic, including sexual and reproductive services. CBOs experienced a shortage of staff and loss of revenue, which severely compromised the amount of services they were able to provide during the first peaks of the pandemic.</p> <p><i>Cross-cutting: Xenophobia, Racism, and Discrimination</i></p>
Mental Health	<p>COVID-19 isolation periods, along with their economic consequences, such as unemployment, financial distress, and housing and food insecurity, contributed to the worsening of mental illness across NYC communities. Low income communities,</p>

	<p>communities of color, and people who inject drugs (PWID) disproportionately reported higher rates of anxiety and depression, which were further exacerbated by the limited access to mental health services.</p> <p><i>Cross-cutting: Access to Services; Xenophobia, Racism, and Discrimination</i></p>
Xenophobia, Racism, and Discrimination	<p>Hate crimes and instances of xenophobia were on the rise during COVID-19 due to punitive policies and combative political rhetoric. These instances were coupled with job loss, financial insecurity, and childcare difficulties among immigrants, low-wage workers, and people of color.</p> <p><i>Cross-cutting: Access to Services</i></p>
Education	<p>COVID-19 led to higher rates of absenteeism, particularly among ESL students and low-income students with limited access to the technology required for virtual learning.</p> <p><i>Cross-cutting: Access to Services</i></p>
Housing	<p>Housing insecurity is a persistent problem during the pandemic due to general economic precarity and the inability to pay rent.</p> <p><i>Cross-cutting: Xenophobia, Racism, and Discrimination; Education</i></p>
Others	<p>The pandemic caused an increase in civic engagement among immigrant populations. Periods of isolation and quarantine led to a higher likelihood of people, especially teens of color, to experience sexual assault and interpersonal partner violence.</p>

Theme Descriptions

Each theme is detailed below with findings described in the various ways the COVID-19 pandemic has affected NYC and its residents.

Job Insecurity

Job insecurity among New Yorkers during the first year of the pandemic was highlighted in 29 of the total 68 reports (42.6%) included in the Environmental Scan. All reports on employment noted that NYC experienced one of the largest and most severe job deficits during the pandemic, as compared to national averages.²²⁻²⁴ In 14 of the 29 reports (48.3%) on employment, essential workers were reported to experience higher rates of job insecurity, which included job loss, being furloughed, or being laid-off.²⁵⁻³⁷ The majority of essential workers identified as immigrants.^{32,38} Immigrants, especially immigrant

communities of color and low-income immigrants, were disproportionately impacted by the pandemic in the employment sector.

In 12 of the 29 reports (41.4%), it was noted that immigrants of color and low-income immigrants experienced higher unemployment rates.^{23,35,37} Moreover, 5 of the 29 reports (17.2%) showed that immigrant communities also experienced worse health outcomes, including higher rates of COVID-19 infections, and increased anxiety and depression.^{34,38} Despite these challenges, the majority of immigrants, especially immigrants of color, reported receiving limited or no federal resources and aid, including health services^{38,39}, unemployment benefits^{25,31,37,38}, small business assistance^{27,28,34,40}, stimulus checks⁴¹, food assistance⁴¹, rent assistance^{27,41}, or assistance regarding their children's remote education.²⁵ Besides immigrant communities and communities of color, women were also a population who experienced higher job deficits during the pandemic. From the 29 total reports on job deficits, 2 reports (6.9%) highlighted exacerbated gender inequities through data on how women – especially women of color and mothers – experienced higher unemployment rates and greater financial losses compared to men.^{39,42}

Access to Services

The provision of human services and resources was severely affected by the COVID-19 pandemic, according to 17 of the total 68 reports (25.0%). From the 17 reports focusing on access to services, 7 reports (41.2%) found that immigrant communities faced many barriers to accessing services due language barriers, stigma, and fear of deportation or police surveillance due to immigration status.^{20,38,43-47} These factors greatly contributed to the limited services immigrant communities received during the pandemic. Similarly, Black, indigenous, and people of color (BIPOC) communities were disproportionately impacted by the pandemic, yet had limited or no access to essential pandemic-related aid and assistance.⁴⁸⁻⁵¹ The operations and functions of CBOs and other institutions to provide services and resources was significantly impacted by the pandemic. In 7 of the 17 reports (41.2%) focusing on access to services, CBOs were shown to pivot in order to respond to the COVID-19 pandemic by filling service gaps unmet by other (i.e., governmental) programs.^{11,16,17,20,52,53} CBOs reported expanding services to meet community needs with very little federal funding. Additionally, CBOs reported that loss of revenue resulted in limited staff capacity and canceling of essential service programs.^{11,16,17,20,49,52,53} Small organizations, arts organizations, and BIPOC-led organizations experienced the largest gaps in funding and were more likely to permanently close.^{16,17,52}

Mental Health

The COVID-19 pandemic has taken a significant toll on the mental and emotional wellbeing of New Yorkers, according to 13 of the total 68 reports (19.1%). In 8 of those 13 reports (61.5%), high unemployment rates, food instability, and a lack of government assistance during the first year of the pandemic were noted as some of the major contributing factors to anxiety and depression among New Yorkers.^{34,54-60} Moreover, worse mental health outcomes were disproportionately experienced by communities of color, essential workers, immigrants, and healthcare workers.^{34,38,54-58} Among immigrant communities, fear of discrimination and immigration status, as well as language barriers, played a major role in disparities in the distribution of pandemic-related resources and services.^{38,59} Children and teens

were also found to experience unique challenges during the COVID-19 pandemic, impacting their mental and emotional wellbeing. In 4 of the 13 reports (30.8%) on mental health, teens of color and students who speak multiple languages experienced higher likelihood of food insecurity, financial distress, and lack of educational support, which contributed to worse mental health outcomes.^{56,58-61} Despite experiencing worse mental health outcomes, 6 of the 13 reports (46.2%) noted that New Yorkers did not receive sufficient pandemic-related aid and services.^{34,57,59-62} This was particularly concerning for people who inject drugs (PWID) or are undergoing substance use rehabilitation. One study showed that compounding factors of the COVID-19 pandemic, including limited care and social isolation periods, exacerbated pre-existing mental health conditions among PWID and increased their likelihood of substance mis/use.⁶²

Education

One report noted that college students felt anxiety and dissatisfaction with the remote learning experience.⁶³ From the 68 reports included in this Environmental Scan, 10 reports (14.7%) provided evidence on how the COVID-19 pandemic has deepened the divide in educational opportunities across socio-demographic groups. Half of those reports noted attendance⁶⁴⁻⁶⁶ and school enrollment^{60,64-67} as the main educational challenges students in NYC faced, especially among students with disabilities and students speaking multiple languages. Additionally, students speaking multiple languages were shown to have limited or no access to technology and Internet services.^{51,59,60,66-69} They were also more likely to have experienced financial distress and housing insecurity due to loss of family income. In fact, 9 of the 10 reports focusing on education (69.2%) reported that students speaking multiple languages were more likely to face homelessness and experience financial losses, which contributed to their chronic abstinence.^{51,60,64-67,69}

Housing

Ten of the total 68 (14.7%) reports highlighted housing insecurity during the first year of the COVID-19 pandemic. All reports on housing indicated that communities of color were disproportionately impacted by the pandemic, noting financial distress, housing insecurity, and worse health outcomes.^{54,61,64-66,70-74} Students living in shelters were highlighted in 3 of the 10 reports (30%).⁶⁴⁻⁶⁶ Those reports found many students in shelters – especially those who speak multiple languages, students of color, and low-income students – sacrificed school attendance to work as a means of relieving some of the financial stress their families were experiencing during the pandemic.⁶⁴⁻⁶⁶ Elderly New Yorkers were also identified as a population at risk of housing precarity during COVID-19, as nursing home residents in New York City and State dealt with disproportionate rates of morbidity and mortality. In addition to high risks of COVID-19, some nursing home residents faced involuntary discharges.^{70,71}

Xenophobia, Racism, and Discrimination

Stigmatization and social inequities of COVID-19 have impacted many ethnic and racial groups across NYC. In 6 of the total 68 reports (8.8%), hate crimes, xenophobia, and discrimination were some of the most alarming factors plaguing NYC communities during the first year of the pandemic. Xenophobia and racism increased during the pandemic, due in large part to former President Trump's regressive policies

and political rhetoric.^{26,45,46,75} Xenophobia, racism, and pandemic-related barriers decreased consumers' access to health care, social services, and public benefits.^{26,45,46,75} Job loss, financial insecurity, and childcare difficulties were common challenges among New Yorkers. These challenges were disproportionately experienced by immigrants, both documented and undocumented, low-wage workers, and people of color.^{26,45,46,57,75} Additionally, a study of Harlem residents found that 16% experienced racism or discrimination due to their race during the pandemic.⁵⁷

Other

About 6% of the total reports included findings that did not fall into the main themes, but generated important insights on the effects of COVID-19 across NYC communities. Civic engagement among immigrant communities during the first year of the pandemic was documented by a non-profit organization, Dominicanos USA.⁷⁶ The report highlighted that voting attitudes of Dominican-Americans changed during the pandemic, noting that many found it important to make their voices heard at the voting booth. Voting registration among Dominican-Americans in NYC increased during 2020, a response to the pandemic and the previous presidential administration. A report detailing the experience of teens during the pandemic noted that teens of color were more likely to report the loss of a family member during the first year of the pandemic and experience sexual abuse or interpersonal partner violence.⁵⁸ This report not only noted the mental health and economic consequences teens of color experienced during the pandemic, it also highlighted how periods of isolation and quarantine exacerbated domestic abuse among vulnerable populations. Vulnerable populations are often the ones that bear the brunt of public health issues. Women of color experienced worse maternal health outcomes during the first year of the pandemic according to two reports.^{50,77} Women of color were more likely to experience adverse events during labor and delivery, and also worse pre- and post-natal care from their providers, including delayed care and change in care plan.

Cross-Cutting:

The reports included in this Environmental Scan recounted the disparate distribution of the COVID-19 pandemic's impact across different socio-demographic groups. A majority of the reports highlighted the various inequities exacerbated by the pandemic with discrimination, racism, and xenophobia as a key cross-cutting theme. Housing and employment instability were disproportionately felt by historically marginalized communities, including communities of color, immigrants, women, and low-income communities. Reports focusing on these themes incorporated the insidious ways discrimination and xenophobia impact the accessibility of essential COVID-19 services across vulnerable populations. Language barriers and delayed information hindered early-action steps across immigrant communities. Moreover, the rise of hate crimes among Asian-Americans, coupled with xenophobia, created a sense of fear in many ethnic and racial groups in NYC. This fear hindered the distribution and receipt of social services such as COVID-19 financial relief packages and housing and food assistance, and health services, like mental health resources and COVID-19 testing and vaccinations.

Discussion

The COVID-19 pandemic magnified health disparities across socio-demographic groups through frailties and inequities in the public health infrastructure. The COVID-19 pandemic severely and disproportionately impacted historically underserved communities. This report summarizes findings from an Environmental Scan of community-level data reports and important insights about the impact of the pandemic on vulnerable communities across NYC. Specifically, it describes the major challenges communities – especially historically marginalized communities – faced during COVID-19, along with the services, resources, and public health strategies that were available to support their holistic wellbeing.

During the first year of the COVID-19 pandemic, NYC reported an 11.8% increase in unemployment, a rate three times higher than the national average.⁷⁸ It is not surprising the majority of the reports included in this Scan highlighted job insecurity as the top concern and consequence felt by New Yorkers. More recent reports included in the Scan note unemployment and food and housing insecurity as matters that continue to plague some of NYC's most vulnerable communities.^{28,30,35,46,73,75} Communities of color, low-income people, immigrant communities, and essential workers faced the most unemployment, leaving many in dire financial distress. Federal and state responses in NYC (e.g., the provision of cash assistance, unemployment benefits, health services and information, etc.) were not as effective among these vulnerable communities. Large sectors of immigrant communities consisted of undocumented people who found themselves ineligible for federal and state assistance. Moreover, many undocumented people faced the fear that reaching out for assistance could lead to deportation or other legal consequences. Federal and state aid was often delayed or not well-translated in communities of color and immigrant communities, which may have played a role in perpetuating the health, economic, and social disparities we observe.

This Environmental Scan not only illuminates disproportionate pandemic impacts across socio-demographic groups, but it also highlights the way our government responses to COVID-19 failed to meet the needs of historically underserved and marginalized communities. Community-based organizations—often the backbone of community services and resources—stepped up to fill gaps in community needs, despite their limited resources and funding.

When federal, state, and city services excluded communities – a common phenomenon during public health emergencies and non-emergencies – CBOs, coalitions, and mutual aid groups stepped in to fill the void. At times, these organizations formed ad hoc to address the unmet needs of the community, but they were not immune to the impacts of the pandemic. Staff shortages and a decrease in revenue were some of the main consequences that CBOs faced during the first year of the pandemic. Still, these organizations played a vital role in providing resources and services when government responses fell short.

Investment in community-level support should include funding that sustains organizations' workforce and vital programs. Additionally, resources are consistently needed to assess community needs and better understand effective harm reduction strategies (e.g., meet communities where they are). Investments can also be funneled to the creation of culturally sensitive and tailored community health education on a variety of public health issues to bridge the gap between public health information and community

communication. Inconsistent and mass communication during the pandemic damaged public trust by conveying a lack of transparency, and failure to respond effectively.

It is important to reflect on the value of community-level data collected by CBOs and other organizations. We used sources of community data that are often excluded from organizational or governmental analysis and rarely have acceptance among peer-reviewed literature. We argue data collected at the community-level by the organizations that provide direct community services should have a valuable place in informing the development of policies and program recommendations. They also highlight the work CBOs do to assess community needs.

Despite its strengths, our study has limitations that are important to address. There may be organizations and institutions that we may have missed during our additional search. Some organizations initially listed may have conducted surveys and assessments that were not published on their websites. Reports with valuable findings may have been missed due to a lack of data availability and limited capacity of organizations to publish their reports or maintain their websites. . Moreover, many of the organizations served a large immigrant population, which makes our results vulnerable to availability bias.

This Environmental Scan informs the development of policies and program recommendations by highlighting the gaps in services during one of the most significant public health emergencies. It also uses data and reports collected and published by CBOs, which include communities that are often excluded from peer-reviewed literature. This allows for a better understanding of the type of resources most needed by community members. Furthermore, the Scan informs advocacy and encourages that our actions and decision making should center and involve communities.

Recommendations and Next Steps

Tackling these inequities requires a collective interrogation of the asymmetries of access and power that are embedded in our society. The COVID-19 pandemic magnified the consequences of our nation's continued negligence towards building a strong and equitable public health system. The HIV pandemic in the late 1980s and 1990s revealed the precarious connection between public health and human rights and how the right to health often sits at the nexus of longstanding inequities. History has witnessed how public health emergencies disproportionately impact the lives of HMC, yet the response systems continue to perpetuate cycles of inequities. We cannot address health inequities without addressing the connection to economic, political, and social inequities that HMC experience.

Public health systems must confront the longstanding and painful truth of our history and clarify the root causes of health inequities. It is our collective responsibility to take accountability for our persistent de-centering of equity and community voices. Prioritizing CBOs, their work, and the populations they serve is an essential component to our work as we move forward in strengthening the public health infrastructure and partnerships.

It is our hope that this Scan serves as a guide for all PRI stakeholders to call in state and city institutions and agencies to address their responses to vulnerable communities during the pandemic. Inspired by McArthur awardee, scholar, and thinker, Loretta Ross, "calling in" facilitates accountability, discussion, and action steps.⁷⁹ Within this context, calling in may refer to discussing and crafting solutions with

government stakeholders and community members, where all participants can feel acknowledged and heard. The table of stakeholders must make ample space for the voices of the community.

We propose to shift the paradigm of how public health is thought of and how it responds. There is an urgent need for a new public health infrastructure that interrogates long standing pathologies of power and includes the direct involvement of community organizations and their members. This will benefit community health and foster social justice by incorporating a wider range of community experiences in developing solutions.

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Annex

Table 1. Supplemental Table of Reports Identified during Scoping Review

	Organization(s) and/or Institution(s)	Report/Survey Name	Date Published	Target Population
Job Insecurity	Make the Road New York, Hester Street	150 Days Later: Unemployed and Excluded	August 2020	Working-class immigrant, Black, and Brown people across New York City, Long Island, and Westchester
Other	Dominicanos USA	2020 Annual Report	2020	Dominican population in NYC
Access to Services	YMCA of Greater New York	2020 Impact Report	2021	New Yorkers
Job Insecurity	Restaurant Opportunities Centers United	2020 State of the Restaurant Workers: A comprehensive analysis of the U.S. restaurant workforce	June 2021	Restaurant workers across the U.S.
Mental Health, Education	Coalition for Asian American Children and Families (CACF)	AAPI Parent Guided Conversations on Education	April 2022	Asian American parents who have children enrolled in NYC schools
Access to Services, Xenophobia,	Arab-American Family Support Center, Columbia Mailman School of Public Health's	Accessing SRH Care During COVID-19: Experiences of Xenophobia and Racism	November 2021	Immigrant Women

	Organization(s) and/or Institution(s)	Report/Survey Name	Date Published	Target Population
Racism, & Discrimination	Heilbrunn Department of Population and Family Health			
Xenophobia, Racism, & Discrimination	Asian American Federation	Alone and Afraid: The Outsized Impact of COVID-19 on Asian Seniors (2022)	January 2022	Asian American seniors living in NYC
Access to Services	Chinese-American Planning Council of NYC, Coalition for Asian American Children + Families, NYU Center for the Study of Asian American Health	Asian-American COVID-19 Community Survey	March 2022	Asian Americans
Other	Perinatal Pathways at Columbia University Irving Medical Center	Association of Birth During the COVID-19 Pandemic With Neurodevelopmental Status at 6 Months in Infants With and Without In Utero Exposure to Maternal SARS-CoV-2 Infection	April 2021 - January 2026	Infants enrolled in COMBO and born between March and December 2020 at CUIMC
Job Insecurity	Opportunities for a Better Tomorrow	Bridging the Gap: Connecting Sunset Park Residents to a Changing Workplace	April 2020	Sunset Park employers, residents, and CBOs
Education	NYU Learning Analytics Research Network (LEARN)	College in the Time of Corona: Spring 2020 Student Survey	Spring 2020	Undergraduate and graduate NYU students
Job Insecurity, Mental Health	Women in Informal Employment: Globalizing and	COVID-19 Crisis and the Informal Economy:	January 2021	Street Vendors

	Organization(s) and/or Institution(s)	Report/Survey Name	Date Published	Target Population
	Organizing (WIEGO), Urban Justice Center	Street Vendors in New York City, USA		
Access to Services	Muslim Community Network	COVID-19 Hotline Report	August 2020	Muslim Americans
Job Insecurity	Make the Road New York, Selikoff Centers for Occupational Health and the Institute for Exposomic Research at the Icahn School of Medicine at Mount Sinai, & Queens College of the City University of New York	Covid-19 Impact on Household Cleaners in NYC	March 2022	Houseworkers; Household Cleaners
Job Insecurity	NYU Grossman School of Medicine	COVID-19 Leads to Dramatic Changes in the Food Retail Environment in New York City: May-July 2020	July 2021	Food businesses in Chinese ethnic neighborhoods in New York
Job Insecurity	Libertas Center for Human Rights	COVID-19 Response	December 2020	Survivors of torture in NYC
Job Insecurity, Mental Health	CUNY Graduate School of Public Health and Health Policy, Journal of Health Communication	COVID-19 Tracking Survey	Biweekly reports from March 2020 -	New York residents age 18+ years

	Organization(s) and/or Institution(s)	Report/Survey Name	Date Published	Target Population
			January 2021	
Access to Services	New York University's School of Global Public Health	COVID-19's Devastating Impact on Small Primary Care Practices	May 2020	Primary Care Providers
Access to Services	The New School's Center for New York City Affairs	Covid-19's Effects on Child Welfare System Assessed in CNYCA's Annual Report	April 2022	Children
Access to Services	Center for an Urban Future	Creative Comeback: Surveying NYC's Cultural Ecosystem in the wake of COVID-19	July 2021	Community-based arts organizations
Education	Advocates for Children of New York	Delayed Interventions: Early indicators of the pandemic's impact on infants and toddlers	January 2021	Infants and toddlers
Education, Housing	Advocates for Children of New York	Disconnected: the pandemic's toll on attendance for students in shelter	October 2021	NYC students in shelters
Education, Housing	Advocates for Children of New York	Disparities in Attendance during COVID-19	April 2021	Marginalized student populations
Access to Services	Human Services Council	Essential or Expendable? How Human Services Supported Communities Through COVID-19 and Recommendations to Support an Equitable Recovery	June 2021	Nonprofit human services organizations

	Organization(s) and/or Institution(s)	Report/Survey Name	Date Published	Target Population
Access to Services, Job Insecurity, Mental Health	Make the Road NY	Excluded in the Epicenter: Impacts of the COVID Crisis on Working Class Immigrant, Black, and Brown New Yorkers	May 2020	Working-Class Immigrant, Black, and Brown New Yorkers
Job Insecurity, Mental Health, Xenophobia, Racism, & Discrimination	CUNY SPH Harlem Health Initiative	Findings from CUNY SPH Survey of the Harlem Community	June 2020	Harlem residents, 18+ years or older
Job Insecurity	The New School: Center for New York City Affairs	Full Employment and Raising Wages: New York City's Twin Economic Challenges in Emerging from the Pandemic	March 2022	Workers
Job Insecurity	Asian American Federation	Hidden in Plain Sight: Asian Poverty in the New York Metro Area	October 2021	Asian Americans in NY metro area
Housing	Bronx Works	Homeless Outreach Population Estimate (HOPE) 2021	May 2021	Homeless population in NYC (including the 5 boroughs)
Housing	Arab-American Family Support Center	Housing Needs Assessment Report	January 2022	AMEMSA households in NYC

	Organization(s) and/or Institution(s)	Report/Survey Name	Date Published	Target Population
Mental Health, Housing	New Immigrant Community Empowerment & CUNY Baruch College	Immigrant Serving Organizations: Key Partners with Government to Help Those Worst-Hit and Least-Served Through the Lifecycle of the Pandemic	June 2020	Immigrant workers and families
Job Insecurity	Center for Migration Studies	Immigrants Comprise 31 Percent of Workers in New York State Essential Businesses and 70 Percent of the State's Undocumented Labor Force Works in Essential Businesses	April 2020	Immigrant workers
Access to Services, Xenophobia, Racism, & Discrimination	Center for Migration Studies	Immigrants' Use of New York City Programs, Services, and Benefits: Examining the Impact of Fear and Other Barriers to Access	January 2022	Immigrant New Yorkers
Mental Health, Other	Mount Sinai Adolescent Health Center	Impact of COVID-19 Mitigation Measures on Inner-City Female Youth in New York City	October 2021	Inner-city AYA females (aged 15–28) who were participating in a prospective cohort study on HPV and STI risk at Mount Sinai Adolescent Health Center (MSAHC) in NYC.

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Mental Health	New York City Department of Mental Health and Hygiene	Impact of COVID-19 on Mental Health in NYC	December 2021	NYC residents ages 18+ years
Housing	Mobilization for Justice	Involuntary Nursing Home Discharges A Fast Track from Nursing Homes to Homeless Shelters	Spring 2021	Elderly
Job Insecurity	The New School: Center for New York City Affairs	Navigating Uncertain Waters: NYC Workforce Professionals in the Age of COVID-19	November 2021	Frontline workers
Job Insecurity	The New School: Center for New York City Affairs	New York City's Covid-19 Economy Will Not Snap Back	February 2021	Workers
Job Insecurity	The New School: Center for New York City Affairs	New York City's Covid-19 Federal Relief Funding: Implications for Human Services And Workforce Development	January 2022	Human Service and WFD sectors
Job Insecurity	The New School: Center for New York City Affairs	New York State's Unprecedented Covid-19 Unemployment Crisis Requires a Comprehensive, Immediate Active Labor Market Response	January 2022	Workers
Job Insecurity, Xenophobia, Racism, & Discrimination	Damayan: Migrant Workers Association	Pandemic Tales	April 2021	Filipino Migrant Workers who are members of Damayan

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Access to Services, Education	Global Strategy Group, The Education Trust–New York	Parents' Survey Identifies Ongoing Education Needs for New York Families	June 2020	Parents of children in NYS public schools
Education	Advocates for Children of New York	Protect Graduation Opportunities for Students Aging Out during COVID-19	June 2020	High school students aging out
Housing	The Legal Aid Society, Housing Justice for All, Community Service Society, NYU Urban Democracy Lab, Pratt Center	Racial Justice and the Right to Remain	February 2022	NYC tenants
Mental Health, Education	Internationals Networks for Public Schools	Re-engaging Multi-Lingual Learners (MLL) post-pandemic: lessons from Internationals Networks for Public Schools	May 2021	School Leaders who engage with MLLs
Job Insecurity	Asian American Federation	Restarting New York's Economic Engine: Tapping the Strength of Asian Businesses	May 2022	Asian-American small businesses in NYC
Education	Internationals Networks for Public Schools	Serving New York City's Multilingual Learners During COVID	September 2021	Immigrant and Multilingual Learners in NYC
Job Insecurity	Asian American Federation	Small Business, Big Losses: The Impact of the Covid Crisis on Asian Small Business in New York City	May 2021	Asian business owners in NYC

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Job Insecurity	CUNY School of Labor and Urban Studies	State of the Unions 2021, A Profile of Organized Labor in New York City, New York State, and the United States	September 2021	Laborers in NYC, focus on Union workers
Education, Housing	Advocates for Children of New York	Still Disconnected: Persistently Low Attendance Rates for Students in Shelter	May 2022	NYC students in shelters
Access to Services	CUNY Graduate School of Public Health and Health Policy	Supporting Organizations to Improve Migrants' Access to Health Services in NYC	July 2021	Immigrant-serving organizations
Mental Health	Columbia Irving Medical Center	The association between sleep and psychological distress among New York City healthcare workers during the COVID-19 pandemic	February 2022	Health care workers (HCW) in NYC who worked during the peak of the first wave of the COVID-19 pandemic (April-May 2020)
Job Insecurity	The New School: Center for New York City Affairs	The Astoria Project: Employment, Health, and Well-being in One New York City Neighborhood During Covid	June 2021	Astoria residents
Job Insecurity	American Association of University Women	The case for stronger policies and programs to support all American women	August 2021	Women

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Job Insecurity	La Colmena	The Contribution of the Latinx Immigrant Workforce to Staten Island's economy before and during the pandemic.	September 2020	Latinx immigrant laborers in Staten Island
Access to Services, Xenophobia, Racism, & Discrimination	Center for Migration Studies	The CRISIS Survey: The Catholic Church's Work with Immigrants in the United States in a Period of Crisis	July 2021	Immigrants
Access to Services	SMU DataArts	The effect of COVID-19 on on the nonprofit arts and culture sector in NYC	June 2020	Nonprofit arts and culture organizations
Job Insecurity	Asian American Federation	The Impact of COVID-19 on Asian American Employment in NYC	January 2021	Asian Americans living in NYC
Access to Services	Nonprofit New York	The Impact of COVID-19 on NY Nonprofits	August 2020	New York Nonprofits
Access to Services, Mental Health	CUNY Graduate School of Public Health and Health Policy	The impact of COVID-19 on people who inject drugs in New York City: increased risk and decreased access to service	November 2021	People who inject drugs
Mental Health, Housing	Healthy CUNY	The Impact of the COVID-19 Pandemic on College Students' Health and Financial Stability in New York City: Findings from a Population-Based Sample of City University of New York (CUNY) Students	February 2021	CUNY undergraduate & graduate students

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Mental Health	MetroPlusHealth	The MetroPlusHealth 2021 Study of Behavioral Health Survey	October 2021	New York City DMA residents, 18 years of age and older.
Access to Services, Other	CUNY Graduate School of Public Health and Health Policy	The Role of COVID-19, Race and Social Factors in Pregnancy Experiences in New York State: The CAP Study	November 2021	Women
Job Insecurity	Federation of Protestant Welfare Agencies	The self-sufficiency standard for New York 2021	March 2021	New York families and individuals
Job Insecurity	Make the Road New York, Selikoff Centers for Occupational Health and the Institute for Exposomic Research at the Icahn School of Medicine at Mount Sinai, & Queens College of the City University of New York	The Toll of Household Cleaning Work: Economic and Health Precarity of Immigrant Latinx Cleaners in New York	March 2021	Houseworkers; Household Cleaners
Housing	Mobilization for Justice	Will the Next Pandemic Lead to More Nursing Home Resident Death and Despair? Nursing Homes and the Department of Health are Failing to Comply with New State Law on Pandemic Emergency Plans	July 2021	Elderly

	Organization(s) and/or Institution(s)	Report/Survey Name	Date Published	Target Population
Job Insecurity	The New School: Center for New York City Affairs	Workforce Development Organizations: Resilient through Covid-19 and Essential for Economic Recovery	March 2021	Migrant Workers