Journal of Migration and Health 10 (2024) 100249

Contents lists available at ScienceDirect

Journal of Migration and Health

journal homepage: www.elsevier.com/locate/jmh

Supporting organizations to improve migrants' access to health services in New York City

Kathleen Cravero [a], L. Ansley Hobbs [b,*], Elisabeth Manipoud Figueroa [b], Diana Romero [a]

[a] City University of New York's Graduate School of Public Health and Health Policy, 55 West 125th St, New York, NY 10027, United States
[b] City University of New York's Center for Immigrant, Refugee, and Global Health, 55 West 125th St, Room 528, New York, NY 10027, United States

ARTICLE INFO

Keywords:
Community-based organization
Community providers
COVID-19
Immigrants
Refugees
New York City

ABSTRACT

Purpose: To survey community-based migrant-serving organizations (MSOs) in New York City (NYC) regarding their early experiences during the COVID-19 pandemic and perspectives on academic collaborations.
Methods: We developed and emailed a survey via Qualtrics (12/2020-1/2021) to 122 MSOs in NYC collecting data about the organizations; challenges posed by COVID-19; and interest in potential intersectoral collaboration. Descriptive analysis focused on the pandemic's impact on service provision, type of MSO, and organizational capacity.
Results: Thirty-eight MSOs participated (RR=31%). COVID-19-related challenges included limited staff capacity, organizational funding, and technological and resource limitations of communities served. Organizational capacity correlated with types of services offered: smaller organizations offered health and social services, while larger organizations focused on education and employment. MSOs indicated interest in collaboration on migrant policy advocacy and communications, access to interns, and resources regarding best practices and policies.
Conclusions: MSOs in NYC have struggled with funding, staffing, and service provision. They specified fruitful areas for collaboration with academic research institutions.
Implications: Development of an academic-based migrant health resource hub will serve an identified need among MSOs in NYC.

1. Introduction

An estimated 46.2 million foreign-born individuals live in the United States (US) and approximately one quarter of immigrants enter the US through New York City (NYC) (Azari et al., 2024). Thus, NYC provides fertile ground for examination of how and to what extent these populations have access to social services and supports (Flood et al., 2020). Many of the city's migrant residents live at the margins of health and social systems, are the subject of negative political rhetoric, and the targets of laws and administrative practices that limit their rights and access to health and social services. While this is problematic during the best of times, it becomes particularly visible in times of crisis, such as amid the COVID-19 pandemic and response.

In late 2020 and early 2021, new COVID-19 and immigration policies compounded existing immigrant community challenges, such as lack of US citizenship, limited English proficiency, precarious employment, and diverse cultural and health norms (Ross et al., 2020, Shirkhoda and Lerner, 2020, Abrahim et al., 2020). In October 2020, the NYC Department of Labor classified many migrant-dominated fields as "essential," putting many un/under-insured migrants back to work at an increased risk of contracting COVID-19 (Guidance on Executive Order 2020, Essential every day: The lives of NYC's essential workforce during COVID-19 2023, Blau et al., 2021). Despite these risks, NYC immigrants were mostly ineligible for federal COVID-19 relief aid through the CARES Act and were hesitant to enroll in coverage with NYC Care due to legal concerns relating to the US Department of Homeland Security's Public Charge Provision (Bernstein et al., 2020, Public Charge Ground of Inadmissibility DHS Docket No. USCIS-2021-0013 2022). Although the Trump Administration's more-punitive Public Charge Provision would be overturned in March 2021, the policy's legacy continues to have chilling effects on immigrant uptake of social services for which they are eligible (Alulema and Pavilon, 2022).

There are several hundred migrant-serving organizations (MSOs) in NYC with deep, long-standing connections to the more than 3 million immigrant New Yorkers who collectively speak over 300 different languages (Mayor's Office of Immigrant Affairs 2021 Report 2021).

* Corresponding author.
E-mail address: laura.hobbs@sph.cuny.edu (L.A. Hobbs).

https://doi.org/10.1016/j.jmh.2024.100249
Received 26 May 2022; Received in revised form 5 June 2024; Accepted 15 July 2024

Overall, organizations reported that the basic needs of the immigrant populations they serve were not being met, including food, housing, cash, employment, legal assistance, health care and mental health services (Amandolare, 2021). These service gaps were found to further exacerbate health outcomes, with immigrants disproportionately impacted by COVID-19 morbidity and mortality as compared to US citizens (Behbahani et al., 2020, Douglas et al., 2022). Thus, these organizations provided critical lifelines to diverse NYC communities throughout the COVID-19 pandemic despite their own struggles to sustain the human and financial resources required to meet the increasing demand for services and support (Amandolare, 2021, Tsega et al., 2020, COVID-19 Survey Results, Nonprofit Finance Fund n.d.).

One strategy to sustain these organizations is through academic-community collaborations, designed to build MSO staff capacity and bolster MSO data collection, analysis, and reporting to co-produce knowledge that is both rigorous and relevant to the community (Schoen et al., 2017). Given the crucial role that MSOs play in providing care for the NYC immigrant and refugee community, particularly during times of public health crises, it is crucial that MSO services and capacities are closely monitored, understood, and supported. Our academic research center identified ways to support the work of organizations, seeking MSO input on which efforts should be prioritized for funding and execution. While we sought this information for service and project planning, the learnings are also applicable to other academic institutes within NYC. We therefore sought to survey NYC-based MSOs to collect important data on their early experience with COVID-19 and preferences for academic support mechanisms, while being cognizant to minimize demands on their limited time and resources.

2. Methods

2.1. Study design and sample

We conducted a cross-sectional survey of MSOs in NYC between December 2020 and January 2021. Although MSOs provide many important services in NYC, those focused on providing and expanding health services were prioritized for recruitment. When designing the study in August 2020, researchers hypothesized that MSOs offering health services would likely be strained for resources during COVID-19 due to surges in demand for testing and personal protective equipment (PPE) in addition to support in accessing healthcare services. To identify eligible MSOs, we compiled a list of organizations in NYC that provide social services and/or health-related support to these populations. We used existing resources (i.e., organizational member list of the *New York Immigration Coalition; 2019 Guide to Community-Based Organizations for Immigrants* from the NYS Education Department) as well as drew from the networks and contacts of other faculty and researchers in our academic institution. We used the following criteria to identify relevant organizations: (1) term immigrant, migrant, refugee, asylum seeker, newcomer, or some variations in the organization's name; (2) organization's name referred to another country or region of the world; (3) organization's name mentioned an ethnic/pan-ethnic group (e.g., Asian

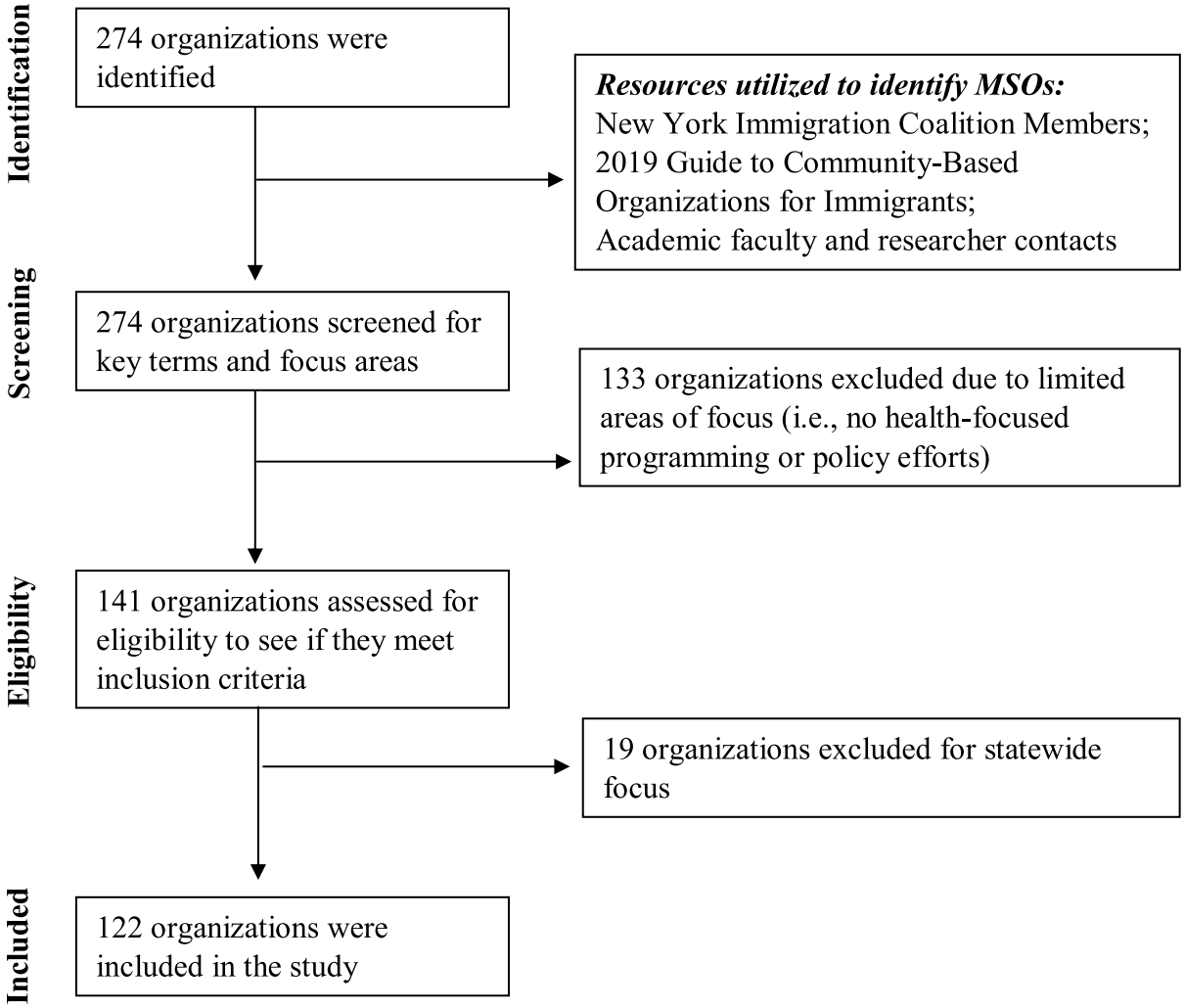

Fig. 1. Survey sampling frame.

or Latino); and/or (4) organization's name included one or more health-related terms. We then screened the websites of each organization to verify that they included health services or some aspect of health policy in their work with migrant populations. This resulted in an initial list of 141 organizations. Excluding those with a NYS-wide focus resulted in a sampling frame of 122 MSOs in NYC that engage at some level in health-related services and/or policy advocacy (Fig. 1).

2.2. Survey development and data collection

To test this hypothesis, we developed a brief (13-item) survey focusing on three domains: (1) general organizational information (e.g., staff, budget, target populations); (2) special challenges (service or policy-related) posed by COVID-19; and (3) potential ways an academic research center could support MSO work. Most questions were categorical, though some allowed for multiple responses and several provided options for participants to specify additional open-ended responses. Unique, embedded survey links were sent via email to the 122 MSO contacts for online data collection using the Qualtrics^{XM} platform. The link could only be used once per organization to ensure duplicate answers were not submitted; organizational meta-data logged in Qualtrics allowed researchers to track which organizations responded. The survey took approximately 10-minutes to complete. Personally identifiable information was stored in an encrypted folder hosted by the academic institute and approved by IRB; access to the identifiable participant data was limited to the research team and authorized CUNY staff. Participant data is reported in aggregate.

2.3. Analysis

Survey data in Qualtrics^{XM} was exported to IBM SPSS (Ver. 26) for analysis. Standard data cleaning and recoding was followed by descriptive analysis for all variables, including frequencies and means where applicable. Respondents who completed less than 60% of the survey (n=6) were removed from the dataset. Bivariate analyses (cross-tabulations) were carried out, focusing on comparisons between health-focused MSOs vs. non-health-focused MSOs. Items with missing data were set to missing and thus removed from the denominator for relevant analyses. The analyses examined the areas in which organizations were most affected by the pandemic (e.g., staffing, resources, funding, etc.) and problems associated with limited access to services. We computed a measure for organizational capacity from paid and volunteer staff variables, weighting volunteers at one-fifth that of paid staff based on the estimate that volunteers work approximately one day relative to a week of work by paid staff. In this way, we were able to conduct bivariate analyses of organizational capacity by populations served and types of services provided.

2.4. Participant report-back and validation

Upon completion of data analysis, we invited all survey respondents and non-respondents to a convening in July 2021 to share survey results, elicit feedback, and discuss their service- and policy-related priorities and concerns. Additionally, a sub-group of six respondents were selected for 30-minute follow-up conversations to assess the validity of the findings and elaborate on specific survey questions.

3. Results

3.1. Sample description

A total of 44 organizations responded to the online survey, however the analysis was limited to the 38 that provided complete data (RR=38/122=31%). Together they provide services to migrants from 40 countries and regions, the most common being Mexico and the Caribbean, China, Central America, and the Dominican Republic. Most organizations served undocumented individuals (97.4%), lawful permanent residents (84.2%), and naturalized citizens (78.9%), with fewer services related to student visa holders (34.2%), employment-based visa holders (39.5%), and unaccompanied child migrants (39.5%). Groups highlighted for services included women, children, young adults, seniors, people living with HIV/AIDS (PLWHIV), those with disabilities, and others (e.g., LGBTQI+, BIPOC, survivors of abuse). Common services offered include legal assistance (84%), social services (53%), education (53%), health (42%), and employment assistance (39%), with organizations providing an average of three types of services.

3.2. Groups served by organizational capacity

Migrant-serving organizations in NYC were grouped into three categories based on organizational capacity: small organizations (1-15 staff) made up 36.4% of the sample; medium (16-110 staff), 30.3% of the sample; large (111+ staff), 33.3% of the sample. The number of individuals served annually by these organizations ranged from 300 to 60,000 (median=4,000). We examined types of population groups and immigration statuses served relative to NYC-based MSOs' organizational capacity (Table 1). Smaller capacity organizations focused their services on women (75%), followed by young adults and seniors (58% each). Medium-capacity organizations predominantly served children and young adults (70% each) as well as women and seniors (60% each). Finally, large-capacity organizations served young adults most frequently (82%), followed by children (73%) and women (64%). Overall, few organizations reported working with disabled (20%-36%) and PLWHIV (18%-25%) populations.

3.3. Impact of COVID-19 and barriers to accessing services

We assessed the impact of COVID-19 on MSOs in NYC, including those with a specific focus on health, regarding limitations in the areas of funding, staffing, technological capacity of communities served, resources in communities served, and difficulty working remotely. Respondents could also add other issues (e.g., court closures, remote learning, and limited operating space) (Fig. 2). With regard to the *total* sample, half or more of the organizations described limited

Table 1
Organizational characteristics (categorized by weighted organizational capacity*) % (n)**.

	Small Org (n=12)	Medium Org (n=10)	Large Org (n=11)
Population Served			
Women	75 (9)	60.0 (6)	63.6 (7)
Children	41.7 (5)	70.0 (7)	72.7 (8)
Young adults	58.3 (7)	70.0 (7)	81.8 (9)
Seniors	58.3 (7)	60.0 (6)	54.5 (6)
HIV/AIDS	25.0 (3)	20.0 (2)	18.2 (2)
Disabled	25.0 (3)	20.0 (2)	36.4 (4)
Other	41.7 (5)	40.0 (4)	36.4 (4)
Immigration Statuses Represented			
Undocumented	92 (11)	100 (10)	100 (11)
Lawful permanent resident	92 (11)	90 (9)	73 (8)
Naturalized citizen	75 (9)	80 (8)	81 (9)
Asylum seekers/ asylees	83 (10)	80 (8)	73 (8)
Deferred Action for Childhood Arrivals (DACA) recipients	66 (8)	70 (7)	73 (8)
Temporary Protected Status (TPS) holders	50 (6)	50 (5)	64 (7)
Refugees	33 (4)	50 (5)	36 (4)
Employment-based visa holders	17 (2)	50 (5)	45 (5)
Unaccompanied children	25 (3)	40 (4)	55 (6)
Student visa holders	25 (3)	30 (3)	45 (5)
Other	17 (2)	20 (2)	9 (1)

* Five organizations missing due to incomplete organizational capacity data (n=33).
** Percent totals exceed 100% due to multiple responses.

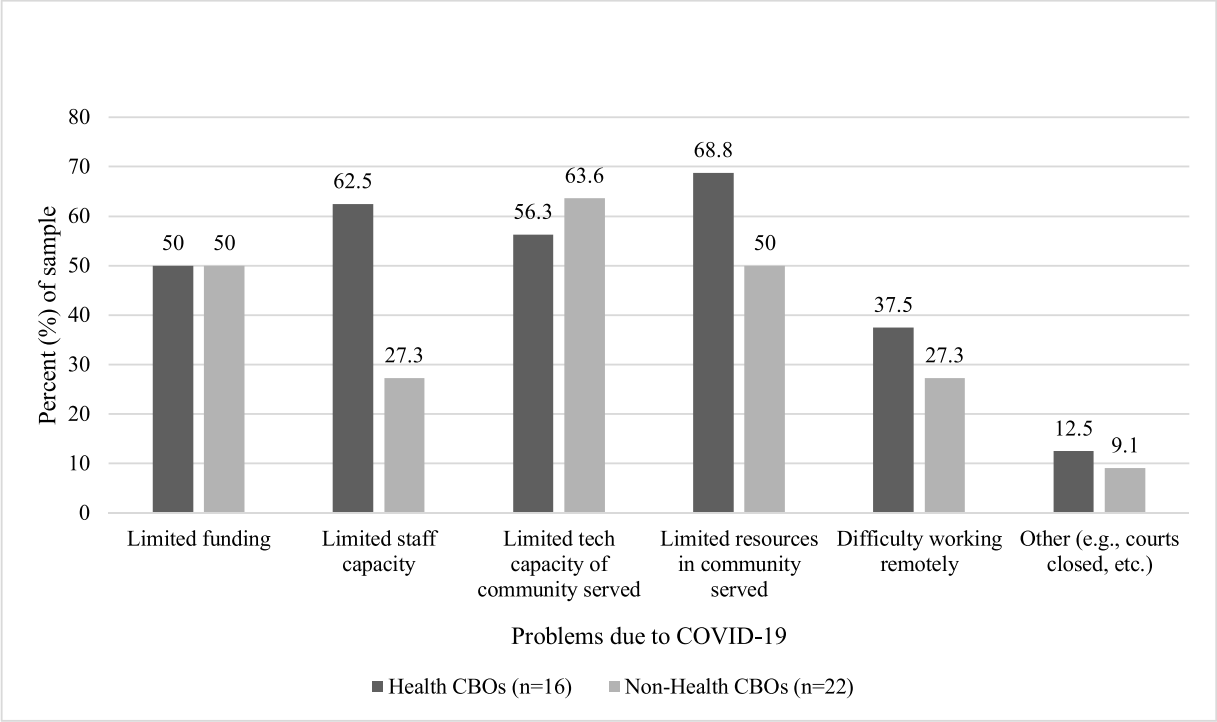

Fig. 2. Negative effect of COVID-19 on MSOs in New York City, January 2021.

technological capacity (61%), limited resources in communities served (58%), and limited funding (50%) as pandemic-related challenges. When health-focused organizations were compared to non-health-focused organizations, substantially more health-focused MSOs reported limited staff capacity as a challenge (63% vs. 27%) as well as limited resources in communities served (69% vs. 50%).

We included an open-ended question on the factors hindering NYC migrant communities' access to programs and services and subjected the responses to word-cloud analysis, which identified the words *ineligible, fear, undocumented*, and *unemployed* as the most prominent for the *total* sample. Further content analysis resulted in three main categories: 1) ineligible for CARES Act; 2) fear of seeking services due to migrant

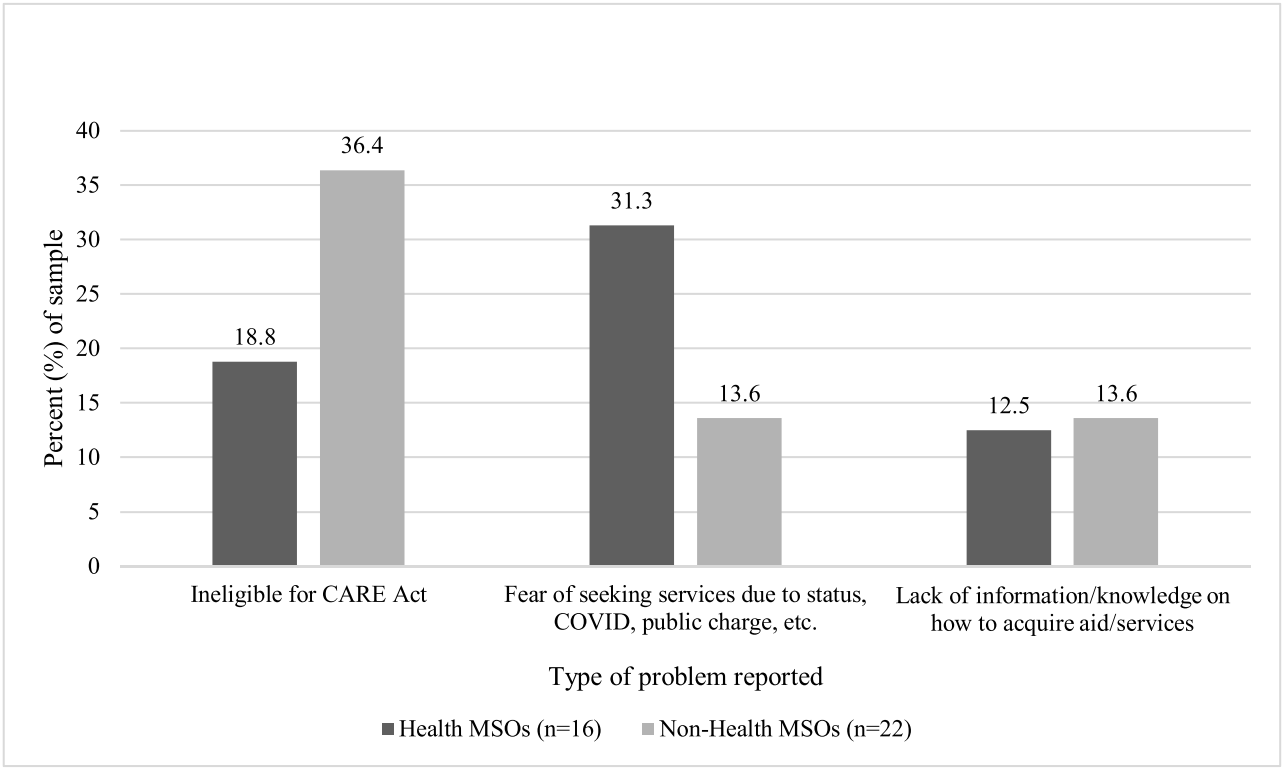

Fig. 3. Problems Limiting Access to Services in New York City, January 2021.

status, COVID-19, Public Charge risk, etc.; and 3) lack of information/knowledge on how to acquire aid and other services (Fig. 3). Subsequent analysis by organizational type revealed that non-health-focused MSOs more often reported ineligibility for the CARES Act as a problem affecting their clients compared to health-focused MSOs (36% vs. 19%) while fear of seeking services was reported by more health-focused MSOs compared to those not focused on health (31% vs. 14%).

3.4. Opportunities for collaboration with MSOs

The final survey domain explored viable areas of collaboration between NYC-based MSOs and a migrant health-focused academic research center to understand how it might better support such organizations during public health crises. The topics and resources identified included the following: support for advocacy and communications around migrant policy (86%), provision of best practices and policies through a 'migrant health resource hub' (55%), access to interns (55%), connections to researchers (50%), and convening spaces (50%), which was more frequently mentioned by health-focused organizations. Open-ended responses included training in mental health service provision and grant/funding assistance.

4. Discussion

4.1. Groups served and services provided

Migrant-serving organizations (MSO) in NYC most frequently focus service provision on undocumented individuals, lawful permanent residents, naturalized citizens, and asylum seekers. For these groups, MSOs either provide direct services to those who are ineligible for government programs (undocumented individuals, asylum seekers) or serve as *health care navigators* to help immigrants access services for which they or their families are eligible (lawful permanent residents, naturalized citizens) (Shommu et al., 2016). For example, lawful permanent residents and naturalized citizens have formal access to a range of government programs but are often either unaware of or hesitant to apply for services due to fear of drawing attention to a mixed-status household or impacting on-going immigration proceedings (Joseph, 2017, Porteny et al., 2022). In contrast, refugees and people on work and education visas have oversight and assistance of resettlement agencies, employers, or universities, and are therefore more connected to formal support mechanisms who provide access to required services.

Key services provided included legal, health, social services, employment and employment related. That legal assistance is offered by all organizations in the sample regardless of size points to the importance of this service for both documented and undocumented migrants, given the complicated and challenging US immigration policies. Interestingly, smaller organizations reported offering health and social services (i.e., more day-to-day "survival" assistance), while larger organizations reported greater involvement in areas related to education and employment. We hypothesize that this difference is due to organizational capacity wherein smaller organizations may focus resources on immediate needs post-migration to establish a migrant's physical and financial footing, whereas larger organizations have more staff and funding resources to devote to longer-term services such as educational and job skills programming. This stratification presents an opportunity for strategic collaboration and referrals between organizations, so as to reduce duplicating services and competing for funding.

4.2. COVID-19-related challenges

Health-focused organizations reported more problems regarding staff capacity, work environment, and community resources compared to non-health-focused MSOs. This is likely due to the COVID-19 pandemic being a public health crisis, during which demand for health-related information, support, and resources would be expected to increase. These organizations are more likely to be called upon to fill critical service gaps than non-health-focused groups. As the COVID-19 pandemic continues, health-focused MSOs should be monitored and supported to ensure that health services are available to migrants who seek them.

In addition to experiencing organizational issues during COVID-19, many organizations report that *fear* reduced service provision in communities served, posing a significant concern during a public health crisis. The source of fear is multi-faceted, ranging from fear of deportation due to the public charge ruling to fear of working during a pandemic without health insurance. Regardless of its source, fear can serve as an obstacle to accessing services regardless of eligibility or actual availability. Efforts to address fear experienced by migrants should be explored to increase utilization of health-related and other services and build trust in relevant communities.

The move to remote and virtual organizational programming prompted by the COVID-19 lockdowns in NYC strained the technological capacity of both organizations and New Yorkers. The digital divide was particularly prominent in immigrant communities with lower rates of English proficiency, technological literacy and internet access (Cherewka, 2020). To address the divide, it is recommended that MSOs involve community members in data equity program development to increase buy-in and trust, host capacity building training and support sessions with community members to improve technological literacy, and continue to leverage the COVID-19 "boon" in remote translation services (Grieco-Page et al., 2021). Additional communication barriers can be overcome by partnering with community leaders and liaisons, such as faith leaders or organizers, to deliver health messaging and by using culturally specific forms of communication, such as WhatsApp, WeChat, and local radio broadcasts in different languages (Cherewka, 2020).

To overcome community and staff resource limitations, community leaders recommend broader implementation and enforcement of the 2017 NYC Language Access Law requiring that city agencies offering direct services translate required documents into the 10 most spoken non-English languages in NYC (Spanish, Korean, Bengali, Russian, Haitian Creole, Chinese, Arabic, Urdu, French and Polish) (Chung, 2021, NYC Language 2017, Velasquez et al., 2021). However, the law has been unevenly implemented and does not apply to information sheets with new health information – an omission with potentially devastating consequences during the COVID-19 pandemic (Chung, 2021). Some organizations providing aid (e.g., food, medication, PPE, etc.) to immigrant community members also shifted their services to be delivery-based, while others improved their collaborative networks, leaning on MSO partners to share resources (Falicov et al., 2020).

4.3. Institutional support for migrant-serving organizations

Despite public recognition and some increased government aid (Community and Faith-Based Organizations n.d., Biden Administration Announces New Investments to Support COVID-19 Response and Recovery Efforts in the Hardest-Hit and High-Risk 2021, U.S. Department of Health and Human Services 2021, NYC COVID-19 Response and Impact Fund, The New York Community Trust n.d.), MSOs have nonetheless struggled to maintain funding, staff, and community resources throughout the COVID-19 pandemic. Thus, information on ways in which public health academic institutions can best collaborate with MSOs can be valuable for supporting these important service providers. In response to our question on the preferred areas for collaboration or support, only non-health-focused organizations indicated mental health service training. These responses appear to validate current city-based efforts to increase mental health services organizations while also suggesting ongoing need in the communities they serve (NY Project Hope - Coping with Covid-19 | Emotional Support Helpline, NY Project Hope Coping with COVID-19 n.d.). In response to this expressed area of collaboration with research institutions, there are several possible ways

in which these institutions might respond. For example, mental health service training and certificate programs can be coordinated by academic institutions, leveraging pre-existing connections to training and programming from experts. Possible programming includes conducting psychological evaluations for immigration court, providing linguistically and culturally appropriate services to immigrant populations, and correctly implementing mental health and psychosocial support interventions in immigrant communities. As such, academic research institutions are well-suited to support MSO staff and service expansion in this way.

4.4. Study limitations and strengths

This study has both limitations and strengths. Despite our extensive efforts to identify MSOs with a health focus in NYC, it is likely that we did not capture all of them. The study response rate was about one third of those recruited. Therefore, given the potential for non-response error, our findings may not be applicable to all health-focused MSOs in New York City. However, that the response rate was slightly above the average response rate (20% to 30%) for online surveys (How to Increase Online Survey Response Rates, Qualtrics 2024) may be indicative of its importance to MSOs given the increased and competing pandemic-related demands on their time during the data collection period. While our measure of organizational capacity is constructed from a formula estimating the relative contribution of paid versus volunteer staff, it reflects a plausible contribution of resources (i.e., volunteer) available to MSOs that might not otherwise be accounted for if we only considered paid staff. Our inclusion of some open-ended questions allowed for more in-depth information, which further elaborated some of the quantitative findings (e.g., source of migrants' fears, avoidance of services). Finally, MSO representatives provided validation of the study results during our report-back session with them.

5. Conclusions

Community-based organizations in NYC fill a critical service gap for immigrants and refugees, with a majority of MSOs surveyed serving multiple populations and offering different types of services. Yet, these results demonstrate how organizational capacity is tied to the number of groups that the MSOs can serve, and the types of services offered.

Informed by the results of this study, we have organized meetings with small groups of MSOs and the New York City Department of Health and Mental Hygiene officials concerned with the health and welfare of immigrants. The goal of these meetings is to allow for stakeholders to collectively identify priority areas to address the challenges faced by MSOs, which should inform subsequent research domains and the scope of an academic resource hub on migrant health.

Governmental institutions provide important services to immigrant and refugee communities. However, even in non-crisis periods, they do not cover the breadth of services required to sustain the health of these populations. Community-based organizations can extend the reach of government programs, particularly regarding, for example, linguistically and culturally appropriate services. Yet, public health crises impose greater demands on community-based organizations that likely increase gaps in services needed by the populations they serve. This appeared to be the experience of MSOs in NYC with the COVID-19 pandemic suggesting that these organizations require greater support to meet the needs of migrant communities. As thousands of immigrants continue to arrive in NYC, the city government is once again relying on MSO networks to fill government service gaps. Thus, the question of how governmental, philanthropic and academic stakeholders can best come together to help provide that support is an important first line of inquiry and action.

CRediT authorship contribution statement

Kathleen Cravero: Conceptualization, Data curation, Funding acquisition, Supervision, Writing – review & editing. **L. Ansley Hobbs:** Formal analysis, Investigation, Visualization, Writing – original draft, Writing – review & editing. **Elisabeth Manipoud Figueroa:** Funding acquisition, Project administration, Resources, Supervision, Writing – review & editing. **Diana Romero:** Formal analysis, Investigation, Methodology, Supervision, Visualization, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Human subjects protections

The Institutional Review Boards at the City University of New York's Human Research Protection Program granted the *Building Partnerships with Migrant- and Refugee-Serving Organizations in New York City* study ethical approval on December 14, 2020 (protocol number 2020-0835). Participation in the study was entirely voluntary; we obtained informed consent from all study participants prior to their participation in the survey.

Acknowledgements

The authors acknowledge the research and methodological contributions of Marvy El Moujabber. They also acknowledge the many NYC-based migrant-serving organizations who took time out of their busy schedules to inform and contribute to this body of research.

Funding disclosure

This work is supported by the Howard J. Samuels State and City Policy Center 2020-2021 Fellowship Grant, and the preparation of this manuscript was supported by the Oak Foundation, Award Number OFiL_20_283. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the Howard J. Samuels State and City Policy Center or the Oak Foundation.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.jmh.2024.100249.

References

Abrahim O., Grant A., Spiegel P., Vazquez M.G., Page K., Context: COVID-19, Asylum Seekers, & Detained Migrants in the United States, (2020) 9.

Amandolare S., New York's Safety Net in Jeopardy, Center for an Urban Future (CUF) (2021). https://nycfuture.org/research/new-yorks-safety-net-in-jeopardy (accessed January 13, 2022).

Azari, S.S., Jenkins, V., Hahn, J., Medina, L., 2024. The Foreign-Born Population in the United States: 2022. US Census Bureau. https://www.census.gov/library/publications/2024/acs/acsbr-019.html (accessed May 29, 2024).

Behbahani, S., Smith, C.A., Carvalho, M., Warren, C.J., Gregory, M., Silva, N.A., 2020. Vulnerable immigrant populations in the New York metropolitan area and COVID-19: lessons learned in the epicenter of the crisis. Acad. Med. 95, 1827–1830. https://doi.org/10.1097/ACM.0000000000003518.

Bernstein H., González-Hermoso J., Gonzalez D., Jagannath J., Immigrant-serving organizations' perspectives on the COVID-19 Crisis, Urban Institute (2020). https://www.urban.org/research/publication/immigrant-serving-organizations-perspectives-covid-19-crisis (accessed November 3, 2021).

Biden Administration Announces New Investments to Support COVID-19 Response and Recovery Efforts in the Hardest-Hit and High-Risk Communities and Populations as COVID-19 Health Equity Task Force Submits Final Report, The White House (2021). https://www.whitehouse.gov/briefing-room/statements-releases/2021/11/10/fact-sheet-biden-administration-announces-new-investments-to-support-covid-19-r

esponse-and-recovery-efforts-in-the-hardest-hit-and-high-risk-communities-and-populations-as-covid-19-health-equity-task/(accessed February 7, 2022).
Blau, F.D., Koebe, J., Meyerhofer, P.A., 2021. Who are the essential and frontline workers? Bus. Econ. 56, 168–178. https://doi.org/10.1057/s11369-021-00230-7.
Cherewka, A., 2020. The Digital Divide Hits U.S. Immigrant Households Disproportionately during the COVID-19 Pandemic. Migration Policy Institute. https://www.migrationpolicy.org/article/digital-divide-hits-us-immigrant-households-during-covid-19 (accessed May 31, 2024).
Chung, C., 2021. Nonprofit Groups say a 2017 law requiring translations of key documents into 10 languages isn't being followed by all city agencies, including the city health department. THE CITY - NYC News. http://www.thecity.nyc/2021/06/02/nyc-translation-law-often-ignored-at-high-human-cost-in-the-covid-era/ (accessed May 31, 2024).
Community and Faith-Based Organizations to Receive Over $1 Million in Federal Education COVID Response Funding, New York State Education Department (2024). http://www.nysed.gov/news/2021/community-and-faith-based-organizations-receive-over-1-million-federal-education-covid (accessed February 7, 2022).
COVID-19 Survey Results, Nonprofit Finance Fund (2024). https://nff.org/covid-19-survey-results (accessed January 13, 2022).
Daniela Alulema, Jacquelyn Pavilon, Immigrants' Use of New York City Programs, Services, and Benefits: Examining the Impact of Fear and Other Barriers to Access, Center for Migration Studies of New York, 2022. https://cmsny.org/wp-content/uploads/2022/02/Immigrants-Use-of-New-York-City-Programs-Services-and-Benefits-CMS-Report-013122-FINAL.pdf.
Douglas, J.A., Bostean, G., Nash, A.Miles, John, E.B., Brown, L.M., Subica, A.M., 2022. Citizenship matters: non-citizen COVID-19 mortality disparities in New York and Los Angeles. IJERPH 19, 5066. https://doi.org/10.3390/ijerph19095066.
Essential every day: The lives of NYC's essential workforce during COVID-19, 2023. Center for Research on HOME. NYC Department of Housing Preservation and Development.
Falicov, C., Niño, A., D'Urso, S., 2020. Expanding possibilities: flexibility and solidarity with under-resourced immigrant families during the COVID-19 pandemic. Family Process 59, 865–882. https://doi.org/10.1111/famp.12578.
Flood S., King M., Rodgers R., Ruggles S., Warren J.R., Integrated Public Use Microdata Series, Current Population Survey: Version 7.0, (2020). 10.18128/D030.V7.0.
Grieco-Page, H., Black, C.J., Berent, J.M., Gautam, B., Betancourt, T.S., 2021. Beyond the pandemic: leveraging rapid expansions in U.S. Telemental health and digital platforms to address disparities and resolve the digital divide. Front. Psychiatry 12. https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.671502 (accessed February 21, 2024).
Guidance on Executive Order 202.6, New York State Empire State Development (2020). https://esd.ny.gov/guidance-executive-order-2026 (accessed May 28, 2024).
How to Increase Online Survey Response Rates, Qualtrics (2024). https://www.qualtrics.com/experience-management/research/tools-increase-response-rate/(accessed November 3, 2021).
Joseph, T.D., 2017. Falling through the coverage cracks: how documentation status minimizes immigrants' access to health care. J. Health Polit. Policy Law 42, 961–984. https://doi.org/10.1215/03616878-3940495.
Mayor's Office of Immigrant Affairs 2021 Report, NYC Mayor's Office of Immigrant Affairs (2021) 90.
NY Project Hope - Coping with Covid-19 | Emotional Support Helpline, NY Project Hope Coping with COVID-19 (2024). https://nyprojecthope.org/(accessed February 7, 2022).
NYC COVID-19 Response & Impact Fund, The New York Community Trust (2024). https://www.nycommunitytrust.org/covid19/(accessed February 7, 2022).
NYC Language Access Law Now Covers 100K More, Observer (2017). https://observer.com/2017/07/nyc-language-access-arabic-french-urdu-polish/(accessed May 31, 2024).
Porteny, T., Ponce, N., Sommers, B.D., 2022. Immigrants and the affordable care act: changes in coverage and access to care by documentation status. J. Immigr. Minor. Health 24, 86–94. https://doi.org/10.1007/s10903-020-01124-0.
Public Charge Ground of Inadmissibility DHS Docket No. USCIS-2021-0013; RIN: 1615-AC74, (2022). https://www.nyc.gov/assets/immigrants/downloads/pdf/comments/Public-Charge-Comment-4-25-22.pdf.
Ross, J., Diaz, C.M., Starrels, J.L., 2020. The disproportionate burden of COVID-19 for immigrants in the Bronx, New York. JAMA Internal Med. 180, 1043–1044. https://doi.org/10.1001/jamainternmed.2020.2131.
Schoen, V., Durrant, R., Fishpool, M., Dooris, M., 2017. CSO – academic collaboration: theory and practice. Food Research Collaboration. https://foodresearch.org.uk/publications/cso-academic-collaboration-theory-and-practice/ (accessed May 30, 2024).
Shirkhoda R., Lerner D., Undocumented Immigrant Communities Hit Hard by COVID-19, Tides (2020). http://www.tides.org/priority-issues/equality-human-rights/racial-equity/undocumented-immigrants-and-covid-19/(accessed November 3, 2021).
Shommu, N.S., Ahmed, S., Rumana, N., Barron, G.R.S., McBrien, K.A., Turin, T.C., 2016. What is the scope of improving immigrant and ethnic minority healthcare using community navigators: a systematic scoping review. Int. J. Equity Health 15, 6. https://doi.org/10.1186/s12939-016-0298-8.
Tsega M., Giantris K., Shah T., Essential social services are struggling to survive the COVID-19 crisis, The Commonwealth Fund (2020). 10.26099/d7q2-s993 (accessed January 13, 2022).
U.S. Department of Health and Human Services, HHS Announces $143.5 Million to Expand Community-Based Efforts to Address Barriers to COVID-19 Vaccination, HHS.Gov (2021). 10/hhs-announces-143-million-to-expand-community-based-covid-19-vaccination-efforts.html.
Velasquez, Josefa, Choi, Ann, Michel, Clifford, 2021. Southern Brooklyn's Ongoing COVID Suffering Shows Toll of Disinformation and Disconnection. THE CITY - NYC News. http://www.thecity.nyc/2021/05/26/southern-brooklyn-covid-death-disinformation-disconnection/ (accessed May 31, 2024).