



**Citizens' Committee  
for Children** of NEW YORK



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Presented to the New York City Council  
Committee on Oversight and Investigations

### **Disparate Impacts of COVID-19 on Communities of Color**

April 30, 2020

Good afternoon. I am Raysa S. Rodriguez, the Associate Executive Director for Policy & Advocacy at Citizens' Committee for Children of New York. Thank you Chair Torres and members of the Committee on Oversight and Investigations for holding this hearing on the Disparate Impacts of COVID-19 on Communities of Color.

CCC is a 75-year-old independent child advocacy organization in New York City whose mission is to ensure that all children are healthy, housed, educated and safe. As New York City continues to face unprecedented challenges in the face of the COVID-19 pandemic, the health and well-being of all New Yorkers remain forefront in our minds. To better understand why COVID-19 is disproportionately impacting communities of color, CCC has examined community-level data, which we gather and make available on our online database, [data.cccnewyork.org](https://data.cccnewyork.org). The data paints a picture of child and family well-being across the city, by borough, and within each community district, which allows us to understand the needs of New Yorkers in each community, as well as available resources that are now more important than ever.

Critically, we know that while the COVID-19 virus doesn't discriminate, Black and Latino New Yorkers are hospitalized and dying from this virus at about twice the rate of White and Asian residents.<sup>1</sup> Several communities with the highest shares of patients testing positive for COVID-19 are majority Black and Latino, based on DOHMH's recent data.<sup>2</sup> Just two examples include Bedford Park in the Bronx and East New York in Brooklyn. Bedford Park has a higher share of Latino residents than any other part of the city at 73.1%. In East New York, Brooklyn, Black and Latinos make up 89.2% of residents. The virus has also impacted majority-immigrant communities. Elmhurst/Corona and Jackson Heights in Queens have had high shares of residents test positive for COVID-19, and both communities have the highest shares of immigrant-led households in the city, 64.2% and 59.9%, respectively.

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<sup>1</sup> NYC Department of Health and Mental Hygiene. Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-04242020-1.pdf>

<sup>2</sup> Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-data-map-04282020-1.pdf>



This crisis has revealed in stark terms how poverty, overcrowded housing, poor health, and lack of health insurance place some communities at greater risk than others. Social distancing, working remotely, and purchasing multiple weeks' worth of food to shelter in place are privileges unavailable to many New Yorkers. Moreover, at a time when people are being asked not to leave their homes, 800,000 New Yorkers lack internet access, impeding remote learning for students and preventing families from accessing basic health and safety information, as well as needed services, including safety net programs. In short, the current crisis has exacerbated the challenges families have long-faced that have jeopardized their health, housing, education, and safety. The crisis has triggered declining mental health, deeper economic and housing insecurity, increased hunger, and student learning loss, as well as heightened risk to child safety and violence in the home, among others. We know too well from decades of research on these issues and advocating for policy reform that children and families of color, and the communities they live in, disproportionately experience these challenges.<sup>3</sup>

**Table 1.**

**Select indicators illustrating challenges in three communities of color with high shares of patients testing positive for COVID-19**

<b>Indicator <sup>1</sup></b>	<b>Elmhurst/Corona, Queens</b>	<b>Bedford Park, Bronx</b>	<b>East New York, Brooklyn</b>	<b>NYC</b>
<i>Total Population</i>	150,131	133,784	171,170	8,398,748
Number of Children	35,525	33,111	44,559	1,739,256
<i>Poverty Rate (Total)</i>	12.9%	27.8%	21.7%	17.3%
Child Poverty Rate	17.3%	38.7%	23.8%	23.8%
<i>SNAP Recipients<sup>2</sup></i>	18.4%	35.9%	37.1%	19.7%
<i>Life Expectancy at Birth (Years) <sup>3</sup></i>	86.3	79.9	79.1	81.2
<i>Health Outcomes <sup>4</sup></i>				
Obesity	23%	33%	35%	24%
Diabetes	14%	19%	12%	11%
Hypertension	27%	35%	29%	29%
<i>Share of Individuals without Health Insurance Coverage</i>				
Children	5.1%	0.9%	0.6%	2.5%
Adults	23.7%	11.1%	3.9%	7.2%
<i>Children Covered by Medicaid</i>	77.1%	78.6%	73.7%	52.4%
<i>Resident Jobs <sup>5</sup></i>				
Workers in Health Care, Education and Social Services	17.1%	27.5%	30.2%	26.6%
Workers in Hospitality, Accommodation, Restaurants	20.0%	16.5%	9.5%	11.5%

1. For more information, in addition to our online database, Citizens' Committee for Children's data book on the well-being of children and families in the city, *Keeping Track of New York City's Children*, is available at <https://www.ccnyc.org/data-and-reports/publications/keeping-track-of-new-york-citys-children-2020/>.



<i>Single Parent or Grandparent Headed Households</i>	33.1%	58.2%	59.5%	39.9%
<i>Overcrowded Rental Housing</i>	25.3%	19.3%	16.6%	10.6%
<i>Severe Rent Burdened Households</i>	28.9%	35.1%	29.4%	26.7%
<i>Families with children in shelter</i> <sup>6</sup>				
Number of families	56	328	576	11,621
Rate (per 1,000 households)	1.2	7.1	9.5	3.6
<i>Disconnected Youth (16 to 24-year-olds both out of school and work)</i> <sup>7</sup>	12.1%	18.9%	19.3%	13.7%
<i>Households without Internet</i>	14.4%	17.2%	19.7%	15.8%

**Notes**

<sup>1</sup> Interactive maps, tables, and charts for data below are available at [data.ccnyc.org](http://data.ccnyc.org). Except where otherwise noted, data are sourced from the US Census Bureau, American Community Survey, 2018 1-year estimates.

<sup>2</sup> New York City Human Resources Administration, District Resource Statement Fiscal and Service Reports (2018).

<sup>3</sup> New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, Summary of Vital Statistics (2000-2017).

<sup>4</sup> New York City Department of Health and Mental Hygiene, *Community Health Profiles, 2018*.

<sup>5</sup> CCC analysis of U.S. Census Bureau, American Community Survey combined 1-Year Estimates, Public Use Microdata Sample Files (2014-2018 5-year averages).

<sup>6</sup> NYC Department New York City Department of Homeless Services, unpublished data for Fiscal Year 2018, which ended on June 30th, 2018.

<sup>7</sup> U.S. Census Bureau, American Community Survey combined 1-Year Estimates, Public Use Microdata Sample File (2010-2018 3-year averages)

*Some of our preliminary ideas on how the City can confront these disparities in COVID-19 recovery efforts are below:*

Because disparities predating COVID-19 are exacerbated now, we must ask ourselves how we might advance recovery efforts and ensure that the drivers of disparate outcomes are addressed so that communities hardest hit by this pandemic benefit from investments in infrastructure, supports and services. We must also ensure that all households (including immigrant-led households) receive cash assistance and other public benefits necessary to recover and rebuild their lives.

- **Health Disparities** – hard hit communities have a larger share of adults that lack health insurance coverage and alarming rates of adults suffering from diabetes, obesity, cardiovascular disease, asthma, as well as poor maternal and young child health outcomes. We need a concerted effort to provide health care coverage and to address access barriers to community-based primary health care from birth through adulthood. The city must also address the long-term the effects of a dramatic reduction in well-child visits, including reduced immunization, increased lead exposure, and fewer screenings for developmental delays.
- **Homelessness** – hard hit communities have a significant share of the population facing severe rent burden and/or overcrowded housing conditions. We need upstream prevention and aftercare services. In particular, there will be an ongoing greater need for short-term and long-term rent assistance with connection to need service supports such as childcare and youth services, food security, and employment training and placement.



- **Food Insecurity** – hard hit communities were food insecure before the pandemic and face even more profound challenges with widespread loss of income. The city should maximize its outreach efforts to enroll New Yorkers in federal nutritional support programs such as SNAP and WIC, as these remain among the most effective means of getting the greatest amount of food support to low-income people. Emergency food supports should be provided for the long term, including grab-and-go groceries for families, delivery options for home-bound individuals and seniors, as well as flexibility on WIC and SNAP usage at farmers markets. The City should also conduct additional outreach to improve take up of school meals once school is back in session.
- **Workforce and Supports** – breadwinners in hard hit communities heavily participate sectors that are deemed essential – health care, education and social services, hospitality, and transportation. These sectors are at greater risk of exposure to the virus and access to childcare and youth services permit them to work. Efforts to promote child and youth recovery – that addressed the educational, social, emotional and developmental needs of children - this summer will be essential to support children and for families to return to work.
- **Trauma** – well over 50% of households in hard hit communities are headed by a single parent or grandparent, putting these households at greater risk of loss of income, illness, and loss of life. As children and youth reconnect with child care, youth programs, and schools, it is critical that we administer screening tools that identify their needs for health care and nutrition, behavioral health services, and other essential supports. Teachers and providers of early education and youth services must have ongoing support to address their own trauma, as well that of the children in their care. The city's behavioral health capacity must be broadened not only through teletherapy opportunities, but also in clinical, community-based, and school-based settings as social distancing requirements change.
- **Education** – with public schools closed many students are struggling to successfully participate in online learning. The role of afterschool and youth service programs has become increasingly important as these programs have pivoted during the pandemic to offer online tutoring, recreational programming, behavioral health care, and address food insecurity. These programs must continue over the summer months to address learning loss and promote recovery. Consideration should also be given to additional supports that will be required when schools reopen for special populations of children with intensive needs – special education, students experiencing homelessness, child welfare and justice involved children and youth, and over age and under credited students.
- **Digital Divide** – 800,000 New Yorkers across 500,000 households lack internet access in New York City, impeding student online learning, parental access to unemployment insurance, public benefits, and access to tele health and tele therapies in addition to basic health and safety information. We need to increase broadband across apartment buildings



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and public housing, to create community-based hot spots, and continue efforts to get technology, equipment and free or affordable data plans to families with highest needs.

The outbreak of the novel coronavirus (COVID-19) is a global public health crisis that presents risks and consequences for all New Yorkers. But this crisis is not solely a threat to individual health – its ramifications will be felt by children, families, communities, and the entire city for months and years to come. While many of us feel helpless right now, we have an obligation to advocate at federal, state, and local levels to ensure that City can respond to increased and emerging needs in ways that ensure children, families and communities don't just survive but fully recover from the COVID-19 pandemic.

Thank you with the opportunity to testify.