



New York State Fiscal Year 2020/2021 Joint Legislative Hearing Exploring solutions to the disproportionate impact of COVID-19 on minority communities

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Citizens' Committee for Children (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. We would like to thank the gathered Senate and Assembly Committees for holding this critical hearing on how our state can address the disproportionate impact of COVID-19 on minority communities.

As New York 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 how 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. 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 Latinx New Yorkers are hospitalized and dying from this virus at about twice the rate of White and Asian residents.¹ **This crisis has underscored in stark terms how systemic racial inequities have placed communities of color at greater risk of poverty, overcrowded housing, and inadequate healthcare access, which has itself exacerbated the impacts of COVID-19.** 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 to remain in their homes, hundreds of thousands of 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 compounded 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 other effects. 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.¹

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.cccnewyork.org/data-and-reports/publications/keeping-track-of-new-york-citys-children-2020/>.

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

Indicator 1	Elmhurst/Corona, Queens	Bedford Park, Bronx	East New York, Brooklyn	NYC
<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 Recipients²</i>	18.4%	35.9%	37.1%	19.7%
<i>Life Expectancy at Birth (Years) ³</i>	86.3	79.9	79.1	81.2
<i>Health Outcomes ⁴</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 ⁵</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%
<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 ⁶</i>				
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) ⁷</i>	12.1%	18.9%	19.3%	13.7%
<i>Households without Internet</i>	14.4%	17.2%	19.7%	15.8%

Notes

- ¹ Interactive maps, tables, and charts for data below are available at data.cccnewyork.org. Except where otherwise noted, data are sourced from the US Census Bureau, American Community Survey, 2018 1-year estimates.
- ² New York City Human Resources Administration, District Resource Statement Fiscal and Service Reports (2018).
- ³ New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, Summary of Vital Statistics (2000-2017).
- ⁴ New York City Department of Health and Mental Hygiene, *Community Health Profiles, 2018*.
- ⁵ CCC analysis of U.S. Census Bureau, American Community Survey combined 1-Year Estimates, Public Use Microdata Sample Files (2014-2018 5-year averages).
- ⁶ NYC Department New York City Department of Homeless Services, unpublished data for Fiscal Year 2018, which ended on June 30th, 2018.
- ⁷ U.S. Census Bureau, American Community Survey combined 1-Year Estimates, Public Use Microdata Sample File (2010-2018 3-year averages)

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. CCC stands ready to work with our partners and State leaders to continue advocating for the policies and programs necessary to address inequities in health, homelessness, food insecurity, trauma, and education that disproportionately impact communities of color.

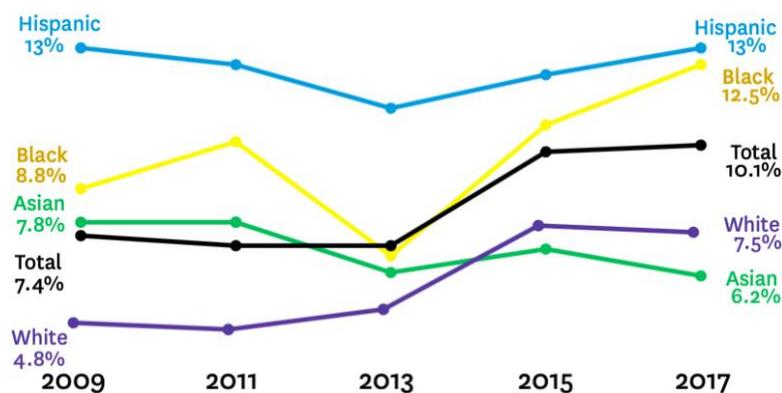
Every Child Healthy

Trauma and Children’s Behavioral Health

This pandemic is having a devastating impact on the mental health and wellbeing of children. Extensive research on adverse childhood experiences tells us that the kinds of trauma caused by COVID-19 – including economic and housing insecurity, heightened risk of child welfare involvement, disruptions in mental health care, and loss of loved ones – have long-lasting repercussions across the health and wellbeing of children as they become adults. A recent study on the impact of COVID-19 on children in China found that about one in five – or 20% – of children reported symptoms of depression and anxiety after their schools had been closed for a month, well above rates experienced before the pandemic.ⁱⁱ The United Nations has warned that the coronavirus has the seeds of a major mental health crisis, with children among those at particularly high risk.

Unfortunately, the emotional and mental devastation the coronavirus is causing is likely to reinforce the same inequities in behavioral health access that existed before this crisis. Suicide is the second leading cause of death for children age 15-19 in New York, with Black and Latinx children at particular risk.

Suicide Attempts Among New York High School Students were Increasing Even Before COVID-19ⁱⁱⁱ



Particularly for the children of essential workers, this pandemic is enacting a terrible toll on them as they grapple with the stress of family members at risk of contracting COVID-19, and the profound impact of losing a family member to this virus. The NYC Comptroller has indicated that 75 percent of essential workers in NYC are people of color, meaning that the burden of fear, abandonment, and separation anxiety is falling disproportionately on children of color.^{iv} Providing children with behavioral health supports is the key for reducing long-term poor mental

health, as well as reducing the risk of school failure and enhancing strong family and personal relationships in the future.

CCC applauds Governor Cuomo for his recent announcement that insurance companies must waive copays and fees for mental health services and substance use disorder/addiction services for all essential health workers. **It is vital that we extend to the children of essential workers this order to waive co-pays and fees for mental health services and substance use services.**

When children return to early education and school, the preparedness of the education and community-based behavioral health system will play a critical role in identifying and providing mental health support and treatment to students. **The Department of Education, the Department of Health, and the Office of Mental Health should develop proactive measures for identifying students with behavioral health needs and connecting them with care.** A key to effective interventions will be strengthening healing-centered and whole-school approaches that help ensure that all children with heightened needs are identified and supported. This should occur in conjunction with an increase of in-school and community based clinical capability, as well as the facilitation and support of collaboration between early education settings, schools, and community-based services.

Despite the many challenges of providing teleservices, they can offer new opportunities to connect some children to services they may have struggled to access previously. **New York should carefully consider how to maximize access to high-quality services through both in-person and teletherapy, with attention paid to how to ensure equitable access to services in languages other than English.**

Finally, New York should extend Child and Family Treatment Support Services (CFTSS) to the Child Health Plus program and the Essential Plan. These family-focused, community based behavioral health and skill-building services could play a particularly critical role in helping children recover. However, these services are currently only available in Medicaid. Given that roughly 450,000 children are served through Child Health Plus – many of them because they are ineligible for Medicaid due to immigration status – extending these services is an important step towards combatting racial inequities in access to care.

Health Coverage for All

Despite representing a substantial portion of essential workers in New York who are risking their lives and are at heightened risk of suffering the ill effects of COVID-19, undocumented New Yorkers are also among the least likely to have access to essential social, economic, and health supports. In fact, undocumented immigrants have been explicitly excluded from the majority of benefits included in recent federal relief packages, including unemployment insurance. **New York can begin to address this injustice by creating a means for undocumented New Yorkers to access unemployment insurance, which is so essential to helping families survive and recover.**

In the arena of health, there are still over 400,000 New Yorkers excluded from enrolling in health insurance because of their immigration status. Furthermore, ongoing fears around the Public

Charge are continuing to have a devastating effect on immigrant New Yorkers who remain fearful of accessing essential health, food, and housing programs.

Health coverage for parents has a direct impact on the healthcare of children. Research has shown that when parents gain health coverage, it increases the number of eligible children who enroll in public insurance.² **By expanding coverage options for all New Yorkers, our state can make important strides in improving health outcomes for children, families, and communities.**

As the federal administration continues to attack the health and wellbeing of immigrant communities, it is more important than ever for New York to protect the health of immigrant families. **We urge the Legislature and Governor to allocate funding to create a state-funded Essential Plan for all New Yorkers up to 200% of the federal poverty level who are currently excluded because of their immigration status. We also urge the State to commit more funding to enable community-based organizations to provide health outreach and education regarding available health and social service, including providing accurate information on the Public Charge.**

Protecting the Youngest New Yorkers

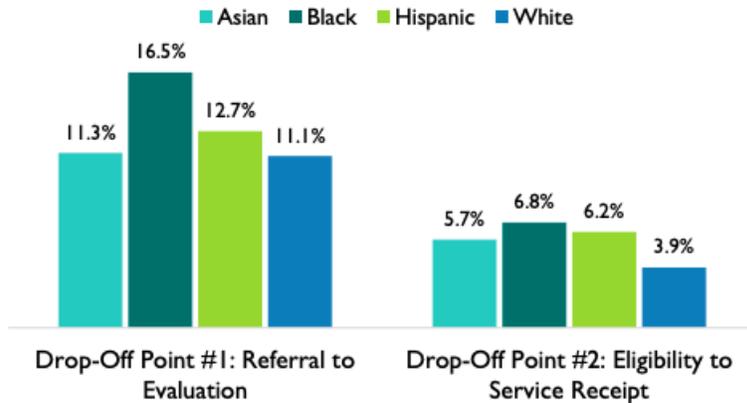
Much of the State's attention must be not only on challenges today, but on how our State can recover in the future. One of the greatest areas of concern for children's health is the long-term impact of the stark reduction in well-child visits resulting from this pandemic. National data shows a precipitous decline in well-child visits and vaccination rates since a state of emergency was declared.^v

As a result, children are missing life-saving immunizations. **New York must continue working with healthcare providers to identify how to safely enable children – especially very young children – to continue receiving needed immunizations, and how to quickly update vaccinations as more parents become more comfortable returning to healthcare settings.**

Another impact of a reduction in well-child visits is a reduction in the number of developmental screenings. Prior to this pandemic, CCC and Advocates for Children conducted one of the only studies examining racial disparities in access to Early Intervention services. We found that the neighborhoods in NYC where children were least likely to receive evaluations and receive services once found eligible were overwhelmingly low-income communities of color.^{vi}

Average Citywide Drop-Off by Race (2016-2018)

² <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347>



With the reduction in well-child visits and the transition to teleservices, we are likely to see a heightened need to address children’s developmental needs. **New York must support and strengthen Early Intervention services and outreach to address potential service loss and ensure all children receive the developmental support they need.** New York should also carefully consider how to maximize access to high-quality EI services through both in-person and teletherapy, with attention paid to how to ensure equitable access to services in languages other than English.

Another area of concern is the likely increase in lead-exposed children resulting from this crisis. In 2018 in NYC, Latinx, Black, and Asian children represented 84% of children younger than six with blood lead levels of 15 mcg/dL or greater.^{vii} As more children stay at home, a greater number will be at exposed to unsafe housing conditions. Moreover, both landlords and public health departments are no longer conducting inspections and remediation efforts, and children are not being tested for lead exposure as they were before the crisis. **All of this points to the need to develop a proactive plan to remediate the likely explosion in child lead poisoning cases resulting from the pandemic.**

Food Insecurity

On a regular day, New York City has 1.2 million food insecure residents, but that number will continue to dramatically expand in the coming weeks. Roughly one third of food pantries in NYC have shut down, placing even greater strain on those that are remaining. Food insecurity disproportionately impacts communities of color, and the economic devastation of this crisis will only exacerbate existing inequities, particularly when coupled with federal restrictions on resources available to undocumented immigrants.

CCC applauds New York City and New York State for increasing funding for emergency food assistance, and we urge increased and continued investment in these critical sources of nutrition. We urge the State to restore funding for the Hunger Prevention and Nutrition Assistance Program (HPNAP) and add at least an additional \$6 million so food banks can continue combatting hunger. However, food pantries cannot address this crisis alone; it is also essential that the State maximize federal investments by ensuring that as many eligible people as possible access federal nutrition programs like SNAP, WIC, and Pandemic EBT. **We therefore urge the State to increase outreach and education efforts around federal and state nutrition**

programs, and in particular target immigrant communities that may be unclear on which programs are safe to access.

Finally, **we encourage the State to work with the USDA to ensure that any school-based feeding programs are extended through the summer.** Grab-and-go meals at school feeding sites have been a lifeline for many families, and the need for them will only continue in the summer months.

Every Child Housed

Homelessness Prevention

CCC is a co-lead in the Family Homelessness Coalition, a group of advocate groups, shelter and services providers and other housing stakeholders advancing policy solutions to tackle the systemic drivers of family homelessness in New York. Preventing homelessness is even more critical now as we turn to recovery efforts. New data illustrates the disproportionate impact that COVID-19 has on communities of color that were already enduring high risks associated with housing instability, including poverty, unemployment, overcrowded housing, severe rent-burden, and high numbers of families entering shelter. CCC stands ready to partner with state leaders to harness additional federal resources to respond to COVID-19 related needs of children and families and to prevent a surge in homelessness as a result of the pandemic.

With housing instability exacerbated by the economic fallout resulting from the pandemic, greater investments are warranted to keep families stably housed after the eviction moratorium in NY comes to an end. With 1 out of 4 New Yorkers experiencing severe rent burdened prior to the pandemic, the situation has become more fragile with unprecedented unemployment levels and loss of income. **To mitigate these heightened risks to housing security, short- and long-term rent assistance is needed to cover rent arrears and support ongoing rent payments, including strengthened and expanded housing vouchers.** Preventing homelessness earlier on with rent assistance is cost-effective during a time of fiscal uncertainty and limited resources. Moreover, preventing further housing instability is less traumatic for children and their families who are at risk of homelessness.

In addition to rent assistance, expanded preventive services are critical to respond to families' needs before a housing crisis. Preventive services must include case management, eviction prevention and rental assistance counseling, and service referrals for childcare, education, training, workforce development and other support determined by individual family need.

Lastly, the time is right for the State to invest in Rapid Rehousing, a proven HUD best practice, to provide safe and affordable housing for families at risk of homelessness. This is especially important for those experiencing domestic violence, in light of data pointing to escalating intimate partner violence during stay home orders.

Every Child Educated

Childcare

The essential workers to whom we owe so much during this time are overwhelmingly people of color. In NYC, 75 percent of all frontline workers are people of color,^{viii} likely one of the biggest contributors to the fact that Black and Latinx New Yorkers are hospitalized and dying from this virus at higher rates. **Essential workers with families need child care options in order to continue providing vital services.** While we applaud the Governor for creating a child care scholarship for low and middle-income essential workers, more needs to be done to ensure child care is available to the essential workforce during this crisis. **Additionally, we need to support the early childhood sector and workforce during and after this crisis, which is made up almost exclusively of women, 40% of whom are people of color.**^{ix}

In conjunction with our partners in the Empire State Campaign for Child Care and Winning Beginning NY, we ask that if the scholarship fund is insufficient to serve all eligible essential workers, **New York must draw down more of the \$163.4 million in the federal CARES Act funds to ensure all essential workers have child care options.**

We also ask that subsidies paid during this period be based on an enhanced market rate to cover the increased costs child care providers are facing. Those costs include operating at significantly reduced capacity to allow for social distancing, as well as the withdrawal of many families from care. Those providers also need guidance from public health officials on how to keep children in their care and keep themselves safe.

Child care providers have historically been underpaid and overworked, a driver of racial and economic inequity for a workforce in which minorities are overrepresented. These issues have been exacerbated now that providers working on the frontlines are paid little more than minimum wage and receive no benefits. **We ask that during this crisis more federal relief funds are used to give providers comprehensive health coverage, access to COVID-19 testing, and hazard pay.**

New York should also use federal funds to cover expenses for providers participating in the subsidy program for the months of March, April and May, which should be based on children enrolled on March 1, rather than on attendance. Our State should also create a process by which providers can apply for grants to cover lost private tuition, as our neighbor Vermont has done. If these steps are not taken, there may not be a child care industry in New York to emerge from this crisis.

Cuts to Education

The state's FY21 enacted budget included no increase for education funding for the first time in six years, along with a switch-out of federal education relief funds to keep school aid entirely flat from last year. While we are thankful we did not see deep cuts at the time of the enacted budget, flat education funding is essentially a cut for local school districts who face increasing costs every year due to teacher salaries and rising numbers of students with disabilities and English language-learners.^x However, with the possibility of further cuts coming during this quarterly review and the next three, **we urge the legislature to find alternatives and prevent further cuts that will deepen the needs of vulnerable students.**

The move to remote learning has already exacerbated deep educational inequities that were persistent before this crisis. Before the pandemic, the lack of Foundation Aid funding had disproportionately affected students of color and drove racial inequity in our schools. Of the money still unpaid from the State, 67% was owed to school districts where more than half the students are Black and Brown.^{xi}

In our current remote environment, lack of access to devices, reliable internet, adequate space to learn, and a caregiver to provide guidance/support, all present additional obstacles to successful learning. Unfortunately, these obstacles are much more prevalent among students of color, low-income students, and immigrant youth, and are especially challenging for the most vulnerable groups of students like students with a disability or those in temporary housing or foster care. This move to remote learning has set these students back. Flat funding causing deep cuts in New York City's education budget will set them back even more. Substantial state cuts now, on top of these, will be nothing but disastrous. **CCC asks the legislature to wait to cut education funding until federal funds might be made available, and/or to consider revenue-raising options that may prevent further cuts.**

Youth Services

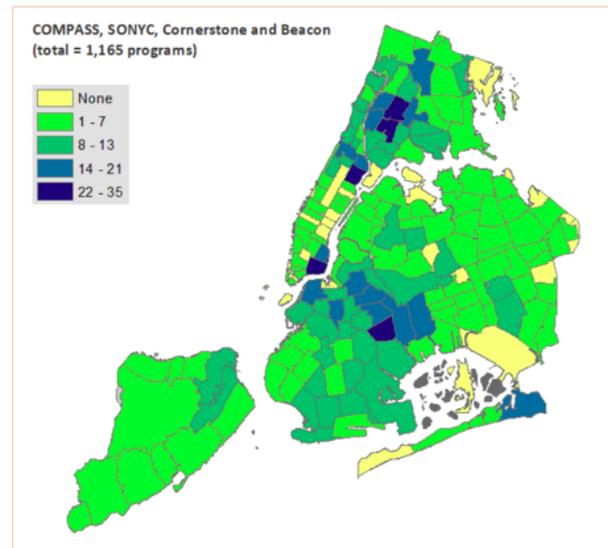
Due to the economic impact of the pandemic, New York City's proposed executive budget eliminated all summer programming for youth, including the Summer Youth Employment Program (SYEP), summer camps operated by the city's Comprehensive Afterschool System & School's Out NYC (COMPASS & SONYC), and summer programs run through Beacon and Cornerstone programs. This will leave nearly 175,000 children in NYC with no options for summer engagement.

Unfortunately, communities of color will be disproportionately affected by these cuts. Many neighborhoods in NYC had less than a dozen programs, but in several areas of the Bronx, northern Manhattan and central Brooklyn, there are 20-40 program sites that may lose their summer offerings. Many of the same neighborhoods heavily served by youth programs are also neighborhoods that have had higher shares of positive COVID-19 tests than other areas of the city.^{xii} These include East Harlem, East Tremont, Morrisania, Washington Heights, East New York, Brownsville, among others.

Top 10 Community Districts with After School Locations

<i>Community District</i>	<i>Count</i>
East Harlem (M11)	49
Lower East Side (M03)	43
Washington Heights (M12)	40
East New York (K05)	39
Brownsville (K16)	37
Bedford Stuyvesant (K03)	35
Jamaica/St. Albans (Q12)	34
Concourse/Highbridge (B04)	33
Fort Greene/Brooklyn Heights (K02)	31
Morrisania (B03)	30

COMPASS, SONYC, Cornerstone and Beacon Locations by Zip Code



Source: CCC Analysis of Department of Youth and Community Development (June 2019) DYCD Program Sites.

With schools closed through the rest of the school year and social distancing guidelines unclear for the foreseeable future, community-based organizations have responded to COVID-19 by providing online tutoring, recreational activities, behavioral health care and additional family resources. To operate this summer the programs may not have the same structure and scale as they have in past summers, but the social-emotional, academic and economic supports they offer youth and their family members are needed now more than ever considering our current crisis.

To recoup learning losses from the City’s move to remote schooling, to aid parents looking to return to work, and to address the profound trauma experienced during this difficult time, New York will need to invest in children. Youth services not only enhance the social and emotional well-being of our children, but they are also necessary to achieving some sense of normalcy when we emerge from the pandemic. These programs will be vital to helping communities of color recover from this crisis.

CCC urges the legislature to prevent any further cuts in the state budget to afterschool programs and youth services that may exacerbate the funding issue at the City level, and to preserve the State’s contribution to SYEP as we continue to fight to get City funding restored.

Every Child Safe

General Prevention

As New York moves toward planning for COVID-19 recovery, CCC and child welfare partners are calling for greater investments in child welfare preventive services to ensure that community-based organizations have the resources at their disposal to meet the basic needs of families, achieve family stability and promote child safety.

Child welfare data points to the reality that majority of child welfare investigations are not a result of egregious abuse, but rather neglect stemming from an unmet need due to economic hardship. In fact, more than two thirds of indicated cases in NYC’s child welfare system are related to allegations of *neglect* due to economic insecurity, such as a caregiver’s failure to provide basic resources for their child/ren (e.g. food, shelter, clothing). During the COVID-19 crisis, poverty-related risk factors are heightened as caregivers face disruptions in employment and loss of income, growing health concerns and new barriers to accessing health food, safe and stable housing, and other critical necessities.

Now more than ever, child welfare preventive programs ensure families have access to basic needs and resources that are crucial in stabilizing families, reducing risk factors, and promoting immediate and long-term safety and well-being of children. The recently enacted State budget reduced child abuse neglect prevention resources by \$25 million, a cut that will have long-term consequences for many children and families throughout the state. **Now is the time to ensure New York invests in preventive services, particularly general prevention, to support recovery in the hardest hit communities across the state. Moreover, for years, CCC and its partners have called on the state to restore the state’s contribution towards preventive services to 65%, up from its current rate at 62%, as mandated by state statute.** As we turn the corner on this statewide crisis, investments in preventive services will be critical to support families most in need.

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- x Office of Bilingual Education and World Language, New York State Education Department. “New York State Multilingual Learner/English Language Learner (MLL/ELL) Data Report.” http://www.nysed.gov/common/nysed/files/programs/bilingual-ed/nysed_ell_mll_data-report_2018-2019-a.pdf ;

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xiii Citizens’ Committee for Children of New York. “Keeping Track Online: COVID-19 Cases.” May 4, 2020. <https://data.ccnnyork.org/data/map/1424/covid-19-cases#1424/a/6/1702/80/a/a>