



## FACT SHEET: COVID-19 HEALTH AND ECONOMIC IMPACTS ON IMMIGRANT COMMUNITIES

July 2020

The New York City (NYC) Mayor's Office of Immigrant Affairs (MOIA), in partnership with NYC Office for Economic Opportunity (OEO) and the Department of Consumer and Worker Protection (DCWP), examine the health and economic impacts of the COVID-19 pandemic on immigrant communities in New York City.

Consistent with past public health emergencies, New Yorkers who already experience the adverse impacts of persistent structural and institutional racism have experienced a higher burden from COVID-19.<sup>1</sup> A recent analysis by NYC Department of Health and Mental Hygiene (DOHMH) found that Black New Yorkers had died from COVID-19 at twice the rate of White New Yorkers (245.0 vs. 122.6 per 100,000 people) and Latinos/as at 2.1 times the rate (260.0 vs. 122.6 per 100,000).<sup>2</sup>

This Fact Sheet highlights a similar correlation between neighborhoods with higher concentrations of foreign-born residents and higher rates of COVID-19 cases and deaths. Some of the underlying causes for higher rates of COVID-19 include high rates of essential workers who have continued to work throughout the pandemic, higher rates of overcrowding that has made social distancing for this population more difficult, lack of access to care, and/or fear of the public charge rule. These factors are discussed below. Specifically, this Fact Sheet:

- Looks at the correlation between immigrant density and COVID case and death rates by NYC ZIP code. It also provides an analysis of the NYC neighborhoods with the highest COVID case and death rates, which include several immigrant-dense neighborhoods.
- Looks at the economic impact of the pandemic on immigrant New Yorkers, particularly undocumented workers.
- Provides data about the impact of barriers to health access and economic stability for undocumented immigrants due to legal exclusions under federal and state law.

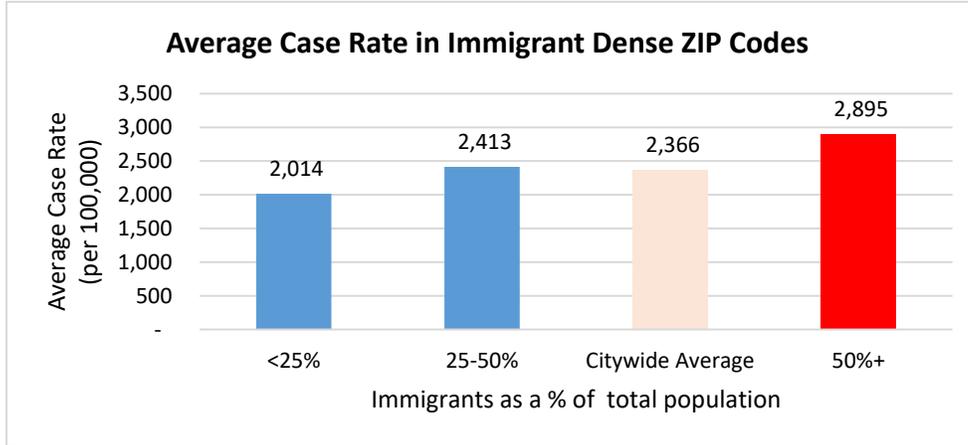
New York City is committed to helping New Yorkers affected by the COVID-19 pandemic regardless of immigration status. The City has greatly expanded the range of health and social services that are available to all NYC residents, including COVID-19 testing and care, food assistance, tenant protection, temporary hotel accommodation for self-isolation, and free legal help. MOIA has conducted robust outreach to ensure immigrants are aware of these services, including the creation and distribution of an online and hard copy resource guide for immigrant New Yorkers that are available in 25 languages. Additionally, the City has collaborated with private partners and community-based organizations to provide cash assistance to undocumented residents who are ineligible for federal and state programs. Despite the City's program and policy response, the need among immigrant communities remains great. This Fact Sheet will provide a more detailed overview of the immigrant population who are ineligible for safety net programs or federal support with the goal of furthering recovery efforts.

<sup>1</sup> Chokshi DA, Katz MH. Emerging Lessons From COVID-19 Response in New York City. *JAMA Forum*. 2020.

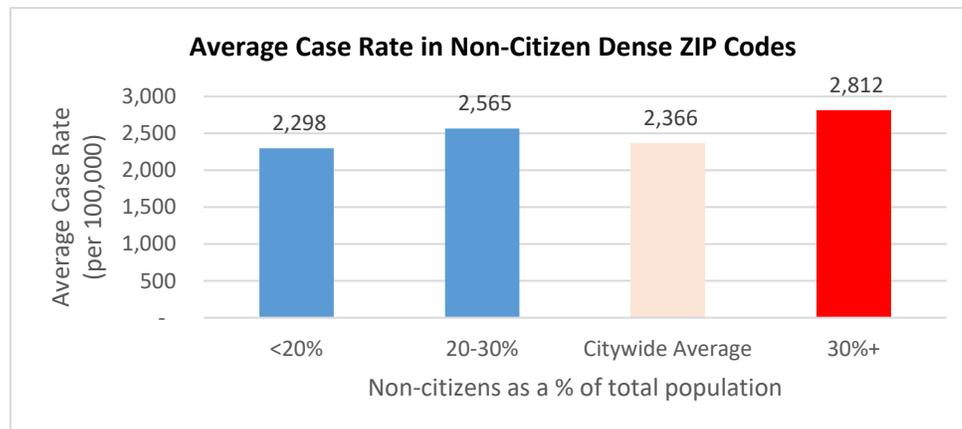
<sup>2</sup> Age-adjusted rates of lab confirmed COVID-19. <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-04242020-1.pdf>. Accessed July 29, 2020.

Health Impacts of COVID-19

**COVID-19 case and death rates.**<sup>3</sup> While there is no COVID-19 data available by immigration status or nativity, there is a correlation between the concentration of immigrants in a ZIP code and the COVID-19 case rate in that ZIP code (i.e. the number of reported confirmed COVID-19 cases per 100,000 residents).



Source: DOHMH administrative data through July 1, 2020



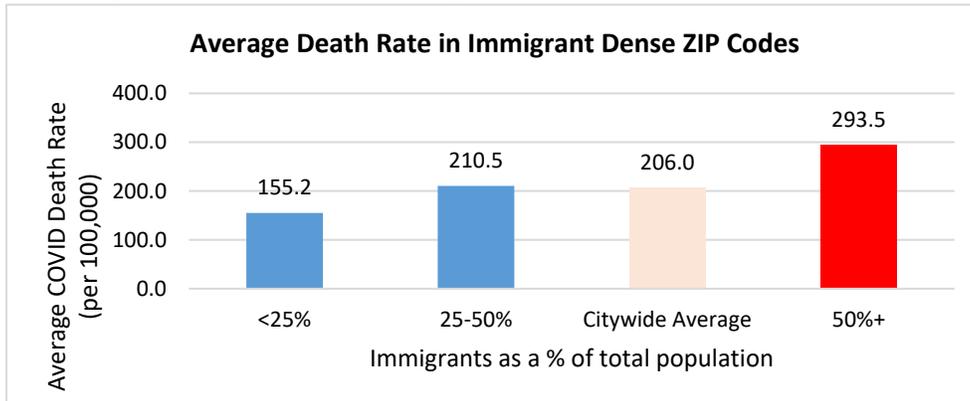
Source: DOHMH administrative data through July 1, 2020

There is also a correlation between the concentration of immigrants in a ZIP code and the death rate (i.e. the number of deaths following a positive COVID-19 laboratory test per 100,000). This correlation holds true whether we look at immigrant-dense neighborhoods (meaning foreign-born residents, including those who are now U.S. citizens) or we focus only on the non-citizen density in neighborhoods.

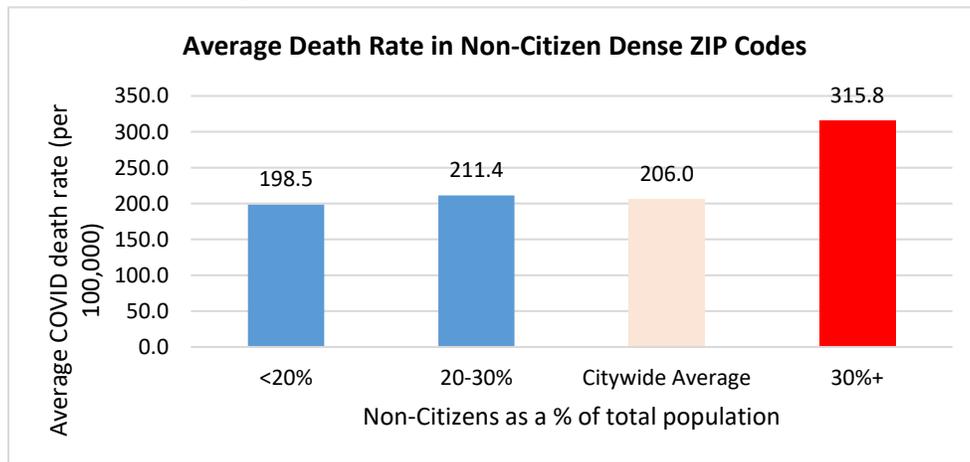
That is, the higher the make-up of immigrants or non-citizens there are per ZIP code, the higher the COVID-19 case and death rates in that area. In fact, in ZIP codes where immigrants make up over 50% of

<sup>3</sup> Data based on 2017 5-year American Community Survey Public Use Microdata Sample and administrative data as of July 1, 2020 from the NYC Department of Health and Mental Hygiene, available here: <https://raw.githubusercontent.com/nychealth/coronavirus-data/master/data-by-modzcta.csv>

the population, the COVID-19 case rate is over 20% higher than the citywide average and the death rate is more than 40% higher than the citywide average.



Source: DOHMH administrative data through July 1, 2020



Source: DOHMH administrative data through July 1, 2020

As noted above, immigrant-dense neighborhoods are among the hardest hit neighborhoods by COVID-19. Below are the top 10 neighborhoods that have high COVID-19 case/death rates, many of which overlap with residential neighborhoods of many immigrants who have continued to work in the frontline during the pandemic and encountered social and economic barriers to accessing care and services they need.<sup>4</sup> The neighborhoods where the concentration of immigrants is above the City's average have been shaded blue in the tables below (immigrants make up 37% of the City's population).

ZIP Code Tabulation Area	NEIGHBORHOOD	BOROUGH	COVID_CASE_RATE (per 100,000)	Total Population	Immigrant (foreign born) (%)	Non-Citizen (%)
11369	Airport/East Elmhurst	Queens	4527.97	37,325	55.3%	26.2%
10469	Allerton/Baychester/Pelham Gardens/Williamsbridge	Bronx	4323.98	73,008	39.3%	13.8%
11239	East New York	Brooklyn	4285.7	12,713	31.1%	4.3%
11368	Corona/North Corona	Queens	4272.63	114,647	59.6%	39.5%
11372	Jackson Heights	Queens	4200.57	64,298	59.6%	36.5%
11370	Jackson Heights/Rikers Island	Queens	4169.89	33,789	45.9%	17.1%
10475	Co-op City/Edenwald	Bronx	3993.76	44,241	26.6%	6.9%
10471	Fieldston/North Riverdale/Riverdale	Bronx	3849.91	22,040	23.8%	8.6%

<sup>4</sup> Ibid.



11691	Edgemere/Far Rockaway	Queens	3835.76	65,356	30.3%	12.5%
10461	Morris Park/Pelham Bay/Westchester Square	Bronx	3827.84	51,021	28.7%	12.5%

Source: DOHMH administrative data through July 1, 2020

ZIP Code Tabulation Area	NEIGHBORHOOD	BOROUGH	COVID_DEATH_RATE (per 100,000)	Total Population	Immigrant (foreign born) (%)	Non-Citizen (%)
11239	East New York	Brooklyn	708.91	12,713	31.1%	4.3%
11691	Edgemere/Far Rockaway	Queens	555.91	65,356	30.3%	12.5%
11354	Flushing/Murray Hill	Queens	518.75	57,566	65.6%	36.4%
10469	Allerton/Baychester/Pelham Gardens/Williamsbridge	Bronx	483.86	73,008	39.3%	13.8%
11369	Airport/East Elmhurst	Queens	479.95	37,325	55.3%	26.2%
11224	Brighton Beach/Coney Island/Seagate	Brooklyn	463.05	45,244	44.6%	10.2%
11692	Arverne/Edgemere	Queens	457.25	20,242	31.2%	12.1%
11694	Belle Harbor-Neponsit/Rockaway Park	Queens	417.57	21,003	14.4%	4.7%
10304	New Dorp/Todt Hill	Staten Island	407.55	41,884	30.1%	11.6%
11372	Jackson Heights	Queens	404.39	64,298	59.6%	36.5%

Source: DOHMH administrative data through July 1, 2020

To help mitigate this, the City has launched its Test & Trace program. The Test & Trace Corps is the City's comprehensive effort to test, trace, and treat every case of COVID-19. Through a partnership with NYC Health + Hospitals and the Department of Health and Mental Hygiene, the Corps allows the City to immediately isolate and care for those who test positive for the virus and then rapidly track, assess, and quarantine anyone they may have infected.

### Economic Impacts of COVID-19

**Economically at-risk due to job loss.** The impact of the COVID-19 pandemic on immigrants extends beyond the disease burden. Our analysis shows that immigrant workers in NYC, particularly undocumented workers, have been disproportionately affected by the economic turmoil brought on by the pandemic. Defining "economically at risk" as working in occupations with the "highest risk of mass layoffs and workplace closures due to the pandemic,"<sup>5</sup> we find that 230,000 undocumented workers are economically at risk due to COVID-19. In NYC, there are about 366,000 undocumented immigrants total in the labor force – about 47,000 of whom are business owners. In other words, 60% of undocumented workers have already lost their job or are at risk of losing their job due to the pandemic (compared to 36% of all workers).<sup>6</sup>

This analysis uses 2018 ACS Microdata and separates occupations into two categories: (1) those with the highest risk of mass layoffs and workplace closures due to the pandemic; and (2) those likely to be more protected from such widespread disruption. The 230,000 estimate comes from total workers employed

<sup>5</sup> See [Furman Center](#) for methodology.

<sup>6</sup> It is important to keep in mind that not all of the workers represented in this analysis are currently laid off. Further, there is overlap between being vulnerable to being laid off and jobs that are classified as essential. For example, many service workers in the restaurant industry may be essential but the demand for delivery and to-go orders is not sufficient to keep staffing at pre-COVID-19 levels, which means the occupation is both essential and vulnerable to layoffs.

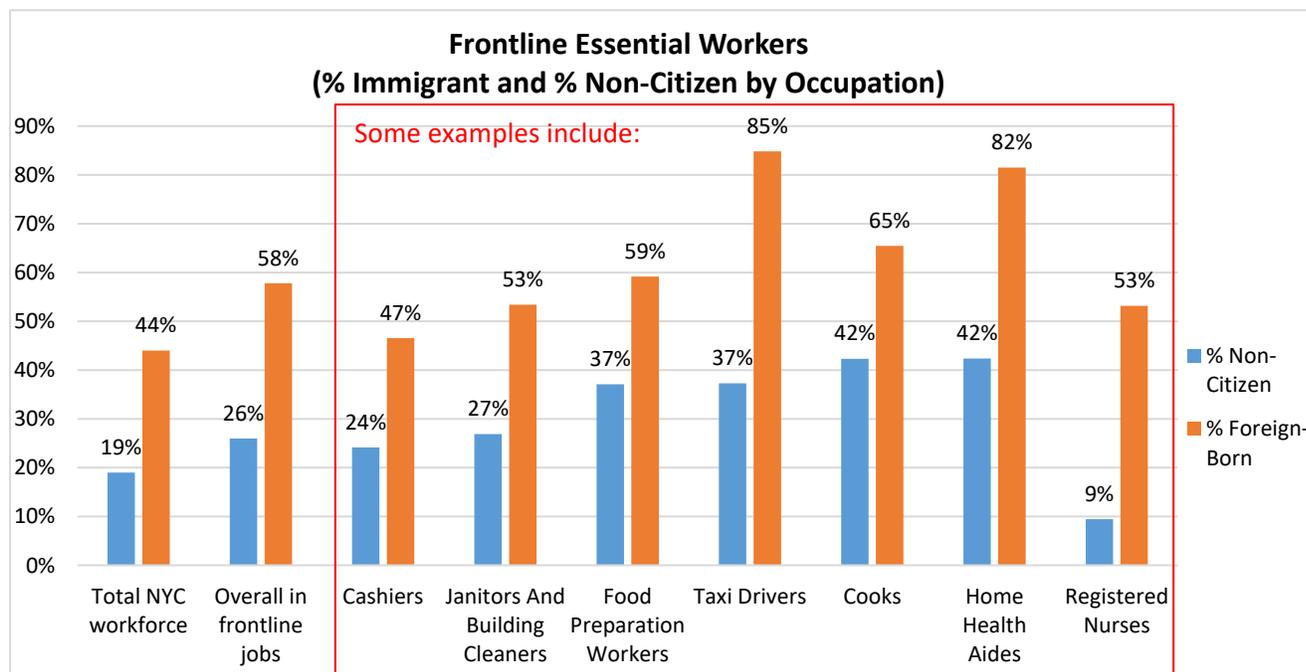
in occupations that fall in the first category. See [Furman Center](#) for full methodology and the categorization of the industries and occupations most vulnerable to job loss due to the pandemic. The economically at-risk occupations that employ the largest number of undocumented immigrants include service occupations, such as housekeepers, security guards, and nail salon workers, as well as construction workers and sales workers. This is in line with recent studies, which have estimated that the unemployment rates among immigrant and undocumented communities in NYC are over 50%.<sup>7</sup>

The top 10 community districts of where these workers reside:

Community District	Neighborhoods
Queens 3	Jackson Heights & North Corona
Queens 4	Elmhurst & South Corona
Queens 7	Flushing, Murray Hill & Whitestone
Bronx 7	Bedford Park, Fordham North & Norwood
Brooklyn 7	Sunset Park & Windsor Terrace
Brooklyn 11	Bensonhurst & Bath Beach
Queens 2	Sunnyside & Woodside
Queens 12	Jamaica, Hollis & St. Albans
Bronx 4	Concourse, Highbridge & Mount Eden
Queens 5	Ridgewood, Glendale & Middle Village

Source: 2018 1-year American Community Survey Public Use Microdata as augmented by NYC Opportunity

**Immigrants disproportionately make up essential workers.** Foreign-born workers made up over half of the frontline “essential workers” exempted from Governor Cuomo’s March 20, 2020 executive order



<sup>7</sup> See <https://nycfuture.org/research/under-threat-and-left-out> and [https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/5e974be17687ca34b7517c08/1586973668757/NNewStrainofInequality\\_April152020.pdf](https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/5e974be17687ca34b7517c08/1586973668757/NNewStrainofInequality_April152020.pdf).

barring in-person work.<sup>8</sup> This means that immigrants were more likely than U.S. born to have continued to work in public settings during the COVID-19 pandemic.

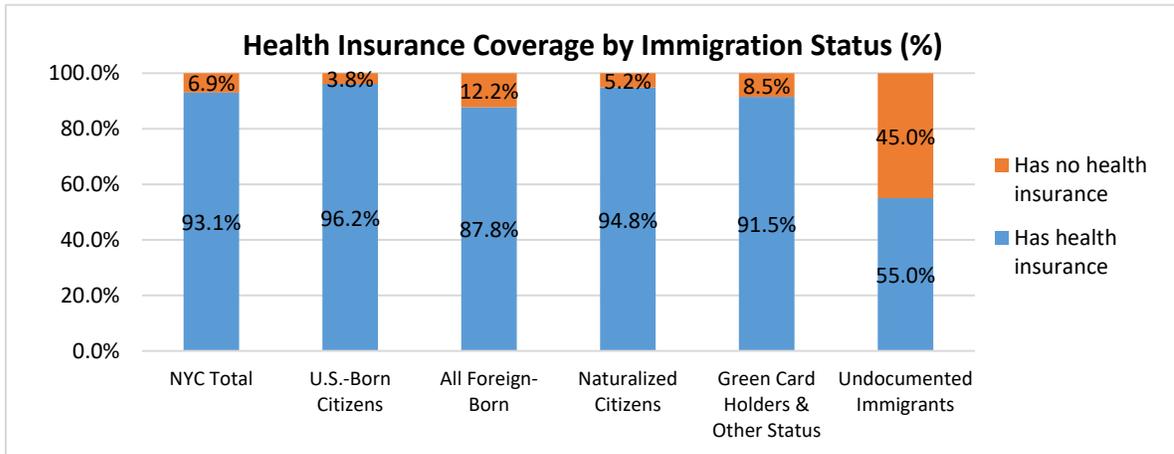
Source: 2018 1-year American Community Survey Public Use Microdata

**Barriers to Support and Recovery**

As demonstrated by the above health and economic impact analysis, the COVID-19 crisis has laid bare many disparities that have long existed. Additionally, barriers to social supports are likely to contribute to exacerbating under-resourced communities' vulnerability to the impacts of COVID-19 and challenges in the recovery process.

**Health insurance access.**<sup>9</sup> The exclusion of low-income New Yorkers from public health insurance access due to immigration status creates a significant gap in access to care in NYC.

Despite strides in closing the health insurance gap for non-citizens under the Affordable Care Act and the City's GetCoveredNYC initiative, persistent disparities exist in health insurance coverage between citizens (both U.S.-born and naturalized) and non-citizens. Especially in case of undocumented immigrants, only 55% of them have health insurance compared to 93.1% of NYC residents in total.<sup>10</sup>



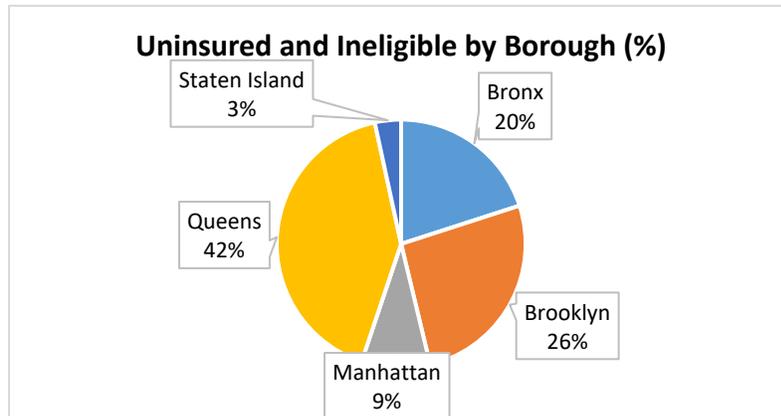
Source: 2018 1-year American Community Survey Public Use Microdata as augmented by NYC Opportunity

<sup>8</sup> Declaration of Sabrina Fong at page 5, State of New York v United States Department of Homeland Security, No 1:19-cv-07777-GBD (S.D.N.Y., Sept. 9, 2019). See also New York City's Frontline Workers. <https://comptroller.nyc.gov/reports/new-york-citys-frontline-workers/>. Accessed March 26, 2020.

<sup>9</sup> Unless otherwise noted, all data in fact sheet are based on 2018 1-year American Community Survey Public Use Microdata Sample as augmented by the NYC Office for Economic Opportunity.

<sup>10</sup> Undocumented immigrants may have health insurance through state-mandated universal coverage for children, coverage as a dependent, employer-sponsored insurance coverage, coverage purchased on the private market, or, for those who have forms of temporary status or quasi-status like DACA or TPS, public health insurance programs for which they are eligible under federal or state law.

Based on the most recently available Census data, we estimate that over 220,000 New Yorkers are uninsured and ineligible for any health insurance because they are legally prohibited from obtaining coverage through the Affordable Care Act, Medicare, or Medicaid programs due to their immigration status. This population resides across all five boroughs with the largest population in Brooklyn and Queens.



Source: 2018 1-year American Community Survey Public Use Microdata as augmented by NYC Opportunity

Of those who are uninsured and ineligible for public health insurance, the vast majority of this population (79%) has limited English proficiency, making it further challenging for them to access healthcare services. Among those who speak English less than “very well”<sup>11</sup> the top 5 languages spoken at home are:

1. Spanish (76%),
2. Chinese (10%),
3. Russian (2%),
4. French (2%), and
5. Bengali (1%)

The gap in insurance coverage by immigration status also persists among children (under age 19) in NYC despite the fact that universal coverage is available for children under state law: 11% of undocumented children are uninsured, compared to 2% of U.S.-born citizen children.

We know that the uninsured rate is much higher now due to all the job loss from COVID-19; this is true across all immigration statuses. However, because undocumented workers primarily get their health insurance through their employer, we can expect recovery to be much harder for this population.

**ITIN filers in New York City.**<sup>12</sup> Another population that the federal CARES Act excludes are those who had filed taxes with an Individual Taxpayer Identification Number (ITIN). For tax year 2017 (the latest year for which complete data is available), personal income tax return filings indicate about 97,000 filers with at least one Individual Taxpayer Identification Number (ITIN) as either primary or spouse. This figure refers to total filings so it includes individuals and households.

**Ineligible for unemployment insurance benefits and other federal and state cash or near-cash benefits due to immigration status.** As noted above, immigrants in NYC make up over half of our essential workers and are more vulnerable to layoffs or job loss from the COVID-19 pandemic than their U.S. counterparts. However, undocumented immigrants are largely excluded from unemployment insurance benefits or means-tested public benefits programs such as TANF, state cash assistance, SNAP, and HEAP

<sup>11</sup> Among those who are aged 5 and over, the American Community Survey asks respondents to report on their ability to speak English as either “very well,” “well,” “not well,” and “not at all.”

<sup>12</sup> Based on 2017 administrative data from the NYC Department of Finance.



due to immigration restrictions.<sup>13</sup> This includes the up to 230,000 undocumented workers, detailed above, who may have already lost their job or are at risk of losing their job due to the pandemic.

When considering other federal and state cash benefits, in NYC, there are about 161,000 undocumented residents who would be eligible to apply for and receive state and federal means-tested public benefits due to their low-income (below 200% of the Federal Poverty Level), but for their immigration status. This estimate includes only those residents who have lived in the U.S. for at least five years, which would generally qualify them for at least one of these benefits if they were a lawful permanent resident. Because this estimate is drawn from the latest census data available (2018), it does not include those undocumented workers who are estimated to have lost their job due to the pandemic, so it represents a likely under-estimate.

To date, MOIA together with the NYC Mayor's Fund, have established the NYC COVID-19 Immigrant Emergency Relief Program to provide direct relief to up to 20,000 immigrant workers and their families who have been hardest hit by the economic crisis prompted by the COVID-19 pandemic. However, the need among undocumented workers far surpasses the breadth of these emergency services. Some estimate that by the end of 2020, NYC will still have 500,000 to 600,000 fewer jobs than at the beginning of the year, with half of that job deficit stemming from low-income workers.<sup>14</sup>

Although the City is currently allowing some of the businesses to re-open with precautionary measures, labor market disruption and economic challenges are expected to continue for the foreseeable future. The lack of adequate economic assistance for undocumented immigrants thus poses serious concern for the city's overall stability and wellbeing.

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<sup>13</sup> Undocumented immigrants are not "qualified aliens," a term of U.S. immigration law that refers to immigrants who are eligible for federal public benefits after 5 years in a qualified status, unless they meet an exemption.

<sup>14</sup> See [https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/5efa0f3ae6f525590ab1bb68/1593446207224/CNYCA\\_Covid-19Economy\\_June29Report.pdf](https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/5efa0f3ae6f525590ab1bb68/1593446207224/CNYCA_Covid-19Economy_June29Report.pdf).