

REPORT IN BRIEF

Understanding the Impact of COVID-19 on Diverse Populations

Insights and Strategies for Inclusive Emergency Management
From Cities on the Frontlines





About New American Economy

New American Economy is a bipartisan research and advocacy organization founded to educate, empower and support policymakers, influencers, and citizens across the country that see the economic and social benefits of a smart approach to immigration reform. NAE has created a coalition of civic, business, and cultural leaders who span the political spectrum and represent all 50 states. NAE makes the case for smart immigration reform in four ways: 1) we use **powerful research** to demonstrate how immigration impacts our economy, 2) we **organize champions** at the grassroots and influencer levels to build support for immigration, 3) we **partner with state and local leaders** to advocate for policies that recognize the value immigrants add locally, and 4) we show **immigrant contributions to American culture** through film, food, art, sports, comedy, and more. Visit www.NewAmericanEconomy.org to learn more.

About the Atlanta Mayor's Office of Immigrant Affairs - Welcoming Atlanta

The Mayor's Office of Immigrant Affairs – Welcoming Atlanta ensures that Mayor Bottoms' vision of an affordable, resilient and equitable One Atlanta is inclusive of Atlanta's foreign-born community. Key priorities include cultural competency and language access training, community-driven programming that exposes foreign-born communities to government services, and policy initiatives that promote making Atlanta a safe, welcoming and inclusive city. The Welcoming Atlanta initiative brings together city government and community leaders to support our newest Atlantans and to ensure that our city remains a global leader in the 21st century.

About the Denver Office of Immigrant & Refugee Affairs (DOIRA)

The Denver Office of Immigrant & Refugee Affairs (DOIRA), established in 2005, promotes the well-being of immigrant and refugee communities and advocates for inclusive and meaningful integration into Denver's vibrant civic, economic and cultural life. We partner with government agencies, community-based organizations and residents to develop and implement policies, practices and programs that influence the various paths of immigrant integration.

About the City of Austin - Equity Office

The City of Austin's Equity Office provides leadership, guidance, and insight on equity to improve the quality of life for Austinites. We work to achieve the vision of making Austin the most livable city in the nation for all. The Office strives to build and sustain a culture of equity across the city, which requires tackling tough issues such as institutional racism. Creating a culture of equity will ensure we are meeting the needs of all residents.

About the City of Tulsa - Mayor's Office of Resilience and Equity (MORE)

The Mayor's Office of Resilience and Equity (MORE) works to achieve equality for all Tulsans through partnership building, education, cultural awareness, and advocacy. The office is charged with implementing a broad strategy to promote resilience and equity in Tulsa in all aspects of city life from employment, economic development, health, mental health, and human rights. MORE also oversees the complaint and investigation process for Tulsans who experience discrimination in housing, employment, or public accommodations. In addition, MORE works in partnership with five commissions who represent and advocate for women, Latinos, African Americans, and Native Americans, and human rights in Tulsa.

About Latino Community Fund Georgia

LCF Georgia is a 501(c)(3) membership organization focused on growing people's democracy, protecting and building community and investing in economic opportunity. We fund power-building strategies, program development, and scholarships. We are a catalyst for investment, collaborative work, and positive narrative for the Latinx/Hispanic Community in Georgia. Our 40 member organizations are Latinx-led, Latinx-serving and Latinx-governed.

About the Louisville Metro Office of Globalization

Housed within Louisville Forward, the city's integrated approach to economic and community development, the Office for Globalization was established by Mayor Greg Fischer in 2011 to help Louisville compete in an international and multicultural world by empowering immigrants to seize economic, educational and cultural opportunities. Working with partners from the social service, education, government and business sectors, the Office for Globalization offers programs, resources and a cross-sector platform to support foreign-born entrepreneurship, assist job-seekers, inform communities, celebrate cultures, train community leaders, and get the word out to those seeking the great quality of life that Louisville provides. Visit louisvilleky.gov/government/globalization to learn more.

Acknowledgments

This report was made possible by the **Walmart Foundation**, which provided funding for the research effort. New American Economy would also like to thank the many community partners whose hard work and dedication helped us to collect surveys from more than 2,100 predominantly BIPOC and immigrant community members. They include the **Atlanta Mayor's Office of Immigrant Affairs – Welcoming Atlanta, the City of Austin, the City of Tulsa – Mayor's Office of Resilience and Equity, the Denver Office of Immigrant and Refugee Affairs, the Louisville Metro Office for Globalization, Latino Community Fund Georgia, Maya Children USA, Asian Pacific Islander American Public Affairs (APAPA), Caritas, El Buen Samaritano, Refugee Services of Texas, African Leadership Group, Asian Pacific Development Center, Athmar Park RNO, Denver Housing Authority (Sun Valley and La Alma-Lincoln Park), Denver Public Library PLAZA Program, Focus Points Family Resource Center, Hope Communities, Lutheran Family Services of the Rocky Mountains, Piñata de Aprendizaje, Spring Institute, Una Mano, Una Esperanza, Americana Community Center, See Forward Ministries, Somali Community of Louisville, United Charity, Catholic Charities, KY Refugee Ministries, La Casita, Uma Tulsa, Block Builderz, YWCA Tulsa, Community Service Council – Power of Families Project, and Community Service Council – Burmese Community Peer Educator Program: Sia Mah Nu.**

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Executive Summary

As communities across the United States work to recover from the COVID-19 pandemic and economic recession while also grappling with a surge in new cases, it's clear that the impact on Americans has been unequal. More so than previous crises, COVID-19 exposed gaps in access to basic information, services, and social safety-net support that disproportionately impacted Black, Indigenous, and other People of Color (BIPOC) and immigrant communities.¹ These communities have shouldered a greater share of the economic and health-related consequences of the pandemic,² and without targeted efforts to promote equitable disaster response and recovery, they will be more vulnerable to future emergencies.³

"The survey served as a mechanism for communities of color and immigrant communities to share their concerns, frustrations, and lived experiences since the onset of the pandemic."

— **Latino Community Fund Georgia**

At New American Economy (NAE), we wanted to better understand why COVID-19 caused the most unequal recession in modern history, why the pandemic had such disproportionately severe economic and health impacts on BIPOC and immigrant communities, and how municipalities and their partners are adapting to meet the needs of their most vulnerable residents. We wanted to hear directly from the residents most impacted by this crisis, as well as the local officials tasked with building inclusion into their emergency management process, in their own words. With funding from the Walmart Foundation, we worked directly with local officials and community partners in five cities to: (i) conduct quantitative and qualitative survey of more than 2,100 predominantly BIPOC and immigrant residents about the impact of COVID-19 on their well-being and sense of belonging; (ii) document best practices at the intersection of inclusion and emergency management, as cities adapted to the realities of COVID-19; and (iii) survey cities across the country about their approaches to meeting the needs of vulnerable communities, including BIPOC, immigrant, and limited English proficient (LEP) residents.

Lack of coordinated federal leadership during the early months of the pandemic led many state and local governments to take direct action to support those disproportionately impacted by the pandemic and economic recession. In addition to enacting local measures to curb the spread of COVID-19, these communities stepped up to provide cash assistance, free and low-cost COVID-19 testing and other health services, small business loans and technical assistance, and other programs and policies that were inclusive of all residents, without regard for immigration status or other limitations.⁴

Many of the cities taking these steps as part of their emergency response had established efforts even before COVID-19 to address barriers, both real and perceived, that prevent vulnerable populations like BIPOC, immigrants, and limited English proficient (LEP) residents from accessing services. NAE is actively working to promote policies like these in more than 100 communities around the country, and in 2017, we launched a new effort to better understand their impact and effectiveness. The NAE Cities Index is a systematic, annual assessment of inclusion efforts and socioeconomic outcomes for the U.S.-born and foreign-born in the largest 100 cities across the country. It captures initiatives like language access, municipal ID cards, and inclusive hiring practices, as well as socioeconomic indicators like poverty rate, health insurance coverage, and homeownership. The primary goals of the NAE Cities Index project are to document the landscape of local inclusion efforts across the country, to understand how those policies and practices change over time in response to larger societal and policy changes, and to assess what impact they have on socioeconomic disparities between the U.S.-born and immigrant communities. Disasters and other crises like the COVID-19 pandemic test the effectiveness of these measures, for example, by showing how citywide language access policies can lead to greater numbers of residents receiving timely public health information. But they can also reveal where communities fall short.

In this report, we provide lessons and guidance for how cities can equitably respond to COVID-19 and future crises based on our five-city COVID-19 Community Impact Survey, a year-long effort to document best practices generated by the Cities Index Working Group and other leading municipalities across the country, and findings from Year 3 of the NAE Cities Index. Our findings shed new light on the ways in which COVID-19 affected communities of color and immigrant communities, including challenges they faced in accessing timely information, health care, utility and rental assistance, and other crucial services during some of the most difficult months of the pandemic. Data gathered in 17 languages by community partners also reveals the difficulties many residents will face as the recovery continues in the months ahead. Finally, this report highlights the varied and often creative ways cities have stepped in to fill gaps in the federal response, and includes recommendations for how local governments and community leaders can help promote a more equitable, inclusive response to future disasters and emergencies.

PART I

COVID-19 Community Impact Survey Analysis and Recommendations for Conducting Community Needs Assessments

Over a four-month period from February to May of 2021, NAE worked with local officials and community partners in Atlanta, Austin, Denver, Louisville, and Tulsa to conduct a COVID-19 Community Impact Survey of more than 2,100 predominantly BIPOC and immigrant residents. For the purpose of this report, we define BIPOC as people who are not White, including Asian or Pacific Islanders, Black or African Americans, Hispanics, Middle-Easterners and North Africans, Native Americans or Alaska Natives, the Indigenous from Latin America, people of other race, and mixed race people, and immigrants as people who were born outside the United States.

Through a mix of quantitative and qualitative questions, the survey covered four key areas: Personal and Household Well-Being; Access to Economic Relief; Cultural and Linguistic Inclusion; and Perception of Response and Sense of Belonging. The survey was translated into 16 languages in addition to English and administered in partnership with local organizations, community navigators, and volunteers with longstanding ties to the target communities.

KEY FINDINGS

BIPOC and immigrant residents in our five-city survey reported **significant, direct impacts to their health and economic well-being** during the COVID-19 pandemic:

- More than 34 percent of BIPOC and immigrant residents reported having their working hours reduced, about 30 percent reported losing a job, and at least one in nine experienced pay cuts.
- At least 37 percent had to reduce other essential spending so they could pay their rent or mortgage, while nearly 15 percent reported that they were unable to pay their rent or mortgage on time. More than 3 percent reported that they had been evicted or were facing eviction or foreclosure.
- Almost half of BIPOC and immigrant respondents with household income below \$20,000 reported that they did not receive a stimulus check from the federal government. For households earning between \$20,000 and \$40,000 each year, about 28 percent of BIPOC and immigrant respondents said they didn't receive the check.
- When thinking about the future, top concerns among BIPOC and immigrant survey respondents included: paying utilities and bills (more than 53 percent), paying down debt (39 percent), getting enough food (37 percent), paying for emergency expenses (35 percent), paying for healthcare (35 percent), and receiving assistance for immigration issues (13 percent).
- At least 30 percent of BIPOC and immigrant respondents confirmed they had tested positive for COVID-19, and another 9 percent reported that they or their family member experienced COVID-19 symptoms but were never tested.

KEY FINDINGS

Despite facing these challenges, BIPOC and immigrant respondents reported **lack of information, fear of bias attacks, and concerns about immigration status** as key barriers to accessing necessary services like medical care:

- Among those who reported that they or their family member felt sick with COVID-19 symptoms but did not get tested, more than 42 percent said that they lacked information about testing locations and 17 percent reported fearing that they would be blamed or attacked due to their race. Additionally, 12 percent of immigrants said they did not get tested because they feared it could hurt their immigration status.
- More than one in eight BIPOC and immigrant survey respondents said they did not receive the medical care they needed during the pandemic. Top reasons cited were financial concerns (at least 39 percent), loss of health insurance (23 percent), canceled or delayed appointments (20 percent), and concern about immigration status (5 percent).
- For families with children, about 70 percent reported having children at home due to daycare and school closures, but more than 16 percent said they did not have a reliable internet connection for online classes, and at least 11 percent said they lacked computers, tablets, or other devices for school work. More than two-fifths of respondents feared their children were academically behind.
- More than 19 percent of immigrant survey respondents with limited English proficiency said they did not have regular access to timely, accurate information in their preferred language during the pandemic.

KEY FINDINGS

In addition to direct economic and health consequences, the vast majority (approximately 80 percent) of BIPOC and immigrant respondents reported **negative impacts on their sense of safety, well-being, and belonging** due to the COVID-19 pandemic:

- More than 30 percent of BIPOC and immigrant respondents reported a negative impact on their wellbeing, such as suffering from mental health issues like anxiety or depression, or experiencing financial distress due to job losses or fear of falling behind on payments.
- More than one-quarter reported that COVID-19 hurt their sense of belonging, including heightened experiences of isolation, division, or racial tension in their communities.
- At least one in five reported negative impacts on their sense of safety, including feeling insecure when going to places where people did not wear masks or observe social distancing, or feeling unsafe due to perceptions about rising crime and violence in their cities.

Local governments and community organizations are stepping in to meet some of the most urgent needs of BIPOC and immigrant residents, but **more can be done:**

- More than 60 percent reported that there was a local organization they could turn to if they needed help getting healthcare, housing, food, or other assistance.
- BIPOC and immigrant respondents reported receiving a variety of safety-net and other support services from their local governments, including: assistance securing food (42 percent), help with rent or mortgage assistance (12 percent), access to a computer or stable internet (9 percent), and help with bill payments (7 percent).
- The majority (about 70 percent) of BIPOC and immigrant survey respondents reported receiving adequate help from their city government to protect themselves from COVID-19 and prevent its spread (e.g., masking mandates, testing, and related measures), yet just 30 percent reported receiving sufficient support to have a safe work environment, receive necessary medical care, and meet other essential needs.
- Among BIPOC and immigrant respondents who worked in their own business or were self-employed, about one-fourth of them reported they had support to prepare their businesses to survive and recover

COVID-19 Community Impact Survey Analysis

Although low-income, BIPOC, and immigrant community members were disproportionately affected by the COVID-19 pandemic and economic recession, their voices and perspectives have historically been underrepresented in local government, including in decision-making about emergency management. To gain a better understanding of the impact of COVID-19 on health and well-being of these communities, as well as their perceptions about the effectiveness of the local response to the crisis, NAE developed the COVID-19 Community Impact Survey, in partnership with local inclusion officials in five cities: Austin, TX; Atlanta, GA; Denver, CO; Louisville, KY; and Tulsa, OK.

This 43-item quantitative and qualitative survey was administered between February and May 2021, with the goal of reaching primarily BIPOC and immigrant residents (though there were no limitations placed on which communities could complete the survey), to inform how each of the five partner communities respond directly to COVID-19 and adapt their disaster preparedness and resilience work to be more inclusive of communities of color. The survey was also designed to inform the creation of a new Inclusive Emergency Management section of the NAE Cities Index.

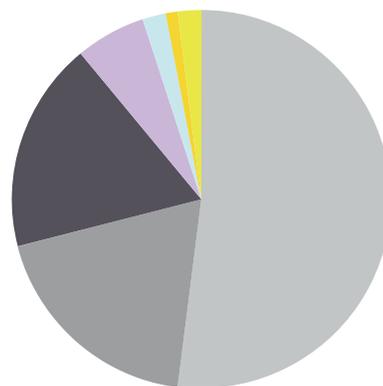
Demographics

Overall, we received 2,104 valid responses from our five-city survey. Based on the demographic information provided, we identified 1,577 responses from BIPOC residents, including people who are U.S.-born or foreign-born, 1,198 from immigrants, and 354 from U.S.-born non-Hispanic Whites. The majority of individuals surveyed were low-income, Hispanic women with less than a college degree who fall primarily within 25 to 64 years of age.

Looking at the racial and ethnic breakdowns of the BIPOC and immigrant respondents overall, Hispanics made up more than half of all survey respondents, followed by Asian or Pacific Islanders and Black or African Americans.

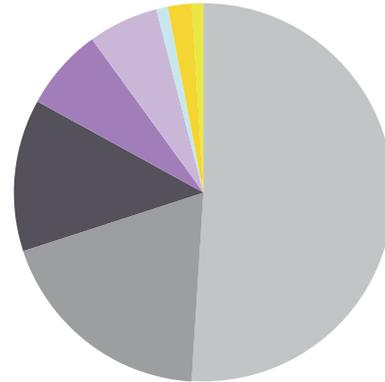
RACE AND ETHNICITY OF BIPOC RESPONDENTS

■	HISPANIC	52.2%
■	ASIAN OR PACIFIC ISLANDER.	18.6%
■	BLACK OR AFRICAN AMERICAN.	18.1%
■	MIDDLE EASTERN OR NORTH AFRICAN	5.7%
■	NATIVE AMERICAN OR ALASKA NATIVE	1.9%
■	SOME OTHER RACE	1.3%
■	TWO OR MORE RACES	2.2%



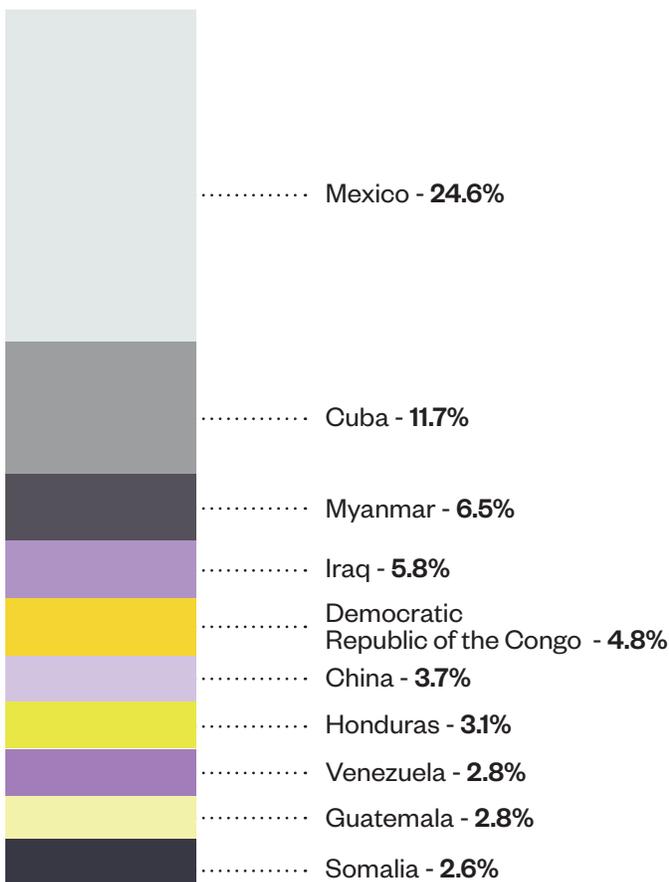
RACE AND ETHNICITY OF IMMIGRANT RESPONDENTS

■	HISPANIC	50.6%
■	ASIAN OR PACIFIC ISLANDER.....	18.5%
■	BLACK OR AFRICAN AMERICAN.....	13.1%
■	WHITE.....	7%
■	MIDDLE EASTERN OR NORTH AFRICAN....	5.5%
■	NATIVE AMERICAN OR ALASKA NATIVE.....	0.1%
■	SOME OTHER RACE	1.4%
■	TWO OR MORE RACES.....	0.7%



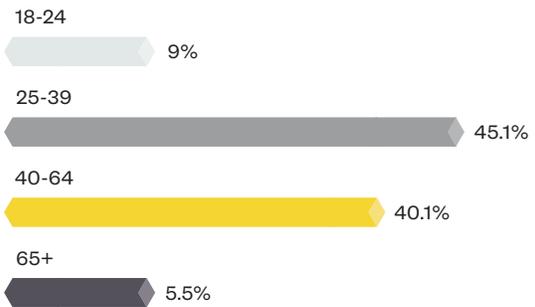
The immigrant respondents came from a diverse range of countries, including Mexico (nearly 25 percent), Cuba, Myanmar, Iraq, and the Democratic Republic of Congo.

DISTRIBUTION OF IMMIGRANTS BY COUNTRY BY BIRTH



Looking closer at the demographic make up of BIPOC and immigrant respondents, at least 85 percent are of prime working age, between 25 and 64 years of age. More than two-thirds are women. About 57 percent did not have a bachelor's degree. The household income of nearly 64 percent of BIPOC respondents is below \$40,000, and 70.9 percent of immigrant respondents have a similar level of household income.

AGE OF BIPOC RESPONDENTS

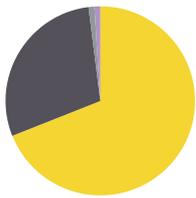


AGE OF IMMIGRANT RESPONDENTS

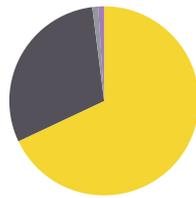


GENDER

	BIPOC	IMMIGRANTS
FEMALE	69.3%	67.5%
MALE	29.4%	31.1%
TRANSGENDER	1.2%	0.8%
NON-BINARY	0.7%	0.3%

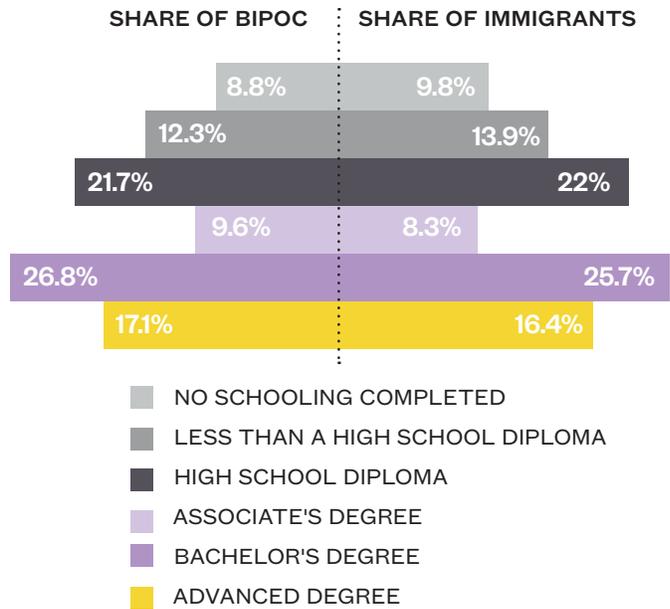


SHARE OF BIPOC



SHARE OF IMMIGRANTS

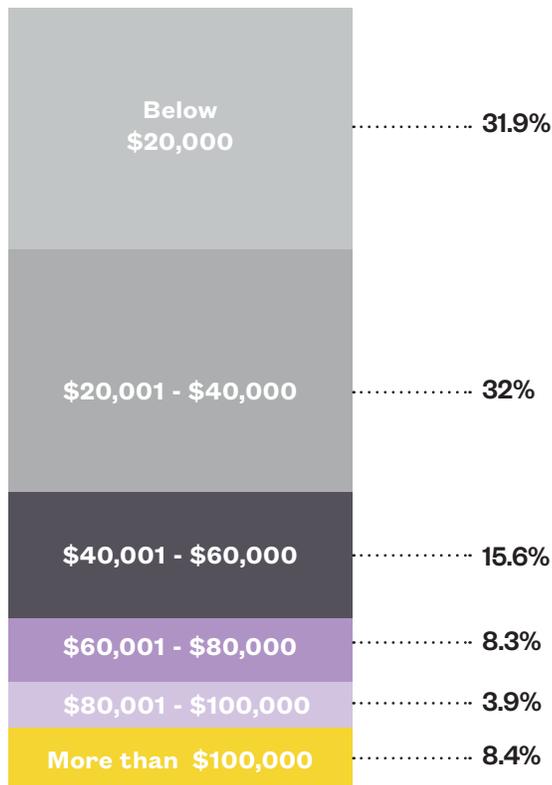
EDUCATIONAL ATTAINMENT



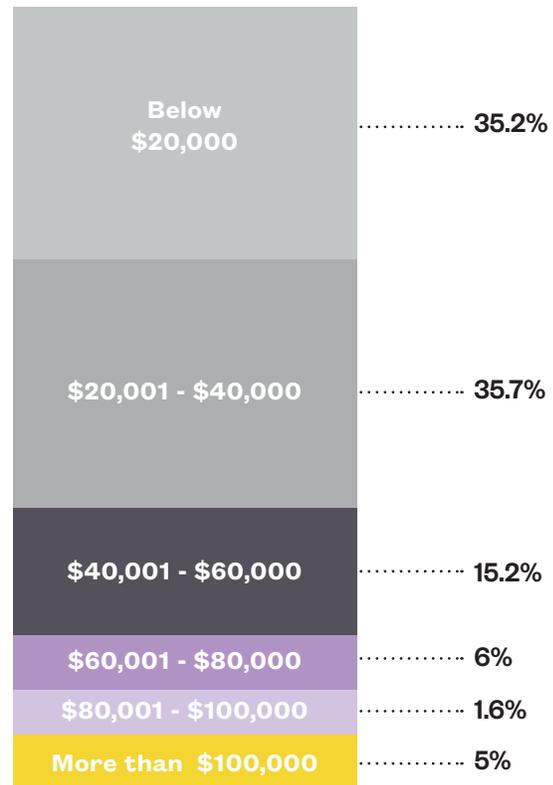
- NO SCHOOLING COMPLETED
- LESS THAN A HIGH SCHOOL DIPLOMA
- HIGH SCHOOL DIPLOMA
- ASSOCIATE'S DEGREE
- BACHELOR'S DEGREE
- ADVANCED DEGREE

INCOME LEVEL

SHARE OF BIPOC



SHARE OF IMMIGRANTS



Personal and Household Well-Being

Previous research has shown the disproportionate impact that COVID-19 has had on communities of color and immigrant communities, who are more likely to serve as essential workers, including healthcare workers, food supply chain workers, and others who are at greater risk for exposure to COVID-19.⁵ In many ways, these communities have borne the brunt of the pandemic and economic recession, and they face a longer road to recovery than other Americans. In this section of the survey, we aim to gather more information about the specific ways that BIPOC and immigrant residents have been impacted, and to assess the outlook for their economic future over the coming months.

Large shares of BIPOC and immigrant survey respondents experienced significant economic hardship as a direct result of COVID-19 and the economic recession it caused, including losing their jobs, having their pay or hours reduced, or having to close their businesses. This resulted in many individuals falling behind on rent or making cuts to other essential spending, with some facing eviction or foreclosure. In the months ahead, about half of BIPOC respondents and nearly two-thirds of immigrants are concerned about covering even basic expenses, such as utilities.

More than 28 percent of BIPOC respondents and 30.9 percent of immigrant respondents were unemployed at the time of the survey. More than one in eight BIPOC and immigrant respondents worked part-time, and close to 5 percent worked in informal jobs without a contract, regular payment, or stable working conditions, making them more vulnerable during an economic downturn.

“The inequity in the impact of COVID-19 on the community is staggering.”

— Survey respondent

Income	BIPOC	Immigrants
Employed formally in a full-time job	36.3%	32.2%
Employed formally in a part-time job	11.7%	13.3%
Employed formally in multiple part-time jobs	1.8%	1.1%
Employed in an informal job	4.6%	4.8%
Working in your own business	7.2%	7.2%
Other	7.3%	8.3%
Unemployed	28.1%	30.9%
Retired	3%	2.3%

During the economic recession caused by COVID-19, 34.3 percent of BIPOC respondents reported having their working hours reduced, while 29.0 percent reported losing a job, and at least one in nine experienced pay cuts. Among BIPOC groups, the highest share of respondents who lost their jobs were Hispanic (33.3 percent), while Black or African American respondents represented the highest share of those who had their hours reduced or pay cut.

	BIPOC	Asian or Pacific Islander	Black or African American	Hispanic	Other BIPOC Groups
Lost a job	29%	21.5%	23.7%	33.3%	29.6%
Furloughed	10.7%	13.1%	7%	11.1%	10.5%
Had hours reduced	34.3%	34.4%	39.1%	35.6%	21%
Had pay cut	12.6%	14.7%	15.2%	12%	7.8%
Had to quit a job or reduce hours to care for family	11.8%	11.8%	10.3%	10.2%	21.7%
Other	24.4%	23.7%	30.1%	23%	23.8%

More than a third of immigrant respondents overall reported having their hours reduced, and 31.2 percent reported job loss. Of the immigrant respondents surveyed, about 26 percent said they had personal experience with the refugee or asylum system, and almost a third were newcomers to the United States (arrived in the United States within the past five years). Among each of these groups, respondents faced significant challenges socially and economically during COVID-19.

	Immigrants	Likely Refugees and Asylees	Recent Arrivals	Immigrants Without A College Degree	Female Immigrants
Lost a job	31.2%	34.8%	30.8%	34.3%	31.5%
Furloughed	9.1%	6.1%	9.8%	9.7%	9.2%
Had hours reduced	34.3%	32.9%	28.3%	38%	32.5%
Had pay cut	11.4%	8.4%	8.1%	11.2%	10.1%
Had to quit a job or reduce hours to care for family	11.1%	11.2%	12.7%	9.4%	12.5%
Other	23.8%	26.7%	29.7%	21.2%	23%

“I lost my job because of the COVID-related unusual delays in processing my work authorization, as an asylum seeker here in the US.”

— **Survey respondent**

BIPOC and immigrant business owners were hit hard during the lockdowns and subsequent economic recession. More than one in ten BIPOC respondents who said they worked for themselves had to close their business, and at least one-fifth of had to lay off employees in their own businesses.

	BIPOC	Asian or Pacific Islander	Black or African American	Hispanic
Closed my business	11.1%	12.7%	15.4%	8.5%
Had to lay off employees in my own business	21.4%	31.9%	22.5%	8.2%

More than 8 percent of immigrant respondents who claimed to be business owners said they had to close their business and nearly 19 percent said they had to lay off their employees.

	Immigrants	Immigrants Without A College Degree	Female Immigrants
Closed my business	8.4%	4.1%	10.4%
Had to lay off employees in my own business	18.9%	14.4%	15.4%

More than half of BIPOC respondents (54.4 percent) reported that they were not allowed to work remotely, with almost two-thirds of Hispanic respondents (64.6 percent) saying so. Among immigrant respondents, 57.1 percent said they could not work from home, with 65.1 percent of immigrants without a college degree saying so. Many worked on the frontlines and in essential jobs, making them more susceptible to contracting the virus at their workplace.

The majority of BIPOC and immigrant respondents (74.7 percent and 75.5 percent, respectively) said there was proper protection at work, although 13.3 percent of BIPOC respondents and 11.6 percent of immigrant respondents reported lack of such protection at work, or that they felt they were exploited or threatened to work in unsafe conditions.

“After always wearing masks and sanitizing and social distancing as best I could, I got covid at work because of irresponsible leadership that didn’t provide adequate PPE and information on spread of covid. I was discriminated against when I asked to work remotely, lost insurance, lost hours, and eventually lost my job.”

— **Survey respondent**

Additionally, 53.1 percent of BIPOC respondents said they did not have access to paid sick leave, including more than two-thirds of Hispanic respondents (66.7 percent). About 57 percent of immigrant respondents reported a lack of access to paid sick time, including more than two-thirds of immigrants without a college degree (67.5 percent).

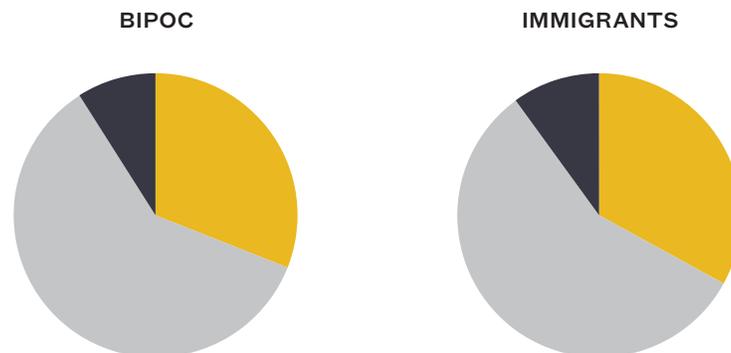
“Help undocumented immigrants since we expose ourselves daily working in poultry plants without the right not even to be paid for getting infected and we sink more and more into poverty.”

— **Survey respondent**

More than 30 percent of BIPOC respondents and 32.6 percent of immigrant respondents confirmed they had tested positive for COVID-19. Another 9 percent of both groups reported that they or their family member experienced COVID-19 symptoms but were never tested, while more than one in nine Hispanic respondents said they or their family member did not get tested for their COVID-19 symptoms, one of the highest among BIPOC groups.

HAVE YOU OR SOMEONE IN YOUR HOUSEHOLD HAD COVID-19?

- Yes, confirmed with a test
- No
- I or a family member felt sick with COVID-19 symptoms, but never got tested



Economic hardship and/or illness caused many families to struggle with rent and mortgage payments. More than half of BIPOC respondents (52.9 percent) and immigrant respondents (56.1 percent) rented the place where they lived, while 35.5 percent of BIPOC respondents and 32.2 percent of immigrant respondents owned their place. More than 37 percent of BIPOC respondents had to reduce other essential spending so they could pay their rent or mortgage, while 14.8 percent reported that they were unable to pay their rent or mortgage on time. More than 3 percent reported that they had been evicted or were facing eviction or foreclosure.

“We want help with housing, this is the most important thing at the moment, the rent is very high, and even the purchase is very expensive.”

— Survey respondent

	BIPOC	Asian or Pacific Islander	Black or African American	Hispanic	Other BIPOC Groups
Yes, we have paid our rent or mortgage in full and on-time	35%	48%	42.4%	25.8%	43.3%
Yes, but we had to reduce other essential spending to meet housing expenses	37.4%	31.6%	31.2%	44.3%	25.2%
No, we are behind on our rent or mortgage but not facing eviction or foreclosure	11.2%	8.5%	12.6%	11.3%	13.2%
No, we are facing eviction or foreclosure for not paying our rent or mortgage	2.8%	2%	3%	3.4%	0.8%
Already evicted for not paying rent or mortgage	0.8%	0.5%	0.8%	0.6%	2%

More than 40 percent of immigrant respondents had to reduce other essential spending so they could pay their rent or mortgage, while 15.7 percent reported that they were unable to pay their rent or mortgage on time. At least 3 percent reported that they had been evicted or were facing eviction or foreclosure.

	Immigrants	Likely Refugees and Asylees	Recent Arrivals	Immigrants Without A College Degree	Female Immigrants
Yes, we have paid our rent or mortgage in full and on-time	31%	36.1%	24.3%	26.9%	31.5%
Yes, but we had to reduce other essential spending to meet housing expenses	40.8%	33.9%	39.5%	44.3%	43.8%
No, we are behind on our rent or mortgage but not facing eviction or foreclosure	12.6%	13.7%	14.1%	14.6%	10.7%
No, we are facing eviction or foreclosure for not paying our rent or mortgage	2.5%	2.2%	3.1%	3.2%	2.1%
Already evicted for not paying rent or mortgage	0.6%	0.2%	1.2%	0.4%	0.5%

“This pandemic ruined my new house that I had just started with the down payment. And since I was out of work for two months they had to take the house. I lost all my dream of being able to give my children a new home.”

— Survey respondent

When thinking about the future, top concerns among BIPOC and immigrant respondents included: paying utilities and bills (53.7 percent and 57.7 percent, respectively), paying down debt, getting enough food, paying for emergency expenses, paying for healthcare, and receiving assistance for immigration issues.

	BIPOC	Asian or Pacific Islander	Black or African American	Hispanic	Other BIPOC Groups
Pay for healthcare and medicines for your family	35.2%	48.4%	29.4%	32.2%	38.9%
Get enough food for your family	37.2%	38.1%	30%	41.2%	28.4%
Pay utilities or other bills	53.7%	48.6%	54.1%	56.1%	49.5%
Pay down debt	42.9%	41.7%	50.6%	40.7%	42.7%
Pay for emergency expenses	39.2%	37.8%	53.3%	41.7%	30.9%
Access shelter for your family	8.7%	19.6%	7.1%	6%	8.3%
Receive assistance escaping an abusive environment	4%	8.3%	4.9%	1.8%	7.2%

When thinking about the future, top concerns among BIPOC and immigrant respondents included: paying utilities and bills (53.7 percent and 57.7 percent, respectively), paying down debt, getting enough food, paying for emergency expenses, paying for healthcare, and receiving assistance for immigration issues.

	Immigrants	Likely Refugees and Asylees	Recent Arrivals	Immigrants Without A College Degree	Female Immigrants
Pay for healthcare and medicines for your family	35.3%	29.3%	32.5%	35.6%	33%
Get enough food for your family	38%	35.4%	35.4%	46.1%	39.4%
Pay utilities or other bills	57.7%	62.3%	58%	63.1%	59.1%
Pay down debt	38.9%	32.8%	37.3%	32.7%	31.4%
Pay for emergency expenses	35.1%	35.8%	37.3%	32.7%	31.4%
Access shelter for your family	8.1%	7.5%	9.6%	9.9%	6%
Receive financial or legal assistance for immigration issues	15.3%	21.1%	27%	9.7%	6.9%
Receive assistance escaping an abusive environment	3.6%	4%	4.5%	4.6%	2.7%

Barriers to Accessing Services

Despite facing these challenges, BIPOC and immigrant residents often also face greater hurdles to accessing social safety-net support and other necessary services. This section of the survey was designed to gather information about the specific barriers these individuals face -- both real and perceived -- in navigating healthcare and other essential services, including issues related to education and digital access.

Lack of information, fear of racially motivated/bias attacks, and concerns about immigration status (e.g. eligibility restrictions and “public charge” designation) were some of the most common barriers to individuals seeking or accessing necessary services like medical care. Individuals with limited English proficiency (LEP), who made up 44.3 percent of all immigrant respondents, reported the highest levels of difficulty in access -- with nearly half (47.6 percent) lacking basic information like where to find testing locations, and more than one in seven experiencing lack of translation or interpretation when they did access medical care.

Among those who reported that they or a family member felt sick with COVID-19 symptoms but did not get tested, 42.1 percent of BIPOC respondents and 42.7 percent of immigrant respondents said that they lacked information about testing locations and more than 17 percent of both groups reported fearing that they would be blamed or attacked due to their race. Additionally, 11.9 percent of immigrants said they did not get tested because they feared it could hurt their immigration status.

	BIPOC	Immigrants	LEP Immigrants
Lacked information about testing locations	42.1%	42.7%	47.6%
Lacked access to testing services offered in my primary language	14.4%	13.5%	21.1%
Lacked access to paid sick leave at work	8.7%	4.4%	1.4%
Feared testing positive would prevent me from working	21.1%	18.6%	12.8%
Lacked health insurance and was afraid of the cost	27.1%	31.7%	28.2%
Lacked information about free testing sites	41.8%	46.6%	47.8%
Feared it could hurt my immigration status	9.8%	11.9%	16.4%
Feared that I would be blamed or attacked due to my race	17.4%	17.3%	16.8%

“The Latinx community has been disproportionately [sic] affected. Most ‘essential workers’ in South Georgia have had to work under conditions that risk their health and families. I've had to LOOK around for resources for my family - it should not be difficult to find free testing during a pandemic and a government that asks its people to frequently test themselves.”

— Survey respondent

More than one in eight BIPOC and immigrant survey respondents said they did not receive the medical care they needed during the pandemic. The top reasons cited are financial concerns, loss of health insurance, canceled or delayed appointments, and concern about immigration status.

	BIPOC	LEP Immigrants
My appointment was canceled or delayed, or the wait was too long	22.6%	20.3%
I lost my health insurance.	22.6%	25.8%
I had financial concerns.	39.7%	41.5%
I was concerned about immigration status.	5.3%	6.3%
Lack of cultural competence or sensitivity among medical staff	5.3%	2.1%
Other	29.3%	28.2%

Some respondents also mentioned their concern about their immigration status when accessing different kinds of assistance from the government.

“...Immigrants are afraid to get help from the government because it is public burden and it affects us in the future to get papers.”

— Survey respondent

For respondents who did receive the medical care they needed during the pandemic, many still faced challenges, including high co-payment or fee, lack of health insurance, and overcrowded facilities.

	BIPOC	Immigrants	LEP Immigrants
Lack of health insurance	21.3%	21.7%	32.8%
High co-payment or fee	29.1%	25.9%	22%
Overcrowded facilities	10.8%	7.8%	3.3%
Lack of access due to physical or other disability	2%	2.4%	2.9%
Lack of interpretation or translation in my primary language	6.9%	8.2%	14.1%
Lack of cultural competence or sensitivity among medical staff	7.1%	6.2%	7.7%
Discriminatory treatment from medical staff	4.7%	2.7%	4.6%
Other	40%	43.4%	39.3%

“Very scared of coming back to get sick with COVID and go to the hospital. I did not feel well there because I was alone, nobody spoke English, and my family could not visit me. I felt very lonely and absent.”

— **Survey respondent**

For 19.3 percent of immigrant respondents with limited English proficiency, it was challenging for them to get regular access to timely, accurate information in their preferred language during the pandemic.

Aside from language assistance, digital access is another area where BIPOC and immigrant families face a deficit. About 70 percent of BIPOC families and immigrant families with children reported having children at home due to daycare and school closures. But 16.6 percent of BIPOC respondents and 15.4 percent of immigrant respondents said they did not have a reliable internet connection for online classes, and 13.2 percent of BIPOC respondents and 11.5 percent of immigrant respondents said they lacked computers, tablets, or other devices for school work. One in 15 LEP immigrant respondents said communications from their school districts are not available in their primary language. More than two-fifths of respondents in BIPOC and immigrants groups feared their children were academically behind.

	BIPOC	Immigrants	LEP Immigrants
Having children at home because daycares and schools are closed	70.8%	69.7%	66%
Lacked childcare support during school hours	16.6%	15.4%	13.5%
Lacked a reliable internet connection at home for children’s online classes	18.3%	16.9%	19.5%
Lacked computer, tablet, or other devices for school work	13.2%	11.5%	16.4%
Unsure how to help my children with their schoolwork or the technology	25.1%	24.1%	26.9%
Worried my children are academically behind	43%	41.6%	43.8%
Communications from school districts are not available in our primary language	8%	7.9%	6.6%

“The COVID-19 affected a lot of people for my community, especially those who are having kids and they don’t speak that much English and they couldn’t check how their kids doing [sic] school and homework.”

— **Survey respondent**

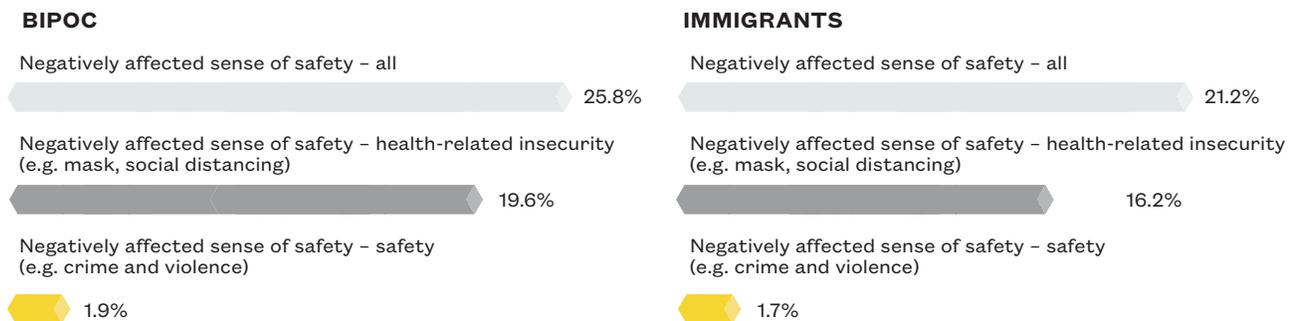
Sense of Safety, Well-Being, and Belonging

The true toll of the economic and health-related hardships shouldered by these communities is difficult to measure in quantitative terms alone, and we wanted to understand in more detail how COVID-19 may be impacting individuals in terms of psychological well-being and belonging. In this section of the survey, we asked respondents to share, in their own words via open-ended questions, how COVID-19 had impacted them, and coded their responses to identify common themes.

In addition to direct economic and health consequences, the vast majority (approximately 80 percent) of BIPOC and immigrant respondents reported negative impacts on their sense of safety, well-being, and belonging due to the COVID-19 pandemic. Increased feelings of anxiety, depression, and isolation were among the most common consequences for BIPOC and immigrant residents, and at least two-fifths of all groups surveyed reported concern about racial tension in their communities.

At least one in four BIPOC respondents and one in five immigrant respondents reported negative impacts on their sense of safety, including feeling insecure when going to places where people did not wear masks or observe social distancing, or feeling unsafe due to perceptions about rising crime and violence in their cities.

IMPACT ON SENSE OF SAFETY



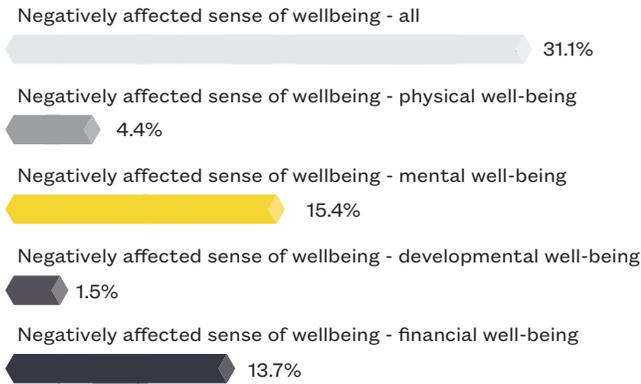
“I’m an Asian American living in a world where many people blame my race for the virus. I never feel safe, not even to breathe while I’m throwing away the trash.”

— Survey respondent

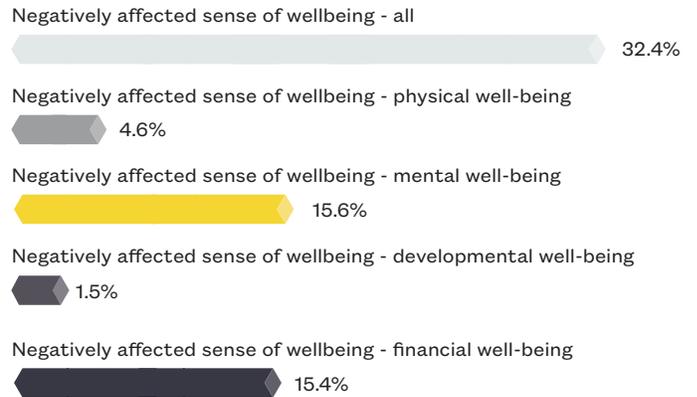
More than 31 percent of BIPOC respondents and 32.4 percent of immigrant respondents reported a negative impact on their sense of well-being, such as experiencing worsening health conditions, suffering from mental health issues like anxiety or depression, feeling concerned that their children were falling behind developmentally, or enduring financial distress due to job losses or fear of falling behind on payments.

IMPACT ON SENSE OF WELL-BEING

BIPOC



IMMIGRANTS



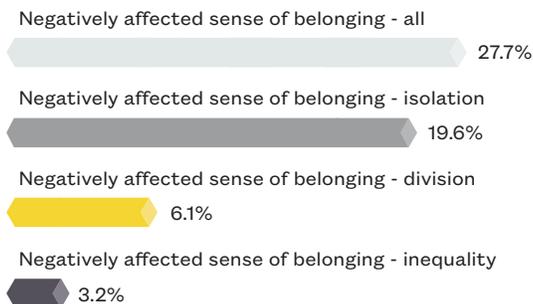
“I would say it’s caused tremendous stress and anxiety not only on myself and my husband but on my children. They are isolated, depressed, not getting the socialization or education they need.”

— **Survey respondent**

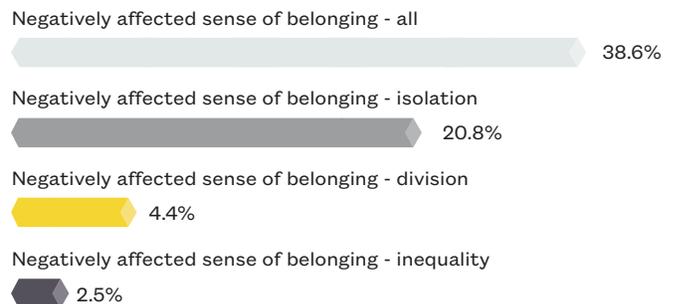
More than 27 percent of BIPOC respondents reported that COVID-19 hurt their sense of belonging, including experiencing a heightened sense of isolation, division of thoughts and values, or racial tension in their communities. An even higher share of immigrants, 38.6 percent, experienced this negative impact.

IMPACT ON SENSE OF WELL-BEING

BIPOC



IMMIGRANTS



“My family is in Canada and I haven’t seen them in over a year. They have not met my new baby. It is horribly isolating. I work on the front line and am very burnt out.”

— **Survey respondent**

The feeling of community is diminished and there is a marked division of thought.”

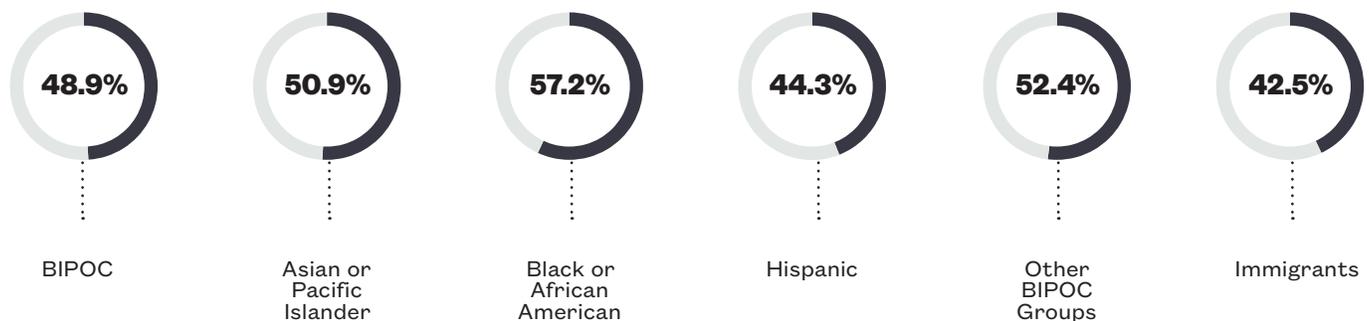
— **Survey respondent**

“Certain demographics are overlooked or discriminated against more.”

— **Survey respondent**

Notably, 48.9 percent of BIPOC respondents and 42.5 percent of immigrants stated that there were tensions in their community related to differences based on race or ethnicity. Among BIPOC groups, Black or African Americans had one of the highest shares of respondents who agreed with this statement, while 50.9 percent of Asian or Pacific Islander respondents did so.

SHARE OF RESPONDENTS WHO REPORTED RACIAL TENSIONS IN THEIR COMMUNITY



“I believe COVID increased political polarization and contributed to a sense of insecurity for my family near the election. Our neighbors left KKK and ICE notes on our cars and on our door. It has also been scary to see people deny the pandemic and prioritize their own self-interest above the community's well-being and safety.”

— Survey respondent

City Responses and Gaps

Due to immigration status and other restrictions, millions of Americans were excluded from multiple rounds of COVID-19 relief from the federal government, leaving cities and states to find ways to fill gaps with financial support and other types of economic and social assistance. This section of the survey was designed to assess the perception among BIPOC and immigrant residents of the effectiveness of the local emergency and recovery response, as well as to identify how connected these communities are to key sources of information and support.

Almost half of BIPOC respondents (49.0 percent) and immigrant respondents (49.1 percent) with annual household incomes below \$20,000 reported that they did not receive a stimulus check from the federal government. For households earning between \$20,000 and \$40,000 each year, 28.1 percent of BIPOC respondents and 27.8 percent of immigrant respondents said they did not receive the check.

SHARE OF RESPONDENTS WHO DID NOT RECEIVE A FEDERAL STIMULUS CHECK



“If we pay our taxes year after year as undocumented residents, we should have access to the economic stimuli that are being given. It seems totally unfair that they put us aside, if we are also contributing to the country year after year.”

— Survey respondent

Local governments and community organizations are stepping in to meet some of the most urgent needs of BIPOC and immigrant residents. These individuals reported receiving a variety of safety net and other support services from their local governments, including assistance securing food, help with rent or mortgage assistance, access to a computer or stable internet, and help with bill payments.

“There are few easy answers. The pandemic led to so many changes and exposed many disparities. Our mayor has modeled tolerance and reliance on science. The economic and social problems are deep.”

— **Survey respondent**

	BIPOC	Immigrants
Help to pay rent or mortgage	12.5%	12%
Help to access shelters or transitional housing	2.4%	1.3%
Help to secure food	42.2%	42.8%
Help to make payments such as utilities, insurance, or car payments	8.2%	7.8%
Job or digital skills training	2.4%	2.1%
Access to a computer or stable internet connection	9.8%	9.4%
Programs for school-aged youth	6.5%	5.3%
Assistance escaping an abusive environment	2.6%	2.1%
Financial or legal assistance for immigrant issues	5.8%	5.7%

More than 19 percent of BIPOC respondents and 14.5 percent of immigrant respondents who ran their own businesses reported that they received help for their businesses from their city government.

In addition to assistance from city governments, 60.7 percent of BIPOC respondents and 62.1 percent of immigrant respondents reported that there was a local organization they could turn to if they needed help getting healthcare, housing, food, or other assistance.

“I feel more insecure because I can't go out as much. I do feel like I have community in my neighborhood through Welcoming Atlanta.”

— **Survey respondent**

The majority of BIPOC and immigrant survey respondents, 70.3 percent and 69.9 percent respectively, reported receiving adequate help from their city government to protect themselves from COVID-19 and prevent its spread (e.g., masking mandates, testing, and related measures).

“Our mayor is really pushing our city forward and making tough decisions based on data to do what’s best for our city.”

— Survey respondent

But more can be done. Just about 30 percent of both groups reported receiving sufficient support to have a safe work environment, receive necessary medical care, and meet other essential needs.

	BIPOC	Immigrants
Protect ourselves from COVID-19 and prevent its spread	70.3%	69.9%
Have a safe work environment	34.5%	33.3%
Receive the medical care we need	29.3%	28.5%
Get through financial hardships	20.9%	20.3%
Meet our essential needs	31.7%	30.8%

About one-fourth of BIPOC respondents and 24.3 percent of immigrant respondents who worked in their own business or were self-employed reported they had support to prepare their businesses to survive and recover.

“Making small loans to independent business owners who are struggling the most. People who are self-employed are really without help.”

— Survey respondent

Many respondents also noted the need to improve how their city government could improve their communications with BIPOC and immigrant communities during the pandemic and economic recovery.

“There has to be more education regarding vaccines and CDC guidelines. Many of my neighbors and friends are not trusting either because they are relying on social media and friends to give them the information.”

— **Survey respondent**

“It has affected in a way that is hard to trust the information provided by the government; you hear the radio and they say info and then on tv say another thing; I don't know who is saying the truth.”

— **Survey respondent**

The top three trusted sources for information about COVID-19 and where to get help during the pandemic are news media, the federal government (e.g., president, CDC), and state government (e.g., governor, health department) for BIPOC respondents. Social media is one of the top trusted information sources for immigrants, while social media and family and friends are listed among the top for LEP immigrants, who rely on their social networks to get the latest information.

BIPOC	Share	Immigrants	Share	LEP Immigrants	Share
News media	45.3%	News media	43.6%	News media	43.1%
Federal government	41.5%	Federal government	38.4%	Social media	41.1%
State government	34.4%	Social media	33.9%	Family and friends	32.4%
City or county	33.5%	State government	33.5%	Federal government	26%
Social media	33.4%	Family and friends	30.6%	State government	25.2%

Conducting Community Needs Assessments: Reaching BIPOC and Immigrant Communities to Understand COVID-19 Impact and Identify Ongoing Needs

In addition to being more vulnerable to disasters and emergencies,⁶ BIPOC and immigrant communities also experience more barriers to accessing timely, accurate information and services.⁷ In addition to eligibility restrictions that prevent some non-citizen households from accessing safety-net services, traditional outreach channels for sharing emergency updates and guidance -- through government officials and mainstream media and social media outlets -- often do not effectively reach BIPOC and immigrant communities and must be supplemented with additional outreach methods, including ethnic media outlets, community and faith leaders, and other trusted community networks.⁸

In order to adequately take into account the perspectives and needs of all of their residents, including BIPOC and immigrant communities, cities should conduct comprehensive community assessments in coordination with community organizations and leaders that have deep ties and experience working in the target communities. In this section, we highlight insights and lessons gained from administering the COVID-19 Community Impact Survey across five communities that each took different approaches to gathering information from a diverse set of respondents.



Local Approaches to Survey Collection

In administering this survey, five communities, the Cities Index Working Group, oversaw the development and implementation of the community impact survey, including local officials from Atlanta, Austin, Denver, Louisville and Tulsa. They used a variety of strategies to reach BIPOC, immigrant, and limited English proficient (LEP) residents, including outreach via trusted community partners, non-traditional media, food and other emergency service distribution events and sites, and other avenues. The survey itself was co-developed with leaders from each of the five cities and was also translated into 16 languages in addition to English, including: Amharic, Arabic, Burmese, Chinese (simplified), Dari, French, Hmong, Karen, Kinyarwanda, Nepali, Portuguese, Somali, Spanish, Swahili, Vietnamese, and Zopau. Community leaders and volunteers with language skills in each of the target languages were also recruited to provide interpretation via phone and in-person survey collection.

Below, we highlight the local partners and activities conducted by each participating city in their effort to survey communities of color and immigrant communities impacted by COVID-19. The goal was to survey at least 200 residents from each community, focusing predominantly on BIPOC and immigrants. In total, there were 2,104 valid responses collected, with the following breakdown: Atlanta/Georgia (764), Austin (298), Denver (264), Louisville (219), and Tulsa (559).

“Efforts that require community participation are only as effective as the trust they are able to build. Our outreach was successful not only because of the multiple strategies we put into operation but also because of the trust we have been able to earn from the communities after years of service. We encourage others engaged in this type of work to recruit community leaders and hire members from the community and actively and intentionally include them in both the strategy and operations.”

— **Latino Community Fund Georgia**

Atlanta and Southern Georgia

Total surveys completed: 764 surveys

Core Partners: Latino Community Fund (LCF) Georgia, Atlanta Mayor's Office of Immigrant Affairs

Survey implementation partners: LCF Georgia, Welcoming Atlanta and Maya Children USA

Summary of activities: LCF Georgia worked in partnership with the Mayor's Office of Immigrant Affairs, Welcoming Atlanta to engage community members across the state of Georgia and encourage participation in the NAE survey as part of their COVID-19 response and recovery efforts. Outreach focused on English, Spanish, and Portuguese-speaking communities in both metro Atlanta and South Georgia, with an additional effort to work with Maya communities primarily residing in the Northwest area of the state. Surveys were collected through virtual and field efforts, and outreach to non-English speakers was primarily led by Community Navigators--community members who receive specialized training, assistance, and support to connect their communities to local resources. A variety of additional outreach methods were employed, including social media platforms, phone and text banks, COVID-19 and PPE distribution efforts, and food access programs. These tactics were successful as a result of community organizing and hard-earned trust that was built over the last six years.

Austin, Texas

Total surveys completed: 264 surveys

Core partner: City of Austin

Survey implementation partners: Asian Pacific Islander American Public Affairs (APAPA), Caritas, El Buen Samaritano, and Refugee Services of Texas

Summary of activities: The City of Austin partnered with four community-based organizations to distribute and complete the survey. These organizations were selected due to having: decades of experience effectively serving Austin's foreign-born residents, bilingual / multilingual staff with the capacity to support clients with the survey as needed, and experience distributing goods, resources, and information to various immigrant communities during the COVID-19 pandemic. Each organization approached the work differently, based on their strengths and infrastructure. Asian Pacific Islander American Public Affairs (APAPA) utilized their network of local AAPI organizations to distribute the survey electronically (either independently or with the support of a bilingual/multilingual staff member over the phone); Caritas clients completed the survey via email and/or by phone with support from their Employment Specialists; El Buen utilized their Care Coordinated Call Center to initially contact students currently enrolled in English as Second Language (ESL) classes, and also administered surveys to Food Pantry clients during regular food pantry hours; Refugee Services of Texas (RST) recruited survey participants across their programs -- including social adjustment services, employment, asylum, intensive care, survivor of trafficking, and refugee resettlement. RST case managers provided support over the phone to their clients to help with survey completion.

“Our partners shared that having established relationships and anonymity were essential in overcoming participants’ fear or distrust of the survey’s intent and process.”

— City of Austin

Denver, Colorado

Total surveys completed: 264 surveys

Core partner: Denver Office of Immigrant and Refugee Affairs

Survey implementation partners: African Leadership Group, Asian Pacific Development Center, Athmar Park RNO, Denver Housing Authority (Sun Valley and La Alma-Lincoln Park), Denver Public Library PLAZA Program, Focus Points Family Resource Center, Hope Communities, Lutheran Family Services of the Rocky Mountains, Piñata de Aprendizaje, Spring Institute, and Una Mano, Una Esperanza

Summary of activities: The City and County of Denver's Office of Immigrant & Refugee Affairs (DOIRA) identified and engaged immigrant communities, including Black and Latinx immigrant and refugees to participate in the New American Economies COVID-19 Impact Research Survey in partnership with Spring Institute for Intercultural Learning and the Denver Immigrant and Refugee Commission (DIRC). Spring was invited to join DOIRA to provide input regarding survey questions, outreach to their community of participants to complete 100 surveys, focusing on communities of color and specific neighborhoods hit hard by COVID-19, to understand immediate, medium and long-term opportunities to better integrate and support these communities, including addressing racial disparities that existed before the pandemic. DOIRA and Spring worked together to identify key community groups to strategize outreach in order to encourage responses proportional to Denver's population, and engaged other community partners that are located within and deliver programming in neighborhoods identified in the DOIRA Neighborhood Assessment with significant numbers of our targeted communities. Partners shared the survey with their participants at food banks, vaccination clinics, virtual programs, and encouraged participants to engage their inner circles. The results of this survey will inform Denver's response to the pandemic for immigrant and refugee residents and identify what resources are needed for residents to feel connected and informed in the future.

Louisville, Kentucky

Total surveys completed: 219 surveys

Core partner: Louisville Metro Office for Globalization

Survey implementation partners: Americana Community Center, See Forward Ministries, Somali Community of Louisville, United Charity, Catholic Charities, KY Refugee Ministries and La Casita

Summary of activities: In collaboration with community partners, the Louisville Metro Office for Globalization organized a campaign to promote participation in the New American Economy survey among multicultural communities in Louisville, Kentucky. The campaign's main goal was to achieve diversity by engaging communities of different international backgrounds, geographical location, and economic sectors through a group of trusted community engagement partners. The Office implemented activities including orientation and feedback sessions that focused on understanding the purpose of the survey and the anticipated outcomes, targeted segment of the population, communication and facilitating participation, and language access. The Office engaged directly in promoting the survey in its longstanding established network, and used connections with immigrant owned businesses, schools and other venues that have high levels of interaction with individuals in the immigrant community. The Office and partners distributed the survey through online and in-person contact.

Tulsa, Oklahoma

Total surveys completed: 559 surveys

Core partner: City of Tulsa

Survey implementation partners: CSC Power of Families, Community Service Council (CSC) Sia Mah Nu Program, YWCA Tulsa and Block Builderz.

Summary of activities: The City of Tulsa relied on multiple outreach strategies to ensure BIPOC populations were well represented in the survey. The first strategy was to partner with four trusted community partners: Community Service Council (CSC) Power of Families, which has community navigators that work with the Latinx community; Community Service Council (CSC) Sia Mah Nu Program, which has community navigators who work with the Burmese and Zomi community; YWCA Tulsa, which is a trusted community partner among numerous populations in Tulsa; and Block Builderz, which works with justice-involved individuals. The City posted the survey on Nextdoor and social media, shared the survey with community partners, conducted interviews with local media, and shared posters and flyers about the survey in non-profits and BIPOC owned businesses.

“By offering an avenue to share their experience with COVID-19, the community felt heard by the City of Tulsa.”

— **City of Tulsa**

Recommendations for Survey Implementation and Data

Across all five communities, common themes emerged in the survey collection process that provide valuable insight into how communities can best reach BIPOC, immigrant, LEP, and other vulnerable residents to both share and gather information during disasters and emergencies:

Below, we highlight the local partners and activities conducted by each participating city in their effort to survey communities of color and immigrant communities impacted by COVID-19. The goal was to survey at least 200 residents from each community, focusing predominantly on BIPOC and immigrants. In total, there were 2,104 valid responses collected, with the following breakdown: Atlanta/Georgia (764), Austin (298), Denver (264), Louisville (219), and Tulsa (559).

Include trusted community partners from beginning to end:

The most consistent feedback shared by local leaders was the importance of including trusted community partners at each stage of the process, from survey to design to implementation. Involving community leaders and other trusted individuals at the beginning of the strategic planning process and engaging with them throughout the implementation and execution process resulted in a more culturally and linguistically-relevant survey and enabled the survey teams to overcome hesitancy on the part of participants.

Provide translation and interpretation to reach residents with limited English proficiency:

The survey was made available in 17 languages including English, based on the most common languages spoken in the five partner cities, as well as additional, less common languages for specific target populations. In addition to using professional translation services from LanguageLine and the Spring Institute, community leaders with fluency in the target languages were involved in the translation process, and were also instrumental in conducting surveys and providing interpretation and clarification to participants.

Use community conscious language:

The survey was made available in 16 languages, based on the most common languages spoken in the five partner cities, as well as additional, less common languages for specific target populations. In addition to using professional translation services from LanguageLine and the Spring Institute, community leaders with fluency in the target languages were involved in the translation process, and were also instrumental in conducting surveys and providing interpretation and clarification to participants.

Meet survey respondents where they are and consider participation incentives:

Surveys were shared by partners at food banks, vaccination clinics, virtual programs, and other community sites with existing ties to target populations. Cities reported that these tactics were successful as a result of years of community organizing and hard-earned trust. In each case, incentives like gift cards and other services like emergency assistance were provided to combat reluctance, survey length-fatigue, and other obstacles. Finally, a variety of methods were used to promote the survey, including social media, ethnic media, email blasts to community partners, and use of existing community messaging networks.

Allow for flexibility and adaptation in outreach and information gathering strategy:

Multiple communities reported that changes were needed after survey implementation began, and having the flexibility to try different sites and approaches to data collection led to more successful results. In Austin, initial efforts to reach clients through ESL classes were not successful, and local partners switched to utilizing an in-person food pantry, providing more direct access to participants and allowing volunteers to provide support immediately. Lastly, in some cases, uncertainty and suspicion around vaccine hesitancy and misinformation led to larger discussions around COVID-19, and community navigators were instructed to listen to and document concerns to inform broader COVID-19 outreach strategies.

Address digital access and literacy barriers:

Cities reported that having staff members available to support clients with survey completion allowed them to reach people who do not have internet at home, do not have a smartphone, or are not comfortable or familiar with these types of surveys. Having community partners who walked participants through the entire survey was effective in overcoming any literacy and internet barriers.

“Having staff members available to support clients with survey completion made a big impact and allowed us to reach people who don’t have internet at home, don’t have a smartphone, and aren’t comfortable or familiar with these types of surveys.”

— **City of Austin**



Challenges in Survey Implementation

Despite effective partnerships with local leaders and organizations, a budget for translation and interpretation, and a flexible approach that allowed local communities to adapt their survey collection process to fit local needs, there were still a number of challenges in the survey collection process:

Survey length and wording:

The survey included 43 unique items, several of which were open-ended questions. Multiple cities reported that the overall survey length was a deterrent to respondents, occasionally resulting in skipped, abbreviated, or incomplete responses. Additionally, despite incorporating feedback from city and community partners, once survey implementation was underway, the wording of certain questions occasionally remained an obstacle requiring additional clarification in specific communities.

Collecting sensitive information:

Although survey responses were aggregated and anonymized, cities reported that some participants were averse to providing demographic information like country of origin, were concerned about how the information would be used, and found certain questions to be intrusive. Specifically, feedback from the Latino Community Fund of Georgia indicated significant hesitation among Hispanic respondents to answer questions about race and racial tensions.

Distrust of government institutions and survey oversaturation:

Some communities reported more general hesitation, such as concerns about scams and distrust of government, including fears about immigration enforcement. Additionally, due to the large number of survey efforts underway during this period -- assessing access to healthcare, vaccinations, and basic needs -- some communities were oversaturated and reported survey fatigue as a barrier to completion.

Remote survey completion and digital limitations:

Due to COVID-19 limitations, the majority of surveys were completed remotely, and lack of in-person support -- particularly for individuals with limited English proficiency and/or limited digital literacy -- made the process more challenging. Not all respondents have internet access or smartphones, requiring community partners to alter their approach to data collection.

Technical and administrative challenges:

Given the system in place for survey collection, which involved local partners responsible for data collection and one national partner responsible for data analysis, lack of real-time feedback and updates made hitting survey completion targets and following up directly with survey participants more challenging. Similarly, sub-grantee approval processes and procurement issues at the local government level led to delays and shortened the timeframe for collecting data. Finally, winter storm emergencies in Austin and Tulsa strained local government and community partners and further delayed survey collection.

“In conducting the survey, we realized that messaging outside the organization about ‘who we are’ and ‘in what capacity we serve’ is very limited. When asked if they had been assisted through a governmental agency since the onset of the pandemic, many participants responded “no” despite our office’s ongoing engagement with them around food access, housing, and other areas over the past years. This survey made it apparent that we must also focus on an external communications strategy.”

— Welcoming Atlanta

Communications and political issues:

At least one community reported backlash to the focus on BIPOC and immigrant communities in the survey, though the survey was open to all residents. The survey process also revealed challenges around communicating the role of local government and distinguishing between different levels of government.

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City-Level Recommendations and Introduction of New Cities Index Section

In this section, we provide detailed recommendations for how cities can equitably respond to COVID-19 and future crises based on the findings of: (i) our five-city COVID-19 Community Impact Survey, (ii) city responses to Year 3 of the NAE Cities Index, and (iii) a year-long effort to document best practices generated by the Cities Index Working Group and other leading municipalities across the country. Many of these actions were taken in response to immigration status restrictions and language barriers that prevent immigrants and limited English proficient (LEP) residents from accessing services, but are broadly inclusive and beneficial to other marginalized and low-income communities, including communities of color.

Early Actions from Cities in Response to COVID-19

During Year 3 of the NAE Cities Index survey collection from May to August 2020, NAE incorporated a supplemental COVID-19 response section into our annual questionnaire, which served as a precursor to the local resident survey and the formal incorporation of a new Inclusive Emergency Management section of the Index. Of the 100 cities included each year as part of the NAE Cities Index, 47 cities completed the optional supplemental survey questions and reported taking the following steps:

- **Providing Language Access:**

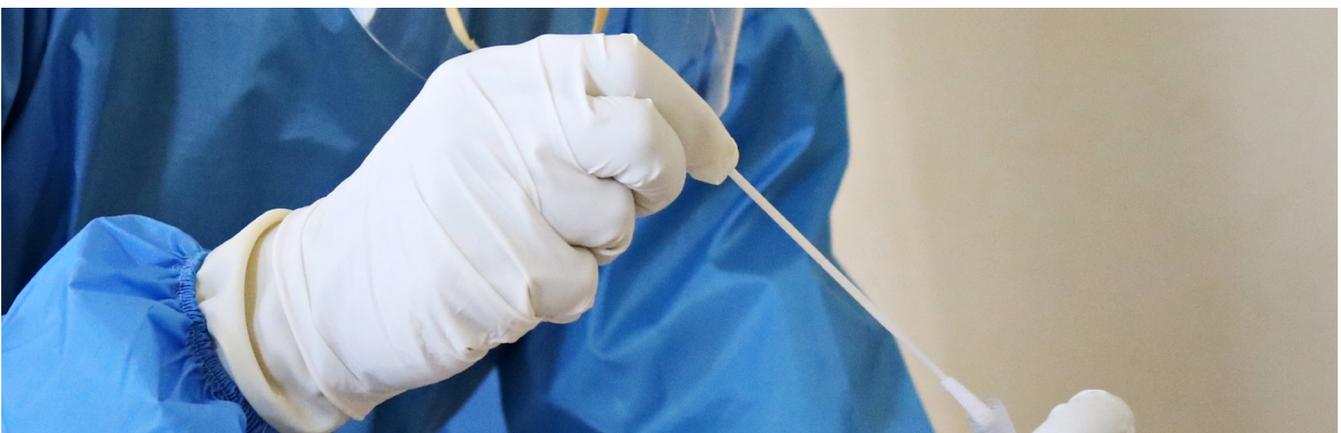
46 cities reported providing information for public health and official emergency responses in multiple languages. These cities have translated their websites, Covid-19 resource guides, or fact sheets into multiple languages, or provided multilingual options for webinars, hotlines, or text message alerts.

- **Supporting Small Business Owners:**

44 cities reported taking steps to ensure that entrepreneurs impacted by the lockdowns have access to small business relief programs that provide assistance such as business grants and stabilizing loans, regardless of immigration status or prior experience accessing mainstream financial services.

- **Ensuring Access to Medical Services, including COVID-19 Testing:**

43 cities reported taking steps to ensure all residents have access to medical services during the pandemic, regardless of immigration status. Most cities emphasized COVID-19 testing efforts, and many highlighted working with community organizers to reach target communities, including immigrant and BIPOC residents.



- **Providing Cash and Other Forms of Financial Assistance:**

36 cities reported taking steps to ensure working families impacted by the Covid-19 crisis have access to temporary worker relief programs or alternative forms of direct cash assistance, regardless of immigration status. Most relief programs provide food, rental, utility assistance, or direct cash assistance. Cities have also provided funding for NGOs serving immigrant and BIPOC residents that run such relief programs.

Additional Steps Taken:

- Ensuring food access and coordinating the distribution (15 cities)
- Collaborating with community partners and/or providing funding for service providers (9 cities)
- Providing rental, mortgage, and utility assistance (7 cities)
- Providing free internet (e.g., wifi hotspot) and access to laptops (4 cities)
- Increasing the availability of legal assistance (e.g., funding, pro-bono immigration clinics) (3 cities)
- Conducting regular stakeholder meetings with immigrants and other marginalized communities to address needs (3 cities)
- Providing professional development services (2 cities)
- Expanding homeless services (1 city), transportation support (1 city), financial empowerment programs (1 city), and fee waivers (1 city)

The widespread adoption of many measures that are more inclusive of marginalized residents like immigrants, BIPOC, and individuals with limited English proficiency (LEP) reflects a recognition on the part of local officials that emergency management and disaster recovery efforts must take into account the needs of all residents, particularly those receiving limited support from the federal government.

City-Level Recommendations

In considering both the needs identified through the COVID-19 Community Impact Survey and the multitude of actions cities are already taking to address the challenges facing vulnerable populations, we have identified a number of key recommendations for promoting a more equitable response and recovery in future disaster and emergency situations. These recommendations also draw from and build upon important research and work from organizations focused on the inclusion of BIPOC, immigrant, and other vulnerable communities in disaster response and recovery, including [Welcoming America](#), the [U.S. Department of Health and Human Services](#), the [Bay Area Regional Health Inequities Initiative](#), the [Michigan Civil Rights Commission](#), the [NAACP](#), and the [LA County Dept. of Public Health](#), and others.

According to FEMA,⁹ a disaster is defined as a natural, technological, or human-caused event that results in extensive damage to the lives and property of the community. While disasters may be inevitable, our society has established a rigorous infrastructure and framework for our response. There are four generally agreed upon action phases to emergency management: mitigation, preparedness, response, and recovery. While in essence this framework attempts to protect and uplift all community members disrupted by the disaster, we know that in practice low-income communities of color, including immigrants, continue to face disproportionate impact.

Through active consideration of the needs of marginalized and low-income communities, we can ensure that future disaster management is equitable and inclusive. While every disaster presents its own unique set of circumstances and challenges, the list of recommendations below is meant to weave equity into both *general* and *COVID-19 specific* emergency management and preparedness.



Best Practices in General Local Emergency Management and Preparedness

Building Racial Equity into Emergency Management

Maintain a chief equity officer and/or equity staff: City officials or teams focused on equity work across departments or units to ensure that emergency management is inclusive of BIPOC, immigrant, LEP, and other vulnerable populations. Equity units may be embedded within the city or county health department, and during emergencies, should be integrated into the Incident Command Structure (ICS) and Emergency Operations Center (EOC) of emergency management.

Create an equity tool or equitable emergency management plan: The tool and/or plan will interweave racial equity into every aspect of emergency preparedness and decision-making, and may be used to train the emergency response and management team. In developing the tool/plan localities should:

- *Conduct a demographic assessment of community needs and vulnerabilities*, collecting up-to-date information on a community's structural hazards (i.e floodplains, fault lines, pollution), disabilities, and vulnerabilities. This provides a greater understanding of the needs of community members during times of crisis to ensure accommodations are made during emergency planning, response, and recovery efforts.
- *Include representatives from the community to advise the planning process*, including those with access/functional needs, and from community-based service organizations in the planning and drafting of the plan.
- *Update the tool/plan at least every five years.*

Local Examples:

King County (Seattle), WA: Seattle's comprehensive [Equity Response Team](#) consists of an Equity officer in EOC and interdepartmental teams or representatives in Public Health who meet throughout the year to leverage the existing skills, expertise, and networks in response to emergencies.

Long Beach, CA: The Long Beach [Office of Equity](#) is permanently housed under the Department of Health and Human Services, but it was not until COVID-19 that an equity officer was officially integrated into the EOC. The Equity officer mobilizes an equity unit in ICS, which focuses on responding to the needs of impacted communities.

Los Angeles, CA: Prior to the pandemic, the [Center for Health Equity](#) (the Los Angeles County Alliance for Health integration initiative led by

LA's Department of Health) led capacity-building for emergency response work, and during the pandemic became central to ICS, where it broke into working groups to address impact disparities within communities of color.

Louisville, KY: Louisville's City-appointed [Chief Equity Officer in EOC](#) uses equity tools in all decision making processes.

Santa Clara County, CA: Prior to the pandemic, there was no equity officer role in Santa Clara County's Emergency Operations Center. The [County health officer then appointed](#) a Health Department *Senior Manager for Racial and Health Equity, Workforce Development and Community Health Planning in EOC* to advance equity in the county's COVID-19 emergency response.

Strengthening Community Partnerships and Input

Create a community task force/advisory body on emergency management: This standing body will advise local government partners to help with targeted response and recovery efforts for marginalized and vulnerable communities during times of emergency.

Local Examples:

Boston, MA: To address racial disparities in COVID-19 impact and response efforts, Mayor Martin Walsh created a community-driven [COVID-19 Health Inequities Task Force](#) tasked with analyzing racial and ethnic data on COVID-19 cases, and consolidating best practices for COVID-19 inclusive responses and recovery efforts. In July 2021, the Taskforce published an [Health Equity Now Plan](#) outlining 18 recommendations for how the city should tackle structural inequities in Boston.

Ramsey County (Saint Paul), MN: [The Equity Action Circle](#) formed by the Ramsey County Racial Equity and Community Engagement Response Team, is a community advisory committee that consists of community leaders. They advise the community engagement team and County Manager on how to best meet the needs of racial and ethnically diverse residents.

King County (Seattle), WA: [The Community Resilience + Equity program](#), located within King County's Emergency preparedness, facilitates collaborations between community partners to help the region identify and create strategies for prioritizing equity in response work. County officials have also created:

- [Community Communication Network](#), which represents public health, emergency management, community-based organizations, and community leaders, tasked with ensuring that health-related information reaches trusted agents within local populations.
- [Pandemic and Racism Community Advisory Group](#), which includes representatives from business, community, and government focused on migration strategies. An advisory group helps disseminate information and inform public health officials on challenges and opportunities.



Improving Communications and Language Access

Create an emergency language access plan: The plan must outline use of a multimedia approach to information sharing, which should include, but is not limited to: Live interpretation of emergency briefings and announcements; developing a registry/database for the language capabilities of existing staff; multilingual public health and emergency information, flyers, and other resources; multilingual hotlines for resources and information; and outreach via ethnic media and radio.

Local Examples:

Allegheny County, PA: The county partnered with United Way to offer a [24/7 COVID-19 multilingual hotline](#).

Atlanta, GA: The Welcoming Atlanta Office created a [COVID-19 Resource Guide](#) which outlines multilingual services available to all residents regardless of immigration status.

Boston, MA: The mayor's office has a [multilingual Health line](#) available from 9am to 5 pm, which all residents can use to enroll in health insurance, locate health centers, and find information about childcare, food assistance, elderly services, and legal help.

Denver, CO: The Denver Office of Immigrant & Refugee Affairs and the Denver Immigrant & Refugee Commission have created emergency alert messages in [multi-language videos](#) and the Department of Public Health & Environment has curated a list of [multilingual fact sheets](#) created by the city, county, Denver Health and Colorado.

Louisville, KY: The Louisville Metro Office for Globalization created a [website](#) that houses COVID-19 fact sheets in 22 languages and multilingual informational videos.

Tulsa, OK: Following COVID-19 video press conferences from the mayor and the Tulsa Health Department, translators provide summaries of the updates in Spanish, Burmese and Zopau. These videos are recorded and made available [online](#).



Formalize relationships with trusted community partners to disseminate information and receive real-time feedback: Community leaders representing the full diversity of the local population should be engaged at each stage of the process, from planning and preparation to response and recovery. Creating formal roles -- such as Welcoming Atlanta’s Community Navigators -- helps institutionalize the two-way feedback process, allowing crucial updates and information to reach vulnerable populations, and providing local officials with better insight into each community’s ongoing needs.

“Have a more centralized, well-crafted location for vital information. A more sincere, robust study on what communication mediums are utilized by various immigrant communities is needed.”

— Survey respondent

Local Examples:

Anchorage, AK: During the pandemic, the Municipality of Anchorage collaborated with the Alaska Literacy Program to pilot a **Community Peer Leader Navigator Program (CPLNs)**, which trains community leaders in helping residents access COVID-19 resources and relief, regardless of cultural and linguistic barriers.

King County (Seattle), WA: The county created a **COVID-19 Community Response Fund** which makes grants available to community organizations that provide outreach, education, and community engagement on COVID 19. They are specifically looking to fund organizations that will work to combat anti-bias and stigma, and provide health literacy in languages other than English, in a culturally sensitive manner.

Minneapolis, MN: The city’s **cultural radio programs** now air weekly and provide the latest information on COVID-19 and its impact on local communities. Programs air in English, Spanish, Somali and Hmong. The city’s **Neighborhood and Community Relations Department** has also been hosting community briefings to share COVID-19 information and resources with community leaders and to learn about their priorities and needs relating to the crisis.

Disaster Mitigation and Recovery

Conduct a risk assessment: Survey the city’s natural and human-made disasters and identify an action plan for reducing the impact of future disasters for all residents, including marginalized communities. Including but not limited to: Adopting a **FEMA-approved All-Hazard Mitigation Plan**, updating land use and zoning laws that prevent future construction in/near identified hazards; enforcing protective building codes that ensure better protection against disasters; public education on resources and actions for recovery from a disaster; improving access to public transportation that could be used in times of future emergency and disaster.

Best Practices in COVID-19 Specific Local Emergency Management and Preparedness

Making Testing and Vaccinations Accessible to All

Provide accessible COVID-19 testing, vaccination, and medical care regardless of immigration status and health insurance coverage: This policy should explicitly state that municipalities do not require federal identification, will accept alternative forms of identification and/or will not check immigration status of residents seeking COVID-19 related care.

Locate vaccination clinics in immigrant- and minority-populated communities: Ensure that vaccination sites are geographically located in communities hardest-hit by the pandemic, and consider mobile vaccination sites.

Inclusive contact tracing: Contact tracing programs should hire multilingual and culturally-competent staff who are able to reach immigrant and limited English proficient (LEP) residents potentially exposed to COVID-19.

Address immigration status and public charge concerns: The federal “public charge” rule -- expanded during the Trump administration and then narrowed under the Biden administration -- has a documented chilling effect on non-citizens seeking services, even medically necessary and emergency medical services.¹⁰ Cities should take steps to clarify the regulation in plain language, working with community partners to establish trust with affected communities.



Local Examples:

Albuquerque, NM: On April 27, 2020, the director of Albuquerque's Office of Equity and Inclusion announced that undocumented immigrants will not be charged for COVID-19 testing or for seeking medical care at a public hospital. Additionally, Social Security Numbers will not be collected at public hospitals.

Alexandria, VA: The City released a case investigation and contact tracing guide, which is available in Spanish, Amharic, Arabic and English. The Alexandria Department of Health has emphasized that contact tracers will not inquire about an individual's immigration status. The department is also prioritizing hiring contact tracers that are city residents who know the community well and speak multiple languages, including Spanish and Amharic.

Austin, TX: The city's Public Health Department is prioritizing Spanish translations for contact tracing and testing efforts and over 40 percent of the APH Department Center staff working on epidemiological response and nurse line services are bilingual. In August 2020, the APH also released a plan to address COVID-19 disparities, to provide contact tracing in Spanish through partnerships with non-governmental agencies, eliminate language and cultural barriers, and build trust.

Brownsville, TX: The city created a BTX CARES COVID-19 fund to help pay for COVID-19 testing to all residents regardless of immigration status or ability to pay.

Cook County, IL: The Cook County Health system created CareLink (existed pre COVID-19), a financial assistance program that provides free medical care to county residents who are uninsured or underinsured, regardless of immigration status.

Long Beach, CA: Local officials unveiled a new program which brings mobile COVID-19 testing services to undocumented and immigrant communities.

Minneapolis, MN: The city created a COVID-19 Emergency Mental Health Fund to provide services to community residents who may be experiencing increased stress and trauma related to the outbreak of the Coronavirus. Priority populations include immigrants and refugees.

New York City, NY: The city has created Public Charge outreach flyers in 15 different languages encouraging all, regardless of their immigration status, to seek health services.

Seattle, WA: The city has published a Frequently Asked Question (FAQ) page on Public Charge informing immigrants on their ability to access healthcare and other services during the COVID-19 crisis.

For additional examples, visit [NAE's Resource Guide for State and Local COVID-19 Emergency Responses](#).

Supporting Immigrant and Minority-Owned Small Businesses

Provided targeted small business relief, regardless of immigration status or prior experience accessing mainstream financial services: Support immigrant and minority-owned small businesses potentially left out of federal relief packages. This could include targeted loans and grants as well as technical assistance.

“Hate seeing so many small businesses close. Would be great for the city to support struggling businesses while still supporting social distancing and other restrictions.”

— Survey respondent

Local Examples:

Burlington, VT: The city council voted to [provide \\$50,000 in grants](#) to local minority and immigrant business owners. This program will be promoted in part through the Trusted Community Voices group, which was created to improve communications between the City and immigrant communities.

Chicago, IL: The city has created a \$100 million [Chicago Small Business Resiliency Fund](#) to provide small businesses in need of disaster relief, which is available to any entrepreneur, including immigrant business owners.

Indianapolis, IN: LISC Indianapolis created a [Small Business Recovery Grant](#) which offers \$5,000 grants for Minority, Immigrant, undocumented, and Women-owned small businesses impacted by COVID-19. Partnered with Forward Cities, Kheprw Institute, Indy Chamber Hispanic Business Council, Indy Black Chamber of Commerce, and the City of Indianapolis to review and award grants.

Iowa City, IA: The City, in partnership with Think Iowa City, the Iowa City Downtown District, the Iowa City Area Business Partnership and the Iowa City Area Development Group, created a [gift-card initiative](#) to incentivize spending during the pandemic. For every \$150 spent at local businesses impacted by the COVID-19 pandemic, shoppers receive a \$20 gift card to be spent on those businesses and an additional \$5 is donated to a Black, Indigenous and People of Color and Immigrant Business Grant Fund. As of September 2020, the program has resulted in over \$50,000 in grant funds for 33 immigrant and minority-owned businesses.

San Jose, CA: The City's Office of Economic Development set up a [multilingual hotline](#) to provide answers and support to local businesses.

For additional examples, visit NAE's [Resource Guide for State and Local COVID-19 Emergency Responses and Toolkit: Supporting Immigrant and Refugee Entrepreneurs](#) from NAE and Bloomberg Associates.

Providing Financial Support for Excluded and Vulnerable Communities

Create resiliency funds and protections for excluded workers: Support immigrant workers and other families potentially left out of current federal aid, including with alternatives to unemployment benefits, rental assistance and/or food assistance.

Local Examples:

Anne Arundel County, MD: County officials created the **Excluded Worker Humanitarian Relief Fund** to provide 4,000 debit cards pre-loaded with \$500 each to low income residents who do not qualify for federal assistance and have been directly impacted by COVID-19.

Atlanta, GA: Mayor Bottoms signed an Executive Order creating a **\$7 million emergency fund** which will provide emergency assistance to food programs for children and seniors, homeless preparedness, financial assistance to hourly wage earners, support to small businesses, and support for other areas that have been severely impacted by the COVID-19 crisis.

Austin, TX: The city and Travis County passed a **resolution** that allocates \$15 million dollars to the city's Emergency Fund (RISE). Half of the fund will be used to support social service providers in maintaining food access, rental assistance, and direct relief services, and the other half, to organizations that will distribute financial support directly to Austin residents who have financial need and are ineligible for federal relief.

Baltimore, MD: In September 2020 the council, in partnership with the Open Society Institute Baltimore, **approved a reallocation of \$6 million** to provide pre-loaded debit cards to undocumented immigrants impacted by the pandemic.

Boston, MA: The city created a \$25 million **Boston Resiliency Fund** to support organizations providing critical, essential services to residents impacted by COVID-19. Prioritizing organizations assisting elders and children, people experiencing homelessness, undocumented immigrants, residents with limited English proficiency, first responders, front-line workers, healthcare workers, persons with disabilities, low-income families, and communities of color.

Fort Bend, TX: The County Commissioners Court approved \$21.5 million in CARES Act funding to be used for a **COVID-19 relief fund** to help individuals pay rent, mortgage and utilities. County officials encouraged residents including undocumented immigrants to apply for this program, which provides up to \$2,000 per family.

Louisville, KY: The Louisville Metro Government, along with several community partners, created the **One Louisville COVID-19 Response Fund** to support individuals and community-based organizations impacted by the crisis. The fund will provide flexible funding resources for rental assistance, child care assistance, transportation aid, food access, utility assistance and other support as determined, via \$1,000 payments to eligible households. Immigration status is not part of the eligibility criteria.

New Orleans, LA: The mayor announced the creation of the [Immigrant Community Assistance Program](#) which will provide \$750,000 to the city's immigrant workers affected by the pandemic. The fund will be managed by the Mayor's Fund, in coordination with the Office of Youth and Families, which will distribute \$1000 to at least 500 families.

New York City, NY: NYCHA residents that experience a loss of income due to COVID-19 may qualify for a rent reduction through the city's [Rent Hardship Program](#). (Application available in Spanish, Russian and Chinese.) Additionally, while

schools were closed, the Department of Education provided [three free meals per day](#) for all New York City children and adults, with no ID, registration, or documentation required. Lastly, anyone in New York City is eligible for [emergency food assistance](#), regardless of immigration status or income level.

For additional examples, visit NAE's [Resource Guide for State and Local COVID-19 Emergency Responses](#).

Enhancing Digital Equity

Expand broadband access for low-income communities, regardless of immigration status:

According to NAE analysis of American Community Survey data, millions of Black, Hispanic, immigrant, and low-income households lack access to high-speed internet, including millions of households with no internet access at all. Nearly 39 percent of Black households and 28 percent of Black immigrant households, and 35 percent of Hispanic households and 39 percent of Hispanic immigrant households, lacked personal broadband access at home, compared to 26 percent of White non-Hispanic households.



NAE Cities Index: Introduction of New Metrics for Inclusive Emergency Management

In addition to the set of recommendations laid out in this section of the report, New American Economy will also incorporate a subset of success metrics into the annual NAE Cities Index, beginning with Year 4 that represent the most important measures cities take at the intersection of inclusion and emergency management.

This new section, entitled *Inclusive Emergency Management*, relies on the results of the COVID-19 Community Impact Survey, feedback from the Working Group of local inclusion officials supporting survey implementation, insights from established literature on equity in emergency management, a landscape analysis on best practices in local COVID-19 response efforts, and validation from NAE's [Cities Index Advisory Committee](#), to identify the key policies and practices cities should adopt to ensure more equitable outcomes in future disasters. As with previous years, the survey covers the largest 100 U.S. cities.

Inclusive Emergency Management Metrics

- Cities should have emergency management and hazard mitigation plans in place that are inclusive of all residents, including immigrant communities, during their planning and drafting process. This can be in the form of conducting a needs assessments or including representatives from the target communities to advise the planning process.
- Cities should provide the information for official emergency responses, such as emergency briefings, announcements, and alerts in languages other than English.
- Cities should have multilingual and culturally-competent representatives to conducting outreach as part of their emergency response process.
- Cities should have programs to help all residents access medical services during emergencies, including testing, vaccination, and other medical care, regardless of immigration status.
- During emergencies, cities should provide support for workers and families who may have trouble accessing federal aid, for example, due to immigration status restrictions. This can be in the form of assistance navigating federal aid applications or alternatives to federal aid, including unemployment benefits, housing assistance, and food assistance.
- During emergencies, cities should provide targeted relief to small businesses that may have trouble accessing federal aid, for example, due to immigration status restrictions. This can be in the form of assistance navigating federal aid applications, technical assistance, or alternatives to federal aid such as loans and grants.
- Cities should remove barriers to broadband access for low-income residents, regardless of their immigration status.

The seven new metrics in the *Inclusive Emergency Management* section join the 31 other measures from five existing categories: *Government Leadership*, *Economic Empowerment*, *Inclusivity*, *Community*, and *Legal Support*. An assessment of these Inclusive Emergency Management metrics will be factored into the Cities Index Year 4 rankings released in Fall 2021.

Conclusion

Our analysis of more than 2,100 surveys of predominantly BIPOC and immigrant residents from five U.S. cities, along with additional research on local responses to the COVID-19 pandemic and economic recession, reveals the significant hurdles many cities face as they work toward a full and equitable recovery for their residents. BIPOC and immigrant respondents reported significant hardships resulting from COVID-19. These included economic challenges stemming from job loss and lack of social safety-net support, difficulty accessing necessary medical care, as well as what may be lasting impacts to their sense of safety and belonging. Over the coming months and years, city governments will need to work hand-in-hand with trusted community partners to address these concerns and to prepare more effectively for the next emergency.

The five communities that partnered with New American Economy to conduct surveys — Atlanta, GA; Austin, TX; Denver, CO; Louisville, KY; and Tulsa, OK — each reported a variety of strategies they employed to reach BIPOC, immigrant, and limited English proficient residents, whose perspectives are often underrepresented in decision-making about emergency management. In particular, city officials called upon -- and compensated -- multilingual community leaders with longstanding ties to the target communities, providing the trust necessary to overcome participation concerns. Additionally, many reported that meeting respondents at food and supply distribution sites, vaccination clinics, and community centers, and providing other incentives to compensate participants for their time, resulted in greater access to the target communities. Many community partners reported spending significant amounts of time with survey respondents to help them understand the goal of the survey and assist them in responding to a variety of multiple choice and open-ended questions. Many did so over the phone or in-person (where safe to do so), working to overcome digital and internet access limitations for some BIPOC, immigrant, and low-income households.

Our research also found that gaps in the federal government's response, which excluded significant numbers of people due to their immigration status, led many cities to take additional steps to protect vulnerable residents, including emergency cash assistance and access to other services regardless of immigration status. These actions echo some of the common responses gathered during Year 3 of the NAE Cities Index in 2020 across the 100 largest U.S. cities. Other common inclusive practices adopted in response to COVID-19 included the creation of emergency language access plans (e.g., multilingual COVID-19 resource guides and factsheets and emergency hotlines), support for immigrant small business owners (e.g., relief programs, grants, and stabilizing loans offered without immigration status restrictions), and access to free or low-cost medical services (e.g., COVID-19 testing and related services).

Crises like the COVID-19 pandemic test the effectiveness of measures that many cities already have in place to help vulnerable populations, including immigrants and those with limited English proficiency, fully integrate into the economic, civic, and social fabric of their communities. They can highlight which practices and strategies make it easier for cities to respond to the needs of all of their diverse residents, as well as reveal gaps that must be addressed. By adding a new dimension to the annual NAE Cities Index focused on the intersection of inclusion and emergency management, our goal is to help policymakers understand which measures are the most crucial to ensuring an equitable response and recovery to future crises. Year 4 of the Cities Index is the beginning of that work, and more research will need to be done to understand not only the lasting impacts of COVID-19 on all Americans, including BIPOC and immigrants, but also the ways in which cities continue to adapt in the face of these challenges.

Methodology

Data Collection

The original research in this report was collected through a confidential survey that we asked people at least 18 years old in five areas of the United States to fill out. The participants lived in Austin, TX, Denver, CO, Louisville, KY, and Tulsa, OK, as well as in Atlanta and other areas in Georgia. These are service areas covered by NAE's partner organizations. Through the survey form, we did not collect personal information, such as names or phone numbers, that might be used to personally identify participants.

Some cities offered gift cards as incentives for survey participants. For administrative purposes, we set up a separate short form for participants to put in their emails to receive the electronic gift cards. This separate form and the email information collected from that form was solely used by city partners to issue gift cards. NAE did not match the email data with data from the survey form that informs our analysis.

We primarily used online forms in 17 languages to collect responses. When participants provided their responses to the write-in questions or open-ended questions in a language other than English, we asked staff members carrying out the survey, when they had such capacity, to translate their responses to English and input them into the online forms. For all non-English responses received, we worked with our staff members, members of local organizations, and a professional agency to translate the content to English for our analysis.

Data Cleaning

After gathering the survey responses, we used a mixed approach of data science and manual review to identify and subsequently remove invalid entries. Using machine learning techniques, we looked for patterns and set on our criteria for invalid entries based on information of city, referral organization, zip code, and demographics, as well as responses to the write-in fields and open-ended questions. We then went through the manual review of the entries in question and removed all the entries deemed invalid.

For duplicate entries that we received, which shared identical responses to all the questions, we kept the first entry in a set of duplicate entries and removed the following ones.

Reweighting

Given the significant difference among the five cities in the number of responses we received, we adjusted our dataset to avoid over-weighting response data from certain cities in our analysis. We applied a set of weights to the aggregated data to ensure survey data from each city has equal representation in our dataset. In this report, all the results are weighted estimates, except the number of valid responses we received from the cities, which remain unweighted.

Endnotes

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- 4** Roberto Suro and Hannah Findling. 2020. "State and Local Aid for Immigrants during the COVID-19 Pandemic: Innovating Inclusion." Center for Migration Studies. July 8.
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