Vulnerable Immigrant Populations in the New York Metropolitan Area and COVID-19: Lessons Learned in the Epicenter of the Crisis

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Abstract

The epicenter of the COVID-19 crisis since March 17, 2020—the New York metropolitan area—is home to some of the largest Latino immigrant communities in the nation. These communities have long faced barriers to health care access, challenges due to immigration status, and financial and labor instability. The COVID-19 pandemic has aggravated these existing issues in a vulnerable, often forgotten, immigrant community. It is challenging for this population to access public information regarding COVID-19 testing, treatment, and assistance programs because this information is seldom disseminated in Spanish and even less frequently in Portuguese. While long-term solutions will require time and changes to policy, some short-term measures can mitigate the current situation. The authors share their experience from Newark, New Jersey, where partnerships of public and private community-based organizations (CBOs) have been successful in establishing trust between the health care system and a fearful Latino community. The Ironbound Initiative, a student group at Rutgers New Jersey Medical School in Newark, New Jersey, has partnered with Mantena Global Care, a Brazilian CBO in Newark, to facilitate dissemination of COVID-19–relevant information. Medical student volunteers, removed from their clinical duties, serve as virtual patient navigators, using social media to reach community members with the goals of improving awareness of precautions to take during the pandemic and of increasing access to needed medical care. These students have collaborated with colleagues in other disciplines to provide necessary legal guidance to community members fearful of seeking care because of their immigration status. The authors urge other academic institutions across the country to recruit multidisciplinary teams of medical, health professional, and law students invested in their local communities and to empower students to partner with CBOs, immigrant community leaders, faith-based organizations, hospitals, and local authorities to support these vulnerable communities during this crisis.

The COVID-19 pandemic has affected every corner of the world and will continue to plague societies in the near future. In the United States, the crisis has disproportionately affected the densely populated New York metropolitan area, which, as of April 20, 2020, accounted for over 50% of COVID-19 cases nationally. The epicenter of the crisis is home to some of the largest immigrant communities in the nation. According to 2018 estimates, there are approximately 4.9 million Latinos in the New York–Newark–Jersey City, NY–NJ–PA metropolitan area, about 25% of this area's total population.[1] The Latino community has experienced unprecedented growth, particularly in New Jersey, where the population increased from 13.3% of the total state population in 2000 to 19.7% in 2017.[2] New Jersey is also home to the second largest Brazilian community in the United States.[3] Even before the start of the pandemic, many studies had documented the challenges and health care disparities immigrant communities face. They often encounter barriers in health care access, challenges due to immigration status, and financial and labor instability. The COVID-19 pandemic has only aggravated existing issues in a vulnerable and often overlooked immigrant community in this metropolitan area where we have recently seen a disproportionate burden of COVID-19–related mortality in minorities.[4] We aim to shed light on the challenges Latinos in the Newark, New Jersey, community face during the COVID-19 pandemic and provide insight into the role that strategic partnerships between academic institutions and community-based organizations (CBOs) can play in helping address these challenges.

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Access to Health Care

Before the start of the pandemic, these communities already faced numerous barriers in health care with a higher proportion of uninsured or underinsured patients, many relying on state and federal health care programs.[5] There is also potential inequity with respect to access to preventative programs such as the National Diabetes Prevention Program and the Self-Measuring Blood Pressure Monitoring Program. These widely used programs may not be available to the immigrant community due to registration requirements, accessibility issues, and/or language barriers.[6] As a result, lacking a primary care physician or insurance, these populations often have chronic comorbid conditions such as diabetes, hypertension, and tobacco use that are not appropriately treated. This situation may put these individuals at higher risk for morbidity and mortality in times of a global pandemic, such as COVID-19.[7,8] This situation is exacerbated by the delays immigrant populations often experience in diagnosis and treatment due to their

insurance status, immigration status, language barriers, and—often—their distrust of the overall health care system.[8]

During the pandemic, the immigrant communities in the New York metropolitan area have encountered difficulty accessing public testing centers. The majority of the testing sites are drive-thrus, and many in the immigrant population do not have cars to get to these sites.[7] Moreover, in New Jersey, announcements and public information on testing requirements and locations are predominantly in English. Personnel at testing locations generally only speak English, and with the high volume of patients in drive-thru locations, translation is not feasible due to time constraints. The State of New Jersey coronavirus hotline, run out of the New Jersey Poison Information and Education System offices, was answering an average of 500 calls daily during the period from March 18 to April 20, 2020, with a total of 20,000 calls during that period according to the official COVID-19 state website.[9] The wait times during this period were often 1 to 2 hours with all lines busy, making calling for a translator logistically impossible. Some centers have also been requiring doctor's prescriptions before testing patients, a practice that excludes many patients without primary care physicians. In addition to the public New Jersey state sites, some private urgent care centers are also providing testing, but for many in the immigrant community, the costs are prohibitive. Federally qualified health centers in New Jersey can be an option for the community as was the case in the response to Hurricane Sandy.[2] However, the immigration policies and the changes to the United States Citizenship and Immigration Services (USCIS) public charge laws implemented by the U.S. government, although suspended for COVID-19–related care, have created fear and distrust in these communities.[8]

Legal Challenges

The timing of changes to immigration policies could not have come at a worse time, with the new public charge rule taking effect on February 24, 2020, just as the COVID-19 pandemic was taking root in the United States. The public charge rule exists to help immigration officials determine if a person is likely to overuse public benefits.[10] Under these changes, "public benefit" includes benefits these marginalized communities often use, such as the Supplemental Nutrition Assistance Program (i.e., SNAP or food stamps); Medicaid (exceptions for those under the age of 21 or who are pregnant); and Section 8 housing, vouchers, or rental assistance.[11] These recent changes to the public charge rule are discouraging many in the immigrant community from using charity-based health care for fear their actions will threaten their immigration status.

In seeming recognition of the chilling impact of the new rule on health care use in the immigrant community, USCIS has posted the following alert on their website:

> USCIS encourages all those, including aliens, with symptoms that resemble Coronavirus 2019 (COVID-19) (fever, cough, shortness of breath) to seek necessary medical treatment or preventive services. Such treatment or preventive services will not negatively affect any alien as part of a future Public Charge analysis.[11]

The impact of the changes to the public charge rule, while frightening, should not create repercussions for immigrants seeking health care at federally qualified health centers or other charity care providers.[11] We can reassure our local communities that, in New Jersey hospitals, undocumented immigrants admitted and treated for severe symptoms of COVID-19 whose medical bills are covered under charity care are not subject to the public charge rule, because charity care and Medicaid are 2 separate entities of state funding.[11] Additionally, certain groups, such as refugees, asylees, and others deemed "humanitarian" immigrants, are also not subject to the public charge rule.[11] Nevertheless, as access to legal advice and guidance is scarce in these vulnerable communities, many immigrants may be unaware of the implications of these changes and exceptions and thus still hesitant to use these public services, even when reassured.

Employment and Financial Hardship

While immigration status poses a barrier to accessing health care, it also affects immigrants' employment and financial well-being. Undocumented immigrants as well as those who are not proficient in English are often at the mercy of their employers and depend on them for their livelihood.[12] Many do not qualify for state unemployment or for payments from the Coronavirus Aid, Relief, and Economic Security Act and therefore cannot afford to stop working. They are often supporting financially many family members while working in low-paying jobs in poorly regulated industries.[12] Food security and economic factors may contribute to an individual deciding whether or not to continue working when experiencing COVID-like symptoms. Moreover, as the labor force dwindles due to COVID-19 infections, employers may take advantage of vulnerable groups because of their lack of status or access to information.[12] Immigrants with symptoms may be asked to work and risk being fired if they cannot show test results confirming a COVID-19 infection. This situation poses a challenge as, at the time of writing, state-operated testing centers in New Jersey were not testing asymptomatic people or those with only mild symptoms, due to limited capacity, even though those people may be contagious. The paradox is that many in jobs deemed essential to a functioning society in quarantine—such as construction workers, truck drivers, cleaners in health care facilities, and health care aids—are expected to work without the financial guarantees or reassurances that many other Americans enjoy. Additionally, they could be exposing themselves to asymptomatic carriers or becoming carriers themselves.

Lessons Learned From Newark

In a time of uncertainty in which anxiety is omnipresent, significant effort and initiative is needed to prevent further damage and the collapse of these vulnerable communities made up of fundamental members of society and the American economy. While we recognize that long-lasting solutions require time and changes to policy, some measures can mitigate the situation at hand. In Newark, New Jersey, home to a large Latino population, partnerships with public and private CBOs have been successful in bridging trust between the health care system and fearful communities. The Brazilian-based CBO Mantena Global Care (MGC), in the Ironbound

section of Newark, is working with our organization, the Ironbound Initiative, a student-run group from the state-run, local medical school, Rutgers New Jersey Medical School, in Newark to assist during the pandemic.

Health care disparities

The Ironbound Initiative has partnered with MGC since 2017 to provide appropriate medical education, preventative cancer screenings, and access to affordable health care for the Newark community. Our studies in 2019, particularly of the Brazilian community in Newark, revealed distinct health disparities.[13] Before the start of the pandemic, our findings showed that many community members had comorbid conditions such as obesity and uncontrolled hypertension, but only 8% had health insurance.[13]

Through our collaboration with MGC, we have witnessed many disparities in this community have become more evident in times of crisis. We are seeing the daily struggles that Latinos are facing in Newark as a direct result of the COVID-19 pandemic. Many have lost their livelihoods and require assistance to meet basic daily needs such as getting enough food. This population has difficulty accessing public information about COVID-19 and assistance programs because this information is seldom disseminated in Spanish and even less frequently in Portuguese. Those that require medical attention for COVID-19 and/or other chronic illnesses have been unable to obtain care due to closure of clinics, lack of insurance, and financial hardship. Many that relied on relatives and friends from other countries, such as Brazil, to bring them affordable medication are experiencing difficulty continuing treatment because of restrictions on air travel. Additionally, many are postponing necessary medical care because they fear using assistance programs could jeopardize their immigration applications due to the public charge changes made in February 2020. Lastly, for the members of the community who got COVID-19 but maintained their jobs during their absence from the workplace, going back to work has been challenging because some employers require physician letters indicating recovery from the virus before they will allow the workers to return.

Implementation of social distancing and containment measures during COVID-19 has also proven to be particularly difficult in the Latino community in Newark. Many of our community members live in small apartments or houses with various other families or cohabitants and do not own vehicles, which are essential to access public drive-thru testing.

Students as patient navigators

With the many obstacles that our community faces during the COVID-19 pandemic, we have strengthened our efforts through the Ironbound Initiative and recruited a dedicated team of 5 volunteer medical students and future nursing students to serve as virtual telehealth patient navigators for the Latino community in Newark during the pandemic. We have focused on providing generalized guidance through Instagram and Facebook as well as individualized guidance through WhatsApp written messages, audio messages, and phone and video calls.

On our social media accounts, we facilitate the dissemination of approved medical information from the New Jersey Department of Health and the Centers for Disease Control and Prevention. Our organization has partnered with volunteers at the New Jersey coronavirus hotline to provide practical information on the most up-to-date testing requirements and locations. Many of our volunteers speak Portuguese and Spanish and can translate guidance materials that are later uploaded daily into Instagram "stories" and posts and further shared by MGC to broaden community reach. Partnering with colleagues who are law students or lawyers, we have also posted virtual pamphlets regarding the public charge rule and related information. We have been successful in disseminating information and had more than 300 followers at the time of writing and more than 150 views per week. This approach provides a safe and effective way to use the skills we learned in training without direct exposure to COVID-19.

MGC is a trusted community partner and has been a vital component in engendering trust between our organization and individuals in the community. MGC serves as a gateway for COVID-19–related calls from community members and passes along their contact information to us, as many are hesitant to contact the New Jersey coronavirus hotline directly. MGC sends a daily list of community members who are either exhibiting symptoms or who are confirmed positive and in self-isolation that need extra support to help navigate this stressful situation. In these cases, our medical students contact members directly through WhatsApp. We evaluate symptoms and triage patients to receive testing, seek medical help, or self-isolate. We arrange affordable telehealth appointments at local federally qualified health centers and the Rutgers Student Family Health Care Clinic or send patients to local hospitals per guidelines from the Centers for Disease Control and Prevention. We also provide daily follow-up with patients to consistently monitor symptoms and ensure prompt treatment where possible. Through these efforts, we have been able to assist a large number in the community, with an average of 5 new cases daily from March 20 to April 20, 2020. Undoubtedly, the number of people we serve has grown through word of mouth and social media and the care we have taken to maintain a trustful relationship with the community. Moreover, as many are starting to recover from COVID-19, we are also partnering with University Hospital, our Rutgers-affiliated state hospital, and the Red Cross to facilitate plasma donations from recovering patients who have expressed interest in donating.

Other community service

In addition to contributing our professional skills, we are also donating food to MGC and helping with food pick-ups for "Amigos por Newark," an invaluable program that assists in providing meals for those in the Latino community experiencing significant hardship. As stated above, changes to the public charge rule have also affected access to SNAP. During the pandemic, with its negative repercussions on the economy, our colleagues versed in the law have emphasized the crucial role of food pantries and local nonprofits as a substitute for government aid. Finally, the medical students in our group are working with our law student colleagues to develop and share accurate and easily translatable responses to the most common questions we receive as COVID-19 testing and treatment evolve. In developing this information, we consider carefully the public charge rule and how particular activities might affect

an immigrant's ability to one day achieve legal permanent residence or citizenship through USCIS.

The experience

Our experience has not been without hurdles and frustrations as we learn to navigate a complex and often confusing ecosystem of rapidly changing guidelines and protocols. However, this experience has given us insight into the intricacies of the U.S. health care system intertwined with the medicolegal realities that have exposed the barriers and social determinants of health in our community during the COVID-19 pandemic. We have been humbled by our patients and are grateful for what we have learned from them during this journey.

A Call to Action

As the COVID-19 pandemic progresses in the current epicenter where cases are exceeding the thousands as of April 20, 2020, collaboration and partnership are indispensable. Our algorithm can be applied to any immigrant community. Although our small team includes bilingual medical students and other health professionals, students who are not bilingual can contribute by using available translators, by creating partnerships with local health authorities and CBOs, and by performing valuable administrative tasks such as managing social media accounts and booking telehealth appointments for patients.

We urge academic institutions across the country to recruit multidisciplinary teams of medical, health professional, and law students invested in their local communities and to empower students who have been removed from clinical duties or class to partner with CBOs, immigrant community leaders, faith-based organizations, hospitals, and local authorities to support these vulnerable communities. Our message is simple: There is still time to mitigate spread in vulnerable communities and provide adequate care to those who may be disproportionately affected by a crisis of this magnitude.

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