

Through the Fog: Community Voices on the Impact of COVID-19 in Historically Disinvested NYC Neighborhoods

**A Neighborhood
Report From the NYC
Health Department**

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Key Takeaways

During the COVID-19 pandemic, NYC was one of the hardest hit cities in the United States. By the end of the federal public health emergency on May 11, 2023, the city had recorded more than 3.2 million COVID-19 cases and 45,000 deaths.¹ The NYC Health Department responded rapidly by coordinating and expanding testing and vaccination efforts, launching contact tracing programs, and providing guidance to hospitals and health care providers. The City additionally implemented strict closures, mask mandates, and social distancing measures to slow the spread of the virus. Beyond these immediate actions, the Health Department undertook research to understand how the pandemic was affecting communities, collecting valuable information about their experiences and challenges during this time.

The Health Department collected information directly from community residents and partner organizations through its Neighborhood Health Services in the South Bronx, East and Central Harlem, and North and Central Brooklyn. This information was collected between October 2021 and February 2023 and accounts for experiences from the beginning of the pandemic into the recovery period. These NYC neighborhoods have experienced historical and contemporary injustices, and during the pandemic they experienced a disproportionate number of COVID-19 cases and deaths. The Health Department's research in the neighborhoods provides valuable insights and lessons from the COVID-19 pandemic that can help NYC residents and government better prepare for future health emergencies and reduce health inequities.

Key takeaways:

- **Health and health care access:** Many residents delayed needed physical and mental health care during the pandemic.
- **Vaccines and testing:** Many residents reported few barriers in receiving COVID-19 testing and vaccine services during the pandemic. Although some residents shared sentiments of vaccine hesitancy, many trusted the local government as a reliable source for information on COVID-19 vaccines.
- **Economic vulnerability:** Although most residents received financial relief from the government, they continued to experience a high burden of challenges related to the exacerbation of preexisting financial and social conditions specific to neighborhoods.
- **Loss and trauma:** Experiencing the death of friends and family members, fear of contracting COVID-19, and social isolation highlighted the importance of emotional and mental health support and the gaps in access to support in neighborhoods that have experienced disinvestment.
- **Resilience and recovery:** The pandemic strengthened community bonds and activated an adaptability that was already present in the neighborhoods, which alleviated losses and challenges experienced by residents.

We can learn from the experiences shared by community residents and partners in the South Bronx, East and Central Harlem, and North and Central Brooklyn to create a stronger, more resilient New York better equipped to handle future health emergencies. Investing in health care, addressing mental health needs, ensuring access to vaccines and testing, supporting economic stability, and fostering community resilience are all essential needs for people living in these neighborhoods.



Introduction

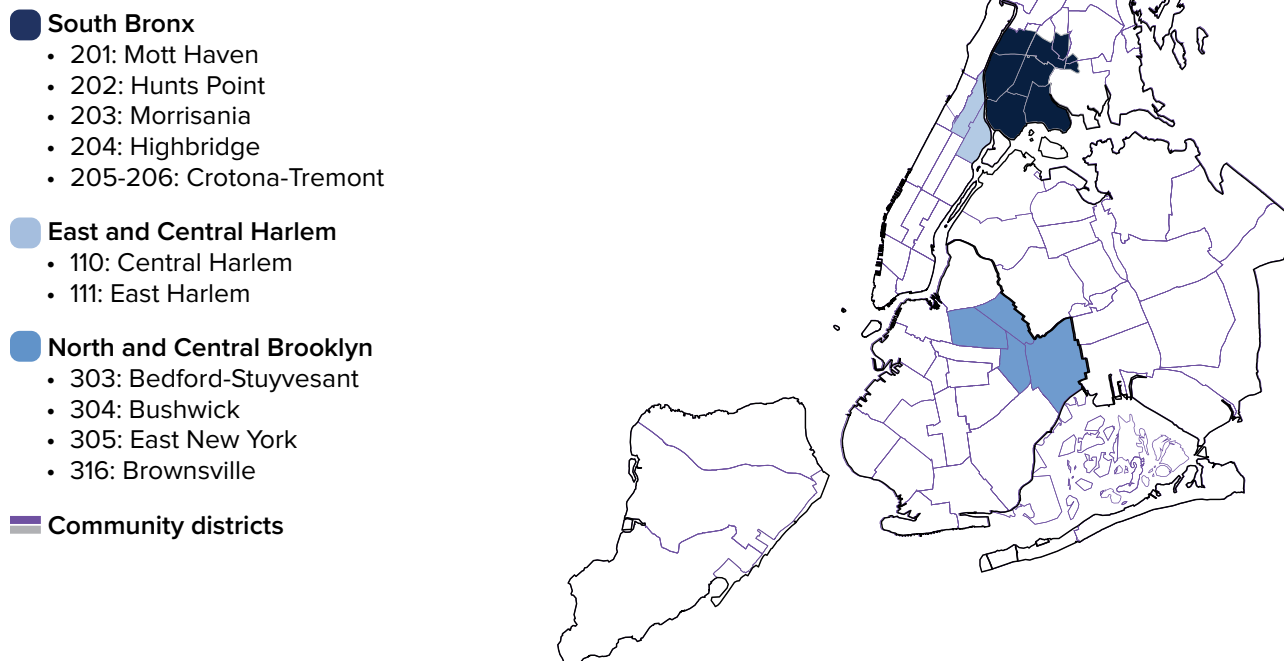
When SARS-CoV-2, the virus that causes COVID-19, was first confirmed in NYC in March 2020, it became an additional complex factor contributing to injustices driving inequities in health outcomes. Existing inequities exacerbated the disproportionate impacts of COVID-19 infections, hospitalizations, and deaths for Latino, Black, and low-income residents of NYC, as well as the secondary impacts of the pandemic, such as job loss and food insecurity.²

NYC neighborhoods in the South Bronx, East and Central Harlem, and North and Central Brooklyn were among those experiencing these disproportionate impacts. The social and structural inequities experienced by residents of these neighborhoods, predominantly people of color, contributed to high rates of COVID-19-related morbidity and mortality.³ Overcrowded housing and exposure to high-contact jobs placed residents at a greater risk. In addition, preexisting chronic conditions and limited access to preventive health care worsened the impact of COVID-19 in these communities. By the end of the federal public health emergency on May 11, 2023, more than 656,000 residents of these neighborhoods (approximately 62% of the population) had been diagnosed with COVID-19 and more than 9,600 had died from the illness, the latter making up 21% of all COVID-19 deaths during that time.⁴

Structural racism — the ways in which societies foster racial discrimination through inequitable systems that reinforce discriminatory beliefs, values, and distribution of resources — has impacts at both individual and neighborhood levels.⁵ Policies and practices like redlining, planned shrinkage, and benign neglect have prevented or removed investments in these neighborhoods that were afforded to other parts of NYC, negatively affecting community health conditions in these places.^{6,7}

Recognizing the importance of addressing neighborhood inequities and using place-based approaches, the NYC Health Department provides Neighborhood Health Services in three areas: the South Bronx, East and Central Harlem, and North and Central Brooklyn. During the COVID-19 pandemic, neighborhood engagement strategies provided community residents and partners with resources and information, including outreach with frequently updated guidelines, personal protective equipment, and at-home COVID-19 test kits, and facilitated access to vaccination sites. In addition to providing resources and direct assistance, Neighborhood Health Services conducted original research to fill in gaps in understanding of the experiences of these communities.

Figure 1. Neighborhood Health Services areas



Note: Numbers are community district numbers.

Methods

The NYC Health Department collected data using multiple methods to understand how the COVID-19 pandemic was affecting community residents and partners in Neighborhood Health Services areas. We analyzed survey responses to generate percentages and checked for statistical significance to make sure the differences we saw were meaningful. We also noted any numbers that might be less reliable due to a small sample size; throughout this report, these are marked with asterisks. For focus groups, we recorded the conversations, transcribed the audio, and looked for common ideas and themes. Together, these methods provided us with the numbers and the personal stories behind them.

Partner Interviews

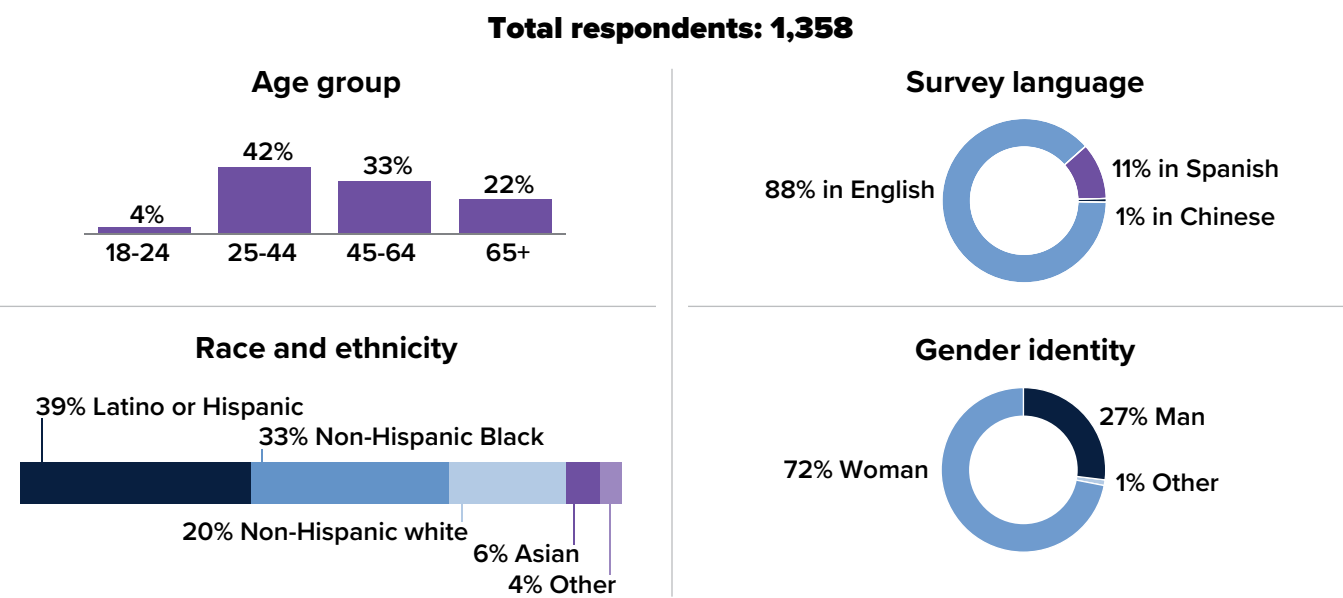
Semi-structured interviews were conducted with community partners from August to November 2021 in East and Central Harlem, and from November 2021 to February 2022 in North and Central Brooklyn. Community partners include community-based organizations, faith-based organizations, and other community stakeholders, groups, and coalitions that work in the neighborhoods. Brooklyn and Harlem Neighborhood Health Services conducted a total of 28 interviews with 33 partner organizations, with some partners being interviewed more than once. The interviews focused on challenges experienced by partners and the communities they serve, best practices observed during the pandemic and recovery, and future preparedness needs. The goal of the interviews was to guide planning and recovery efforts and ensure tailored responses to community needs.

Community Recovery Survey

In October 2021, a total of **1,358 residents** living in these neighborhoods took part in an online survey on how the COVID-19 pandemic impacted their physical and mental health, access to care, and other social determinants of health. The survey also asked about both neighborhood resources that were helpful during the pandemic and neighborhood needs for recovery. The survey was offered in English, Spanish, and simplified Chinese. Survey respondents came from a probability-based sample, which allowed the Health Department to draw conclusions about the wider population of the neighborhoods.

Survey responses represent an estimated total of 1,056,184 residents (411,841 estimated South Bronx residents, 407,948 estimated North and Central Brooklyn residents, and 236,395 estimated East and Central Harlem residents).

Figure 2. Demographics of Community Recovery Survey respondents



Note: Due to rounding, percentages may not add up to 100%. “Other” for race and ethnicity includes multiracial; “Asian” and “other” exclude Latino or Hispanic ethnicity; throughout this report, “Latino” and “Hispanic” are used interchangeably. “Other” for gender identity includes nonbinary, transgender, and other gender not mentioned.

54% of respondents had a high school degree or less	52% of respondents lived in high-poverty households (household income < 200% federal poverty level)	41% of respondents had at least one child in the household
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Community Focus Groups

From December 2022 to February 2023, neighborhood residents were invited through flyers, community outreach, and community partnerships to participate in focus groups on how the COVID-19 pandemic affected them, their families, and their communities — including coping strategies, needed assistance, and personal recovery goals. In total, nine focus groups were conducted with 72 participants across the neighborhoods. Focus groups were facilitated in English, Spanish, and Mandarin Chinese.

Findings

Data from the various research efforts are presented according to five themes: health and health care access, vaccines and testing, economic vulnerability, loss and trauma, and resilience and recovery.

All quantitative data come from the Community Recovery Survey, while the qualitative data come from all three sources: partner interviews, the Community Recovery Survey, and community focus groups. Respondents from the survey and focus groups are addressed as “community residents” and those from partner interviews as “community partners.” The quotations found in this report are community residents’ and partners’ exact words with little to no modification.*

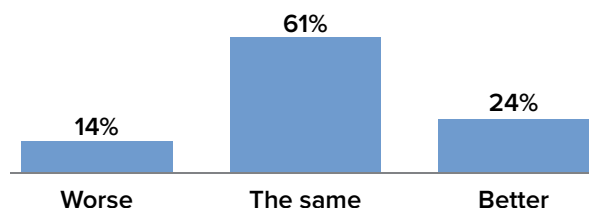
Health and Health Care Access

Health care access is a major determinant of health outcomes.⁸ Neighborhoods that have experienced disinvestment may have poor access to health care, which was likely made worse by the conditions of the COVID-19 pandemic.⁹

Overall Health

In October 2021, 14% of community residents reported that their physical health was worse than it was before March 2020.

Figure 3. Reported health status, October 2021, compared with before March 2020



Note: Percentages do not add up to 100% due to rounding

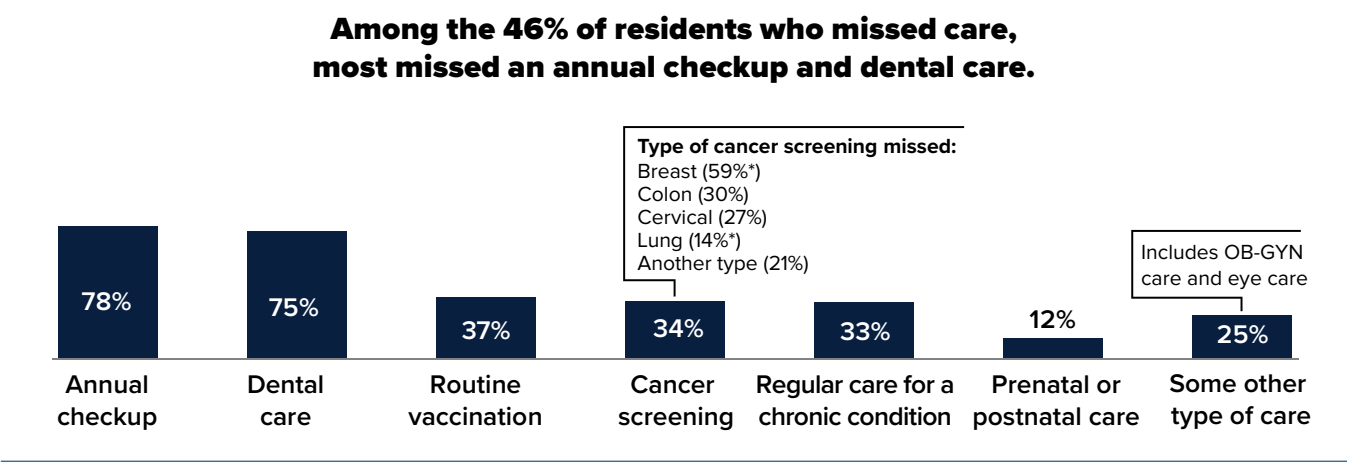
*Some quotations have been translated to English from Spanish or Mandarin Chinese.

Access to Health Care

Delayed Routine Physical Health Care

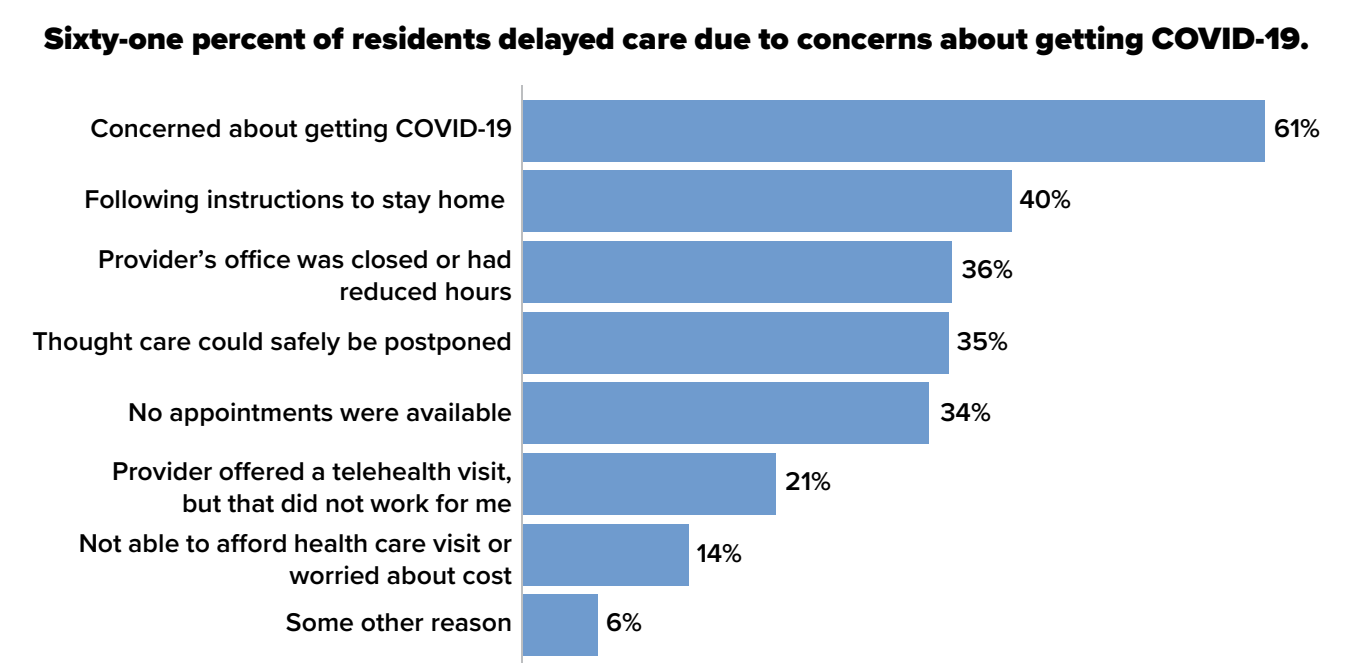
Overall, 46% of residents avoided or delayed routine physical health care. The most common types of delayed care were annual checkups (78%) and dental care (75%).

Figure 4. Delayed routine care by type



When asked for the reasons for delaying routine physical health care since March 2020, 61% of residents cited concerns about COVID-19 transmission. Throughout the pandemic, telehealth options were made available, but 21% of those who delayed care felt that these options did not work for them. Additionally, 14% of residents delayed care because they were not able to afford a health care visit or were worried about costs.

Figure 5. Reasons for delaying care

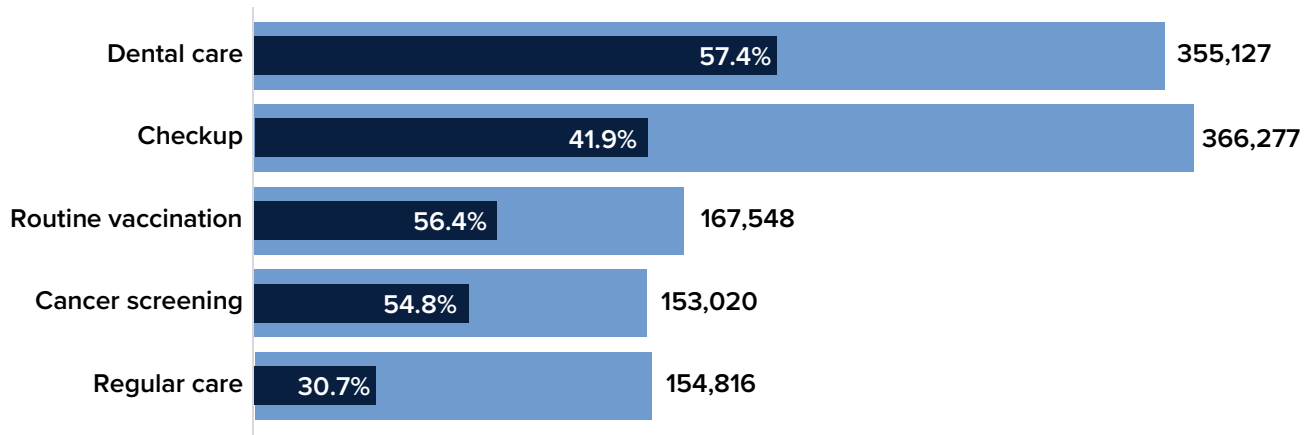


*Estimate is potentially unreliable and should be interpreted with caution.

Prolonged Missed Routine Physical Health Care

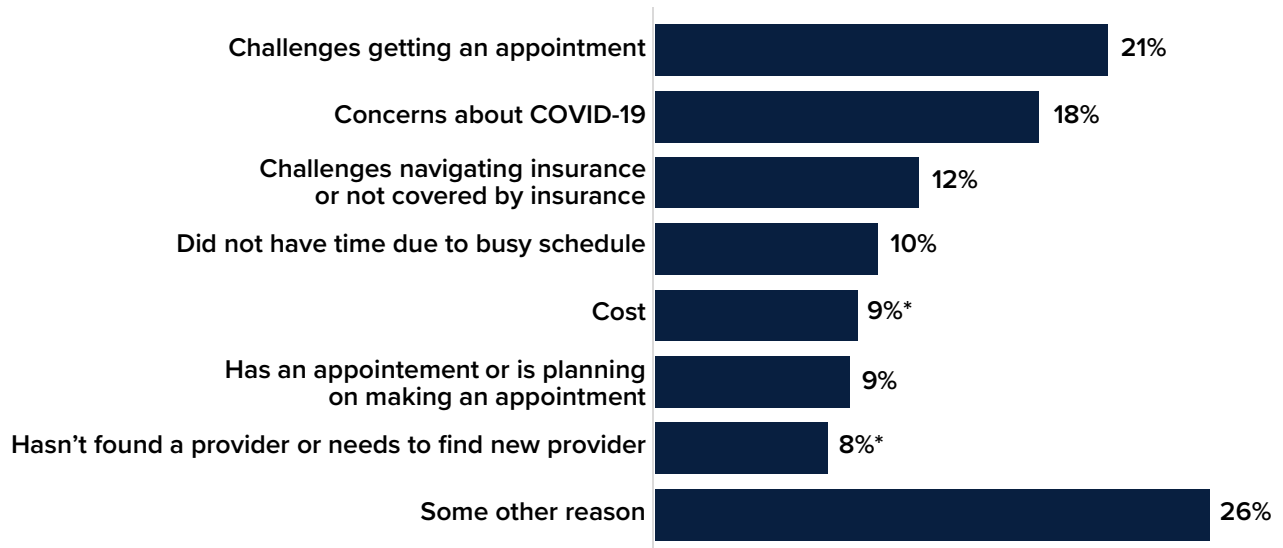
Among those who delayed care, many surveyed community residents still had not received the care they needed at the time of the survey. Out of the over 355,000 residents who missed dental care, 57% — or about 204,000 people — had still not received it by October 2021. Among those who missed an annual checkup, 42% had still not received care, representing approximately 153,000 residents.

Figure 6. Percentage of care still not received as of October 2021 among those who missed care initially



Residents who still had not received care were asked about reasons for their continued delay of care. Most cited challenges finding an appointment (21%) and concerns about COVID-19 (18%). As of October 2021, 9% had or were in the process of making an appointment, 9%* worried about cost, 8%* needed to find a provider, and 26% cited other reasons for still not having received needed care. Some other reasons residents shared include fear, inconvenience, and not having found the time to make an appointment.

Figure 7. Reasons for still not having received care

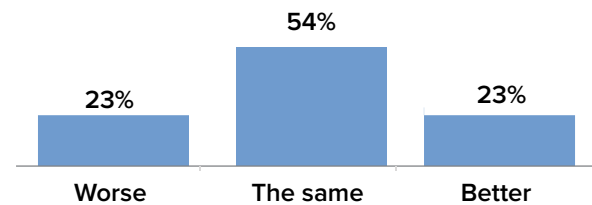


* Estimate is potentially unreliable and should be interpreted with caution.

Mental Health

Comparing their mental health with before March 2020, 23% of residents reported in October 2021 that their mental health status had worsened. These findings are similar to other findings in background literature that the consequences of grief and social isolation related to the pandemic increased mental health distress.^{10,11,12} Among those surveyed, this included an increased prevalence of anxiety and depression.

Figure 8. Current mental health status, October 2021, compared with before March 2020



“A lot of people were mentally affected from having COVID. The aftereffects of the fog, the aftereffects of thinking that you could pass away, you don’t know what’s going to happen, your children are going to pass away. ... We saw so much sadness and gloom during COVID and we’ve managed to make it through, but we don’t talk about how we are handling that, how are we coping.”

— Harlem community partner

Psychiatric emergencies were prevalent across NYC at the height of the COVID-19 pandemic. Through the Health Department’s focus groups, some residents shared that they experienced an extreme mental health crisis related to the pandemic.¹³

“Well me, when it started, it put me on a, in a state of paranoia. Paranoia. I was thinking about suicide, the whole thing, because it hit me so hard that you know, but the wife and my grandkids, you know, couldn’t go nowhere. Couldn’t do nothing. I would think of suicide. And. And I got help. And I’m still on the help right now. I get paranoid being in a bus with a lot of crowds. I can be paranoid on the train, I can’t be out around a lot of people, I get paranoid.”

— Bronx resident

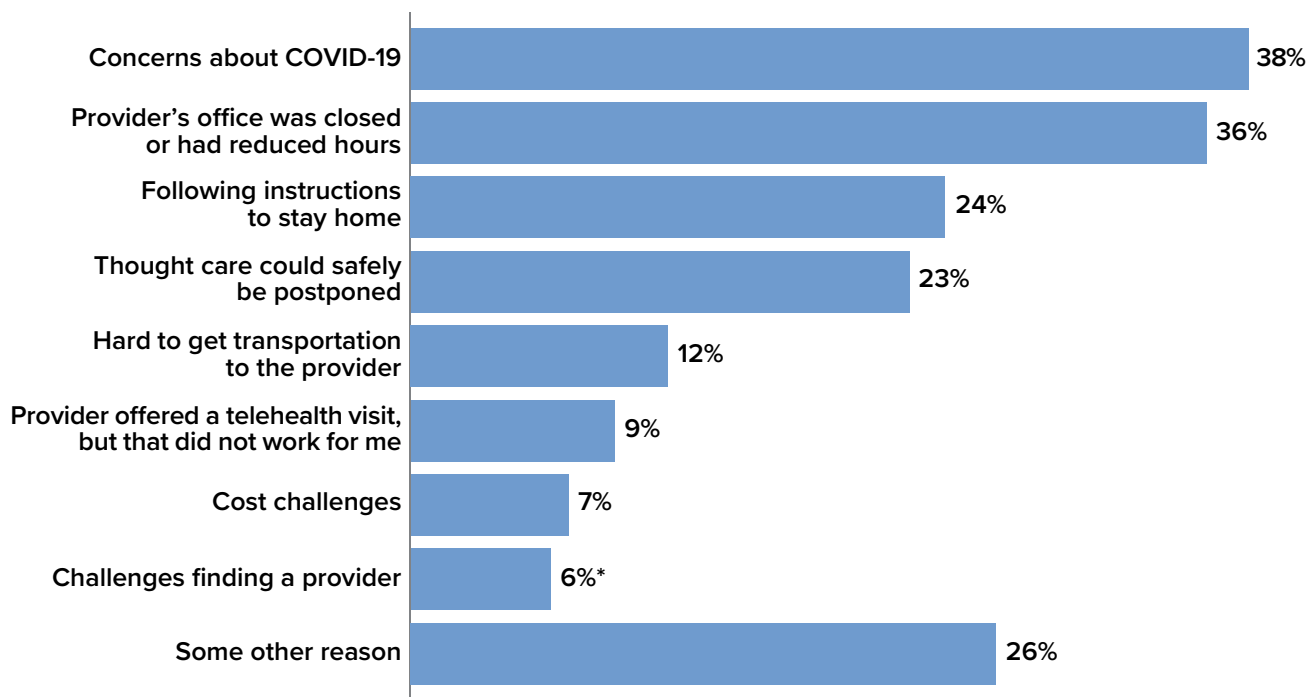
“For me, it was the worst. It was terrifying for me. I was scared to go outside, I was scared to walk around people, like I didn’t understand what was going on. Just the news drove me crazy, and I was in a, like, a panic attack. One day I woke up, I was screaming and crying. I didn’t know what was going on. They took me to the hospital. They locked me up in one of those mental wards, they told me it was anxiety.”

— Bronx resident

Delayed Mental Health Care

When asked whether there was a time since the beginning of the COVID-19 pandemic that they required mental health care, 18% of residents reported that they had avoided or delayed mental health care. Among those who delayed needed mental health care, the most common reason was concern for contracting COVID-19 (38%). Many surveyed residents also missed needed mental health care because of reduced provider hours or office closures (36%).

Figure 9. Reasons for avoided or delayed mental health care



Prolonged Missed Mental Health Care

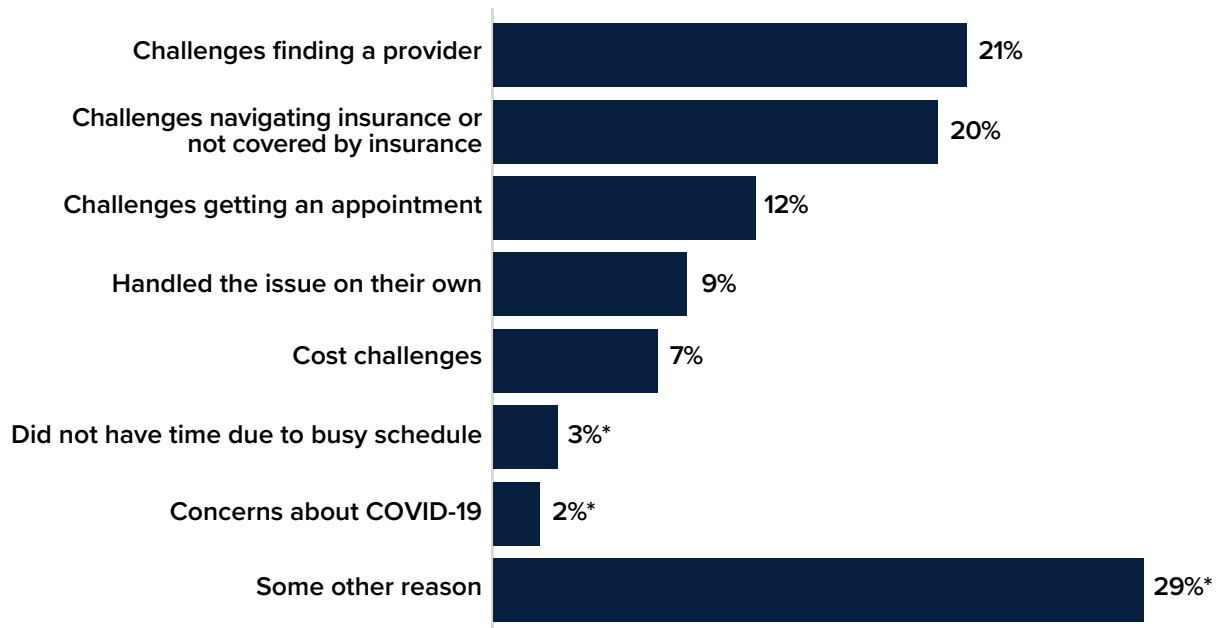
Among the 18% of residents who missed mental health care, more than half (52%) reported that they still had not received the care they needed as of October 2021.

Lack of health insurance coverage (20%) or available providers (21%*) were the most common reasons for sustained delayed mental health care throughout the pandemic. "Other" reasons for delaying care were cited by 29%* of residents, which suggests that there are highly complex barriers to accessing mental health care resources.

“ [Mental health clinics have] huge waitlists. [But] people who need mental health treatment need it now ... they don't need it in two months.”
— Harlem community partner

* Estimate is potentially unreliable and should be interpreted with caution.

Figure 10. Reasons for still not having received mental health care



“Let’s talk about the kids. A lot of kids [were] affected by COVID-19. What about them? ... [They] were isolated from being friends and ... [it’s not] normal. I don’t believe that COVID-19 will ever be over, [even] 10 years from now. ... So I think the kids need social outlets ... they’re feeling how they will cope their stress. They don’t sleep well; they need a lot of resources to speak to someone.”

— Brooklyn resident

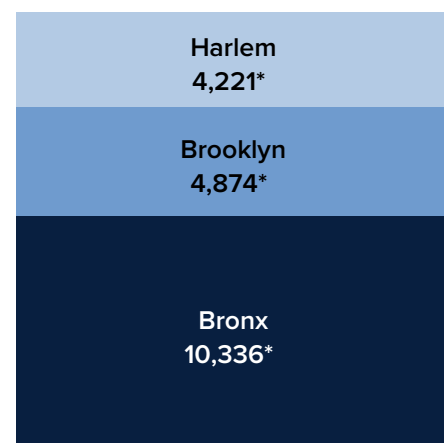
Mental Health Among Children

Nine percent of survey respondents reported that the mental health of their children under age 18 was worse when compared with the start of the pandemic.

Delayed Mental Health Care for Children

Most parents who reported that their children’s mental health had declined due to the pandemic said their child was now getting the emotional support they needed (59%*). However, 42%* of parents reported that a child in their care was still in need of help, which represents over 4,000 children in Harlem, nearly 5,000 children in Brooklyn, and over 10,000 children in the Bronx.

Figure 11. Represented number of parents who reported that their child was not getting needed emotional or mental health support



*Estimate is potentially unreliable and should be interpreted with caution.



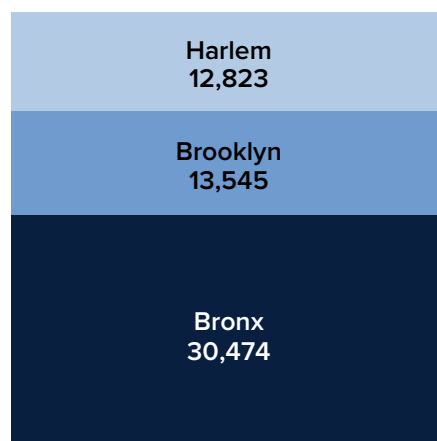
Youth now are going back to school on the anxiety and the stress and the trauma that they're experiencing through all of this.”

— Harlem community partner

Access to Prescriptions

Access to prescribed medications is crucial for residents to manage their health. The vast majority of surveyed residents (91%) did not experience challenges in getting their prescription medicine. This represents nearly 57,000 residents reporting having the prescription medicine they needed across the surveyed neighborhoods in the Bronx, Brooklyn, and Harlem.

Figure 12. Represented number of residents who had the prescription medicines they needed



Prescription Costs

Among residents who did experience challenges getting their prescription medication, 13% reported some form of cost-related nonadherence to their medication regimen — 12% reported that they had not filled or refilled a prescription due to cost, and 8% reported cutting pills or doses in half or skipping doses because of cost. Being unable to fill prescriptions creates health risks that may be especially acute for people with low incomes.

At the time of the survey in October 2021, 31%* of residents reported that they currently did not have the prescriptions they needed. Among those who reported not having their prescriptions, 64% said this was due to cost or insurance issues.

* Estimate is potentially unreliable and should be interpreted with caution.



Vaccines and Testing

Most surveyed residents (91%) had received at least one dose of a COVID-19 vaccine by the time of the survey and knew where to get a free COVID-19 test or how to find one (94%). Primary reasons why vaccinated residents reported receiving at least one dose of a vaccine were to protect themselves (77%), to protect their family and friends (72%), and to reduce the spread of COVID-19 (63%).

Figure 13. Reasons for getting the COVID-19 vaccine



Among those who were unvaccinated at the time of the survey, the top reasons for not receiving a COVID-19 vaccine were concern that the vaccine was developed too quickly or not yet approved by the FDA, concern about unknown long-term effects or anticipated side effects, and lack of confidence that the vaccine would help reduce transmission. Other reasons were concern that the vaccine did not adequately protect against new variants, belief that natural immunity from prior coronavirus infection was sufficient, and perceived medical contraindications.

“[The government should] continue to provide testing and strengthen regulations requiring everyone to get vaccinated (except those with medical conditions).”

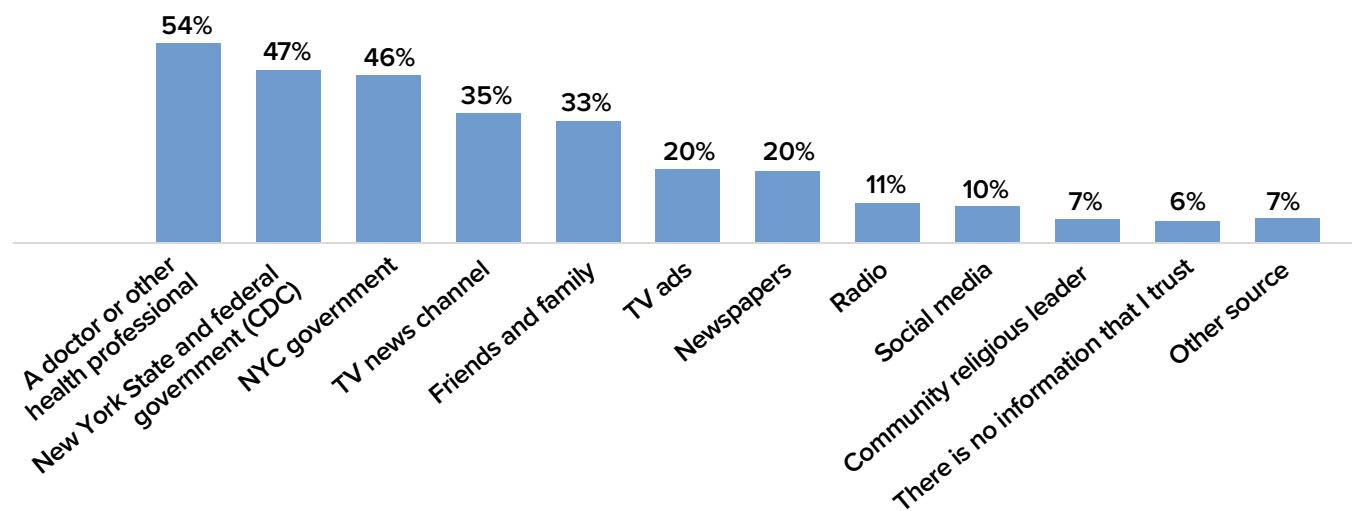
— Harlem resident

The COVID-19 vaccines are very effective at preventing the most severe outcomes of COVID-19, including hospitalization and death.

Trusted Sources of Vaccine Information

Surveyed residents identified trusted sources of information about COVID-19 vaccines. They were most likely to trust a health professional (54%), New York State and federal government sources (47%), and the NYC government (46%). Comparatively few residents indicated trusting social media (10%) or community religious leaders (7%) for information about COVID-19 vaccines. These responses did not differ significantly by vaccination status. While 6% of community residents indicated that there is no source of information they trust, this response did differ by vaccination status: 24% of unvaccinated and 4% of vaccinated residents selected this response option.

Figure 14. Community residents' trusted sources for COVID-19 vaccine information



I basically trust the government, it has been a predominant source of information for me and my family.”

— Brooklyn resident

Who Considers NYC Municipal Government a Trusted Resource for COVID-19 Vaccine Information?

Demographic factors can impact people’s lived experience when it comes to health equity and affect perceptions of government trustworthiness. Among surveyed residents, certain demographic factors were associated with increased odds of trusting NYC’s local municipal government. Residents who identified as non-Hispanic white, had lived in NYC for more than 10 years, were college graduates, or lived in a household with an income at least 200% of the federal poverty level were more likely to express trust in the local government. Those who identified as non-Hispanic Black, identified as Latino, had lived in NYC for less than five years, had an education level of less than a high school diploma, or lived in a household with an income below 200% of the federal poverty level were least likely to express trust in the local government. These findings may in part reflect the historical disinvestment and structural racism experienced by these neighborhoods.^{14,15}

Table 1. Likelihood to express trust in local NYC government by demographic

Participant demographics	More likely to express trust in NYC government	Less likely to express trust in NYC government
Self-identified race and ethnicity	<ul style="list-style-type: none">• Non-Hispanic white	<ul style="list-style-type: none">• Non-Hispanic Black or African American• Latino or Hispanic
Length of NYC residence	<ul style="list-style-type: none">• More than 10 years living in NYC	<ul style="list-style-type: none">• Less than five years living in NYC
Educational attainment	<ul style="list-style-type: none">• College graduate• Graduate or professional degree	<ul style="list-style-type: none">• Less than high school diploma
Income status	<ul style="list-style-type: none">• Annual income at least 200% of the federal poverty level	<ul style="list-style-type: none">• Annual income below 200% of the federal poverty level

While most people surveyed reported having had at least one COVID-19 vaccine dose, they felt that increased education, awareness, and access to vaccines and testing was necessary. This was echoed by community partners, who in their interviews highlighted the need for sustained access to vaccines and testing for the community. Residents also discussed the need for diverse forms of community outreach and clearer information on how to get vaccinated and tested.

Economic Vulnerability

The ongoing COVID-19 pandemic has resulted in not only profound loss of life and decreased health due to illness but also severe financial consequences for vulnerable populations in the Bronx, Brooklyn, and Harlem. The following section explores the financial implications of the COVID-19 pandemic and its impact on health care, food access, and housing stability.¹⁶

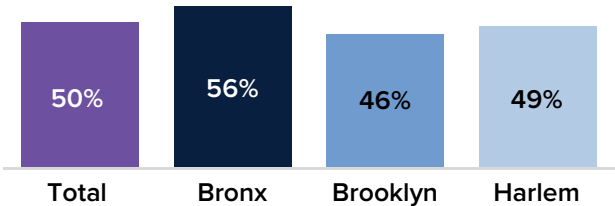
Across the survey, focus groups, and partner interviews, people expressed a dire need for economic revitalization.

“Provide ... opportunities [to allow] ... neighborhoods that have been marginalized for years [to] build back ... from the economic impacts of COVID. Many people lost jobs, and some are not being paid fair wages or not prepared properly, whether through education or training, to apply for jobs.”
— Harlem community partner

Financial Difficulties

Overall, 50% of residents surveyed in the Bronx, Brooklyn, and Harlem reported experiencing a financial difficulty during the pandemic, including being unable to pay their rent or mortgage, telephone or internet bills, subway or bus fare, or utility bills.

Figure 15. Half of residents experienced at least one financial difficulty caused by the pandemic



Among the 50% of residents who experienced at least one financial difficulty, 65% were still experiencing financial difficulties caused by the pandemic at the time of the survey in October 2021. This represents 327,686 residents across the surveyed neighborhoods.

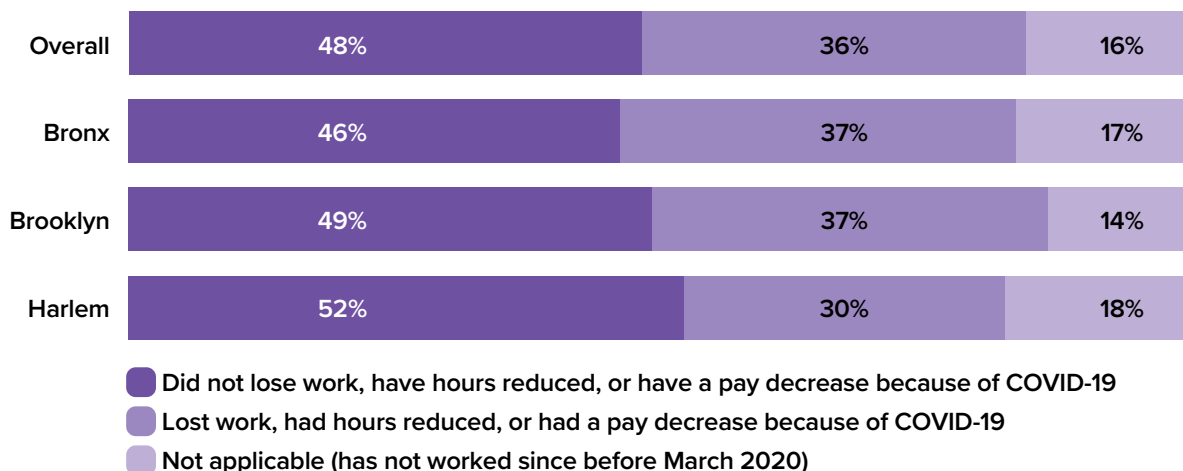
Figure 16. Financial difficulties experienced by community residents



Lost Work

Among the 36% of surveyed residents who had lost work, had hours reduced, or had a pay decrease during the COVID-19 pandemic, 60% — representing 198,443 residents — were still experiencing loss of work, reduced hours, or pay decrease at the time of the survey.

Figure 17. The COVID-19 pandemic led to more than one-third (36%) of surveyed residents losing their work, having hours reduced, or receiving a pay decrease





We work with the large community of Chinese Americans. And we had done a survey a few months ago. ... I would say maybe 98% of them asked to get help, with SNAP.”

— Harlem community partner

Food Insecurity

Having access to sufficient high-quality food can improve health outcomes for individuals and neighborhoods. Food insecurity hinders a person or household’s ability to access enough food, or enough culturally appropriate or nutritious food, to live an active and healthy life.¹⁷ With limited financial resources, those living with food insecurity are often faced with the decision of whether to spend their money on food or other urgent expenses such as medications, housing costs, or transportation. To assess and understand risk in the surveyed neighborhoods, we asked community residents questions on food insecurity.

More than half of residents (62%) were at risk of being food insecure. However, only 37% of residents were receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) and only 31% received free groceries or meals during the pandemic, demonstrating the need for more resources allowing for free meals or groceries or more awareness of where and how to access these services.

Community partners also shared that their clients were struggling with food insecurity. Several focus group participants affirmed these issues, saying that they struggled to feed themselves and their families amid rising grocery prices.



Maybe if I had been without children at that time, I would have taken it as a break. Because many people were able to stay at home. But it was traumatic. Because when ... for the girls, the first thing that came to my mind was that food would run out.”

— Brooklyn resident

Figure 18. Reported food insecurity by Neighborhood Health Services area

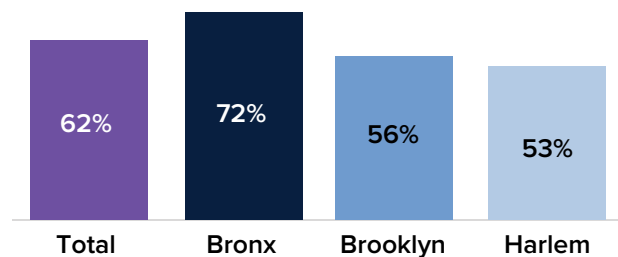


Figure 19. Represented number of residents at risk for food insecurity by Neighborhood Health Services area

More than 643,000 residents across neighborhoods were at risk for food insecurity.

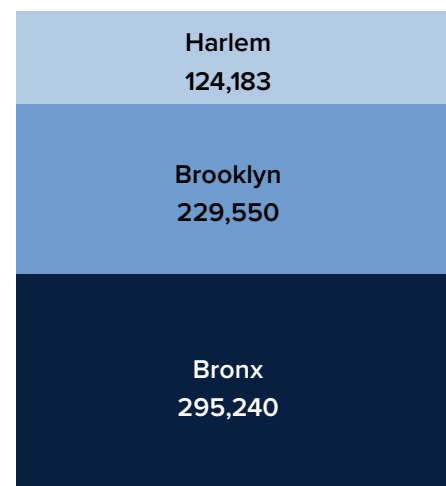
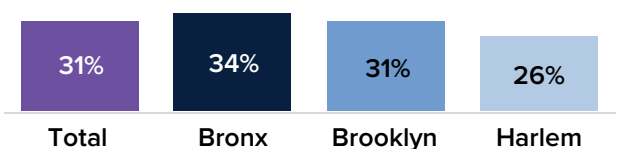


Figure 20. Only one-third (31%) of community residents received free groceries or meals during the pandemic



“ There were quite a few places, there were areas where there was a lot of food distribution. Many, many areas. But where we were, where we live, I never saw that. We had to spend our savings at the supermarket.”

— Brooklyn resident

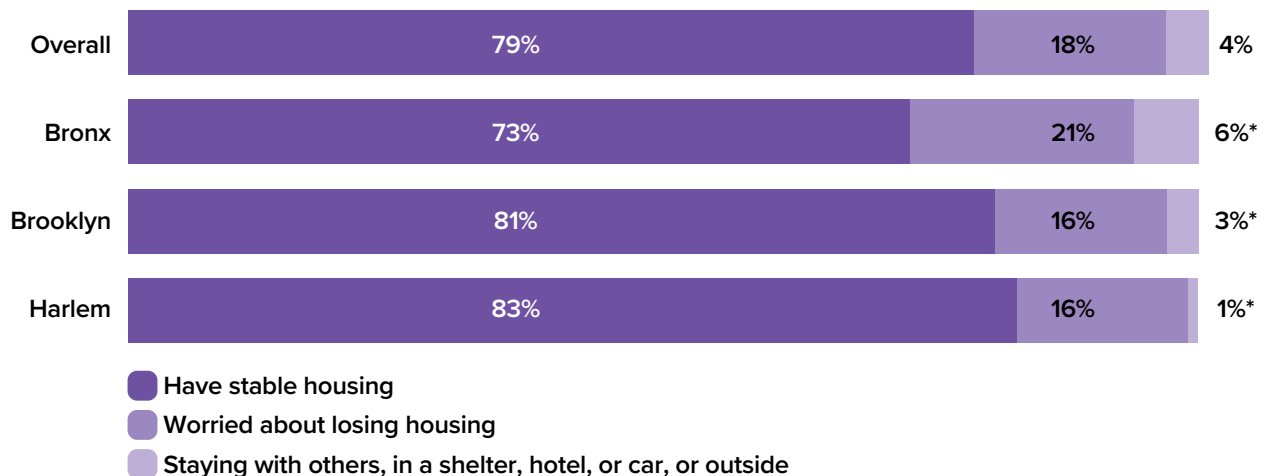
“ It was no food in the stores. But then the prices were like sky-high. And you didn’t know where you were going to go. Like. It was just too scary.”

— Brooklyn resident

Inadequate Housing and Housing Instability

Housing instability is a major social determinant of health in NYC, especially among renters.¹⁸ Having stable housing allows residents to maintain employment, raise their families, and manage their health. At the time of the survey, 18% of residents were worried about losing housing, while approximately 4% of residents, representing over 40,500 people, were actively experiencing some form of homelessness.

Figure 21. More than 20% of surveyed residents did not have stable housing



Note: Due to rounding, percentages may not add up to 100%.

Financial Benefits

At the start of the pandemic, government and community organizations recognized the need to provide financial relief to residents. Several financial benefits were expanded to community residents to reduce barriers to health care, financial security, food security, and housing security. Between March 2020 and October 2021, 90% of surveyed residents received some form of financial benefit from the government. Financial benefits reported by residents include the federal government stimulus checks (68%), unemployment (24%), and the child tax credit (20%).

* Estimate should be interpreted with caution. The estimate is potentially unreliable.

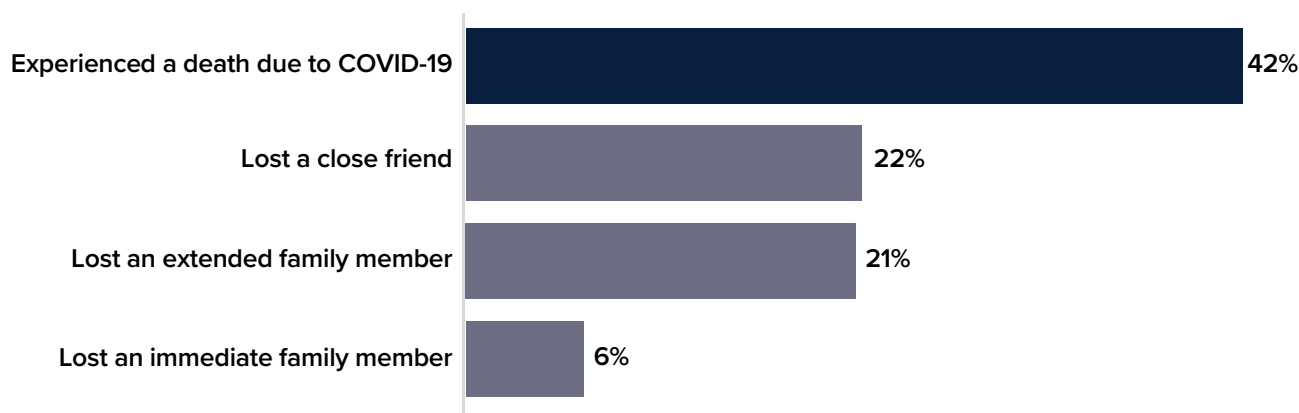
Loss and Trauma

The COVID-19 pandemic has significantly affected NYC, causing high rates of mortality and widespread loss and trauma.¹⁹ Data collected by the Health Department in the South Bronx, East and Central Harlem, and North and Central Brooklyn highlight the deep impact on these communities.

Personal Losses

During the pandemic, nearly half (42%) of the surveyed residents experienced a death due to COVID-19. Among those who experienced a death, nearly a quarter (21%) reported losing an extended family member, 22% lost a close friend, and 6% experienced the loss of an immediate family member. Similar losses were reported in the focus groups across all Neighborhood Health Services areas and in the partner interviews in Brooklyn and Harlem. These losses had a profound effect on people and their communities.

Figure 22. Percentage of community residents who experienced a death due to COVID-19



“The most difficult moment was not so much the economic part, because you recover ... it was not being able to say goodbye to the person. Not being able to go to the hospital, not being able to say goodbye to her.”

— Bronx resident

Community partners highlighted the need for increased access to grief counseling services to support residents and mitigate mental health impacts. Partners and community members discussed the ways individuals, organizations, and communities experienced trauma from the pandemic.

The trauma of losing loved ones affected entire communities.

“Almost all of our families have either had someone in their family pass away or knows at least one other person who has passed away. So the impact of that experience, trauma on not just a family here and there, but on the entire community.”

— Harlem community partner



The years have gone by, and I still haven't gotten over it much ... it was a very, very painful experience to lose my mother and not be there with her."

— Harlem resident

Emotional and Psychological Impact

Residents described experiencing a range of strong emotions, including fear, anxiety, worry, anger, and deep grief. The inability to say goodbye to loved ones and the absence of traditional mourning practices intensified their pain.

Residents shared their sentiments through focus groups and talked about how grieving alone without proper funerals worsened their emotional distress.

Community partners shared that they were concerned for the mental health of community members after experiencing acute and chronic trauma during the pandemic. These experiences include but are not limited to grief, fear of death, illness, and living under the threat of illness. There were concerns that the lack of an outlet for expressing emotional distress could lead to health risk behaviors. The pandemic worsened existing mental health issues and introduced new ones, and residents reported feeling anger, loneliness, and stress.

The fear of infection and the isolation from others led to heightened paranoia and a lack of trust within communities.



During that devastating period when so many people were dying, as you well know, they had all these bodies. It was something that was very heartbreaking for us. ... We couldn't attend the funeral. We had people back in our country who died also, we had to view the funeral on Zoom. That was devastating. So we ... we live by prayer, and we just held on to the cross because we knew that many of our family, you know, and friends, very close friends, had passed away also."

— Brooklyn resident



People in my area have shorter tempers. ... People just don't care anymore and stop wearing masks, which gives me anxiety."

— Bronx resident



I feel such a paranoia around my neighbors in a way I didn't pre-pandemic. You never know who's infected or who you could infect. It's terrifying and isolating."

— Harlem resident

Challenges to Supporting Family and Friends

Crowded housing was another condition tied to the larger issues. Close quarters were related to rising family tensions. Complex shifts in friend and family dynamics occurred for many people. Some adjusted their housing arrangements, such as by moving extended family into their home.



I just had COVID again, back in November. And three of our grandkids got sick. ... And this time around, it was worse. They had to call the ambulance because I couldn't breathe ... and I was like God, please help me. I need to get back home to my grandkids. They cannot take care of themselves, you know?"

— Harlem resident

It has been shown that if COVID-19 cases reached a crowded household, multiple family members became ill.²⁰ Through the focus groups, several residents related such experiences while living in close quarters. Additional stressors were placed on many, especially mothers, who expressed that they had to care for sick family members while themselves sick with or recovering from COVID-19.

Community Concerns and Tensions

Community residents expressed frustration with community members who did not follow COVID-19 safety measures. They were concerned about people refusing vaccines, not being honest about their exposure to the virus, and carelessly exposing others.



You have a lot of people who were actually protesting because they didn't want to take the vaccine."

—Brooklyn resident



I said, a lot of people got something, they don't say nothing to nobody else. Just keep it to themselves. Yeah, but other people, you know, they don't care. ... Then you see them like two weeks later, they tell you, oh, I just had this and I was doing really bad. I was in the hospital. Oh, but I just saw you. You didn't say anything to me."

— Bronx resident

Navigating Technology

Navigating computer technology posed challenges in the community. Faulty internet access or a lack of broadband access in certain neighborhoods, low computer literacy, lack of knowledge of how to access the internet, lack of equipment, and the shift to conducting schooling, business, and other activities in the virtual world were identified as particularly challenging issues for students, older adults, and those who do not speak English.

In addition to routine child care duties, families took on an undue burden in assisting their children with remote learning when public schools transitioned to virtual platforms.



Many community members still don't have internet at home. They don't have tablets; they don't have computers. ... How can parents help their children navigate the system?"

— Harlem community partner



It was haywire ... the school being shut down. And electronics not working. The iPad would give up the homework not uploading. It was a mess. It's a really bad experience."

— Harlem resident



He [resident's son] wasn't inspired. ... Sometimes he couldn't log in and the technology wasn't working out. And then I couldn't stay the whole day, you know, I had to go to work because if I didn't go to work, then I didn't have income. And if I don't have income, I can't support my kids. You know, so but then I had to be home three days out of the five days. So they don't fail class."

— Harlem resident

Resilience and Recovery

The COVID-19 pandemic disrupted and impacted nearly every aspect of daily life. Surveyed residents, focus group participants, and community partners shared their opinions about recovery from the pandemic, including the resources in their neighborhoods that helped them and what is still needed to support community resilience and recovery moving forward.

“ I think what my biggest challenge is, you know, you are going through burnout already from the first medical mess we went through. And I think that we can burn out to the point that at one point I wanted to become a hermit, you know, so I was coming out of that and then this hit. So, it was once again challenging me not to fall into that burnout. I still suffer from some of that trying to not be a hermit because I’m watching the communal pain that we have to share and there’s a limit to what we can do about it. You know, cause again, I care. Sometimes too much. Watching the pain that our community goes through, it’s difficult sometimes for me.”

— Harlem resident

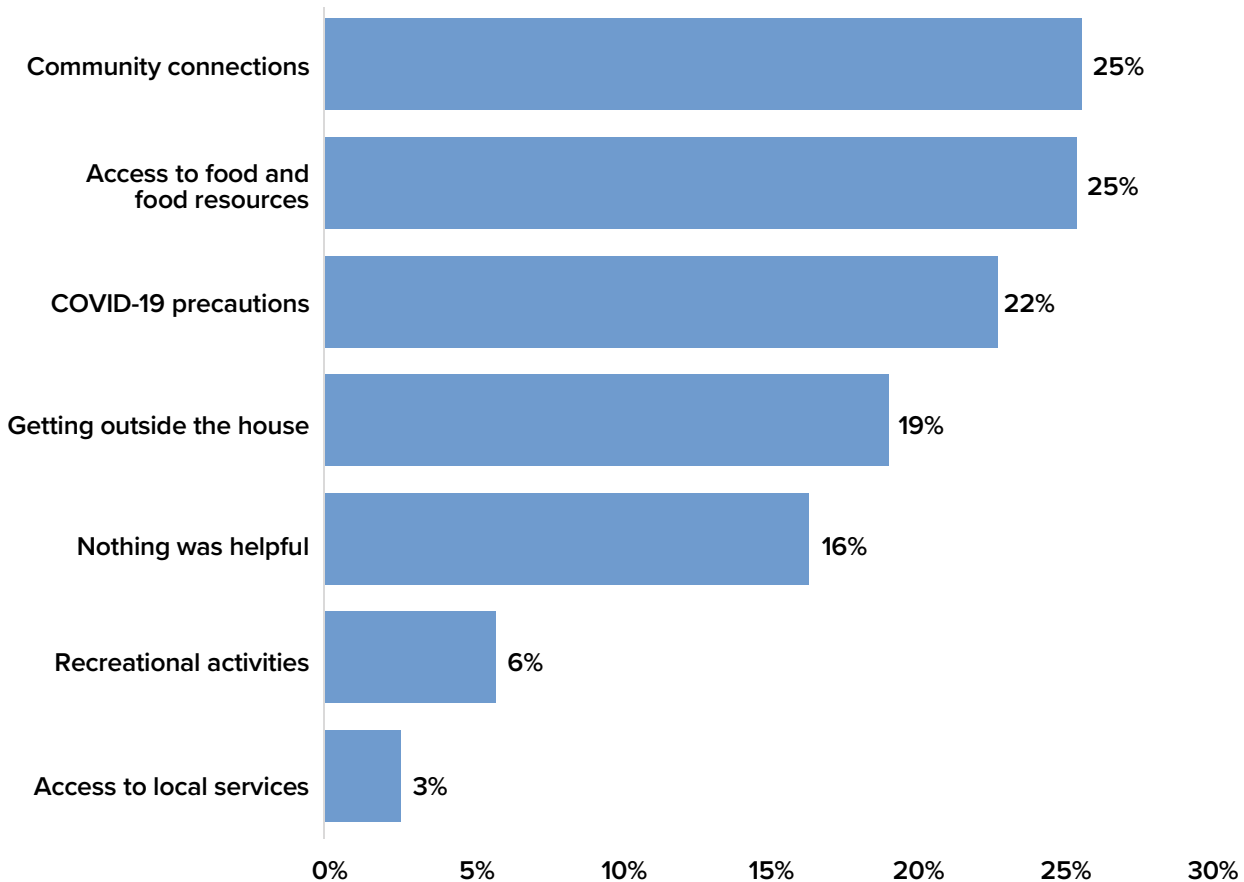
Efforts That Contributed to Community Well-Being

Surveyed residents reported strategies and resources in their neighborhoods that helped them get through the COVID-19 pandemic and contributed to their resilience and recovery. Similar sentiments were shared by focus groups and partner interviews.

More than 1,000 write-in responses from the Community Recovery Survey on what community resources were helpful during the pandemic reflected six major themes: community connections (25%), access to food and food resources (25%), COVID-19 precautions (22%), getting outside the house (19%), recreational activities (6%), and access to local services (3%). Additionally, some residents (16%) reported that there was nothing helpful in their neighborhood during the pandemic.



Figure 23. Strategies and resources deemed helpful by community residents during the COVID-19 pandemic



“A successful recovery would be in addressing all the systemic issues that have created the outcome and problems in the community ... where we’re addressing all those systemic issues ... that got exacerbated because of the pandemic, the job losses, the rents, the housing instability, food insecurity. ...”

— Harlem community partner

Community Connections

During the pandemic, community residents received support from their neighbors and fellow community members (12%), from community organizations (3%), from their religious community (2%), and by staying connected with family and friends (8%). Neighbors helped each other. Community organizations helped their neighborhoods. Residents attended virtual religious gatherings. Through the focus groups, residents also mentioned receiving care packages from loved ones, which were especially helpful during times of social distancing. Residents also took advantage of the precious free time and spent it with the loved ones they social distanced with. Although it was not recommended, a few also mentioned checking up on their neighbors and attending neighborhood-based gatherings.



I have neighbors, we check on each other. If one is going out to a different area, we shopped for each other. We cared for each other.”

— Bronx resident

COVID-19 Precautions

Neighborhood residents were able to get through the pandemic by following COVID-19 safety and social distancing measures (11%), seeing the public efforts to reduce the spread of COVID-19 (4%), having access to convenient COVID-19 testing (3%), free PPE resources (2%), and free COVID-19 vaccinations from the Health Department and community partners (1%), and by seeing the appreciation shown to essential workers (1%).



The only thing that kept me safe in my neighborhood was my mask and keeping away from others when it was possible.”

— Brooklyn resident

Access to Food and Food Resources

Residents cited having access to free food resources (9%), access to local grocery and convenience stores (6%), access to food and meal delivery services (4%), access to local restaurants, outdoor dining, and takeout options (4%), and enjoying food and meals (2%) as being helpful during the pandemic.



Fortunately, I live in a large co-op with many neighbors I know having lived here a long time. Also, small grocery, delis, and pharmacies were able to stay open and they delivered to apartments. This was their survival as well.”

— Harlem resident

Getting Outside the House

Surveyed residents also cited getting through the pandemic by having access to nearby public parks and outdoor spaces (14%), spending time outdoors (4%), and having less people and cars outside (1%). Residents in the focus groups shared additional coping strategies, including making use of their backyards. Both survey and focus group residents additionally cited taking advantage of the free public transportation service that was in place for five months between March and August 2020, when front-door boarding and fare collection were suspended on buses.



I am very lucky and live near Central Park, Morningside, and Riverside parks. Walking my dog in the green spaces made things feel manageable.”

— Harlem resident



I stayed in and relied on telephone, online events, Zoom meetings.”

— Brooklyn resident

Recreational Activities

Recreational activities that helped residents included exercising (2%), having access to social media and the internet (2%), and watching television (1%). Residents who participated through the focus groups also related negative results of watching television news at the beginning of the pandemic, which increased their fears and anxiety. As a result, they avoided news media.

Access to Local Services

Access to local pharmacies and prescription delivery services (1%) and local businesses remaining open (1%) were also cited as being helpful by residents.



Our pharmacy was nearby, and the grocery store provided everything we needed.”

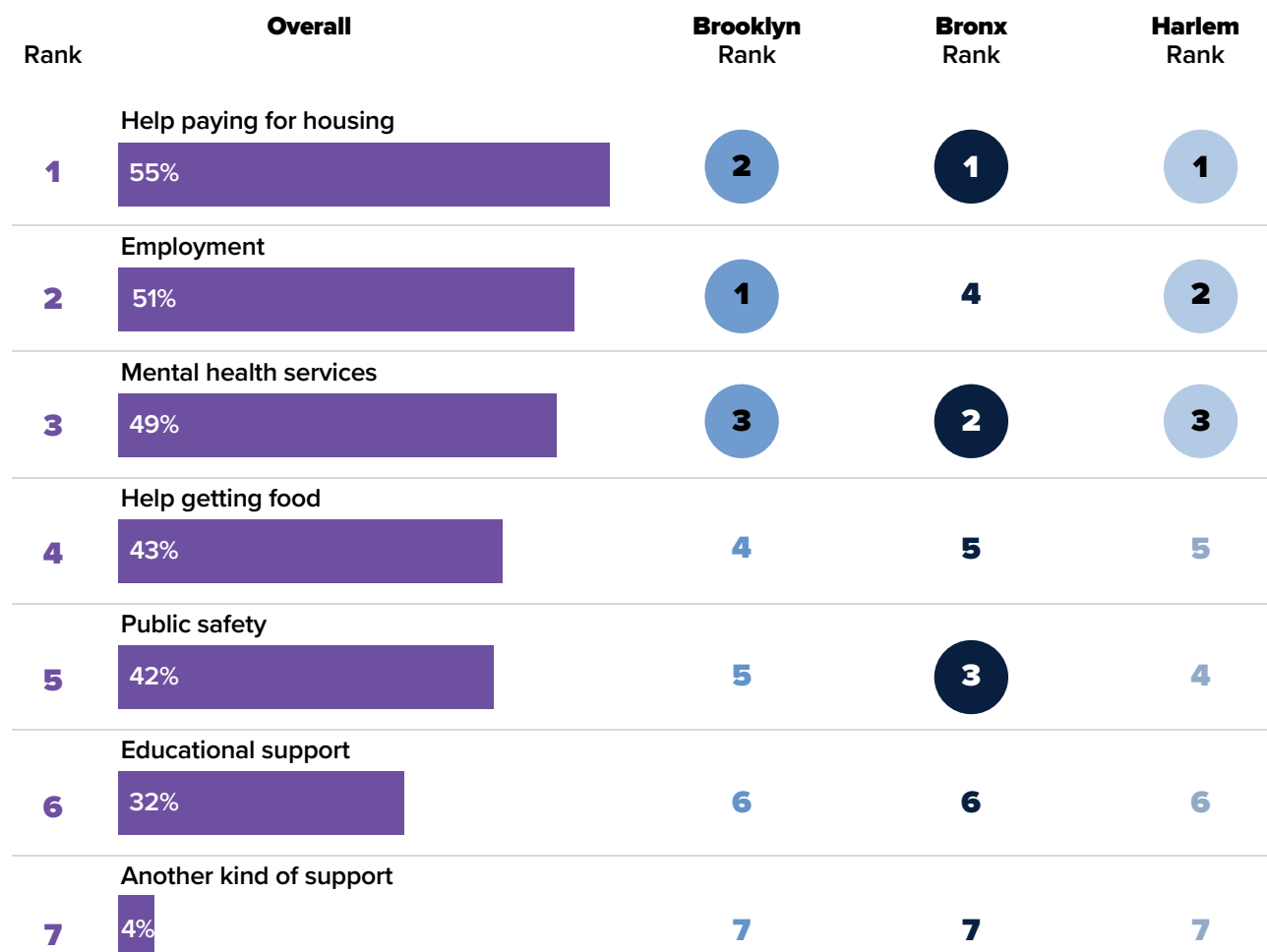
— Brooklyn resident

Community Recovery Needs

Help with housing (55%), employment support (51%), and mental health services (49%) were identified by surveyed residents as the top resources and supports needed for communities to recover. Although these needs were similarly ranked across all neighborhoods, residents of the South Bronx also identified public safety as a top concern for recovery. Community partners additionally recognized the need for residents to reconnect with one another as a means of community healing.



Figure 24. Top identified community recovery needs



Surveyed residents were asked what they think the government should be doing right now to handle the COVID-19 pandemic, which resulted in a wide range of responses, including endorsing vaccines, masks, social and financial support systems, and other community-based approaches to recovery.

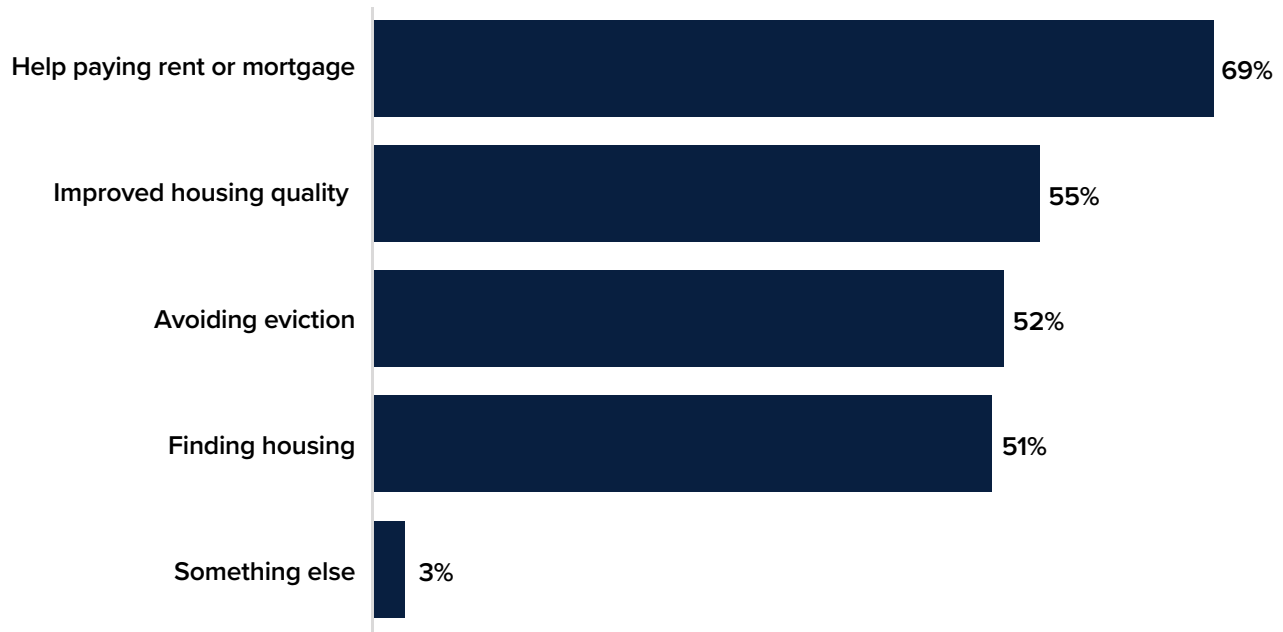
“Many of the immigrant population have lost employment by no fault of their own. And now that’s exaggerated the discrepancies that they had prior. Now, it’s even more of an issue for housing, and many individuals are not eligible to receive the funds that have been dispersed throughout our communities to assist with these needs.”

— Harlem community partner

Help With Housing

Surveyed residents identified a variety of housing needs. Help paying rent or mortgage was the most common housing need identified for recovery.

Figure 25. Top reported housing needs



Many surveyed residents expressed that social and financial security is key to keeping communities healthy. Addressing homelessness and housing and food insecurity were among the most common sentiments expressed on ensuring health and safety.

Community partners identified challenges with coordination and equitable distribution of services. They described redundant service offerings — including employment, housing, and food distribution — for some populations, which can divert services from other populations in need. For example, undocumented immigrants have been left out of many COVID-19 relief programs, including those for housing.

Mental Health Support

Residents and community partners alike underscored the need for more mental health services in the community to help residents cope with anxiety, stress, and trauma. While surveyed residents felt mental health support for adults was most needed, mental health support for children and youth was also a priority — 98% indicated a need for adult mental health services and 64% highlighted a need for children’s mental health services.

“And we need to get rid of that stigma, because mental health is real. And a lot of people is overwhelmed with this COVID. You know, they having anxiety.”

— Brooklyn community partner

Partners repeatedly expressed that mental health support, including services for youth, was a priority need for the community. They observed that there is stigma associated with mental health support in some communities, which may prevent some people from seeking much-needed services.

Community Recommendations to Local Government

Education and Access to COVID-19 Vaccine and Testing Services

Community residents wanted greater access to tests, vaccines, and antiviral medication and crystal clear information on how to obtain them, along with diverse forms of community outreach. Partners expressed that COVID-19 prevention services are still needed by the community. These include vaccine and testing access, education and information about COVID-19 health and safety practices, use of varied media to spread information, and hearing from doctors who look like themselves.



Continue asking people to get vaccinated. Educate people that this is what is handling this virus. Educate people that they are responsible too in helping others. People usually respond to helping. That is the way to handle this.”

— Harlem resident



I know for our communities, especially in the Black community, we kind of took the word of Black doctors more seriously.”

— Brooklyn community partner

Another common sentiment identified a need for door-to-door outreach to support people who are unable to leave home, especially those with disabilities and access or functional needs, those caring for children or other family members, and those sheltering in place to minimize exposure to illness.

Rebuilding Trust

Generations of systemic racism has produced preventable racial health inequities, which has encouraged a distrust of government among some communities of color.²¹ Government distrust can hinder the effectiveness of pandemic response efforts. Therefore, building trust in government is critical for successful and equitable emergency responses.



I think the government assumes everyone has a TV or some form of media to see the constant barrage of information. I think there should be info given out at transit hubs or bus and train stations or any other place people congregate.”

— Brooklyn resident

“Community educational programs alongside the mandates. Intentionality built into everything that is done in community. Please do so with extreme and radical kindness.”
— Brooklyn resident

Surveyed residents previously identified the local government as a trusted source of information. However, it is uncertain whether this trust may have shifted since October 2021, as neighborhood dynamics continue to evolve. To understand how community-government relationships may have been impacted over time, we will need to continue monitoring trust levels in the future. Given the potential shifts in trust levels, understanding what residents believe the local government could do to strengthen community trust is essential.

Surveyed residents shared what they felt the local government should do to help strengthen community trust. They suggested that local government communicate clearly and honestly, address socioeconomic challenges, and enhance public COVID-19 protection measures.

Some residents indicated continued trust in local government based on the perception that the government had made good decisions during the pandemic, as they had received what they needed or felt that statistics and guidance had been communicated clearly during a critical time.

Residents reported their approval of current measures and a desire for certain health and safety policies to remain in place or be reinstated to prevent another wave of illness and death.

Others indicated that they distrusted government due to conflicting messaging and a lack of a unified voice across different government entities, politicians who had not followed through on promises made, or feeling that they or people around them did not receive the support they needed from the government.

“I haven’t lost my trust in the government; I have to say NYC, State has done everything right.”
— Brooklyn resident

“Stay strong on the vaccine and mask mandates. Ensure public spaces are safe for airborne pathogens. I think you are doing a great job overall so just keep doing it.”
— Harlem resident

“I have very little trust in the government. I don’t think that they can do to change my mind. They can’t even agree among themselves basic decisions. If there is no unity amongst themselves, how are they going to solve the world’s pandemic?”
— Bronx resident

“We need to build trust across those different groups of people so that we can respond to people. And when things like a COVID mandate that says, ‘Stay in Place,’ you know, there’s a trust that exists there. ... If you respect the agency because they responded to your needs and been helpful to you in the past, then you’ll trust that what they’re telling you is the best advice.”
— Brooklyn community partner

Partners also stated that there needs to be a serious focus on building trust in communities as part of COVID-19 recovery planning and preparedness for future public health emergencies.

Economic Investment

Community partners felt that recovery efforts must include creating economic opportunities that give people hope for the future. These include capital investment in communities, addressing social needs such as job training and skills development, and providing financial support to families for whom rising costs of living spurred by the pandemic are destabilizing housing security.

“ I think that was, that is a big piece that’s missing and just in the economic investment. Safer, safer communities, safer housing, you know, more affordable housing.”

— Brooklyn community partner

Community-Led Engagement

For any recovery effort to be truly successful, community partners felt that it was paramount to have community members and groups — churches, schools, community-based organizations — lead or be involved in choosing the priorities for their communities. They want programming that is tailored to their communities.

“ I think recovery looks like, you know, community is really being the designers of solutions that are really beneficial to communities, not, you know, a city agency, not an elected official, not anyone else coming in and directing about what needs to happen. But it’s community itself that is designing and implementing in a way that’s healthy.”

— Brooklyn community partner

“ [When] you’re doing something in this neighborhood, let us know what’s happening. Collaborate with us. ... We can help to advise. We can recognize challenges, give feedback on that. ... That type of communication [is important] ... so that we can [be in] lockstep with you.”

— Harlem community partner

Understanding How to Navigate Government Bureaucracy

Community partners identified challenges obtaining funding for program implementation and navigating the bureaucratic processes needed to gain funding support. One identified impact of this was a slow response to COVID-19’s toll on mental health.

“ The bureaucracy at times is really frustrating both for people within the Health Department and outside of it, because you want to collaborate, and you want to do this work together. But sometimes it just feels like there’s a lot of barriers and it takes longer to get things approved or to get guidance out.”

— Brooklyn community partner

Partners felt that the paperwork for government service access was a barrier to reaching health and safety resources for themselves and their families. They felt that pathways to community recovery must include teaching people to maneuver through the City's bureaucratic systems. It was expressed that many people need assistance to navigate the school and social services systems, especially older adults, young parents, and immigrants or people whose primary language is not English.

“And those are the kind of skills that for many people, especially older people, must be much harder to navigate, and you fall behind your property taxes. And how to navigate for some kind of support from the City. You have a lien on your house because you've been, because you've been underwater, it's even worse with COVID.”

— Brooklyn community partner

Novel Approaches to Community Recovery

New Normal

Many community residents and partners shared the sentiment that their communities should not aim to merely resume life as normal before the pandemic. They called for a “renaissance” and a “new normal” in these communities. Partners shared that the government needs to reevaluate and refine the current policies and protocols that would address structural racism and make reparations in education, the workforce, and housing infrastructure, including curtailing gentrification.

“Recovery to me doesn't mean we recover, we go back to what it was like. Because what it was like wasn't really working for our community. ... And so I don't want to recover and go back to the old way.”

— Brooklyn community partner

“For me, it [recovery] is finding and adapting our new normal, right, and be OK with it, embrace it. That what was, is no longer, and it's OK. Right. And to share with people it is OK to feel like we need a reset.”

— Brooklyn community partner

Revamping Community Infrastructure

Community partners also identified the need to improve communication infrastructure so that the inequities in access to information across different communities that became so apparent during the pandemic can be addressed. They expressed an imperative to ensure that each community has access to broadband and is given opportunities to learn how to access online services.



Conclusion

The COVID-19 pandemic resulted in great pain and loss for residents of the South Bronx, East and Central Harlem, and North and Central Brooklyn. NYC was hit hard by the virus and faced many challenges that made life difficult, especially for residents living in disadvantaged neighborhoods.

The NYC Health Department's Neighborhood Health Services documented residents' struggles during the pandemic, which include health and health care access, mental health, economic vulnerability, and loss and trauma. Residents also demonstrated the resilience and recovery efforts of their neighborhoods, which were strengthened by community and social connections. Although many felt lonely because of social distancing measures, neighbors helped one another, and people found ways to connect with friends and loved ones through technology. However, it is clear that the pandemic created long-term trauma. To build healthy communities, we need to focus on long-term recovery.

Recovery looks different for everyone. Many residents expressed that we are still in a pandemic, and that "recovery" isn't the right framing for what is needed now. They felt that people in their communities have lost hope and that hope needs to be restored. Community residents and partners voiced a need for higher-quality health care for the community and assistance navigating the health care system. People called for immediate mental health resources, culturally sensitive care, and resources for both adults and children.

Government support for individual financial stability is needed for people to recover. Many people expressed a need for help with housing and employment. They said that prices for daily essentials are too high and need to be lowered.

Residents felt unprepared for the pandemic. To prepare for future health emergencies, many who can afford it said they plan on taking stock of essential items at home, building their support networks, getting to know their older neighbors, and keeping up with their health. However, for many residents, economic uncertainty precludes preparing in the ways they would like and contributes to ongoing anxieties.

The loss and trauma shared by Neighborhood Health Services residents brings home the importance of having strong support systems in place. As the city moves forward, helping heal and rebuild these residents' lives will be key to creating stronger and healthier communities. We hope the lessons of this research will be used to help NYC better prepare for future challenges, and especially to help those who are most vulnerable.

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A Neighborhood Report from
Bronx, Brooklyn, and Harlem Neighborhood Health Services
Center for Health Equity and Community Wellness
NYC Department of Health and Mental Hygiene
2025

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Resources are available from the City of New York. For more information visit us at nyc.gov/neighborhoodhealth or call **311**.

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Health Action Center
1826 Arthur Ave.
Bronx, NY 10457

Brooklyn

Brownsville Neighborhood
Health Action Center
259 Bristol St.
Brooklyn, NY 11212

Harlem

East Harlem Neighborhood
Health Action Center
158 E. 115th St.
New York, NY 10029

Bedford Health Center
485 Throop Ave.
Brooklyn, NY 11221

Bushwick Health Center
335 Central Ave.
Brooklyn, NY 11221

East Harlem Asthma Center of
Excellence
161-169 E. 110th St.
New York, NY 10029

Central Harlem Health Center
2235 Fifth Ave.
New York, NY 10037



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