NYAM

“It got a little bit complicated for me”

Community-Based Organizations & Access to Benefit Programs for Immigrant Families

Linda Weiss • Luisa Cárdenas • Arline Cruz Escobar • Daisy Segarra • Mayssa Gregoire • Becca Telzak • Maya Scherer

The New York Academy of Medicine
November 2023

Introduction

Community-based organizations (CBOs) are crucial institutions within immigrant communities, providing a variety of supports that ease the transition into a new land, including concrete services focused on health, education, housing, financial security, and language access; facilitation of social support and community connections; and mobilization and advocacy to promote civic engagement and community well-being.[1,2] CBOs, including those serving low-income immigrant communities, also provide outreach, navigation, and facilitated enrollment into benefit programs, assisting community members in accessing vital programs and services to which they are entitled.[3] Benefit programs often come with complex regulations and requirements, including the provision of documentation, which exacts a toll on applicants and may delay or restrict access, even to those who are eligible.[3–5] For low-income immigrants, these challenges are commonly exacerbated by limited English language skills, lack of familiarity with benefit programs,[6] and fear of legal consequences related to their immigration status.[7]

New York City (NYC) is home to approximately three million immigrants, comprising over one-third of the City's population. More than 60% of NYC children live in households with at least one foreign-born family member; approximately 14% live in "mixed-status" families, meaning at least one family member is undocumented. Approximately half of NYC immigrants are limited-English proficient (LEP), speaking English "less than very well."[7]

Forty-four percent of NYC's workforce is foreign born—with notably high numbers of immigrants working in sectors with relatively low pay and inadequate worker protections, including service occupations and construction.[7,8] Immigrant NYC residents have lower median incomes than US-born residents: approximately $14,000 lower when comparing US-born residents to all immigrants; approximately $20,000 lower when comparing US-born residents to immigrants who are not naturalized citizens (i.e., undocumented immigrants and immigrants who are lawful permanent residents).[7]

Focus of the Study

The study described here was conducted between 2021 and 2023, and focuses on administration of, and facilitated access to, benefit programs provided by Make the Road New York (MRNY), a community-based organization that builds the power of Latine and other immigrant and working-class communities across NYC and surrounding counties through an array of health, education, legal, and survival services, as well as community organizing and advocacy at the local, state, and federal levels.

The study focuses on three benefit programs:

- **Supplemental Nutrition Assistance Program (SNAP)**, a long-standing federally funded initiative that subsidizes food purchases for individuals and families with low incomes[3];
- **NYC COVID-19 Immigrant Emergency Relief Program (IERP)**, created for NYC immigrant workers and their families who were economically affected by the COVID-19 pandemic but were excluded from federal COVID-19 relief[9, 10]; and
- **Ida Relief Fund for Excluded New Yorkers**, which provided monetary support to undocumented New Yorkers affected by 2021's Hurricane Ida living in households in which no one was eligible for Federal Emergency Management Agency (FEMA) assistance.[11]

These three programs represent alternative models for providing support to meet basic needs among immigrant populations with low incomes, including differing eligibility criteria, documentation requirements, and administrative systems. The COVID-19 and Ida Relief programs were developed in response to events, and were designed to be temporary, focused specifically on undocumented immigrant populations, and were administered by CBOs. SNAP is administered in NYC by the NYC Human Resources Administration (HRA) and has been in existence for over five decades. SNAP is not available to undocumented and several other classes of immigrants. See Figure 1 for more information on these programs.[12]

In considering these three programs together, strengths and challenges of program attributes can be more carefully considered. In addition, the role and value of immigrant-serving community-based organizations is highlighted. This value goes beyond individual programs and includes a knowledge base, infrastructure, and local presence that together support trust, community building, and civic engagement.[2]

FIGURE 1: BENEFIT PROGRAM DESCRIPTIONS

Supplemental Nutrition Assistance Program (SNAP)

provides support for food purchases and has been shown to improve health outcomes and reduce healthcare use and costs.[13] Eligibility and the benefit amount depend on household size and income, as well as other financial factors (e.g., dependent care expenses, medical expenses).

Lawfully present noncitizens, including children who are lawful permanent residents, are eligible for SNAP, although—with few exceptions—lawful adult permanent residents must wait five years before enrollment. US citizen children are eligible for SNAP, independent of the immigrant status of their parents.[14]

SNAP provides participants with an Electronic Benefits Transfer (EBT) card that they can use for food purchases. In NYC, individuals and families can apply for SNAP through an online portal, at SNAP centers, or through designated CBOs. Participants complete recertifications to retain their benefits, and must submit a periodic report if there are any changes in their household composition or income.[15]

NYC COVID-19 Immigrant Emergency Relief Program (IERP)

provided direct monetary support to immigrant workers and their families who were economically affected by the COVID-19 pandemic but excluded from federal COVID-19 relief. Individuals qualified for the one-time payment if they were a NYC resident, had experienced job loss or reduced work hours, could not afford basic expenses due to the COVID-19 crisis, and were not eligible for the Economic Impact Payment under the CARES Act or for unemployment insurance benefits. The NYC Mayor's Office of Immigrant Affairs (MOIA) partnered with the Mayor's Fund to Advance New York City and distributed the funds through 34 directly contracted organizations from May 2020 to January 2021. The need and impact evidenced by IERP prompted the creation of other programs that also provided direct support to undocumented immigrants, including assistance with housing costs.[10]

Ida Relief Fund for Excluded New Yorkers

was a New York State program that provided direct monetary support to undocumented New Yorkers affected by Hurricane Ida who lived in households in which no one was eligible for FEMA assistance. Individuals applied and accessed the funds through six partner CBOs that covered affected areas in eight counties. Individuals or households could receive a maximum of $72,000 for housing-related expenses and other needs, such as funeral expenses, medical care, childcare, moving and storage, personal property loss, transportation, and cleaning assistance.[16] When the fund closed in April 2022, the average amount disbursed per applicant was $5,555.[17]

FIGURE 2: MRNY'S PEER-TO-PEER HEALTH *PROMOTORA* PROGRAM

MRNY's peer-to-peer health *promotora* program

leverages the leadership and social networks of members to reach and educate diverse community residents, connecting them to services that facilitate healthcare access, healthy living, and legal support. Through the *promotora* program, community members conduct outreach on the streets and in places such as schools, churches, and MRNY classes and meetings. They work as peer counselors and educators, helping people sign up for SNAP and learn about healthy behaviors.

Methods

The data sources for the findings presented here are interviews with: 1) Latine parents of young children who received services from MRNY related to one of the three target programs (n=30); 2) MRNY staff and leadership who provide direct services and/or administrative oversight related to the target programs (n=5 interviews with 10 participants); and 3) staff from four other CBOs that offer services focused on food and financial security to Nepali-, Chinese-, and Arabic-speaking immigrant families (n=5 interviews with 6 participants).

Interviews were conducted and recorded via Zoom. Recordings were professionally transcribed and coded according to pre-identified topics (e.g., "SNAP enrollment"), as well as topics that emerged from the data themselves (e.g., "documentation requirements"). Coded transcripts were analyzed by the research team to identify relevant themes and significant findings. The study protocol was approved by The New York Academy of Medicine's Institutional Review Board. All survey and interview participants, other than MRNY staff, received a gift card honorarium in appreciation of their time.

Findings

Interviewees described strengths and challenges of the benefit programs studied, their value to participants, and the critical role of CBOs as intermediaries between programs and their intended beneficiaries. Below, we provide additional detail regarding these findings organized into four main themes: 1) the critical importance of financial supports; 2) the challenges inherent in gathering the required documentation; 3) the value of CBOs as intermediaries between community members and benefit programs; and 4) CBO resource requirements to support these responsibilities.

1. Financial supports are critical to well-being

Participants in all programs greatly valued the support they received and described using funds for food and—in the case of COVID-19 and Ida relief—other basic needs, including rent, utilities, clothing, furnishings, school supplies, and items necessary to continue with work (e.g., tools). Although benefits were unlikely to meet all needs, they reduced the stress associated with economic constraints and traumatic events, and they contributed to personal stability and recovery, decreasing the likelihood of a downward spiral.

The best thing [regarding SNAP] is the help that I receive every month. And with that card, I buy whatever I need. It's such a great help for me… I can bring my family some food. It has helped me a lot in allowing my children to grow up healthy and strong. **—SNAP Parent**

[COVID relief] helped us a lot. We are a couple and we have a child, and although we had some savings, we had to use them to pay the rent, so it was a great help at the right moment. On a scale from 1 to 10, the relief we felt was 10. **—COVID-19 Relief Parent**

We bought couches, blankets, sheets, clothes for the children, and work tools… [Ida relief] helped us get back our lives and be able to live well, or with dignity, because we were in a really difficult situation… [My husband] did work [after Hurricane Ida], but it wasn't the same, because without work tools [which were damaged during the hurricane], he couldn't get the same job, and they didn't pay him the same wage. **—Ida Relief Parent**

Interviewees recognized that resources for economic support programs are limited. Given this constraint, most were comfortable with program guidelines that focused on meeting basic needs. A number of interviewees noted the hardships they had faced before coming to the US, which left them hesitant to expect more support than they received. CBO staff were also relatively comfortable with guidelines but described the challenges of population-specific restrictions (e.g., by neighborhood), which felt arbitrary to those in need.

The more help we have the better, but I'm also aware that it's money that they may be taking away from my brother to give to me. I'm in a country—I wasn't born here legally—it's a country on loan, and I am very grateful for that help. If they were to give me $20 or $500, I am very grateful for that help, because the money helps me a lot. If they gave me more, great, and with what they are giving me now, it helps me a lot. **—SNAP Parent**

The City had several different versions…[of COVID] cash assistance. And eligibility just changed a bit each time. Sometimes, it was certain zip codes. Sometimes, you had to have lost employment. Other times you had to have been eligible for the worker fund money but not received it. So there were different iterations of that program… I think for community members, it was confusing. "Why this person and not this person?" Someone from Brooklyn at one point and not someone in Queens, or someone in Queens and not someone in Brooklyn. It's hard to grasp and understand why there's different criteria when everyone is, in theory, in a really hard spot. **—MRNY Staff**

2. Documentation requirements present challenges to individuals and intermediary agencies

Across the three programs, criteria limiting eligibility were considered important, given the large number of people needing assistance. However, documentation required to demonstrate eligibility and/or to determine benefit amounts was considered too prescriptive in some cases, particularly if participants were forced to rely upon others (e.g., former partners, school personnel, doctors' offices, employers) to develop or attest to the validity of the required documents. These documents were in some cases difficult to access, particularly within the time frame allowed (30 days from time of application for SNAP, for example), or if the arrangements were off the books. In addition, requiring documentation for family members not eligible for a benefit seemed unnecessarily burdensome.

It got a bit complicated for me with the proof of address, because the woman who rents us the room is just renting it without anything written, but it would be against the rules [for her to rent] and all of that. So during that time it was hard to get her to do the letter for us. She also said, "But why do you want the letter?" and all of that. **—SNAP Parent**

Some people don't have money to pay for a letter from the pediatrician, which is a [SNAP] requirement, too. So they tell me, "I don't have an appointment." All those things can happen. "They want to charge me $20 for the letter, and I have three kids and I don't have that money." We tell them that if they can't obtain that letter, they can obtain the letter for the vaccines where the child's name is indicated or a letter from the school. Those are some barriers that delay the delivery of the documentation to us. **—MRNY Staff**

Maybe they are a mixed family where they have children who are not eligible [for SNAP], and we have to tell them that they have to be included in the application even though they will receive nothing. It's a lot of paperwork for them when they have five children, for example. You need five birth certificates and five proofs of address, so it's overwhelming for them. **—MRNY Staff**

Even the two programs designed to respond to emergency circumstances were found to have documentation requirements that seemed overly burdensome.

[For COVID burial assistance] we needed to get receipts for everything. That's where it became a hassle for some folks, because [MRNY] received this money a year after COVID actually happened. So a lot of people didn't have those receipts anymore. I would then encourage them to go to the funeral homes or the cemetery where they got these services done to see if they could get receipts. And a lot of people—many of them said, "Honestly, I don't wanna go back. I don't wanna relive this moment." It was trauma[tizing] for them. Many of them said, "I can't. I can't do it. I don't want to," or "I spent the money already. I just wanna put this behind me." **—MRNY Staff**

The Ida Relief Fund for Excluded New Yorkers proved particularly complicated for the undocumented immigrant population it was intended to serve. Employers were hesitant to provide written attestations regarding losses related to work, since the workers were off the books. Requests for receipts for damaged items were generally unrealistic, given the flooding and property damage caused by the hurricane. Although self-attestations were accepted as a last resort, they were unlikely to account for the full loss.

On the Ida Relief, there's a lot of proof and backup that people need. [CBOs are] giving out large amounts of money. And to some extent, I understand why they came up with that. But I think it's a little bit excessive, and I think, oftentimes, it takes people a lot of time to gather all the documents that they need… Some of the videos I'm seeing, honestly, there's water a few feet from the ceiling. They were just like, "Get me out." They lost most of their documents in the flood, in the storm. Some people took videos. Some people just lost their phones and weren't even able to take videos. So I think it's been hard to figure that out. **—MRNY Staff**

They would say that their employer didn't want to get involved in anything that would jeopardize their business, because they have undocumented workers. Or simply some of them would be like, "Oh, actually…" once they heard the requirement, they would be like, "Forget it, then. I don't want to have to bother my boss about that or get them in any trouble or get myself in trouble with them." **—MRNY Staff**

Lack of coordination with FEMA was the most commonly reported challenge related to the Ida Relief Fund. Support was only available to those in "households" that were not eligible for FEMA assistance. However, "household" and "housing unit" were conflated, with the result that even unrelated individuals and families who were sharing a housing unit without other economic or interpersonal ties were grouped together. If anyone living in the unit was eligible for support from FEMA, applications were not accepted for the Ida Relief Fund. Moreover, FEMA beneficiaries were not necessarily aware that they were expected to include all residents in their applications, and some were unwilling to share benefits with undocumented residents.

The other complicated eligibility piece for Ida that's worth noting is that…they consider the household as who lives under the same roof and the same apartment, etc. I think in immigrant communities, oftentimes, there are several families living together in one apartment, but they don't even know each other. They're just there. **—MRNY Staff**

People who are undocumented weren't able to receive help from FEMA because that was basically only for homeowners. And sadly, in my case, the homeowner didn't help me with anything. Practically, he benefited because he took pictures of my furniture, of my things, and used these to…get the FEMA help himself. But he never restored the apartment. **—Ida Relief Parent**

3. CBOs provide important intermediary services to facilitate access to programs

The intermediary services provided by CBOs benefit community members and benefit the governmental and philanthropic entities sponsoring the programs—relieving some of the administrative burdens for each. For example, CBO access to the SNAP online portal, through which staff submit and check on needed documents on behalf of clients, was reported to greatly ease the process for those unfamiliar with the SNAP system or who had limited technology skills.

My friend gave me the information for the person who helped [with her SNAP application]…and so I got in touch with her, and she asked for all of my documents and she helped me to fill out the application the first time… In my opinion, it was good, it helped me, because I didn't have any idea how to do it. I didn't even know that I could use an organization to help me fill out certain documents…because you always think that you have to do everything yourself here. And the help that they give us is very good. **—SNAP Parent**

I renew it over the phone. I just send [the MRNY promotora*] the papers via text message. And then she calls me on the phone, or I call her to see if [she] can help me. And then she tells me, "Yes, come over this day whenever you have the documents. And you can send them over the phone. That's how I can help you." And I've always renewed it like this.* **—SNAP Parent**

We have a lot of members that don't feel comfortable using their phones. Or they don't feel comfortable using the computer. So they will come in to get help submitting the documents through pictures. I think that was the main concern, technology issues, because they don't know how to do certain things. **—Immigrant-Serving CBO Staff**

The ability of CBOs to effectively fulfill this intermediary role results from ongoing connections to community members, which are reinforced by staff who share a language and background with the population served; conducting regular outreach; and providing a wide range of programs to meet community needs. These programs include direct services, referrals to services provided elsewhere, information (e.g., health education), and advocacy on behalf of individuals and the community at large.

I think part of why our [Ida Relief engagement] numbers were so high was [tied] back to the kind of promotora *piece of it… People knew us and trusted us. Our* promotoras *were the ones going out there and doing the outreach and education. We knew how to do the outreach. That's our bread and butter. We can do that. We do it well. I think we were able to easily transition. Is it outreach for COVID relief? Is it outreach for SNAP? Is it outreach for [Ida] emergency relief? It doesn't matter what the topic is. We can do the outreach and know how to connect to people and get them in the door. So I think that—and being a trusted organization—I feel like all that helps to make it so that we were able to quickly get the money out.* **—MRNY Staff**

I think that it's working well, because when [MRNY] gives food out there's a lot of people in line waiting, and they have enough for everyone… It's also because they've been doing it for a long time. They've done it for a long time and because they do—what is it called?—they do protests and things like that where they go to marches and all of that. I think that's why they are popular. **—SNAP Parent**

Continued engagement by CBOs in the community—and the delivery of confidential and effective services—can facilitate the development of trust. Trust is particularly important for immigrants, including those who are undocumented, due to the fear of presumed economic and legal consequences for use of governmental programs, such as a public charge determination.

As an immigrant, you always feel a little bit of fear. Perhaps many organizations provide assistance, but I didn't apply [initially] because I was afraid that my information could be shared with [US Immigration and Customs Enforcement]. **—COVID-19 Relief Parent**

I am an immigrant… So sometimes I would be afraid to ask for help… I thought that it was going to affect my children when they grew up. I thought it was going to affect them if I asked for this help… I thought that it was going to affect their studies when they got older. **—SNAP Parent**

At the beginning they were [fearful]. But since they know Make the Road, when they know that we're working for Make the Road, they feel more confident about applying. Because they know the services we provide, and we work for immigrant people, so we wouldn't be doing anything that will affect them [negatively] later on. **—MRNY Staff**

4. CBO administrative and resource requirements are underappreciated

Although funding is available to CBOs for administration of benefit programs, it is often insufficient, inconsistent, and restricted to particular populations or events (e.g., older adults, victims of domestic violence), which may complicate enrollment and recordkeeping processes. Although dedicated programming for specific populations—and at particular times—is likely necessary, the segmentation adds to the administrative burden, creates financial strain for CBOs, and limits the services that can be provided.

We often find foundation money. We have some [City] Council money that we happen to—that we apply for to cover SNAP enrollment, but there isn't—the State—it's not like…the Navigator program, funded by the State to get facilitated enrollment into health insurance. There is not that for [NYC] for SNAP benefits. And I think there should be, given the fact that CBOs play such a huge role in facilitating enrollment into [NYC's] benefit program. **—MRNY Staff**

We have more than 15 [funds]… We have two or three that are general, but most of them have requirements. It's either, "Oh, a council member wants to only give to his district," right?, or this fund only supports rent [for tenants] with no lease. This fund only supports emergencies… So they're very, very different, they're very specific… So if they're an [Administration for Children's Services] case, and they need food and furniture, let's say, and they also have a domestic violence case, then we dip into—tap into—the OVS Fund, which is the Office of Victim Services, for the furniture, because it's…slightly bigger than the food one. And then we give them the food from ACS, and gift cards from their local grocery store. **—Immigrant-Serving CBO Staff**

We had to do everything from scratch in the moment of the [Hurricane Ida] emergency, with a lot of pressure from everyone to distribute cash as quickly as possible. But also, on our end, we needed to make sure we did it in a fair and equitable way, following all the State's rules to not put the organization at risk… So I think in hindsight, there's gonna be other natural disasters. There's gonna be immigrants who are left out, because they're not eligible for FEMA. And so, if the State wants to continue programs like this [one], I do think it's worth [it] now investing and coming up with systems that are streamlined across the organizations—being clear on how to do it. Then, if it happens, it's easier to jump in and do it. **—MRNY Staff**

Summary & Discussion

Benefits, including SNAP and direct cash assistance programs like those considered in this report, provide vital supports, helping families with low incomes address ongoing and emergent needs.[13] Our findings regarding the value of SNAP and direct cash assistance are consistent with the literature.[10, 18] Although multiple researchers emphasize the need for further studies examining process and outcomes for both emergency and ongoing cash supports, the value of such programs to individuals facing economic challenges has been demonstrated repeatedly[18–20] and was reiterated by study participants. This study adds to the existing literature by highlighting the experience of immigrant families, noting the specific barriers to program access for immigrants, including, for example, fear of public charge. Programmatic assumptions regarding living arrangements that are inconsistent with the complexity existing within low-income immigrant communities (e.g., insufficient recognition of mixed-status households, multifamily housing units, residence in unregulated units) also present challenges and may inadvertently reduce access to benefits for eligible immigrants.

It is important that benefit programs direct maximal funds to community members; however, the resources required for CBOs to implement such programs, including the need for community outreach and education, as well as program administration and monitoring, should not be underestimated. CBOs, acting as intermediary agencies, reduce administrative burden for funders and for program recipients, helping to ensure that supports effectively reach those in need, and they, as such intermediaries, should be funded appropriately.

The success of CBOs in facilitating enrollment and retention in benefit programs is largely due to their knowledge of the community and community needs, neighborhood base, and comprehensive programming, which instills a sense of familiarity, trust, and empowerment,[2] and reaches those who may not be willing or able to engage otherwise. Ironically, healthcare institutions have learned to value the services provided by CBOs and are increasingly employing community health workers[21] and developing their own programs focused on social determinants of health.[22, 23] In developing this programming, there may be too little attention paid to the context in which the services are being delivered—the implicit assumption being that those services are equally effective whether housed in a healthcare setting or at a CBO. However, as Glied and D'Aunno point out, healthcare organizations have priorities (e.g., a focus on short-term measurable outcomes) and managerial styles that often align poorly with more general community needs. They suggest that healthcare organizations could most effectively address social needs by promoting independent local agencies, rather than attempting to do this work themselves.[22] Although our findings do not include comparisons across sectors, they do point to the value of CBOs as implementing agencies, due to their resourcefulness, flexibility, and familiarity with and dedication to the communities they serve.

Findings described here demonstrate barriers to, and facilitators of, accessing benefit programs. Importantly, the focus is on families that are undocumented or have mixed immigration status; these families are often ineligible for, or hesitant to enroll in, traditional public benefit programs. Moreover, they may have particular barriers to access that differ from US–born groups, including fear and a complex housing situation or family structure. The hope is that the lessons learned through this research can be used to support continued implementation and improvements in programming for this population and for others with high need. Among these lessons is the value of CBOs,[1,2] both to their members and to the broader healthcare and public service systems.

Authors

Linda Weiss
Center for Evaluation and Applied Research
The New York Academy of Medicine

Luisa Cárdenas
Center for Evaluation and Applied Research
The New York Academy of Medicine

Arline Cruz Escobar
Make the Road New York

Daisy Segarra
Make the Road New York

Mayssa Gregoire
Center for Evaluation and Applied Research
The New York Academy of Medicine

Becca Telzak
Make the Road New York

Maya Scherer
Center for Evaluation and Applied Research
The New York Academy of Medicine

Acknowledgements

We would like to thank all those who participated in interviews for this study, including Make the Road New York members and staff, as well as staff from Adhikaar, the Arab-American Family Support Center, Chinese-American Planning Council, and Korean Community Services of Metropolitan New York. We thank Elisa Fisher for her careful review of an earlier draft of this report. We would also like to thank the Robert Wood Johnson Foundation for funding that supported this work.

Citations

1. Bloemraad I, Chaudhary AR, Gleeson S. Immigrant Organizations. *Annu Rev Sociol*. 2022;48:319–341.

2. Bloemraad I, Terriquez V. Cultures of engagement: The organizational foundations of advancing health in immigrant and low-income communities of color. *Soc Sci Med*. 2016;165:214–222.

3. Herd P, Moynihan DP. *Administrative Burden: Policymaking by Other Means*. New York, NY: Russell Sage Foundation; 2018.

4. Gaines-Turner T, Simmons JC, Chilton M. Recommendations from SNAP Participants to Improve Wages and End Stigma. *Am J Public Health*. 2019;109(12):1664–1667.

5. Keith-Jennings B, Llobrera J, Dean S. Links of the Supplemental Nutrition Assistance Program with Food Insecurity, Poverty, and Health: Evidence and Potential. *Am J Public Health*. 2019;109(12):1636–1640.

6. Gelatt BYJ, Lacarte V, Rodriguez J. *A Profile of Low-Income Immigrants in the United States*. Washington, DC; 2022. https://www.migrationpolicy.org/sites/default/files/publications/mpi_low-income-immigrants-factsheet_final.pdf.

7. Mayor's Office of Immigrant Affairs. *State of Our Immigrant City, Mayor's Office of Immigrant Affairs (MOIA) Annual Report for Calendar Year 2020*. New York, NY; 2021. https://www1.nyc.gov/assets/immigrants/downloads/pdf/MOIA-2021-Report.pdf.

8. Pillai D, Artiga S. Employment Among Immigrants and Implications for Health and Health Care. https://www.kff.org/racial-equity-and-health-policy/issue-brief/employment-among-immigrants-and-implications-for-health-and-health-care/; 2023.

9. Mayor's Fund to Advance NYC. NYC COVID-19 Immigrant Emergency Relief Fund. https://www.nyc.gov/site/fund/initiatives/covid-19-immigrant-emergency-relief-fund.page.

10. *Fact Sheet: NYC COVID-19 Immigrant Emergency Relief Program*. New York, NY; 2021. https://www.nyc.gov/assets/immigrants/downloads/pdf/IERP-Evaluation-Data-Points.pdf.

11. New York State Governor's Office. Governor Hochul and Mayor De Blasio Announce $27 Million Available to Provide Hurricane Ida Relief to Undocumented New Yorkers. https://www.governor.ny.gov/news/governor-hochul-and-mayor-de-blasio-announce-27-million-available-provide-hurricane-ida-relief; 2021.

12. Nguyen KH, Giron NC, Trivedi AN. Parental Immigration Status, Medicaid Expansion, And Supplemental Nutrition Assistance Program Participation. *Health Aff (Millwood)*. 2023;42(1):53–62.

13. Gundersen C, Seligman H. How can we fully realize SNAP's health benefits? *N Engl J Med*. 2022;(April 14):1389–1391.

14. Ashbrook A. *Decreases in Eligible Immigrants' SNAP Participation Show There's More Work to Be Done*. Washington, DC; 2023. https://frac.org/blog/snap-eligible-immigrant-families-part-one.

15. NYC Human Resources Administation. SNAP Benefits. https://www.nyc.gov/site/hra/help/snap-benefits-food-program.page.

16. NYC Mayor's Public Engagement Unit. Ida Relief Fund for Excluded New Yorkers. https://www.nyc.gov/site/mayorspeu/resources/ida-relief-fund-for-excluded-new-yorkers.page; 2023.

17. Parra D. New York's $27 Million Ida Relief Fund for Immigrants Closes, Disbursing Less Than $2 Million. *City Limits*. https://citylimits.org/2022/05/10/new-yorks-27-million-ida-relief-fund-for-immigrants-closes-disbursing-less-than-2-million/. May 10, 2022.

18. Kumar SL, Calvo-Friedman A, Freeman AL, et al. An Unconditional Cash Transfer Program for Low-Income New Yorkers Affected by COVID-19. *J Urban Heal*. 2023;100(1):16–28.

19. Khullar D, Chokshi DA. Health, Income, & Poverty: Where We Are & What Could Help. *Heal Aff Health Policy Br*. 2018;(October 4). www.healthaffairs.org/briefs.

20. Chokshi DA. Vicious and Virtuous Cycles in Health. *JAMA Health Forum*. 2023;42(2):1–3.

21. Lapidos A, Lapedis J, Heisler M. Realizing the Value of Community Health Workers—New Opportunities for Sustainable Financing. *N Engl J Med*. 2019;380(21):1990–1992.

22. Glied S, D'Aunno T. Health Systems and Social Services—A Bridge Too Far? *JAMA Health Forum*. 2023;4(8). https://jamanetwork.com/journals/jama-health-forum/fullarticle/2808719.

23. Knowles M, Crowley AP, Vasan A, Kangovi S. Community Health Worker Integration with and Effectiveness in Health Care and Public Health in the United States. *Annu Rev Public Health*. 2023;44:363–381.

The New York Academy of Medicine (NYAM) is a leading voice for innovation in public health. Throughout its 176-year history, NYAM has uniquely championed bold changes to the systems that perpetuate health inequities and keep all communities from achieving good health. Today, this work includes innovative research, programs, and policy initiatives that distinctively value community input for maximum impact. Combined with NYAM's trusted programming and historic Library, and with the support of nearly 2,000 esteemed Fellows and Members, NYAM's impact as a health leader continues.

THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine
1216 Fifth Avenue, New York, NY 10029