COVID-19 Widened Racial Disparities in Food Insecurity among Native Americans and People of Color in New York City
July-August 2020

Background

The novel COVID-19 syndrome exemplifies a synergistic interaction of social, political, economic, and environmental forces, with overlapping epidemics of chronic and infectious diseases that place people of color at a higher risk of COVID-19 related complications, illness, and death (1, 2). It has revealed deeply fractured global systems that are widening already existing racial disparities. The purpose of this study was to measure the widespread impact of COVID-19 on New Yorkers who were already facing difficulties in their daily lives. A validated web-based, anonymous survey was conducted among 525 residents of the greater New York City (NYC) metropolitan area between July-August 2020, during the phased reopening of the stay at home order, New York on Pause. This policy brief provides a summary of the disproportionate burden of food insecurity and associated health and social factors in NYC. According to US Census data, NYC comprises 17.6% Blacks, 19.3% Hispanics, 0.43% Native Americans, and 2.7% Bi-/Multi-racial groups (3). Among all racial and ethnic groups, Native Americans are the most understudied and underrepresented, especially in urban contexts (4). They face among the greatest social and health disparities including poverty, low education, and lack of health insurance (4, 5). In addition, higher rates of chronic disease places them at higher risk of death from COVID-19, up to four times greater than the general population (6). Due to all of these factors, this study oversampled for race and ethnicity (including Native Americans), high school education or less, and low-income, to better understand and assess experiences among these marginalized and underserved groups (7). Additional analyses for future dissemination of this study’s results are currently ongoing.

Key Findings

- All race and ethnicity groups experienced an increase in food insecurity since COVID-19, with Native Americans experiencing the greatest food insecurity (from 87.0% to 91.3%).
- Native Americans experienced the greatest declines from before to since COVID-19 in: Access to SNAP from 55.1% to 26.1%; Access to WIC from 38.1% to 33.3%; Access to food pantries from 18.8% to 10.1%; and Access to school meal programs from 24.6% to 11.6%.
- Native Americans experienced the greatest reductions in income (44.9%), with the majority (84.1%) reported having less social support than needed since COVID-19.
- 72.5% of Native Americans reported living with chronic health conditions, such as hypertension, cardiovascular disease, diabetes mellitus, and respiratory diseases.
- 71.0% of Native Americans reported living in high-risk COVID-19 households, and the highest proportion not having any health insurance (26.1%).
- More than half of Whites (66.7%), Hispanics (65.0%), Bi-/multi-racial groups (58.8%), and Native Americans (50.7%) reported high food-related worries since COVID-19.
- These findings underscore the need for more research on factors that have widened racial disparities among urban Native Americans and people of color since COVID-19 began.
- This study calls for an urgent need to reduce racial disparities in food insecurity through local food assistance, and food security programs and policies for Native Americans and people of color.
The Food and Nutrition Service (FNS) at the US Department of Agriculture (USDA) offers 15 federal food assistance programs to help families meet their nutritional and hunger needs. These programs include the Supplemental Nutritional Assistance Program (SNAP), Women, Infants, and Children Program (WIC), and school meal programs.

Native Americans, Whites, Bi-/Multi-racial groups, Hispanics, and Asians reported the greatest declines in access to SNAP since COVID-19. Native Americans reported the greatest declines in access to SNAP from 55.1% before COVID-19 to 26.1% since COVID-19.

Food insecurity, is the inability to access or afford healthy, nutritious, safe, and sufficient foods for one’s household’s needs. This includes being worried or distressed about being unable to meet, not having enough food, not having enough money to purchase foods, not having the proper foods to meet one’s household’s needs, or having difficulty finding food.

Compared to before COVID-19, all racial and ethnic minority groups experienced increased food insecurity since COVID-19 began. Native Americans (87.0% and 91.3%) had the highest rates of food insecurity before and since COVID-19, followed by Bi-/Multi-racial groups (65.7% and 74.5%), Asians (62.9% and 74.3%), Blacks (59.1% and 64.9%) and Hispanics (57.7% and 71.5%).

A high level of worries about not being able to meet the food and nutritional needs of one’s household was expressed across all race and ethnicity groups since COVID-19.

In the survey, Whites (66.7%), Hispanics (65.0%), and Bi-/Multi-racial groups (58.8%) reported the highest food related worries since COVID-19, followed by Blacks (53.9%), Native Americans (50.7%), and Asians (45.7%).
Twenty-six percent of Native Americans reported not having any health insurance, the highest in the study, followed by 17.1% Asians, 16.7% Bi-/Multi-racial groups, 11.4% Hispanics, and 8.4% Blacks.

A lower percentage of Asians (31.4%), Native Americans (31.9%), and Bi-/Multi-racial groups (42.2%) had public health insurance compared with Whites, Blacks, and Hispanics.

Blacks (31.2%) and Hispanics (32.5%) had the lowest percentage of private health insurance compared with Asians, Bi-/Multi-racial groups, and Native Americans.

High-Risk Health Households

The majority (71.0%) of Native Americans reported living in high-risk health households, defined as a household with at least one member who is diagnosed with a health condition identified as a high-risk for COVID-19 related complications (such as heart disease, diabetes mellitus, cancer, and respiratory diseases).

Native Americans reported the greatest decline in access to school meal programs from 24.6% before to 11.6% since COVID-19, followed by Bi-/Multi-racial groups from 18.6% before to 15.7% since COVID-19, and Blacks from 11.7% before to 8.4% since COVID-19.

Blacks (31.2%) and Hispanics (32.5%) had the lowest percentage of private health insurance compared with Asians, Bi-/Multi-racial groups, and Native Americans.
This study was oversampled for race and ethnicity (13.1% Native Americans, 29.3% Blacks, and 23.4% Hispanics, and Bi-/Multi-racial groups 19.4% (which includes 29% Native Americans who identified as Bi-/Multi-racial), high school education or less (29.7%), and low income in 2019 (before taxes) (34.7%), compared to the population demographics of NYC. The majority (96.6%) of participants represent adults who are eligible for employment (less than 65 years of age). Nearly 14% of participants reported being unemployed before COVID-19.

**Reduce Income During COVID-19**

All race and ethnicity groups experienced reduced income during COVID-19. Native Americans experienced the greatest reduction in income since COVID-19 (44.9%), followed by Bi-/Multi-racial groups (41.2%).

**Less Social Support During COVID-19**

The majority (84.1%) of Native Americans reported having less social support during COVID-19 than needed, followed by Whites (81.0%) and Bi-/Multi-racial groups (69.6%).

"It's been really tough on my mental and physical health."

- Female, Native American, Employed, and Low-Income Respondent

**Figure 9. Chronic Health Conditions by Race/Ethnicity.**

**Figure 10. Reduce Income During COVID-19 by Race/Ethnicity.**

**Figure 11. Less Social Support During COVID-19 by Race/Ethnicity.**

**Figure 12. Study Socio-Demographics.**
Acknowledgements

We thank all New Yorkers who volunteered to share their lived experiences during the COVID-19 syndemic by participating in this study. We appreciate your effort, time, and honest answers, during these very difficult times. We also thank Salome Pemberton for her assistance with the data analysis.

This study is made possible by the sponsorship of the Vincentian Institute for Social Action (VISA) office at St. John’s University. We thank Drs. Meredith Niles and Farryl Bertmann (University of Vermont) and Roni Neff (The Johns Hopkins University) for welcoming a collaboration and sharing their validated survey. The study is currently undergoing additional analyses for policy briefs, manuscript preparation, and widespread dissemination of findings.

Contact

For questions about this study, contact Dr. Preety Gadhoke at gadhokep@stjohns.edu.

About NFACT

The National Food Access and COVID Research Team (NFACT) is a national collaboration of researchers committed to rigorous, comparative, and timely food access research during the time of COVID. We do this through collaborative, open access research that prioritizes communication to key decision-makers while building our scientific understanding of food system behaviors and policies. To learn more visit nfactresearch.org.

Food Assistance Resources

Get Food NYC:
https://www1.nyc.gov/assets/dsny/contact/services/COVID-19FoodAssistance.shtml

Emergency Food Assistance Programs NYC:
https://www1.nyc.gov/site/hra/help/food-assistance.page

SNAP Benefits NYC:
https://www1.nyc.gov/site/hra/help/snap-benefits-food-program.page

Food Banks of NYC:
www.foodbanknyc.org

City Harvest:
www.cityharvest.org

References