# MOHAWK VALLEY COMMUNITY ACTION AGENCY, INC.

# COVID-19
# COMMUNITY NEEDS ASSESSMENT ADDENDUM
# AUGUST 2020

*This update to the Mohawk Valley Community Action Agency, Inc.*

*Community Assessment was completed in August of 2020*

*in response to the COVID-19 global pandemic.*

**Mohawk Valley Community Action Agency, Inc.**

*Amy Turner, Executive Director*

**Board of Directors**

Peter Zawko *Chair*
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### *Helping People, Changing Lives, Ending Poverty*

*Mohawk Valley Community Action Agency, Inc. conducts a comprehensive community needs assessment every three years and also provides annual update reports. These reports functions as a tool to provide the information necessary for the development and implementation of programs, services and partnerships to accomplish its goal of ending poverty.*

*This **COVID-19 Community Assessment Addendum** is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months. It is intended to chronicle the community's immediate response to the COVID-19 pandemic crisis, provide an assessment of its immediate impact on the community and families and initiate communitywide conversations to map a path forward.*

*MVCAA would like to thank and acknowledge the many organizations, individuals and government agencies who contributed to this report. It is MVCAA's hope that not only the dialogue will continue regarding the elimination of poverty, but also that the community will identify the steps toward eliminating poverty and take appropriate action.*

***COVID-19 Community Assessment Addendum** is a publication of MVCAA Inc., compiled and prepared by the Planning Dept. For information, please contact Patricia Lawson, Special Projects Coordinator, 315-624-9930. This report (as well as previously prepared reports) is also available electronically at [www.mvcaa.com](www.mvcaa.com).*

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*"There is no power greater than a community discovering what it cares about"*

*Margaret Wheatley*

*This Community Assessment Addendum is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.*

*Because of the urgent and widespread needs affecting all sectors of the community, this Community Assessment update is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs. It is likely that as needs evolve, some of those needs will not be captured in this update and therefore some necessary community responses may not connect to the needs identified in this document.*

*The community assessed in this document refer to communities served by Mohawk Valley Community Action Agency, Inc. (MVCAA); Oneida and Herkimer Counties with some services provided in Madison County in New York State. The geographic area that the agency serves is diverse; spanning three counties which include three urban areas, several small urban areas and a multitude of small rural communities. Families represent an array of cultures and languages which make service delivery both challenging and unique.*

*The needs assessed will inform services to those affected by the crisis. It is significant to note that Congressional action will permit FY20 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level (as defined by the US Census Bureau. Specific programs or strategies will target the demographic groups most affected. Given persons of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, an equity lens must be used to view current and emergent needs related to this crisis.*

*The following table illustrates how the 200% eligibility will expand the number of local residents eligible for services.*

| | *Population with Income at or below 125% Poverty Number* | *Population with income at or below 200% Poverty* | *Additional # eligible to be served (number below 200% -number below 125%)* |
|---|---|---|---|
| *Population in Service Area* | *58,453* | *96,074* | *37,621* |

Since the onset of the pandemic crisis, families and communities across the globe have endured change at speeds never before imagined. Families have experienced extended periods of quarantine. Businesses and organizations not classified as "essential" were forced to close or transition to a virtual workplace environment. Educational learning for children was transitioned to a virtual learning format. The economy has plummeted to levels not seen since the last recession. Families have endured loss and sadness for loved ones who have either fallen sick or died. And many families have loved ones in nursing homes who are alone, lonely and sometimes dying without family at their bedside. People have not grown immune to the daily news reporting sobering numbers of newly reported cases of individuals who have tested positive or the daily count of fatalities. There is a sense that life unfolds day by day and the future remains a blur of change interrupted by a longing for what was once known as normal.

Jim Taylor Ph.D. offers insight about what a crisis is emphasizing the importance and value of our response, calling the COVID-19 crisis one of the most unsettling crisis of our lives. He offers the following definition of crisis: "An event or situation that arises suddenly or reaches a tipping point in its severity that has the effect of significantly disrupting lives and threatening the status quo, and that may also have long-term, harmful consequences on individuals or groups." (Jim Taylor, 2020) A crisis is known to trigger an immediate reaction, create instability, and / or create uncertainty and a strong sense of urgency. In order to map a path forward, it is important that the community come together to examine the extent to which families lives and the community have been disrupted, the uncertainty and instability that has unfolded as well as how families and the community have responded.

*"Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom".*
*Victor Frankl*

This report is intended to chronicle the community's immediate response to the COVID-19 pandemic crisis, provide an assessment of its immediate impact on the community and families and initiate communitywide conversations to map a path forward. In reviewing literature about COVID's impact on families and the community, three key themes emerged. These themes do not represent solutions or findings but should serve to guide conversation as data is reviewed and planning initiated.

I.    Mental and emotional well-being have become a veil of utmost importance. MVCAA along with many other organizations in our community and our nation have been working to understand emerging research around ACE's and Trauma-informed Care. At the heart of this work is **resilience**, "the ability

to thrive, adapt and cope despite tough and stressful times." This may be the most important ingredient in our response to the unfolding pandemic.

Suggestions for incorporating this theme:

- Develop a communitywide coalition that promotes resilience and educates about ACE's and the value of trauma-informed care practice.
- Ensure that family workers in our community have training and expertise to help families reduce sources of stress, build responsive relationships, and strengthen core skills. This includes knowledge of trauma-informed care practice and resources for helping families develop resilience-based responses to life.

II.    COVID-19 has accelerated disparities that prevail in the community. Detailed information regarding vulnerable populations in this service area can be referenced in the agency's last comprehensive community assessment (2018-2021) as well as annual update reports (2019 and 2020). These reports can be referenced on the agency website ([www.mvcaa.com](www.mvcaa.com).).

Suggestions for incorporating this theme:

- Apply equity lens to COVID-19 response and recovery. Communities must use an equity lens to understand the specific needs of diverse populations served. Make the customer voice a priority to gain better understanding of why such disparities exist. Apply a health equity lens to ensure that services are deployed with cultural sensitivity. Interviewing, case management, and the coordination of resources and referrals are an important lifeline for underrepresented people who experience an acute need for rental, mortgage, utility, food and other supports, especially if individuals must be quarantined. (Community Action COVID-19 Resource Series, 2020)

III.    The COVID-19 Pandemic has accelerated the growing gap between essential resource needs and the capacity to meet those need. It is essential that the most vulnerable populations have food, housing, health and other essential resources.

Suggestions for incorporating this theme:

- Facilitate communitywide conversations around the immediate and long-range impact of COVID-19. Responding to change has become a daily task, that is critical to the way things will look in a few weeks, months or even years to come. Our ability to respond with resilience, to thrive, adapt and cope despite tough and stressful times is vital to our future.
- MVCAA has already initiated a planning committee to host a series of virtual roundtable discussions to learn about how COVID-19 is impacting families and the community. The goal is to promote community dialogue to that fosters genuine understanding of how we can all

move together to create a thriving community. Six roundtable discussions are planned around the following themes: 1) Health and Nutrition; 2) Mental Health and Addiction; 3) Family Violence and Crime; 4) Employment, Child Care and Higher Education; 5) Education and Child /Youth Development (0-24 years); and 6) Housing and Homelessness.

# BASIC INFORMATION ABOUT THE CORONAVIRUS DISEASE

In December 2019, the novel coronavirus disease of 2019 (COVID-19) was discovered to be the causative agent for acute respiratory and flu-like symptoms and began infecting increasing numbers of people in the Wuhan Province of China. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on January 22, 2020. Despite efforts to contain the virus, by March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By March 17, 2020, all 50 US States had confirmed cases of the virus.

Because of the highly contagious nature of COVID-19, the alarmingly high rate of fatalities associated with it and the lack of a vaccine or treatment, the only effective way to prevent mass illness is through restricted travel, physical distancing, frequent hand washing, coughing in elbows, not touching the face, and staying at home. By mid-March 2020, with the virus clearly past the stage of effective isolation and contact tracing, local, state and federal public health officials recommend extreme measures to minimize a public health catastrophe: mass quarantine, physical distancing, and a virtual lockdown of all public gatherings and economic activity.

While all types of people are getting sick from the disease, older adults and people of any age who experience serious underlying medical conditions, many which are more prevalent in African American communities, and, to some extent, Latino and Native American communities, are at increased risk for severe symptoms from COVID-19.  Persons of color, immigrants, and women are also disproportionately impacted by underlying health conditions linked to poverty, face discrimination in medical care, and are more likely to work jobs that require them to leave their homes.  Also, persons with disabilities or chronic conditions are more vulnerable to COVID-19 due to their inability to thoroughly isolate themselves (need for hands-on care), physical impairments, environmental barriers, or interrupted services.  The following additional populations experience differential exposure and extensive corresponding implications as a result of the pandemic:  frontline workers, persons experiencing homelessness, gig-economy workers, low-income communities under quarantine, especially in urban settings, rural communities, tribal communities, incarcerated persons and returning citizens.

Children, families, individuals, and Community Action Agency staff may experience heightened stress, anxiety, and trauma as a result of the COVID-19 crisis.  Loss of income, growing childcare needs, heightened food insecurity, housing and energy instability, lack of access to transportation, lack of basic supplies, and increased domestic violence are growing factors as the crisis unfolds

# STATE AND LOCAL PUBLIC HEALTH RESPONSES

## IMPORTANT COVID-19 EVENTS AND HEALTH RESPONSES SOUGHT BY LOCAL AND STATE OFFICIALS.

- March 7, 2020: A Disaster Emergency in the State of New York via Executive Order No. 202 is declared by Governor Andrew Cuomo.
- March 13, 2020: A State of Emergency in **Oneida County** in response to the COVID outbreak in New York State is declared by County Executive Anthony Picante Jr.
- March 15, 2020: A State of Emergency in **Herkimer County** in response to the COVID outbreak in New York State is declared by Legislature Chairman Vincent Bono.
- March 15, 2020: A State of Emergency in **Madison County** in response to the COVID outbreak in New York State is declared by Chairman John M. Becker.
- March 18, 2020:  All schools in New York State were directed to close per executive order signed by Governor Andrew M. Cuomo.  Schools were initially suspended for two weeks but have subsequently been ordered closed through June 2020 (end of school year). School districts were required to develop a plan for alternative instructional options, including distance learning; distribution and availability of meals; and daycare, with an emphasis on children of parents of first responders and healthcare workers. Additionally, Governor Cuomo places a 90-day moratorium on rental evictions throughout the state.
- First confirms case of COVID-19:
  - ➢ March 17, 2020: **Oneida County**
  - ➢ March 12, 2020: **Herkimer County**
  - ➢ March 21, 2020: **Madison County**
- March 20, 2020: "NYS on PAUSE" via Executive Order 202.6," a 10-point policy to assure uniform safety for everyone, is signed by Governor Andrew Cuomo directing all non-essential businesses statewide to close in-office personnel functions effective March 22, 2020 at 8pm. This order also temporarily bans all non-essential gatherings of individuals of any size for any reason.  Essential businesses, as defined by Empire State Development Corporation (ESD) guidance, were not subject to the in-person restriction, but were, however, directed to comply with the guidance and directives for maintaining a clean and safe work environment issued by the New York State Department of Health (DOH), and were strongly urged to maintain social distancing measures. ESD designated childcare as an essential service.  Also included as an essential service were non-profit organizations, (providers of basic necessities to economically disadvantaged populations). This designated MVCAA as an essential service.
- First COVID related deaths announced:
  - ➢ April 1, 2020: **Oneida County**
  - ➢ March 26, 2020: Herkimer County

- March 22, 2020: **Madison County**
- March 27, 2020: The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and signed into law by President Trump. The CARES Act included over $2 trillion in economic relief measures, including Economic Impact Payments to American households of up to $1,200 per adult for individuals whose income was less than $99,000 ( or $198,000 for joint filers) and $500 per child under 17 years old – or up to $3,400 for a family of four. These payments began rolling out to American families in April 2020 (U.S. Department of the Treasury). https://home.treasury.gov/policy-issues/cares In addition, under the Federal Pandemic Unemployment Compensation (FPUC), states will administer an additional $600 weekly payment to certain eligible individuals who are receiving Unemployment Compensation (U.S. Department of Labor). https://www.dol.gov/newsroom/releases/eta/eta20200404
- March 29, 2020: "NYS on PAUSE" is extended for an additional two weeks.
- April 6, 2020: NYS on PAUSE" is extended for an additional two weeks.
- April 15, 2020: An Executive Order is issued by Governor Cuomo requiring all residents to wear masks or face coverings when out in public and in situations where social distancing cannot be maintained. The Executive Order will go into effect until April 17th, at 8PM.
- April 26, 2020: A phased plan / criteria for reopening New York State is announced by Governor Cuomo.
- May 1, 2020: Schools / colleges statewide are to remain closed and to provide distance learning, per an announcement by Governor Cuomo. Decisions about summer school programing will be announced by the end of May.
- May 4, 2020: For New York State FORWARD, Governor Cuomo announces additional guidelines for when regions in the state can reopen. Four factors include: 1) decline in New Infections, 2) Health Care Capacity, 3) Diagnostic Testing Capacity, and 4) Contact Tracing Capacity.
- May 8, 2020: An original 90-day moratorium on evictions until August 20 is extended by Governor Cuomo.
- May 14, 2020: Five regions across the state begin to reopen; **Central New York (includes Madison County)**, North Country Region, Finger Lakes Region, Southern Tier Region, and **Mohawk Valley Region (includes Oneida and Herkimer Counties)**. These counties met the seven metrics to begin reopening.
- May 15, 2020: NYS on PAUSE is extended until May 28, 2020for those regions that have not met the seven metrics for reopening.

- Summer school can be offered remotely, but not in-person, throughout New York State, according to an announcement from Governor Cuomo.
- May 29, 2020: Five regions across the state including; **Central New York (includes Madison County**), North Country Region, Finger Lakes Region, Southern Tier Region, and **Mohawk Valley Region (includes Oneida and Herkimer Counties,** have met the metrics to begin Phase Two to reopen.
- June 9, 2020: Oneida County will form a nursing home task force, per County Executive Anthony Picente Jr. Nursing homes have not allowed visitors since mid-March; families and residents have communicated via virtual modes and window visits. The latest count in Oneida County brings the death toll to 64 with 50 of them nursing home residents.
- June 28, 2020: Twenty-five employees of an aluminum manufacturer in Montgomery County who reside in Oneida County was reported today.
- July 1, 2020: The Governor's office announced that most of New York State is moving into a Phase 4 re-opening plan and NYC will be moving into Phase 3 plan.
- July 2020: Governor Cuomo has partnered with New Jersey Governor Murphy and Connecticut Governor Lamont to create a joint travel advisory for individuals traveling from states with significant community spread of COVID-19, requiring a quarantine for 14 days when visiting their states.

  July 2020: The deadline for New York State personal income tax and corporation tax returns has been extended from April 15, 2020 to July 15, 2020.
- July 31st - official expiration date of the $600 FPUC payments (U.S. Department of Labor*).*

## PRESS CONFERENCES AND ANNOUNCEMENTS

- **State:** Throughout the COVID-19 pandemic, Governor Cuomo and other state officials have provided daily press conferences around the noontime hour. Videos, press statements and releases, as well as broader announcements can be accessed through The *New York State Pressroom* webpage, https://www.governor.ny.gov/news.
- **Oneida County**: County Executive Anthony Picente Jr. and other local officials have provided weekday and often weekend press conferences. Videos, press statements, and releases, as well as local data can be accessed through Oneida County's COVID-19 information webpage, https://www.ocgov.net/news.

- **Herkimer County:** Herkimer County Public Health Department provides regular statements and releases as well as local data. This information can be accesses through the Herkimer County webpage, https://www.herkimercounty.gov.
- **Madison County**: Madison County Health Department provides daily / weekly statements and releases, as well as local data. This information can be accessed through the Madison county information webpage, https://madisoncounty.ny.gov
- **Mohawk Valley Community Action Agency, Inc.:** Agency leadership provided to staff and board and the community with news, information, and announcements through its various social media platforms including https://mvcaa.com

## FACTORS AND PHASES FOR REOPENING THE STATE AND COUNTIES SERVED BY MVCAA

- April 26, 2020: Governor Cuomo announced a phased approach to reopen industries and businesses in New York in phases based upon a data-driven, regional analysis. The state published New York Forward, A Guide to Reopening New York and Building Back Better was released, https://nyforward.gov. This guide outlines the state's efforts to rebuild NY providing data driven strategies as guides.
- May 4, 2020, the Governor identified four primary factors that follow CDC guidelines for beginning to reopen any of the state's designated regions. The four factors include; new COVID-19 infections, as well as health care capacity, diagnostic testing capacity and contact tracing capacity.

## FACTORS FOR REOPENING:

- o New Infections: A region must show a continuous 14-day decline in the total net hospitalizations and in "deaths on a 3-day rolling average".
- o Health Care Capacity: A region "must have at least 30% of total hospital and ICU beds available" and "A 90-day supply of Personal Protective Equipment (PPE).
- o Diagnostic testing Capacity: A region must be able to average "30 diagnostic tests for every 1,000 residents per month".
- o Contact Tracing Capacity: A region must meet "a baseline of contact tracers for every 100,000 residents" (Metrics to Guide Reopening New York).

## PHASES OF REOPENING:

- o Phase 1: Construction; Agriculture, Forestry, Fishing and Hunting, Retail (limited to curbside or in store pickup or drop off), Manufacturing and Wholesale Trade
- o Phase 2: Professional Services, Retail, Administrative Support, Real Estate / Rental and Leasing.

- o Phase 3: Restaurants, Food Services.
- o Phase 4: Arts / Entertainment / Recreation, Education. (Metrics to Guide Reopening New York)

## REOPENING OF CENTRAL NEW YORK AND MOHAWK VALLEY REGIONS:
- o Phase 1: May 18, 2020
- o Phase 2: June 3, 2020
- o Phase 3: June 2020
- o Phase 4: July 1, 2020
- o August 2, 2020: Reopening plans for school districts

  Governor Andrew M. Cuomo today announced that based on each region's infection rate, schools across the state are permitted to open this fall. The determination of how individual districts reopen - in-person vs a hybrid model - will be made by local school districts under strict Department of Health guidelines. The Department of Health's guidance is available.

# IMMEDIATE HEALTH EFFECTS IN THE COMMUNITY

The immediate health effects of COVID-19 have been felt across all sectors of society.  In particular, some of the greatest impacts relevant to the *Community Action Network* and *Mohawk Valley Community Action Agency, Inc.* specifically have been in the areas of health, nutrition, education, employment, human services provision, and community resources.  Nationwide, early data suggests that the following groups have experienced disproportionately higher rates of infection and / or complications / death as a result of the COVID-19 pandemic:

- Males
- Individuals 60+ years old
- People of color
- People with underlying health conditions (especially lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions).
- New York State Department of Health's COVID Tracker, https://covid19tracker.health.ny.gov/, confirms these trends across the state. (New York State Department of Health, 2020)
- 25,204 NYS residents have died from COVID 19. The highest numbers were found in the Metro-New York City area; Long Island, Westchester/Rockland Counties and portions of the Hudson Valley region. (New York State Department of Health, 2020)
- In New York State, 85% of fatalities have been individuals 60 year of age or older. The table below illustrates statewide fatalities by age.

**Table 1 New York State COVID-19 Fatalities by Age**

| New York State COVID-19 Fatalities by Age | | |
|---|---|---|
| **Age Group** | Fatalities | Percentage |
| **0-9** | 5 | 0.0% |
| **10-19** | 11 | 0.0% |
| **20-29** | 95 | 0.4% |
| **30-39** | 333 | 1.3% |
| **40-49** | 864 | 3.4% |
| **50-59** | 2,405 | 9.5% |
| **60-69** | 4,900 | 19.5% |
| **70-79** | 6,539 | 26.0% |
| **80-89** | 6,490 | 25.8% |
| **90-99** | 3,553 | 14.1% |
| **Unknown** | 9 | 0.0% |

Source: NYS Department of Health,2020

- The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggests a disproportionate burden of illness and death among racial and ethnic minority groups. The conditions in which people live, learn, work, and play contribute to their health. Over time, these conditions create unique health risks. Health risks between racial and ethnic groups are often due to economic conditions that are more common among some racial and ethnic minorities than whites. In Public health emergencies, these conditions can also isolate people from the resources they need to prepare for and respond to outbreaks. (Centers for Disease Control and Prevention, 2020) As detailed in the table below, for New York State excluding New York City, the percent of fatalities among blacks (17%) was substantially higher than the black population (9%).

**Table 2 Fatalities by Race/Ethnicity**

| Fatalities by Race/Ethnicity | | |
|---|---|---|
| Race/Ethnicity | NYC | NYS Exc. NYC |
| Hispanic | 34% (29% of population) | 14% (12% of population) |
| Black | 28% (22% of population) | 17% (9% of population) |
| White | 27% (32% of population) | 61% (74% of population) |
| Asian | 7% (14% of population | 4% (4% of population) |
| Other | 4% (3% of population | 4% (1% of population) |

Source: NYS Department of Health,2020

## COVID-19 IN IMPACT IN ONEIDA COUNTY

As earlier stated, in response to the COVID-19 pandemic, Oneida County Health Department has a link on their webpage with links to essential information, phone numbers and updates.

**Table 3 Oneida County COVID-19 Dashboard**

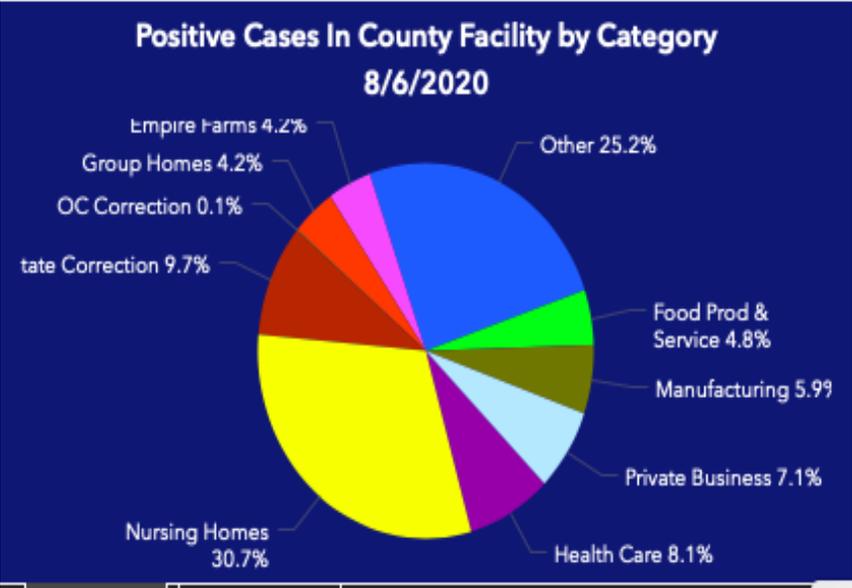| Oneida County COVID-19 Dashboard | | |
|---|---|---|
| Positive Cases | 3 New positive cases | 2,123 positive cases |
| | 106 active positive cases. | |
| Deaths | No new COVID-19-related deaths | 116 COVID-19 related deaths total |
| Hospitalizations | 10 patients are hospitalized in Oneida County. 9 MVHS 1 Rome Memorial | No patients are hospitalized outside of Oneida County. |
| Nursing home residents | 3 of the patients hospitalized in county are nursing home residents receiving acute care at MVHS. | |
| Positive Cases Resolved | 1,901 | |
| Negative Results | 79,541 | |
| Total tests conducted | 81,664 | |
| Mandatory isolation | 106 | |

(Oneida County Health Department, 2020)

Cornell University's Program on Applied Demographics tracked Demographic and Health Related Vulnerability for counties in New York State.  Demographers used data from the U.S. Census Bureau and the Expanded Behavioral Risk Factor Surveillance System to generate indices of COVID-related vulnerability for each of the 62 New York State counties. A summary score was created for demographic risk by considering the following factors; the population that makes up people 80 years, people who live in group quarters including nursing homes, jails/prisons, or student dormitories), people who live in multi-generational households (three generations or more including both grandparents and grandchildren) and people with disabilities. Demographic vulnerability score for Oneida County was 15 most vulnerable of the 62 counties. (Cornell Program on Applied Demographics, 2020)

The table below indicates the percent of cases that tested positive cased in Oneida County on August 6,2020 for group living facilities and/or businesses. Data indicates that group living facilities were significantly impacted by the spread of COVID-19. In particular, there has been concern for nursing homes. On August 6, 2020, of the cases that tested positive, the largest percent by facility was nursing homes (30%).  A community task force has been developed to further understand this so prevention can be implemented. There were also businesses listed below that were impacted with multiple positive cases. Some of these cases were traced to businesses that employ immigrant populations that commute together, living in dormitory style housing etc. (Cornell Program on Applied Demographics, 2020)

**Table 4 Positive Cases in Oneida County Facility by Category**
Note: This is a living document and the information provided is a snapshot from August 6, 2020.



**Positive Cases In County Facility by Category 8/6/2020**

- Empire Farms 4.2%
- Group Homes 4.2%
- OC Correction 0.1%
- tate Correction 9.7%
- Nursing Homes 30.7%
- Health Care 8.1%
- Private Business 7.1%
- Manufacturing 5.99
- Food Prod & Service 4.8%
- Other 25.2%

(ONEIDA COUNTY HEALTH DEPARTMENT, 2020)

## COVID-19 IMPACT IN HERKIMER COUNTY

As earlier stated, in response to the COVID-19 pandemic, Herkimer County Health Department has a link on their webpage with links to essential information, phone numbers and updates.

**Table 5 Herkimer County COVID-19 Dashboard**

| Herkimer County Dashboard | | |
|---|---|---|
| *Positive Cases* | 1 New positive case | 291 positive cases |
| | 35 active positive cases. | |
| *Deaths* | No new COVID-19-related deaths | 8 COVID-19 related deaths total |
| *Hospitalizations* | 4 patients are hospitalized in Herkimer County. | No patients are hospitalized outside of Herkimer County. |
| | Total number recovered | 248 |
| *Mandatory isolation* | 62 | |

(Cain, 2020)

## COVID-19 IMPACT IN MADISON COUNTY

As earlier stated, in response to the COVID-19 pandemic, Madison County Health Department has a link on their webpage with links to essential information, phone numbers and updates.
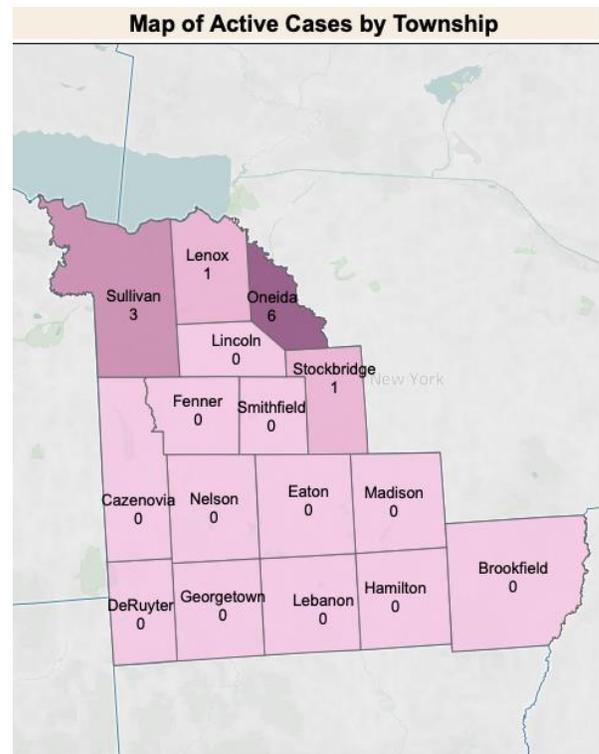
Note: This is a living document and the information provided is a snapshot from August 8, 2020
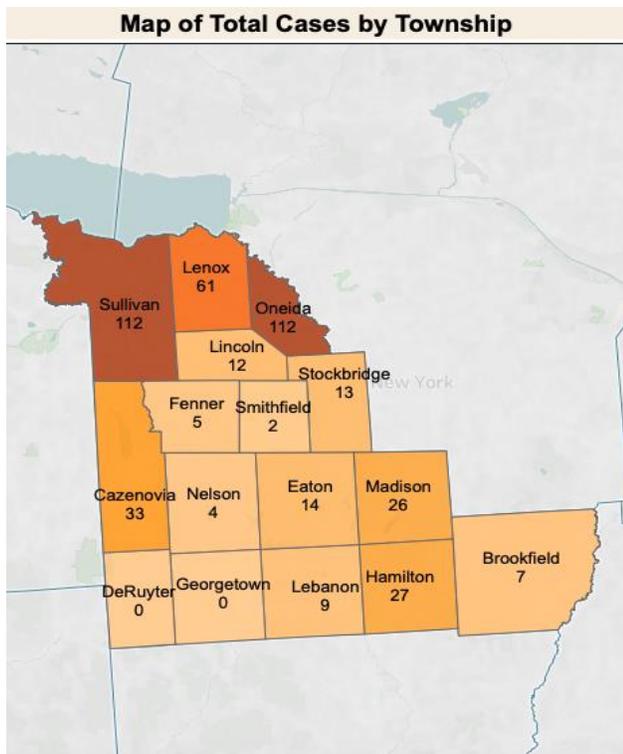


**Figure 1 Madison County Map of Cases by Township**



**Figure 2 Madison County Map of Active Cases by Township**

Note: This is a living document and the information provided is a snapshot from

**Table 6 Madison County Route of Transmission**



| Route of Transmission | |
|---|---|
| Community Spread | 49% |
| Congregate Setting | 34% |
| Contact to Known Positive | 17% |
| Updated 8/3/2020 at 3:57PM | |

(Madison County Health Department, 2020)

Madison County reported that a local business had multiple employees test positive for COVID-19. While the specific reason is unknown, some outlying factors may be at hand. Employees at Empire Farms are seasonal, officials explained, and live closely together in temporary housing as well as travel together to and from work on a bus or other form of transportation. Because of the close nature of being an employee off-site, this may have contributed to more opportunities for the virus to spread from one person to the next, despite preventative measures put in place.

## INCIDENCE RATE OF CONFIRMED COVID-19 CASES

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator are updated daily and derived from the Johns Hopkins University data feed.

**Table 7 Incidence Rate of Confirmed COVID-19 Cases**

| Report Area | Total Population | Total Confirmed Cases | Confirmed Cases, Rate per 100,000 Population | Last Update (CDT) |
|---|---|---|---|---|
| Herkimer County | 61,833 | 274 | 443.13 | 8/10/2020 12:35:04 PM |
| Madison County | 70,795 | 412 | 581.96 | 8/10/2020 12:35:04 PM |
| Oneida County | 229,577 | 2,150 | 936.50 | 8/10/2020 12:35:04 PM |
| United States | 319,474,396 | 4,980,878 | 1,559.09 | 8/10/2020 12:35:04 PM |

# Vulnerable Populations in this Service area

Certain populations have been identified as more vulnerable for contracting COVID-19. According to the Center for Disease Control (CDC), the following populations were identified as vulnerable for COVID-19; population age 65 or older, populations with limited English-speaking abilities, uninsured population, total population in poverty, population in poverty by ethnicity alone, and population in poverty by race. Vulnerability was also depicted by applying a Social Vulnerability Index. Data for those populations will be outlined below. Data was compiled using the CARES Engagement Network, an interactive platform for community leaders. It was developed by the Center for Applied Research and engagement Systems (CARES). Data is populated using national and local data.

## Vulnerable Populations: Population Age 65+

Of the estimated 364,646 total population in the report area, an estimated 66,043 persons are adults aged 65 and older, representing 18.11% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

**Table 8 Vulnerable Population: Age 65 +**

| Report Area | Total Population | Population Age 65+ | Population Age 65+, Percent |
|---|---|---|---|
| Report Location | 364,646 | 66,043 | 18.11% |
| Herkimer County, NY | 62,505 | 12,251 | 19.60% |
| Madison County, NY | 71,359 | 12,142 | 17.02% |
| Oneida County, NY | 230,782 | 41,650 | 18.05% |
| New York | 19,618,453 | 3,068,689 | 15.64% |
| United States | 322,903,030 | 49,238,581 | 15.25% |

Data Source: US Census Bureau, *American Community Survey*. 2014-18.

## Vulnerable Populations: Population with Limited English Proficiency

City of Utica has a large refugee population (17%). The center has assisted refugees from more than 31 countries, including Bosnia, Cambodia, Czechoslovakia, Haiti, Hungary, Laos, Poland, Romania, the former Soviet Union, Vietnam, Sudan, Somalia, Afghanistan, Iraq, Iran, China, Somalia, Burma and others. Since 2000, the center has assisted 3,564 refugees in resettling in our community. During the past few years, the number of refugees resettling here has diminished greatly; however, there is still a significant number of families in the community who continue to experience challenges with language barriers and a host of other challenges. Reportedly there are 64 different languages that are spoken in Oneida County,

primarily in the city of Utica. This large refugee population makes translation services a vital part of the services to be offered in Oneida County. This is significant because an inability to speak English well creates barriers to healthcare access, provider communications and health literacy and education.

**Table 9 Vulnerable Populations: Population with Limited English Proficiency**

| Report Area | Population Age 5+ | Population Age 5+ with Limited English Proficiency | Population Age 5+ with Limited English Proficiency, Percent |
|---|---|---|---|
| Report Location | 344,952 | 12,584 | 3.65% |
| Herkimer County, NY | 59,291 | 867 | 1.46% |
| Madison County, NY | 68,040 | 723 | 1.06% |
| Oneida County, NY | 217,621 | 10,994 | 5.05% |
| New York | 18,454,847 | 2,471,542 | 13.39% |
| United States | 303,066,180 | 25,647,781 | 8.46% |

Data Source: US Census Bureau, *American Community Survey*. 2014-18.

## UNINSURED POPULATION

The lack of health insurance is considered a *key driver* of health status. In the report area 4.61% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 6.48%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

**Table 10 Uninsured Population**

| Report Area | Total Population (For Whom Insurance Status is Determined) | Uninsured Population | Uninsured Population, Percent |
|---|---|---|---|
| Report Location | 355,914 | 16,403 | 4.61% |
| Herkimer County, NY | 61,854 | 3,630 | 5.87% |
| Madison County, NY | 70,843 | 3,376 | 4.77% |
| Oneida County, NY | 223,217 | 9,397 | 4.21% |
| New York | 19,378,618 | 1,255,168 | 6.48% |
| United States | 317,941,631 | 29,752,767 | 9.36% |

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, *American Community Survey*. 2014-18

# POPULATION IN POVERTY (100% FPL)

Poverty is considered a *key driver* of health status. Within the report area 14.67% or 50,771 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

**Table 11 Population in Poverty**

| Report Area | Total Population | Population in Poverty | Population in Poverty, Percent |
|---|---|---|---|
| Report Location | 346,154 | 50,771 | 14.67% |
| Herkimer County, NY | 61,401 | 8,951 | 14.58% |
| Madison County, NY | 66,173 | 6,549 | 9.90% |
| Oneida County, NY | 218,580 | 35,271 | 16.14% |
| New York | 19,108,993 | 2,797,985 | 14.64% |
| United States | 314,943,184 | 44,257,979 | 14.05% |

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, *American Community Survey*. 2014-18.

## POPULATION IN POVERTY BY ETHNICITY ALONE

This indicator reports the population in poverty in the report area by ethnicity alone.

**Table 12 Population in Poverty by Ethnicity**

| Report Area | Hispanic or Latino | Not Hispanic or Latino | Hispanic or Latino, Percent | Not Hispanic or Latino, Percent |
|---|---|---|---|---|
| Report Location | 4,274 | 46,497 | 31.58% | 13.98% |
| Herkimer County, NY | 280 | 8,671 | 22.54% | 14.41% |
| Madison County, NY | 125 | 6,424 | 11.65% | 9.87% |
| Oneida County, NY | 3,869 | 31,402 | 34.49% | 15.14% |
| New York | 855,022 | 1,942,963 | 23.60% | 12.55% |
| United States | 11,849,315 | 32,408,664 | 21.02% | 12.53% |

## POPULATION IN POVERTY RACE ALONE, PERCENT

This indicator reports the percentage of population in poverty in the report area by race alone.

**Table 13 Percent of Population in Poverty by Race Alone**

| Report Area | White | Black or African American | Native American or Alaska Native | Asian | Native Hawaiian or Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| Report Location | 12.52% | 38.61% | 17.46% | 30.62% | 48.03% | 36.69% | 30.85% |
| Herkimer County | 14.40% | 34.35% | 5.33% | 11.18% | 0.00% | 5.54% | 16.92% |
| Madison County | 9.73% | 10.96% | 6.49% | 2.54% | 100.00% | 21.46% | 15.48% |
| Oneida County | 12.88% | 40.04% | 32.95% | 32.17% | 58.73% | 40.49% | 35.63% |
| New York | 10.75% | 21.62% | 23.20% | 16.13% | 24.35% | 26.95% | 19.80% |
| United States | 11.64% | 24.19% | 25.84% | 11.55% | 18.29% | 22.58% | 17.51% |

## POPULATION IN POVERTY BY RACE ALONE, TOTAL

This indicator reports the total population in poverty in the report area by race alone.

**Table 14 Total Population in Poverty by Race Alone**

| Report Area | Non-Hispanic White | Black or African American | Native American or Alaska Native | Asian | Native Hawaiian or Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| Report Location | 39,027 | 5,098 | 180 | 2,910 | 110 | 1,318 | 2,128 |
| Herkimer County, NY | 8,493 | 258 | 8 | 35 | 0 | 15 | 142 |
| Madison County, NY | 6,205 | 55 | 29 | 7 | 73 | 47 | 133 |
| Oneida County, NY | 24,329 | 4,785 | 143 | 2,868 | 37 | 1,256 | 1,853 |
| New York | 1,312,096 | 638,823 | 17,928 | 257,423 | 1,854 | 454,871 | 114,990 |
| United States | 26,730,734 | 9,490,587 | 673,665 | 1,989,768 | 103,304 | 3,497,625 | 1,772,296 |

## SOCIAL VULNERABILITY INDEX (SVI)

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.17, which is which is less than the state average of 0.

**Table 15 Social Vulnerability Index**

| Report Area | Total Population | Socioeconomic Theme Score | Household Composition Theme Score | Minority Status Theme Score | Housing & Transportation Theme Score | Social Vulnerability Index Score |
|---|---|---|---|---|---|---|
| Madison County, NY | 71,359 | 0.24 | 0.06 | 0.21 | 0.53 | 0.17 |
| Herkimer County, NY | 62,505 | 0.54 | 0.52 | 0.27 | 0.71 | 0.53 |
| Oneida County, NY | 230,782 | 0.47 | 0.55 | 0.72 | 0.87 | 0.69 |
| New York | 19,618,453 | 0.42 | 0.20 | 0.82 | 0.78 | 0.55 |
| United States | 322,903,030 | 0.30 | 0.32 | 0.76 | 0.62 | 0.40 |

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, *CDC GRASP*. 2018

# ANALYSIS OF COMMUNITY IMPACTS

This report is designed to serve as a foundation for further conversation, community planning and ultimately the creation of a communitywide map forward. Key areas were identified for communitywide forums to take place later this year. The information below is intended to provide a brief snapshot of what has been gleaned to date. Each topic area has two parts; (1) factors regarding that topic area, and (2) immediate impact to the community. *Factors Regarding the Topic Area* (1): lists literature and research reviewed that is relevant to the topic area as it relates to COVID-19's impact on families and community. *Immediate Impact to Community* (2): lists collective/ anecdotal information gleaned from surveys, informal virtual meetings with community leaders, and MVCAA staff members who are working with families and have been providing monitoring and support since the onset of the crisis. Topic areas include the following:

- Health and Nutrition
- Mental Health and Addiction
- Family Violence and Crime
- Employment, Child Care, and Higher Education
- Education, Child and Youth Development (Ages 0-24)
- Housing and Homelessness
- Medical: Emerging Responses to COVID-19

## HEALTH AND NUTRITION

*Factors Related to Health and Nutrition Access:*

- Systemic health and social inequities have put many people at risk of getting sick from COVID-19. Health inequities are in large part a result of poverty and structural racism. Discrimination and disparities based on race and ethnicity are the most persistent; however, discrimination extends beyond race. Many groups such as women, the LGBTQ community, people who are poor, the undereducated, and those with mental and physical delays and disabilities—face discriminatory treatment and are subject to discriminatory policies. (Bogard, 2017)

- Health care access can be limited for many groups because of lack of transportation, childcare, the ability to take time off for work, communication and language barriers, cultural differences between patients and historical and current discrimination in healthcare systems. (Center for Disease Control and Prevention, 2020)

- Many food-insecure individuals have characteristics that put them at higher risk for severe illness associated with COVID-19.
- Workers who have service occupations or work in the leisure and hospitality industry are more likely to be food insecure and are at risk of further hardship as many businesses have been forced to close and lay off employees.
- Should unemployment and poverty increase to the level of the Great recession, 9.9 million more people may experience food insecurity. Demand for charitable food assistance has increased and is expected to continue to increase for the foreseeable future.
- According to the Center for Disease Control and Prevention (CDC), individuals who experience food insecurity are more likely to have poor health, and to have diet-related conditions like diabetes. Many seniors are at risk for food insecurity and regularly face challenges accessing food due to limited mobility, transportation limitations  and social distancing measures. (Feeding America, 2020)
- Households with children are more likely to be food insecure
- A significant rise in unemployment (7.6 percentage points) and a corresponding rise in child poverty (+5.0 percentage points) would result in a total of 18 million children (1 in 4) experiencing food insecurity. (Feeding America, 2020)

## *IMMEDIATE IMPACT TO COMMUNITY*

- During the shutdown, many health centers were either closed or had limited in-office appointments, scheduled health testing was delayed, and health appointments delayed except for emergency needs. Immediate doctor appointments and procedures were postponed.
- People especially those in rural areas lacked transportation and access to health and nutrition services. In Herkimer County, Catholic Charities facilitates volunteer transportation program that transports seniors to medical appointments. This service is temporarily unavailable due to COVID-19. It is unknown when this service will resume. This was a valuable transportation resource that seniors and disabled individuals previously utilized.
- Schools have offered free lunch to students via pick up locations; however, many families without transportation or those who were essential workers may not have been able to access this service.
- The community has come together with many charitable offerings of food; however, it is unknown how many people were unable to access needed food.
- MVCAA has been contacting families since the onset of the crisis delivering food, formula, diapers and other essentials as needed.

- Social distancing, temporary shut down and quarantine has limited access to many needed services
- With senior centers in the community closed, many seniors who would normally access a hot meal there, are missing that service. It is assumed that seniors are isolated and practicing quarantine (for safety reasons and sometimes out of fear). As a result, they are at high risk of food insecurity, isolation, loneliness and depression. One person shared the following; this person's mother passed away over the summer (2020). She was living in an assisted facility where family were unable to visit due to COVID restrictions. The family member shared that they felt she may have died from loneliness, isolation and depression"
- There has been an increase in drive up or walk through food give a way.
- Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.

## MENTAL HEALTH AND ADDICTION

*FACTORS RELATED TO MENTAL HEALTH AND ADDICTION*

- Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended period of time. Parents in particular have shared concern: saying that there are children missing social interaction with their peers. This is further complicated with virtual schooling. Parents have shared that especially young children simply do not engage with this type of learning; it is disengaging for many children who require a different type of stimulation. This has the potential to impose mental health issues down the road for many families and their children.
- The COVID-19 crisis is extremely stressful for people. Fear and anxiety about this new disease can be overwhelming. Additionally, feelings of isolation and loneliness due to social distancing can increase the stress factor. It is imperative that we educate, model and encourage coping with stress in positive ways. (Center for Disease Control and Prevention, 2020)
- Stress associated with a health crisis such as this can also worsen mental health conditions and increase use of tobacco, alcohol and/or other substances. (Center for Disease Control and Prevention, 2020)
- Both Oneida and Herkimer Counties identified Mental Health and Substance Abuse as priority areas of focus. New York State trends indicate a shortage of mental health providers in this service area.

- Increase in drug overdose.
- On April 7th, 2020, the Oneida County Overdose Response Team identified a spike in overdoses using the Overdose Detection Mapping Application Program due to a total of 20 overdoses and 2 deaths during the two weeks prior. The Overdose Detection Mapping Application Program (ODMAP) reported a 17.59% increase of drug overdoses nationwide between the pre-quarantine time period (January - March 2020) and the post-quarantine time period (March - May 2020ht).
- Access to mental health services is being offered in different ways has presented challenges for some people.
- Overall mental and emotional health of people, families and children due to social isolation is a communitywide concern. It is currently unknown the extent of mental and emotional distress that families and children are experiencing.
- There are numerous resources available on the internet to assist people virtually; however, it is unknown how many individuals in the community are unable to have access to this resource.
- MVCAA offers virtual support groups to staff and families. This has been a valuable resource that has been well utilized.

## FAMILY VIOLENCE AND CRIME

*FACTORS RELATED TO FAMILY VIOLENCE AND CRIME*

- Agencies across the Unites States are reporting an increase in domestic violence calls. In contrast, there is growing concern that child welfare agencies are noting a significant drop in reports of child abuse or neglect. With the closure of schools and other key community organizations, detection of child abuse of is limited. (Campbell, 2020)
- Restrictions associated with COVID-19 such as sheltering in place, restricted travel, social distancing and closures of community organizations have created a perfect scenario for family violence to percolate. Domestic violence abusers will often isolate their victims as a way of exercising control which expands opportunity for this to occur. Perpetrators may find it easy to surveil electronic sources of outreach such as cell phones, social media or internet. Stress due to unemployment, reduced income, limited resources and limited social support further add to the situation. People may also turn to alcohol or drug abuse. It is also important to consider the role that schools, libraries and other public places have played in

offering a safe haven for victims. Many of these community spaces are closed due to COVID-19. (Campbell, 2020)

- Around March 15th, all activities that children engage in outside of the home - schools, recreation centers, gyms, classes - were shut down. Between mid-March and the end of May, the Child Advocacy Center (CAC) saw a 50% reduction in reported cases of suspected sexual abuse against children ages 0-17. During that same time period, the CAC received a 50% increase in requests for mental health services, which the CAC provides in-house as well as via referral to outside agencies. As more families started to access mental health services through May and June, the number of reports increased again dramatically. Another wave of reports occurred at the beginning of July when Family Court re-opened. As of September 1st, the CAC had received 600 cases so far in 2020, a higher number than was reported at the same time in 2019. 80 reports were made in August, almost double the amount from a typical August. Children are less isolated than they were in March and April due to increased use of mental health services and contact with adults outside the family. The CAC typically sees a spike in reports at the beginning of the school year after children have spent the summer at home. It is unknown whether cases will increase at the same level in 2020 due to the varied school district reopening plans throughout the county.
- Community leaders, law enforcement agencies and family workers at MVCAA have iterated similar concerns; noting an increase in domestic violence calls and a reduction in child abuse and neglect reports.

## EMPLOYMENT, CHILD CARE, AND HIGHER EDUCATION

- The impact of COVID-19 on employment cannot be understated. Across most regions of New York State, unemployment has doubled and even tripled or quadrupled in areas. The seasonally adjusted unemployment rate reported April 2020 was noted to be record high (14.5%) in contrast to the state's record low (3.7%) reported in February 2020. Month by month and year by year job losses in New York State were among the highest reported nationally. The Mohawk Valley Region (includes Oneida and Herkimer County) and the Central Region (includes Madison County) fell somewhere in the middle when looking at unemployment region by region. While jobs and the economy are showing signs of improvement, the impact of the pandemic is stark; 1) since the start of the pandemic 2.2 million initial unemployment claims were filed for New York State between March and April, 2)the number of

employed workers decreased by more than 1.8 million, a 19% month-over-month decrease, and 3) between April 2019 and April 2020, 1.9 million non-farm jobs were lost. (Weaver R. , 2020)

- Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.

- The Industrial and Labor Relations (ILR) Program at Cornell University published a report with indicators identified as important to track to better understand the many ways the labor market and jobs have been impacted by the pandemic. It illustrates the complexity of the current labor market especially with regard to data. Indicators are as follows:
  - Employed workers not at work—workers on leave from their employer, whether paid or not (for illness, family reasons, vacation, etc.) —the bureau believes that many of these are misclassified workers actually on temporary layoff.
  - Workers part-time for economic reasons—workers who prefer to work full-time but only found a part-time job or who usually work full-time but had their hours reduced by their employer.
  - Unemployed workers on temporary layoff (furloughed)—laid-off workers who expect a recall.
  - Unemployed workers not on temporary layoff—includes workers permanently laid off, new and re-entrants and job leavers.
  - People out of the labor force who currently want a job—people without a job who are not looking for work but say they want a job.
  - People out of the labor force who do not want a job—largely students, retirees and people with disabilities or caring for family members (Groshen, 2020)

- According to a report published by ILR School (Cornell University), most common at-risk occupations help by workers in New York State include retail salespersons, janitors and building cleaners, cashiers, waiters and waitresses, construction laborers, cooks, and childcare workers.

- Looking at employment issues using an equity lens is important. Many people/workers who are most impacted by COVID-19 are working low wage jobs. In many instances people of color make up the majority of these workers. For that reason, it is more important than ever to connect people with needed supports related to housing, high quality childcare, transportation, and accessible healthcare. (Community Action COVID-19 Resource Series, 2020)

> ➢ *Low wage workers—defined as persons who earn below $15/hour —are similarly prone to hold at-risk occupations. Such workers make up just 35% of the State's civilian workforce but hold 55% of its at-risk jobs. Consistent with <u>recent observations that low wage workers are especially vulnerable to COVID-related layoffs</u>, the data suggest that **around one in every two low wage workers across the State could lose their jobs** as the pandemic unfolds (1.6 million out of 3.3 million workers, or 49.2%).* (Weaver R. , 2020)

- Racial and ethnic minority groups are disproportionately represented in essential work settings such as healthcare facilities, farms, factories, grocery stores and public transportation. Workers performing these jobs often work in close contact with the public or other workers, are not able to work from home, and do not have paid sick days. In addition to lower paid jobs many of these workers are at greater risk of contracting COVID-19.

- Inequities in access to high-quality education for some racial and ethnic minority groups can lead to lower high school completion rates and barriers to college entrance. This may limit future job options and lead to lower paying or less stable jobs. People in these situations often cannot afford to miss work, even if they're sick, because they do not have enough money saved up for essential items like food and other important living needs. (Centers for Disease Control and Prevention, 2020)

- **The economic downturn has affected some Americans more than others. PEW Research Center offered the following facts:**

  1. ***More women than men lost their jobs from February to May, 11.5 million vs. 9.0 million.***
  - *job losses have been concentrated in sectors in which social distancing of workers is difficult or the <u>option to telework</u> is lacking. Just three sectors – leisure and hospitality, education and health services, and retail trade – accounted for 59% of the total <u>loss in nonfarm jobs from February to May</u>.*
  - *These sectors also accounted for 47% of <u>jobs held by women</u> in February, compared with 28% for men, exposing women to a higher risk of unemployment in recent months.*
  2. ***Hispanic women have experienced a steeper decline in employment (-21%) in the COVID-19 downturn than other women or men.***
  - *Hispanic women are more likely than others to be employed in leisure and hospitality services; some 14% of Hispanic women were in 2018 compared with 10% of women and 8% of men overall.*
  - *The leisure and hospitality sector shed 39% of its workforce from February to May, far more than any other sector.*

- *Among men, Asian (-17%), Hispanic (-15%) and black (-13%) workers have experienced a greater loss than white (-9%) workers in the COVID-19 recession.*

3. ***Employment among immigrant workers has decreased more sharply than among U.S.-born workers in the COVID-19 recession***

- *Among the foreign born, employment losses have been equally sharp for Hispanic and non-Hispanic workers, -19% for each group.*

- *Hispanics overall are <u>relatively young</u> and less likely to have <u>graduated from college</u>, two factors that put them at a <u>higher risk of unemployment</u> in economic downturns.*

- *Also, 44% of Hispanic immigrants in the workforce are <u>estimated to have been unauthorized in 2016</u>, which also likely made them more vulnerable to job cuts.*

- *The trends in employment among Hispanic workers are echoed in a <u>Pew Research Center survey</u> conducted April 29-May 5 in which Hispanic adults were more likely than American adults overall to say they have taken a pay cut or lost their job because of the coronavirus outbreak.*

4. ***The employment of young adult workers ages 16 to 24 has been severely impacted by the COVID-19 downturn, with one-quarter of them losing their jobs from February to May.***

- *Nearly half of young adult workers (48%) were employed in <u>higher-risk industries</u> in February, compared with 24% of workers overall.*

- *Job losses for older workers were also sizable, ranging from 9% to 13%, but less severe than for young adults.*

- *Notably, 4.8 million adults ages 55 and older, nearing the traditional retirement age, have lost their jobs in recent months.*

5. ***Workers without any college education were more likely to have lost their jobs than workers with at least some college education in the COVID-19 downturn.***

- *The decrease in employment from February to May ranged from 6% among workers with a college degree or more education to 21% among workers without a high school diploma.*

- *One difference between the COVID-19 recession and past recessions is in the significance of <u>teleworking in saving jobs</u> at the moment. Workers with a college degree or higher education are much more likely to have the option to telework – 62% could in February compared with 22% of high school graduates who did not go to college, for example.* (Kochhar, 2020)

- Many families are unemployed expecting to be employed, or unemployed working for work. Many businesses are reducing their workforce. As uncomfortable as it can be to change especially during a crisis it is more important than ever to support our most vulnerable families and workers by creating platforms for them to learn about opportunities that are emerging in the area. There are companies moving to the area.

- Childcare has become an increasing challenge for families. This is a challenge that is seen as a growing problem as the crisis unfolds. Plans for the reopening of schools changes almost daily. Parents struggle with virtual school for their children for a number of reasons. Some parents are working at home and unable to teach their children and work at the same time. Other parents are essential workers and are challenged with what to do with their children when they are at work, often working nontraditional work hours.

## EDUCATION, CHILD AND YOUTH DEVELOPMENT (AGES 0-24)

*FACTORS RELATED TO EDUCATION, CHILD AND YOUTH DEVELOPMENT (AGES 0-24)*

- In March 2020 school districts across the nation closed, children and their families in remote and virtual learning platforms.
- Governor Andrew M. Cuomo (August 2, 2020) announced that based on each region's infection rate, schools across the state are permitted to open this fall. The Department of Health will review submitted reopening plans from school districts and notify districts of their status on Monday. The determination of how individual districts reopen - in-person vs a hybrid model - will be made by local school districts under strict Department of Health guidelines. (Cuomo, 2020)
- Of all the systems impacted by COVID-19, education is perhaps one of the most impacted. Administrators, policy makers and parents have been working tirelessly too come up viable solutions that seem to change almost as quickly as they are devised. Virtual learning is becoming a mainstream platform. These changes come with both benefits and risks all of which need to be considered. However, the most urgent issue might be that the crisis has cast a bright light on inequities that have persisted in education but are expected to worsen without some interventions. In many ways it is a crisis of its own waiting to unfold. The CDC outlines the following:

- Safety is an obvious concern for parents, teachers and administrators. *The best available evidence indicates if children become infected, they are far less likely to suffer severe symptoms. Death rates among school-aged children are much lower than among adults.*

- Well-known and significant concerns, in both short-and long-term include; the social, emotional, and behavioral health, economic well-being, and academic achievement of children.

- Most importantly, *the lack of in-person educational options disproportionately harms low-income and minority children and those living with disabilities. These students are far less likely to have access to private instruction and care and far more likely to rely on key school-supported resources like food programs, special education services, counseling, and after-school programs to meet basic developmental needs.* (Center for Disease Control and Prevention, 2020)

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*IMPACT TO THE COMMUNITY*

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- Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.

- The closing of public schools in the Community Assessment area are having an immediate impact on children's education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.

- Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.

- that have not previously been required in this community in any significant capacity.

- It is important to consider that understanding student needs during a periods remote learning are difficult to measure and do not all directly correlate with other student needs such as the share of students living in poverty. A report published by the Urban Institute, Mapping Student Needs during COVID-19 stresses the value of *understanding the unique challenges each community faces is the first step in identifying potential solutions.* In this study the following categories were examined; poverty,

linguistically isolated, is in a vulnerable economic sector, single parent, is in crowded conditions and lacks computer or broadband access. (Blagg, Blom, Gallagher, & RAiner, 2020)

- Older displaced youth also represent a population that is often overlooked. They often present with multiple disparities lacking education, family support, and employment. They may be at risk of homelessness, have history of incarceration, at risk for food insecurity, often lack transportation may present with history of disability and/or mental health issues. This is a population that is more vulnerable due to social isolation imposed by COVID-19.

## HOUSING AND HOMELESSNESS

*FACTORS RELATED TO HOUSING AND HOMELESSNESS*

- Even before the COVID-19 crisis, communities locally and across the country were identifying housing as a challenge or barrier to positive life outcomes. Lack of stable, accessible, and affordable housing can contribute to poor physical and mental health, higher use of emergency and hospital services, and increased public health care costs. (Spillman, et al., 2016)This is particularly true for people with complex physical, mental, or behavioral health needs, such as people with disabilities and people who are elderly or experiencing homelessness. (Spillman, et al., 2016) As a result, there has been heightened recognition around the value of integrating health care delivery and housing for vulnerable populations. New York State has been on the cutting edge of this for some time with various programs already in place. These collaborations may be even more important given the impending health crisis.

- *Health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities than whites. In public emergencies, these conditions can also isolate people from the resources they need to respond to outbreaks.* (Centers for Disease Control and Prevention, 2020)

- The unique needs of people experiencing homelessness make this population at heightened risk for COVID-19. It also presents unique challenges for programs who are implementing services.  The Homeless Research institute estimates that $11.5 billion is necessary for 400,000 new shelter beds are needed to accommodate everyone who is unsheltered, to ensure appropriate social distancing is maintained and quarantine accommodations secured for people who are sick and or exposed quarantine locations for the sick and exposed. (National Alliance to End Homelessness, 2020)

- There has also been heightened awareness around potential difficulties that the vast number of people who are renters will face once the evections moratorium is lifted. A disproportionate number of people who are renters have been impacted by the COVIC-19 crisis due to low-wage employment positions many of which have been put on pause (positions eliminated either temporarily or permanently or hours decreased).

*IMPACT TO THE COMMUNITY*

- Mohawk Valley Housing and Homelessness Coalition (MVHHC) has been actively involved with assisting local shelters secure alternative housing for shelter residence in order to maintain appropriate social distancing.
  - MVHHC surveyed families (800 respondents) during a drive through / walk through food giveaway sponsored by Johnson Park Center. 800 An alarming trend was noted for families who had not paid their rent for 2 or more months (30%).
  - MVCAA also surveyed 80 families and noted a similar trend. Of the families surveyed the following information surfaced:
    - 64.3% of those surveyed reported a DECREASE in income since March 2020
    - 40% of those who were working in March are no longer working
    - 30% missed one or more months of rent/mortgage between March and August
    - 44.3% reported missing one or more months of utility payments between March and August.
    - July and August seem to be the most common months for families to have missed payments.

## MEDICAL: EMERGING RESPONSES TO COVID-19

*FACTORS RELATED TO MEDICAL: EMERGING RESPONSES TO COVID-19*

This is a topic area that has been identified as one that should be included in this list. It has been added to this list but is one that requires further research. The need for accurate testing and processes for keeping people both safe and engaged cannot be understated. Scientific tests, as well as best practice for social

engagement are emerging. It is important to ensure that this information is documented, reviewed and included in community conversations moving forward.

# Anticipated near- and long-term impacts

The needs above are already established through initial data and anecdotal reports from customers, staff, board members and community stakeholders. Based on these already-observed events, it is likely that there will be near-term (less than 3 months) and longer-term (greater than 3 months) impacts that that require immediate planning. A partial, but not complete, list of the anticipated impacts includes:

## Prolonged service disruptions

The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long-term issues. While many services have been phased in at this time, social distancing is still in place and this has a profound impact on services.

*In March 2020, the pandemic crisis forced organizations to transition service delivery, making adaptions in the best way possible with the information and resources available at the time. In some ways, the world became virtual screen. Appointments became possible via phone or virtual platforms and were utilized for everything from medical appointments to mental health counseling, social service visitation, and more. While services have been phased in, the effects of social distancing remain and have changed the way people access services and the capacity that many organizations have to offer services.*

*Not all services could be delivered virtually and many of these services will remain on pause for some time. For example: support group meetings (mental health, addiction and family violence) and food distribution in the form of hot meals that are provided at a community center. Many childcare options have not reopened. Homeless shelters have transitioned many residents to individuals to local motels to maintain safe social distance and these changes are still in effect.*

*Access to resources such as a reliable car, computer, and internet, and reliable childcare, are just a few resources that can have an enormous impact on the extent to which a person, child or family will adapt to accessing services in new ways.*

*There is an ongoing shortage of some food products and other items typically purchased at the grocery store resulting from service disruptions in the distribution food across the globe.*

*The CARES Act has helped people to some extent; however, for families who were already experiencing stress and difficulties on multiple levels, the stress from COVID-19 has upturned their lives.. Understanding how challenges mount for some families and developing new ways to offer support is critical.*

*While some of these services resumed operations, most have resumed with modifications that limit capacity to provide direct service in the same manner that they had in the past. It is critical that these limitations to access be acknowledged so that the most vulnerable families are reached.*

## PROLONGED EMPLOYMENT ISSUES

Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required.

*The economy in the MVCAA service area relies heavily on service jobs in the restaurant and hospitality industry which has created a large pocket of people who are either not working or working shorter hours. Many restaurants that have reopened have not done so at the same capacity and some workers will not have jobs to return to.*

*Older youth programs have been impacted in that many individuals in this population do not have access to computer or internet for virtual activities. This places them at heightened risk for homelessness, incarceration, addiction, or victims of violence or abuse.*

*SUNY Poly, Workforce Investment and local community colleges have a strong pulse on employment trends and offer apprenticeship programs, education and other workforce opportunities that can help people transition to new and better paying jobs. This will become a valuable resource in coming months.*

*Knowledge of and access to internet computers and technology is becoming more and more a necessity for everyone. Many schools are using virtual learning as their platform some are offering all virtual classes while others are using a hybrid model. This is wreaking havoc with single parent families or dual parent families where both parents in the home are working. Unfortunately, many of the children who are most vulnerable have parents who work low-wage jobs where opportunities to work from home are not an option.*

## PROLONGED AGENCY CAPACITY ISSUES

Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.

*Agencies across the nation have had to scramble to transition working remotely; moving all or part of their workforce to "working from home" virtually. Customers have also had to adapt to a new way of doing business or a new way of interacting. This has been costly for many agencies and the transition*

*for some organizations may be slower than others. The biggest challenge remains how to provide services in new ways without compromising the very service that is being provided. Some organizations have moved to almost all remote working conditions. For some businesses, remote workforce could be cost saving. Moving forward, it seems as though adaptability might become the key to sustainability.*

## PROLONGED COMMUNITY RESOURCE/COORDINATION ISSUES

The short-term community coordination needs cited in this Assessment are presumed to continue into the long-term. Current conditions may persist for an extended period; recovery efforts will require coordination; ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.

*Most pertinent to thriving during the pandemic crisis and beyond is bringing the community together to understand the needs and opportunities as they unfold and to map a plan for moving forward maximizing the use of available resources. The outcome of COVID-19 on people and on the communities in our area is yet to unfold. The cost of the crisis may leave funding short for many local municipalities.*

*While change can be challenging, there will also be opportunities on the horizon and the only way to capitalize on these opportunities is to have a strong pulse on change and a strong vision for what can be done with it. What new companies are coming to the area? What new job opportunities will they bring? What technology is being discovered locally? What does all of this mean for the community? How can we engage our youth in such a way that they think of their world in a way that is filled with hope?*

## ADDRESSING EQUITY IMPLICATIONS

Though immediate data may not yet be easily obtained regarding the demographics of those most impacted by the COVID-19 epidemic, previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, stigmatization and othering persist – and are often exacerbated – in times of crisis. Community Action recognizes the obligation to ensure that the barriers of structural race, gender, and other inequities are addressed during this time of crisis and beyond. Therefore, it is with this lens that communities are invited to use the equity lens and the question, "why", to understand the specific needs of the diverse populations served.

*What follows is part of a statement released by the National Community Action Partnership. It provides an important framework for the work that this agency does. It is included here because it articulates the importance and the value of using an equity lens which was emphasized in the first part of this report.*

*"While COVID-19 has unleashed a threat on the health and economy of our nation, it has also revealed a pre -existing condition that places all of us at greater risk. The hierarchy of human value and to be more specific, RACISM, has served as an activator that has accelerated the loss of life and disproportionate losses to important populations in our country. Persons of color, who are in many cases, workers with low incomes and live in places that were already struggling are suffering great physical, economic, and social harm.*

*During this very trying era, we feel it is important to put a marker down, especially given the racially charged events that have played out in recent weeks and months. Murders in the African American community, attacks on Asian American owned businesses, increasing numbers of murdered and missing indigenous women and girls, and the marginalization and displacement of immigrants seeking refuge weigh on our already weakened hearts. Some actions are recorded and shared via social media allowing many to bear witness; while others remain unknown and unseen. While many have engaged in social media activism in response to the atrocities, we are calling for everyone to move beyond the keystrokes of media devices and to do more. It's not enough to feign verbal and distant support for non-racist causes. We must move beyond that into constructive anti-racist action that might even cause us to have to sacrifice the comfort or advantage that some of us have. RACISM MUST END!*

*Currently there is no cure to the health pandemic nor the social pandemic. While we are one human family, both conditions aim to separate us, both aim to weaken us, both aim to dehumanize us and threaten our well-being. During this season of heightened social anxiety, Community Action affirms that our healing as a nation is tied to strengthening our connections as neighbors, family members, co-workers, and communities. Our values assert, "We believe that all people should be treated with dignity and respect and recognize that structural race, gender and other inequities remain barriers that must be addressed." If we truly believe this, we must live it.*

*We commit ourselves to the health and well-being of everyone and to problem-solving systems and structures that will dismantle disparities and social determinants.*

*Almost 56 years ago, Community Action was born as part of the civil rights movement, and we continue to denounce all forms of violence and any acts that dehumanize anyone. The words of the Community Action Promise articulate who we are and what we believe, "We care about the*

*entire community". And, in love and unity, we will interrupt the darkness of this time and will continue to "embody the spirit of hope".* (Denise Harlow, 2020)

### ***Community Action Promise:***

*Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live.*
*We care about the entire community and we are dedicated to helping people help themselves and each other.*

# APPENDIX
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# GENERAL RESOURCES TO EXPLORE

CAP Engagement Network*, Online Community Needs Assessment Tool:
https://cap.engagementnetwork.org/

CARES Engagement Network COVID-19 Tools & Resources:  https://engagementnetwork.org/covid-19/

*note – the Engagement Network is the platform for the Community Action Online Community Needs Assessment Tool – this was previously known as "Community Commons".  The functionality is the same, with some enhancements. A username and password are required; however, access to this tool is free for the Community Action Network.  Email *ckohler@communityactionpartnership.com* for troubleshooting.

County Health Rankings & Road Maps:  https://www.countyhealthrankings.org/

Prosperity Now Scorecard:  https://scorecard.prosperitynow.org/

Kids Count Data Center:  https://datacenter.kidscount.org/

CDC Cases & Latest Updates: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html

National Equity Atlas:  https://nationalequityatlas.org/indicators/Poverty

Data Resources for Section I, Background:

The following tools can be used to identify how many people in a given area are within **200% of the Federal Poverty Level**:

**CAP Engagement Network Map Room:**  https://cap.engagementnetwork.org/cap-map-room/ *(click +Add Data, search "200% Poverty Level")*

**CAP Engagement Network, CNA Online Tool Assessment Report:**
https://cap.engagementnetwork.org/assessment-tool/ *(select state and county; then select population profile, Poverty Rate 200%)*

**Data Table:**  Selected Characteristics of People at Specified Levels of Poverty – 2018 ACS, 5-year estimates: https://data.census.gov/cedsci/all?q=s1703&hidePreview=false&tid=ACSST1Y2018.S1703 *(then filter by the desired geography).*  This table allows users to access poverty data by level – i.e. 200%, 125%, 100%, <50%, etc.

Data Resources for Section II, Local public health response:

State government health department will generally have this information.  State sites can be accessed through the CDC website:  https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

Data Resources for Section III, Immediate impacts on the community:

Overall Impact (to include after opening paragraph):

COVID-19 Vulnerability Footprint

[COVID-19 Starter Map – Demographic Vulnerability](#) (can add or remove data from mapping layers)

Health Impacts:

[Engagement Network COVID-19 Report](#):  Vulnerable Population Indicator - Population Age 65+

[Engagement Network COVID-19 Report](#):  Health System Capacity Indicators – Hospital Beds, Hospitals, Primary Care Providers

[Engagement Network COVID-19 Starter Map:  Hospitals, Confirmed Cases, and ICU Beds](#)

[County Health Rankings & Roadmaps Free & Reduced Lunch Eligibility Data](#)

Employment Impacts:

Utilize local examples for health care workforce challenges

Utilize local examples on closures for school employment and childcare challenges

School District Data (includes number of teachers, students, demographics): https://nces.ed.gov/ccd/districtsearch/index.asp

Utilize local examples on shut down of large employers or related employment challenges

Local Area Unemployment Statistics:  [https://www.bls.gov/lau/](https://www.bls.gov/lau/)

The remaining impact categories include school closing dates and human service provision or community resource examples specific to the local area.  Insert any other local area data as available or applicable.

Data Resources for Section IV, Anticipated near- and longer-term impacts:

For the section on *Prolonged community resource/coordination issues*, the following resource may be helpful to strategize and triage which community initiatives, or pieces of initiatives, may need to continue, pause, or end during this time.  [https://centerforcommunityinvestment.org/blog/reimagining-strategy-context-covid-19-crisis-triage-tool](https://centerforcommunityinvestment.org/blog/reimagining-strategy-context-covid-19-crisis-triage-tool)

Data Resources for Section V, Addressing Equity Implications:

The following links provide resources for understanding and addressing equity implications in response to COVID-19:

National Collaborative for Health Equity:  [https://www.nationalcollaborative.org/covid-19/](https://www.nationalcollaborative.org/covid-19/)

TEN EQUITY IMPLICATIONS OF THE CORONAVIRUS (COVID-19) OUTBREAK IN THE UNITED STATES—NAACP: https://naacp.org/wp-content/uploads/2020/03/Ten-Equity-Considerations-of-the-Coronavirus-COVID-19-Outbreak-in-the-United-States_Version-2.pdf

COVID-19 Guidance for Higher Risk Populations—American Public Health Association: [https://www.apha.org/topics-and-issues/communicable-disease/coronavirus/higher-risk-populations](https://www.apha.org/topics-and-issues/communicable-disease/coronavirus/higher-risk-populations)

National Equity Atlas:  https://nationalequityatlas.org/indicators/Poverty

COVID-19:  Mapping Vulnerable Populations in California—Othering & Belonging Institute:
https://belonging.berkeley.edu/covid-19-mapping-vulnerable-populations-california

The Unequal Impact of the COVID-19 Crisis on Households' Financial Stability:  Who is Likely To Be
Immediately Hurt and Why—Prosperity Now:
https://www.prosperitynow.org/sites/default/files/PDFs/Scorecard%202020/Unequal_Impact_of_COVID
-19.pdf

Coronavirus-19 Resources—Unidos US:  https://www.unidosus.org/campaigns/coronavirus-covid-
19/policy-priorities?utm_source=main&utm_medium=450&utm_campaign=covid

The coronavirus is infecting and killing black Americans at an alarmingly high rate—Washington Post:
https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-
an-alarmingly-high-rate-post-analysis-shows/?arc404=true

Indian Country, where residents suffer disproportionately from disease, is bracing for coronavirus—
Washington Post:  https://www.washingtonpost.com/climate-environment/2020/04/04/native-
american-coronavirus/

COVID-19 - Racial Equity & Social Justice Resources—Racial Equity Tools:
https://www.racialequitytools.org/fundamentals/resource-lists/resources-addressing-covid-19-with-
racial-equity-lens

COVID-19:  Investing in black lives and livelihoods – McKinsey & Company:
https://www.mckinsey.com/industries/public-sector/our-insights/covid-19-investing-in-black-lives-and-
livelihoods