



# COVID-19

# Community Assessment Update



# 2020

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PARTNERSHIP  
LANCASTER AND SAUNDERS COUNTIES



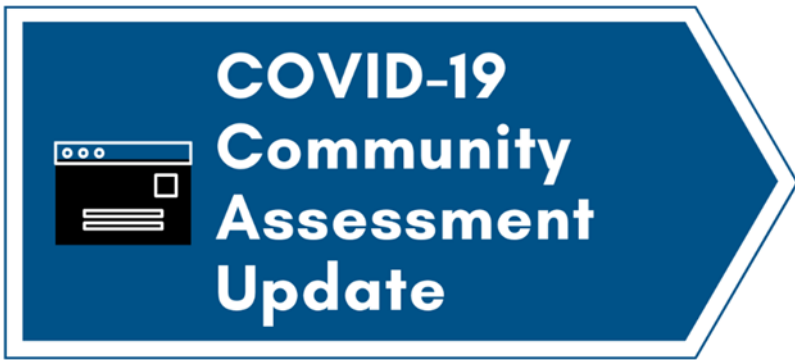
## **COVID-19 Community Needs Assessment Update Summary**

In developing a coordinated plan for use of anticipated CSBG-CO monies, Community Action updated its Community Needs Assessment with local data specific to COVID-19 and its impacts within Lancaster and Saunders Counties. Data from this updated assessment, which follows, was used to inform planning.

The assessment finds that especially impacted populations in Lancaster and Saunders Counties include those with low income, those employed within the retail trade industry who have lost jobs or experienced reduced hours related to COVID closures, and those of racial/ethnic minorities, particularly Hispanics and Asians. Major needs identified as a result of this assessment are as follows:

1. Food, healthy food access support, basic care items (especially diapers), and rent and utility (including water) assistance for those struggling to make ends meet/impacted by job loss and school/other related closures;
2. Increased capacity to provide financial coaching services virtually, including ensuring individuals served have access to needed technologies – it is anticipated that demand for this service will be greater than ever as individuals financially recover post-pandemic;
3. Improvements to Community Action’s technological infrastructure to support remote work by employees, enrollment of participants into programs, and improvements within classrooms to allow virtual trainings, orientations, and case management sessions to those most greatly impacted by the pandemic, including those with low income, those of racial/ethnic minorities, and those who lost jobs/experienced reduced hours during the pandemic. Also noted is that rates of occurrence will likely spike again in during the next fall winter season(s) until a successful immunization process is in place. This requires that Community Action be prepared to again alter modes of providing services quickly.

Community Action has a reputation in the community for being able to act quickly and adapt programming to respond to needs as they exist in the present. It is anticipated that Community Action will continue to be called upon by local stakeholders to join in larger community-wide efforts supporting COVID relief.



*April 2020*

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***This update to the Community Action Partnership of Lancaster and Saunders Counties Community Assessment was completed in May 2020 in response to the COVID-19 global pandemic.***

## **I. Background**

This Community Assessment Update 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.

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, Latinx 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.

**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, related to the below information, is defined as the following: Lancaster and Saunders Counties, Nebraska

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.

## **II. Local public health response**

Local officials in Lancaster and Saunders, Counties in Nebraska have been on the forefront of planning and implementing directed health measures based on the threat and presence of COVID-19. Two agencies lead these efforts within our service area: Lincoln-Lancaster County Health Department (Lincoln and Lancaster County) and Three Rivers Public Health Department (Saunders County).

The first confirmed case in Lancaster County was on March 20, 2020. Saunders County followed with its first confirmed case on March 25, 2020.

The State of Nebraska issued Directed Health Measure Order 2020-001 on March 19, 2020, which set forth policies limiting social interaction in select Nebraska counties. Lancaster and Saunders Counties were added to this order by Governor Pete Ricketts on March 25, 2020, though Lincoln Mayor Leirion Gaylor Baird issued a local emergency declaration on March 16, 2020 resulting in multiple City departments implementing modified operational plans. Lincoln Public Schools, the largest school district in our service area, announced that its schools would be moving to remote learning effective March 23, 2020.

The following Directed Health Measures are currently in place for each county in our service area:

### Lancaster County (source: Lincoln-Lancaster County Health Department)

*May 11 – June 30, 2020*

- Gatherings of 10 or more people prohibited.
- Liquor, beer, and wine sales are restricted, unless served with a meal, to carry-out sales and delivery only.
- Food and beverage sales at restaurants, bars, taverns, private clubs, or other type of business are allowed but are restricted to no more patrons than 50% of rated occupancy at a time.
- Barber shops, cosmetology establishments, body art facilities, and massage therapists shall abide by the restriction against allowing more than 10 patrons in a room or space simultaneously. In addition, a

minimum of 6 feet shall be maintained between all workstations occupied by patrons. Employees and patrons shall wear face protection that covers the mouth and nose.

- Daycares and childcare facilities – 1) childcare should be carried out in groups of 15 or fewer; 2) if more than one group of children is cared for at a facility, each group shall be in a separate room which is separated by either physical walls or sufficient airspace; 3) to the extent possible, childcare providers shall remain solely with the same group of children daily; 4) daycare and childcare facilities shall abide by all other requirements contained in Appendix 3 – Requirements and Guidance for Child Care Facilities.
- Door-to-door sales activities are prohibited within the City of Lincoln.

#### Saunders County (source: Three Rivers Public Health Department)

*May 11 – May 31, 2020*

- Gatherings of 10 or more people prohibited including, but not limited to, pre-schools, beauty/nail salons, barber shops, massage therapy services, tattoo parlors/studios, gymnasium, fitness center, auditorium, stadium, arena, larger event conference room, meeting hall, library, or any other indoor or outdoor space. Venues such as fitness centers/clubs, gymnasiums, gyms, health clubs, and health spas should ensure that a minimum distance of 6 feet be maintained between all patrons. Beauty/nail salons, barber shops, massage therapy services, tattoo parlors/studios shall require the use of masks or other item sufficient to cover the nose and mouth. Liquor, beer, and wine sales are restricted, unless served with a meal, to carry-out and delivery. Dine-in establishments allowed, but restricted to 50% capacity. Self-service buffets and self-service food bars are prohibited.
- Elective surgeries are allowed within all Acute Care Hospitals, Critical Care Hospitals, and Children's Hospitals so long as facilities maintain and dedicated 30% of general bed capacity, 30% of ICU bed capacity, and 30% ventilator capacity for non-elective surgery/procedure patients.
- Individuals who test positive for COVID-19 or have symptoms, and individuals who reside or resided with individuals who tested positive for COVID-19 or have symptoms shall home-quarantine for 14 days.
- All elementary and secondary schools – public, private, and parochial – are ordered to cease all in-person instruction and all extra-curricular activities.
- All gentleman's clubs, bottle clubs, indoor movie theaters, and indoor theaters are ordered to cease providing services to the public.
- All organized team sports, youth and adult, are suspended.
- Religious services, including weddings or funerals, are allowed, but shall be limited to the ceremony or service only. During religious ceremonies and services, party(s) must maintain a minimum of 6 feet of separation.
- Daycare/childcare services – may not exceed the lesser of the current license limit or 15 children per room/space.

As a result of this unprecedented public health crisis, Community Action Partnership of Lancaster and Saunders Counties is updating its Community Assessment because there is currently a significant impact on the community, and a number of short-, intermediate- and longer-term impacts are expected.

### **III. Immediate impacts on the community**

The immediate impacts of COVID-19 have been felt across all sectors of society. In particular, some of the greatest impacts relevant to the Community Action Network have been in the areas of health, education, employment, human services provision, and community resources. In this community, vulnerability is highest in the following areas:

- Lincoln, NE
  - Based on the Engagement Network’s Vulnerability Footprint Tool, the majority of Lincoln Census Tracts meet two thresholds for vulnerability. One Census Tract (11.02) meets all three. This tract is characterized by the following:
    - Total population (2010 Census): 3,630
    - Population density: 5,633
    - Uninsured: 9.9%
    - Age 65 or older: 17.7%

Nationwide, early data suggest that the following groups have experienced disproportionately higher rates of infection and/or complications/death as a result the COVID-19 pandemic:

- Males
- Individuals 60+ years old
- People of color, particularly African Americans
- People with underlying health conditions (especially, lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions)

The following outlines the variety of impacts to the local community thus far:

- Health impacts:
  - Individuals over 60, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19. Lancaster County has 40,421 individuals over age 65, while Saunders County has 3,744.
  - Community health resources will be stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others. As of May 11, 2020, Lancaster County has tested 6,098 individuals for the virus with 595 confirmed cases. Lancaster County has 7 hospitals. Within these hospitals, there are 1,126 staffed beds and 103 ICU beds, accounting for 10% and 7% of beds in the state, respectively. Saunders County has tested 288 individuals; of these, 11 have tested positive for the disease. Saunders County has one hospital with 16 staffed beds and 3 ICU beds.
  - 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 time period.
    - According to a news story on Channel 10/11 in Lincoln on April 9<sup>th</sup>, Lincoln Police reported a 32% increase in mental health calls from January 1 to April 1 compared to the same period in 2019. This indicates that more people are struggling emotionally due to the many implications of the pandemic. The news story illustrates specifics relating to one call – a 25-year-old man who was stressed about losing his job.
    - Mental health resources are already limited in our service area and across the state. This will be especially problematic as more and more people face the emotional impacts of COVID-19. According to a 2018 article in *Lincoln Journal Star*, hospitalizations because of mental illness surged by 20% across the state between 2007 and 2014. Since 2003, the state has eliminated more than 200 inpatient beds at its three psychiatric hospitals

according to the Nebraska Department of Health and Human Services (DHHS). Also, according to the article, wait times at the Lincoln Regional Center, which provides mental health services, are high. In 2018, Court-ordered patients waited an average of 70 days before admission according to DHHS, which was nearly double the average from 2016. The Lincoln Regional Center also has had a nursing shortage and is characterized by longer-than-average stays.

- Saunders County, which is the more rural of the two counties we serve, has a very limited number of mental health providers (1-4) compared to Lancaster and other counties in the state (University of Nebraska Medical Center).
  - According to the 2019 *Lincoln Vital Signs Report*, police in Lincoln respond to an average of one call per day related to suicide. Most suicides are among working age adults (age 19-64). Suicide is the 9<sup>th</sup> leading cause of death in Lancaster County.
- Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.
    - According to the 2019 *Lincoln Vital Signs Report*, in the 2018-19 school year, there were 3,262 students receiving reduced price lunches, and 15,377 receiving free lunches at Lincoln Public Schools, representing 46% of students. The number of Lincoln Public School students receiving free or reduced lunch has grown 81% in the past decade. In Saunders County, according to the 2018 *Kids Count in Nebraska Report*, 1,164 children (or 32.1% of all children) were eligible for free and reduced lunch. Schools in our service area have been closed since mid-March with no current plans to re-open this school year. Additionally, Community Action's Lincoln Head Start centers, which serve 255 children who receive meals and snacks daily, are also closed until at least May 31. These children, and their families, will need additional support in securing and preparing healthy food.
    - Other food insecurity indicators in Lancaster and Saunders Counties:
      - According to Feeding America, 12,390 children in Lancaster County and 920 children in Saunders County are food-insecure.
      - According to 2018 U.S. Census data (5-year estimates), 5,651 households with children under 18 in the home (55.3%) in Lancaster County and 300 households with children under 18 in the home (60.9%) in Saunders County receive Supplemental Nutrition Assistance Program (SNAP) benefits).
- Employment impacts:
    - 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.
      - Health Care is among the largest industries in our service area.
        - According to 2018 U.S. Census data (1-year estimates), 25,544 individuals are employed in the Health Care and Social Assistance sector in Lancaster County, which accounts for 15% of the civilian employed population 16 years and over. Median earnings within this sector were \$31,580 (\$40,213 for males and \$29,135 for females).

- According to NE Works, estimated occupational employment distribution within the Health Care and Social Assistance industry is as follows in Lancaster County:
      - Registered Nurses: 4,215
      - Nursing Assistants: 1,514
      - Social and Human Service Assistants: 1,040
      - Personal Care Aides: 984
- 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.
  - Educational Services is among the largest industries in our service area, and many who are working within this sector have been impacted by COVID-19 related closures.
    - According to 2018 U.S. Census data (1-year estimates), 22,226 individuals are employed in the Educational Services sector in Lancaster County, which accounts for 12.6% of the civilian employed population 16 years and over. Median earnings within this sector were \$36,773 (\$50,082 for males and \$31,300 for females).
    - According to NE Works, estimated occupational employment distribution within the Education and Health Services industry is as follows in the Lincoln Metropolitan Statistical Area:
      - Office Clerks, General: 2,137
      - Secondary School Teachers, Except Special and Career/Technical Education: 1,829
      - Teacher Assistants: 1,740
      - Elementary School Teachers, Except Special Education: 1,677
      - Childcare Workers: 1,628
      - Postsecondary Teachers, All Other: 1,347
      - Social and Human Services Assistants: 1,055
      - Janitors and Cleaners, Except Maids and Housekeeping Cleaners: 1,047
- 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 retail/service sector is among the largest industries in our service area. Jobs within this industry are often characterized by minimal pay, benefits, and hours. Those within this industry may have been struggling to make ends meet prior to the COVID-19 pandemic, but especially so now after experiencing and rebounding from related closures.
    - According to 2018 U.S. Census data (1-year estimates), 17,913 individuals are employed in the Retail Trade sector in Lancaster County, which accounts for 10% of the civilian employed population 16 years and over. Median earnings within this sector were \$23,654 (\$26,216 for males and \$22,426 for females).
    - According to NE Works, estimated occupational employment distribution within the Retail Trade industry is as follows in Lancaster County:



- Retail Salespersons: 4,760
  - Cashiers: 3,471
  - Stock Clerks and Order Fillers: 1,698
  - First-Line Supervisors of Retail Sales Workers: 1,335
  - Customer Service Representatives: 808
- Educational impacts:
  - Lincoln Public Schools, the largest school district in Lancaster County and our service area, suspended onsite operations effective March 23, 2020 until further notice. The last day of onsite operations at Wahoo Public Schools, the largest district in Saunders County, was March 16, 2020. Other schools in our service area, including private institutions, followed suit around the same time as these larger districts. Closings 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.
- Impacts on human services provision:
  - Services to vulnerable populations are being curtailed or drastically changed. Some service providers are not operating, leaving gaps in services to the community. Examples include the Lincoln VITA Coalition, which typically provides free tax preparation and filing assistance, but is not doing so at this time; and the Lincoln Children’s Museum and Lincoln Children Zoo, which provide educational programming for children, including those with vulnerability. Most service providers have had to alter their service provision in significant ways, leaving some family needs unmet. For example, Community Action’s Early Head Start and Head Start programs have moved to remote-only operations. While enrolled families continue to receive virtual lessons and support, as well as weekly deliveries of basic needs supplies like diapers, families do not have the child care they once did. Other organizations have scaled back or limited services. The Food Bank, for example, has temporarily halted its school-based backpack program and food pantries. In general, according to an assessment conducted by Community Health Endowment of Lincoln, organizations that typically rely on food donations to complete distributions have struggled to provide services to fullest potential. This, of course, impacts access to food. According to the same assessment, agencies surveyed reported challenges in seven key areas: 1) staffing – many agencies are operating with reduced staff, and some have had to take on new responsibilities, which has required increased training; agencies who typically rely on volunteers to complete essential functions have been especially impacted; 2) communication and client contact – some clients served are not reachable by phone or other web-based platforms; several agencies have reported concern about the safety and well-being of clients who they are not able to “have their eyes on” regularly; 3) access to technology – many agencies identified not having access to adequate technology to support remote operations; they also reported challenges relating to clients not having access to broadband internet at home; 4) funding – many agencies have had to cancel critical spring fundraising events, and some report that longtime donors have had to

pull back support; 5) time/timing – new processes for completing services are more time-consuming; some agencies have had to postpone the launch of programs and services that were designed to be in-person; 6) logistics – while agencies have continued to provide services, physical distancing requirements have changed the way clients are served, which has, in some cases, limited the number of people served; additionally, agencies that rely heavily on donations of food and other goods to provide services and support their operations have suffered; and 7) inequity/economic disparity – agencies reported that the pandemic has had a disproportionate negative impact on people who live in poverty and in minority communities. Underlying all responses by agencies were feelings of anxiety and uncertainty. Agencies feel that many clients are waiting to access services until restrictions are lifted or loosened, which will result in unprecedented demand and limited capacity to respond. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time. Some specific examples include:

- Increased training for staff needing to complete additional responsibilities;
  - Increased capacity to support remote operations and collaboration. This could include web-based conferencing platforms, remote server capacity, phones, etc.;
  - Increased capacity to support clients in accessing services remotely. Many do not have access to broadband internet or adequate computing devices in their homes;
  - Shift in fund development strategies to support operations, specifically those that follow in-person models, like events and galas;
  - Increased capacity to support food/good distribution to clients.
- Community resource impacts:
    - The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.
      - Families with limited resources have been especially impacted by the pandemic. School/childcare closures and scaling back of community-level services have limited access to items like food, diapers, and personal hygiene/cleaning supplies during a time in which families are struggling more than ever to make ends meet. Community Action’s Early Head Start and Head Start programs have been conducting regular needs assessment , for example, families have identified significant need for just some of the following items:
        - Diapers (44%)
        - Household supplies (29%)
        - Food (21%)
        - Rent (17%) and utilities (18%) – we anticipate need will be even greater when temporary restrictions on evictions and disconnections are lifted.
        - When asked what type of basic needs assistance is needed right now, families reported the following in order of priority: diapers/wipes, food, cleaning supplies, rent, utilities, soap, and formula. Though not included in the survey as a specific option, toilet paper was also a commonly named need.

- The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community and many others. Community Action Partnership of Lancaster and Saunders Counties plays an important role convening organizations, people and resources to support families. For example:
  - Shortly after the pandemic hit the Lincoln area, concerns arose about the city's homeless shelter's (People's City Mission's) capacity to ensure social distancing guidelines were maintained in order to keep residents safe. Community Health Endowment of Lincoln, a local funder, convened a group of organizations – including Community Action – to help with re-locating families living at the Mission to a separate location (a hotel in Lincoln). Community Action played a key role in making this re-location effort possible, and is currently providing case management support to those impacted.
  - Recognizing need to more broadly share about available resources, Community Action acted quickly to leverage relationships with other human service providers, funding partners, and the media to implement communication strategies. For example, Community Action collaborated with Good Life Community Development to put together a Zoom video sharing about the availability of rent and utility assistance and free, hot meals provided at its Gathering Place soup kitchen. Community Action also created a PSA to promote services; a local media partner agreed to run this PSA free of charge. Media relationships have also been leveraged in additional ways to share about services. Community Action has also been sharing information about other services available in the community via its social media platforms to keep people informed.

#### **IV. 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 (1-3 months) and longer-term (greater than 3 months) impacts that that require immediate planning. A partial, but not complete, list of the anticipated impacts include:

- *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. For example:
  - Community Action's Financial Coaching classes, which typically provide in-person financial education instruction and case management, will likely need to occur virtually in the near future. In order to do this, participants will need access to devices that support remote learning, as well as ability to connect to broadband internet.
  - Community Action's Head Start centers are not providing on-site services through at least the end of May. Operations are likely not to resume to full capacity in the near future; any decisions to return to normal operations will be informed by guidance from local health experts. This will continue to result in need for adequate technology to support remote service delivery and collaboration, and increased need among participating families for childcare and basic needs supplies (including food and diapers) that would otherwise be provided within centers.

- During the pandemic, utility companies and landlords have temporarily halted disconnections and evictions. However, individuals still need to eventually pay their bills. It is unclear if this is fully understood. In effect, Community Action is planning for a surge in requests for assistance once such temporary measures are lifted.
  - Community Action’s Gathering Place soup kitchen transformed its meal service model from dine-in to grab-and-go only in mid-March. We expect that this model will be maintained in the near future. While Gathering Place guests continue to receive needed nutritious food via this model, the ability to participate in positive social interactions with fellow guests and volunteers/staff is now more limited. The importance of social interaction, especially for those who may not have it in other aspects of their lives, cannot be understated. Inability to receive social interaction and support could result in mental health concerns.
  
- *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.
  - As a result of sudden layoffs and higher than ever unemployment, Community Action staff across all programs providing case management services may need to provide additional support in this regard. This will require our case managers to have adequate training and knowledge of resources in order to make appropriate referrals. Community Action’s partnership with the American Jobs Center could be leveraged for this purpose.
  
- *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.
  - Based on anticipated need to maintain remote operations and service provision fully or partially over the next week, Community Action has identified the following priorities to support this capacity:
    - Build capacity within the Financial Coaching Program, including options for virtual classes (e.g. purchase of data-ready devices to loan to participants without access to needed technologies)
    - Improve Community Action’s technological infrastructure to support remote work by our employees, enrollment of participants not requiring face-to-face meetings, and improvements within our classrooms to allow virtual trainings, orientations, and case management sessions by programs and within partnerships like RentWise (e.g. upgrading current software and systems and purchasing additional software and technology)
  
- *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.

- Community Action has a reputation in our service area for being able to quickly collaborate with other organizations and community stakeholders to respond to pressing community needs. This has already been demonstrated through our role in the Mission relocation project, as described above. Based on community needs identified – both internally and externally – Community Action will form appropriate partnerships to establish a coordinated approach to response. This could involve modifying processes for distributing food and basic needs supplies to individuals with vulnerability, coordinating provision of rent and utility assistance/ensuring unsheltered individuals are connected to safe and stable housing, and providing services to support individuals in establishing or re-establishing financial stability.

## V. Addressing Equity Implications

Community Action recognizes that the current crisis is impacting some populations more than others. A common saying circulating at the moment – “we are all in this together” – while meant to inspire hope, is a fallacy. Local data proves this point on a very basic level. According to a May 13, 2020 *Lincoln Journal Star* article, citing data from the health department and hospitals, Asian and Hispanic residents in Lancaster County have contracted coronavirus at disproportionately higher rates. In fact, at the time the article was written, two-thirds of Lancaster County’s positive tests were represented by racial and ethnic minorities. The article goes on to cite input from Romeo Guerra, Executive Director of El Centro de las Americas (a Lincoln-based organization serving the Hispanic population), who sensed this would be the case. Guerra said Hispanics have higher rates of underlying health conditions such as heart disease and diabetes, making them more susceptible to the virus. This indicates potential need for healthy food access and nutrition support. Working conditions experienced by the local Hispanic population, such as in meatpacking facilities, don’t allow for appropriate distancing or work-from-home accommodations.

To get more insight on this and other needs, Community Action reached out to select community stakeholders to seek their input relating to anticipated community needs. Among those who responded to inquiry was Lori Seibel, President and CEO of the Community Health Endowment of Lincoln, a local funder and partner of Community Action. Seibel noted the concern about the disparity, as did representatives from human service providers participating in an assessment conducted by the Community Health Endowment. The assessment identified “inequity/economic disparity” as one of seven major challenges. Milo Mumgaard, Executive Director of Legal Aid of Nebraska, said “Coronavirus has exposed the inequity and economic injustice inherent in many systems, especially the court system.” The assessment report also notes that participating providers have received increased requests for services related to employment and food access.

Community Action is constantly working to identify emerging needs, especially among those disproportionately impacted by the pandemic such as those served through our Early Head Start and Head Start programs. According to a survey conducted among current families during the week of April 14<sup>th</sup>, the following needs were identified in order of priority:

1. Diapers (44%)

2. Other\* (39%)
3. Household supplies (29%)
4. None (24%)
5. Food (21%)
6. Utilities (18%)
7. Rent (17%)
8. Gas (14%)
9. Social support (12%)
10. Child care availability (11%)
11. Transportation (8%)
12. Child behavioral needs (3%)
13. Adult mental health services (2%)
14. Dental care (2%)

\*Other free-form responses included: formula, unemployment assistance, soap and shampoo (personal hygiene products), art supplies to complete with children, tax support, housing, baby care supplies, and toilet paper.

## **VI. Conclusion**

COVID-19 and associated directed health measures and closures have been present in Community Action's two-county service area since mid-March of 2020. Following guidance from local health experts, Community Action has implemented modified operations across programs to ensure the safety of its employees, volunteers, and participants. The impacts of COVID-19 in our service area have been significant. This assessment finds that especially impacted populations include those with low income, those employed within the retail trade industry who have lost jobs or experienced reduced hours related to COVID closures, and those of racial/ethnic minorities. Major needs identified – both among populations impacted and Community Action to provide services – as a result of this assessment are as follows:

1. Food, healthy food access support, basic care items (especially diapers), and rent and utility (including water) assistance for those struggling to make ends meet/impacted by job loss and school/other related closures;
2. Increased capacity to provide financial coaching services virtually, including ensuring individuals served have access to needed technologies – it is anticipated that demand for this service will be greater than ever as individuals financially recover post-pandemic;
3. Improvements to Community Action's technological infrastructure to support remote work by employees, enrollment of participants into programs, and improvements within classrooms to allow virtual trainings, orientations, and case management sessions.

Community Action has a reputation in the community for being able to act quickly and adapt programming to respond to needs as they exist in the present. It is anticipated that Community Action will continue to be called upon by local stakeholders to join in larger community-wide efforts supporting COVID relief.