METROWEST HEALTH FOUNDATION

COVID-19 IMPACT REPORT

FALL 2021

COVID-19 IMPACT REPORT

No individual or organization could have anticipated the extent to which MetroWest residents would be and continue to be impacted by the COVID-19 pandemic. Like the rest of the country, those in our region have experienced illness, loss of loved ones, economic insecurity, social isolation, job loss, anxiety and stress. We have also responded in extraordinary ways no one could have imagined – emergency food deliveries, assistance with basic needs, emergency childcare, neighbors mobilizing to find strangers vaccine appointments, the list goes on. And, while we are still dealing with uncertainty about when things will truly return to normal, the work over the last year and a half has put us in a stronger place today compared to the start of the pandemic.

This report is an opportunity to reflect on the work in the region to address COVID-19 and the lessons learned through that experience. This is an overview, and not an exhaustive summary of all the efforts by community agencies, residents and municipal leaders. We at the MetroWest Health Foundation have a unique perspective on the response due to our role as a regional convenor and funder. We have had the privilege of listening to the needs, challenges and successes of our community partners during this unprecedented time. One overarching theme that has emerged is that equity is at the center of the challenges and successes. The pandemic exacerbated health and social inequities. The most effective interventions and solutions were those that acknowledged these inequities and included the voices of those most adversely affected.

THE PUBLIC HEALTH RESPONSE

Universal Mitigation Measures

In response to rising COVID-19 cases in March 2020, Governor Baker declared a state of emergency and ordered non-essential businesses and community spaces to close to workers, customers, and the public.

Those who could not work remotely either lost jobs or were forced to go into a workplace that put them at higher risk of contracting COVID-19. The widespread closings included schools and childcare centers, causing major challenges for families with young children. Parents who worked remotely had to also manage remote schooling, and parents who needed to work in-person had to find safe childcare or leave their jobs

to care for their children. The inequities continued when school re-opened in the fall of 2020 as districts were left to make their own decisions about when and how to re-open. Some districts were fully remote for most of the school year, while others were able to open in hybrid or fully in-person models, depending on community spread of COVID-19, air ventilation in buildings, and the ability to social distance in school settings. Parents' ability to return to work hinged on the decisions of their school district and their families' tolerance for risk.

Within months after the initial public health emergency was declared, mask mandates at the state, local, and business levels also went into effect. The resistance to wearing masks did not seem to be high in MetroWest compared to other parts of the country. But consequently, many agencies struggled to find the necessary supplies to keep staff and those using services safe. The limited availability of Personal Protective Equipment (PPE) and cleaning supplies was a challenge for nonprofit and municipal agencies providing essential services. Collaborations were helpful in this regard, as agencies shared what they had with each other.

Testing

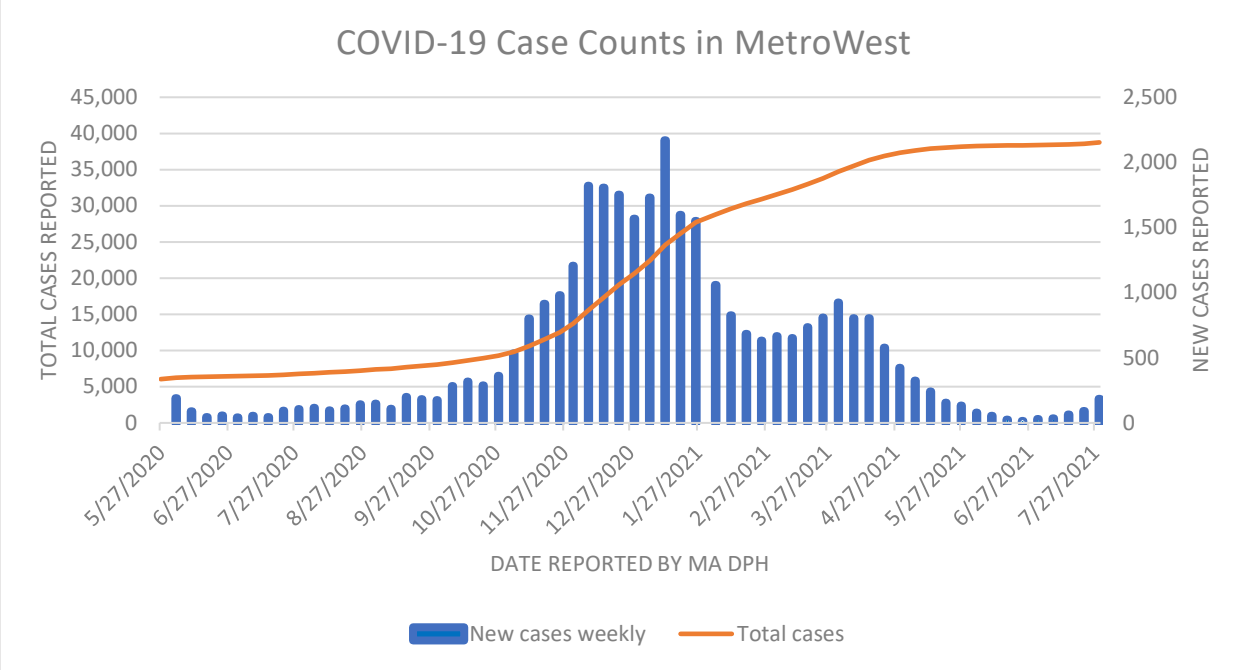
While the availability and processing rate of testing locations varied throughout the pandemic, local resources were well-adapted to accommodate the varying needs of community members. Some local test sites allowed walk-up appointments in lieu of drive-through appointments to make testing more accessible. Community agencies worked to advocate for and communicate critical details such as free testing for all, including for the uninsured. In addition to testing at some local hospitals, community health centers, pharmacy retail stores, and urgent care centers, testing sites were situated in places that people already frequented and trusted.

Surveillance testing also played a critical role in limiting the spread and increasing confidence in the safety of shared spaces. Area schools utilized rapid testing through a federal contract in fall of 2020 to help quickly identify potential cases among symptomatic staff and students. In January 2021, the state announced a program for pooled testing in schools to monitor cases more efficiently within the school system. Over time, superintendents across the state

made participation in surveillance testing a condition of participation in extracurricular activities. The Massachusetts Department of Elementary and Secondary Education (DESE) continued this program into the 2021-2022 academic year. Additionally, in June 2021, Massachusetts Department of Early Education and Care (EEC) initiated pooled testing for children and staff in childcare settings, a program that has continued through the fall.

Cases

Case counts in MetroWest communities have largely followed state trends since the start of the pandemic, with case counts rapidly increasing in early December, early- to mid- January, and late March 2021. By late July 2021, over 38,000 cases had been identified in MetroWest residents. Cases were not distributed evenly across communities; research shows that communities with greater prevalence of Black and Latinx people, as well as people living in densely populated housing units and working in essential jobs, experienced greater COVID-19 incidence[1]. In MetroWest, Framingham, Marlborough, and Milford have the highest total case rates; these communities also have the greatest prevalence of Hispanic/Latinx people; people who identify as a race other than white or Asian; and people working in service occupations relative to other MetroWest communities[2].



[1] https://www.bu.edu/sph/news/articles/2021/key-risk-factors-for-covid-have-changed-in-mass/
[2] https://mwhealth.org/knowledge-center/health-data; Demographics dashboard

Contact Tracing

Contact tracing, or the act of contacting and notifying those who had close contact with an infected person, is an important but labor-intensive tool in decreasing community exposure to the virus. In MetroWest most of the contact tracing was conducted by local health departments, who could rely on their local expertise and knowledge of available resources when advising residents on how to manage quarantine and sickness. A benefit of the health departments taking a leading role was that conversations with residents highlighted common concerns and barriers to isolation, allowing health departments to adapt their interventions as needed. However, when cases were high or contacts did not answer their phones, it was impossible for staff to keep up with the calls. When local staff were overwhelmed, they referred cases to the state's contact tracing service. This worked for some, but residents were even less likely to answer calls from unrecognizable numbers, and state contact tracers lacked the knowledge of local resources that health departments possessed.

Vaccines

The authorization of the Pfizer and Moderna vaccines for emergency use changed the nature of the pandemic response. Local health departments collaborated with the state Department of Public Health to allocate and deliver doses to the top priority populations: healthcare workers, older adults, and those with multiple chronic medical conditions. Initially, local health departments were given vaccine doses to distribute, and many held successful clinics. Local public health staff also brought vaccines to homebound residents and nursing homes.

As more people became eligible for the vaccine, the state allocated most doses to mass vaccination sites and pharmacies, with fewer doses going to local public health departments. This resulted in more inoculations, but greater inequities. Registration was initially online only and could take hours to schedule an appointment, making the process difficult for those without spare time, internet access or who weren't comfortable navigating websites. Some without paid sick leave could not afford to take time off the get the shot and recover if they had side effects, while others were fearful that they would be charged (the shot is free to everyone) or that their immigration status would be negatively

affected (it will not). Transportation to a regional mass vaccination site and the need for childcare during an appointment posed further challenges.

Nonprofit agencies and community members responded quickly to help find appointments and arrange transportation. It became clear that trusted community members are key messengers for addressing vaccine hesitancy and increasing vaccination rates. Residents worked together to assist neighbors in scheduling and accessing vaccination appointments. Community leaders spent time talking through residents' concerns, dispelling misinformation, and breaking down barriers to access. Due in part to the investments of local leaders, Massachusetts has one of the highest vaccination rates in the country, with MetroWest consistently meeting or exceeding state rates.

ECONOMIC AND SOCIAL IMPACTS

The impacts of the pandemic extend beyond the case and mortality rates. The economic and emotional health impacts of the pandemic will continue even when case counts are under control and life goes back to "normal." As we look ahead, working to create greater equity in all aspects of community life is imperative. The following are some of the ways COVID-19 has impacted and will continue to impact MetroWest residents.

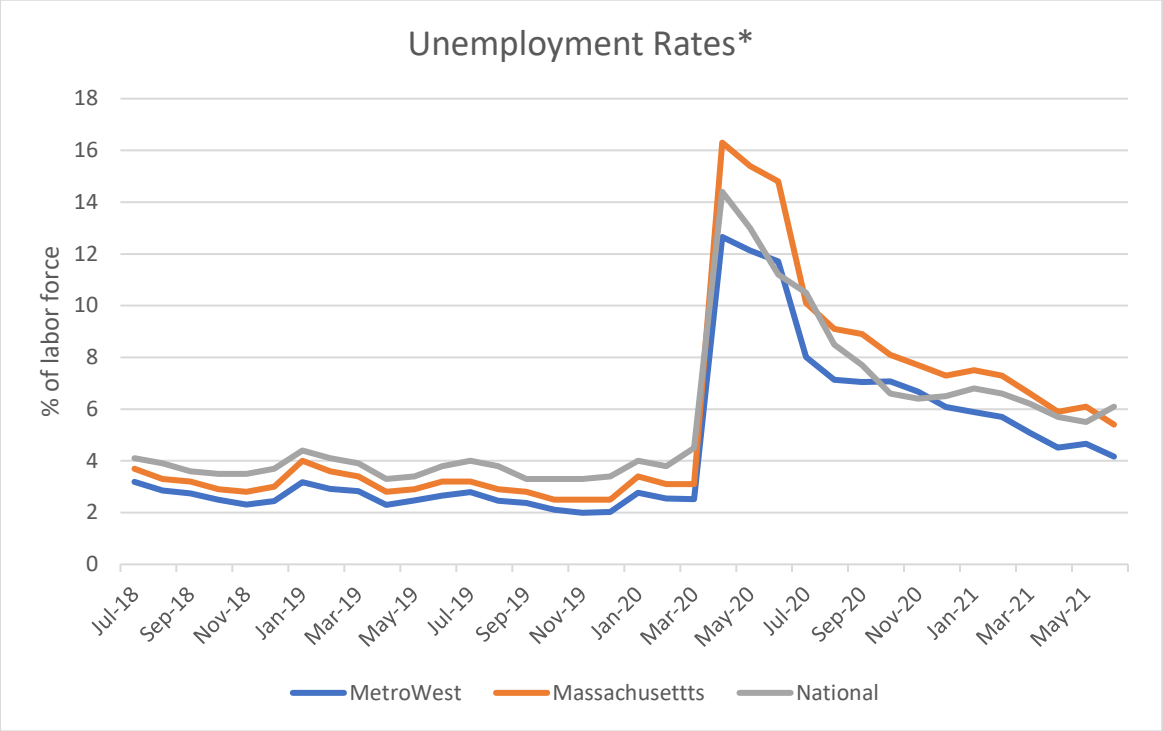
Unemployment

With widespread and long-lasting shutdowns of employers and businesses, unemployment rates skyrocketed. Monthly unemployment data[3] available from the Massachusetts Department of Unemployment Assistance (MDUA) show nearly 4.5 times as many people unemployed in MetroWest communities in April 2020 as there were just one month prior in March 2020. As a region, MetroWest fared better than other parts of the state and the nation, but the effects were stark; at the height of unemployment in June 2020, MDUA estimates there were over 31,000 people unemployed, more than one out of every ten workers in MetroWest. A different source[4] estimates that more than half of zip codes in MetroWest exceeded 15% unemployed in August 2020. These data show that unemployment rates

[3] https://lmi.dua.eol.mass.gov/LMI/LaborForceAndUnemployment#

[4] Unemployment data from AGS Solutions. http://agsdataproducts.com/unemployment/

have largely declined in recent months but have not recovered to pre-pandemic levels, as is demonstrated in the chart below.



In addition to the financial impact on households, rapid and sustained unemployment rates can take a psychological toll on residents and strain capacity at social service agencies. As more people lose income or employment, reliance on public programs such as Medicaid and the Supplemental Nutrition Assistance Program places increased demands on providers. In addition to food and medical programs, state-run unemployment insurance programs created a safety net for workers across the state beginning in March 2020.[5] The availability of these programs was critical for many MetroWest households, but pandemic-related programs were time limited; federally funded pandemic-specific unemployment relief programs ended the first week of September 2021.

[5] https://www.mass.gov/guides/overview-of-unemployment-assistance-benefit-programs

Housing/evictions

The need for social distancing and staying safe at home during the pandemic necessitated housing-related protections, as some residents struggled with the decision to stay home or go to work to pay their bills. There was concern among advocates that evicting people during the pandemic would lead to overcrowded living quarters or increased homelessness, both of which would be detrimental to limiting the spread of the coronavirus. The state legislature responded in April 2020 with an eviction moratorium to temporarily suspend non-essential evictions and create options for renters and landlords trying to make ends meet. At the national level, it was the CDC who declared an eviction moratorium, stating that "in the context of a pandemic, eviction moratoria—like quarantine, isolation, and social distancing—can be an effective public health measure utilized to prevent the spread of communicable disease."[6]

In mid-October 2020, the state eviction moratorium expired but the CDC moratorium remained in effect, which allowed courts to accept filings but not issue orders of execution, at least through the end of the CDC moratorium. Meanwhile, the state set aside funding for key programs such as the Residential Assistance for Families in Transition (RAFT) program and mediation programs for tenants and landlords. These programs, in addition to pandemic-specific programs like the statewide Emergency Rental and Mortgage Assistance (ERMA) and the Federal Emergency Rental Assistance Program (ERAP)[7], offered Massachusetts households relief from rent and utility costs.

Some municipalities created their own relief funds for residents. In early 2021, some municipalities enacted eviction moratoriums, including Framingham in February 2021. For nonprofits, the focus is on helping residents get connected to the variety of resources available.

In response to the changing landscape due to the rise of COVID-19 variants, the CDC enacted another eviction moratorium in early August 2021.

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[6] https://www.federalregister.gov/documents/2020/09/04/2020-19654/temporary-halt-in-residential-evictions-to-prevent-the-further-spread-of-covid-19

[7] https://www.mass.gov/info-details/emergency-housing-payment-assistance-during-covid-19#details-on-the-emergency-rental-assistance-program-(erap)-

Food Insecurity

The economic impact of the pandemic has led to more people struggling to put food on the table. According to a recent study, food insecurity in Massachusetts has risen by 55% since 2019.[8] Those who bear the greatest burden are people of color and families with children. For example, 24% of those who identify as White were food insecure compared to 58% of those who identify as Hispanic, and 42% of households with children reported food insecurity compared to 22% without children.[9] Emergency food providers in MetroWest echoed these trends and reported increases in demand, including an influx of families who had not previously needed assistance.

In response, nonprofit agencies, community groups, schools, philanthropy and municipal government mobilized to meet the needs of residents. Food pantries, many of whom could no longer use volunteers, found ways to stay open safely; agencies who served those most affected by food insecurity began food distribution to fill the vast need; foundations and individuals extended funding for food and PPE purchases; schools converted their breakfast and lunch programs to take-out sites; and local public health departments worked with providers to refer quarantined people in need to agencies that delivered to their homes. These collaborations, forged during the crisis, have led to longer term planning and community engagement around how to ensure everyone has access to the food they need to thrive.

Mental Health

There is a myriad of ways in which the pandemic has impacted mental health. As with most impacts, these have exacerbated inequities. Those whose physical, social and economic health was most affected are those more at risk for adverse mental health consequences. Many with substance use issues also found isolation a challenge to their recovery. While many have come together to provide as many services as possible, the existing shortage of behavioral health clinicians and in-patient beds is a continued barrier to care.

[8] GBFB_Gaps_in_Food_Access_Report_Final_May_2021.pdf "Gaps in Food Access during the COVID Pandemic in Massachusetts. May 2021. Greater Boston Food Bank.
[9] Ibid.

Children and youth have thus far been spared the worst of the health outcomes from COVID-19, but the social-emotional and educational impacts cannot be overlooked. Shutdowns of schools and childcare facilities resulted in inequities in learning and social interactions. Children may also have experienced added stressors as families balanced remote work and school or struggled with lost income. As students return to fully in-person schooling this fall, there are concerns over the impact on children and youth struggling with mental health issues. Some experienced challenges before the pandemic that may have been exacerbated, and children who hadn't struggled previously may have difficulty returning to the academic and social demands of fully in-person school. School districts and mental health agencies are doing what they can to support children and youth in all possible ways this fall, but access to behavioral health services remains a challenge in the region and across the state.

Social isolation, particularly among older adults, was a concern before the pandemic. When councils on aging, volunteer jobs and public gathering places shut down, it increased the number of isolated older adults. This was especially difficult for those serving as caregivers for loved ones, as they often no longer had programs or family/friends to offer respite. The heightened risk for severe COVID-19 complications meant that older adults were advised to be particularly careful and significantly limit interactions with those outside their home. For many living alone, this had devastating social and health consequences. In response, community agencies and councils on aging created or enhanced online programming and technology assistance for older adults. Many received funding to purchase tablets, teach older adults to use them and to increase online programming. This also allowed many to communicate with family and friends through video chats, use tele-health services and order grocery delivery.

Finally, there has been immense loss associated with the pandemic. The total number of COVID-19-related fatalities in MetroWest through early August 2021 is estimated to be between 960-1,120 people, based on state and county fatality rates published by Johns Hopkins in the Coronavirus Resource Center.[10] The loss of a life is traumatic, and each fatality results in grieving family members and friends. Researchers

[10] https://coronavirus.jhu.edu/us-map "COVID-19 United States Cases by County" August 5, 2021. Middlesex, Norfolk, and Worcester counties

created a bereavement multiplier[11] to quantify these effects in the pandemic; the study found that on average, for every one COVID-19 death, there are nine close relatives bereaved, with some variation based on race and age. Following this estimation, the bereaved in MetroWest amount to 8,640-10,080 people having lost a grandparent, parent, spouse, child, or sibling. The process of grieving is stunted by social isolation necessitated by the pandemic, and the effects of such immense loss are not yet fully evident.

THE COMMUNITY RESPONSE

Strengths

MetroWest communities have stepped up to meet constantly changing needs in extraordinary ways. Below are a few specific strengths of the community response.

- Essential agencies stayed open with limited virus transmission: Those agencies that provide essential services that could not be done remotely, such as residential or shelter care, pivoted quickly to remain open safely. This included working with local public health officials to create protocols to minimize the risk of virus transmission; reconfiguring space to allow as much social distancing as possible; communicating effectively with clients about the safety measures in place; and training staff on the protocols. Agencies also shared PPE where possible and were on the front lines of ensuring access to testing and eventually vaccines for those using their services, as well as their staff. As a result, there was very little COVID-19 transmission in these high-risk settings. Meticulous planning, sharing of resources, and strong communication were essential to their success.

- Local public health response: Local public health leaders in the region have vast expertise and managed the local response effectively. Their role was ever-changing and uniquely challenging. They conducted contact tracing; held vaccine clinics; developed local mitigation policies, including assisting schools with re-opening protocols; communicated vital information to the public and enforced state mandates when needed. They did this while also managing their regular duties like monitoring water supplies and restaurant inspections.

- Focus on equity: While the effects of the pandemic have hit many harder than others, much of the local response included a focus on equity. Materials were made available in multiple languages and trusted messengers have been communicating essential information in culturally relevant ways. This includes messages about preventing disease spread, the importance of wearing masks, how to quarantine effectively, and answering questions about vaccines. Over time a variety of testing sites became available, located in places that people frequented and trusted, such as schools, pharmacies, and faith-based centers. Some utilized walk-up models, allowing people without vehicles to access testing. School districts and youth serving agencies worked to ensure every student had access to a device and internet access for accessing education. Similarly, agencies serving older adults distributed tablets and offered virtual programming and support to mitigate social isolation in older adults. Mobilization around food distribution to meet increased need also had an equity focus. School

[11] https://www.pnas.org/content/117/30/17695

districts, food pantries and other community agencies set up neighborhood distribution sites and delivered to those who were unable to get to the sites.

- Collaboration with residents and other agencies: The demand for services from nonprofit agencies increased dramatically at a time when resources were scarce. Being unable to rely on volunteers or accept donated food and toiletries were among the top challenges. By listening to the needs of residents and working together to implement solutions, agencies were able to keep more residents healthy and safe.

- Response by philanthropy**:** Local funders adapted funding priorities to the needs of organizations. Local funders[12] made over 400 grants to more than 140 unique entities serving the MetroWest region, totaling over $5 million dollars from the start of the pandemic to mid-2021. Grants ranged in size and scope depending on the needs of the organizations, and dollars were primarily used to meet basic needs of constituents, such as food and toiletry delivery and as general operating support to accommodate increased demand for services. Funders met weekly to collaborate and connect agencies with other potential funding sources.

Top 3 Funding Categories by Dollars Awarded		
Funding Priority	**Total Dollars Awarded**	**Unique grants made**
Basic Needs	$1,466,500	122
General Operating Support	$1,055,600	68
Food Support	$843,360	103
Grand Total Awarded by Funders	$5,094,153	411

Challenges

The demands that the pandemic thrust on community agencies, municipalities, school districts and community residents were more than most anticipated. When the state first shutdown to all but essential businesses, it was presumed that it would be a couple of weeks to a few months at most. We are now more than a year and a half into the pandemic and still dealing with the impacts. There have been some significant challenges along the way. These include:

- Lack of consistent coordination between state and local public health: Despite their years of training, planning, and preparing for public health disasters, the expertise of local public health officials was not always fully utilized by state officials. Local officials were, at times, in the position of enforcing policies without much prior notice and with no opportunity to provide input. The vaccine roll-out

[12] MetroWest Health Foundation, Foundation for MetroWest, Middlesex Savings, Reliant Foundation, and Sudbury Foundation

through mass vaccination sites, though successful in reaching large numbers of residents, also failed to fully utilize the local expertise and trust that local public health departments possess, which may have resulted in an early missed opportunity to reach those with mobility challenges or concerns about the vaccine.

- Staffing shortages were exacerbated: Many community agencies and local public health departments did not have the staff they needed throughout the pandemic. Some were short-staffed before COVID-19 hit, some were affected by staff quarantining after exposure to the virus, and others experienced a sudden loss of volunteers, many of whom are older adults who could not safely come in at the height of the pandemic. Employees were working long hours, taking on new responsibilities, and often putting themselves at risk by coming to work in-person, even with precautions. Local public health staff faced harassment from residents who were frustrated and angry about policies designed to protect the community, such as universal mask mandates and school closings. As the crisis continued, there was burn-out among many staff. In some cases, this led to staff retiring or moving to less stressful positions. In the health care sector, recruitment and retention of staff across most disciplines remains a problem.

- Agencies hindered by supply chain issues: To reopen safely, essential agencies needed masks, sanitizer and other protective equipment, but PPE was scarce at the start of the pandemic. Even with the resources to purchase it, most could not find vendors that were stocked. A few agencies had a stockpile and shared what they could, but many struggled to find what they needed. Additionally, the sudden and sustained shutdowns led to some agencies scrambling to transition to remote workspaces. Agencies had to continue providing services while adapting to shortages of laptops, tablets and webcams at the start of the pandemic.

- Inequities in disease impact and response: Inequities have led to worse outcomes for some MetroWest residents during the pandemic. The ability to work from home has been a major source of inequity throughout the pandemic, as parents who could not work remotely faced difficult choices related to protecting their health, securing childcare, and supporting children's schooling. In addition to inequities by occupation, some industries were affected more severely than others by business closures and layoffs. Those working in service jobs were more likely to be laid off or choose between higher risk of contracting the virus and earning a paycheck. While school districts and community

agencies worked hard to ensure all students were able to participate in remote school, they could not overcome unreliable internet or other reasons that prevented students from logging on. This has led to vast inequity in education over the past year. The initial vaccine roll-out posed numerous equity issues, requiring access to internet, transportation, and paid sick leave. Over time, these issues of access received more attention and vaccines are now widely available at pharmacies and community sites. Yet, local leaders continue working to address vaccine hesitancy and lingering access issues.

RECOMMENDATIONS

As we look ahead to the next phase of the pandemic and to future public health emergencies, there are some general recommendations based on lessons learned. These are not exhaustive and are meant to be part of the ongoing community conversation about how we come together so we are in the best position possible to minimize the impact of public health threats.

- **Prepare now for worst-case scenario in winter.** Vaccination rates are high in the state and the region, which puts us in a better position than much of the country as we move into the colder weather. As children under 12 are not yet eligible for the vaccine, it is imperative that we plan for an increase in cases this winter. Agencies should anticipate needs and stock-up on PPE and other essentials, as well as have plans in place for localized outbreaks and the potential for moving back to remote work. This may include cross-training employees to ensure operations are not disrupted.

- **Identify and respond to signs of trauma in clients and staff.** It has been a difficult year and a half for everyone. Education for staff and volunteers around recognizing the signs of trauma is one way to ensure those who need extra support receive it. Depending on the agency, responding to trauma could take different forms. Those working with children should be especially vigilant to how trauma shows up in different age groups. Education for staff about when to make referrals and where to refer may be particularly helpful. In addition, we should all take extra time to check-in with each other and offer support. Schools must also develop specific contingency plans that make social and emotional supports available to students forced to learn from home.

- **Prepare for the next phase of vaccine distribution.** It is imperative that efforts continue to get all who are eligible vaccinated. In addition, we need to plan for rolling out vaccines for younger children. Early surveys show more hesitancy among parents to vaccinate younger children; trusted messengers

starting the conversations and addressing concerns early can help assuage concerns. As eligibility for booster doses evolve, continued education and communication will be needed to ensure that they are made available to those eligible to receive them. Finally, ensuring access to flu vaccines should also be a priority, especially as children are in school full-time and are gathering more than they were last winter. Local public health departments always play a major role in flu vaccines and should continue to do so this year.

- **Continue to build strong community relationships.** The programs and agencies who have been the most impactful and prompt in meeting community needs are those who had strong relationships with residents prior to the pandemic. Community building should become the norm in how all community agencies and municipalities approach their work. If the community is engaged and leading efforts, it will be much easier to quickly pivot to meet needs as they change. If we wait until we are in midst of a crisis, valuable time will be lost.

- **Recovery planning needs to focus on equity.** As we move into the recovery phase of the pandemic, we have an opportunity to take what we learned from the pandemic to make changes to policy and practice that will lead to more equitable and healthier communities. It is essential that we work collaboratively to re-think how existing systems that impact basic needs like affordable housing; economic opportunity; education; food access and healthcare, can benefit all in our community. Focusing on equity as we recover will result in a more vibrant and healthier community.

- **Invest in regional public health service delivery.** The COVID-19 pandemic demonstrated the weaknesses of geographical boundaries. People live, eat, work, learn, and access healthcare across multiple municipalities. Having different practices and policies across can be confusing and create mistrust. Additionally, the work of public health departments during the pandemic, particularly with contact tracing and public communications, can be done more efficiently with pooled resources. Regional approaches to providing comprehensive public health services should be pursued.

- **Invest in collaborative strategies that build and strengthen the region's resiliency**. Strategic partnerships allowed agencies to continue caring for their clients. It is essential that these strong connections continue even after the immediate crisis subsides. This is part of preparing for the inevitable next crisis, as well as keeping equity at the center of ongoing work to change systems. The

major issues that nonprofit agencies address in the region are all interconnected. It is imperative to work together to address the health and safety needs of residents. This means formal and informal conversations, coalitions and joint action that brings together agency staff, volunteers, funders and community members. There are some models that developed over the past 18 months in the region that should be preserved and grown. These includes collaborations formed to ensure nobody went hungry ; housing providers and nonprofits working together to ensure access to rental assistance; and local public health departments continuing to come together to work on issues of mutual concern.

CONCLUSION

The COVID-19 pandemic is still in our midst and affecting daily life in many ways. There are unknowns ahead, but the response of the MetroWest community has been marked by collaboration, hard work and empathy. There are lessons learned, areas where we all could have done better and a lot of work ahead to address the systemic issues that negatively impact the lives of many in our region. The response to COVID-19 was truly a community effort that has shone a light on areas where we can continue to come together for a more equitable MetroWest.

The MetroWest Health Foundation provides over $5 million in annual financial support to address the health needs across 25 communities in the MetroWest region of Massachusetts. The foundation's work is focused on advancing health equity, facilitating information sharing and learning, and fostering innovation and practical solutions that lead to better health outcomes.
For more information about the foundation, visit www.mwhealth.org.