A stylized graphic of a virus particle, likely representing COVID-19, is positioned in the upper right corner of the blue header. It features a central dark blue sphere with numerous white, teardrop-shaped protrusions extending from its surface, resembling the spike proteins of a coronavirus. The background of the header is a solid blue color.

COVID-19 Community Needs Assessment Update

August 2020

This update to the Opportunities for Otsego Community Assessment was completed in response to the COVID-19 global pandemic. This document is intended to provide initial information and analysis about the COVID-19 emergency in Otsego County, New York and to offer insight on emerging needs and responses that may be required to stabilize the community and households impacted by this public health crisis.

Approved by Opportunities for Otsego Board of Directors on 09.17.2020



The leader in developing innovative solutions that promote healthy lives, thriving families, and caring communities.

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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 the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks, months, and year.

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 recommended 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.

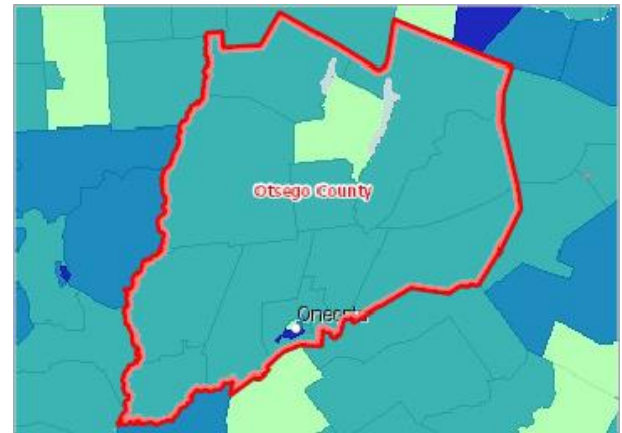
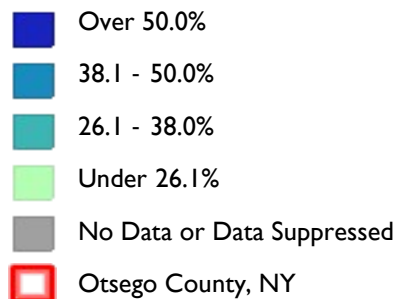
Children, families, and individuals may experience heightened stress, anxiety, and trauma as a result of the COVID-19 crisis. Loss of income, growing childcare needs, heightened food insecurity, housing and energy instability, lack of access to transportation, lack of basic supplies, and increased domestic 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 *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 needs assessed will inform services to those affected by the crisis in rural Otsego County, New York. It is significant to note that **Congressional action will permit FY20 Community Services Block Grant (CSBG) funding and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level.** The following table illustrates how the 200% eligibility standard will expand the number of local residents eligible for services¹:

	Below 125% FPL (CSBG standard)	Below 200% FPL (Updated CARES standard)	Additional number eligible person to be served
Population in Service Area	11,159	18,748	7,589

Population Below 200% Poverty Level, Percent by Census Tract, ACS 2014-18



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.

NATIONAL, STATE AND LOCAL PUBLIC HEALTH CRISIS

State and local health authorities responded to the outbreak by placing restrictions on travel, business and recreation that have had several impacts on the community. The following is a timeline of significant actions taken by local and state officials in response to the COVID-19 emergency².

State and Local Response

- March 7, 2020: A Disaster Emergency in the State of New York via Executive Order No. 202 is declared by Governor Andrew Cuomo.
- March 12, 2020: "There are no cases in Otsego County. Two individuals were tested and negative for COVID-19. The Otsego County Department of Health is monitoring three people on precautionary quarantine related to travel from...China, Iran, Japan, South Korea, or Italy."
- March 13, 2020: "The Otsego County Department of Health has recommended all public schools K-12 close for a period of two weeks. This closure is to begin Monday, March 16, 2020. The situation will be assessed on an ongoing basis."

¹ Data Source: US Census Bureau, American Community Survey, 2014-18.

² Otsego County Department of Health app and NYS Governor website News page

- March 14, 2020: “Board Chairman David Bliss...issued a State of Emergency for Otsego County, effective immediately, and remaining in effect for the next 30 days...this Emergency order will work in conjunction with a similar declaration earlier this week by NYS Governor Cuomo.”
- March 20, 2020: Per Executive Order 202.8, “All businesses and not-for-profit entities in the state shall utilize, to the maximum extent possible, any telecommuting or work from home procedures that they can safely utilize. Each employer shall reduce the in-person workforce at any work locations by 100% no later than March 22 at 8PM.”
- On March 23, 2020, the Otsego County Public Health Department released a public memorandum of the first “lab confirmed case of COVID-19 in an Otsego County resident. This individual is a close contact of a confirmed case (that resides in another county). The individual was in quarantine when symptoms developed”.
- March 27, 2020: “The Otsego County Department of Health has been notified of the first death in a county resident related to COVID-19”.
- April 8, 2020: “The Otsego County Department of Health is sad to report a second death from COVID-19. As of 12PM...35 confirmed cases, 5 are hospitalized”.
- April 17, 2020: “As of 2PM...50 confirmed cases, 4 are hospitalized...and there have been 4 deaths.”
- May 1, 2020: “Governor Andrew M. Cuomo today announced all K-12 schools and college facilities statewide will remain closed for the rest of the academic year and will continue to provide distance learning during that time. The schools will also be required to continue meal programs and child care services for essential workers. The state will make a decision about summer school programming by the end of May.”
- May 13, 2020: “The Otsego County Department of Health has not had a new COVID-19 case reported in the last 14 days. Current COVID number: 62 confirmed cases, 4 deaths.”
- May 18, 2020: “Otsego County is in phase one of reopening with construction, manufacturing, and retail (curbside pickup only) open.”
- May 22, 2020: “OCDOH has learned of a potential exposure to coronavirus at a...livestock auction at Unadilla Livestock...on May 16, 2020”.
- May 27, 2020: “OCDOH has received notification of two new cases over the past 4 days. Both of the cases are healthcare workers in the nursing home/adult home setting.”
- May 29, 2020: “The Mohawk Valley region has clearly met the criteria laid out by Governor Cuomo to move to Phase 2.”
- June 11, 2020: “OCDOH reports 3 confirmed cases of COVID since June 2, 2020. As we are set to begin phase 3 of reopening tomorrow June 12, 2020 it is important to remember to follow the guidelines put out by NYS...70 total confirmed cases.”
- June 24, 2020: “Governor Andrew M. Cuomo today announced that that five regions - Central New York, the Finger Lakes, the Mohawk Valley, the North Country and the Southern Tier - are on track to enter Phase IV of reopening on Friday.”

- July 10, 2020: “Otsego County Department of Health, Current COVID numbers: 81 total confirmed cases, 73 recovered from illness, 5 deaths, 26 individuals being monitored after travel from a state with high incidence of infection.”
- July 21, 2020: “Otsego County Department of Health - On March 23rd Otsego County reported the first confirmed case of COVID, the outbreak quickly spread with 21 cases reported in 11 days. There have been 15 cases reported so far in July. Our current increase in cases rivals the beginning of the outbreak with 15 cases reported in people tested between July 1 and 20th. There are currently 4 people hospitalized with 3 people requiring intensive care. Now is not the time to be complacent. We must all take responsibility to reduce the spread of the virus.”
- July 29, 2020: Otsego County Department of Health announces free COVID-19 testing at the Exeter Town Barn, on July 31 for asymptomatic county residents.
- August 4, 2020: Otsego County Department of Health announces free COVID-19 testing in Worcester, on August 6 for asymptomatic county residents.

As a result of this unprecedented public health crisis, Opportunities for Otsego 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.

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, food/nutrition, employment, education, housing, human services provision, and community resources.

Social factors most associated with COVID-19 are: age, with older populations most at risk for severe outcomes, including hospitalization and death; insurance status, as lack of health insurance often results in delayed medical care; and population density, as it can influence how a contagious disease spreads and is managed. Although not intrinsically linked to COVID-19, poverty rates have been also been included in this analysis as health disparities and socioeconomic status are interrelated.

Vulnerable Communities: The areas of highest vulnerability in Otsego County³ that meet all the above-mentioned indicators are Census Tract 5908 (Town of Oneonta) and Census Tract 5911 in the City of Oneonta.

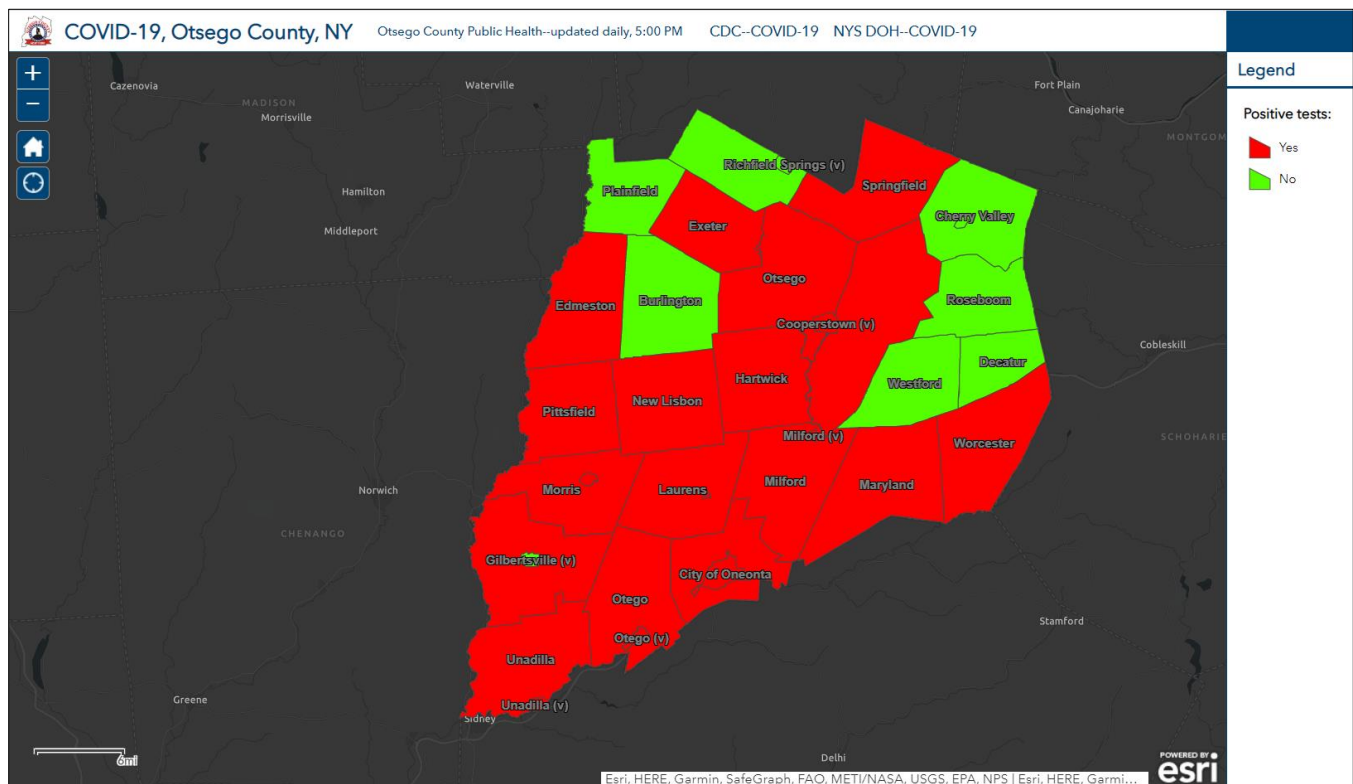
- Tract 5908: 28.1% age 65 or older; 9.3% Uninsured; 24.1% live below the Federal Poverty Level; and 153.1 persons/square mile.
- Tract 591: 15% age 65 or older; 12.3% Uninsured; 30.1% live below the Federal Poverty Level; and 1,795.8 persons/square mile.

³ Engagement Network's Vulnerability Footprint Tool (<https://engagementnetwork.org/covid-19/>)

Other high-risk communities that meet at least one threshold indicator are:

- Census Tract 5903 (Town of Exeter, Richfield Springs): 18.6% age 65 or older; 8.7% Uninsured; 12.5% below the Federal Poverty Level; 43.1 persons/square mile.
- Census Tract 5904 (Town of Pittsfield, Edmeston): 16.7% age 65 or older; 8.6% Uninsured; 13.0% below the Federal Poverty Level; 31.6 persons/square mile.
- Census Tract 5909 (City of Oneonta): 23.0% age 65 or older; 3.2% Uninsured; 15.3% below the Federal Poverty Level; 2,351.7 persons/square mile.
- Census Tract 5910 (City of Oneonta): 13.3% age 65 or older; 2.2% Uninsured; 31.4% below the Federal Poverty Level; 5,903.2 persons/square mile.
- Census Tract 5912 (City of Oneonta): 12.7% age 65 or older; 3.7% Uninsured; 11.1% below the Federal Poverty Level; 2,102.4 persons/square mile.

According to the Otsego County COVID-19 map tracker, all communities in Otsego have at least one lab confirmed case of COVID-19 except for the town of Plainfield; the town and village of Richfield Springs; the town and village of Cherry Valley; the town of Roseboom; the town of Decatur; the town of Westford; the town of Burlington; and the village of Gilbertsville. There are currently 109 total confirmed cases, of which 9 are active, 94 have recovered and 6 have died.⁴



⁴ Otsego County Public Health COVID-19 Map Tracker, 08.04.2020 <https://otsegois.maps.arcgis.com/apps/webappviewer/index.html?id=123eeff2baf54f23a1dd041fc991b15e>

Vulnerable Populations: Nationwide, early data suggest that males, people of color, and the elderly have experienced disproportionately higher rates of infection, complications, and/or death as a result the COVID-19 pandemic. The number of positive COVID-19 cases, the number and percentage of people of color (POC), and rate of poverty by township; and the number and percentage of these vulnerable groups in relation to all residents in Otsego County is provided in the tables below⁵. Additionally, people with underlying health conditions (e.g. lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, obesity, immunocompromised conditions) have greater risks associated with COVID-19. Data on the prevalence of these medical conditions, based on publically accessed data and community survey data is summarized in the subsequent chart.

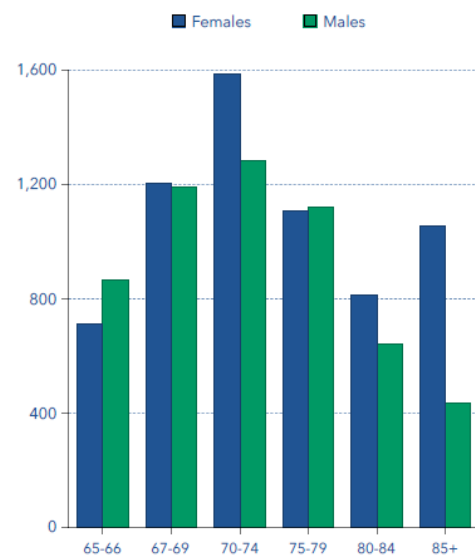
Township	Total Population	Positive Cases (n)	POC (n)	POC (%)	Poverty (%)
Burlington	1,190	0	33	2.8%	15.2%
Butternuts	1,652	1	66	4.0%	8.4%
Gilberstville (Village)		0			
Cherry Valley (Town)	1,229	0	33	2.7%	8.7%
Cherry Valley (Village)		0			
Decatur	299	0	31	10.4%	17.7%
Edmeston	1,712	3	26	1.5%	11.4%
Exeter	918	2	31	3.4%	13.5%
Hartwick	2,062	4	100	4.8%	15.7%
Laurens (Town)	2,522	12	102	4.0%	14.7%
Laurens (Village)		2			
Maryland	1,825	3	76	4.2%	16.4%
Middlefield	1,900	1	75	3.9%	5.1%
Milford (Town)	2,857	3	88	3.1%	15.2%
Milford (Village)		3			
Morris (Town)	1,825	4	74	4.1%	15.5%
Morris (Village)		3			
New Lisbon	1,118	2	36	3.2%	7.6%
Oneonta (City)	9,321	23	1,248	13.4%	24.9%
Oneonta (Town)	5,040	9	665	13.2%	24.1%
Otego (Town)	2,936	5	77	2.6%	9.0%
Otego (Village)		2			
Otsego	3,488	1	416	11.9%	7.2%
Cooperstown (Village)		7			
Pittsfield	1,290	6	69	5.3%	17.7%

⁵ SOURCE: US Census Bureau, American Community Survey. 2014-18.

Plainfield	951	0	38	4.0%	14.2%
Richfield Springs (Town)	2,090	0	76	3.6%	11.3%
Richfield Springs (Village)		0			
Roseboom	664	0	17	2.6%	9.0%
Springfield	1,315	1	8	0.6%	10.6%
Unadilla (Town)	4,195	5	216	5.1%	15.7%
Unadilla (Village)		2			
Westford	781	0	31	4.0%	5.9%
Worcester	1,931	5	232	12.0%	11.2%

Vulnerable Population	Percent	Number
Total Population		60,244
Males	48.35%	29,127
Individuals age 65+	27.31%	16,455
Males 65+	33.69%	5,543
Hispanic/Latino 65+	0.78%	128
Poverty 65+	7.20%	840
Minority Population	6.62%	3,990
Black/African American	2.07%	1,245
American Indian/Alaskan	0.15%	92
Asian alone	1.38%	829
Hawaiian/Pacific Islander	0.01%	5
Some other race alone	1.04%	624
Two or more races	1.98%	1,195

POPULATION 65 AND OLDER



Underlying Health Conditions	Countywide	Number of Surveyed HH	Percent of Surveyed HH
Asthma <i>Source: NYS BRFSS, 2016</i>	9.6%	41	22%
Dementia <i>Medicare Population (2017)</i> <i>Source: Centers for Medicare & Medicaid Services</i>	9.2%	1	1%
Diabetes ⁶ <i>Source: NYS BRFSS, 2016</i>	8.1%	17	9%
High Blood Pressure <i>Source: NYS BRFSS, 2016</i>	28.2%	27	15%
Cardiovascular disease <i>Source: NYS BRFSS, 2016</i>	6.7%	14	8%
Immunocompromised conditions <i>Cancer, All types, diagnosed cases⁷ and HIV n=54</i>	0.6%	3	2%

⁶ <https://www.countyhealthrankings.org/app/new-york/2020/measure/outcomes/60/data>, Behavioral Risk Factor Surveillance System (BRFSS), 2016

⁷ <https://www.health.ny.gov/statistics/chac/indicators/>

Kidney disease <i>Chronic Kidney Disease Medicare Population (2017)</i> <i>Source: Centers for Medicare & Medicaid Services</i>	17.4%	1	1%
Lung disease/COPD <i>Source: NYS BRFSS, 2016</i>	6.7%	11	6%
Obesity <i>Source: NYS BRFSS, 2016</i>	26.6%	33	18%

*Countywide rates based on adults age 20 and older

HEALTH IMPACTS

Aging Population: Individuals over 60, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19. Throughout New York State, persons over age 60 have accounted for 85.4% of all fatalities from COVID-19⁸.

To better respond to the health and safety needs of older residents during COVID-19 pandemic, the Otsego County Office for the Aging suspended community presentations and exercise classes; modified existing services to avoid exposure; and added resources for seniors throughout Otsego County who are isolated or in vulnerable situations including, telephone assistance and home visits in lieu of office visits, home delivered meals for regular attendees of congregate meal sites in Richfield Springs, Cherry Valley, Nader Towers (Oneonta) and Elm Park (Oneonta), transportation for essential transports only, and food and prescription pick-up and delivery. According to the 2010 Decennial Census, there are an estimated 380 persons living in nursing facilities/skilled-nursing facilities in Otsego County⁹. As of August 8th, no deaths of seniors living in these facilities have been reported in Otsego County¹⁰.

Inadequate Health Resources: Since 2004, Otsego County has been designated a “Medically Underserved Area” (MUA) by the U.S. Department of Health and Human Services. MUA designation is based on having too few primary care providers, high infant mortality, high poverty or a high elderly population¹¹. It is estimated that Otsego County has one primary care physician for every 354 persons throughout its rural community¹². With the anticipated surge of COVID-19 cases across New York State and the nation, health resources will be stretched even thinner as resources devoted to those sick with COVID-19 will limit resources available to others.

Bassett Healthcare Network provides care and services to people living in a 5,600 square mile region in upstate New York and is the primary medical provider in Otsego County. The hub of the network is Bassett Medical Center in Cooperstown. In addition, the network has four area community hospitals that provide acute inpatient care and 24/7 emergency care: Cobleskill Regional Hospital, O’Connor Hospital in Delhi, Little Falls Hospital, and A.O. Fox Hospital in Oneonta provide acute inpatient care and 24/7 emergency care. In total, there are 12 facilities in Otsego County that specialize in primary health care¹³.

⁸ <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n>

⁹ Census Bureau TableID: PC05 and https://profiles.health.ny.gov/nursing_home/county_or_region/county:077

¹⁰ https://www.health.ny.gov/statistics/diseases/covid-19/fatalities_nursing_home_acf.pdf

¹¹ <https://data.hrsa.gov/tools/shortage-area/mua-find#:~:text=Medically%20Underserved%20Areas%2FPopulations%20are,or%20a%20high%20elderly%20population.>

¹² <https://www.countyhealthrankings.org/app/new-york/2020/measure/factors/4/data>

¹³ Data Source: Centers for Medicare and Medicaid Services. February 2020.

In order to assess of the care capacity of hospitals across the country as cases of COVID-19 proliferate, *Definitive Healthcare* made data available on hospital beds across the United States. In Otsego County, there are 233 licensed beds; 227 staffed beds and 26 ICU¹⁴. Sixty certified beds are located at AO Fox Memorial Hospital in Oneonta and another 180 certified beds are located in Cooperstown at Bassett Hospital¹⁵. Per EO 202.10, issued March 23rd, NYS Governor Cuomo mandated all hospitals increase bed capacity by a minimum of 50%. Bassett Healthcare Network immediately responded and submitted plans to meet this order by postponement of elective surgeries, reprogramming of beds (e.g. equipping more rooms with ventilators), and re-purposing areas within the Bassett system to accommodate a sudden influx of COVID-19 patients. These modifications were estimated to provide 145-200 more beds. The majority of the beds were made available at Bassett Medical Center in Cooperstown and the rest at AO Fox Hospital, O'Connor Hospital, Cobleskill Regional Hospital and Little Falls Hospital¹⁶.

Prenatal Care, Labor and Delivery: Until issuance of an Executive Order on March 28th, mothers delivering in hospitals across New York State were unable to have a support person during labor and delivery. EO 202.12 and 202.13 amended the disaster declaration to permit a support person, sans fever, to “accompany a pregnant individual for the duration of their stay in any hospital, birthing facility or postpartum unit, as medically appropriate, [including] labor, delivery and the postpartum period, including recovery¹⁷.

Telemedicine: To limit exposure at community health clinics and to continue to care for patients during the COVID-19 pandemic, Bassett Healthcare Network ramped up expansion of its telehealth component of the MyBassett Patient online portal. This expansion offers public access to an online COVID-19 Screener and allows providers to conduct appointments and consultation via video or phone. Between March 21st and 26th, “practitioners completed more than 1,000 telemedicine visits with patients”¹⁸; however, with a lack of broadband access countywide, many households in Otsego County cannot utilize this option to meet their ongoing medical needs.

Of all counties in New York State, Otsego ranks 57 out of 62 with the percentage of households with broadband coverage, only ahead of Lewis, Allegany, Yates, and Hamilton¹⁹. According to the US Census Bureau 2018 ACS, 41.8% of households in Otsego County do not have broadband access and of these households, 55.2% have either satellite or dial up and 44.8% have no internet access at all²⁰. There are clusters of residences throughout Otsego that have only the option satellite coverage, which only offer speeds of 25-35mbps with average download times of 1 GB at 5 minutes. For households with satellite, DSL, or dialup, slow data transmission speeds are insufficient to support video and/or audio streaming necessary for telemedicine.

Transportation: Otsego County has two primary public transportation providers: Oneonta Public Transit (OPT), operating routes within the City of Oneonta and one route to Cooperstown; and Otsego Express, which provides nine bus

¹⁴ Data Source: [Johns Hopkins University](#). Accessed via [ESRI](#). Additional data analysis by [CARES](#). 2020

¹⁵ Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. November 2019

¹⁶ https://www.thedailystar.com/news/local_news/local-hospitals-size-up-for-pandemic-treatment/article_99cbdb47-b1c3-598a-b4ac-089ae19cea17.html

¹⁷ <https://www.governor.ny.gov/news/no-20213-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency#top>

¹⁸ <https://www.bassett.org/news/bassett-fast-tracks-telehealth-expansion-care-patients-during-pandemic-mybassett-patient>

¹⁹ Broadband Now

²⁰ <https://data.census.gov/cedstotable?q=internet%20access%20by%20county&g=0500000US36077&hidePreview=true&id=ACSDT5Y2018B28002&c=Telephone%20Computer%20and%20Internet%20Access&vintage=2018>

routes throughout the county. Per Opportunities for Otsego 2017 Community Needs Assessment, 31% of survey respondents indicated that public transportation does not meet their needs and “distant to care/transportation” is a barrier to obtaining health care in Otsego County.

In response to COVID-19 and in an effort to protect the health of Otsego County residents, both Otsego Express and OPT amended bus service. On March 18th, the City of Oneonta suspended all night buses and announced an abbreviated scheduled effective March 23rd, including limiting bus service to Cooperstown to one bus. On March 19th, Otsego Express suspended routes servicing Gilbertsville, Otego, and the Town of Oneonta. These abbreviated schedules further limited access to healthcare during the COVID-19 pandemic, particularly for those seeking COVID testing at Bassett Hospital in Cooperstown. Beginning May 4th, OPT began transitioning back to previously established bus schedules, including resuming normal service to Cooperstown with hourly runs from 6AM-6PM. On July 6th, bus service resumed to Housing Visions. On August 1st, City of Oneonta Mayor announced in a video address, that daily bus service will end at 6PM once students return to campuses at SUNY Oneonta and Hartwick College.

Mental Health: Prior to the COVID-19 pandemic, Otsego County was challenged with scarce inpatient and outpatient mental health resources. Per the 2017 Otsego County Community Needs Assessment, in part to “a shortfall of psychiatrists and support staff willing to work in rural areas” there is an inadequate pool of providers to meet the community need, particularly those who accept Medicaid/Medicare, and “inadequate crisis services”. It is estimated that Otsego County has one mental health provider for every 520 people²¹. To help address crisis mental health needs, Otsego County contracts with the Mobile Crisis Assessment Team (MCAT) from The Neighborhood Center in Utica to provide 24 hour/7 day a week intervention. School-age youth can access mental health services through Bassett Healthcare School Based Health Centers located in Cooperstown, Edmeston, Laurens, Milford, Morris, Richfield Springs, Schenevus, and Worcester school districts.

Prior to the onset of the COVID-19 pandemic, it is estimated that 9.5% of adults over age 18 had “poor mental health” for 14 or more consecutive days²². **Per data gleaned from the COVID-19 Community Needs Assessment Survey, 28% of respondents reported signs/symptoms of anxiety or depression for “several days” during the last seven days; 24% “nearly every day”; and 10% “more than half the days”.**

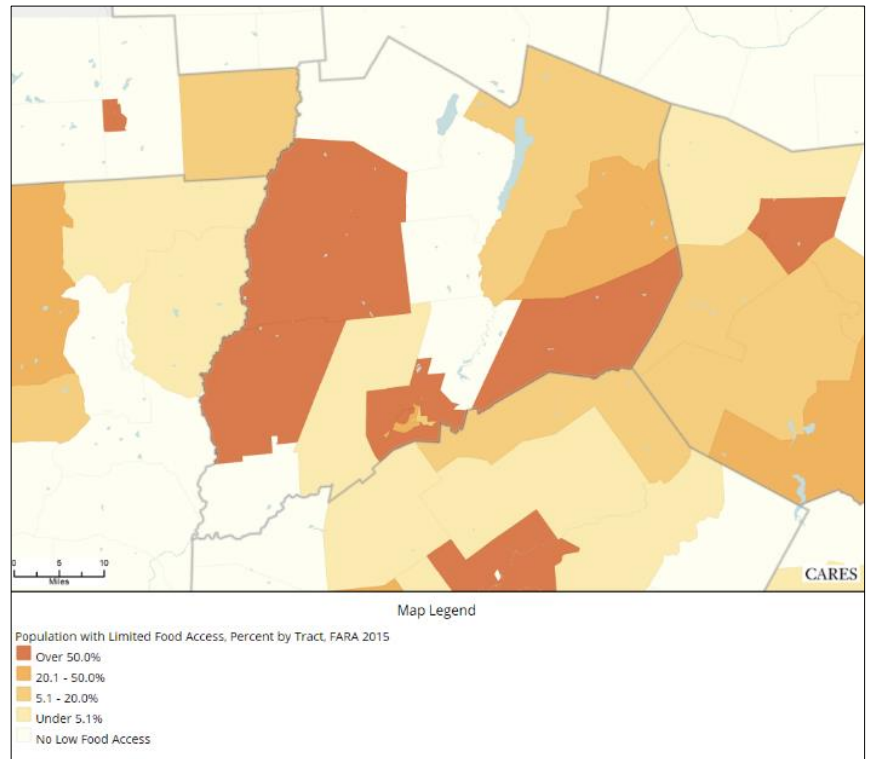
With the onset of the COVID-19 pandemic and Executive Orders closing schools and non-essential businesses in New York, mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period. The peer-to-peer Warm Line and the MCAT Crisis Hotline continues to be available to those seeking mental health supports in Otsego County. Additionally, in response to the COVID-19 pandemic, Bassett Healthcare Network established its own Emotional and Mental Health Support phone line; New York State launched a statewide Emotional Support Helpline, offering free access to mental health professionals via phone or online chat; and the company HeadSpace is offering its collection of meditation, sleep, and movement exercises free to New Yorkers.

²¹ <https://www.countyhealthrankings.org/app/new-york/2020/measure/factors/62/data?sort=sc-0>

²² Mohawk Valley PHIP, 2016 dataset, <http://www.mvphpip.org/indicators/index/view?indicatorId=1835&localeId=1918>

FOOD & NUTRITIONAL IMPACTS

Food Insecurity: Per Feeding America 2018 data, the overall food insecurity rate in Otsego County is 10.9% (n=6,550) and 18.9% for children (n=1,860). Of all persons, 25% live above the income threshold (200% FPL) to be eligible for SNAP, WIC, and other nutrition programs²³. In addition to income, another contributor to food insecurity is proximity to food vendors, including supermarkets and SNAP retailers. According to the USDA, 28.9% of Otsego County residents (n=17,995) have low access to food, of which: 9.1% are low income; 4.8% do not have access to a vehicle; 4.0% are seniors; and 2.5% people of color²⁴. The accompanying map provides percentage of the population by Census Tract with limited food access in Otsego County²⁵.



School-age Children: With the onset of the COVID-19 pandemic, nutrition for school-aged children previously accessing free/reduced breakfast and lunch and weekend Back Pack programs is impacted as many are now removed from that consistent food source due to school closures. During the 2018-2019 school year, 45% of the 6,523 students enrolled in grades K-12 countywide were considered “economically disadvantaged” and eligible for free/reduced price lunch²⁶. Through the support of the Regional Food Bank of Northeastern NY, 238 students from eight school districts in Otsego County also participate in the weekend Back Pack meal program²⁷. Per anecdotal reports, other school districts in Otsego County coordinate Back Pack programs unaffiliated with the Regional Food Bank.

In addition to school-age children, nutrition for infants, toddlers, and preschoolers attending day care and childcare programs has been impacted due to closures of child care centers. At the onset of the COVID-19 pandemic, 256 low-income children were enrolled in Head Start center based programs, where they were provided breakfast, lunch, and/or snacks.

Access to Resources:

- **SNAP:** With mandated business closures across New York State, persons seeking to apply for SNAP benefits are being directed to use the myBenefits.ny.gov portal for all transactions. For those without reliable internet access,

²³ <http://map.feedingamerica.org/county/2018/overall/new-york/county/otsego>

²⁴ <https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/>

²⁵ <https://nyscaa.engagementnetwork.org/map-room/>

²⁶ <https://data.nysed.gov/enrollment.php?year=2019&state=yes>

²⁷ <https://regionalfoodbank.net/backpack-program/>

assistance is available locally by contacting the Nutrition Outreach Coordinator of Catholic Charities by phone or email.

- Women, Infants, and Children (WIC): WIC operates four clinics throughout Otsego County, including the main office in Oneonta and outreach sites in Cooperstown, Cherry Valley, and Richfield Springs. With the closure of businesses statewide, WIC participants must rely on phone and email communication to recertify benefits, resolve any issues with eWIC Cards, seek support from Peer Breastfeeding Counselors, or get assistance with any general inquiries.
- Senior Congregate Meal Sites: In response to the COVID-19 pandemic, in lieu of operating its seven congregate meal sites, the Otsego County Office for the Aging is providing home delivered meals to regular attendees of meal sites in Richfield Springs, Cherry Valley, and Oneonta.
- Feeding Programs and Food Pantries: As early as April 3, feeding programs and pantries modified procedures for distributing nutrition assistance. Takeout meals are available daily in Oneonta at the Lords Table, and once a week at Saturday's Bread and the Salvation Army, Meal with a Message. The Hunger Coalition of Otsego County maintains information on modification of hours for all pantries in Otsego County. To address food insecurity throughout Otsego County, the Community Cupboard of Edmeston, a member of the Hunger Coalition, has taken the lead in organizing monthly drive-thru food and dairy distributions in Otsego County.
- Summer Food Nutrition Programs: Catholic Charities of Delaware and Otsego Counties, who operates the National SNFP, announced it will begin programming on June 22, 2020. In lieu of a sit-down, drop-in park program, Catholic Charities has arranged 6 lunch pick-up sites in Oneonta, including two district schools, three mobile home parks, and the community park. The program will run Monday through Friday and is open to children under 18, no questions asked. Other 2020 SNFP sites operating in Otsego County include: Gilbertsville-Mount Upton Elementary School; Otego Elementary School; Unatego Junior-Senior High School; and Richfield Springs Elementary School.

Per data collected from the COVID-19 Community Needs Assessment Survey:

- Seven percent of respondents were “not confident” and 30% “somewhat confident” that they would be able to afford the kinds of food they would need for the next four weeks.
- For those who responded they did not have enough to food eat or the kind of food they wanted to eat since COVID-19: the stores didn't have the food I wanted (28%); couldn't afford to buy more food (20%); afraid to go or didn't want to go out to buy food (10%); couldn't get groceries or meals delivered to me (6%); couldn't get out to buy food - didn't have transportation or mobility/health problems (4%).
- Since COVID-19, responding household accessed the following resources to meet their food/nutritional needs: SNAP (17%); school-based free/reduced lunch or other programs aimed at children (16%); WIC (15%); local food pantry or food bank or dairy drive-thru (12%); family, friends, or neighbors (10%); community meal program or soup kitchen (3%).

EMPLOYMENT IMPACTS

Employment impacts of the pandemic have been immediate and profound. Anecdotal information as well as early data about unemployment claims from March and April confirm a significant emerging need in the area of employment.²⁸ Department of Labor data show that national patterns of unemployment are being seen in Otsego County.

Employment Sectors: The largest employment sectors in Otsego County are Health Care and Social Assistance; Retail Trade; Accommodation and Food Services; Educational Services; and Manufacturing. Combined, these industries make up 59% of employment in Otsego County, employing 13,992 residents in 2019²⁹. With the onset of COVID-19 and subsequent Executive Orders shuttering non-essential businesses, individuals in many of these sectors - particularly service, education, and retail - experienced sudden and unexpected unemployment. Per NYS Department of Labor County Employment statistics, Otsego County experienced a considerable loss of employment in its key economic industries from April 2019 to April 2020. Net losses of significance: Leisure and Hospitality (-57.6%); Service industries (-18%); Education and Health services (-12.2%); and Manufacturing (-9.1%).³⁰

NAICS Code	NAICS Title/Industry	Percentage of all Employment	Annual Average Salary
62	Health Care and Social Assistance	24.9%	\$62,104
44	Retail Trade	12.5%	\$29,911
72	Accommodation and Food Services	10.9%	\$21,903
61	Educational Services	5.7%	\$35,251
31	Manufacturing	5.0%	\$49,755

Unemployment: Rates of unemployment in Otsego County have jumped since the onset of COVID-19. The average unemployment rate for April through June 2020 was 15.0%; compared to 3.7% during the same period in 2019.

Historically, due to summer tourism, April through August have the lowest unemployment rates in Otsego County and have averaged 4.49% over the past five years³¹.

Year	January	February	March	April	May	June	Average
2020	4.1%	3.9%	4.2%	15.1%	14.2%	15.6%	9.5%
2019	4.8%	4.5%	4.2%	3.6%	3.6%	3.8%	4.1%
Variance	-0.7%	-0.6%	0.0%	11.5%	10.6%	11.8%	5.4%

Per data gleaned from the COVID-19 Community Needs Assessment Survey, 34.5% of persons in Otsego County who were unemployed or laid off due to the pandemic worked in “Other Services”, followed by Accommodation and Food Service (18.2%); Health Care and Social Assistance (10.9%); Educational Services (7.3%); Manufacturing (7.3%); Administrative and Support Services (5.5%); and Retail Trade (5.5%).

²⁸ <https://www.brookings.edu/blog/the-avenue/2020/05/13/what-weekly-unemployment-claims-reveal-about-the-local-impacts-of-the-covid-19-recession/>

²⁹ <https://data.ny.gov/Economic-Development/Quarterly-Census-of-Employment-and-Wages-Annual-Da/shc7-xcbw/data#Filter>

³⁰ <https://labor.ny.gov/stats/cesminor.asp>

³¹ <https://labor.ny.gov/stats/laus.asp>

Summer tourism is a cornerstone to the economy in Otsego County and a significant revenue stream for county government and operations. With the cancellation of flagship events like the Cooperstown Dreams Park 2020 season and the Baseball Hall of Fame Induction, Otsego County projects “a loss of more than \$12 million in tax revenue, primarily from a loss of sales tax”. To alleviate gaps in the county budget, board representatives “instituted a hiring freeze, cut department budgets by at least 5%, and laid off 59 full-and part-time county employees”³² effective June 1st. According to NYS Department of Labor 2019 data, there are 2,802 persons employed by Local Government in Otsego County with an average annual wage of \$43,155.

A key issue for those experiencing unemployment for the first time is a lack of awareness of resources available to them and their families as well as the complexities of applying for unemployment benefits. One consequence of New York State Executive Orders to shutter businesses was the influx of workers applying for regular New York State Unemployment Insurance (UI) benefits, the weekly \$600 Pandemic Unemployment Compensation (F-PUC) benefit and, for workers that traditionally do not qualify for UI, Pandemic Unemployment Assistance (F-PUA). In response, the New York State Department of Labor hired more than 3,000 people to help process claims; however, unemployed workers faced multiple barriers in completing claims such as busy phone lines, dropped phone calls, website technical issues, and delayed mailings³³. **According to feedback collected from the COVID-19 Community Needs Assessment Survey, 40% of people who applied for unemployment after March 13, 2020 waited one month or more to receive any benefits. As of July 31, 2020, the weekly \$600 F-PUC expired. Of unemployed workers who responded to the COVID-19 Community Needs Assessment Survey, 40% did not expect to return to work by July 31, 2020 and 51% were unsure of their work status after that date.**

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. The chart below is a summary of Health Care and Social Assistance employee data for 2019 in Otsego County. Titles of those earning less than the annual average salary for the field (\$44,574) are highlighted.

NAICS Code	NAICS Title/Industry	Average Employment	Annual Average Salary
62	Health Care and Social Assistance	5,917	\$62,104
621	Ambulatory Health Care Services	1,003	\$50,151
623	Nursing and Residential Care Facilities	627	\$34,598
624	Social Assistance	1,051	\$24,842
6212	Offices of Dentists	151	\$47,592
6213	Offices of Other Health Practitioners	56	\$38,412
6216	Home Health Care Services	184	\$49,768
6232	Residential Mental Health Facilities	282	\$35,175
6233	Community Care Facility for the Elderly	92	\$25,749
6241	Individual and Family Services	327	\$28,465

³² “Otsego County board restricts spending to cope with fiscal crisis”, The Daily Star, May 27, 2020

³³ NYS Department of Labor Twitter page, @NYSLabor

6242	Emergency and Other Relief Services	19	\$22,064
6244	Child Day Care Services	137	\$15,506

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 so to maintain connections to families or have been laid off due to school and childcare center shutdowns. The chart below is a summary of Educational Services employee data for 2019 in Otsego County. All positions within this industry earn less than the average annual salary - \$44,574 - for all industries in Otsego County.

NAICS Code	NAICS Title/Industry	Average Employment	Annual Average Salary
611	Educational Services	1,344	\$35,251
6111	Elementary and Secondary Schools	581	\$36,747
6116	Other Schools and Instruction	11	\$16,679
6117	Educational Support Services	4	\$13,674
6244	Child Day Care Services	137	\$15,506

Responses from the COVID-19 Community Needs Assessment Survey found the following:

- Current work status of all household members employed prior to the COVID-19 pandemic: an essential worker, no changes (38%); working from home/remotely/virtually (21%); unemployed/laid off (18%); reduced hours (10%); returned to work Phase 1 (7%); returned to work Phase 2 (7%).
- Employment-related reasons for household loss of income since March 13th: Work hours and/or salary was reduced due to COVID-19 (23%); Workplace closed temporarily because of stay-at-home orders (19%); Cannot work because I have to care for children not in school or day care because of COVID-19 related closures (17%); Laid off due to COVID-19 pandemic (16%); Workplace went out of business/closed permanently because of COVID-19 pandemic (3%); Cannot work because I am sick with COVID-19 or caring for someone with COVID-19 or on ordered quarantine (2%); Cannot get to my job because of public transportation shutdowns/limited schedules (1%).

EDUCATIONAL IMPACTS

School Closures: Per EO 202.4, New York State schools were initially closed for two weeks beginning March 18th. These closures were extended for the remainder of the school year on May 7th per EO 202.28. Although ordered to “continue plans for alternative instructional options, distribution and availability of meals, and child care”, closings of public schools in Otsego County are having an immediate impact on children’s education. Children with less access to resources (e.g. broadband internet, computers/tablets, technology expertise, and disabilities) are most at-risk for suffering learning loss during a potentially extended period of school closure. A breakdown of the number of educators, support staff, and students impacted by closures, as well as conditions hindering distant learning within each school district in Otsego County is provided below³⁴.

³⁴ <https://nces.ed.gov/ccd/districtsearch/> and <https://nces.ed.gov/programs/ipeds/data/collegesearch/>

School District	Teachers (FTE)	Instructional Aides (FTE)	Other Staff (FTE)	Students	Students with IEP	Student HH with Computer	Student HH with Internet*	District HH with Internet*
Cherry Valley-Springfield	47	19	42	488	16%	87%	79%	70%
Cooperstown	70	34	72	855	11%	98%	90%	85%
Edmeston	43	13	35	396	13%	91%	67%	74%
GMU	40	3	38	365	20%	95%	73%	70%
Laurens	36	21	38	310	20%	100%	96%	78%
Milford	40	27	47	373	16%	96%	91%	79%
Morris	42	15	42	346	26%	95%	86%	76%
Oneonta	160	48	88	1,748	20%	99%	95%	81%
Unatego	69	29	79	820	18%	98%	77%	73%
Richfield Springs	51	21	44	471	21%	90%	73%	68%
Schenevus	36	13	16	361	19%	93%	90%	69%
Worcester	38	8	27	364	22%	91%	84%	73%
Total/Average Impacted	672	251	568	6,897	19%	94%	83%	75%

* Internet includes dial up, cellular data plan, broadband, DSL, or satellite

To address potential regression of students with disabilities who were participating in special education programming prior to COVID-related school closures, EO 202.37 allows for “special education services and instruction required under Federal, state or local laws, rules, or regulations, [to] be provided in person for the summer term in school districts.”

Child Care: In addition to school closings, many childcare providers, including the BOCES CROP after school program, NYS OCFS licensed day care centers, private school age programs (e.g. The Brookwood School, Bugbee Children’s Center, YMCA), and Head Start closed their facilities. Data from a May 2020 survey conducted by the New York State Office of Children and Family Services (OCFS) found that 37% of all childcare providers in Otsego County closed in response to COVID-19³⁵. Overall, the capacity of child care providers in Otsego County can only accommodate 28% of children from infancy to school age³⁶, so any reduction in available child care slots poses a significant barrier to parents and caregivers who are essential workers, as they must find and secure alternate day care arrangements or sacrifice employment. An effort to alleviate the cost burden of childcare, the local Child Care Resource and Referral Agency (CCR&R) offered reimbursement for childcare expenses for essential workers from April 20-May 15 through CARES emergency childcare scholarships. Scholarships were made available to households with Adjusted Gross Income up to 300% of FPL - \$78,600 for a family of four.

Otsego Child Care Programs			Day Care Center			Family Day Care			Group Family Day Care			School-Age Child Care		
Total	Num. Closed	Percent Closed	Open	Num. Closed	Percent Closed	Open	Num. Closed	Percent Closed	Open	Num. Closed	Percent Closed	Open	Num. Closed	Percent Closed
41	15	37%	2	12	86%	10	2	17%	13	0	0%	1	1	50%

³⁵ NYS OCFS, Summary of Mohawk Valley Closures, 05.21.2020

³⁶ Opportunities for Otsego, Comprehensive Community Needs Assessment, 2017

Parents as Teachers: All parents and caregivers, regardless of employment status, are now 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. Potential limitations for adults in Otsego County with assisting children with self-guided teaching include:

- Literacy: The National Center for Education Statistics (NCES) estimates that 11% of adults in Otsego County lack basic prose literacy skills³⁷.
- Educational Attainment (Population Over 25): Less than a 9th grade education (2.5%); 9th-12th, no diploma (6.5%); High school diploma/equivalency (32.7%); Some college, no degree (16.9%); Associate's degree (11.9%); Bachelor's degree (15.3%); Graduate or professional degree (14.3%)³⁸.
- Poverty by Educational Attainment: Less than high school graduate (25.9%); High school graduate (13.7%); Some college or Associate's degree (9.8%); Bachelor's degree or higher (5.8%).
- Household Type: Approximately 22.7% of households in Otsego County are single parent households, of which 9.7% have children under 6 years old³⁹.

Reopening Plans: On August 7th, Governor Cuomo made a much-awaited announcement regarding the status of public school education for the 2020-2021 school year. The statement reads, “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.”⁴⁰ As of the date of this publication, it is known:

- Edmeston Central School District, per July 23 letter to parents: “Due to the NYSED and NYSDOH guidance for social distancing to re-open schools, it will not be possible for ECS to bring every student back to school at one time. Thus, ECS will be providing a combination of in-person and at-home learning.”
- Laurens Central School will have students in grade K-8 grade return to in-person education four days a week and one day remote learning day beginning September 9. High school students will start the school year in remote learning mode with an expected return to in-person education on October 13th.
- Milford Central School District “will take a phased-in approach to reopening with time between each phase to monitor for outbreaks” with K-5 tentatively returning mid-October and grades 6-12 returning for in-person at the beginning of November.
- Morris Central School, per July 31 letter to parents: “If we had to decide today,...we would follow a hybrid plan of in-person and at home learning. Our hybrid plan at this time is that students in K-5th grade will attend school on Mondays, Tuesdays, Thursdays and Fridays. Students in PK and 6-12 will be broken in two cohorts and would either attend Monday and Tuesday or Thursday and Friday.”
- Oneonta City School District “will remain in the remote learning environment to start the 2020-2021 school year. We will reevaluate this model as we approach the Interim Progress Report period of October 9th.”

³⁷ <https://nces.ed.gov/naal/estimates/StateEstimates.aspx>

³⁸ US Census Bureau, Table S1501, EDUCATIONAL ATTAINMENT, 2017: ACS 5-Year Estimates Subject Tables

³⁹ US Census Bureau, Table B11004, FAMILY TYPE BY PRESENCE AND AGE OF RELATED CHILDREN UNDER 18 YEARS, 2017: ACS 5-Year Estimates

⁴⁰ <https://www.governor.ny.gov/news/governor-cuomo-announces-based-each-regions-infection-rate-schools-across-new-york-state-are>

- Unatego Central School District Reopening Plan dated July 29, 2020, states: “we are prepared to open only with a reduced number of students on campus on any given day, which will necessitate a hybrid schedule. In a hybrid schedule, students will be on campus two or three days per week and learning remotely on the days they are not in school.”
- Per the Richfield Springs Central School District Reopening Plan dated July 31, “Our large one-building school district with approximately 400 students allows us the space to effectively divide up and socially distance our students effectively to meet the guidance for reopening... It is possible that we may need to alternate between in-person, remote learning and/or a combination of both (hybrid model) throughout the year due to recommendations and guidance from our partnering agencies and stay-at-home orders from the Governor. The level of infection, the spread of the virus and response to the disease in our community will be at the forefront of decision making as we move to open our schools.”
- Worcester Central School District, per their Preliminary Reopening Plan revised on August 6, will keep the school building open for instruction until teacher/student and or community infection rates dictate a necessary closure.

Remaining school districts do not have definitive reopening procedures posted on their school website or Facebook page.

HOUSING IMPACTS

Prior to the COVID-19 pandemic, affordable housing was already identified as a challenge for both renters and homeowners in Otsego County. According to the 2017 Otsego County Comprehensive Needs Assessment, 55% of renters and 28% of homeowners are “cost burdened”; spending more than 30% of household income on housing expenses. Furthermore, 77% of survey respondents from 2017 indicated “cost of rent and housing payments” as an issue in Otsego County. At the current, 2020 Fair Market Rent for a two-bedroom apartment (\$873/month⁴¹), a household living in Otsego County must earn approximately \$2,910 monthly or \$37,920 annually to not be cost burdened.

Due to the immediate economic impact of the COVID-19 pandemic, renters face one or more months where they may lack the funds to pay rent and homeowners with a mortgage may miss mortgage payments. To help alleviate housing cost burden during the pandemic, New York State issued EO 202.8, on March 20th ordering an eviction moratorium for ninety days. Under this order, tenants are still obligated to pay rent; however, no evictions will be enforced. This order was extended twice: once in May to August 20, 2020 and in early August to September 4, 2020.

Per data from the COVID-19 Community Needs Assessment Survey:

- Of homeowners, 93% of mortgages are paid up to date; 7% are behind on payment.
- Of renters, 65% are paid up to date and 31% are late on rent payments. Two household indicated they are risk of eviction after the eviction moratorium on August 20, 2020*.
- Of all households, 52% are “highly confident” they will be able to pay their next month housing payment on time; 22% moderately confident; 18% slightly confident; and 8% have no confidence.

⁴¹ https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2020_code/2020summary.odn

* On August 12, 2020 the New York State Court system extended the eviction moratorium until to October 4, 2020

- Of all 102 responding households, 37% are behind on at least one utility payment (e.g. electric; cable; internet, phone).
- Of all households, 38% are “highly confident” they will be able to pay their next utility bill on time; 27% moderately confident; 26% slightly confident; and 10% have no confidence.

Based on data gleaned from the COVID-19 Provider Community Needs Assessment, of persons concerned with housing instability, the following stressors were identified: Utility bill(s) past due (24.2%); Behind on rent/mortgage payment (21.2%); Unsure how they will pay their next rent/mortgage payment (18.2%); Homeless (15.2%); At risk of eviction for nonpayment of rent after moratorium ends (9.1%); Unsure how they will pay their utility bill(s) next month (9.1%); Past due school or property taxes (3.0%).

In addition to established housing assistance available through the agency Emergency Housing Assistance Program and homeowner education and counseling services, Opportunities for Otsego has provided information and referrals on the following resources to help address housing needs of Otsego County resident when the New York State housing moratorium ends: Otsego County COVID-19 Emergency Rental Relief Program; Legal Aid Services of Central New York; and Housing Justice for All. Opportunities for Otsego’s Violence Intervention Program requested funds through Family Violence Prevention and Services Act (FVPSA) CARES supplemental funding to provide rental subsidies for domestic violence victims who are not eligible for other rental assistance programs so they may maintain their current housing while searching for other safe and stable permanent housing.

IMPACTS ON HUMAN SERVICES PROVISION

Services to vulnerable populations have been curtailed or drastically changed. Some service providers are not operating, leaving gaps in services to the community. Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to sustain supports over a longer period. Impacts to the operation of Opportunities for Otsego include:

- Closing of Head Start/UPK classrooms in conjunction with public school districts. In response, Head Start updated its webpage to include links to community resources, preschool teaching tool, mindfulness activities for children, and adult mental health resources; mailed grocery store gift cards purchased with emergency foundation funds to all enrolled households; and essential staff adapted to working virtually. Head Start center based services are anticipated to reopen in conjunction with local public school districts.
- Building Healthy Families and Early Head Start ceased in-person contacts with enrolled families. However, home visitors continue to remain connected to parents virtually through phone, text message, email, and other electronic means. Full program recommencement TBD.
- The Children’s Center drop-in child care program closed upon the direction of the New York State Unified Court system and has yet to resume operations. It is presumed that the Children’s Center will reopen once the Otsego County Family Court building reopens to the public.

- Women, Infants, and Children (WIC) initially closed its main office and three outreach clinics and moved to providing services via email and phone. Peer Breastfeeding Counselors, administration, and nutrition staff have since moved to working regularly at the office and have instituted staggered schedules for administrative staff. The USDA is permitting WIC to conduct virtual visits and processes through September 30, 2020. The NYS Department of Health has requested an extension of the waiver of physical presence until the end of 2020.
- Energy Opportunities and Weatherization ceased operations until the Phase I (construction and manufacturing) reopening. Crews have slowly resumed activities with approved plans for disinfecting, social distancing, and safety precautions. Essential program staff remained available throughout the closing by telephone.

Programs that continued to operate under “essential” designation include emergency housing and domestic violence services. The program shelters needed to purchase additional protective measures (e.g. masks, gloves, cleaning supplies) and modify their facilities to meet social distancing standards established by NYS Department of Health and state oversight agencies (e.g. OTDA, OCFS). The programs still provided 24/7 staffing at each of the shelters and made arrangements for staff to continually support victims and homeless/at-risk households virtually, including transferring emergency hotlines to alternate phone numbers as necessary. Violence Intervention Program advocates continued to assist victims of violence in obtaining orders of protection through assisted skype calls with the courts.

Necessary upgrades/purchases to support modified service delivery and overall agency operations included: Zoom video conferencing software and licenses for senior management and select staff; Office 365 and One Drive cloud services; securing additional PPE for essential staff and clients; installation of an outside mailbox and doorbell for deliveries; supplies to construct protective shields enclosing employee workspaces in open office areas; upgrading lights in common areas to motion detection; motion detection paper towel dispensers; social distancing signage; and a subscription to JotForm for staff to submit electronic health self-attestations prior to entering any agency facility. Based on need, programs either provided technology already on hand (e.g. laptops, cell phones) to staff working virtually or needed to purchase additional laptops to accommodate staff working from home.

Like Opportunities for Otsego, other human service providers in Otsego County needed to modify service provision in response to COVID-19. Based on the **COVID-19 Provider Community Needs Assessment**, only 23% maintained normal operations. Providers who responded to the survey indicated they are assisting clients through the following modes: Phone (22.4%); Email (19.0%); Video Conferencing (15.5%); In-person, Office (13.8%); In-person, Other location (13.8%); Text Message (12.1%); Other, such as home visit, or social media (3.4%).

COMMUNITY RESOURCE IMPACTS

Immediate Impacts: The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources, a scarcity of some resources, and/or needs for resources that have not previously been required in this community in any significant capacity. Based on data collected from the **COVID-19 Community Needs Assessment Survey**, respondents have been impacted in the following ways:

- Inability to get to work because of public transportation shutdowns/limited schedules

- Delays in receiving NYS DOL unemployment benefits ranging from 1 month but less than 2 months
- Delays in accessing routine medical care (33%), dental care (39%) and mental health services (6%)
- Inability to access needed medical care (20%), dental care (34%) and mental health services (7%)
- Access to technology for home-based education and working from home: 60% of respondent households do not have a computer for each person who needs one; 61% of student are provided a computer by their school district for home education; and 26% reported their internet is either “sometimes”, “rarely” or “never” reliable.

Based on the **COVID-19 Provider Community Needs Assessment**, the most common stressors faced by households accessing services are: Loss of income (17.9%); Mental health (13.4%); Transportation (10.4%); School or daycare closures (10.4%); Food insecurity (9.0%); Applying for or receiving unemployment benefits (7.5%); Family members who are vulnerable to COVID (7.5%); Housing instability (7.5%); COVID-19 illness for themselves, family member, or close contact (4.5%); Substance abuse relapse (4.5%); Unable to access medical, dental, or mental health care (3.0%); Access to technology or reliable internet for school (3.0%); Lack of health insurance (1.5%).

The broad impacts of COVID-19 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. Opportunities for Otsego plays an important role collaborating with organizations, people and resources to support families, including the Otsego County COVID-19 Economic Recovery Taskforce, the 2020 Census Complete Count Committee, Otsego County Drug Treatment Court, Southern Tier Homeless Coalition/Continuum of Care, and the Oneonta Area NAACP.

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.

Employment: 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. Needs derived from the COVID-19 Community Needs Assessment survey:

- 91% of adults whose workplace is still closed or on laid off/furlough will not or are “unsure” if they will be returning to work by July 31, 2020. July 31 is the proposed date for the discontinuation of the additional \$600 weekly federal PUA/PUC payment.
- Planning and paying for childcare in order to return to work.

Income: With a loss of wages, many households had to take actions to make sure they had enough money on hand for basic needs, some of which that may impact long-term financial positions. Actions reported by respondents per the **COVID-19 Community Needs Assessment Survey** include: Cutting back on recreational expenses (22.4%); Reducing food

spending (20.3%); Using a credit card instead of cash/debit card (14.1%); Skipped/stopped paying bills (12.5%); Borrowed money from friend/family member (10.9%); Took on additional work (6.8%); Stopped saving for retirement (3.6%); Took out a loan (2.1%); Stopped paying child support or alimony/spousal maintenance (0.5%).

Comparatively, per provider feedback through the **COVID-19 Provider Community Needs Assessment Survey**, households seeking services took similar measures: Sought assistance from community programs (31.0%); Skipped/stopped paying bills (17.2%); Cut back on recreational expenses (17.2%); Took on additional work (6.9%); Use a credit card instead of cash/debit card (3.4%); Borrowed money from friend/family member (3.4%).

Service Disruptions: Even with the easing of social distancing guidelines and increased measures to mitigate public exposure, 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, learning loss⁴² and domestic violence/child abuse⁴³ have become larger problems due to service disruptions. A partial, but not complete list of anticipated impacts includes:

- Supplemental meals through Office for the Aging congregate meal sites; school-based free/reduced lunch programs and Back Pack program; and Head Start center-based nutrition services will be unavailable to families for the foreseeable future. Referrals to local food pantries, feeding sites/soup kitchens, community-based mass food distributions, and social programs (e.g. WIC, SNAP) will be provided as alternatives.
- Building Healthy Families and Early Head Start home visiting services will be offered virtually for the foreseeable future. These programs will incorporate trauma-informed approaches into interactions with enrolled families, including identifying trauma, anxiety, and other stressors through ongoing assessments and providing additional resources to support caretakers social-emotional health. Bi-monthly socializations and parent groups will remain on hold.
- WIC will continue to work virtually until the USDA waiver of physical presence for appointments expires. Outreach clinics in Cherry Valley, Cooperstown, and Richfield Springs cannot resume until site hosts make accommodations in accordance with New York State Forward Business Re-Opening Safety Plans and invite WIC staff and participants back to their respective sites.
- Center-based Head Start and UPK program operations follow local school district calendars. Differences in school district educational approaches as they reopen will need to be considered by Head Start/UPK as four of nine Head Start centers are in public school buildings. Additionally, Head Start/UPK classrooms are located on the SUNY Oneonta campus. Programming at this site will need to be coordinated with University administration.

Agency Capacity: 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. Opportunities for Otsego has already taken measures to increase agency capacity to

⁴² <https://www.washingtonpost.com/education/2020/04/17/why-covid-19-will-explode-existing-academic-achievement-gaps/>

⁴³ <https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf>

provide continued services in the COVID environment, such as software/technology investments, facility upgrades, and PPE. As the COVID-19 pandemic continues to shift, Opportunities for Otsego may need to take addition measures to meet local, state, and federal guidance and recommendations.

Community Resource Coordination: 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.⁴⁴

It is important to recognize that the COVID-19 pandemic situation is fluid and that community and agency priorities, and needs will have to be adjusted accordingly. To help strategize which community initiatives, or pieces of initiatives, may need to continue, pause, or end during this time, a Triage

Guiding Question/Line of Sight*: What will it take to . . . ? The guiding question defines the line of sight: Where are you heading? What are you trying to achieve? The question should be open-ended and future focused. It should not make assumptions about who is responsible or what the solution is.	
Current Priority—Still Relevant—Continues Forward (with modified approach) These are items that are relevant and possible and will go forward, though perhaps not as planned. Make a few notes on likely modifications.	Pause & Resume when crisis “over” (assuming a 6-18 month delay—high uncertainty) These items will be paused. They are either not feasible now, or they need to be paused to make room for emergent priorities. You don’t really know for how long. Six to nine months is a ballpark and may be too long or too short.
Emerging Priority or Existing but Newly Prioritized (because of current conditions) These items are new or newly prioritized items that are on the table (or front burner) because of current conditions. You are being asked to do them or you realize they are necessary and/or urgent.	Unknown Status/Approach (need more data, too much in flux to know) These are items that are either unclear or too much in flux to decide. You need to have more data, talk to others, or let the dust settle a little bit before deciding.
Honor and Let Go (not going to happen) Conditions make these items impossible.	

Tool, like the one provided, can assist with such decision making.⁴⁵

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.

⁴⁴ <https://centerforcommunityinvestment.org/blog/reimagining-strategy-context-covid-19-crisis-triage-tool>

⁴⁵ <https://centerforcommunityinvestment.org/blog/reimagining-strategy-context-covid-19-crisis-triage-tool>

In response to the world health crisis, the NAACP released “Coronavirus Equity Implications”⁴⁶ to highlight the systematic inequalities that have exacerbated the impacts of COVID-19 on people of color. This document is intended to be a guide for officials, and offers key considerations and policy recommendations during the pandemic and beyond:

Impacts of the Coronavirus COVID-19 Outbreak on Communities of Color

- Racism and stigmatization have increased, particularly towards the Asian and Asian American populations.
- Certain populations including immigrants, incarcerated people, people over 60 years old, people with disabilities, people with special health needs, and others are at an added risk of exposure and other implications.
- Frontline workers face tough choices between abstaining from work or risking exposure.
- Census and voting may be jeopardized as public outings continue to dwindle.
- Coronavirus remediation will result in increased exposure to toxic cleaning chemicals.
- Children and college students risk exposure in schools. If schools close, students may experience food or housing insecurities.
- There is a lack of accessibility to testing kits.
- Quarantine policies and practices are unfolding with a risk to human and civil rights.
- The coronavirus has already been used to justify increased militarization and more restrictive immigration policies and practices.
- Denial and misinformation on the crisis can worsen the outbreak.

Policy Recommendations to Temper the Impact of the Coronavirus on Communities of Color

- Shift the narrative surrounding the crisis: “The virus is the enemy, not the person who is infected.”
- Adopt policies that increase access to childcare, healthcare and humane, sanitary living conditions to at-risk, vulnerable populations.
- Advocate for the establishment of a paid leave system, strengthened OSHA standards, provision of training and safety gear, and routine testing for all workers.
- Ensure the data collection for the Census through online and telephone enumeration, extend voting hours, and minimize large gatherings.
- Significantly increase the stringency of the Toxic Substances Control Act.
- Advocate for equal standards of sanitation, safety, and health as well as education continuity, food assistance for families and the establishment of housing assistance through Stafford Act provisions.
- Advocate for funding for an effective health infrastructure, prioritization of testing for vulnerable groups/populations, and equitable distribution of limited hospital supplies.
- Establish and enforce a Quarantine Bill of Rights.
- Establish sanctuary sites, repeal the travel ban and repeal of the restrictions on the provision of healthcare to immigrants.

⁴⁶ <https://naacp.org/coronavirus/coronavirus-equity-considerations/>

- Advance litigation for the willful misleading of the public for political gain while jeopardizing the wellbeing of the nation.

Vu Lee, former Executive Director of the Seattle nonprofit RVS and founder of Nonprofit AF, presented a similar call to action for nonprofit leaders and organizations in his March 8, 2020 blog entitled, “A few things for nonprofits and foundations to consider in light of the Coronavirus”:⁴⁷

“While we continue to work to contain infections and prevent panic, there are many things we also need to think about. The virus reveals several of the weaknesses of our sector and our society, shedding light on things we need to get a better grasp on. Let us use this opportunity to learn and strengthen our work...”

We need stronger advocacy on safety nets: While many of us are lucky to be employed by supportive organizations that allow us to work from home, there are millions in society who cannot. They don’t have sick leave. They may get fired if they take time off. They depend on tips. Etc. It puts everyone at risk because people are at work when they shouldn’t be, but society gives them few options. Unfortunately, so much of nonprofit work has been responding to the failures of...systems instead of rallying to change them. We need to invest significantly more time into advocacy for such things as universal healthcare, paid sick leave, increased minimum wage, etc. There is still so much misinformation and ignorance, with many people still believing nonprofits cannot or should not do lobbying or advocacy work.

We need to address ableism and inaccessibility: The virus has revealed just how pervasive ableism is. This is something I am just starting to learn myself. We waffle and push back when disabled people request technology that would allow them to participate remotely, citing the lack of resources etc., and now that everyone has to work from home, those things magically become available. There are still many of us who use insensitive, ableist language. We all need to be more thoughtful in what we say and the recommendations we make...These are issues that go beyond the Coronavirus; we need to do better.

We need to be aware of and take public stances against racism: The virus is fueling racism and violence against Asian people. Asian restaurants and other businesses have been suffering and will continue to do so in the coming months. In your messages to your constituents reminding them to wash their hands and take care of themselves, please also dispel racist misconceptions about this virus. Be clear and public about it.”

⁴⁷ <https://nonprofitaf.com/2020/03/a-few-things-for-nonprofits-and-foundations-to-consider-in-light-of-the-coronavirus/#more-6471>

APPENDIX

I. Factors and Phases for Reopening the State of New York

II. COVID-19 Community Needs Assessment Summation

III. COVID-19 Provider Community Needs Assessment Summation

Needs Assessment Methodology: In addition to the quantitative data collected through the Needs Assessment process, Opportunities for Otsego distributed an electronic survey to the community and human service providers to glean information on how the COVID-19 pandemic has impacted individuals and families throughout Otsego County. Links to these surveys were made available through the agency website and Facebook page from June 11, 2020 through August 5, 2020. In total, 102 community surveys and thirteen provider survey were collected and tallied. A summary of these surveys is included in Appendix I and II in this document.

APPENDIX I:

**FACTORS AND PHASES FOR
REOPENING THE STATE OF
NEW YORK**

COVID-19 Regional Metrics Dashboard

Description of Metrics:

These metrics have been established based on guidance from the Center for Disease Control and Prevention, the World Health Organization, the U.S. Department of State, and other public health experts. The metrics will be considered both individually and in their totality to assess whether regions can safely move through the four phases of reopening, or whether additional policy measures to contain the virus are required. The investigation of new cases, clusters, and contacts will provide substantial information on the drivers of transmission, which will in turn guide these policy decisions.

- **Diagnostic testing:** The number on the left represents the 7-day average of total diagnostic tests conducted. The number on the right represents the target testing level per region (based on a goal of 30 tests per 1,000 residents per month).
- **Case and contact tracing capacity:** The number of case and contact tracers required in each region (updated weekly). Thresholds are set by the Department of Health, in collaboration with the Johns Hopkins University School of Public Health and Vital Strategies. This capacity will be used to interview positive patients; identify their close contacts; interview and alerting those contacts to the risk of infection; and closely monitor the isolation status of cases and the infection status of contacts. As case and contact tracing data become available, additional metrics will be developed to measure the performance of the state's case and contact-tracing system. Such measurements will help determine whether the state's case and contact tracing system is succeeding in controlling the virus through the reopening process.
- **Percent daily tests positive:** The average share of tests that are positive over the last seven days.
- **New cases:** Average of the most recent 7 days of new cases per 100,000 residents.
- **Gross new hospitalizations:** Average of the most recent 7 days of new hospitalizations per 100,000 residents.
- **Share of total beds available:** Average share of hospital beds available for the most recent 7 days, which is defined as total beds available divided by total beds in a region
- **Share of ICU beds available:** Average share of ICU beds available for the most recent 7 days, which is defined as total ICU beds available divided by total ICU beds in a region

Phased Reopening

Businesses in each region will re-open in phases. Re-opening refers to non-essential businesses and business activities. Essential businesses and business activities that are open will remain open.

The guidelines below apply to both non-essential businesses in regions that are permitted to re-open and essential businesses throughout the state that were previously permitted to remain open.

Eligibility for reopening will be determined by health metrics for each region.

Phase One Industries:

- Construction
- Agriculture, Forestry, Fishing and Hunting
- Retail - (Limited to curbside or in-store pickup or drop off)
- Manufacturing
- Wholesale Trade

Phase Two Industries:

- Offices
- Real Estate
- Essential and Phase II In-Store Retail
- Vehicle sales, Leases, and Rentals
- Retail, Rental, Repair, and Cleaning
- Commercial Building Management
- Hair Salons and Barbershops
- Outdoor and Take-Out/Delivery Food Services

Phase Three Industries:

- Restaurant/Food services
- Personal Care

Phase Four Industries:

- Higher Education
- Pre-K to Grade 12 Schools
- Low-Risk Outdoor Arts & Entertainment
- Low-Risk Indoor Arts & Entertainment
- Media Production
- Professional Sports Competitions With No Fans
- Malls

APPENDIX II:

**COVID-19 COMMUNITY NEEDS
ASSESSMENT SUMMATION**

HEALTH

Does anyone in your household have any of these underlying health conditions? Check all applicable.

Asthma	41	22%
Dementia	1	1%
Diabetes	17	9%
High Blood Pressure/Other cardiovascular disease	27	15%
Immunocompromised conditions	14	8%
Kidney disease	3	2%
Liver disease	1	1%
Lung disease/COPD	11	6%
Obesity	33	18%
None	35	19%
	183	100%

Over the last 7 days, how often have you felt nervous, anxious, or on edge OR not able to stop or control worrying OR felt down, depressed, or hopeless OR have little interest or pleasure in doing things?

Not at all	39	39%
Several days	28	28%
More than half the days	10	10%
Nearly every day	24	24%
	101	100%

What type of medical coverage do you have?

Medicaid	50	49%
Medicare	5	5%
Health Insurance	42	41%
No Health Insurance	5	5%
	102	100%

Since the onset of the COVID-19 pandemic, did you DELAY getting routine medical, dental, or mental health care?

Yes, Medical Care	62	33%
No, Medical Care	15	8%
Yes, Dental Care	75	39%
No, Dental Care	9	5%
Yes, Mental Health	12	6%
No, Mental Health	17	9%
	190	100%

Since the onset of the COVID-19 pandemic, did you need medical, dental, or mental health care but DID NOT GET IT?

Yes, Medical Care	26	20%
No, Medical Care	0	0%
Yes, Dental Care	44	34%
No, Dental Care	27	21%
Yes, Mental Health	9	7%
No, Mental Health	25	19%
	131	100%

FOOD/NUTRITION

How confident are you that your household will be able to afford the kinds of food you need for the next four weeks?

Not at all confident	7	7%
Somewhat confident	30	30%
Moderately confident	27	27%
Very confident	37	37%
	101	100%

If you did not have enough to food eat or not the kind of food you wanted to eat since COVID-19, why? Choose all that apply.

Couldn't afford to buy more food	24	20%
Couldn't get out to buy food (e.g. didn't have transportation, or mobility or health problems that prevented you from getting out)	5	4%
Afraid to go or didn't want to go out to buy food	12	10%
Couldn't get groceries or meals delivered to me	7	6%
The stores didn't have the food I wanted	33	28%
Not applicable	38	32%
	119	100%

SINCE COVID-19, my household accessed the following resources to meet our food/nutritional needs?

WIC	25	15%
SNAP/Food Stamps	28	17%
School-based free/reduced lunch or other programs aimed at children	26	16%
Local food pantry or food bank or dairy drive-thru	20	12%
Community meal program or soup kitchen	5	3%
Home-delivered meal service like Meals on Wheels	0	0%
Other community program	6	4%
Family, friends, or neighbors	17	10%
None	36	22%
	163	100%

INCOME/EMPLOYMENT

Current work status of all adult household members.

An essential worker, no changes	52	38%
Returned to work Phase 1	9	7%
Returned to work Phase 2	9	7%
Working from home/remotely/virtually	29	21%
Reduced hours	14	10%
Unemployed/Laid off	25	18%
	138	100%

For any household member that is currently unemployed or laid off, what industry do they work in?

Accommodation and Food Service	10	18%
Administrative and Support Services	3	5%
Agriculture, Forestry, Fishing, and Hunting	0	0%
Arts, Entertainment, and Recreation	0	0%
Construction/Utilities	0	0%
Educational Services	4	7%
Finance and Insurance	1	2%
Health Care and Social Assistance	6	11%
Information	0	0%
Management of Companies and Enterprises	1	2%
Manufacturing	4	7%
Mining	1	2%
Professional, Scientific, and Technical Services	0	0%
Public Administration (Including Government)	1	2%
Real Estate and Rental and Leasing	1	2%
Retail Trade	3	5%
Transportation and Warehousing	0	0%
Unclassified	1	2%
Wholesale Trade	0	0%
Other Services	19	35%
	55	100%

For any adult in the household whose workplace is still closed OR still on laid off/furlough because of COVID-19, are they expected to return to work by July 31, 2020?

Yes	4	9%
No	17	40%
Unsure	22	51%
	43	100%

If your household had a loss of income since March 13th, what was the reason(s)? Select all that apply.

Workplace closed temporarily because of stay-at-home orders	19	19%
Workplace went out of business/closed permanently because of COVID-19 pandemic	3	3%
Laid off due to COVID-19 pandemic	16	16%
Work hours and/or salary was reduced due to COVID-19	23	23%
Cannot work because I am sick with COVID-19 or caring for someone with COVID-19 or on ordered quarantine	2	2%
Cannot work because I have to care for children not in school or day care because of COVID-19 related closures	17	17%
Cannot get to my job because of public transportation shutdowns/limited schedules	1	1%
Providing financial help to someone else	5	5%
Other	14	14%
	100	100%

If anyone in your household applied for unemployment benefits since March 13, 2020, how long did it take to receive the first benefit/payment?

1-2 weeks	10	30%
2-4 weeks	10	30%
Over 1 month but less than 2 months	7	21%
Over 2 months but less than 3 months	1	3%
More than 3 months	0	0%
Still waiting on benefits	5	15%
	33	100%

What, if any of these actions have you taken to make sure you have enough money on hand for basic needs?

Reduced food spending	39	20%
Stop saving for retirement	7	4%
Use a credit card instead of cash/debit card	27	14%
Borrowed money from friend/family member	21	11%
Skipped/stopped paying bills (e.g. rent/mortgage, utilities, credit card, car, insurance)	24	13%
Stopped paying child support or alimony/spousal maintenance	1	1%
Cut back on recreational expenses	43	22%
Took on additional work	13	7%
Took out a loan	4	2%
None	13	7%
	192	100%

EDUCATION

How has the COVID-19 pandemic affected how any K-12 grade children in your household received education? Select all that apply.

Classes normally taught in person at the school were cancelled	32	26%
Classes normally taught in person moved to a distance-learning format using online resources, either self-paced or in real time	39	32%
Classes normally taught in person moved to a distance-learning format using paper materials sent home to children	42	35%
Classes normally taught in person changed in some other way.	7	6%
There was no change because schools did not close	1	1%
	121	100%

How many people in your household attend school?

0	24	25%
1	26	27%
2	26	27%
3	13	13%
4	7	7%
5	1	1%
	97	100%

How many people in your household work from home?

0	57	59%
1	27	28%
2	12	13%
	96	100%

Does each person, either schooling or working from home, have their own computer, laptop, or chrome book?

Yes	37	40%
No	56	60%
	93	100%

How often is a computer, laptop, or chrome book available to children for educational purposes?

Always available	27	33%
Usually available	23	28%
Sometimes available	12	14%
Rarely available	6	7%
Never available	15	18%
	83	100%

The computer, laptop, or chrome book used for education is:

Provided by the children's school or school district to use outside of school	45	61%
Provided by someone in the household or family, or it is the child's	27	36%
Provided by another source	2	3%
	74	100%

How reliable is your household internet connection?

Always reliable	30	30%
Usually reliable	45	45%
Sometimes reliable	14	14%
Rarely reliable	7	7%
Never reliable	5	5%
	101	100%

What type of internet connection does your household have?

Broadband (e.g. Spectrum, OEConnect)	78	79%
DSL (e.g. Verizon, Frontier)	4	4%
Satellite (e.g. HughesNet, Viasat, DishNET)	3	3%
Cellular Data/Mobile Wireless (e.g. AT&T)	8	8%
Dial-Up (e.g. EarthLink)	0	0%
Do not have home internet connection	6	6%
	99	100%

HOUSING

What is your zip code?

7424 - Unknown	1	1%
12064 - East Worcester	1	1%
12116 - Maryland	6	7%
12149 - Richmondville	1	1%
12155 - Schenevus	1	1%
12197 - Worcester	8	9%
13320 - Cherry Valley	1	1%
13326 - Cooperstown	3	4%
13337 - Fly Creek	1	1%
13348 - Hartwick	1	1%
13439 - Richfield Springs	2	2%
13488 - Westford	1	1%
13733 - Bainbridge	1	1%
13757 - East Meredith	2	2%
13760 - Endicott	1	1%
13776 - Gilbertsville	1	1%
13796 - Laurens	3	4%
13807- Milford	1	1%
13810 - Mount Vision	2	2%
13820 - Oneonta	34	40%
13825 - Otego	4	5%
13840 - Smithboro	1	1%
13849 - Unadilla	4	5%
13859 - Wells Bridge	1	1%
13901 - Binghamton	2	2%
	85	100%

What is your housing situation?

Own, no payments	9	9%
Own, pay mortgage or loan (including home equity loan)	39	38%
Rent-to-Own	2	2%
Rent	46	45%
Homeless	0	0%
Other	6	6%
	102	100%

HOMEOWNERS - Check all that apply.

My mortgage is paid up to date	39	67%
My mortgage payment is past due	2	3%
My mortgage payment is deferred/waived	1	2%
My school or property taxes are paid in full or in escrow	14	24%
My school or property taxes are past due/delinquent	1	2%
My mortgage is currently in forbearance	1	2%
	58	100%

RENTERS - Check all that apply.

RENTERS - Check all that apply.	0	0%	
My rent is paid up to date	36	65%	
My rent payment is past due	17	31%	
My rent payment is deferred/waived	0	0%	
I am at risk of eviction for nonpayment of rent after August 31, 2020.	2	4%	
	0	55	100%

How confident are you that your household will be able to pay your next rent or mortgage payment on time?

No confidence	8	8%
Slight confidence	17	18%
Moderate confidence	21	22%
High confidence	49	52%
Payment is/will be deferred	0	0%
	95	100%

UTILITIES - Check any and all utility bills that are past due.

Heat	10	11%
Electric	30	34%
Cable	11	12%
Internet	19	21%
Phone - Landline	2	2%
Phone - Cellular/Mobile	17	19%
	89	100%

How confident are you that your household will be able to pay all your utility bills on time next month?

No confidence	10	10%
Slight confidence	25	26%
Moderate confidence	26	27%
High confidence	37	38%
	98	100%

OTHER STRESSORS

4 year old is regressing due to no social interaction with her peers

Our child's mental health was incredibly affected during the shutdown. Thankfully the school provided virtual support from its mental health staff. We know from the school and other parents that this is not an isolated case. I'm very worried about children (and everyone) emerging from this experience with some level of trauma. I hope it's something that is recognized and discussed. Thank you for offering this survey and for all the good you bring to our region.

Balancing working from home and being a parent

Cost of electricity is the highest we have ever paid.

Daycare for my youngest is \$220 a week since march due to school closure.

Family members essential workers , some in health care & law enforcement, family member real estate challenges, employment transitions

Finding childcare for the summer since most places are closed

Have bad cell service no internet fighting to get it.

Have not seen family/friends

Home alone all the time no interactions with others

I had to sign up for internet for children to do schoolwork which i can not afford.

I had to sign up for internet for my oldest to do school work, an added expense i can not afford

I pay \$220 a week for day care for my 7 year old who can not stay at home.

I'm about to get laid off and dont know if I will have a job to go back to

Kids not being able to work with out issue, adults unable to help with math, sleeping habits

Lack of stable funds

Loss of a parent from the illness

Loss of sports activities for the child

Mask use

Mental health. Doctor appointments. Transaction

Miss my job and routine unsure what will be like when go back to work in the fall

My 28 year old son was seriously ill with a rare heart condition. His medical appointments were cancelled.

He died May 17. There has been no funeral service of any kind.

My college student is not going back to school!

My kids need to be able to be out socializing. They don't like to be cooped up it has definitely changed some of there behavior and has taken some toll on me. School is very important in so many ways that they can not wait to go back. We are all stressed about being stuck at home

Not be able to get appointments and nothing being open ,DMV

Not being able to see people family friends

Not having my second job, not able to pitch in on extra expenses as normal

Not seeing family and friends, the unknown about this virus, the new normal.

Not working my seasonal job is stressful

paying for child care to secure a slot but not being able to send due to being home from work

physical inactivity impacts on health & well being

Planning for childcare if and when due to so many variables for schools and jobs

Possibility of business not returning how it should.

Pregnancy

Prenatal stress

Prices of cleaning supplies are outrageous.

Quality of sleep is greatly diminished, stressed and anxious about work related topics, feelings that i am doing a good job during the COVID-19 situation, that could result in my termination

Returning from work each day, especially returning from grocery shopping is an extremely stressful and time consuming task, sometimes leading to verbal arguments with my wife, because she is in constant stress and fear of our household being exposed to COVID-19.

social & community unrest/local protests

social isolation

Spectrum sucks! We need a better option.

Temporarily staying with family as we were kicked out of our home by an abusive significant other.

Trouble getting housing help

Trying to keep everything a float.

Unemployed college students/young adults new at their jobs who don't qualify for unemployment. I have two at home.

Unemployment running out & not having enough time to find a new job since my job closed permanently.

unknowns for university fall plans

Vehicle issues

Very hard to apply for any services, even in emergency situations.

We cant get as much food because increase of prices.

We have been uncomfortable sending our 3-year-old son to his childcare center even though it is still open. Husband's employer was willing to cut back his hours while still giving him full time pay so we could switch off parenting/childcare duties. We have been very fortunate. We plan to send our son to a relative instead of a childcare facility for the summer once he has to go back to working full time hours. I just wanted to include this note to say how fortunate we are to have an employer like his in our community.

We have two special needs children and have no services or help with them. Two children have serious safety awareness issues and with us both working from home and no child care it has become so much harder

We're fortunate that our employment was not impacted. However, we're worried about job security in the next few years given the economic fallout the pandemic will continue to have. We work in non-profit and education sectors.

Worry about elderly parent that lives with me.

Worry over my children's education and lack of services

Worrying about making same kind of money to pay the Bill's when I go back to work

APPENDIX III:

COVID-19 PROVIDER

COMMUNITY NEEDS

ASSESSMENT SUMMATION

PROVIDER SUMMARY (06.23.2020)

What percentage of your services are currently being offered?

0%	1	8%
25%	1	8%
50%	3	23%
75%	5	38%
100%	3	23%
	13	100%

How are you currently assisting clients and people requesting your services?

Not operating at this time	0	0%
Phone	13	22%
Email	11	19%
Text Message	7	12%
Video Conferencing	9	16%
In-person, Office	8	14%
In-person, Other location	8	14%
Other (Home visit, Social media)	2	3%
	58	100%

Of the households requesting assistance from your organization since COVID-19, what are the top five concerns/stressors they have:

Loss of income	12	18%
Applying for or receiving unemployment benefits	5	7%
COVID-19 illness for themselves, family member, or close contact	3	4%
Transportation	7	10%
Food insecurity	6	9%
Family members who are vulnerable to COVID (e.g. elderly, underlying health conditions)	5	7%
Mental health (e.g. persistent anxiety, worrying, depression, loss of interest)	9	13%
Substance abuse relapse	3	4%
Lack of health insurance	1	1%
Unable to access medical, dental, or mental health care	2	3%
Housing instability	5	7%
School or daycare closures	7	10%
Access to technology or reliable internet for school	2	3%
Other	0	0%
	67	100%

For households with a loss of income, what actions have they taken to make sure they have enough money on hand for basic needs?

Reduced food spending	0	0%
Stop saving for retirement	0	0%
Use a credit card instead of cash/debit card	1	3%
Borrowed money from friend/family member	1	3%
Skipped/stopped paying bills (e.g. rent/mortgage, utilities, credit card, car, insurance)	5	17%
Stopped paying child support or alimony/spousal maintenance	0	0%
Cut back on recreational expenses	5	17%
Took on additional work	2	7%
Took out a loan	0	0%
Sought assistance from community program(s)	9	31%
Unsure	6	21%
	29	100%

For households with food insecurity, what if any of these services have they accessed since COVID-19?

WIC	2	5%
SNAP/Food Stamps	6	14%
School-based free/reduced lunch or other programs aimed at children	8	19%
Local food pantry or food bank or dairy drive-thru	12	29%
Community meal program or soup kitchen	5	12%
Home-delivered meal service like Meals on Wheels	1	2%
Other community program	3	7%
Family, friends, or neighbors	4	10%
None	1	2%
	42	100%

For persons concerned with housing instability, what specific stressors do they have?

Homeless	5	15%
Behind on rent/mortgage payment	7	21%
Past due school or property taxes	1	3%
Mortgage currently in forbearance	0	0%
At risk of eviction for nonpayment of rent after August 31, 2020	3	9%
Utility bill(s) past due	8	24%
Unsure how they will pay their next rent/mortgage payment	6	18%
Unsure how they will pay their utility bill(s) next month	3	9%
	33	100%

As it relates to COVID-19, what community needs are not being met currently by organizations in Otsego County?

Impressive how Otsego County and its nonprofits have pulled together to help our community.

Our economy is heavily dependent upon summer tourism. Many small businesses such as restaurants, lodgings, and entertainment/activities/arts and events have few resources to invest in restarting. Yet, these sectors of our local economy provide many of the low wage jobs that help families who are at the lower end of the income categories. Financial support is going to be needed in amounts greater than now available.

We need to get these businesses running so that we can get income into the hands of employees so that they can buy food, pay rent, cover medical costs, etc. A major effort is needed.

in addition, COVID-19 has magnified already existing holes in our social safety net. Housing, food, medical for low or no income families all need increased support. Existing organizations are being stretched to increase their services at the very time that COVID-19 makes it difficult to deliver those very services.

People need access to Health & Wellness activity to keep a strong body & mind. If business is to open back up, affordable youth programming options will be needed for the summer & fall.

Tax preparation has been a concern to several low-income individuals. When the tax sites shut down here (AARP & United Way) they really had no alternative. Many don't have computer access or knowledge to complete taxes online through the free sites, so are struggling to get this done.

The biggest challenge we are finding for people is food insecurities.

The people in our orbit who are suffering the most are those in recovery. Need to find more safe spaces for recovery groups to meet

We are finding that our clients are not getting the education on the facts of COVID-19-transmission/safety/etc. Also a lack of understanding of the facts related to non payment of rent and how it can result in eviction after August.

We are unable to do prevention classes, workshops, and events. So, this means we are very limited in our ability to provide evidence-based, population-level prevention. The impacts of this are potentially long term.