A COVID-19 Community Needs Chronicle and Assessment for Syracuse and Onondaga County, New York
Prepared by the Community Engagement Department of PEACE, Inc.

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President David A. Scharoun
22 June 2020
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for Syracuse and Onondaga County, New York

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EXECUTIVE STATEMENT
The COVID-19 Pandemic -and its impacts on numerous social determinants of health- have drastically affected all sectors of our community and laid vulnerable those who live in poverty. This COVID-19 Community Needs Chronicle and Assessment attempts to analyze the current needs of Syracuse and Onondaga County so that the community broadly and PEACE, Inc. specifically can a) plan for the coming months, b) adjust services to fit the needs of the most vulnerable, and c) advance change that is inclusive, just, and accessible to all.

First, members of PEACE, Inc.’s Community Engagement Program blended quantitative national, state, and local data with qualitative anecdotal evidence gathered from clients, staff, and community members to support these Basic Findings:

• Finding 1: The majority of the problems observed during the COVID-19 pandemic are not new per se. Rather, COVID-19 has exacerbated and intensified long-standing structural insecurities and inequalities. As raised by the New York Civil Liberties Union and supported by additional data throughout this document, the ghosts of 1930s redlining, for example, continue to haunt the city of Syracuse today.
• Finding 2: Those who are most vulnerable in the COVID-19 pandemic struggle from established socioeconomic, institutional, health, and racial inequalities that inform and reinforce one another.
• Finding 3: To combat the effects of the COVID-19 pandemic, decision-making and resource-allocation must be accessible, inclusive, and equitable to all.

Second, following extensive research, a detailed analysis of PEACE, Inc.’s response to the pandemic and to its current capacity with respect to staff, expertise, funding, and shifting community priorities will lead the organization to champion three interconnected Action Steps:

• To revise already existing and to create new basic needs programming around matters of nutrition; trauma-informed youth and family development; economic and employment supports; home safety (both physical and emotional for our families); access (to information, to safety net supports, to justice); equity; and more. Together -and not separately- these social determinants of health will improve a family’s ability to emerge healthy and whole.
• To pursue educational opportunities, technological upgrades, and novel transportation supports that both 1) enrich the agency’s clients AND staff as well as 2) open the tables of planning, allocation, and advocacy for all.
• To continue to challenge through thought, word, and practice those structural inequalities and barriers that historically and presently prevent impoverished peoples from reaching self-sufficiency.

Last, the agency believes that other community agencies and entities can benefit from a thorough analysis of PEACE, Inc., especially in a moment of intense crisis such as the current COVID-19 pandemic. After all, the agency is not responding to challenges or pursuing actions that are unique to it. Indeed, to maximize resources, if not to outright recover equitably and systematically, the agency’s Board of Directors, established and emerging Advisory Councils, Staff Members, and Volunteers -among others- must deepen dialogues and exchanges with funders, community partners, and those most impacted. In so doing, Central New York can collectively practice the values of community action: Equity. Respect. Commitment. Excellence. Hope. Community. Caring. Innovation. Opportunity.
I. WHAT IS PEACE, INC.?
Incorporated in 1968 with a mission “to help people in the community realize their potential for becoming self-sufficient,” People’s Equal Action and Community Effort, Inc. (PEACE, Inc.) is a federal designated Community Action Agency (CAA) that last year served nearly 12,000 clients in Syracuse, Onondaga County, and portions of Oswego County. With a guiding principle of “Maximum Feasible Participation,” or the concept that those who are served by the CAA must also be involved with the organization’s decision-making process, PEACE, Inc. offers 9 primary services: Big Brothers Big Sisters (BBBS), Family Services (FRCs) Head Start and Early Head Start (HS, EHS), its Department of Energy and Housing, Foster Grandparents, Free Tax Preparation (EITC), Eastwood Community Center, Senior Nutrition, and Senior Support Services.

Serving 69 locations in Central New York prior the COVID-19 Pandemic, PEACE, Inc. remains one of the few organizations in CNY that can reach rural, suburban, and urban clients. Other vulnerable populations served include, but are not limited to, homebound individuals, families, and seniors; immigrants and refugees; formerly incarcerated individuals; veterans; pregnant and new moms; young children; and youth. Specifically,

- For the budget year between February 1, 2018 to January 31, 2019, of the recorded 11,371 clients and 6,532 households served by PEACE, Inc., nearly all were 125% or below the Federal Poverty Line. 7,267 female clients (64%) and 4104 male (36%) were empowered. 5,095 of PEACE, Inc.’s clients were White (45%); 4,104 were Black/African American (36%); and 896 were Hispanic (8%). The remaining 1,267 (11%) were American Indian, Asian, Pacific Islander, Multiracial, “Other,” or “Unknown.”

- Varied as well were the clients’ ages. 1,736 were ages 0-5 (15.3%); 677 were 6-13 (6%); 888 were 14-17 (7.8%); 972 were 18-24 (8.5%); 1,915 were 25-44 (16.8%); 1,227 were 45-54 (10.8%); 1,860 were 55-59 (16.4%); and 2,096 were 60 and above (18.4%).

- 17.4% of clients reported suffering from a “disabling condition,” although given the populations served by PEACE, Inc., this number is likely much higher, as 26% of our clients’ conditions were either unreported or unidentifiable.

II. WHAT IS THE PURPOSE OF THE DOCUMENT?
This COVID-19 Community Needs Chronicle and Assessment builds upon a template with pre-filled text and data suggestions produced and circulated by the Community Action Network on 14 April 2020.1 The purpose of this update is multifold. By synthesizing national, state, local, philanthropic, and agency data with the stories and experiences of those who are most heavily affected by the COVID-19 pandemic in Onondaga County and Syracuse New York, the update provides:

- A call to action, responding 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.
- A chronicle of state and local public health responses.
- An analysis about the immediate and evolving long-term effects of COVID-19 on Onondaga County.
- An overview of the equity implications of COVID-19, i.e. the structural, racial, gender, and other inequalities that existed prior to and were further amplified by COVID-19.
- A tool for funders, policy makers, fellow non-profits, and the community at large to identify basic needs, braid existing services, and/or build productive coalitions.

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1 The template/publication that serves as the basis for this analysis was created by National Association of Community Action Agencies – Community Action Partnership in the performance of the U.S. Department of Human Services, Administration for Children and Families, Office of Community Services Grant Number 90ET0469. Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.
• An appendix to the agency’s broader soon-to-be Community Needs Assessment, one that situates the COVID-19 global health pandemic into larger trends studied, identified, and acted upon by PEACE, Inc.
• A guide for agency administrators, staff, and partners who are planning for and intending to use special supplemental CSBG funds recently awarded to PEACE, Inc. and other Community Action Agencies through The Coronavirus Aid, Relief, and Economic Security (CARES) Act on March 27th, 2020.

III. WHAT ARE THE CLAIMS OF THE DOCUMENT?
This document presents evidence that supports at least 3 claims:
• Claim 1: The majority of the problems observed during the COVID-19 pandemic are not new per se. Rather, COVID-19 has exacerbated and intensified long-standing structural insecurities and inequalities.
• Claim 2: Those who are most vulnerable in the COVID-19 pandemic are also those who struggle from well-established socioeconomic, institutional, health, and racial inequalities that inform and reinforce one another.
• Claim 3: To combat the effects of the COVID-19 pandemic, decision-making and resource-allocation must be accessible, inclusive, and equitable to all.

Note 1: Due to the urgent and widespread needs affecting all sectors of the community, the present chronicle is intended to provide some initial information and analysis about the COVID-19 crisis in Onondaga County and to offer some suggestions about the many different responses that will be required to address emerging needs.

Note 2: It is likely that as the needs of the community needs evolve, this chronicle will require updates and revisions. Rather than view this reality as a negative, PEACE, Inc. believes that the writing about an ever-changing crisis can serve as a positive step towards wider community dialogue and action.2 In this respect, the document is intended to function as a living document.

Note 3: Regarding Methodology, PEACE, Inc.’s Community Engagement Department collected and examined reports, surveys, stories and accounts, and notes from a wide-range of perspectives and sources. A great deal of excellent analysis about our COVID-19 moment has been pursued and published already within policy and foundation circles. The quality of this emerging body of work is acknowledged throughout the text and is credited in extensive footnotes as well as a full bibliography at the end of the document.

In the attempt to provide an immediate response, typical features of a Needs Assessment -such as Focus Groups- were sacrificed, if not outright impossible to pursue. Still, the thoughts and experiences of the agency’s staff members and clients provide rich evidence. Fruitful as well have been the conversations, ideas, and actions emanating from various coalitions, partnerships, forums, and larger community discussions engaged in by PEACE, Inc. and its staff members. Additionally, by participating in a larger project pursued by the Central New York Community Foundation (CNYCF) and its Performance Management Learning Community (PMLC), PEACE, Inc. was able to conduct a community-wide, Life Needs Assessment Survey and solicit 229 responses across the agency from 11 May 2020 to 22 May 2020.

IV. WHAT IS COVID-19? BASIC INFORMATION ABOUT THE CORONAVIRUS DISEASE.
In December 2019, the novel coronavirus disease of 2019 (COVID-19) was discovered to be the causative agent for acute respiratory and flu-like symptoms and began infecting increasing numbers of people in the Wuhan Province of China. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on 22 January 2020. Despite efforts to contain the virus, by 11 March 2020, the World Health

2 While a public document, the needs assessed in this analysis will inform present and future agency services to those affected by the crisis. Of note for the agency, Congressional action will permit Funding Year 2020 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level, as defined by the US Census Bureau. Specific programs or strategies will target the demographic groups most affected. Given persons of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, the agency believes that an equity lens must be used to view current and emergent needs related to this crisis.
Organization declared COVID-19 a global pandemic. By 17 March 2020, all fifty states of the United 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.

V. WHAT ARE THE STATE AND LOCAL PUBLIC HEALTH RESPONSES?

Listed below are important COVID-19 events and health responses sought by local and state officials.

- 3-7-2020: A Disaster Emergency in the State of New York via Executive Order No. 202 is declared by Governor Andrew Cuomo.
- 3-14-2020: A State of Emergency in Onondaga County in response to the COVID-19 outbreak in New York State is declared by County Executive J. Ryan McMahon II. The county executive also issues a Declaration of Emergency effective Friday, March 20, 2020, at 4:00 P.M. through the end of day Monday, April 13, 2020, requiring all public and private schools in Onondaga County to close.
- 3-16-2020: The first positive case of the novel coronavirus is reported by the Onondaga County Health Department.
- 3-16-2020: All Onondaga County school districts are closed effective the end of the school day.
- 3-20-2020: “NYS on PAUSE” is signed by Governor Cuomo, which is an executive order that outlines that all non-essential businesses statewide must close in-office personnel functions effective at 8PM on Sunday, March 22. The order also temporarily bans all non-essential gatherings of individuals of any size for any reason. Additionally, Governor Cuomo places a 90-day moratorium on rental evictions throughout the state.
- 3-24-2020: Onondaga County’s first COVID-19-related death is announced.
- 3-27-2020: Onondaga County Executive McMahon announces “Non-essential gathering of individuals of any size for any reason (e.g. parties, celebrations or other social events) are canceled or postponed.”
- 3-29-2020: “NYS on PAUSE” is extended for an additional 2 weeks.
- 4-5-2020: A "voluntary" stay-at-home order from Tuesday, April 7, until Tuesday, April 21 is issued by County Executive McMahon. Non-essential workers are asked to only leave the house on certain days based on the year they were born.
• 4-6-2020: “NYS on PAUSE” is extended for an additional 2 weeks.
• 4-13-2020: Onondaga County’s 500th case of COVID-19 is confirmed.
• 4-15-2020: An Executive Order is issued by Governor Cuomo requiring all residents to wear masks or face coverings when out in public and in situations where social distancing cannot be maintained. The Executive Order will go into effect on Friday, April 17th, at 8 PM.
• 4-16-2020: “NYS on PAUSE” is extended until May 15.
• 4-26-2020: A phased plan/criteria for reopening New York State is announced by Governor Cuomo.
• 5-1-2020: Schools/colleges statewide are to remain closed and to provide distance learning, per an announcement by Governor Cuomo. Decisions about summer school programming will be announced by the end of May.
• 5-3-2020: Onondaga County’s 1000th case of COVID-19 is confirmed (1047 total confirmed).
• 5-4-2020: For New York State FORWARD, Governor Cuomo announces additional guidelines for when regions in the state can reopen. 4 Factors include, 1) Decline in New Infections, 2) Health Care Capacity, 3) Diagnostic Testing Capacity, and 4) Contact Tracing Capacity.
• 5-8-2020: An original 90-day moratorium on evictions until August 20 is extended by Governor Cuomo.
• 5-14-2020: Central New York joins 4 other state regions (North Country, Finger Lakes, Southern Tier, and Mohawk Valley) which met the 7 metrics to begin reopening. Onondaga County’s 1500th case of COVID-19 is confirmed (1523 total confirmed).
• 5-15-2020: NYS on PAUSE is extended until May 28 for those regions that have not met the 7 metrics for reopening. Onondaga County begins Phase 1 of the state’s reopening process. Onondaga County’s 1500th case of COVID-19 is confirmed (1523 total confirmed).
• 5-21-2020: Summer school can be offered remotely, but not in-person, throughout New York State, according to an announcement from Governor Cuomo.
• 5-29-2020: Onondaga County and 4 other state regions (North Country, Finger Lakes, Southern Tier, and Mohawk Valley) are announced by Governor Cuomo to have met the metrics to begin Phase 2. Onondaga County’s 2000th case of COVID-19 is confirmed (2024 total confirmed).

Press Conferences and Announcements

• **State:** Throughout the COVID-19 pandemic, Governor Cuomo and other state officials have provided daily press conferences around the noontime hour. Videos, press statements and releases, as well as broader announcements can be accessed through The New York State Pressroom webpage, [https://www.governor.ny.gov/news](https://www.governor.ny.gov/news).

• **Onondaga County:** County Executive McMahon and other local officials have provided weekday and often weekend press conferences in the afternoon. Videos, press statements and releases, as well as local data can be accessed through the Onondaga County’s COVID-19 Information webpage, [https://covid19.ongov.net/](https://covid19.ongov.net/).

• **City of Syracuse:** Mayor Ben Walsh, members of the Syracuse Common Council, and other city officials have provided news and updates via a weekly Friday morning press conference. Videos, press statements and releases, as well as PowerPoint presentations can be accessed through the Onondaga County’s COVID-19 Information webpage, [https://ourcity.syrGov.net/](https://ourcity.syrGov.net/).

• **PEACE, Inc.** The agency’s Community Engagement Department has provided news, information, and announcements through its various social media platforms and its own COVID-19 webpage, [https://www.peace-caa.org/coronavirus/](https://www.peace-caa.org/coronavirus/).
Factors and Phases for Reopening the State/Central New York

In his 4 May 2020 daily remarks, Governor Cuomo identified **4 Primary Factors** that follow CDC guidelines for beginning to reopen any of the state’s 10 designated regions. This includes:

- **New Infections**: A region must show a continuous 14-day decline in total net hospitalizations and in “deaths on a 3-day rolling average.” Based on its number of cases, the Central New York region reached this criteria (those regions with fewer cases have different net hospitalizations and death criteria). Regions must also have “fewer than 2 new COVID patients admitted per 100,000 residents per day.

- **Health Care Capacity**: A region “must have at least 30% of total hospital and ICU beds available.” A 90-day supply of Personal Protective Equipment (PPE) must also be met.

- **Diagnostic Testing Capacity**: i.e. A region must be able to average “30 diagnostic tests for every 1,000 residents per month.”

- **Contact Tracing Capacity**: A region must meet “a baseline of 30 contact tracers for every 100,000 residents.”

In the 4 May 2020 remarks, Governor Cuomo discussed how an opening of some businesses might take place after May 15, when he will decide if “NYS on PAUSE” should be extended. The opening of businesses will again follow CDC standards and occur in 4 Phases:

- **Phase 1**: Construction; Agriculture, Forestry, Fishing and Hunting; Retail - (Limited to curbside or in-store pickup or drop off); Manufacturing; Wholesale Trade

- **Phase 2**: Professional Services, Retail, Administrative Support; Real Estate/Rental and Leasing

- **Phase 3**: Restaurants, Food Services

- **Phase 4**: Arts/Entertainment/Recreation; Education

Federal, state, and local guidance about phases and the reopening of specific businesses and programs will continue. As noted above, the Central New York region was 1 of 5 regions to meet state metrics for reopening on May 15. On May 15, Onondaga County Executive McMahon announced the initial opening of businesses according to Phase 1 guidelines. The region’s ability to pursue Phase 2 and to open additional businesses rested on a) limiting infection and hospitalization surges and b) increasing testing and tracing.

On May 29, Governor Cuomo and County Executive McMahon announced that Central New York and 4 other regions had **met state criteria to enter into Phase 2.** Businesses identified as qualifying for Phase 2 had been further clarified and expanded beyond the original industries outlined in Governor Cuomo’s May 4 announcement. Effective May 29, the “reductions and restrictions on the in-person workforce at non-essential business or other entities shall no longer apply” to the following industries:

- Professional Services, Administrative Support, Information Technology,
- Real estate services, Building and Property Management, Leasing, Rental, and Sales Services,
- Retail In-store Shopping, Rental, Repair, and Cleaning,
- Barbershops and Hair Salon (limited services), and

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• Motor Vehicle Leasing, Rental, and Sales.  

VI. WHAT ARE THE IMMEDIATE HEALTH EFFECTS ON THE COMMUNITY?

Nation and State Health Matters

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

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

The New York State Department of Health's COVID-19 Tracker, https://covid19tracker.health.ny.gov/, confirms these trends across the state. Regarding fatalities, the following data was posted on 1 June 2020:

• 24,023 state residents have died from COVID-19. Regarding location, the highest numbers of dead are found in/around New York City (including Long Island, Westchester/Rockland Counties, and portions of the Hudson Valley region).  

• Of the 24,023 fatalities, 57.8% have been male (13,878 men), 42.2% have been female (10,136). The sex of 9 fatalities remains unknown.

• Statewide, 85% of fatalities have been individuals 60 years or older.

<table>
<thead>
<tr>
<th>New York State COVID-19 Fatalities by Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>Fatalities</td>
</tr>
<tr>
<td>0 to 9</td>
<td>4</td>
</tr>
<tr>
<td>10 to 19</td>
<td>10</td>
</tr>
<tr>
<td>20 to 29</td>
<td>87</td>
</tr>
<tr>
<td>30 to 39</td>
<td>313</td>
</tr>
<tr>
<td>40 to 49</td>
<td>826</td>
</tr>
<tr>
<td>50 to 59</td>
<td>2,254</td>
</tr>
<tr>
<td>60 to 69</td>
<td>4,604</td>
</tr>
<tr>
<td>70 to 79</td>
<td>6,131</td>
</tr>
<tr>
<td>80 to 89</td>
<td>6,040</td>
</tr>
<tr>
<td>90 to 99</td>
<td>3,210</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: NYS Department of Health, 2020

• Senior nursing homes and other long-term care facilities have emerged as especially vulnerable sites not only for residents but for workers as well, the latter of whom themselves are often vulnerable populations in their own right. As outlined in a 11 May 2020 New York Times article, 28,100 fatalities have occurred at

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8 Ibid.
nursing homes and other similar facilities across the nation. While the share of senior deaths remain low compared to other states (20%), New York State nonetheless had the highest number of nursing home/long-term care facility fatalities in the nation, approximately 5,403, as of 11 May 2020.9

- As of 25 May 2020, race and ethnic information is missing or unspecified from 49.4% of the CDC-reported cases nationwide.10 Despite lacking data, early CDC-data indicates that populations of color are disproportionately affected/dying as a result of COVID-19. As of 1 June 2020, New York State follows similar trends.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>New York City</th>
<th>New York State (excluding NYC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>34% (29% of the Population)</td>
<td>14% (12% of the Population)</td>
</tr>
<tr>
<td>Black</td>
<td>28% (22% of the Population)</td>
<td>18% (9% of the Population)</td>
</tr>
<tr>
<td>White</td>
<td>27% (32% of the Population)</td>
<td>60% (74% of the Population)</td>
</tr>
<tr>
<td>Asian</td>
<td>7% (14% of the Population)</td>
<td>4% (4% of the Population)</td>
</tr>
<tr>
<td>Other</td>
<td>4% (3% of the Population)</td>
<td>4% (1% of the Population)</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, 2020

- Finally, as of 1 June 2020, 89.8% of the total statewide fatalities have at least 1 comorbidity, with hypertension, diabetes, and hyperlipidemia being the most frequent underlining conditions. Noteworthy here is that individuals over 60 with underlying health conditions have been shown to be at particular risk from COVID-19.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Hypertension</th>
<th>Diabetes</th>
<th>Hyperlipidemia</th>
<th>Dementia</th>
<th>Disease</th>
<th>Artery</th>
<th>Disease</th>
<th>COPD</th>
<th>Renal Disease</th>
<th>COPD</th>
<th>Fibillation</th>
<th>Cancer</th>
<th>Stroke</th>
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</thead>
<tbody>
<tr>
<td>0 to 9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>10 to 19</td>
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<td>2</td>
<td>0</td>
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<td>7</td>
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<td>30 to 39</td>
<td>71</td>
<td>83</td>
<td>18</td>
<td>0</td>
<td>1</td>
<td>21</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<td>40 to 49</td>
<td>280</td>
<td>257</td>
<td>80</td>
<td>3</td>
<td>21</td>
<td>79</td>
<td>17</td>
<td>10</td>
<td>21</td>
<td>23</td>
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<tr>
<td>50 to 59</td>
<td>1052</td>
<td>892</td>
<td>364</td>
<td>33</td>
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<td>228</td>
<td>126</td>
<td>49</td>
<td>90</td>
<td>88</td>
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<td>60 to 69</td>
<td>2626</td>
<td>1981</td>
<td>1010</td>
<td>178</td>
<td>506</td>
<td>549</td>
<td>389</td>
<td>214</td>
<td>349</td>
<td>321</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>70 to 79</td>
<td>3729</td>
<td>2661</td>
<td>1555</td>
<td>653</td>
<td>855</td>
<td>714</td>
<td>686</td>
<td>476</td>
<td>537</td>
<td>502</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>80 to 89</td>
<td>3482</td>
<td>1954</td>
<td>1375</td>
<td>1270</td>
<td>899</td>
<td>659</td>
<td>665</td>
<td>697</td>
<td>550</td>
<td>455</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>90 and over</td>
<td>1633</td>
<td>662</td>
<td>609</td>
<td>1022</td>
<td>346</td>
<td>243</td>
<td>334</td>
<td>400</td>
<td>209</td>
<td>164</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: NYS Department of Health, 2020

Onondaga County Health Matters
As earlier stated, in response to the COVID-19 pandemic, the Onondaga County Health Department has created a webpage with updates, forms, and “need to know” essentials at https://covid19.ongov.net/.

Preliminary data from Onondaga County both challenges and corresponds with state and national trends. For example, regarding fatalities, the following trends can be reported:
• As of 1 June 2020, there have been a total of 139 deaths from COVID-19 in Onondaga County. Of this total number, there have been 81 Hospital and Community Deaths and 58 Nursing Home Deaths.
• As of 1 June 2020, there have been 2129 confirmed COVID-19 cases in Onondaga County.
• In contrast to statewide numbers, 41% of positive confirmed cases were male; 59% of positive cases were female as of 26 May 2020.
• Also in contrast to statewide numbers, positive confirmed cases appear to be more equally distributed across age groups in Onondaga County.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Confirmed Cases (April 26)</th>
<th>Confirmed Cases (May 12)</th>
<th>Confirmed Cases (May 19)</th>
<th>Confirmed Cases (May 26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 19</td>
<td>3.3%</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>20-29</td>
<td>18.9%</td>
<td>16%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>30-39</td>
<td>13.5%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>40-49</td>
<td>14.7%</td>
<td>13%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>50-59</td>
<td>17.3%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>60-69</td>
<td>14.9%</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>70-79</td>
<td>8.5%</td>
<td>11%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>80-89</td>
<td>5.9%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>90-99</td>
<td>3.0%</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: Onondaga County Coronavirus (COVID-19) Information, 2020.11

As noted in the table, in the last month, there have been reported increases in confirmed cases among individuals 70 and beyond, only to level off or slightly decrease. Similar to statewide and national trends, individuals living and working within Onondaga County senior facilities have accounted for an ever-growing percentage of new cases.12

The Onondaga County Health Department webpage also provides a real-time dashboard that tracks confirmed, active, and recovered cases as well as fatalities per municipality. A sample is below,

Source: Onondaga County Coronavirus (COVID-19) Information, 2020

12 Ibid.
• As of 1 June 2020, of the 2,129 confirmed positive cases in Onondaga County, more than half are from the city of Syracuse (1,195 cases or more than 56% of total cases). Within the county, Syracuse has the largest number of positive cases per 10,000 individuals (83.4 per 10,000), followed by townships on the city’s limits, specifically Geddes (66.2 per 10,000) and Onondaga (59.2 per 10,000). Rural Pompey (35.6 per 10,000), DeWitt (30.8 per 10,000), Clay (28.3 per 10,000), Salina (27.9 per 10,000) Camillus (26.4 per 10,000), Manlius (23.7 per 10,000), Van Buren (22.5 per 10,000), and Cicero (22.2 per 10,000) are the next highest rates.

• For COVID-19 Positive Cases per 10,000 by ZIP Code in Syracuse, the New York Civil Liberties Union presented this useful map in its 18 May 2020 testimony to the New York State Senate and Assembly:

Source: NYCLU, 2020, p.23

• As of 31 May 2020, Onondaga County has tested 40,493 individuals for COVID-19.

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13 Ibid.
As of 1 June 2020, Onondaga County has recorded the following Hospitalization trends.\textsuperscript{16}

![COVID-19 Hospitalization Trend, Onondaga County](image)

Source: Onondaga County Coronavirus (COVID-19) Information, 2020

Onondaga County Health and Matters of Race

As of 3 June 2020, The Onondaga County Health Department began to release demographic information about 1) the percent hospitalized by race and 2) race as percent of population. The data shows the staggeringly disproportionate impact of COVID-19 on communities of color, especially “Black” populations.

<table>
<thead>
<tr>
<th>Percent Hospitalized by Race</th>
<th>Race as Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>26.5%</td>
</tr>
<tr>
<td>White</td>
<td>59.8%</td>
</tr>
<tr>
<td>Other Race</td>
<td>9.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Source: Onondaga County Coronavirus (COVID-19) Information, 2020

Regarding the COVID-19 pandemic, race, and broader social determinants of health in the City of Syracuse specifically, data analysis parallels national trends, i.e. that Black and Latinx populations are disproportionately at risk of contracting COVID-19. “Testimony of the New York Civil Liberties Union before THE NEW YORK STATE SENATE and THE NEW YORK STATE ASSEMBLY regarding The Disproportionate Impact of COVID-19 on Minority Communities” from 18 May 2020 is an especially useful quantifiable data resource. Within the NYCLU’s testimony, its analysis of Syracuse is presented here in full:

Across New York as well as in Syracuse, the neighborhoods hardest hit by COVID are not only likely to be the neighborhoods with the lowest proportion of white residents. They are also the neighborhoods where massive environmental remediation is most likely needed; a review of EPA Lead and Respiratory Hazard Indexes in Syracuse found the communities most impacted by COVID suffering the most from ongoing environmental hazards. Across our state, the communities most impacted by COVID are also those where food deserts most likely persist, such that access to proper nutrition is unsteady; a review of USDA Food Deserts in Syracuse confirmed the same overlap. The same areas are likely to be those where employment levels and the income levels of those who are employed lag behind; where housing quality and access to transportation are substandard; and where schools are underfunded, and residents often lack educational opportunities.17

Additional details and maps are included that explain and visualize how -at best- vulnerable populations broadly and -at worst- Black, Latinx, and other peoples of color/ethnicities specifically are being disproportionately impacted by COVID-19. Highlights from the NYCLU’s data analysts include:

- “Of the ZIP codes in Syracuse that are majority white, all but one has the lowest range of COVID-19 cases per 10,000 people.”
- “The 2 ZIP codes with the highest rates of COVID-19 are both largely compromised of census blocks” that rank above the 60th percentile or above on the EPA respiratory hazard index.”
- “A significant portion of each zip code where positive COVID-19 cases exceed 26 per 10,000” ... “are classified as food deserts according to the United States Department of Agriculture.”18

More disturbing is the realization that these particular health inequalities have longstanding, historical roots. As outlined throughout the NYCLU’s testimony, the recently released reports such as Legal Services of Central New York and the Urban Jobs Task Force’s Building Equity in The Construction Trades: A Racial Equity Impact Statement, and the past community needs assessments released by PEACE, Inc., current inequalities faced by city residents are rooted in long-standing and intersecting socioeconomic, environmental, and racial conditions. For Syracuse in particular, these conditions are products and legacies of redlining, or the 1937 policy institutionalized by the Homeowners’ Loan Corporation - a federal agency- that assigned neighborhoods 4 categories or “ratings” so as to guide investment and mortgage lending. The “riskiest” of these neighborhoods, rated “hazardous” and colored “red,” were based upon largely racial demographics, leading to decades of disinvestment throughout much of the city.19 Below is a 1937 map of Syracuse that visualizes the policy locally.

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18 Ibid.

As identified by the NYCLU, “of the 4 ZIP codes with the highest COVID-19 case rates, significant portions of the 3 were characterized as ‘Definitely declining’ or ‘Hazardous’ in the 1937 HOLC ‘redlining’ maps.” In its testimony, the NYCLU included the following visualization that superimposes the redlining map with number of COVID-19 Positive Cases per 10,000 by ZIP Code:

Source: CNY Vitals, 2018.20

20 Ibid.
Additional Notes on Race and COVID-19

- Specific data points about local New American populations (i.e. Immigrant, Refugee, Lawfully Present, and Undocumented) populations are lacking. Still, following the NYCLU’s claims, large numbers of New Americans live in the “Northside” of Syracuse and the formally red- and yellow-lined neighborhoods of 13203. As noted above, this zip code has 1 of the 2 highest COVID-19 Cases per 10,000. Anecdotal evidence from the agency’s partners have described “outbreaks” among the city’s New American communities. Nationally as well, policy research has noted how New American populations “who are essential frontline workers have been falling to COVID-19 at alarmingly high rates.”

- Similar to most “American Indian or Alaska Native” (AIAN) groups throughout the country, data from the Onondaga Nation is unavailable. As outlined in a 21 April 2020 Kaiser Family Foundation report, however, given pre-existing economic and health disparities prior to the pandemic and preliminary data that shows a disproportionate share of confirmed COVID-19 cases among AIAN people “compared to

Source: NYCLU, 2020, p.28.

Ibid.

their share of total population” in both New Mexico and Arizona, we propose similar reasoning should be applied the Central New York’s AIAN populations as well.

**Mental Health Matters**

Mental health resources will need to be available in new and diverse ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact on residents of Onondaga County over an extended period of time. Sarah Lowe, a psychologist who studies the effects of disasters at the Yale School of Public Health, describes COVID-19 as a “slow-motion disaster” and worries “that some people will be disproportionately affected, particularly medical workers, the sick, those with pre-existing mental illness and anyone facing economic challenges.”

One marker for COVID-19’s impact on mental health has been the increased calls and texts to mental health helplines. For example, the federal Disaster Distress Helpline, which is run by the Substance Abuse and Mental Health Services Administration (SAMHSA), observed “a 338% increase in call volume compared with February.” “Compared to last year for the month of March,” SAMHSA “had an 891% increase of calls.”

Within the state of Washington, Investigate West notes SAMHSA saw a sevenfold jump in March, which “nearly matched the entire years of 2018 and 2019 combined.” In the same article, Allie Franklin of Seattle-area Crisis Connections says a 73% jump in calls to the King County 211 community resource line in March was fueled in part by hourly workers who lost hours following government restrictions, asking: How will I pay my rent? How am I going to feed my family?

“We have a lot of first-time callers to 211 who are saying, ‘I’ve never used a food bank before. I don’t know what I need to bring with me. I don’t even know how to access that. What do I do?’ Franklin says, adding that some express remorse, saying, “I’m sad that I have to do this. I take a lot of pride in being able to support my family.”

If Franklin’s claims reflect the increased demand for resource lines as well as the growing anxieties among those who have recently lost work, similar concerns can be raised more broadly about contracting COVID-19 among vulnerable populations and families. For example, a Raising New York survey revealed that around 75% of surveyed parents believe that the coronavirus has “significantly disrupted their home and family lives,” increased their levels of stress, and led them to worry about either their own or their family’s mental health.

Supporting this idea are the thoughts of a PEACE, Inc. staff member who shared,

The physical needs seem to be less than the emotional needs of being connected to consistent systems, like the school. Parents are stressed out about the unknown and I worry about the kids not having healthy adults around them.

Interestingly, a PEW Research poll conducted from 7 April 2020 to 12 April 2020 presents a correlation between levels of fear over contracting COVID-19 and both income as well as race:

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27 Ibid.

Racial and income differences in concerns over contracting COVID-19, spreading it to others

<table>
<thead>
<tr>
<th>Will get COVID-19 and require hospitalization</th>
<th>Might unknowingly spread COVID-19 to others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>24</td>
</tr>
<tr>
<td>White</td>
<td>18</td>
</tr>
<tr>
<td>Black</td>
<td>31</td>
</tr>
<tr>
<td>Hispanic</td>
<td>43</td>
</tr>
<tr>
<td>Upper Income</td>
<td>17</td>
</tr>
<tr>
<td>Middle Income</td>
<td>21</td>
</tr>
<tr>
<td>Lower Income</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: Pew Research Center, Survey of US adults conducted April 7-12 2020.

While the mayor of Syracuse noted in his 11 May 2020 remarks that there has been an overall decrease in crime during NYS on PAUSE, shelter-in-place guidelines - when combined with the growing COVID-19 anxieties noted above - have amplified incidents and concerns about substance abuse and domestic violence. As highlighted in the Raising New York survey, “a staggering 1 out of 4 parents of young children (25%) worry about the impact of substance abuse and domestic violence on their family as a result of the coronavirus crisis, with worries about abuse particularly widespread in New York City (35%), among Hispanic parents (36%), and among parents of children with disabilities” (emphasis made by the survey’s author). In March 2020, New York State troopers responded to 15% more domestic violence claims than the previous year; in April 2020, it was 30% more domestic violence claims than the previous year. On 11 May 2020, Deputy Mayor Sharon Owens announced that local domestic violence calls had increased by 40%. Locally, Vera House reached out to those clients that “they served before the coronavirus,” adapting telehealth as well as a system that allows victims to text or message that they need help. Launching a similar program statewide was the Office to Combat Domestic Violence on 1 May 2020. The chat and text service

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29 Pew Research Center. (2020, April 14). Health Concerns from COVID-19 Much Higher Among Hispanics Than Whites. Note: “Family are based on 2018 earnings and adjusted for differences in purchasing power by geographic region and for household size.”


allows a user to “instantly chat with a professionally trained advocate.” The Spanish Action League of Syracuse also has a 24-hour hotline wherein domestic violence victims can receive Spanish-language services. As the pandemic continues, supports will need to be provided not only for victims who have been forced to shelter-in-place with an abuser but also individuals who have lost the work, wages, or access to resources such as food and toiletries -the latter resource of which PEACE, Inc. has noted particular need—that provide them with the independence to escape abusive situations.

Loneliness and Isolation are two interconnected emerging mental health issues that were ones prior to the COVID-19 pandemic and have only been exasperated due to social distancing and sheltering-in-place guidelines. PEACE, Inc.’s staff members have noted cases of loneliness among all age groups. And indeed, nearly 2/5 of 226 Life Needs Assessment Survey respondents (38.9%) reported that they were “spending time alone more often than you would like.” Especially worrisome are the barriers and the effects of

Loneliness and Isolation on Seniors. Issues that agency staff members have observed and have sought to combat with their senior clients are numerous and diverse, including:

• Seniors interested in using Zoom, Facetime, and other forms of video communications for telehealth, banking, and broader social purposes lack access to materials (i.e. laptops, tablets, internet) and training.
• A number of the agency’s seniors use track phones and rely on monthly minutes/data subsidies. In normal conditions, many of these seniors use their minutes before the end of the month and, unable to pay for additional minutes, fall “off the grid” until their next month’s subsidies come into effect. Not only does this status potentially mean that seniors lack the ability to reach out for aid in an emergency. Limited minutes also further limits the senior’s ability to have contact with loved ones during the pandemic. Tied with the matter of communication...
• Staff members have taken note that, as the length of social isolation has increased, so too has seemingly both the volume and the length of conversations with Seniors.
• Prior to COVID-19, many senior clients relied on congregate meal and broader community center programs for not only nutrition but also socialization. For more about the ways in which PEACE, Inc.’s own Senior Congregate Meals Program has had to alter its approach in the face of COVID-19, visit Syracuse.com’s coverage at https://www.syracuse.com/coronavirus/2020/05/crews-bring-lasagna-and-connection-to-the-locked-in-elderly-starved-for-a-friendly-face-video.html.
• In a number of situations that not only affect the senior but the whole family, grandparents who typically help their children and/or their grandchildren have been forced either to quarantine or self-quarantine.

Additional Health Matters
Two other national and statewide health trends should be considered in assessing client health needs in the moment and planning for future outreach. The first concerns the potential increase of health ailments resulting from the closing of non-emergency services and the outright cancellation or skipping of appointments by patients. Indeed, while many of the respondents of the Kaiser Family Foundation’s May Health Survey stated that they will reschedule their appointments, nearly half of all responding adults stated that someone in their family cancelled or skipped a medical appointment during the pandemic, with 11% of adults overall believe that “their or heir family member’s condition got worse as a result of postponing or

skipping medical care due to coronavirus.” Within the first month of the crisis in particular, agency staff members frequently noted and responded to confusion among parents and seniors over whether to maintain medical appointments as well as how to obtain prescriptions. Cited reasons for cancellation include 1) fear of contracting COVID-19, 2) concerns over the safety of medical facilities, 3) access to safe and affordable transportation, and 4) lack of childcare.

Second, as outlined in a 4 May 2020 brief by the Robert Wood Johnson Foundation (RWJF), unemployment spikes across the nation are expected “to significantly alter the health insurance coverage landscape.” Specifically, increased pressure will be placed on health systems by individuals who were previously insured through their employers and who are now either turning to Medicaid and Marketplace Coverage or simply becoming uninsured. For New York State, RWJF outlines the Estimated Changes in Employer Sponsored Insurance (ESI) Coverage, Medicaid Enrollment, Marketplace Coverage, and Uninsurance with 15, 20, and 25 Percent Unemployment Rates. The impact should be expected to be severe in a state with an already strained Medicaid system.

![Impact of Unemployment on New York State's Health Insurance Coverage Landscape](attachment:table.png)

| Impact of Unemployment on New York State’s Health Insurance Coverage Landscape |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Note: Numbers of Plan Changes are in Thousands | 15% Unemployment in NYS | 20% Unemployment in NYS | 25% Unemployment in NYS |
| ESI | Medicaid Coverage | Uninsured | ESI | Medicaid Coverage | Uninsured | ESI | Medicaid Coverage | Uninsured |
| -1,056 | +641 | +196 | -1,519 | +923 | +315 | -1,983 | +1,204 | +410 | +368 |


VII. WHAT IS COVID-19’S IMPACT ON NUTRITION AND FOOD INSECURITY

Similar to other areas throughout the country, Onondaga County has experienced a surge in food and nutrition needs as a result of the COVID-19 pandemic. In her April 2020 Interim Executive Director Report, Karen L. Belcher of the Central New York Food Bank (CNYFB) outlined the impact of her agency on its eleven-county service area. Throughout April 2020 alone, the Central New York Food Bank:

- Distributed 2,000,000 pounds of food.
- Assisted 38,031 households through its emergency food network, a 50% increase in the number of households compared to April 2019.
- Provided food for more than 51,400 children, itself a 65% increase compared to April 2019.

Increases have also been observed among those PEACE, Inc.’s 4 Family Resource Centers (FRCs) that possess food pantries. From 19 March 2020 to 20 May 2020, the FRCs’ food pantries have supplied food to

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36 Ibid.

1,972 families and 6,491 people (2844 adults, 3225 children, and 422 seniors). Of these families, nearly a third (31%) are new clients to Family Services. Nearly a third of the families served by PEACE, Inc.’s recently created Food and Emergency Supply Delivery Program are also new to the Family Services.

In meeting the growing nutrition needs of the community, a number of nascent entities have emerged. For example, food and nutrition requests have dominated the grants awarded through the Central New York, COVID-19 Community Support Fund.38 As of 12 May 2020, 31 of the Fund’s 58 awarded grants (53.4%) were food and nutrition supplies, pantries and soup kitchens, churches, community centers and other community-based entities, and delivery systems. The Syracuse-Onondaga Food Systems Alliance (SOFSA) is a newly formed coalition of agencies, schools, and community partners that identifies and tracks school districts, pantries and kitchens, and restaurants providing free meals.39 Regarding this latter interest, the Wescott Mutual Aid Group formed in in response to the COVID-19 Pandemic and offers a “Community Plates” program. On its website, the group’s members work “with restaurants around the city to keep staff employed making meals -at cost- that will be distributed at community centers.”40 Serving as the fiscal sponsor of the Wescott Mutual Aid Group is the Salt City Market.41 These meals have been distributed at PEACE, Inc.’s Southside and Eastside Family Resource Center, Syracuse’s Southwest Community Center as well as through the New American Forum, which has been targeting the city’s large refugee populations.

Nutrition and Vulnerable Families
Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks has been impacted as many are now removed or have limited access from that food source due to school closures. For the 2018-2019 school year, 44.9% of school-going children in Onondaga County were eligible for free or reduced lunches.42

In Onondaga County, the following public-school districts provide bagged breakfast and lunch pick-up sites: Syracuse City, Liverpool Central, North Syracuse Central, Baldwinsville, Lafayette, East Syracuse-Minoa, Fayetteville-Manlius, Jamesville Dewitt, Lyncourt, Solvay, and Tully.43 Still, as many of the agency’s own clients have expressed, the ability to access public school-based feeding programs can remain limited due to lacking transportation, childcare, or time. School-based family workers, their community partners as well as many of the entities and endeavors noted above are attempting to overcome these barriers.

Turbulent economic conditions as well as the closure of Head Start and daycare/childcare facilities (more on this latter point shortly) have also weighed heavily on the minds of families who are attempting to feed infants and toddlers. Regarding parents, the aforementioned referenced Raising New York survey released in April 2020 reveals how a third of parent respondents chose to skip and reduce their own meals. Regarding children, only 11% of parents overall responded that they have skipped or reduced their child’s

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38 The emergency fund has been led by the Central New York Community Foundation in partnership with The United Way of Central New York, The Alyn Foundation, The Dorothy and Marshall M. Reisman Foundation, The Health Foundation for Western & Central New York, the City of Syracuse and Onondaga County.
39 Google Maps. (2020). Emergency Food Distribution Sites in Onondaga County. Retrieved from https://www.google.com/maps/d/u/0/viewer?mid=1HB29f9W2JsDd0gC7vv1JVtJe24Gm9GcX&ll=43.0547315231024,-76.154785899998&z=10
41 Salt City Market is a food hall that is scheduled to open in the fall of 2020 and is also distributing warm meals for those in need.
42 http://www.healtheCNY.org/indicators/index/view?indicatorId=416&localeId=1913
43 Google Maps. (2020). Emergency Food Distribution Sites in Onondaga County. Retrieved from https://www.google.com/maps/d/u/0/viewer?mid=1HB29f9W2JsDd0gC7vv1JVtJe24Gm9GcX&ll=43.0547315231024,-76.154785899998&z=10
meals. Still, within this latter 11%, the highest percentage of parents were Head Start participants at 36%. While a statewide statistic, PEACE Inc.’s own Early Head Start and Head Start, Family Services, and Big Brothers Big Sisters staff members have combatted not only similar nutrition insecurities among their clients but poorly balanced diets that stem from and are exacerbated by other basic needs challenges and barriers related to health, transportation, financial and social capital, and more. For example,

- A grandmother caring for a grandchild and his newly born sister lack consistent transportation to purchase food, toiletries, and formula.
- A family with 5 children struggled to obtain and to prepare food due to the youngest child’s chronic health issues, leaving the family food insecure.
- Families with SNAP benefits nonetheless struggle to know how and when to shop for food safely.

**Nutrition and Seniors**

Similar to vulnerable families, seniors and matters of nutrition intersect with a host of social determinants of health. As noted in previous sections, seniors with underlining health conditions are arguably the most vulnerable population in the age of COVID-19. In the first moments of the crisis, Onondaga County created a hotline (315-218-1987) and expanded their normal senior outreach to individuals who are 1) age 55 and over and 2) normally not housebound but now must remain at home due to a disability, health malady, or the reduction/elimination of a senior service. In response to this latter case, the transformation of PEACE, Inc.’s Senior Congregate Meals Program into a more traditional home delivery meal service such as Syracuse Meals on Wheels is especially representative.

In the year prior to COVID-19, PEACE, Inc.’s Senior Congregate Meal Program provided over 85,000 meals for a variety of county organizations, neighborhood centers, and retirement communities. With COVID-19, PEACE, Inc.’s nutrition program has collaborated with Onondaga County to alter its production process, now providing a Pick-Up Service at 6 former congregate sites and a Home Delivery Program for homebound seniors. In April 2020, the agency’s nutrition program produced and delivered 9,261 meals, a number that became a monthly record and surpassed the previous year’s April total of 7,832.

As previously noted, a 1 May 2020 article in Syracuse.com brought to light that home delivery volunteers provide not only nutrition but also a friendly face/emotional uplift for homebound seniors. Notes from agency staff also reveal how the seniors believe the service:

- Keeps couples with chronic disorders from having to shop in grocery stores.
- Provides fresh produce and fruits that they would otherwise not have access to.
- Helps nourish and strengthen individuals who have recently returned from the hospital.

**Meeting Food Insecurity Needs?**

Speculative evidence exists that -overall- the measures pursued by the community at large have helped to limit basic food insecurity needs **beyond the first month of the pandemic**. For example, between 11 May to 22 May 2020, when Life Needs Assessment participants were asked “Do you have enough food,” only 9.7% of the 227 surveyed agency’s clients said no. Expanded and full SNAP benefits appear to have helped many of the agency’s clients. Interesting as well are instances wherein clients stated that they have not felt inclined to visit an agency food pantry as a result of SNAP benefits and other supports such as unemployment or the receiving of CARES Act stimulus checks. Quite a number of clients have also

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rejected pantry support due to their “relative security” and that “there are others who have greater need.” Within the last month, there has even been an example of a client who contracted COVID-19, received food pantry deliveries, and then denied said delivery reports once emerging from self-quarantine in his home. Such examples are reminders of what the historian E.P. Thompson describes as the existence of “moral economies,” or the idea that historically vulnerable communities have shared, normative values about surrounding food and charity, among other issues.

VIII. WHAT IS COVID-19’S IMPACT ON EMPLOYMENT?

Individuals in many sectors of the economy are currently experiencing sudden and unexpected unemployment. Many of these individuals and families are experiencing unemployment for the first time and are unaware of resources available to them.

As of 28 May 2020, more than 40 million people across the United States have filed unemployment claims since mid-March. The New York Times estimates this number is “the equivalent of 1 out of every 4 American workers” and -at best- is conservative due to immense backlogs being observed throughout many state labor departments.46

Between 14 March 2020 and 23 May 2020, approximately 2,467,204 New Yorkers filed for unemployment insurance.47 As early as April 26, The state’s unemployment rate sat at around 13%, the state’s highest rate since the Great Depression, when the peak unemployment rate stood at 23%.48 Overall, statistics bear out anywhere from 520% to more than 3000% increase initial claims from the previous year.

<table>
<thead>
<tr>
<th>Week Ending</th>
<th>Latest Week</th>
<th>Previous Week</th>
<th>1 Year Ago</th>
<th>OTY Net Change</th>
<th>OTY Net Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/21</td>
<td>80,509</td>
<td>14,546</td>
<td>12,985</td>
<td>67,524</td>
<td>+520.0%</td>
</tr>
<tr>
<td>3/28</td>
<td>369,025</td>
<td>80,753</td>
<td>13,304</td>
<td>355,721</td>
<td>+2,674%</td>
</tr>
<tr>
<td>4/4</td>
<td>347,573</td>
<td>369,025</td>
<td>12,971</td>
<td>334,602</td>
<td>+2,580%</td>
</tr>
<tr>
<td>4/11</td>
<td>399,015</td>
<td>347,573</td>
<td>12,434</td>
<td>386,581</td>
<td>+3,109%</td>
</tr>
<tr>
<td>4/18</td>
<td>207,172</td>
<td>399,015</td>
<td>12,250</td>
<td>194,922</td>
<td>+1,591%</td>
</tr>
<tr>
<td>4/25</td>
<td>222,040</td>
<td>207,172</td>
<td>18,889</td>
<td>203,151</td>
<td>+1,075%</td>
</tr>
<tr>
<td>5/2</td>
<td>197,607</td>
<td>222,040</td>
<td>28,248</td>
<td>169,359</td>
<td>+600%</td>
</tr>
<tr>
<td>5/9</td>
<td>203,928</td>
<td>197,607</td>
<td>12,832</td>
<td>191,096</td>
<td>+1,489%</td>
</tr>
<tr>
<td>5/16</td>
<td>229,562</td>
<td>203,928</td>
<td>12,097</td>
<td>217,465</td>
<td>+1,798%</td>
</tr>
<tr>
<td>5/23</td>
<td>195,948</td>
<td>229,562</td>
<td>13,078</td>
<td>182,870</td>
<td>+1,398%</td>
</tr>
</tbody>
</table>

Source: New York State Department of Labor, 2020.49

Throughout the crisis, the 3 regions experiencing the highest rates of unemployment claims are New York City, Long Island, and Hudson Valley, combining for roughly 2/3 of the total unemployment claims throughout New York. As expected, unprecedentedly high unemployment claims can also be observed in the Central New York region as well:

### Over-the-Year Change in Initial Claims for Unemployment by New York State Region, Central New York (21 March to 23 May 2020)

<table>
<thead>
<tr>
<th>Week Ending</th>
<th>Latest Week</th>
<th>Previous Week</th>
<th>1 Year Ago</th>
<th>OTY Net Change</th>
<th>OTY Net Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/21</td>
<td>2,760</td>
<td>490</td>
<td>672</td>
<td>2,088</td>
<td>+310.7%</td>
</tr>
<tr>
<td>3/28</td>
<td>15,559</td>
<td>2,773</td>
<td>543</td>
<td>15,016</td>
<td>+2,765%</td>
</tr>
<tr>
<td>4/4</td>
<td>13,614</td>
<td>15,559</td>
<td>520</td>
<td>13,094</td>
<td>+2,518%</td>
</tr>
<tr>
<td>4/11</td>
<td>13,658</td>
<td>13,614</td>
<td>553</td>
<td>13,105</td>
<td>+2,370%</td>
</tr>
<tr>
<td>4/18</td>
<td>6,565</td>
<td>13,658</td>
<td>538</td>
<td>6,027</td>
<td>+1,120%</td>
</tr>
<tr>
<td>4/25</td>
<td>7,749</td>
<td>6,565</td>
<td>875</td>
<td>6,874</td>
<td>+786%</td>
</tr>
<tr>
<td>5/2</td>
<td>6,183</td>
<td>7,749</td>
<td>477</td>
<td>5,706</td>
<td>+1,196%</td>
</tr>
<tr>
<td>5/9</td>
<td>6,420</td>
<td>6,183</td>
<td>500</td>
<td>5,920</td>
<td>+1,184%</td>
</tr>
<tr>
<td>5/16</td>
<td>6,724</td>
<td>6,420</td>
<td>493</td>
<td>6,231</td>
<td>+1,264%</td>
</tr>
<tr>
<td>5/23</td>
<td>5,727</td>
<td>6,724</td>
<td>566</td>
<td>5,161</td>
<td>+912%</td>
</tr>
</tbody>
</table>

*Source: New York State Department of Labor, 2020.*

Regarding unemployment claims by industry, a) Accommodation and Food Services; b) Retail Trade; c) Health Care and Social Assistance; and d) Construction were especially hard hit statewide during the first five weeks of the crisis. The highest changes seen in subsequent weeks were those individuals in “unclassified” industries.

### Over-the-Year Change in Initial Claims for Unemployment by Top 5 Industries, Net Change and Percentage Change, New York State (March 21 – May 23 2020)

<table>
<thead>
<tr>
<th>Week</th>
<th>Industry 1</th>
<th>Industry 2</th>
<th>Industry 3</th>
<th>Industry 4</th>
<th>Industry 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/21</td>
<td>Accommodation and Food Services +31,572 (+1843.1%)</td>
<td>Arts, Entertainment, and Recreation +5,994 (+1585.7%)</td>
<td>Health Care and Social Assistance +5,168 (+473.3%)</td>
<td>Administrative and Support Services +4,679 (+274.9%)</td>
<td>Retail Trade, +3,059 (+281.7%)</td>
</tr>
<tr>
<td>3/28</td>
<td>Accommodation and Food Services +93,623 (+4,159%)</td>
<td>Retail Trade +43,605 (+3,779%)</td>
<td>Health Care and Social Assistance +40,544 (+3,847%)</td>
<td>Administrative and Support Services +30,482 (+1,850%)</td>
<td>Other Services +22,790 (+3,114%)</td>
</tr>
<tr>
<td>4/4</td>
<td>Accommodation and Food Services +56,848 (+4,846%)</td>
<td>Retail Trade +47,999 (+4,134%)</td>
<td>Construction/Utilities +38,933 (+1,895%)</td>
<td>Health Care and Social Assistance +37,532 (+3,289%)</td>
<td>Administrative and Support Services +27,969 (+1,538%)</td>
</tr>
<tr>
<td>4/11</td>
<td>Retail Trade +62,016 (+5,503%)</td>
<td>Accommodation and Food Services +58,383 (+6,244%)</td>
<td>Construction/Utilities +43,094 (+1,944%)</td>
<td>Health Care and Social Assistance +42,475 (+3,900%)</td>
<td>Administrative and Support Services +32,044 (+1,846%)</td>
</tr>
<tr>
<td>4/18</td>
<td>Accommodation and Food Services +31,437 (+2,985%)</td>
<td>Retail Trade +28,815 (+2,980%)</td>
<td>Health Care and Social Assistance +23,091 (+2,134%)</td>
<td>Construction/Utilities +16,274 (+800%)</td>
<td>Administrative and Support Services +15,843 (+967%)</td>
</tr>
</tbody>
</table>

Locally, a 16 April 2020 COVID-19 Business Impact Survey released by CenterState Cooperation for Economic Opportunity (CenterStateCEO) shed additional light on initial employment trends. Of the 263 survey respondents, “55% of businesses have experienced a decrease in demand resulting in layoffs, decreased operation hours, shifts, or workdays.” The survey also speculatively confirms that increased statewide unemployment in the fields of Accommodation/Food Services and Retail Trade are also being felt locally. Specifically, the following industries overwhelmingly answered in the affirmative to the question, “Have you experienced a decrease in demand requiring layoffs, decreased operation hours, shifts, or workdays?”

### CenterStateCEO Survey Respondents Who Have Experienced a Decrease in Demand Requiring Layoffs, Decreased Operation Hours, Shifts, or Work Days

<table>
<thead>
<tr>
<th>Industry</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation and Food Service</td>
<td>91%</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>85%</td>
</tr>
<tr>
<td>Construction</td>
<td>85%</td>
</tr>
<tr>
<td>Arts and Entertainment</td>
<td>82%</td>
</tr>
<tr>
<td>Administration and Support and Waste Management</td>
<td>75%</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>67%</td>
</tr>
</tbody>
</table>

Source: CenterStateCEO (2020, April 16).

While devastating on its own merits, the aforementioned statewide and local unemployment data most likely represented the “tip of the iceberg.” In particular, the data does not account for:

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51 Ibid.
53 Ibid.
• Self-employed, gig, or part-time workers.\textsuperscript{54}
• Individuals who fail to realize that they qualify for jobless benefits.\textsuperscript{55}
• Workers who have stopped looking for work (reasons given by PEACE, Inc. clients include childcare, family supports, and frustration trying to access unemployment benefits in an overwhelmed system).

Additionally concerning are the heavy job loses in the a) Accommodation and Food Service as well as b) Retail Trade Industries, or fields with historically lower wages and lesser benefits that are commonly occupied by economically vulnerable populations (i.e. women, people of color, youth who are pursuing part-time work while attending school).\textsuperscript{56} For example, while early indicators from the Institute for Women’s Policy Research show disproportionate job losses between men and women in nearly all occupational fields, it has proven to be especially problematic for women in Accommodation and Food Services.\textsuperscript{57}

Early Indications about the impact of COVID-19 on Black, Latinx, and New American employment is even more disconcerting. For example, PEW Research released data produced by the Urban Institute that reveals the disproportionate loss of “jobs, work hours, and work-related income” among Hispanic populations in particular between 25 March and 10 April 2020.

**Share of Adults Ages 18 to 64 Whose Families Lost Jobs, Work Hours, or Work-Related Income during the Pandemic, by Race and Ethnicity, March and April 2020**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>All nonelderly adults</td>
<td>42%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>57%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>41%</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>38%</td>
</tr>
<tr>
<td>Other</td>
<td>35%</td>
</tr>
</tbody>
</table>

*Source: Pew Research, 2020.\textsuperscript{58}*


\textsuperscript{55} Ibid.


\textsuperscript{58} Lopez, M., Rainie, L., Budiman, A. (2020, May 5). *Financial and health impacts of COVID-19 vary widely by race and ethnicity*. Pew Research Center. Note: “Other” includes non-Hispanic adults who are not Black or white or who are more than once race.
A number of reasons might explain the discrepancies among unemployment rates and Hispanic or Latinx populations. First, as noted by the Urban Institute and observed firsthand among a number of PEACE, Inc. staff members, “Hispanic adults disproportionately work in industries that are more likely to be affected by the COVID-19 pandemic,” industries outlined at length above.\(^59\) Second, and perhaps more concerning, are the impacts of COVID-19 on Latinx families with noncitizen members, which include lawfully present and undocumented immigrants. Initial evidence released once again by the Urban Institute reveals that “Hispanic adults in families with noncitizens are disproportionately represented in industries affected by the outbreak, and therefore experience more negative unemployment impacts than families with no noncitizens.”\(^60\) Especially disturbing then are the effects of job instability on this latter group.

**Impact of the Coronavirus Outbreak on Family Financial Decisions among Hispanic Adults**

*Ages 18 to 64, by Family Citizenship Status, March/April 2020*

<table>
<thead>
<tr>
<th>Condition</th>
<th>All family members are citizens</th>
<th>Any noncitizen in the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased credit card debt</td>
<td></td>
<td>23.5%</td>
</tr>
<tr>
<td>Took money out of retirement, college, or other long-term savings</td>
<td></td>
<td>12.2%</td>
</tr>
<tr>
<td>Used up all or most savings</td>
<td></td>
<td>25.6%</td>
</tr>
<tr>
<td>Reduced savings or increased credit card debt</td>
<td></td>
<td>39.5%</td>
</tr>
<tr>
<td>Cut back spending on food</td>
<td></td>
<td>40.3%</td>
</tr>
<tr>
<td>Put off major household purchases</td>
<td></td>
<td>48%</td>
</tr>
</tbody>
</table>

Source: Urban Institute, Robert Wood Johnson Foundation, 2020.\(^61\)

While by no means conclusive, a survey conducted at PEACE, Inc.’s Westside Family Resource Center (WSFRC) - a Center wherein nearly 75% of the households served are Latinx and more than 90% are non-white- speculatively confirms the negative -and relatively immediate- impact of COVID-19 on the agency’s clients of color. Of the 87 ”Heads of Households” who visited the WSFRC’s food pantry on April 2, 72 were asked about the employment status of anyone in their household. Of the 72 surveyed individuals, 26 (36%) reported that someone in their household worked on March 15, or the “start” of the COVID-19 crisis in Onondaga County. On April 2, only 4 -or 15% of the 26- were still employed and receiving a paycheck.


\(^60\) Ibid.

\(^61\) Note: “The share who reported that their families reduced savings or increased credit card debt represents the share of adults who reported that their families did at least one of the following because of the impact of the coronavirus outbreak: used to all or most savings; took money out of retirement, college, or other long-term savings accounts; or increased credit card debt. The survey was conducted between March 25 and April 10, and 74.5 percent of respondents completed the survey by March 31.” Ibid.
Additional quantitative and qualitative data hints at the devastating effects of the COVID-19 pandemic on PEACE, Inc.’s clients more broadly and speculates the relevance of national and statewide trends on Onondaga County’s most vulnerable populations. From the aforementioned Life Needs Assessment Survey conducted from May 11 to May 22, the agency has noted the following:

- When asked “Do you have a stable full-time job,” of 155 respondents, 77.4% said no.
- When asked “Do you have the skills you need to get the kind of jobs you want,” of 141 respondents, 24.1% said no.

The Plight of The Essential Worker

Essential Workers are at higher-risks of exposure to COVID-19 and face tremendous stress due to uneven work hours and challenging work conditions. Moreover, the essential workers who make close, frequent contact with vulnerable individuals are often lower-wage individuals who frequently have limited benefits.

Specifically, a 1 May 2020 report by the Kaiser Family Foundation (KFF) explores the impact of the COVID-19 pandemic on essential workers, which it defines as “hospital and health care delivery workers, grocery store clerks, pharmacy and convenience store employees, airline workers, and first responders.”62 In its study of essential workers, KFF found that:

- 34% of adults have been defined by their states as essential employees who are required to work outside of the home.
- Compared to nonessential employees, essential workers are more likely to be Black or Hispanic, have household incomes less than $40,000 (31% of essential workers in total), and do not hold a college degree (70% of essential workers surveyed).
- 26% of essential employees describe themselves or someone in their family as a health care worker.63

As KFF’s research bears out, essential employees not only have a greater chance of contracting COVID-19. They also are more likely than non-essential workers to lack the resources necessary for overcoming potential illness. Speaking to such inequalities are 2 survey questions from the KFF “Health Track Poll of April 15-20.” The first explores how essential workers have struggled to pay for-or have fallen behind the payment for- basic household expenses. The second finds that essential workers are far less likely to afford a $500 unexpected medical bill…

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63 Ibid.
In a more recent policy paper from 15 May 2020, Jobs for the Future (JFF) brings into sharper focus the plight of immigrants and foreign-born workers who serve as essential workers. According to its authors, approximately 6 million foreign-workers are presently employed in “essential” jobs within “areas such as

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64 Ibid.
65 Ibid.
health care, grocery stores, agriculture, and the medical supply chain.”66 Already in low-wage positions that often lack health insurance, paid-leave, and access to education or training programs that would allow them to adapt to present and post-pandemic conditions, a foreign-born, essential worker’s legal status can limit one’s ability to access basic social safety nets. For example, within the CARES Act, undocumented workers and/or immediate family members who are nonetheless United States citizens are deemed ineligible for stimulus checks and other COVID-19 reliefs, barring an estimated 15 million people from needed relief.67 While one’s citizenship status does not factor into eligibility for New York State’s Paid Family Leave policy, farm laborers are not eligible for disability or Paid Family Leave Benefits. With many of Syracuse’s New American and Latinx populations potentially involved within such industries -the latter of whom includes Spanish-language Puerto Ricans who fled to the city with few resources following 2017’s Hurricane Maria- additional essential research and community outreach is warranted.

Steps have been taken to support workers throughout New York State broadly and Central New York specifically. To cite examples of local mobilization, in the first weeks of the pandemic, awards from the Central New York COVID-19 Community Support Fund, representatives from CenterStateCEO, and newly founded charities such as An Unexpected Voyage: COVID-19 looked to mobilize food resources to help feed area hospital workers through restaurants that were struggling to remain open and to maintain employees. Regarding matters of childcare, Childcare Solutions of Central New York estimates that at least 800 essential workers are using such care, though that number is presumably higher due to limited survey returns from childcare providers. Later in mid-April, the state released additional funds to open more slots for essential workers.68

At PEACE, Inc., incentive checks were distributed to essential Family Services and Nutrition staff members who were not working remotely during the COVID-19 pandemic. The checks were intended to not only show the agency’s appreciation for essential staff members’ efforts. The incentives also responded to the needs raised by essential staff to program directors, including but not limited to childcare, stress, and increased food costs and expenditures for their families.

IX. WHAT IS COVID-19'S IMPACT ON EDUCATION, CHILD DEVELOPMENT RESOURCES?

Access to Educational Resources

As noted throughout much of this chronicle and assessment, the closing of Public Schools, Early Head Start/Head Start, and other Early Childhood Education Programs have impacted a host of social determinants of health that make impoverished families and their children even more vulnerable during the COVID-19 crisis. The connectedness between education closures and a) mental health (stress, loneliness, abuse), b) nutrition, and c) adult employment has been outlined in previous sections. Vividly restating these concerns are the thoughts of a Big Brothers Big Sisters Mentor Manager,

“I have heard concern(s) from parents/guardians regarding being able to support educational needs all the while balancing the household, parenting additional siblings, trying to work their own job remotely, etc."

Regarding a child’s education, Onondaga County School District closings had immediate effects on students. Research bares out that children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss

67 Ibid.
during a potentially protracted period of school closure. According to a recently released *Urban Institute* Report, such resource inequalities were present even before the COVID-19 pandemic, as students with limited internet access were academically well-behind academically when compared to classmates with consistent access, a condition that is only further exasperated as the child grows older.69

Data does exist that allows us to speculate that school districts are struggling to meet the education needs of their students. For example, between 1 April 2020 and 1 May 2020, more than 500 parents, students, and school district employees statewide responded to an English- and Spanish-language web-based survey conducted by the *New York Civil Liberties Union* (NYCLU). While respondents believed school districts were making “adequate arrangements” to provide Meals/Food services as well as Devices for Remote Learning, clear concerns were raised about test prep, tutoring, access to materials, and more.

![Have Adequate Arrangements Been Made for the Following Services?](image)

*Source: NYCLU, 2020, p.3.*70

The NYCLU’s conclusion that “although teachers are doing the best they can … the system is simply not equipped for successful remote learning” is seemingly supported by the accounts and experiences of many *PEACE, Inc.* families, including

- Stress among parents over having the knowledge and ability to support student learning.
- Fear among parents of their children “falling behind,” especially when they themselves lack confidence about their abilities to supervise student learning.
- Especially for larger families, limited computers, tablets, Chromebooks leads to limited time for children to complete assignments and to receive instruction.
- The need for tutors and additional service supports, especially for students with special needs, IEPs, etc.

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• Missing social connections, i.e. the opportunity to learn and to exchange with friends and peers.

Childcare
Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation. As noted previously, Onondaga County has worked closely with Childcare Solutions of Central New York to resolve childcare barriers quickly. By the middle of March, a real-time database which advertised open childcare slots for families was established. Still, aside from essential workers, school closures did not lead to an initial “flood” of childcare requests. As explored in Syracuse.com, parents who are now working remotely and/or recently lost their jobs have created “a sudden glut in what used to be a childcare desert,” leading to the closure of around “two-thirds of childcare centers and school-aged programs” and the laying-off of countless childcare professionals. Unfilled slots were not the only reason for the initial closure of childcare and school-aged programs. As observed by PEACE, Inc.’s Early Childhood Career Pathways Program coordinator, food and cleaning supply shortages made it difficult for Family Daycare Providers to maintain healthy environments and ultimately remain open. In this case, the agency’s Family Resource Centers provide food, toiletries, and clean supplies, exposing the importance of case support for many smaller child provider entities.

X. WHAT ARE THE RESULTS FROM THE COVID-19 LIFE NEEDS ASSESSMENT SURVEY?

What is a Life Needs Assessment Survey?
As briefly outlined in Section III, PEACE, Inc. conducted a Life Needs Assessment Survey received 229 anonymous responses between 11 May to 22 May 2020. The Life Needs Assessment Survey was administered online and through paper & pencil; it consisted of 22 questions about basic life needs such as food, shelter, education, employment, and more. Created by the Central New York Community Foundation and championed by its Performance Management Learning Community (PMLC), the Life Needs Assessment Survey forms the backbone of a larger initiative to identify community needs and to help local nonprofits develop data-informed partnerships. For the past 2 years, representatives from across PEACE, Inc.’s programs have participated within PMLC.

Reflection and Commentary on Additional Basic Needs during the COVID-19 Pandemic
The full results of the Life Needs Assessment Survey can be found in the assessment’s Appendix. Many of the most concerning responses i.e. matters related to loneliness, employment, childcare, and access to technology/the Internet- have been explored in earlier sections of the document. While distressing, the high percentage of respondents who stated that their homes have yet to be inspected for lead might be the result of discontinued inspections during the crisis as well as respondents who live in more modern, lead-free residencies. Additional research will be required.

Throughout this chronicle, the financial plights of vulnerable families have been noted and linked to physical and mental health, nutrition, employment, and other social determinants of health. These factors are also reflected by the high percentage of respondents who say that they either struggle with paying their bills or lack of savings. Other issues of note mentioned by our clients but not yet directly discussed include:

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• **Housing and Rent.** While less than 10% of the respondents expressed a concern about whether they had long-term housing that they could afford, PEACE, Inc. staff members have noted how many recently unemployed clients remain anxious about rent and mortgage payments. In response to such concerns, early during the pandemic, New York State Governor Cuomo placed a 90-day moratorium on rental evictions throughout the state, a moratorium that was subsequently extended to 20 August 2020. A host of nonprofit legal entities continue to offer free legal services for housing, debt, divorce, and more, which locally includes Legal Services of Central New York, Hiscock Legal Aid Society of Syracuse, and the Onondaga County Volunteer Lawyers Project. A toll-free legal hotline for free legal assistance (1-877-777-6152) has also been created that covers a 13-country region.

*Note: With 19.4% of 227 survey respondents unaware about how to get legal help if needed, additional advocacy about free legal assistance programs is warranted.*

• **Overwhelmed Social Welfare Programs and Supports during The Pandemic.** A number of the agency’s clients expressed frustration in their inability to receive unemployment claims promptly. Difficulty accessing and submitting online claims as well as waiting for unemployment personnel to return phone calls were frequently cited problems, especially among clients for whom English is a second-language. An especially tragic firsthand example occurred when a Latinx client who a) fled from Puerto Rico due to Hurricane Maria and b) speaks little to no English was mistakenly “check-marked” as non-citizen and thus restricting his ability to access possible social security supports. The oversite was only caught -and corrected- as a result of a dedicated essential worker here at the agency. Exposing an overtaxed and inaccessible social welfare system, the example also brings into sharper focus the need to further promote the numerous 24-hour language hotlines that existed prior or have been created due to the COVID-19 pandemic, including The Spanish Action League, Refugee and Immigrant Self-Empowerment, Inc. (RISE, Inc.), and InterFaith Works.

Clients also expressed frustration with delays in receiving CARES Act Direct Payments to Individuals, i.e. stimulus checks. Multiple individuals also shared how -despite receiving either a $1,200 stimulus check for themselves or a $2,400 check for married couples- they did not receive the $500 per dependent allotted through the legislation.

For more than a year now, the city of Syracuse has offered free financial advice and services through its Financial Empowerment Center (FEC). Since the start of the pandemic, the FEC has worked remotely and has been scheduling virtual and telephone appointments, [http://www.syracusefec.org](http://www.syracusefec.org) and 315-474-1939 ext. 5 respectively. Overall, the FEC has seen an 86% increase in unique users since March, a speculative indication that financial anxieties are running high.72

**XI. WHAT IS THE IMPACT OF COVID-19 ON HUMAN SERVICES PROVISIONS?**

Services to vulnerable populations have been curtailed and/or drastically changed as a result of the crisis. In their efforts to ensure the safety of staff, clients, and the community, many service providers have had to alter their service provision in significant ways, leaving some family needs difficult to meet, if not altogether unmet. One example is PEACE, Inc.’s Foster Grandparents program, a national service project which provides senior citizens over the age of 55 with the opportunities and supports to share their lifetime skills, talents, and abilities with special needs children in the classroom. With the closure of schools, Foster Grandparents volunteers were unable to continue their in-person work with their youth, let alone engage in the critical socialization that many of them desire to remain active and to avoid isolation. In response to the pandemic, when and if possible, Foster Grandparents have taken up calling, pen-palling, and Zoom-calling their youth.

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Program staff members have also called their participants weekly, attempting to meet their social-emotional and basic needs.

*PEACE,* Inc.’s *Foster Grandparents* program reveals how, for those service providers continuing to operate, the pandemic has forced significant, immediate adaptations. For other agency programs and community providers to offer services, additional resources have been required -and will need to be required- over a longer period of time. Agencies awarded through the CNY COVID-19 Community Support Fund exemplify the attempts made by human service providers to adjust their service models accordingly. For example, as of 12 May 2020, 20 of 58 awarded grants (35%) have been for laptops, Chromebooks, communication platforms, technology upgrades, and other virtual/web-based technologies to help agencies reach their clients.73

*PEACE, Inc.*’s own application for and award from the CNY COVID-19 Community Support Fund, “The Basic Needs Home Delivery Service,” redeployed agency staff members and vehicles from suspended programs to deliver food, toiletry, and emergency supplies to clients lacking transportation and food access. The service looked to protect the safety of our staff, clients, and community at large by 1) reducing public congregation and visits at agency food pantries; 2) allowing vulnerable populations to observe social distancing guidelines and remain at home; and 3) meeting the basic needs of the Central New York Community.

**XII. WHAT IS THE IMPACT OF COVID-19 ON COMMUNITY RESOURCES AND COORDINATION?**

Tied to the matter of provisions, COVID-19’s impact has led to a reduction in the availability of some resources (access to in-person group activities, commercial services), a scarcity of some resources (food, toiletries, and emergency supplies), and/or needs for resources that have not previously been fully required or necessary (tele-counseling).

The broad effects of COVID-19 on Syracuse and Onondaga County 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, many others. In response, *PEACE, Inc.* has pursued a multifaceted strategy to play an important role in mobilizing organizations, resources, and neighborhoods to support families. In addition to the agency’s remote services and in-person Food Pantry and Senior Nutrition Operations, *PEACE Inc.*’s response to the COVID-19 pandemic has included:

- Continuing collaborative efforts with *Greater Syracuse Hope, the Human Services Leadership Council, the Onondaga County Early Childhood Alliance, the Onondaga County Ca$h Coalition, the Onondaga County Human Needs Task Force, the Central New York Elder Justice Coalition, the Central New York Community Foundation’s Performance Management Learning Community Pro, Syracuse BOOST, the Community Action Partnership Network, and the New York State Community Action Alliance (NYSCAA).*
- Participating in newly formed, COVID-19 coalitions and workgroups around matters of employment (CenterStateCEO), mental health (Onondaga County Mental and Behavioral Health weekly conference calls), nutrition and food insecurity (Onondaga County COVID-19 Adult Feeding Committee), education (Syracuse City School District Support Services Network), and more.
- Joining and contributing to Neighborhood Mobilizations, including Westmoreland and Wilson Park Giveaways within the city of Syracuse and the Tully Fresh Food Giveaway in the rural, southern portion of Onondaga County.

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• Providing 2-Page weekly -then biweekly and monthly- updates and community needs reports to foundations and funders, state and county officials and politicians, nonprofit providers, and other community partners.

• Working with local media outlets to produce stories about the agency’s COVID-19 response and to raise greater awareness about community need, including a Sunday Front-Page story in the *Syracuse Post-Standard* about Senior Nutrition’s newly formed Meals Delivery Program.74

• Creating the project “Chronicling our Community during the COVID-19 Crisis” and using it to move forward with a broader COVID-19 Community Needs Assessment. With it, *PEACE, Inc.* has inventoried the needs, stories, and successes of our staff and clients in order to track community accounts of tragedy, triumph, and resilience as well as to inform future decision-making. Additionally, the notes are being used in agency meetings, coalition convenings, and partner calls to increase community awareness and to ensure vulnerable voices influence decision-making, resource allocation, and planning.

Such examples of short-term community coordination are presumed to continue into the long-term. Current conditions may persist for an extended period, recovery efforts will require coordination, and 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. Two particular areas wherein *PEACE, Inc.* believes it could assist efforts that are critical for the long-term health and recovery of the community are COVID-19 Contact Tracing/Quarantine Supports and the city’s Get Out the Count Census Campaign.

**XIII. WHAT ARE THE NEAR- AND LONG-TERM IMPACTS FOR THE COMMUNITY?**

**WHAT MIGHT AN ACTION PLAN FOR PEACE, INC. LOOK LIKE?**

The needs above are already established through initial data and anecdotal reports from clients, staff, 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 will require immediate planning. A partial, but not complete, list of the anticipated impacts includes:

**Prolonged In-Person Service Disruptions**: Even with the easing of social distance guidelines in the coming months, service disruptions will continue to impact the most vulnerable within our community. Such challenges for clients may become longer-term issues. With regards to *PEACE, Inc.*,

• While “Meals to Go” and “Home Delivery” services have ensured that vulnerable seniors continue to receive proper nutrition, such initiatives cannot fully replace the positive effects of socialization that accompany Congregate Meal Programs. Given the vulnerability of senior populations, congregate meal services will continue to be suspended for the immediate future and additional resources will need to be identified for sustainable “meals-to-go” and delivery programs. Even when such congregate programs resume, many Seniors with chronic health issues will need or will choose to remain housebound. To address loneliness and the potential mental health traumas that can result from it, friendly interactions during food deliveries, regular phone calls from staff and the community at large, and formal pen-pal and digital media exchanges (when possible) will remain necessary.

• Similar actions will need to be pursued until senior programs can be resumed at The Frank DeFrancisco Eastwood Community Center. When the Center reopening, exercise and movement classes can accompany regularly scheduled bingo and cards days to re-promote active lifestyles. A tablet education

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and ownership program with internet access will also be pursued for seniors who wish to limit their time in public.

- Comparable tablet education/internet initiatives is also desired for seniors enrolled in the Foster Grandparents program. Such a service will help senior volunteers -many of whom themselves live in poverty and are vulnerable to COVID-19- become familiar with and access critical social net services such as telehealth and online banking. Additionally, with the multiple service deliveries being considered by area school districts this fall, understanding virtual learning modalities and developing the skills needed to support children during this transition will be critical, especially if Foster Grandparents volunteers need to shelter-in-place due to underlying health conditions. Of concern as well is the social-emotional well-being of children transitioning from Head Start and other early childhood programs into Kindergartens. Particular attention towards Kindergarten mentorship is thus being considered.

- Regarding grade transitions and the social-emotional well-being of school-age children, Big Brothers Big Sisters (BBBS) will face similar programmatic challenges. The Community-Based Mentorship Program -wherein adult volunteers from the community serve as “Bigs” or mentors for school-age youth or “Littles”- has been able to rather fluidly transition into remote-based, virtual and phone-driven mentorship approaches. Such methods can continue until traditional, in-person mentorship is once again possible.

More complicated will be the execution of the School-Based Mentorship Program, wherein local high school and college students volunteer as mentors, or “Bigs,” and are matched with school-age youth, or “Littles,” at their schools. As a result of the COVID-19 pandemic, BBBS school-based mentor managers are preparing a number of flexible approaches for the fall that meet participants’ needs; the recommendations of BBBS national, state and county health officials; and local school districts. If schools reopen to half-schedules or limit afterschool programming, the program will look to equip “Bigs” and “Littles” who lack tablets, Chromebooks, and Internet access with proper technology. Mentor managers will look to create a supportive online environment wherein “Bigs” and “Littles” can exchange ideas, assist with homework, and provide/further develop social-emotional supports.

- To meet new health and safety requirements, Family Services will continue to adjust and to employ a variety of service delivery models to meet the basic needs of vulnerable populations, especially as demands for these services increase. In response to the COVID-19 related traumas that have been identified throughout the assessment, additional resources and social-emotional supports for caretakers and their children will be made available through Family Services’ Relatives as Parents Program (RAPP). Parenting, Family Development, and Youth programs more broadly are being developed and/or strengthened. Last, rental assistance services, employment supports, budgeting advise, and deepened collaboration with Syracuse’s Financial Empowerment Center will prove critical, especially with the expiration of the CARES Act’s $600 weekly Federal Pandemic Unemployment Compensation benefits on July 31 and end of the state’s moratorium concerning rental evictions on August 20.

- A similar mission to connect families with community resources both inside and outside of PEACE, Inc. will be pursued in Early Head Start/Head Start (EHS/HS). Paralleling the steps taken by Family Services, EHS/HS is adjusting services to meet the immediate needs of its family and to prioritize health and safety. To combat possible learning loss, EHS/HS will pilot Virtual Summer programs. Methods for developing safe, in-person socialization for families is also be explored. Last, EHS/HS officials remain in frequent contact with its national leadership and local partners to develop internal processes and procedures so that the 2020-2021 schoolyear will be a safe one.

- With a scheduled 8 June 2020 reopening, the Department of Energy and Housing will be the agency’s first program to be eligible for the state’s “Phase” requirements and open in its entirety. Attention will need to be directed towards those populations and residents that are especially vulnerable during the
upcoming summer months. A neighborhood “Handyperson” program is also being explored that can address overlooked repairs from the past few months.

- Suspended since mid-March, PEACE, Inc.’s Free Tax Program will resume in June. The program will use a drop-off service model, allowing eligible clients who have yet to file taxes to gain additional income.

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

Estimates vary of course, but according to Congressional Budget Office (CBO) projections from 19 May 2020, the second quarter of 2020 will see the continuation of the steepest deterioration of the labor market since the 1930s. The CBO also projects the unemployment rate will be 15.8% in this year’s third quarter, with labor markets “projected to gradually stabilize in the coming months and begin to improve more materially after the third quarter of this year.” The CBO believes as well that there will be increased demand for workers as business activity recovers and the “degree of social distancing diminishes.” Yet even here, the CBO heeds warning that “some degree of social distancing is still expected to persist through the third quarter of 2021, partially constraining business activity and the demand for workers.” Especially concerning however is its larger opinion, quoted here in full:

> The sharp downturn in economic activity and the rapid deterioration in labor market conditions are expected to have severe negative effects—both immediately and potentially over the long term—on many workers, households, and communities. The job losses have been concentrated in service-providing industries with low average earnings, so low-income households may lose a large fraction of their labor income in the near term. (As a whole, those households had experienced accelerated economic gains in recent years.) Moreover, both the reduction in the number of people employed in 2020 and the persistence of high unemployment through 2021 may have a negative effect on the job prospects and earnings of younger generations that will be felt long into the future.

With these projections in mind and as a result of the needs identified above, PEACE, Inc.

- **Will Deepen Existing Dialogues and Partnerships** with local labor- and employment-related entities, including CenterStateCEO, CNYWorks, Area Unions, and the Urban Jobs Task Force, among others.
- **Will rollout Syracuse BOOST**, a new partnership between Onondaga Community College, OnPoint for College, JOBSPlus!, and the Syracuse University X Lab to connect low-income city residents with the critical human services supports and educational pathways that they need to advance socially and economically. Syracuse BOOST is part of a six-city national cohort funded by the Kresge Foundation.
- **Will continue to provide Specialized Employment and Resource Supports** through already established programs including its CSBG Re-Entry Supports Partnership with Syracuse Housing Authority and its Early Childhood Pathways Program with Childcare Solutions of Central New York. Work and Soft-skill development opportunities for teenagers will be offered through the Big Brothers Big Sisters School-Based Mentorship Program, the family of Let Me Be Great #44 youth initiatives (Dunk Your Junk and I am a Lady), and continued partnerships with numerous area school districts.

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76 Ibid.
77 Ibid.
78 Ibid.
79 Ibid.
• Will explore **Additional Trainings** to ensure staff members can help navigate clients through the community’s various employment assistance resources, including but not limited to, unemployment, childcare, training/education, and Syracuse’s **Financial Empowerment Center**.

• Will educate clients and connect them to community resources about **Workers’ Rights and Safety in the Workplace**, especially in the age of COVID-19.

**Prolonged Agency Capacity Issues**: Policies limiting in-person staff/client interactions may be in place for an extended period of time. Agencies will need to maintain remote work and remote customer-interaction infrastructures to be responsive to these needs in a more sustainable capacity.

Throughout the pandemic, **PEACE, Inc.** has pursued practices that **Triangulate** 1) the safety of our staff and clients in a prolonged crisis; 2) federal, state, and local guidelines; and 3) the basic needs of the community. Rather than restrict, such balance has led to innovation and greater thoughtfulness about the ways in which the agency must deliver its services. Among the action steps that the agency has pursued and are considering for the next 3 to 6 months include:

• Acquiring **Additional Vehicles and Logistical Supports** to sustain formal home delivery programs for Seniors, Large Families, Single Mothers, individuals with chronic conditions, and other vulnerable populations.

• **Securing steady supply chains and purchasing equipment to ensure the confidence and safety of staff and client alike**. Such purchases will include, but will not be limited to, the purchasing of PPE, Masks, and other protective gear; Hand Sanitizers and Cleaning Disinfectants; Electric Hand Sanitizer Machines; Thermometers; Plexiglass Protective Shields; **CLOROX 360 Machines** and the appropriate disinfectant liquids; professional van cleaning and detailing; additional hazard/chemical/information sheets for staff; locker and storage bins for safety equipment; desks and other forms of social distance appropriate office equipment; and COVID-19 care packs for clients and families (masks, hand sanitizers, toiletries, and more).

• **Pursuing Transparent Communication and Best Practices** among **PEACE, Inc.’s** Human Resources, Facility, Fiscal, Support and Program Directors; the Agency’s Safety Committee; its essential workers and staff; as well as local community and statewide CAA partners who face similar challenges. The appointment of a logistics manager will ensure the sustainability of these new service deliveries and protective measures. The temporary contracting of cleaning and environmental agencies are also under consideration.

• **Purchasing appropriate Technologies** to facilitate multiple service delivery models. This will include, but will not be limited to, the continued pursuit of laptops, Chromebooks, tablets, and WIFI access for staff to pursue remote work; additional hardware and protections to handle expanded services and programs; additional **Microsoft Office and Zoom licenses**; and equipment to develop and to stage **SMART Conference Rooms**. Last, with more than 36% of **Life Needs Assessment** surveyed clients responding that they lack sufficient technology and internet access, engagement to meet the needs of said clients will need to be pursued.

• Accomplishing goals within the agency’s 3-year Strategic Plan, specifically **Human Resource, Facility, and Technology Assessments** that were budgeted and planned prior to the pandemic. In our COVID-19 moment, the completion of these assessments will prove both timely and critical.

• **Creating and Scheduling Staff Development and Trainings** that can help worker and client alike adjust to the new service realities of COVID-19. These will include, but will not be limited to, Custodial and Maintenance Trainings according to evolving regulations; the piloting of a planned “Career Ladder” program; Supervisory and Leadership Trainings; the gaining of Family Development Certifications within Family Services; scheduled **Head Start** in-services; and topics related to Equity, Trauma, Leadership,
Teamwork Financial Empowerment, Family and Child Development, and the pursuit of Higher Education. Educating staff and clients alike about the myths and truths of COVID-19 is also planned.

XIV. CONCLUSIONS AND FINAL THOUGHTS FOR STRUCTURAL CHANGE

By identifying a) the near- and long-term impacts of the COVID-19 pandemic as well as b) the real and potential community responses and services originating from them, Section XIII has served as a practical “Action Plan” for this assessment’s four value-based conclusions. The conclusions are based from the evidence presented in this assessment and the agency’s commitment to pursue structural change now.

Not everything that is faced can be changed, but nothing can be changed until it is faced. (James Baldwin)

Conclusion #1: The populations most impacted by the COVID-19 Pandemic in our community have long struggled with established structural insecurities and inequalities. Restrictive and/or expensive health care. Redlining, discrimination, and disinvestment. Inaccessible social nets for those with limited literacies, English-skills, technology, or time. Underfunded schools and family supports. Poor wages and unsafe work conditions that potentially cause stress and neglect. Gendered and sexual violence. Unequal access to the law. As the community deals with these issues in real-time, we must examine and address the historical inequalities that fostered these insecurities and led them to fester. The need for blunt community dialogue has been and remains real. It is our hope that this assessment can offer a modest contribution to it.

I want to see the whole picture, as nearly as I can. (John Steinbeck, In Dubious Battle)

Conclusion #2: The populations most impacted by the COVID-19 Pandemic have not fallen victim to a singular insecurity, per se. Rather, multiple Social Determinants of Health interact and bolster one another to impact one’s ability to remain healthy and whole during this crisis. Among those determinants outlined in this assessment: Physical and Mental Health, Family Supports, Food and Nutrition, Employment, Education, Childcare, Housing, Access to Capital, Technology, Access to Information through informal networks and media, Gender, as well as Race and Ethnicity.

But to gain a “whole picture” as Steinbeck suggests, it’s not just about how we measure; it’s also how we see. Data provides us with important markers of vulnerability. But as a community, we need to be steadfast in complimenting data -especially when faced with the shortage of it- with the lived and shared experiences of those most vulnerable at this time. A balanced approach must be a holistic one that yields greater insight and meets need. Upon speaking to a Senior who was one of the 9.7% identified as food insecure in our Life Needs Assessment Survey, we discovered that the senior’s inability to visit a now cancelled congregate meal site not only precipitated his current nutrition struggles but also furthered isolation and loneliness. Disruptions and changes don’t target one designated pain or trauma. They further multiple vulnerabilities.

The last shall be first and the first last.
(The Bible, Matthew 20:16. Evoked by Frantz Fanon in his The Wretched of the Earth to advance decolonization, the overturning of race-based structures, and the dignity of the colonized.)

Conclusion #3: For an effective and sustainable recovery, structural change must occur. In order to achieve these goals, our COVID-19 moment lies bare the need for inclusion. Those most affected by the pandemic -patients and essential workers to name a few- must themselves be involved with planning and decision-making. It lies bare the need for access. If we are to move towards a more digital world, then those who lack the means to engage it must also have a say in how we as a community use it. Most importantly, it lies bare the need for equity, values that are affirmed through the vision of community action, “that all people should be treated with dignity and respect and recognize that structural race, gender and other inequities remain barriers that must be addressed.”

If you want to go fast, go alone. If you want to go far, go together. (African Proverb)

Conclusion #4: Clearly, there is work to be done. But in assessing a community, we must note its strengths and not just its weaknesses. As has been stressed throughout this chronicle, new and novel coalitions are being created and deepened every day. People are rightly seeing tragedies such as the COVID-19 pandemic and the immoral deaths of Ahmaud Arbery, Breonna Taylor, and George Floyd as sparks for long-needed systems change. Empathy is key. It will provide us with the basis to overcome these inequalities. And we have shown this in spades. Staff members rallying a neighborhood for Thursday morning food and toiletry distributions. A man who receives food deliveries only to cancel them after emerging from forced quarantine because others needed it. A community that is already and remains ever-resilient.
Appendix: Life Needs Assessment Survey Results
Conducted by the Community Engagement Department of PEACE, Inc.

As outlined throughout the COVID-19 Community Chronicle and Needs Assessment, PEACE, Inc. conducted a Life Needs Assessment Survey from 11 May to 22 May 2020. In total, the agency received 229 anonymous responses from its clients. The Life Needs Assessment Survey was administered online and through Paper & Pencil; it consisted of 22 questions about basic life needs such as food, shelter, education, employment, and more. Created by the Central New York Community Foundation and championed by its Performance Management Learning Community (PMLC), the Life Needs Assessment Survey forms the backbone of a larger Foundational initiative to identify community needs and to help local nonprofits develop data-informed partnerships. For the past 2 years, representatives from across PEACE, Inc.’s programs have participated within PMLC.

Key Findings/Points for Further Investigation
When situated within the wider data points and analysis offered throughout the COVID-19 Community Chronicle and Needs Assessment, the survey bears out the need for deeper engagement in the following areas during our COVID-19 moment:

- **Employment:** More than 75% of 155 survey respondents stated that they lack a stable, full-time job.
- **Finance and Bill Paying:** Nearly 25% of 141 survey respondents affirming that they lack “enough money to meet needs and pay bills on time” and 40% of 227 survey participants lacking “some money for future needs.”
- **Childcare:** Nearly 40% of 109 survey respondents confirmed that they lack access to high quality childcare.
- **Access to Information and Social-Emotional Supports:** High rates of loneliness and lacking technology/computer access indicate a need for better communication and social-emotional supports.
1. Do you have long term housing that you can afford?
   \( n = 227 \)
   - Yes: 94.8%
   - No: 10.6%

2. Do you feel safe?
   \( n = 229 \)
   - Yes: 94.8%
   - No: 5.2%
3. Do you have enough food?
   n=227

   - Yes: 90.3%
   - No: 9.7%

4. Do you have dependable and safe transportation when you need it?
   n=227

   - Yes: 85%
   - No: 15%
5. Do you have clothes that are okay for work, school, and for the local weather?
   \[ n=226 \]
   
   - Yes: 94.7%
   - No: 5.3%

6. Do you have enough money to meet your needs and pay bills on time?
   \[ n=227 \]
   
   - Yes: 76.2%
   - No: 23.8%
7. Do you have public or private health insurance for you and your family?
   n=229
   Yes 97.4%
   No 2.6%

8. Do you know how to get help if someone in your family needs mental or emotional health care?
   n=226
   Yes 87.6%
   No 12.4%
9. Do your family members ever make you feel unsafe?
n=227

Yes 6.6%

No 93.4%

10. Do you have access to good quality childcare if you need it?
n=109

Yes 60.6%

No 39.4%
11. Do you know how to get legal help if you need it?
n=227

Yes 80.6%
No 19.4%

12. Do you have the skills you need to get the kind of jobs you want?
n=141

Yes 75.9%
No 24.1%
13. Do you have a high school diploma or an equivalency diploma (such as a GED)?
   n=226

Yes 84.1%
No 15.9%

14. Do you know how to get more education if you want it?
   n=215

Yes 86%
No 14%
15. Can you say that you had no problems with addiction in the last year?
n=224

- Yes: 86.6%
- No: 13.4%

16. Has your home or child been tested for lead?
n=212

- Yes: 57.5%
- No: 42.5%
17. Do you know how to get help if you or someone in your family has a learning need?
   \[n=214\]

18. Do you have some money for future needs?
   \[n=227\]
19. Do you have a stable full-time job?  
   n=155

![](chart1.png)

20. Do you have sufficient internet and technology access to meet your needs for school, work, and other responsibilities?  
   n=221

![](chart2.png)
21. Do you find yourself spending time alone more often than you would like?
   n=226
   
   Yes 38.9%
   No 61.1%

22. Are there people on whom you can depend to help you if you really need it?
   n=229
   
   Yes 89.1%
   No 10.9%