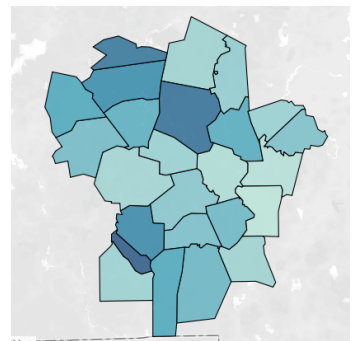


# The Impact of COVID-19 on MetroWest

## What we've learned from March-July 2020

### Key Findings

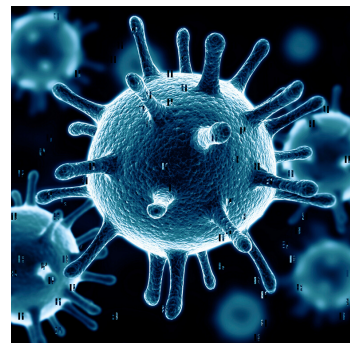
- All parts of MetroWest were affected by the virus, but the communities that experienced the highest rates of COVID-19 rates per 100,000 residents were those that had the greatest representation of vulnerable populations
- The health and human service sectors were hit particularly hard during the pandemic, as income and reimbursements decreased and demand for services skyrocketed. At the same time, some programs and services had to cease, resulting in furloughs and gaps in care for some clients.
- Organizations must prepare for long-lasting economic and psychological effects on their clients



COVID19 has irrevocably changed how we provide healthcare and general support services in our country. MetroWest is no exception, and our conversations with over 50 MetroWest nonprofits and municipalities over the past few months give us insight into the impact the virus has had on organizations and their clients. This report summarizes findings from those conversations and provides recommendations for MetroWest agencies to prepare for future pandemics.

No one factor can completely predict the incidence of COVID19 cases in a community, but MetroWest follows state and national findings in that the greater the presence of vulnerable populations in a community, the higher the case rate. Regardless of case counts, it is clear that the impact has been widespread and nondiscriminating across MetroWest.

Five MetroWest communities have consistently had the highest case rates per 100,000 residents over the course of the pandemic. When the 25 MetroWest communities are ranked on various characteristics, the populations in these five communities often have the highest percentages of uninsurance; racial diversity; foreign born population; households below poverty level; and people speaking languages other than English at home. Additionally, there tends to be a greater presence of long term care and incarceration facilities and low per-capita and median household income in these communities (1). The combination of these factors contribute to the higher number of cases, and at times the case rates of these communities fell within the top decile of case rates across the state (2).



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But looking at testing and case rates is only one way of assessing the health of our communities, and the impacts of the virus extend beyond the devastating physical effects. Among the most quantifiable of these impacts is the economic effects. An economic downturn directly affects the health and wellbeing of a community and deals a blow to those who were already in precarious situations.

Unemployment skyrocketed in all 25 communities since March, with unemployment in some parts of MetroWest exceeding 20% unemployment in early June (3). There were nearly 5 times as many unemployed MetroWest individuals in April 2020 compared to April 2019 (4). High unemployment leads to more households relying on social service agencies for assistance, and causes and amplifies psychological distress as financial responsibilities intensify and social interaction is stunted.

A weak economy affects organizations, too. In a survey conducted by the Massachusetts Nonprofit Network, nonprofits across the state report revenue losses from 10-40%. More than other sectors, respondents in the health, housing, and human service sectors reported increased demand for their services, and the health and human service sectors simultaneously had the most widespread reports of increased financial costs. The human service sector also reported a high degree of service level disruption (5). While some of these losses have been mitigated by government support and emergency funding, it is not clear how long this support will last or if it will be available in future outbreaks.

MetroWest agencies, especially those providing food, saw client enrollment numbers increase 3-5 times over their typical amounts. Providing access to food was a concern for clients of all ages, and in some cases this was made more difficult due to changes in supply chains – for example, businesses that typically donated excess food were not operating – as well as increased costs and scarcity of basic supplies.

## Table: Select characteristics of MetroWest communities

Highest case rates	Rate per 100k (as of 7/1)	Highest unemployment	% labor force (as of 6/6)	Highest uninsured rates	% of population (6)
Framingham	2328.57	01702 (Framingham)	24.6	Framingham	6.7
Marlborough	2274.45	01752 (Marlborough)	21.52	Marlborough	4.8
Milford	2204.53	01757 (Milford)	21.17	Hudson	4.1
Westborough	1777.93	01749 (Hudson)	20.91	Milford	3.5
Northborough	1636.13	01756 (Mendon)	20.84	Bellingham	3
Lowest case rates	Rate per 100k (as of 7/1)	Lowest unemployment	% labor force (as of 6/6)	Lowest uninsured rates	% of population (6)
Norfolk	218.7	02030 (Dover)	14.86	Medfield	0.2
Medfield	315.78	02052 (Medfield)	16.56	Sudbury	0.2
Dover	345.41	01778 (Wayland)	16.73	Wayland	0.2
Sherborn	390.9	02056 (Norfolk)	17.49	Sherborn	0.3
Franklin	402.22	01770 (Sherborn)	17.54	Norfolk	0.5

Quarantine and isolation resulted in increased need for mental and behavioral health support and concern about individuals who deal with opioid addiction or other substance use. Certain preventative health programs, such as grab bar installation for seniors or in-person exercise programs, were suspended, the effects of which have not yet fully manifested.

Agencies were forced to fast track their implementation of telehealth technology; while generally successful, varying degrees of access to technology and internet rendered these solutions difficult for some clients. It will take time for clients to recover financially and emotionally, and organizations understand that these strains will last for a long time.

Organizations found themselves at opposite extremes dealing with staffing issues. Some employees were furloughed or laid off as agencies made emergency financial decisions or ceased programming.

Other employees faced burnout as they met increased demand. Further complicating matters, it was not feasible for many organizations to utilize volunteers as they struggled to access sufficient protective equipment and cleaning supplies and provide proper training. Others simply wanted to mitigate risk and avoid compromising the health of their volunteers.

More than one organization experienced a temporary mission shift as meeting basic needs became the top priority. In particular, organizations serving immigrant communities became the sole trusted support for many families; these organizations became the main source of food access when citizenship status made them ineligible for other support or fearful of repercussions given the current political climate. Additionally, some organizations found themselves providing delivery service or in-home check-ins as clients were confined to their homes.

## **PREPARING FOR THE FUTURE**

There are several lessons learned from the first part of this year that will serve us well in preparing for future pandemics. The following are recommendations from the Foundation based on our observations and conversations with nonprofits and municipalities:

### **Ensure the safety of staff and volunteers**

- Personal protective equipment and basic cleaning supplies for staff and residential programs will likely become scarce again. Purchase adequate supplies while they are available to be prepared for future shortages.

### **Anticipate client needs**

- Hygienic/toiletry products (including diapers and wipes) and nonperishable foods including baby food and formula were in high demand; replenish stock of key items and prepare a backup supply whenever possible.

### **Assess training for staff**

- Cross-training of staff and volunteers may become necessary if a staff member becomes sick or is otherwise unable to work. For agencies that shifted the types of services they offer, it may be necessary to assess whether it is sustainable to continue those programs.
- Prepare staff for how to recognize and respond to signs of trauma in the clients they serve, and encourage them to offer reassurance.
- Ensure that staff and volunteers are trained on proper cleaning procedures.
- All agencies should ensure that the board is engaged in and aware of safety planning efforts. Smaller agencies may need to include board members in emergency staffing.

## Revisit and update operations

- Rethink how your organization provides services or consider ways in which technology may be used to provide a touchless experience for clients and staff.
- Prepare for telehealth and virtual services moving forward by updating infrastructure and preparing clients. It may also be necessary to adjust metrics of success and communicate these changes to funders and board members.
- Financial preparedness: many agencies experienced simultaneous decreased revenues and increased expenses. Assessing general cash flow, especially when future government support is uncertain, is imperative.
- Assess communication patterns across sites and workgroups, especially for remote staff. Contact information may need to be updated. Frequency of communications may change as well.
- Consider opportunities to collaborate or refer clients to agencies that specialize in other areas. It is advantageous to be aware of how operating hours and contact information may change for collaborators.
- Revisit the layout, traffic flow, and general crowdedness of office spaces with respect to social distancing. Some organizations may be able to properly space out workspaces and waiting rooms, while others may need to implement a rotating work schedule or other adaptation in order to keep staff, volunteers, and clients safe.

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1. Data from 2014-2018, 2013-2017 U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates
2. Massachusetts Department of Public Health Weekly COVID-19 Public Health Reports, published April-July 2020
3. Applied Geographic Solutions, Inc., Thousand Oaks, CA weekly releases; [AGSdataprod.com/unemployment](https://AGSdataprod.com/unemployment)
4. Labor Force and Unemployment Data by month from Massachusetts Department of Unemployment Assistance
5. Massachusetts Nonprofit Network Commonwealth Insights report, 2020 First Edition
6. The Geography of Uninsurance in Massachusetts: AN UPDATE FOR 2013–2017, a report of the Blue Cross Blue Shield of Massachusetts Foundation