
NW CARES: LEARNING FROM COVID-19

FINAL REPORT

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BACKGROUND

In March 2020 the novel coronavirus, which was later known as COVID-19, made its appearance in Connecticut. It was mid-March when Governor Lamont issued an executive order closing schools - and later non-essential businesses - that the severity of the situation and its potential impact on Northwestern Connecticut communities became known. Unemployment skyrocketed; personal protective equipment and other essential supplies were scarce. Health and social care organizations around the region were impacted in numerous ways.

In September 2020, Northwest Coalition of Agencies Related to Elder Services (NW CARES) requested an evaluation of the early response to COVID-19 in the northwest region of Connecticut. The authors were asked to gather data from the community to provide recommendations for system strengthening for future pandemics or related systemic stressors.

The authors did not want to ask the community to focus on the negative impacts and problems brought about by the COVID-19 pandemic. Instead, this project aimed to take a salutogenic, strengths-based approach to understanding the organizational and community assets which enabled the local response to COVID-19. Salutogenesis in healthcare is the focus on the conditions needed to sustain health, as opposed to the factors which lead to disease. In community resilience work, the salutogenic approach encourages participants to identify the assets and strengths that exist within their communities and to envision ways to use those assets to create a successful and connected region.

PROJECT TEAM

Alison Coates, MS, MBA (Assistant Research Professor, Clarkson University; PhD Candidate, University of Ottawa) is the project lead.

Carrie Roseamelia, PhD (Assistant Professor, SUNY Upstate Medical University) is a methodological consultant and facilitator.

The steering committee for the project includes the following individuals from NW CARES:

- Lori Fedewa, Connecticut Office for Rural Health
- Rick Lynn, Northwest Hills Council of Governments
- Kevin O'Connell, The Geer Corporation
- Gertrude O'Sullivan, Foundation for Community Health
- Julie Scharnberg, Northwest Connecticut Community Foundation

GEOGRAPHIC SCOPE

The steering committee defined a geographical area of interest which included the following communities: Barkhamstead, Beacon Falls, Bethlehem, Bridgewater, Burlington, Canaan, Cheshire, Colebrook, Cornwall, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Hartford, New Milford, Norfolk, North Canaan, Oxford, Plymouth, Prospect, Roxbury, Salisbury, Sharon, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Wolcott, Woodbury.

METHODS

Ideally, community asset building work involves bringing community members together for connection, discussion, and knowledge sharing. Given the ongoing social distancing recommendations related to COVID-19, physical gathering was not possible. Instead, we planned several rounds of data collection which could be conducted at a distance:

1. Open-ended qualitative survey
2. Focus groups with community members
3. Community asset identification exercise

An analytical framework (figure 1) was developed to guide the construction of the open-ended qualitative survey.

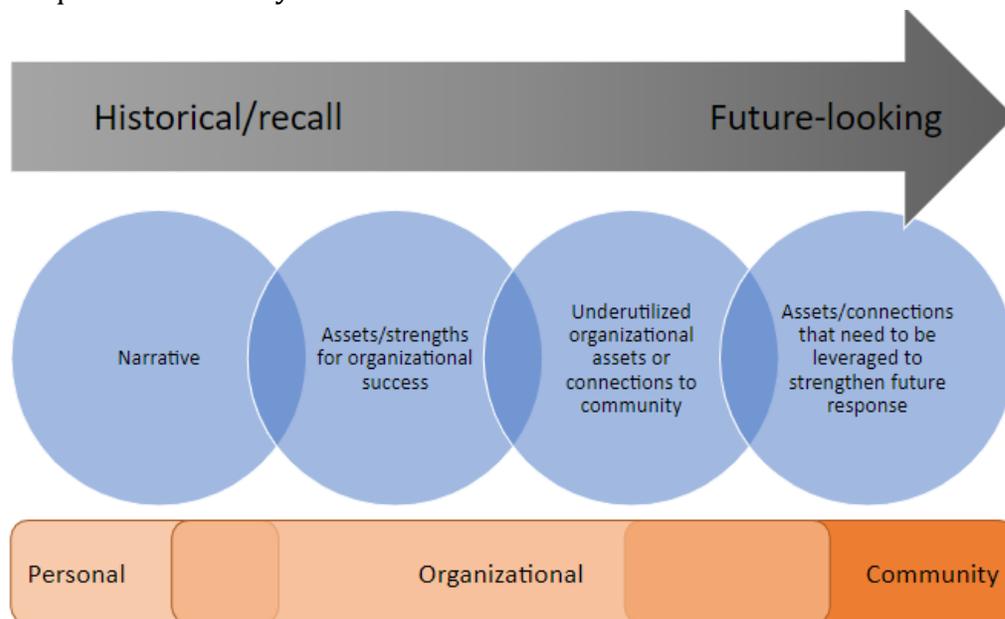


Figure 1: Analytical framework underpinning qualitative data collection

The four blue circles correspond with the concepts probed through the qualitative survey. These were designed to draw the respondent from a historical recall of the event through to a future-looking problem-solving state. Further, various questions allowed the team to collect perspectives related to personal, organizational, and community level factors. Since many months passed since the initial days of the COVID-19 pandemic, the COVID experience was evoked in participants' memories through the request for a personal narrative: their "and then COVID hit" story.

By using asset-oriented language, respondents were challenged to focus on the strengths and abilities within their communities, rather than the problems they encountered. COVID-related challenges were therefore collected within the context of solutions and strengths. The survey copy can be found in Appendix A.

The survey was circulated by the members of the steering committee and of NW CARES to their networks of community stakeholders. Survey data were collected from late September through early November. Two focus groups were conducted in early December 2020 to delve more deeply into survey findings. Meetings with the steering committee and NW CARES were recognized as key informant interviews and focus groups (respectively) and thus included in the analysis to augment the understanding of the community and its response to the pandemic. Qualitative data from surveys, interviews, and focus groups were synthesized and analyzed thematically.

This final project report provides a detailed summary of findings. An executive summary of findings and recommendations, and a community brief are being prepared and will be disseminated separately.

RESULTS

The open-ended qualitative survey was completed by 61 individuals from the Northwest Connecticut region representing the following sectors:

- Long-term care/Senior care
- Offices of Emergency Management
- Funding agencies/Foundation
- Housing services
- Education
- Food assistance
- Faith-based organizations
- Children and youth services
- Towns and Governments
- Health and emergency services
- Libraries
- Consumers/Public

Survey data were combined with information provided by the steering committee as key informants, and with data gathered during two focus groups. Data were analyzed to identify 1) challenges encountered and organizational responses; 2) organizational characteristics that enabled response; 3) views of collaboration and communication; 4)

COVID’s “silver linings”. Full code reports for each of the abovementioned themes are provided in Appendix B.

CHALLENGES ENCOUNTERED AND ORGANIZATIONAL RESPONSES

Many of the survey and focus group questions revealed challenges faced by community groups. The “then COVID hit...” narratives were most expressive of the deep early impact of the pandemic on their organizations. Table 1 lists the various types of challenges expressed by respondents as well as some of the ways that organizations responded to those challenges.

Table 1: COVID-related challenges and organizational responses

Challenges	Responses
Loss of revenue <ul style="list-style-type: none"> • Facility closures • Reduced demand for services • Interrupted fundraising programs Increased expenses <ul style="list-style-type: none"> • PPE • COVID testing • Incentivizing labor 	<ul style="list-style-type: none"> • Financial support from federal programs: PPP Loans, FFCRA, CARES Act, increases in Medicaid reimbursement • Grants from community foundations • Furloughs and layoffs
Difficulty in obtaining needed supplies <ul style="list-style-type: none"> • PPE was hard to obtain • Competition between community organizations for needed supplies • Inability to procure food for distribution 	<ul style="list-style-type: none"> • PPE from strategic stockpile, community foundations, some emergency service centers
Closure or reduction in services <ul style="list-style-type: none"> • Closure of workplaces • Facility closures due to stay-at-home orders • Loss of volunteers 	<i>We did things differently</i> <ul style="list-style-type: none"> • Accommodating working from home • Shift to curbside pickup, delivery • Shift to virtual services to replace in-person programs
New/different needs of clientele <ul style="list-style-type: none"> • Financial strain on individuals • Loss of social support and opportunities/increased feelings of isolation 	<i>We did something new</i> <ul style="list-style-type: none"> • Some foundations provided direct support to individuals to assist with rent/mortgage, utilities, fuel • Implementing friendly phone calls to replace in-person social interactions

Many respondents indicated their organizations were either functioning well or enjoying growth and substantial forward momentum when COVID hit and abruptly interrupted that trajectory. The second half of these narratives described the challenges their organizations experienced, and the many ways their services and work lives changed as a result. Few narratives focused on challenges and difficulties without also appreciating their organization's ability to respond to new or changing needs and conditions.

"The staff ... moved quickly and began to work in survival mode-addressing immediate needs, safety and health concerns."

ORGANIZATIONAL CHARACTERISTICS THAT ENABLED RESPONSE

When asked what went well for organizations' responses to COVID, respondents reflected on positive attributes and qualities that enabled their successes. Figure 2 presents a word cloud generated from the responses to the survey question that asked about strengths enabling organizational response. Many respondents noted their support from their organization's leadership (middle and senior managers, executives, and boards), those deemed invaluable in facing the challenges of COVID.



Figure 2: Word cloud depicting characteristics of organizations that enabled response to COVID

A portion of the sentiments related to the characteristics of individuals working in the organizations. Respondents expressed gratitude for the caring, kindness, compassion, and resourcefulness of their colleagues. Another set of responses focused on organizational strengths related to flexibility: proactivity, creativity, ability to pivot and to act quickly. Many of the respondents identified partnerships and relationships as key factors in their organizations'

"As the doors of the building closed during the Stay Home Order, our creativity opened."

response. Both existing and new relationships - with similar organizations in other nearby communities or with different organizations within their own locale - were listed as important to success.

VIEWS OF COLLABORATION AND COMMUNICATION

Despite an overwhelming focus by respondents on the strengths and assets that underpinned their own organizations' response, questions which probed interorganizational connections and community assets revealed gaps and potential opportunities. Many respondents indicated their response to COVID-related challenges could have been better if they had more connections and communications with other organizations in their communities who faced similar challenges. Many believed early partnership-building within the community could have reduced competition for scarce resources and could have increased knowledge of existing sources of support.

"At times I felt we were working against each other. PPE was, and still is, in such high demand and we did not combine our efforts to purchase, store and distribute supplies effectively."

"We were all reacting to the immediate crisis hot spots and not discussing what may come next, how each agency could play a role or helping to resolve conflicts between agencies."

A large portion of the qualitative data discussed communication and information sharing. The comments address communication at various levels (between organizations, to the public, from governments/elected officials) and for various purposes (information sharing, resource sharing, collaboration). Comments regarding the quality of communication ranged from highly positive to highly critical.

The data reveal a substantial difference between the perceptions of towns and municipal services compared to the perceptions of non-municipal community-based organizations in terms of the quality of communication and information sharing. Towns, town officials, and municipal services described tight communication channels and effective information sharing with and from Emergency Medical Directors (EMDs). In some towns, formal and regular communications were inclusive of city departments, hospitals and health districts, schools, emergency management, and police. These strong communication channels were often noted not to extend to other

"COVID in the beginning was a constant moving target with protocols rapidly changing, communication to the general public was poor."

community-based health and social care organizations. This gap was acknowledged by respondents both within and outside of the town services spheres.

"It was hard to keep up. Every day the news changed. Don't wear masks. Wear gloves. Don't wear gloves. Wear masks."

In the absence of clear communication from local elected representatives, respondents from community-based organizations sought information elsewhere, finding value in information provided by their state and federal representatives and by making use of resources provided by the Governor's office, including using state hotlines for guidance. Although organizations mostly found ways to satisfy their information needs, considerable frustration was expressed about the lack of clear communication channels and the lack of a unified local message. Additionally, many respondents found it difficult to navigate the changing regulations and conditions to which they had to adapt. Many community organizations expressed regret that they were not made aware early on of assistance and resources that might be available to them - mainly with respect to potential help from their emergency management offices.

A number of respondents, primarily consumers/public, lamented the lack of clear and consistent communication from local government officials to the public. Most responses related to communication with the public were described as confusing, conflicting, and fluctuating.

The variety of available communication channels was both an asset as well as a liability in conveying clear and consistent communication. Social media, print media, and radio all provided means by which information could be disseminated quickly, but as guidance and conditions changed, the messaging became fragmented, inconsistent, and quickly out of date. Many organizations opted to communicate directly with their clientele either through automated call systems for one-way communication or by recruiting volunteers to phone clients in order to both transmit information about services and gather information about needs.

"Maintaining relationships with nonprofit organizations, local leaders, school districts and businesses is the best way to ensure that we can be effective in the future."

COVID'S SILVER LININGS

Strengthened Relationships

- "Even in isolation/quarantine, everyone came together and reached out to their neighbor."
- "Through all of this, I found myself developing a deeper relationship with my clients."

- “In some instances, families have become closer- a grandmother who reads chapter books to her grandchildren on a set date; a family gathering of siblings twice monthly to talk about a set subject, e.g. what did you learn from Mom; reading; attending webinars and lectures, taking classes.”

*“We together found **strength** in each other and **shared** it.”*

Expanding Reach & Innovation

- “For the first time, all insurance companies are reimbursing for telehealth. This is reducing barriers to care and, we hope, will continue after COVID passes.”
- “We were able to expand program and resource offerings throughout our service areas in the state where we may not have previously had as large of a presence due to the limitations of geography and volunteer support.”
- “It was a bit uncertain the first month, but it has largely improved including having people join us who live out of the area. So, our group has expanded and that is a silver lining.”

*“COVID has allowed us the **opportunity** to do what we always have done, but in a **different** way.”*

Frontline Workers: Unsung Heroes

- “As this pandemic drags on, it is becoming increasingly difficult to keep everyone focused but our employees have truly behaved like front line heroes.”
- “Everyone’s stamina and patience have been tried during this International Emergency and the Geer staff have shown themselves to be the cream of the crop.”
- “It's impossible to adequately express my gratitude for those like my wife (and sister, who is one of the managers for a busy California emergency room) who expose themselves every day to this virus, and have to protect their families and loved ones at greater inconvenience than the general population.”
- “Our front-line workers, those most at-risk due to being in close contact with our youth and families stood up and did a tremendous job through adversity and uncertainty. When our staff became ill, others volunteered to step up. When our youth and families needed us the most, they showed up. They are truly some of the unsung heroes of this pandemic.”

*“Our front-line workers (...) are truly some of the **unsung heroes** of this pandemic..”*

LIMITATIONS

The survey was circulated by the members of the steering committee and of NW CARES to their networks of community stakeholders, thus formal sampling was not applied. The results presented in this document may not be reflective of all sectors and demographics within the region.

We experienced low participation in online focus groups. Although we hoped to complete data collection before the anticipated “second wave” of COVID, that wave was ongoing in early December 2020 when the focus groups took place. Because participation was low, we hoped to delve deeper into the data during the asset identification process. Instead, we found there was extremely low participation in the collection of organizational data by the students in February (see Appendix C) despite providing both phone and online survey methods. We attribute this reticence to community fatigue related to COVID surveys.

Although Emergency Medical Directors held a key role in COVID responses from the perspective of participants, their unique viewpoint is lacking in the data. Survey responses were brief and representatives did not participate in focus groups or interviews. Future work should engage more deeply with these key players to learn about their roles and responsibilities in emergency response.

KEY MESSAGES AND RECOMMENDATIONS

The various health and social care organizations in the Northwest region of Connecticut demonstrated resilience and creativity in quickly responding to drastic changes in the conditions within which they provide their services. Despite facing financial pressures and resource constraints, organizations leveraged the strengths of their employees, volunteers, and partnerships to respond to the continued and changing needs of their clientele. They adapted to provide needed services in a different way, and to provide new services when new needs presented themselves.

“I fully believe we have the talent, the will, and the resources to manage this crisis and those in the future. This has demonstrated that true partnerships between the public and private sector are essential and proven to be a necessary part of the solution.”

Although organizations possessed many strengths and abilities which could be harnessed to respond to the crisis, many did this in isolation. Collaborative relationships and cooperation improved over time, but in the early days of the pandemic, many organizations felt that they lacked clear communication and outside support, especially from their local government services.

“In the beginning stages of this crisis it was the private sector that kept things moving. Communication and resources were not available in the early stages and we needed to adapt... Early on as people were getting sick, PPE's were unavailable and resources not accessible, we were on our own.”

Organizations that were well connected to their local emergency management offices or who had early access to consultations with their emergency management director were more likely to report that communication, knowledge sharing and local support were beneficial to their response to the pandemic.

For future planning, special attention should be paid to the most vulnerable populations as anxieties among participants focused on those for whom systemic inequalities were amplified during the pandemic and whose voices were not heard in this data collection process. Examples include the homeless population and those for whom English is not their first language.

From the various data collected, the following opportunities for system strengthening, including specific recommendations for action are presented:

Opportunities	Recommendations
<p>Community-based health and social care organizations would benefit from connecting to their Emergency Management Services much earlier in an emergency.</p>	<p>Establish an emergency response system that includes non-municipal stakeholders.</p> <p>Develop clear accountabilities and responsibilities for EMDs.</p> <p>Introduce and connect community organizations to the EMDs that cover their service region(s).</p> <p>Educate community organizations on the roles and responsibilities of EMDs.</p>
<p>Strongly connected communities share information and resources to sustain services in the face of emergencies.</p>	<p>Develop and maintain a directory of health and social care providers: services provided, regions served.</p> <p>Make this directory publicly available so that organizations can build relationships with peers within their region and within their sector.</p> <p>Maintain an asset matrix so that regional accountabilities and responsibilities are clearly elucidated.</p>

<p>Clear and coordinated communication reduces confusion and inspires trust.</p>	<p>Formal communication structures should be developed identifying who will be the authoritative source of information and how that information will be transmitted throughout the region.</p> <p>The emergency communication plan should target all audiences (municipal services, community-based organizations, public) with a unified and consistent message that is delivered across a variety of media, including social media.</p> <p>Identify vulnerable populations that need to be considered in future emergency responses.</p>
<p>Collaborative sourcing of emergency supplies increases buying power and reduces internal competition.</p>	<p>Using an asset mapping approach, understand which organizations within the community have efficient supply chains, connections, access to resources, and space to store supplies in the short and long term.</p> <p>Create an efficient and cost-effective plan to buy, store, and distribute personal protective equipment (PPE) and other essential supplies.</p>
<p>Recognizing and responding to deep and lasting community impacts of the pandemic can help to foster resilience.</p>	<p>Develop a means to formally recognize and celebrate unsung heroes of the pandemic: essential workers, frontline health care workers, community health and social care organizations, volunteers, and resilient community leaders.</p> <p>Allow community members to participate in this celebration in both the design of the recognition program and the nomination of meritorious recipients.</p> <p>Widely disseminate a community brief based on our findings to highlight the strengths and assets within your region, to celebrate successes. Invite public comment.</p> <p>Maintain and improve public spaces that permit safe gathering: fund infrastructure projects that ensure robust ventilation of indoor spaces, and preserve and expand community green spaces.</p>

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“So the story is that we were hit with a crisis which no-one could prepare for and quickly adjusted our services to safely and effectively meet the needs of our [clients]. We never closed, our staff never stopped working, and [clients] in our care never stopped receiving services.”

NW Cares Learning from COVID-19

We have been recruited by NW Cares to help your community learn from your experience meeting COVID-19 challenges. We will use this information to plan focus groups to dig deeper into some of the issues you faced, and to provide a report with concrete suggestions for meeting future similar challenges.

Through this survey we will gather stories, from as many perspectives as possible, focusing on how the community experienced COVID-19. We hope you will provide a candid view of how you (and your organization) experienced this unprecedented time.

We realize that some of the information you want to share may come across as critical of your organization, or other organizations, therefore at your request we will remove your identifying information (name, role and organization) in reporting out the results of this survey.

If you have any questions, please contact Ali Costes: alison.m.costes@gmail.com

* Required

1. Name

2. Title or Role

3. Agency

4. Phone Number

5. Preferred email address *

6. Tell us your "and then COVID hit" story

We have noticed that many of the stories people tell about their experiences from the last few months include, somewhere, the phrase "and then COVID hit...". Can you tell us your story?

7. What went well for your organization's response to COVID?

Tell us about things that your organization did well to respond to the COVID pandemic and its related challenges. Let us know what assets and characteristics of your organization enabled this response.

8. What organizational assets or community connections were underutilized in the COVID response?

Describe how the people and/or resources in your organization could have been better utilized for greater efficiency and/or effectiveness in your community's response to the pandemic. How and where in the community could connections have improved response?

9. What community or organizational assets should be mobilized or connected to respond better to future challenges?

Thinking of the strengths and capacities of your community and your organization, please reflect on what needs to happen within your community so that future emergency responses (eg. to a second COVID wave, or to a future similar pandemic) are stronger.

10. Is there anything else you would like to add?

11. Would you be willing to share your experiences in a focus group setting via web conferencing? *

Mark only one oval.

- Yes, please ensure your contact information is provided in this form.
- No
- Maybe

12. Can we share your responses in our reporting documents? *

Mark only one oval.

- Yes, and you can keep my name, role and organizational information
- Yes, but please remove my name, role and organization from your reporting documents
- No, please only use my responses to plan your data collection efforts

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APPENDIX B: RESPONSE CODING REPORTS

CHALLENGES ENCOUNTERED

<Files\Final NWCares Survey Responses> - § 49 references coded [8.74% Coverage]

Reference 1 - 0.08% Coverage

Geer's initial response to the Covid-19 virus in March 2020 was to close the parts of its operations most used by the public and to limit all employee movement between buildings. Outpatient Physical Therapy, The Adult Day Center, the entire Transportation network, The YMCA, and the Railway Café were all closed early in the pandemic resulting in the loss of \$200,000 per month in revenue. Moreover, both the Assisted Living and Nursing Home closed their doors to new admissions until new infection control procedures could be put in place and ensure the safety of all staff and residents. Both buildings are operating significantly below pre coronavirus occupancy levels. Currently, we are admitting again to the nursing home at pre Covid-19 levels, but occupancy remains stagnant.

Reference 2 - 0.02% Coverage

In addition to lost revenue there are many additional expenses related to the purchase of personal protective equipment (PPE) and incentivizing labor during the difficult working conditions under the coronavirus.

Reference 3 - 0.02% Coverage

We cannot overstate how much this pandemic has fundamentally changed the services Geer provides to its community. All the public access to our campus has been closed.

Reference 4 - 0.32% Coverage

March is when we typically start to gear up for our Fundraising activities - our Appeal Letter in April, our Giant Tag Sale in August and our Gala in October. Needless to say, only our appeal letter happened. Construction was halted, retail operations at This 'n' That were suspended, and all plans for a strategic retreat for May were put on hold. Our budgeting process was a complete SWAG (FY ends 6/30), and we contemplated our cash flow to support construction if and when it could be restarted to be collapsing. We also worried about our Partners, as we hold all the mortgages for our families.

Reference 5 - 0.32% Coverage

Well, volunteers, which are our lifeblood became unavailable, and since the bulk of our fundraising takes place in person, the only resources we had were our website, Constant Contact (for email) and Facebook. We like to think we used the on-line resources well for communications.

Reference 6 - 0.14% Coverage

We were not able to continue our face to face programs. Because students and teachers were thrust into virtual learning, we took a back seat with enrichment learning to allow for adjustment to online classroom learning.

Reference 7 - 0.12% Coverage

Throughout the spring, there were too many unknowns about COVID and too many shifts to student learning to worry about non-essential learning.

Reference 8 - 0.07% Coverage

As the danger of Covid-19 became more widely known, beginning the week of March 16th we no longer allowed patrons to enter Pilgrim House.

Reference 9 - 0.04% Coverage

Previously patrons had mingled with one another in the parking lot, which came to an end.

Reference 10 - 0.01% Coverage

Covid hit and we closed our doors to members on March 13 after BINGO, a fund raiser soup sale and lots of good-byes and stay safes.

Reference 11 - 0.01% Coverage

At that point, we closed our lunch program.

Reference 12 - 0.04% Coverage

The pandemic completely changed the way we run the podcast - and also the way events are managed at the bookstore

Reference 13 - 0.06% Coverage

In response to the shelter in place directives, we ceased having in person worship services at the end of March

Reference 14 - 0.06% Coverage

We were unable to do some of the community based events we do each year which connects us to the FV Communiity

Reference 15 - 0.01% Coverage

COVID abruptly made our efforts come to a halt.

Reference 16 - 0.32% Coverage

We lost our freedom to leave the building, to visit family or to have friends and family come visit us. We were encouraged to remain in our apartment as much as possible. Activities were cancelled or limited to 8 people at a time spaced 6 to 8 feet apart. Communal dining was canceled - three meals a day delivered to our room. We can no longer use the YMCA.

Reference 17 - 0.07% Coverage

Our group held meetings on the second Sunday of the month at Noble Horizons. When COVID hit, Noble Horizons locked down immediately.

Reference 18 - 0.32% Coverage

The pandemic was very disruptive to local governments in the NHCOG's 21-town service area. Local officials had many questions on appropriate protection measures for town facilities and scheduled programs. Effective communication and coordination with certain state agencies was lacking.

Reference 19 - 0.32% Coverage

Things seemed to be going along nicely. Settled into the position of be First Selectman, working on roads and planning bridge work, budget workshops, etc.....and then COVID hit. Everything went to the back burner and it has been crisis mode in one way or another ever since.

Reference 20 - 0.13% Coverage

Life was good. Meetings were held, people were decent to each other, life moved forward. "And then COVID hit". Now some people hardly socialize, they stay very far from others.

Reference 21 - 0.05% Coverage

The top issue individuals faced was being unable to make rent or mortgage payments.

Reference 22 - 0.32% Coverage

I think we did not have the expertise to access greater state or federal relief funds where we could have partnered well to serve the local population.

Reference 23 - 0.32% Coverage

My wife has dementia. She loves to dance and sing. Before covid hit we went to karaoke 2 nghts a week and to the brass Horse where there was a live band on Sunday afternoons where she would Dance. This all came to an end when the pandemic began. Her condition deteriorated over the next six months. I could no longer care for her and had to put her in an assisted living facility. I am convinced that if there had not been a pandemic that I would still be caring for her at home.

Reference 24 - 0.32% Coverage

I am the new Social Worker for the town and since I have been here there has been an influx of requests for assistance with rent, mortgage, utility and fuel bills. Many people are not back to work or have had their hours reduced.

Reference 25 - 0.32% Coverage

We had just admitted our newest class of nursing students and were just getting into the rhythm of clinical and lab rotations, and then COVID hit. All students were immediately barred from attending any of the clinical facilities and we had to scramble to find replacement clinical activities.

Reference 26 - 0.32% Coverage

For our food pantry everything quieted down. Few people came out to get groceries. Not until July did the visits start to pick up and even still today it is only 2/3 of our normal visits.

Reference 27 - 0.22% Coverage

With COVID we could no longer meet in person and had to move to webinars. Our attendance has declined as some people don't want to participate in webinars. Some speakers we had lined up don't want to speak virtually and are waiting for a return to in-person events.

Reference 28 - 0.32% Coverage

Fundraising plans for calendar 2020 were just beginning, and the budget discussions were commencing. That all changed. Our retail operation shut down, our Giant Tag Sale could not happen, and our October gala was cancelled. We could not accept any donated goods, which is the backbone to our Annual Tag Sale and our ongoing retail operation.

Reference 29 - 0.16% Coverage

We were on track and moving forward. Then on March 13th, Friday the 13th life as we all knew it changed. Our 5 residential programs that provide 24 hour care, our educational programs, the CJR Wellness Centers which provide clinical behavioral health services, our after-school early intervention and site based therapeutic programs all drastically changes how we operate and do business. We adapted-quickly and with purpose. Our residential programs had several staff and student infections as we all learned the nature of the virus and stayed operational. Our 3 school programs transitioned to distance learning models, in two week period which included getting all students Chromebooks, laptops and computer access, while training our teaching staff how to effectively use this technology. Our in-home clinical services and office-based Wellness Center therapies all moved to telehealth systems in one week.

Reference 30 - 0.32% Coverage

We had many in person programs scheduled for the late spring and summer. We were able to shift some to virtual, but not all and that hurt for we like to provide entertainment and information sessions to our residents.

Reference 31 - 0.32% Coverage

We laid three staff off during the month of April leaving myself only. This helped the organization financially, but made connecting in the community be it by phone or in person with proper social distancing more difficult.

Reference 32 - 0.08% Coverage

As a AAA, WCAAA was bombarded with phone calls in March from consumers needing home-delivered meals after senior centers and congregate housing nutrition sites closed for social distancing restriction throughout the public health crisis and present.

Reference 33 - 0.32% Coverage

The inability to provide nutritional relief in large scale to seniors in private housing complexes and private homes aside from our OAA Title III Meals on Wheels and CT Home Care Program population in Waterbury. I would say the inability to have a sustained voluntary group to deliver meals beyond throughout the region with FEMA, USDA and State Unit on Aging funding. Example, the Farmers to Families Program was not able to be implemented throughout our 41 towns.

Reference 34 - 0.32% Coverage

COVID reduced our retreat center and residential staff community from 25 to 7 and caused financial damage to the organization that puts my continued employment at risk. We could not run residential programs that are our bread and butter. However we received some small additional grant support to donate produce.

Reference 35 - 0.32% Coverage

I was making progress connecting with town, organizations and community members in regards to addiction and overdoses and the COVID hit and outreach was halted.

Reference 36 - 0.32% Coverage

We were planning for the successful end of our fundraising in fiscal year 2019-2020 with the remaining event focused activities of Spring and Summer and then COVID hit. All of those plans were immediately curtailed while we attempted to quickly and as safely as possible continue to provide direct services, including the development of spaces that needed adjustments, technology to aid in some distance working capabilities, and seek alternative ways to raise the remainder of our funding to not sink deeply into deficit; annually we raise nearly 50% of our budget to continue services.

Reference 37 - 0.09% Coverage

COVID hit. The VA closed, no one could recruit vets and transportation was not possible.

Reference 38 - 0.14% Coverage

I think the State needs to have a stronger understanding of and appreciation of the challenges associated with rural. Our health districts are expected to do as much as a municipal health districts, and while they have smaller populations, they have a far greater number of constituents - towns, selectman, schools, EMS, etc. When their activities are ramped up without extra staff or funding, they are stretched too thin. These types of inefficiencies are not well understood in Hartford. The health districts have also suffered from defunding over the years, and that stress has been severely exacerbated during the pandemic.

Reference 39 - 0.03% Coverage

After assessing the severity of the pandemic and all of the unknowns, Chore made the decision to pull our staff from providing non-essential services to our clients effective March 14th.

Reference 40 - 0.01% Coverage

we needed to cancel our annual fundraising event –

Reference 41 - 0.26% Coverage

Then, "covid hit" and we transitioned completely to telehealth services in just 3 days. Since mid March, everyone has been working remotely, occasionally coming together for staff gatherings or meetings. We were fortunate to be able to make this transition and continue to work, but employees are certainly suffering. Employees with children have been hit especially hard by this pandemic. We continue to serve clients and we have seen a steady increase in clients reaching out, but not nearly the volume prior to COVID. We have experienced a significant decrease in our fee for service revenue. We still plan to expand our services but hiring during COVID has also been very challenging.

Reference 42 - 0.08% Coverage

The most significant challenge we face is financial. I'm not sure if there is anything the community could have done to address that.

Reference 43 - 0.32% Coverage

We were starting a Capital Campaign to bridge the gap between a bank loan and funding and then Covid hit. We pressed the pause button, and it is still on hold.

Reference 44 - 0.05% Coverage

Besides the extreme decrease in our volunteer base, we are providing half the services we provided pre-COVID with a mere quarter of our volunteer base. Pre-COVID we drove our clients to 95 to 100 appointments/week. Today we arrange transportation for half that number. Not only have not all the volunteers returned, but the not all the clients have returned. They are not calling us for rides.

Reference 45 - 0.25% Coverage

Everything was going along normal with field inspections, and required fire code inspections, and then COVID hit. This effectively stopped all field inspections, changed all investigations into emailed complaints with supporting photographs or use of face time to documents code violations. Additionally my responsibilities as the EMD increased substantially from that point on.

Reference 46 - 0.32% Coverage

One area of concern was making sure that seniors, children, and those families impacted by lay offs during the shut down period, had sufficient food to eat. This was due to residents being told to stay in rather than go out in public. We had private volunteers that worked to provide grab and go meals for those impacted. However we could have used more volunteers so that we could deliver meals to shutins that needed it.

Reference 47 - 0.04% Coverage

but then COVID hit. My office for the first few weeks became my dining room table. My only contact with clients was remote through telephone and email. I only went to the office when absolutely necessary.

Reference 48 - 0.07% Coverage

All the resources that I used for procuring food dried up. Money poured in very quickly but food was still hard to come by. My vocabulary expanded to include words and anachronisms like "scored" and "TP". It was a scary time and left me worrying if I would have the resources to meet all my clients needs. Lots of sleepless nights.

Reference 49 - 0.32% Coverage

Use and availability of volunteers. There were many willing volunteers but not enough organization to determine tasks that could have been done.

ORGANIZATIONAL RESPONSES

<Files\Final NWCares Survey Responses> - § 54 references coded [11.18% Coverage]

Reference 1 - 0.04% Coverage

These expenses have been offset in large part by using stimulus money from the federal government, Medicaid rate increases from the state of CT and the delivery of PPE from the government's strategic stockpile. The state of CT is covering the cost of staff and resident testing through October 2020 and we have implemented approximately \$30,000 in labor reductions over the past 6 months.

Reference 2 - 0.32% Coverage

Although, I was lucky in that I was able to transition to remote work and be able to still function and get my work done, the work itself needed to be re-focused on immediate needs and support for our grantees and the community

Reference 3 - 0.08% Coverage

We were able to offer rapid response grants to not only our grantees, but to other non-profits for activities such as general operating, food access, PPE purchases, access and information, emergency resources, etc.

Reference 4 - 0.15% Coverage

I, myself, realized early on that as a funder, conversations with the ED's of our grantee agencies had taken on a different purpose. I had numerous long conversations with grantee EDs where it was clear they needed to vent, to express their fears/concerns to someone they could trust and that was telling them that their grant was not in jeopardy because their original goals had been impaired due to adapting to COVID needs.

Reference 5 - 0.32% Coverage

We did launch a new on-line retail store - the revenue has not matched the effort to date, but it will hopefully be expanded in time.

Reference 6 - 0.32% Coverage

We were able to get no-cost extensions from funders for our student enrichment programs.

Reference 7 - 0.10% Coverage

Volunteers started packing boxes of assorted food and beverages, brought them out to their vehicles and placed them in their trunk or rear. They have had to remain in their vehicles and have come in single file.

Reference 8 - 0.05% Coverage

With House closed to the general public, we were able to expand our work area to create better socially-distancing as we handle and pack food.

Reference 9 - 0.06% Coverage

we obtained a financial donation from the town of North Canaan,

Reference 10 - 0.32% Coverage

We went to online to finish the spring semester and have been online since then.

Reference 11 - 0.32% Coverage

I believe that our college responded well. Some students needed computers to work from home and other students had connectivity issues. The college collected computers to donate to students and developed hot spots for them to connect to the internet. We collected money to purchase gift certificates to donate to students who were food insecure. The college instituted safety protocols and precautions that have been successful.

Reference 12 - 0.02% Coverage

we three came back to work and offered Curbside pickup until June 23rd when we opened.

Reference 13 - 0.01% Coverage

we decided to offer van rides for food and medical appointments, Monday through Friday, 8am to noon, following social distancing guidelines.

Reference 14 - 0.03% Coverage

We started making friendly phone calls to our 450 members just to say hello, make sure they were getting food and offer help if needed.

On April 1, one of our fitness class instructors started Zooming her chair yoga and tai-chi classes, each class meeting 3 times a week. I believe fitness and the socialization of participating in a class is very important for healthy aging.

Reference 15 - 0.23% Coverage

Thanks to Litchfield Hills Elderly Nutrition Program, we were able to distribute many, many shelf stable meals to members and through our continued friendly phone calls, we learned many families and neighbors were helping their older adult loved ones by grocery shopping and delivering cooked meals so they could stay safe and stay at home.

In May, we planted a mini community garden, hoping to share the crops with members when we were able to open the doors. We continued providing van rides and making friendly phone calls to members and they really appreciated them.

In the beginning of June, we started daily Grab & Go Lunches. Since starting them, most days we have more members participating in our lunch program than before Covid hit. In June and July, we distributed weekly Federal CARES Act funded Western CT Area Agency on Aging's "Bags of Hope" bags of groceries.

In July, we started themed lunches including 4th of July, Mexican Fiesta and Italian Fest including music, decorations and special treats. Distribution of the Grab & Go Lunches is not only about the food, but also a reason for members to go outside and the opportunity to visit (socially distant and wearing a mask) face to face with friends. We continued making friendly phone calls.

During August and September, we distributed Fit Together funded "Farm to Senior's Table" fresh local fruit and veggies and veggies from our mini community garden. We restarted our foot care clinics with Foothills VNA following the guidelines and continued making friendly phone calls.

In September, Winsted Senior Center celebrated our 54th anniversary with an amazing entertainer and an ice cream truck. Ahead of time, we let everyone know we would be following social distancing guidelines and that day, we set up chairs in the parking lot at least 6ft apart. It was great to have everyone together and I know they were smiling behind their masks! We included a Re-Opening Survey in our monthly newsletter and friendly phone calls and learned that members are split about coming back to the Center as soon as it opens or not until a vaccine is available. We also asked questions about favorite Center programs and use of computer, smart phones, tablets and internet.

In October, we offered a flu clinic with Foothills VNA following the guidelines and we are planning Oktoberfest and Halloween Grab & Go Lunches and other socially distant informational programs including "Medicare 2021" Zoom session, "Know How to Go" public transportation, phone in "Aging Mastery" book club and phone in "Live Well Diabetes Self-Management" class.

Throughout the months we have supported the Federal CARES act "Farmers to Families" food box programs by delivering boxes to share to the 6 elderly housing sites in Winsted when available.

Reference 16 - 0.06% Coverage

But we have found a way to make it work. In the beginning it was really difficult to get authors to confirm interviews. Everyone was in quarantine but slowly it opened up and allowed us to move on virtually

Reference 17 - 0.18% Coverage

For six months we worshipped through online services, which were well received and utilized. We began ringing the church bell every day at 5 to indicate we were alive and well as a congregation, even though not able to meet together in person. We had regular Zoom gatherings to keep up personal contact, and did online Bible study.

Reference 18 - 0.13% Coverage

The staff at Brooker moved quickly and began to work in survival mode - addressing immediate needs, safety and health concerns. As the doors of the building closed during the Stay Home Order, our creativity opened. COVID has allowed us the opportunity to do what we always have done, but in a different way. We were flexible and began to look at the plans we originally had in a different light. COVID never stopped our programs from running, but changed our trajectory.

Reference 19 - 0.32% Coverage

We feel our efforts were well utilized in the community throughout the pandemic. Though our doors were closed to the public, we continued to collaborate with the community through Constant Contact, Facebook, email, telephone, and virtual community meetings. We had 17 children attend our dental center during the Stay Home Order for emergency dental visits. Our child care did not skip a beat, remaining open since day one for essential employees' children. We also continued to offer virtual tele-therapy appointments for occupational, physical, and speech therapy. Brooker is proud to be a part of the Torrington Recovery Committee, assessing and determining needs in our community due to COVID and notifying other organizations of what Brooker has to offer.

Reference 20 - 0.32% Coverage

Hand sanitizer stations were increased. Housekeeping stepped up cleaning protocols. Stronger trash bags were distributed to better contain personal trash. Staff checked on residents several times a day. Communal dining was canceled - meals delivered to our room. Masks were distributed to all residents and we were expected to faithfully wear them - like it or not. Social distancing was practiced and group gatherings limited to 8 people. With strict rules enforced, Geer was able to keep all of us safe.

Reference 21 - 0.25% Coverage

I went online to research Zoom to see if this might work for our group. It was a bit uncertain the first month, but it has largely improved including having people join us who live out of the area. So our group has expanded and that is a silver lining. Since most of our group is over 60, this seems to be the safest way to gather. We have temporarily lost some members who do not like to Zoom but who will return when we can meet in person. Thus far, we are doing well!

Reference 22 - 0.15% Coverage

We reached out to community members who, after some training by our Emergency Services, formed a corps to do volunteer shopping and delivery to our elderly and vulnerable.

Reference 23 - 0.32% Coverage

Being a small town hall staff, we overutilized everybody

Reference 24 - 0.27% Coverage

We quickly established a response fund that many people supported. Our work focused on supporting frontline organizations (food pantries, child care) stay afloat, then helping them to make changes--create plexiglass barriers, reconfigure programming--that would enable them to meet their missions in the new COVID environment. Our staff was working overtime to raise money and push it out into the community. In addition to supporting nonprofits, our work supported many individuals in crisis.

Reference 25 - 0.11% Coverage

The response of Geer, overall, has been remarkable! The management and staff showed foresight in shutting down early and their stringent restrictions have kept the community healthy and made my mother and I feel that she is safe and in good hands. They have done liens work in establishing a safe visiting protocol in the garage bay areas. I see them working hard to provide more indoor visiting state places for the coming winter months. I am extremely grateful for all the effort attention and care I have seen in action since the pandemic struck.

Reference 26 - 0.22% Coverage

The recreational staff have gone above and beyond to try to provide Community interaction, however limited in fashion. An example of this is the Friday cocktail trolley cart that goes from door to door in lieu of the usual gathering in the pub. Residents toast one another from their doorways with a soft drink or wine or beer and it's an important piece of keeping people feeling connected. I have always felt that the staff members, from the cleaning persons to the wait staff, and from the recreational staff to the health aides, have been exceptionally kind and sensitive to the needs of the residents. However, this pandemic has shown the depths of those qualities. Everyone's stamina and patience have been tried during this International Emergency and the Geer staff have shown themselves to be the cream of the crop

Reference 27 - 0.32% Coverage

We have been able to help financially and provide a secure Covid compliant environment so that people will be comfortable coming in for help.

Reference 28 - 0.32% Coverage

So many donations came in from the community and the food bank really stepped up what they had available that we were able to provide more food than usual. Since kids were home from school and with many people's income reduced it was great to be able to provide more.

Reference 29 - 0.32% Coverage

I am working out of the Hospital and providing support in the community via telephone and collaboration with other case managers and recovery coaches

Reference 30 - 0.32% Coverage

We have had great community response to an appeal letter sent in July of 2020. Our store was able to reopen, albeit in a limited manner.

Reference 31 - 0.06% Coverage

So the story is that we were hit with a crisis of which no-one could prepare for and quickly adjusted our services to safely and effectively meet the needs of our students, youth and their families. We never closed, our staff never stopped working, and the children and families in our care never stopped receiving services.

Reference 32 - 0.32% Coverage

We had many in person programs scheduled for the late spring and summer. We were able to shift some to virtual, but not all and that hurt for we like to provide entertainment and information sessions to our residents.

Reference 33 - 0.32% Coverage

We were able to continue some of our programs via virtual format. That has been a great blessing to some of our patrons.

Reference 34 - 0.32% Coverage

The YMCA immediately started making cloth masks, which we were able to hand out to all of our youth and community members. Rising Star Camp opened and ran successfully giving much needed relief to parents and providing summer fun to many at risk kids. The McCall Center for Behavioral Health found a way to help us ensure that every camp staff could be tested for Covid once a week for free. This made everyone feel more comfortable. YMCA-USA provided many webinars that proved to be very helpful in negotiating the safety concerns of running a camp during a pandemic. Guidelines for work behavior were distributed timely and our team followed them consistently. We applied those to the summer work program as well, and no person became ill. We became aware that families were in dire need of food and supplies and were able to raise some monies, as well as receive some grant money and delivered groceries to people's homes. Personal deliveries ensured that we were able to talk to people, which many appreciated.

Reference 35 - 0.24% Coverage

Through the support of our Elderly Nutrition Providers and new federal funding through Families First Coronavirus Response Act (FFCRA) and CARES Act funding, we were able to expand coverage under the Older American's Act to support our nutrition providers to distribute thousands of meals and a new grocery bag initiative called Bags of Hope partnering with 3 regional grocers, WCAAA staff, Resident Service Coordinators and volunteer groups to distribute 6,000 grocery bags to over 1,000 seniors in congregate housing sites in Waterbury, Naugatuck, Watertown, Torrington and Winsted. Other amazing volunteer programs emerged throughout our 41-town region to provide meals, grocery shopping and essential services to seniors and caregivers.

Reference 36 - 0.32% Coverage

Our ability to assist the majority of our staff to work home remotely with technology, maintain existing staff in the office to pay our grantees and to respond to over 1,300 callers (triple from 2019) for period March - June 2020. The ability to repurpose staff to help with the grocery bag project outlined in previous section from May 18, 2020 - July 31, 2020. Also our ability to distribute PPE to numerous senior housing complexes throughout our region.

Reference 37 - 0.08% Coverage

However we received some small additional grant support to donate produce.

Reference 38 - 0.14% Coverage

We received a PPP loan so staff stayed employed and were very busy with projects we don't usually get to.

Reference 39 - 0.32% Coverage

Virtual appointments and being able to do virtual trainings for things like Narcan was instrumental.

Reference 40 - 0.22% Coverage

When COVID hit our staff began working remotely followed quickly by the cancellation of all in person JA programming scheduled for the remainder of the school year. We quickly pivoted to offer independent/parent-led programming and resources for FREE on our website while embarking on a more in-depth journey to virtualize all JA programs. Throughout the pandemic JA has continued to create kits of paper materials and activities for families that are "tech-free" and to develop robust virtual programming to meet our students, teachers, and parents where they are this school year and meet the new needs arising from the pandemic.

Reference 41 - 0.16% Coverage

JA was able to quickly pivot moving content online while also working to meet the needs of tech-free students. With input from taskforces made up of various stakeholders, we were also able to produce new content related to needs we now see for students entering the workforce such as experience with interviewing and/or engaging via video meeting platforms. Further, we were able to expand program and resource offerings throughout our service areas in the state where we may not have previously had as large of a presence due to the limitations of geography and volunteer support. Lastly, we created a series of roundtable discussions, called #JA Reponds, that bring our various community stakeholders together to discuss the challenges facing our youth today and solutions to best support their needs including one related to the impacts of distance learning and COVID-19 and others related to racial disparities in our education system and how to move forward as a community and state.

Reference 42 - 0.32% Coverage

We received a grant through NCCF (Slemmer Fund) that enabled us to build a Nature Trail. Because of the grant, we didn't lose momentum and our conservation work is reaching more and more people.

Reference 43 - 0.32% Coverage

We were planning for the successful end of our fundraising in fiscal year 2019-2020 with the remaining event focused activities of Spring and Summer and then COVID hit. All of those plans were immediately curtailed while we attempted to quickly and as safely as possible continue to provide direct services, including the development of spaces that needed adjustments, technology to aid in

some distance working capabilities, and seek alternative ways to raise the remainder of our funding to not sink deeply into deficit; annually we raise nearly 50% of our budget to continue services.

Reference 44 - 0.26% Coverage

After the lockdown started we were a moment to moment source of COVID-19 information on-air, on-line and on social media. We instituted three major COVID-19 news updates a day and updated reports whenever ne information came in. We immediately closed the station to just three employees, and started doing shows and interviews via Skype, Zoom and Clean Feed.

Reference 45 - 0.32% Coverage

Since our founding in 2006 our board has talked about the need to set aside money for a community emergency, not anticipating that would happen in 2020 and what the nature of the emergency would be. Fortunately we are now in a financial position to help, particularly with funds for increased food needs of the Kent Food Bank.

Reference 46 - 0.28% Coverage

our workers and office staff checked in with clients to let them know our course of action and to check and see who might need any essential services such as grocery shopping. Non-contact shopping was put into place for those clients requiring this service. The office staff also kept in close contact with each chore worker to access how they were personally handling the pandemic and to see if they needed anything from Chore Service to help with their own personal situation. Chore quickly realized this pandemic was not going away anytime soon and our Board of Directors agreed it was important to keep paying our workers even while they were not providing direct services to clients. Our workers went above and beyond ensuring all the clients were taken care of. We were extremely fortunate to apply for and receive one of the first rounds of PPP loans after already deciding to keep our staff out on paid leave. This loan helped cover payroll for the 10 weeks we had our staff out on paid leave. Workers returned seeing clients in their homes mid-June after mandatory and extensive COVID training.

Chore workers and office staff kept in touch via the phone providing companionship to clients during the paid leave. One worker would go fill a client's bird feeder and talk through an open window while wearing a mask to provide companionship to one of our many wonderful clients. Others called via the phone and chatted with their clients weekly to help with the loneliness and depression.

Chore also immediately sent out a letter to our donors, clients and staff addressing our course of action to keep everyone safe and well – which included the announcement that we needed to cancel our annual fundraising event – the Garden Party.

Reference 47 - 0.05% Coverage

We also received a few donations along the way to help with the cost of payroll and to continue our mission even though we were not asking for any donations in our letter.

Reference 48 - 0.12% Coverage

Then, "covid hit" and we transitioned completely to telehealth services in just 3 days. Since mid March, everyone has been working remotely, occasionally coming together for staff gatherings or meetings. We were fortunate to be able to make this transition and continue to work, but employees are certainly suffering.

Reference 49 - 0.32% Coverage

The transition to telehealth went well. For the first time, all insurance companies are reimbursing for telehealth. This is reducing barriers to care and, we hope, will continue after COVID passes. Also, we transitioned to remote working early, which kept our employees safe.

Reference 50 - 0.32% Coverage

We rented two trailers so we could continue to admit new patients, test for Covid, and keep them isolated from the rest of staff and patients until getting results. Telehealth was terrific during isolation and after patients are discharged.

Reference 51 - 0.17% Coverage

Unlike other transportation programs, including nonprofits and public transportation, Friends of Seniors did NOT close during the height of the pandemic. We remained dedicated to our dialysis clients, cancer patients, those with macular degeneration and those who needed Coumadin checks. God bless the volunteers - all seniors - who risked their health and their lives. There is no social-distancing inside a car.

When I say we worked with a skeleton crew, I am not exaggerating. In March, Friends of Seniors (FoS) had 95 volunteer drivers - 103 total volunteers including shoppers and visitors who do not drive seniors. During the height of the pandemic, FoS had eight volunteer drivers and one shopper all of whom kept the program alive during this time.

Although Friends of Seniors was not closed, most doctors' offices were closed to in-patient visits. Many used tele-medicine or video visits, which minimized the requests for transportation.

In mid-June the doctors' offices slowly began to open. The volunteer base increased. At this time FoS has 25 volunteer drivers and two shoppers/visitors. Several of the drivers also provide grocery shopping. It is still a skeleton crew and the 27 volunteers cover the entire county with the exception of the towns of Amenia, Dover, Northeast, Pawling and Pine Plains.

Reference 52 - 0.07% Coverage

In keeping with the above theme, "and then COVID hit," Friends of Seniors of Dutchess County is the premier volunteer transportation program in Dutchess. "... then COVID hit." Knowing full well that we would not be providing transportation at our usual level, FoS turned itself into a telephone reassurance program. I enlisted 82 volunteers to call 104 clients to see them through the pandemic. The point was to keep the volunteers engaged, to reassure the clients that we were still there for them, and hopefully lessen the isolation and loneliness experienced by so many.

Reference 53 - 0.19% Coverage

We have been able to run FoS from home; our building is still locked (Cunneen-Hackett Arts Center). We require face masks for both volunteers and clients when we drive them to their medical appointments.

Reference 54 - 0.03% Coverage

I was able to keep our weekly food bank open but moved to a drive-thru no contact pickup, with prepacked bags, and very little free choice.

ORGANIZATIONAL CHARACTERISTICS THAT ENABLED RESPONSE

<Files\\Final NWCares Survey Responses> - § 31 references coded [5.53% Coverage]

Reference 1 - 0.20% Coverage

The amount of care and compassion displayed by our staff and community has been inspiring. As this pandemic drags on it is becoming increasingly difficult to keep everyone focused but our employees have truly behaved like front line hero's.

Reference 2 - 0.02% Coverage

We had the flexibility to be "opportunistic" so to speak.

Reference 3 - 0.05% Coverage

staff members became very conscientious from the outset, wearing face masks and gloves for protection as well as increasing sanitizing of work services.

Reference 4 - 0.32% Coverage

Flexibility to work from home..... strong support from our Executive Staff

Reference 5 - 0.04% Coverage

The support of the board.

Reference 6 - 0.32% Coverage

Switched gears quickly and everyone worked together to make it happen. People are amazing!!!

Reference 7 - 0.03% Coverage

We are a small congregation, and closely knit.

Reference 8 - 0.02% Coverage

We were flexible and began to look at the plans we originally had in a different light

Reference 9 - 0.04% Coverage

Our organization moved quickly as COVID shut down the state.

Reference 10 - 0.20% Coverage

Our different departments united as one to work together. People showed their caring, kind sides and offered gestures of reassurance and support throughout times of uncertainty. We welcomed new staff to our team with open arms and continue to face every day challenges as a whole.

Reference 11 - 0.22% Coverage

Their response was quick and strict, and their almost non-existent infection rate in staff, and no infection rate to date in residents, is a testimony to their effective response.

Reference 12 - 0.08% Coverage

Our group is resourceful and creative, finding ways to connect with friends and family over the phone, via Facetime, Zoom, etc

Reference 13 - 0.03% Coverage

Members are optimistic and seem to be coping well.

Reference 14 - 0.11% Coverage

The list truly could go on and on but the take away is that the community simply came together and did what needed doing.

Reference 15 - 0.32% Coverage

Many of our committee members and board members were energetic in raising funds. Staff worked tirelessly to build the response mechanisms, process gifts, make grants and communicate the work. There was good cooperation overall but I think there is some staff burnout now.

Reference 16 - 0.09% Coverage

Decisions were made swiftly with the safety of staff and residents at the forefront. I believe the decision to close access to the resident facility came well before state requirements. I'm grateful for this. The staff has been firm and resolute, yet polite, in carrying out all safety precautions and restrictions. I am grateful for this also.

Reference 17 - 0.32% Coverage

Our organization was extremely cautious and very proactive in keeping all of our students, staff, and faculty safe. I believe it was the great sense of trust and community across our organization that enabled this response.

Reference 18 - 0.32% Coverage

ability to PIVOT and procure vital, yet hard to come by PPE for our staff, clients and the to offer to the community of non-profits as large; the ability to transfer smoothly for many positions to complete remote work

Reference 19 - 0.05% Coverage

We have a highly effective Board of Directors that supported us and ensured we had what was necessary to successfully transition our operations.

Reference 20 - 0.19% Coverage

Our Senior Management and Middle management teams did what ever was necessary to ensure our programs remained operational and that each and every youth and family was getting what they needed during this crisis. And our front line workers, those most at-risk due to being in close contact with our youth and families, stood up and did a tremendous job through adversity and uncertainty. When our staff became ill, others volunteered to step up. When our youth and families needed us the most, they showed up. They are truly some of the unsung heroes of this pandemic.

Reference 21 - 0.32% Coverage

When we were open, the state shut it down. In the beginning stages of this crisis it was the private sector that kept things moving. Communication and resources were not available in the early stages and we needed to adapt. We were given the flexibility, but it was not forthcoming right away. Now things are in good shape, but early on as people were getting sick, PPE's were unavailable and resources not accessible, we were on our own.

Reference 22 - 0.32% Coverage

Additional donations and NWCCF grant support to donate produce to those in need.

Reference 23 - 0.15% Coverage

Our CEO made a firm commitment to the JA team early on to preserve our roles and keep us all employed to the extent he was able - this security enabled team members to operate at their peak performance while full staffing ensured we could adequately navigate all of the new things we needed to learn and do for offering fully virtual, yet experiential programming that included connections with our community and business volunteers. Our staff is passionate and we have built great relationships with partners over the years which helped ensure funding, volunteer support, and simply the drive to get more done with less were all there. There were great challenges navigating new technology, investments that had to be made in both our server as well as platforms and services related to our programming, and continue to be challenges getting educators to commit to JA programming when the school year is still so uncertain for them.

Reference 24 - 0.19% Coverage

We are grateful for the support JA received from our community partners and are proud of our efforts to engage a wide range of individuals and organizations in our virtualization efforts. We created, and are still actively working with, a total of 11 taskforce committees made up of volunteers, educators, funders, parents, and community leadership to help us work through specific programs and some of our special events that bring in vital funding for JA.

Reference 25 - 0.32% Coverage

Our organization's reputation and infrastructure strength guided by a strong board, fiscal policies and procedures and staff (trained to address crisis in individual's lives) almost never missed a step. We quickly mobilized to have our community understand services to victims were available without 24-7 interruption, additional services via remote / video access was available to those who felt more comfortable to have connection in that way, made necessary changes to our shelter for safety and began a series of

communications; written, via FB, by radio, and through a series of live conversations with the Executive Director so that our donors and supporters could hear what was underway and express questions or concerns.

Reference 26 - 0.32% Coverage

We feel by being small and nimble, that we handled this crisis perfectly as we put our emergency protocols to work immediately.

Reference 27 - 0.32% Coverage

KCF has always been extremely nimble and able to make decisions quickly. We adopt a 'ballpark' budget each year but can exceed that as needed. It is all volunteer, with no staff, so we didn't need to worry about where staff would work, protocols, etc.

Reference 28 - 0.03% Coverage

Chore Service is small and able to respond quickly. Communicating with staff, clients and donors was and remains key.

Reference 29 - 0.07% Coverage

Communication with donors was necessary and critical!

In addition, communication and support from our Board of Directors, chore workers, clients, and other local community organizations helped tremendously with the challenges we faced and are still facing.

Reference 30 - 0.22% Coverage

I feel like my organization responded very efficiently to the pandemic. Frankly, we had no choice. Luckily, we had put the infrastructure in place (cloud based phone system, telehealth platform, cloud EMR) prior to COVID, which made the transition possible and efficient. Additionally, my team worked extremely hard to make it happen quickly.

Reference 31 - 0.32% Coverage

Having the flexibility to meet the ever changing health safety protocol. Kent Social Services has strong community support. I just ask for something and there it is.

VIEWS OF COLLABORATION AND COMMUNICATION

<Files\Final NWCares Survey Responses> - § 59 references coded [15.42% Coverage]

Reference 1 - 0.15% Coverage

Locally here in the NW corner I remain concerned with our limited ability to communicate effectively.

- 1) The pandemic had each organization up and down the continuum of care focused on their internal needs with little regard for how patients moved up and down through the system.
- 2) At times I felt we were working against each other. PPE was, and still is, in such high demand and we did not combine our efforts to purchase, store and distribute supplies effectively.
- 3) We shared staff between agencies with little knowledge of how or when staff may have been exposed to the virus. Some of these staff may have become super spreaders of the virus.

Reference 2 - 0.25% Coverage

Communication and coordination of efforts between agencies. I know these agencies/systems existed but I did not find them effective at communicating local needs between providers. From my perspective we were all reacting to the immediate crisis hot spots and not discussing what may come next, how each agency could play a role or helping to resolve conflicts between agencies.

Reference 3 - 0.32% Coverage

It wasn't until afterward that I realized that information about our rapid response grants, and those offered by other foundations, did not reach segments of our community such as our COG or emergency response management.

Reference 4 - 0.32% Coverage

Better communications between all the different factions working for the community. For instance, there were instances where there was actually competition for supplies rather than being able to work as a group and perhaps have collective buying power.

Reference 5 - 0.32% Coverage

Well, volunteers, which are our lifeblood became unavailable, and since the bulk of our fundraising takes place in person, the only resources we had were our website, Constant Contact (for email) and Facebook. We like to think we used the on-line resources well for communications.

Reference 6 - 0.15% Coverage

If a future similar pandemic crept up, there should be a community-wide educational model to ensure that everyone wore masks in public and used hand sanitizer as appropriate.

Reference 7 - 0.16% Coverage

We subscribed to a telephone multiplier call system in order to inform clients of changes and conditions; we reached out to community members at risk due to age, illness or logistical problems and began delivering boxes to approximately 15 households. Communications were strengthened between Fishes and Loaves and the social services directors in North Canaan and Falls Village as well as other area food pantries in order to meet needs within our area.

Reference 8 - 0.32% Coverage

Although we obtained a financial donation from the town of North Canaan, we were not aware that the emergency management director would be willing to pick up large quantities of food for us. We learned in the past two weeks that he is willing and able to do that as a result of the significant amount of food being available for distribution in our area.

Reference 9 - 0.32% Coverage

As cited above, we needed to connect to the emergency management director sooner. We also may have connected better with the prep schools that offered assistance, although given the nature of safety restrictions, help of necessity would be limited. Our presence on social media needs to be increased in view of the large number of residents who use Facebook for local news and events.

Reference 10 - 0.27% Coverage

Ned Lamont, Gov. of CT did a great job making available literature on procedures. There was even a hotline to call up with questions, which I took full advantage of.

Reference 11 - 0.28% Coverage

Emergency service centers, they gave out masks, hand sanitizer to all organizations. Due to our small rural population it soon became apparent that they could share these goods with more of the general public.

Reference 12 - 0.32% Coverage

More emergency workers going to different organizations after initial surge of us meeting them.

Reference 13 - 0.27% Coverage

Looking back, the silver lining of "when Covid hit" is building relationships with The Winsted Senior Center members, Town of Winchester staff, fellow senior center directors from across the state and the wonderful community groups. I think we are lucky to partner with community groups to distribute the food that is available so our vulnerable members could stay home.

Reference 14 - 0.15% Coverage

Maria Horn's regular reports (about COVID in her district and throughout CT) were helpful in assessing what was happening in other parts of the community and helped us make assessments about returning to in person worship.

Reference 15 - 0.32% Coverage

We were much in conversation with other UCC churches, but could have benefitted from ecumenical discussions.

Reference 16 - 0.15% Coverage

-anything to keep lines of communication open during the shutdown would be good.

Reference 17 - 0.07% Coverage

Though our doors were closed to the public, we continued to collaborate with the community through Constant Contact, Facebook, email, telephone, and virtual community meetings.

Reference 18 - 0.08% Coverage

Brooker is proud to be a part of the Torrington Recovery Committee, assessing and determining needs in our community due to COVID and notifying other organizations of what Brooker has to offer.

Reference 19 - 0.32% Coverage

A Colebrook Residential Phone Directory and E-mail Address Listing of all residents should be developed (if not one already). That way, a "group message" can be sent to all residents (not all email addresses need to be made public if privacy requested). Those that don't have e-mail shall be called and informed.

Reference 20 - 0.13% Coverage

My thought is that there may be those in the Canaan community that do not have TV or access to printed material regarding the COVID and how to keep safe etc.

Reference 21 - 0.29% Coverage

Since person to person contact is so limited, all the information needs to get out in print, messaging, newspapers, various community organizations like the Tri-State Chamber of Commerce. It's important to get information out to the town Fire Departments, Ambulance services as they have a wide network.

Reference 22 - 0.08% Coverage

We need to speak with ONE voice: wear a mask, wash your hands, social distancing.

Reference 23 - 0.32% Coverage

Local officials had a forum for discussing the issues through the monthly meetings of the NHCOG and benefitted from various surveys that were conducted by the COG and others. There was good cooperation among the CEOs and local EMDs in the sharing of information.

Reference 24 - 0.32% Coverage

While communication among the emergency management and municipal government community was generally good, there was not sufficient communication with other organizations in the region as to their needs and availability to help.

Reference 25 - 0.32% Coverage

The region should create an asset inventory of organizations that are important to keep in the loop for better communication and coordination.

Reference 26 - 0.32% Coverage

I think we did not have the expertise to access greater state or federal relief funds where we could have partnered well to serve the local population.

Reference 27 - 0.32% Coverage

I think maintaining relationships with nonprofit organizations, local leaders, school districts and businesses is the best way to ensure that we can be effective in the future. I think we should build expertise in accessing state funds.

Reference 28 - 0.32% Coverage

Food Bank communications was lacking.

Reference 29 - 0.32% Coverage

As a municipal leader, our first response was to establish weekly joint information center Situational Awareness meetings. The participants included city department heads, hospital And medical center representatives, Torrington Area Health District, school officials, DEMHS Region 5 Coordinator, city emergency management director and police chief.

Reference 30 - 0.32% Coverage

Moving forward, an ongoing line of communication with local congregate living, shelters, Nursing home contacts, apartment housing Directors and landlords with more than 4 housing units in a building will prove helpful in identifying potential risk for contact infection.

Reference 31 - 0.32% Coverage

i feel there could have been improvement with better communication in regards to the USDA food distribution program so that more people could benefit.

Reference 32 - 0.32% Coverage

I feel a zoom meeting or meetings which include the directors or facilitators of critical needs items would help with distribution and coordination.

Reference 33 - 0.32% Coverage

I would have liked more collaboration with the clinical facilities and the schools of nursing when it came to decision making for allowing students and faculty back into the clinical facilities. Students were seen as visitors, rather than members of the healthcare team.

Reference 34 - 0.32% Coverage

Collaboration and direct communication with all of the community partners to allow shared decision making.

Reference 35 - 0.32% Coverage

Determining the proper balance between enough social media contact and too much.

Reference 36 - 0.32% Coverage

We laid three staff off during the month of April leaving myself only. This helped the organization financially, but made connecting in the community be it by phone or in person with proper social distancing more difficult.

Reference 37 - 0.32% Coverage

We could benefit from better support from the YMCA since we are one of its branches. As soon as an emergency occurs the town officials should consider pulling organizations together in a virtual meeting to determine an efficient way to provide needed services and avoid gaps.

Reference 38 - 0.32% Coverage

Our communication was strong and we bonded well as a group

Reference 39 - 0.10% Coverage

We had excellent guidance from the Governor's office and the CT State Library.

Reference 40 - 0.32% Coverage

Local communications could have been better initially but they improved.

Reference 41 - 0.32% Coverage

Other community organizations could have done a better job communicating and collaborating.

Reference 42 - 0.32% Coverage

Leadership especially where it relates to
Organizing resources, communicating and getting help to people who need it the most.

Reference 43 - 0.32% Coverage

Our organization's reputation and infrastructure strength guided by a strong board, fiscal policies and procedures and staff (trained to address crisis in individual's lives) almost never missed a step. We quickly mobilized to have our community understand services to victims were available without 24-7 interruption, additional services via remote / video access was available to those who felt more comfortable to have connection in that way, made necessary changes to our shelter for safety and began a series of communications; written, via FB, by radio, and through a series of live conversations with the Executive Director so that our donors and supporters could hear what was underway and express questions or concerns.

Reference 44 - 0.32% Coverage

During this time, I would say, that this community, always strong in its connections, rallied to share together new information, expressed needs, opportunities that we learned about, etc.

Reference 45 - 0.32% Coverage

I do believe that while connected to statewide public health messages and task forces bases in Hartford, local area public health organizations may have played a larger role in offering information, preventative guidance, etc.

Reference 46 - 0.22% Coverage

It was a normal morning the day COVID-19 changed the direction of Robin Hood Radio. After the lockdown started we were a moment to moment source of COVID-19 information on-air, on-line and on social media. We instituted three major COVID-19 news updates a day and updated reports whenever ne information came in

Reference 47 - 0.32% Coverage

The Emergency Activation System could have been utilized better for the pandemic

Reference 48 - 0.32% Coverage

Our primary referral source is our town's social services director and that communication continued. Our biggest disappointment was the failure of our first selectman to communicate effectively with townspeople on a regular basis.

Reference 49 - 0.21% Coverage

People were frightened and wanted to know how to navigate the lack of PPE, about testing and contact-tracing, and best practices around all of these. Communications about these things seemed in very short supply. There was a feeling of helplessness and disbelief that we were suffering from PPE shortages --and information shortages. In the absence of definitive local information, it felt necessary to consume as much information as possible at the national level. Very quickly, there was an overabundance of information, which felt, as some colleagues described, like "drinking from a firehose." There was so much coming out nationally in the late spring and summer that needed to be parsed and what was relevant sent to the right stakeholders. All of the very important information coming out from different agencies and news sources combined felt chaotic and fragmented. I specifically recall an early CDC webinar on COVID-19 for rural health that was very thin on useful information, the main takeaway being how to reuse PPE.

Reference 50 - 0.15% Coverage

communications are so critical to keeping people informed and making them feel safe. While the communications and protocols have understandably shifted and evolved and at times have been difficult to follow, they worked best when they were well thought-out in advance and clear, definitive but not meant to cause alarm. When they were timely - for example in response to a spike or change in policy. And when they kept the best interests of the students in mind. When there were the right number of communications - not too many and not too few.

Reference 51 - 0.10% Coverage

The same holds true for communications in the Governor's office. Some people did not like that he began issuing everything through Executive Order. I think it was the right way to proceed, and allows the State to react quickly. When he started doing regular, frequent press conferences clearly guided by science it felt like things were moving in the right direction.

Reference 52 - 0.17% Coverage

In terms of communication specifically, the golden standard for pandemic response is to let science lead, and to have uniform, unified messaging. Of course the delivery of messaging may need to be tweaked depending on the target audience, but for the most part it should be consistent and should saturate the community. (I was surprised to see a terrific message about mask-wearing in CT for the first time when I drove down to New Haven in June! In rural CT we don't have billboards, so the delivery definitely could benefit from improvement.) Overall I feel that organizations should lean heavily on existing messaging from the top health agency in the State instead of creating their own, so that the most important messaging cannot be missed.

Reference 53 - 0.32% Coverage

Better, more seamless communication. Better understanding of existing assets and how they work.

Reference 54 - 0.07% Coverage

Communication with donors was necessary and critical!
In addition, communication and support from our Board of Directors, chore workers, clients, and other local community organizations helped tremendously with the challenges we faced and are still facing.

Reference 55 - 0.21% Coverage

Communication and collaboration between local service providers is crucial. Knowing how others are responding and preparing for the pandemic and having the ability to talk things over with other service providers is a huge value. Other organizations are fantastic resources and have been instrumental in helping guide Chore (i.e. where and how to obtain PPE, grants for home office equipment and how to safely have our workers return to their clients). By communicating with other organizations (i.e. Geer, SVNA, etc.), Chore is also able to better understand and better respond to the changing needs of our community.

Reference 56 - 0.32% Coverage

We reached out to the community and offered testing to other non-profits and local ambulance service and fire department.

Reference 57 - 0.32% Coverage

Some sort of clearing house for information and opportunity to share resources would be beneficial

Reference 58 - 0.25% Coverage

There was so much confusion at the beginning of the pandemic, it was hard to keep up. Every day the news changed. Don't wear masks. Wear gloves. Don't wear gloves. Wear masks.

Reference 59 - 0.32% Coverage

Though I know that COVID in the beginning was a constant moving target with protocols rapidly changing, communication to the general public was poor. Little to no guidance was provided by Emergency management to this office. I was left to devise new health safety procedures for the food bank on my own. Emergency management was struggling to be effective. Under emergency management, the Town website has not been updated in months.

COVID'S SILVER LININGS

<Files\Final NWCares Survey Responses> - § 9 references coded [0.89% Coverage]

Reference 1 - 0.32% Coverage

Looking back, the silver lining of "when Covid hit" is building relationships with The Winsted Senior Center members, Town of Winchester staff, fellow senior center directors from across the state and the wonderful community groups. I think we are lucky to partner with community groups to distribute the food that is available so our vulnerable members could stay home. Also, I think the members truly appreciated the friendly phone calls.

Reference 2 - 0.04% Coverage

Many interpersonal connections were made through this time

Reference 3 - 0.05% Coverage

As the doors of the building closed during the Stay Home Order, our creativity opened. COVID has allowed us the opportunity to do what we always have done, but in a different way.

Reference 4 - 0.03% Coverage

So our group has expanded and that is a silver lining.

Reference 5 - 0.18% Coverage

In some instances, families have become closer- a grandmother who reads chapter books to her grandchildren on a set date; a family gathering of siblings twice monthly to talk about a set subject, e.g. what did you learn from Mom; reading; attending webinars and lectures, taking classes.

Reference 6 - 0.06% Coverage

However, this pandemic has shown the depths of those qualities. Everyone's stamina and patience have been tried during this International Emergency and the Geer staff have shown themselves to be the cream of the crop

Reference 7 - 0.13% Coverage

The telephone reassurance program is still thriving. By now, many of the volunteers and clients have developed personal relationships.

Reference 8 - 0.05% Coverage

Through all of this, I found myself developing a deeper relationship with my clients. We together found strength in each other and shared it. Though social distancing limited human contact, we found simply sharing words of support helped bind us together.

Reference 9 - 0.04% Coverage

There are not many good things that can be said about COVID. If there was, it would be how, even in isolation/quarantine, everyone came together and reached out to their neighbor.

APPENDIX C: COMMUNITY ASSET IDENTIFICATION

Based on interim findings, the project team and the steering committee agreed that a preliminary identification of community assets (health and social care organizations serving the NW Connecticut region) be assembled for the purposes of future GIS-based asset mapping activities.

METHODS:

An initial environmental scan was conducted by two Clarkson University Physician Assistant Students to collect factual and administrative data regarding health and social care organizations in the Northwest region of Connecticut (February-March 2021). The students performed an opportunistic search of service providers within the region utilizing web search tools. Data were collected using Google Forms and output was provided to the research team in Excel.

From each organization's website the following data were collected:

- Business/organization name
- Street address
- Phone number
- Contact email
- Web address
- Name of contact person
- Services provided
- NW Connecticut towns served

The research team validated the data for included organizations.

A matrix of services and service areas was constructed to provide a service or sector-level view of which organization(s) are responsible for each region. Secondly, community-level sheets describe the various service providers who serve a given town.

RESULTS

The data for 106 health and social care organizations are delivered electronically with this report. The Clarkson University students continue to collect and evaluate asset data and final outputs will be provided when complete.

Upon completion, a matrix of services and coverage areas will be provided as well as a town-by-town listing of available services and supports. The report accompanying those data will identify system redundancies, resiliencies and fragilities.

LIMITATIONS

Because the students took an opportunistic approach to data collection, the list of identified organizations are not believed to be exhaustive or comprehensive. A more systematic search is underway to ensure that comprehensive data are collected for the towns within the geographic scope.

Data were obtained from public sources (internet/websites) and thus have not been verified or validated with the organization. A few of the websites appeared to be non-functioning or out of date, so follow-up would be required to ensure that data are current.