



COVID-19 Impact & Assessment

INTERNAL REPORT | APRIL 2021

Study conducted by Accenture



01 Background

02 COVID-19 Impact Overall

03 Easterseals Communities Served

04 Easterseals Network

05 Market Assessment

Background

THE CHALLENGE

To understand both the current and long-term impacts of COVID-19 on the Easterseals Network and its communities.

THE ASK

In the era of disruption, how might Easterseals reimagine its operations, programs, and investments to further its mission most effectively?

Project Approach

A twelve-week project, using a **data-driven, human centered approach** to identify the impact of COVID-19 on the Easterseals Network.

DISCOVER

6 weeks (January 18th – February 26th)

ACTIVITIES

Mobilize

- Confirm key questions, methodology, and activities
- Identify project stakeholders
- Host kick off call
- Validate project plan
- Design Thinking Framing Workshop

Assess current-state

- Interviews with Affiliate leadership
- Qualitative study with families
- Secondary research
- External and internal survey
- Market Assessment

OUTPUTS

Project Plan
DRAFT COVID-19 Impact Assessment Report (Internal)

DESCRIBE + CO-CREATE

2 weeks (March 1st – March 12th)

ACTIVITIES

Develop findings & recommendations

- Analyze service impacts due to COVID-19
- Design Thinking Insight Prioritization Workshop(s)
- Identify gaps due to COVID-19 and provide recommendations for mitigation

Transitioning challenges to opportunities

- Identify challenges and innovations experienced throughout the pandemic
- Create lessons learned and recommendations for Playbook
- Create high level roadmap to address COVID-19 impact

OUTPUTS

Playbook for Future Planning
Impact Assessment Report (Internal)
DRAFT Report (External)

CO-CREATE

4 weeks (March 15th – April 9th)

ACTIVITIES

Authoring: copyrighting & editing for external report

- Draft narrative report based on insights and recommendations
- Conduct up to 2 iterative reviews and updates of draft narrative to finalize content

Graphic design: visual development for external report

- Design look and feel for report
- Design and develop layout of report findings and data analysis to communicate insights and recommendations in a clear, creative, and compelling way to desired audiences

OUTPUTS

Publish Impact Assessment Report (External)

Joint Team

Easterseals and Accenture worked collaboratively as a joint team.

EASTERSEALS GOVERNANCE

Easterseals Leadership & Board

EASTERSEALS STAKEHOLDERS

Easterseals Affiliate Network

Easterseals Funders

Easterseals Program Beneficiaries

Easterseals Existing / Potential Partners

EASTERSEALS + ACCENTURE CORE TEAM

Easterseals Engagement Lead
Terri Radcliff

Easterseals Engagement Team
Marcy Traxler
Lisa Tallman
Justine Houghton

Easterseals Core Team Representatives
Jeff Bruner
Elise Hough
Angie Howell
Donna Davidson
Nancy Rollins
Jonathan Horowitch

Accenture Project Lead
Erica Michie

Accenture Strategy Analyst
Sage Iverson

Accenture Researcher
Jennifer Brodie

Accenture Advisor
Masha Safina

PROGRAM LEADERSHIP

Easterseals Executive Sponsor
Angela Williams

Accenture Engagement Executive
Amit Patel

SENIOR ADVISORS

Accenture Nonprofit + Partnerships
Sean Burke

Accenture Health Equity
Dr. Michael Petersen

Research Overview

18

STAKEHOLDERS
INTERVIEWED

557

EASTERSEALS COMMUNITIES SURVEY
RESPONDENTS

410

EASTERSEALS NETWORK SURVEY
RESPONDENTS

22

COMMUNITY QUALITATIVE STUDY
PARTICIPANTS

20

SOURCES OF SECONDARY
RESEARCH

3

MARKET ASSESSMENT OF
PEER ORGANIZATIONS

Research Activities



1:1 Interviews with Affiliate Leaders

The purpose of this research activity was to gain a deeper understanding of the impact COVID-19 has had on Easterseals Affiliates from a qualitative perspective.

PARTICIPANTS

We conducted **interviews with 12 Affiliate leaders** from New Hampshire; Southern California; North Georgia; DC, MD, VA; Central and Southeast Ohio; Greater Houston; New Jersey; Florida; Capital Region & Eastern Connecticut; and Nebraska.

We spoke with Affiliate leaders with the following titles:

- 9 CEOs
- 1 COO
- 1 CSO
- 1 CFO

In addition to Affiliate leaders, we also spoke with **six National Office staff** to understand the impact COVID-19 has had on the National Office and across the Network.

QUESTIONS ASKED

We asked questions to understand the impact COVID-19 had in the following areas:

- Key challenges
- Positive impacts (if any)
- COVID-19 preparedness
- Staff impact
- Service delivery changes
- Technology adaptations
- Overall revenue impact
- New funding sources
- Partnership building
- National Office support
- Future challenges



Community Qualitative Study

DScout is an online tool to collect qualitative information from participants remotely. This research activity helped us gain a deeper understanding of the impact COVID-19 has had on Easterseals communities.

PARTICIPANTS

We recruited **22 program participants** who received Easterseals services in the past 3 months including:

- **3** Parents of 0-3 year olds with disabilities
- **7** Parents of 4-13 year olds with disabilities
- **2** Parents of 14-17 year olds with disabilities
- **1** Youth 18-26 years old with disabilities
- **2** Adults 27-59 years old with disabilities
- **3** Seniors, 60+ years old
- **4** Veterans

QUESTIONS ASKED

We asked questions to understand the following topics:

- Overall impact of COVID-19
- Assessment on different areas of their life:
 - Physical health
 - Mental health
 - Social wellbeing
 - Finances
 - Education or Employment
- Current types of support received
 - Tools
 - People
 - In-person services
 - Virtual services
- Future goals and wishes
 - Short-term (6-12 months)
 - Long-term (5-7 years)

Research Activities



Easterseals Communities Survey

We launched an external quantitative survey to understand how COVID-19 has impacted the communities that Easterseals serves.

PARTICIPANTS

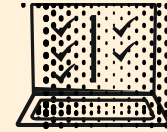
We collected **557 responses** from:

- **57 Parents or caregivers of children 0-3** years old, who have disabilities
- **44 Parents or caregivers of children 4-17** years old, who have disabilities
- **248 Adults, 27-59** years old who have disabilities
- **153 Seniors, 60+** years
- **34 Veterans** (including family member or caregiver as proxy)
- **202 People of color**, including: Black, Hispanic, Multiple Ethnicity, or other.

QUESTIONS ASKED

The respondents were asked questions to understand the impact of COVID-19 in the following areas:

- Physical health
- Mental health
- Social wellbeing
- Finances
- Employment
- Access to technology
- Experience with discrimination



Easterseals Network Survey

We launched an internal quantitative survey to understand how COVID-19 has impacted Affiliate staff.

PARTICIPANTS

We collected **410 responses** from the following perspectives:

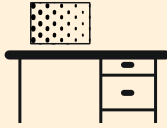
- **38** Affiliate leadership (C-suite)
- **146** Affiliate managers or supervisors who serve participants
- **226** Affiliate staff who directly serve participants

QUESTIONS ASKED

The respondents were asked questions to understand the impact of COVID-19 in the following areas:

- Mental health
- Virtual services
- Access to technology
- Staff supports
- Future needs

Research Activities



Secondary Research

We conducted secondary research to understand the overall impacts of COVID-19 on society and who COVID-19 has impacted the most.

POPULATIONS

We investigated the populations who have been impacted the most by COVID-19 including:

- People with disabilities
- Mothers
- Children
- People of color

TOPICS

We also looked into the biggest impact of COVID-19 in a variety of areas including:

- Employment
- Mental health
- Technology
- Access to relief



Market Assessment

We also did a market assessment, looking into the peer organizations that serve similar populations as Easterseals to understand how they've been impacted by COVID-19.

ORGANIZATIONS

- Goodwill
- The Arc
- United Cerebral Palsy

TOPICS

The impact of COVID-19 in the following areas:

- Service delivery
- Funding
- Advocacy
- Physical spaces
- Partnerships

Research Perspectives

The research findings in this presentation are organized by the three different perspectives:



EASTERSEALS COMMUNITIES



EASTERSEALS NETWORK



EASTERSEALS PEERS

Executive Summary

What's in this section?

This is a high-level executive summary of all research findings. The sections provide a deeper analysis of the research.

Findings in this section were informed by the following research activities:

INTERVIEWS WITH AFFILIATE LEADERS

See slide 9 for more information.

EASTERSEALS COMMUNITY QUALITATIVE STUDY

See slide 9 for more information.

EASTERSEALS COMMUNITIES SURVEY

See slide 10 for more information.

EASTERSEALS NETWORK SURVEY

See slide 10 for more information.

SECONDARY RESEARCH

See slide 11 for more information.

MARKET ASSESSMENT

See slide 11 for more information.



Social Determinants of Health

For each research activity, we investigated the different key aspects of the social determinants of health framework, which describe conditions that affect a wide range of health risks and outcomes. The findings below are the key takeaways within for the Easterseals community.

HEALTHCARE

New stresses caused or exacerbated by COVID-19 have increased overall mental health issues.

Physical health has decreased as a result of isolation and stress.

The introduction of telehealth services led to quality and access disparities in some service lines, but increased access to previously isolated populations.

COVID-19 has emphasized the shortage of healthcare workers.

EDUCATION

The digital divide is widening the achievement gap. Students with inadequate access to devices and Wi-Fi cannot reliably access education.

Virtual education has been shown to be less effective, and there is an expectation that children will not meet milestones during COVID-19.

Student engagement during virtual schooling has been a challenge, with attention lagging due to excessive screen time and losing the daily structure of traditional schooling.

SOCIAL + COMMUNITY

Social isolation is the most prevalent stressor during COVID-19. All groups reported higher levels of isolation leading to stress and mental health degradation.

A lack of socialization during COVID-19 has disproportionately had a negative impact on people with disabilities.

COVID-19 has caused a pervasive sense of fear in the community. Even when it may be safe to venture out, individuals avoid it as they are extremely aware of the dangers of COVID-19.

ECONOMIC STABILITY

Early in the pandemic, economic stability was the area most impacted for many households. The longevity of the pandemic has forced households to rethink their approach and allocation of finances.

In some cases, staying at home to increase safety has increased spending costs due to the length of the pandemic and the added cost of delivery services for food and goods.

In other cases, staying home has allowed families to save money by reducing living expenses, eating out, and vacation spending.

NEIGHBORHOOD + BUILT ENVIRONMENT

The need to stay at home during COVID-19 has led to an increase in tech savviness for all groups, with marked growth in video chatting with friends and family and finding information online.

Some people have moved in with other family members during COVID-19. This is, in part, motivated by economic and childcare needs.

Domestic abuse is under-reported due to victims not feeling safe to connect to support services.

These takeaways were informed by:

the Easterseals Community qualitative study, the Easterseals Communities survey, and the Secondary Research. A more extensive analysis of these takeaways can be found in the Easterseals Communities section.

Easterseals Communities

Our research focused on collecting data for **seven core populations** served by Easterseals. The core populations were determined based on the identified core services that Easterseals offers and were validated by Affiliates on the core project team. The research findings for each population are captured below.

PEOPLE LIVING WITH DISABILITY

People living with disability have been overlooked and deprioritized during the pandemic:

- Historically, there have been limited efforts to collect data on people living with disability. Because of this, advocacy groups can't prove the severity of the impact of COVID-19.
- Many people living with disability are not considered high-risk and are not given priority to receive the vaccine.
- Resources to which people living with disability had access prior to COVID-19 are now more competitive.
- Congregate care homes are high risk environments.

CHILDREN LIVING WITH DISABILITY

Children living with disability have not been able to get the support they've needed and are experiencing delays in achieving their milestones:

- Students in general are not progressing at their pre-pandemic rate.
- Children who are 0-3 years old have lived most of their lives in the pandemic. Many have had limited access to healthcare.
- Teachers are not able to observe the progress students are making, which means they are less likely to identify individuals for disability screening.

YOUTH WITH DISABILITY IN TRANSITION

Unlike other groups, COVID-19 has not only increased stress for youth transitioning into adulthood, but also added new challenges which have compounded their stress:

- Youth in transition are more likely to report anxiety and depression compared to other age groups.
- Younger employees showed less resiliency than older employees because they've had less exposure to occupational stress. In healthcare, this has had a more serious affect leading to higher rates of PTSD.
- Those still in school have had to relearn how to learn in the virtual setting. The loss of structure has elevated stress levels.

ADULT JOB SEEKERS WITH DISABILITY

Adult job seekers appreciate opportunities to work from home, but still need support with technology and applying for social programs:

- Adult job seekers see the benefits of working from home, especially with the ability to create their own adaptations as opposed to relying on their employer.
- Adult job seekers reported feeling less comfortable with technology than other groups.
- Adult job seekers know they can get support through social programs, but they are not sure for what benefits they qualify or where to get help.

These takeaways were informed by:

the Easterseals Community qualitative study, the Easterseals Communities survey, and the Secondary Research. A more extensive analysis of these takeaways can be found in the Easterseals Communities section.

Easterseals Communities (continued)

Our research focused on collecting data for **seven core populations** served by Easterseals. The core populations were determined based on the identified core services that Easterseals offers and were validated by Affiliates on the core project team. The research findings for each population are captured below.

SENIORS

Contrary to popular belief, seniors have shown an eagerness to learn technology so they can continue to work:

- Before the pandemic, the most popular jobs for seniors required manual labor. When the pandemic hit, seniors were less equipped to work from home. This contributed to a rise in early retirement.
- There's a desire to learn technology in order to continue working.
- During the pandemic, seniors have embraced technology when they've been taught how to use it.
- Isolation in seniors is increased by medical caution and public space closures.

PEOPLE OF COLOR WITH DISABILITY

People of color with disability have felt unsafe due to the combined impact of being more susceptible to COVID-19, the social justice movement, and the affects of racism on relief efforts:

- Black participants were emotionally impacted by the social justice movement.
- Mental health issues have increased for people of color.
- People of color experienced more financial loss than other races.
- People of color had less access to technology but higher comfort using it.
- People of color have less access to healthcare and don't trust the healthcare system.

VETERANS

Even though they are more comfortable using and accessing virtual resources, veterans' financial and overall health have declined during COVID-19:

- Veterans have experienced greater health and financial impacts during COVID-19.
- Veterans report having access to internet but need devices in order to access resources and services.
- Although they sometimes lack access, veterans are more comfortable using technology to accomplish daily tasks than civilians.

PARENTS & CAREGIVERS

Parents and caregivers have deprioritized their own wellbeing to fully support the people for whom they care during COVID-19:

- New responsibilities have caused parents and caregivers to deprioritize their own needs.
- Parents and caregivers felt pressured to completely isolate due to how their choices affect those they support.
- Because in-person therapy is not an option for many during COVID-19, parents and caregivers are being taught how to provide therapy to their loved ones.
- Parents and caregivers feel they've adapted well with Easterseals' help.

These takeaways were informed by:

the Easterseals Community qualitative study, the Easterseals Communities survey, and the Secondary Research. A more extensive analysis of these takeaways can be found in the Easterseals Communities section.

Quotes from Easterseals Communities

“

The adult day services provided great social interaction before COVID. Only seeing two family members and talking to one on the phone since COVID has caused dementia symptoms to increase. -- External survey

“

I hope my daughters are able to live normal lives because they've both pretty much lived their whole lives in the pandemic. -- Parent, Community qualitative study

“

Having children during this time is scary... I just want to be able to take my kids to the park or a birthday party without having an anxiety attack because of COVID. -- Parent, Community qualitative study

“

Life gave me a bunch of lemons and I can't find my water or sugar to make the lemonade. I want to have a better life I just don't have the financial support system behind me. -- Parent, Community qualitative study

“

When we first went online, I struggled a little bit because I had gotten used to the rigid structure of the way school was... I'm having some difficulty adjusting to it. -- Youth in transition, Community qualitative study

“

Between my stress with financial stuff and work on top of making sure he is ok and doing what I can for his mood, OT and hormonal changes it's been overwhelming and lonely. -- Parent, Community qualitative study

“

I miss everyone, group activity, I hope that returns someday. -- Senior, Community qualitative study

Easterseals Network

We also collected data from Affiliates about the impact COVID-19 has had on their organizations. The findings below are key takeaways from this research.

PREPAREDNESS

Most Affiliates felt they were not prepared for COVID-19. A few Affiliates actually had pandemic plans, but still felt blind-sided by the impact of COVID-19.

A few Affiliates were more prepared to work from home, having dealt with natural disasters that caused them to work remotely in the past.

Most Affiliates were quick to form COVID-19 committees which were made up of Affiliate leaders and focused on making key decisions around COVID-19.

Most Affiliates increased their communications with staff to provide transparency as best they could. This was greatly appreciated by staff.

FINANCES

While most Affiliates lost revenue, one third of Affiliates who participated in the internal survey gained revenue by the end of 2020.

Most Affiliates found new funding resources to offset some of their losses.

Physical spaces, personal protective equipment (PPE) and payroll were the largest unanticipated expenses from COVID-19.

STAFF

Affiliates highlighted the resiliency and innovation of their staff. Affiliate leaders acknowledged that prior to COVID-19, staff already showed resiliency due to the stressful nature of their work. Through the added stresses of COVID-19, this resiliency was a key part in continuing to serve the needs of their Affiliate's community.

Despite the resilience of staff, mental health issues have increased due to the compounded stresses that COVID-19 has caused in different aspects of their life, not just work.

Knowing that staff have been more stressed, Affiliate leaders have offered more support to staff in a variety of ways.

SERVICE DELIVERY

Affiliates quickly pivoted to offering services virtually.

Recognizing that many of the populations they served had limited access to technology, Affiliates expanded their services to include technology access and training.

There were a few programs offered in person, but they were limited and had reduced participation.

Affiliates mentioned they have been concerned about engaging participants in virtual services.

TECHNOLOGY

At first, some Affiliate staff were resistant to providing remote services, but when virtual services became a necessity, they realized the benefits of technology and have become more tech savvy.

Affiliates have discovered that working remotely offers some benefits such as reducing travel and commute time and having the ability to include more staff from different locations in meetings.

Transition to virtual services was both an asset and a barrier to reaching participants. For those in remote areas and with access to technology, they were able to get access to Easterseals services. For those who did not have access to technology, many of them lost access to services.

These takeaways were informed by:

1:1 Interviews with Affiliate Leaders and the Easterseals Network Survey.

A more extensive analysis of these takeaways can be found in the Easterseals Affiliates section.

Market Assessment

We hosted discussions with Easterseals' peer organizations to assess the impact COVID-19 has had on their organizations. Overall, there were more similarities than differences as reflected in key takeaways below.

GOODWILL

Knowledge sharing was pivotal to Goodwill's preparation.

National revenue has not rebounded as quickly as local.

Goodwill prioritized its staff's humanity during COVID-19.

Partnerships enable Goodwill to continue serving more.

COVID-19 has inspired Goodwill to increase its impact.

THE ARC

Grassroots advocacy methods saw a significant increase in participation.

Caregivers were a priority during COVID-19.

Congregate service delivery needs to be reimagined.

Intersectionality is the next step for the disability community.

UNITED CEREBRAL PALSY

The UCP Network rallied to share knowledge as a result of hotel contracts.

UCP's advocacy efforts increased during COVID-19.

Some Affiliates did not immediately believe the pandemic was a serious threat.

UCP recognized the "triple burden" on people of color living with a disability.

Collaboration and partnerships are essential for community growth.

Easterseals Communities

What's in this section?

This section covers the research findings we collected around the impact COVID-19 has had on the communities served by Easterseals, with a focus on seven core populations.

The findings in this section were informed by the following research activities:

EASTERSEALS COMMUNITY QUALITATIVE STUDY

See slide 9 for more information.

EASTERSEALS COMMUNITIES SURVEY

See slide 10 for more information.

SECONDARY RESEARCH

See slide 11 for more information.



Overall COVID-19 impact on people living with a disability

People living with disabilities feel they have been overlooked during the pandemic. The following are the key takeaways we discovered for this population:

THERE IS A LACK OF COVID-19 REPORTING FOR PEOPLE LIVING WITH DISABILITY

There is limited data available about the impacts of COVID-19 on people with disabilities. This is a symptom of a **lack of disability reporting in general health care settings**. Age, gender, and ethnicity are routinely recorded, but disability status is not.

Before COVID-19, nearly half of death certificates of people with IDD listed cause of death as an underlying disability, rather than the disease.¹² This incorrect coding is more prevalent in respiratory diseases like COVID-19. Even when COVID-19 is correctly recorded as cause of death, disability status may not be included, further hindering accurate reporting.

As the nation has reacted to the pandemic, decisions about relief have been informed by data. **Without accurate data for people with disabilities, the response will not measure up to the needs of the disability community and society at large.**

PEOPLE LIVING WITH DISABILITY HAVE BEEN DEPRIORITIZED DURING THE PANDEMIC

Initial vaccine rollouts in most states have focused on age or essential worker status. Limited data on the impact of COVID-19 on individuals living with disabilities consistently impedes efforts to prioritize access to vaccines for them.

Furthermore, **care setting is more often a determinant of priority in vaccine rollouts**, adversely affecting individuals receiving in-home care, as well as their caregivers.

Many **people living with a disability are not considered high-risk**. Data collection efforts focus on morbidity don't often consider the fact that access to ongoing care or services are vital to individuals living with disabilities.

HEALTHCARE IS OFTEN INACCESSIBLE FOR PEOPLE WITH DISABILITIES

People with disabilities are 3x more likely to be denied healthcare and 4x as likely to be treated poorly while receiving care.¹³ Yet, even with increased needs, people with disabilities historically experience less access to healthcare. There are many factors that contribute to this lack of access:

- **Lack of affordability:** People living with disabilities are disproportionately low-income. This makes the financial impacts of any additional healthcare needs a burden. Also, transportation costs are a key factor in cases where medical care is unaffordable.
- **Lack of healthcare professional knowledge:** 80% of US medical students receive no clinical training for treating people with IDD, and 56% self-report they are not competent to treat these individuals.¹³
- **Lack of communications:** Healthcare information is generally not available in sign language or braille.

Overall COVID-19 impact on people living with a disability (continued)

People living with disabilities feel they have been overlooked during the pandemic. The following are the key takeaways we discovered for this population:

LESS RESOURCES ARE AVAILABLE FOR PEOPLE LIVING WITH DISABILITY

Challenges that existed prior to COVID for people living with disabilities, including access to adequate healthcare spaces, information, and medical equipment, have been exacerbated by the pandemic. **1 in 5 individuals living with disability lost jobs** during the pandemic, compared to 1 in 7 individuals in the general population.

77% of 191 organizations in the US that serve individuals with intellectual and developmental disabilities shut down or discontinued programs as a result of COVID-19 and, of those, 16% indicated they were not expecting to reopen.

While financial aid provided to many organizations at the beginning of the pandemic through local and federal support helped defer further shutdowns, that **aid is set to expire**, which could further aggravate the access issues that existed in the pre-pandemic US.

CONGREGATE CARE SETTINGS INCREASE THE RISKS OF CONTRACTING COVID-19

Many people with disabilities live in long-term, congregate care settings such as nursing homes, psychiatric institutions, residential group homes, and private institutions. This is a result of multiple components such as the privatization of these homes as well as a preference towards institutionalized care by Medicaid.

Although the quality of care for these homes has been a topic of discussion for years, COVID-19 has highlighted the negative impacts on residents.

These congregate care settings **report higher risks of COVID-19 infections and deaths.**

Furthermore, **the guidelines for visitation and infection control differ from state to state, contributing to confusion for family members of residents.**

COVID-19 RESTRICTIONS HAVE INORDINATELY IMPACTED INDIVIDUALS LIVING WITH DISABILITY


Hospitals and other healthcare settings have enacted **restrictive visitor policies** as a result of COVID-19. Because individuals living with disabilities rely on family members and other caregivers for assistance and advocacy, especially in a healthcare setting, these policies have made communication with care providers and access to adequate care more difficult.

At least 25 states have policies that could mean people with disabilities are **less likely to get critical care if hospitals are overloaded²⁴**, impeding access to a population that already struggled to obtain adequate care pre-COVID.

Furthermore, **non-essential health care programs have repeatedly shut-down and reopened** throughout various phases of the pandemic. This lack of consistency in the availability of “non-essential” programming has inordinately impacted individuals living with disabilities and their caregivers, for whom day programs, respite care, and other services are critical.

Research Key Findings

Our mixed method approach to research helped us identify and validate the key takeaways from each perspective. Below is an example of how we present our research findings and the type of information you can expect to see.



SOCIAL DETERMINANTS OF HEALTH

Healthcare

The connection between people's access to and understanding of health services and their own health. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy

PHYSICAL HEALTH HAS DECLINED DUE DURING COVID-19

Many people during the pandemic have gained weight as a result of decreased physical activity and increased stress eating. This is particularly frustrating for those who were overweight prior to the pandemic. Back pain as a result of working from home and lack of sleep have also been reported.

STATISTICS

26% of people with disabilities have reported decreased physical health during COVID-19 compared to **13%** of those without

"I have gained weight and lost muscle. I am not physically active and just don't have much time to exercise. I also stress eat and can't afford to eat super healthy for every meal. I make what's fast and cheap." –Parent, DScout

NEW STRESSORS HAVE INCREASED MENTAL HEALTH ISSUES

COVID-19 has brought many new stressors and responsibilities while simultaneously reducing access to many individuals' coping mechanism, such as going to the gym or meeting up with friends. Before COVID, 11% of adults reported symptoms of anxiety or depression disorder. During COVID-19, this percent rose to 41%.⁵

STATISTICS

35% of people with disabilities have reported feeling stressed often during COVID-19 compared to **25%** of those without

Isolation, access to care, and finances were most often reported as contributing to stress

TELEHEALTH SERVICES ALLOW MORE PEOPLE TO ACCESS HEALTHCARE

Telehealth and virtual healthcare services have increased access for some individuals. Patients no longer needed to worry about commutes to appointments which reduced time and the reliance on transportation. Furthermore, for rural populations with fewer in person facilities, telehealth has increased access for this population with proper internet access.

"Doctors visits have been good virtual because we are physically healthy and just needed to be checked in on." –Parent, DScout

"I feel great about my access to healthcare services and support. I'm still able to receive therapy. The only thing that's different is it's over the phone versus being in person." –Parent, DScout

KEY TAKEAWAYS

Describe the primary impacts that COVID-19 has had on the Easterseals Network. Multiple research methods were used to identify and validate these key takeaways.

RESEARCH STATISTICS & QUOTES

These **statistics** came from both of the quantitative surveys – Easterseals Communities and Easterseals Affiliates surveys – and support the key takeaways.

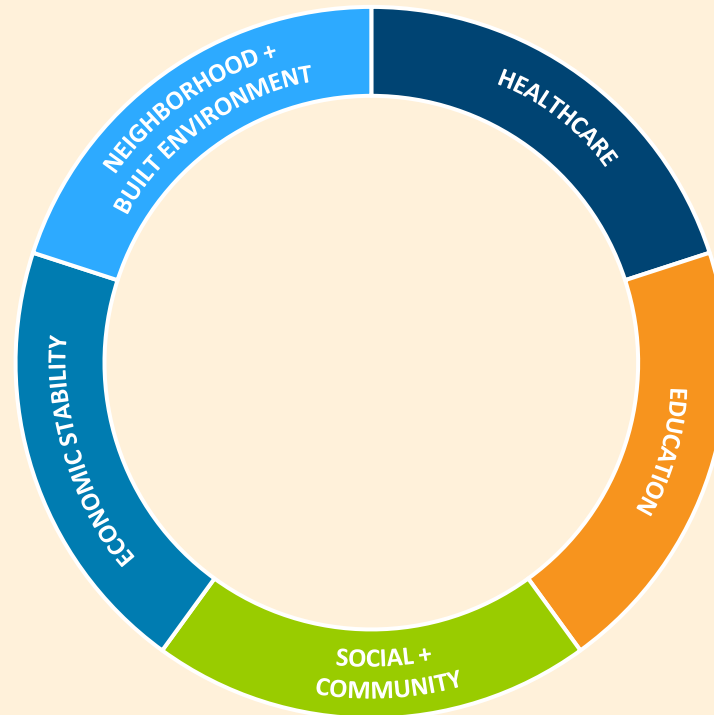
These **quotes** came from the participants who were part of the qualitative research – Interviews with Affiliate Leaders and the Easterseals Community qualitative study. Additionally, open-ended questions were asked in the surveys from which quotes were secured.

Social Determinants of Health

The following slides cover the research findings for each aspect of the social determinants of health framework

SOCIAL DETERMINANTS OF HEALTH FRAMEWORK

Social determinants of health are conditions of the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Social determinants of health impact 80% of COVID-19 outcomes.¹⁷



HEALTHCARE

The connection between people's access to and understanding of healthcare services and their own wellbeing.

EDUCATION

The connection of education to health and wellbeing.

SOCIAL + COMMUNITY

The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing.

ECONOMIC STABILITY

The connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health.

NEIGHBORHOOD + BUILT ENVIRONMENT

The connection between where a person lives – housing, neighborhood, and environment – and their health and wellbeing.



SOCIAL DETERMINANTS OF HEALTH

Healthcare

The connection between people's access to and understanding of healthcare services and their own wellbeing. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

PHYSICAL HEALTH HAS DECLINED DURING COVID-19

Many people during the pandemic have gained weight as a result of decreased physical activity and increased stress eating. This is particularly frustrating for those who were overweight prior to the pandemic. Back pain as a result of working from home and lack of sleep have also been reported.

NEW STRESSORS HAVE INCREASED MENTAL HEALTH ISSUES

COVID-19 has brought many new stressors and responsibilities while simultaneously reducing access to many individuals' coping mechanisms, such as going to the gym or meeting up with friends. Before COVID, 11% of adults reported symptoms of anxiety or depression disorder. During COVID-19, this rose to 41%.⁵

TELEHEALTH SERVICES ALLOW MORE PEOPLE TO ACCESS HEALTHCARE

Telehealth and virtual healthcare services increased access for some individuals. Patients no longer needed to worry about commutes to appointments which reduced time and reliance on transportation. Furthermore, for rural populations with fewer in-person facilities, telehealth has increased access for this population with proper internet access.

Research Statistics & Quotes

26% of people with disabilities have reported decreased physical health during COVID-19 compared to **13%** of those without.

"I have gained weight and lost muscle. I am not physically active and just don't have much time to exercise. I also stress eat and can't afford to eat super healthy for every meal. I make what's fast and cheap." –Parent, Community qualitative study

Research Statistics & Quotes

35% of people with disabilities have reported feeling stressed often during COVID-19 compared to **25%** of those without disabilities.

Isolation, access to care, and finances were most often reported as contributing to stress.

Research Statistics & Quotes

"Doctor's visits have been good virtual because we are physically healthy and just needed to be checked in on." –Parent, Community qualitative study

"I feel great about my access to healthcare services and support. I'm still able to receive therapy. The only thing that's different is it's over the phone versus being in person." –Parent, Community qualitative study



**SOCIAL
DETERMINANTS
OF HEALTH**

Healthcare

(continued)

The connection between people's access to and understanding of health services and their own health. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

THE QUICK TRANSITION TO TELEHEALTH HAS CAUSED QUALITY AND SERVICE GAPS

Although many services have successfully transitioned to a virtual environment, there are cases where telehealth is not an appropriate option or even an option at all. In these cases, there has been a lack of service quality. As the transition occurred, there were temporary service gaps and confusion due to communications around new service options.

Research Statistics & Quotes

42% of Easterseals participants did not use virtual services during COVID-19.

"My 4-year-old daughter is nonverbal autistic and was receiving occupational, speech, and feeding therapies. Teletherapy was not a viable option for her and it's going on one full year since she's received in-person services." –Parent, Community qualitative study

COVID-19 HAS EMPHASIZED THE SHORTAGES OF HEALTHCARE WORKERS

Even before the pandemic, there was a deficit in the direct care workforce. COVID-19 emphasized the effect and size of this gap. With everyone staying home more due to closures, direct care workers had to shift their coverage from afternoons/nights when their participants are home from day services or transition to 24/7 care. This shortage is largely due to staff no longer being able to move between locations of service for health safety reasons. The increase in service needs coincides with a decrease in availability of workers due to fear, testing positive for COVID-19, and/or increased personal responsibilities.

Research Statistics & Quotes

"We were already in a staffing crisis prior to COVID-19 so when COVID-19 came about our staffing crisis doubled." – Affiliate, Easterseals Network survey



Education

The connection of education to health and wellbeing. This domain includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

THE DIGITAL DIVIDE IS WIDENING THE ACHIEVEMENT GAP DURING COVID-19

With classrooms transitioning to remote virtual learning, students with inadequate access to devices and Wi-Fi cannot reliably access education.

Research Statistics & Quotes

14% of participants ages 0-17 years reported borrowing a device that can connect to the Internet and **8%** rely on a mobile network for accessing the internet.

STUDENTS ARE MORE LIKELY TO FALL BEHIND DUE TO VIRTUAL LEARNING

Virtual education has proven to be less effective than in-person education with studies showing a potential one-year gap in learning for math. The rapid switch from in-person to virtual schooling has led to disparities in quality. There is an expectation that children will not meet milestones as a result of the transition to virtual learning.

Research Statistics & Quotes

78% of parents and caregivers report it has been harder for their children to meet development milestones during COVID-19.

"[I] have been a virtual student since the lockdown in 2020 and remained online due to uncertainty and anxiety over COVID-19." – Youth in Transition, Community qualitative study

VIRTUAL EDUCATION LOWERS STUDENT ENGAGEMENT

Instead of going to school and interacting with peers and teachers for 8 hours a day, this time was spent staring at a screen. Many younger students struggled to maintain attention on the screens, resulting in lower achievement levels.

Research Statistics & Quotes

"Virtual learning isn't the same quality as in person... She doesn't like paying attention to a screen but gets excited when she sees people in person." – Parent, Community qualitative study

"We see noticeable positive difference in our child's development and mood during the weeks she has [in-person] school." – Parent, External Survey



SOCIAL
DETERMINANTS
OF HEALTH

Education

(continued)

The connection of education to health and wellbeing. This domain includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

LOSS OF SCHOOL STRUCTURE DISPROPORTIONATELY AFFECTS STUDENTS WITH DISABILITIES

When schools transitioned to virtual learning, students lost their sense of daily structure. Students had to rapidly relearn how to learn in a virtual environment. This loss of structure had a greater impact on students with disabilities as a sense of structure may be necessary for them to be most productive.

Research Statistics & Quotes

28% of parent participants report that their child has not been engaged in school during COVID-19.



**SOCIAL
DETERMINANTS
OF HEALTH**

Social + Community

The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.

SOCIAL ISOLATION HAS BEEN OBSERVED ACROSS ALL POPULATIONS

Physical isolation is one of the best ways to prevent the spread of COVID-19. However, this physical isolation has led to social isolation for many individuals. Although some community members are thriving while connecting virtually, many others are not connecting at all or feel virtual connection is inadequate.

COVID-19 HAS CAUSED A FEELING OF FEAR WITHIN THE COMMUNITY

Fear is a primary emotion for many during the pandemic. Confusion and misinformation exacerbated this fear at the beginning of the crisis. Whether fear of the present – concerning the health risks and consequences of every action – or fear of the future – the long-term impacts of economic or social instability – all groups have been affected by it.

LACK OF SOCIALIZATION HAS CAUSED MENTAL HEALTH DECLINES

Many people have not been able to connect with their loved ones as meaningfully or frequently as they are used to. Additionally, many individuals feel trapped in their homes with all the new stressors of COVID-19. Both led to an increase in mental health concerns.

Research Statistics & Quotes

80% of participants report feeling isolated during COVID-19 with **26%** feeling very isolated.

There is a lack of community connection with **30%** reporting they don't connect with people virtually and **23%** reporting they didn't connect with people in-person.

"The adult day services provided great social interaction before COVID. Only seeing two family members and talking to one on the phone since COVID has caused dementia symptoms to increase."
–External Survey

Research Statistics & Quotes

"I was more of a hiking type of person. I like outside, fresh air a lot. Now I'm scared to breathe the air." –Parent, Community qualitative study

"You're consistently concerned about COVID and the exposure and potentially being exposed and your family being exposed to COVID and whether if they do get exposed will they survive it. That is the mental part of it." –Parent, Community qualitative study

Research Statistics & Quotes

57% of participants who felt isolated reported high stress compared to **9%** of those who did not feel isolated.

"Depression is starting to take a toll on me because I want to get out the house and I feel this pandemic will never end and this will be our new normal." –Parent, Community qualitative study



SOCIAL
DETERMINANTS
OF HEALTH

Social + Community

(continued)

The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.

SOME HAVE ENJOYED THE DECREASE IN SOCIAL PRESSURE DURING COVID-19

Although social isolation has negatively impacted overall mental health, the opportunity to be more purposeful about social connection has benefitted some. Introverts have enjoyed being able to have alone time without the stigma of being a “hermit”. Families have reported feeling closer due to more time spent together and the additional meaningfulness of seeing friends and family after longer times than normal.

Research Statistics & Quotes

“Honestly since the start of quarantine, I have been able to be a hermit without feeling guilty or pressured to do things. I have been really good about keeping in touch with friends and family more than ever.” –Parent, Community qualitative study

“During COVID, in-person meetings have been limited; but when we do meet, the meetings have been more meaningful. Because I have the time for people now, my friendships have deepened.” –Parent, Community qualitative study



SOCIAL
DETERMINANTS
OF HEALTH

Economic Stability

The connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security, and housing stability.

JOB LOSSES EARLY IN THE PANDEMIC RESULTED IN ECONOMIC INSTABILITY

Many companies had to abruptly stop their normal operations to protect their employees from COVID-19. This resulted in the unemployment rate spiking to 14.3% in April. The loss of wages and difficult process to secure unemployment benefits left many struggling with economic instability in the early days of the pandemic.

Research Statistics & Quotes

32% of Easterseals participants reported being currently employed compared to **39%** before the pandemic.

28% of Easterseals participants report a decline in financial health during COVID-19.

“Life gave me a bunch of lemons and I can’t find my water or sugar to make the lemonade. I want to have a better life; I just don’t have the financial support system behind me.” –Parent, Community qualitative study

THE LONGEVITY OF THE PANDEMIC HAS FORCED HOUSEHOLDS TO RETHINK THEIR FINANCES

The pandemic has lasted longer than most people expected. With this longevity, households have had to come up with new strategies for mitigating pandemic-related shifts in their finances – such as unemployment, reduction of hours, or increased spending. This has empowered them to get creative and think more about their financial futures.

Research Statistics & Quotes

28% of Easterseals participants reported their financial situation has contributed to feeling stressed or overwhelmed during COVID-19.

“I’m living within my means, however my student loans take up any extra money I would have to save.” –Parent, Community qualitative study

STAYING AT HOME HAS INCREASED SPENDING COSTS FOR SOME

Staying at home for safety has caused costs to increase for some. This increase is a result of household members being at home more often, having food and groceries delivered, and purchasing new technology or home furnishings to accommodate activities typically done outside the home.

Research Statistics & Quotes

“I have spent more money on food; at one point my all my children were home with me. So that means that I would have to have lunch, dinner, breakfast, snack, extra snack, and we would order out more so that’s more money than I would normally spend on food.” –Parent, Community qualitative study



SOCIAL
DETERMINANTS
OF HEALTH

Economic Stability

(continued)

The connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security, and housing stability.

SOME HAVE USED COVID-19 TO SAVE MONEY AND PLAN FOR THE FUTURE

Methods to counteract economic stresses during COVID-19 include moving in with family members and downsizing. Some households find themselves spending less money since they cannot go out or to the store as often for safety reasons. Both of these have resulted in some developing savings, even for the first time. These small successes in financial health have spurred a desire to focus on financial health choices in the short- and long- term.

Research Statistics & Quotes

Although only **6%** of Easterseals participants reported financial health increases, the majority of the Community qualitative study participants cited financial stability in their **top 3 short- and long-term goals**.

*“Living with family after COVID-19 allowed us to start saving.”
–Parent, Community qualitative study*

*“We also spend less because we don’t go out anymore.” –Parent,
Community qualitative study*

“We’re getting our financials and everything together now and paying a lot of things off.” – Veteran, Community qualitative study



SOCIAL
DETERMINANTS
OF HEALTH

Neighborhood + Built Environment

The connection between where a person lives – housing, neighborhood, and environment – and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.

MORE PEOPLE ARE DECIDING TO MOVE IN WITH FAMILY MEMBERS TO SAVE RESOURCES

Some people are making the decision to move in with other family members in order to save money and/or get extra support with childcare. Those who have made this decision feel like they've lost some independence. Also, with more people in a household, family tensions are higher, adding more stress to an already stressful situation.

REPORTING OF DOMESTIC ABUSE DECREASED

Because personal movement has been limited, many victims of domestic abuse have been trapped with their abuser. Domestic abuse services report a decrease in cases, but this is most likely due to victims being unable to connect safely to services. Additionally, teachers are trained to report signs of domestic abuse to children, but the switch to virtual learning has limited their ability to identify signs.

MOST HAVE BECOME TECH SAVVY

The need to stay at home during COVID-19 has led to an increase in tech savviness for many. Most people expressed being comfortable video chatting with friends and family and finding information online. However, they are still uncomfortable using these digital tools for daily tasks such as ordering groceries or paying bills.

Research Statistics & Quotes

3% of all participants and **10%** of participants who are unemployed/seeking employment reported they had experienced homelessness in the past 12 months.

"I live with my 2 children and their father. We currently are living with my mother while looking for a house to buy." –Adult, Community qualitative study

Research Statistics & Quotes

"Not being in families' homes makes it difficult to really monitor the overall safety and wellbeing of children and families." –Staff, Easterseals Affiliates survey

"Clients/families don't want people coming into their homes during the pandemic, so it is nearly impossible to provide respite care. Without respite care parents/caregivers aren't getting the break they need, which is causing an increase in stress (and therefore putting individuals at an increased risk of abuse and neglect)." -- Staff, Easterseals Affiliates survey

Research Statistics & Quotes

Participants were more likely to report feeling very comfortable using technology for communication than for necessary daily tasks:

- **28%** - purchasing groceries
- **32%** - accessing health care
- **45%** - video chatting with friends and family

Easterseals seven core populations

We collected data from seven core populations served by Easterseals. The following slides take a closer look at the research findings for each of the populations below:



CHILDREN WITH DISABILITIES

Slide 37



YOUTH IN TRANSITION

Slide 38



ADULT JOB SEEKERS

Slide 39



SENIORS

Slide 40



PEOPLE OF COLOR WITH DISABILITY

Slide 42



VETERANS

Slide 44



PARENTS & CAREGIVERS

Slide 45



Children with disabilities

Children 0-3 and 4-17 years



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Education
2. Social + Community
3. Healthcare

See slide 85 for more data

MOST CHILDREN ARE NOT ACHIEVING THEIR MILESTONES DURING COVID-19

Most children are not progressing at their pre-pandemic rate. Studies show that students enrolled in online education struggle compared to their in-person peers. For example, in one study, online students were up to a year behind their peers in math.¹⁵ Between this decreased achievement and quickly adapting to virtual learning, it is expected that student academic gains will be lower due to the COVID-19 pandemic.

CHILDREN 0-3 YRS HAVE LIVED MOST OF THEIR LIVES IN THE PANDEMIC WITH LIMITED DEVELOPMENTAL OPPORTUNITIES

The first few years of a child's life are critical to the development of the child, and parents are worried about long-term effects the pandemic might have on their future development. Children are not able to develop social skills through play, and some are struggling with access to developmental screening and therapy due to service shutdowns or reductions. With uncertainty ahead, parents want their children to live normal lives.

FEWER CHILDREN HAVE BEEN IDENTIFIED WITH A DISABILITY

Without in-person interactions, teachers are less likely to identify children who qualify for disability screening. Since most children are not achieving their milestones due to the pandemic, teachers are finding it difficult to determine if the cause of low performance is because of the pandemic or because the child might have a disability.

Research Statistics & Quotes

71% of parents and caregivers of children 0-3 and **84%** of parents and caregivers of children 4-17 report that they are not hitting their milestones.

"OT has still went above and beyond but home is a distraction, and he isn't pushed as hard and can't focus as much on the task at hand." –Parent, Community qualitative study

Research Statistics & Quotes

Parents and caregivers of children 0-3 were the **most likely** to report, while they had gotten support during COVID-19, they needed more support.

"I hope my daughters are able to live normal lives because they've both pretty much lived their whole lives in the pandemic." –Parent, Community qualitative study

Research Statistics & Quotes

"We are hearing that there are many children who have a disability that are not getting diagnosed during the pandemic. This is because their teachers would normally catch that, but they aren't able to observe their progress as well in a virtual setting." –Affiliate, interviews



Youth in transition

Youth 14-26 years, transitioning to adulthood



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Social + Community
2. Education
3. Economic Stability

See slide 85 for more data

YOUTH IN TRANSITION ARE MORE LIKELY TO REPORT ANXIETY AND DEPRESSION COMPARED TO OTHER AGE GROUPS

The transition to becoming an adult is already a stressful time in a person's life, but with the added stresses of COVID-19, making this transition now is even more challenging than ever. Subsequently, this group is more likely to report anxiety or depression symptoms, engage in substance abuse, and experience suicidal thoughts due to COVID-19.⁵

YOUTH IN TRANSITION ARE GENERALLY LESS RESILIENT THAN OLDER ADULTS AT WORK

Younger employees showed less resiliency than older employees in dealing with work related stress. This is most likely due to having less exposure to occupational stress overall. In healthcare, younger employees have even shown higher rates of PTSD.⁷

YOUTH HAVE HAD TO RELEARN HOW TO LEARN IN THE VIRTUAL ENVIRONMENT

As most schools switched to teaching remotely, students have had to adjust to a new way of learning. Even the most academically inclined students have had a hard time being engaged in virtual learning. The loss of structure has elevated stress levels for most youth.

Research Statistics & Quotes

Respondents in this category were most likely to report needing support for mental health and social interaction in the future.

"As a teenager I understand my body and mind are going through changes. I am still learning about myself and how I deal with stressful and painful situations." – Youth in transition, Community qualitative study

Research Statistics & Quotes

33% of Youth in transition reported often feeling stressed or overwhelmed compared to **25%** of seniors and **27%** of caregivers of children.

43% of Youth in transition reported that working from home has decreased their ability to work, compared to just 19% of adults.

Research Statistics & Quotes

50% of Youth in transition reported that education contributed to feeling overwhelmed or stressed during COVID-19.

"When we first went online, I struggled a little bit because I had gotten used to the rigid structure of the way school was... I'm having some difficulty adjusting to it." – Youth in transition, Community qualitative study



Adult job seekers

Adults 27-59 years who have a disability



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Social + Community
2. Economic Stability
3. Education

See slide 85 for more data

WORKING FROM HOME BENEFITS SOME ADULTS LIVING WITH DISABILITIES

Some adults living with disabilities appreciate having more job opportunities available with the option to work from home. They see one of the biggest benefits as being able to create their own adaptations in their work environment. This is much more preferred than having to rely on their employer to make the adaptations for them.

ADULT JOB SEEKERS FEEL LESS COMFORTABLE WITH TECHNOLOGY THAN OTHER GROUPS

Adults with disabilities looking for employment reported feeling less comfortable using technology compared to other age groups. Acknowledging that this is an important skill to learn, many are looking for more resources and training on how to use technology.

ADULT JOB SEEKERS DO NOT KNOW WHERE THEY CAN GET SUPPORT FROM SOCIAL PROGRAMS

Many adult job seekers know they qualify for social programs, but they are not sure for what benefits they qualify, where to get help, or even where to start. Some of these processes are complex to begin with, sometimes making it difficult for adults living with disabilities to navigate.

Research Statistics & Quotes

43% of adults prefer jobs that allow you to work from home, while only **19%** prefer in-person jobs.

29% of adults report that working from home has increased their ability to remain employed, compared to just **19%** of youth in transition.

Research Statistics & Quotes

29% of adults surveyed reported being uncomfortable with technology compared to **10% of seniors** and **0% of youth in transition**.

“With a computer, I never learned it. I need someone [who] would teach me how to do it.” – Adult job seeker, Community qualitative study

Research Statistics & Quotes

“I’m not sure what I qualify for, so I’m not sure what you can help me with.” – Adult job seeker, Community qualitative study



Seniors

Adults 60+ years



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Social + Community
2. Neighborhood + Built Environment
3. Education

See slide 86 for more data

COVID-19 IS CAUSING MANY SENIOR CITIZENS TO RETIRE EARLY

Workers 65+ years of age are less likely than younger age groups to be able to telework due to the popularity of labor-based jobs. They are less equipped to work from home, leading to reduced optimism and their departure from the workforce.

SENIORS WANT TO LEARN AND WORK

When asked how Easterseals could better support seniors, participants most frequently wanted support in learning technology for today's workforce. Being able to use technology to work not only provides economic stability but acts as a social opportunity and a sense of purpose to their days.

SENIORS HAVE EMBRACED TECHNOLOGY DURING COVID-19

The pandemic has shown that senior citizens are eager to learn about technology and apply these new skills. When there is proper technology training available to them, seniors outperform expectations informed by ageism, recontextualizing the general perception of their abilities.

Research Statistics & Quotes

Only **29%** of seniors report feeling **very comfortable** using technology for their jobs compared to **43%** of adults and **71%** of youth in transition.

48% of seniors report decreased optimism about future employment opportunities during the pandemic.

Research Statistics & Quotes

14% of seniors report that they are unemployed and currently seeking a job, compared to just **8%** of adults.

Seniors were more likely than adults to report needing additional support for employment in the future (**27% v 16%**).

"I think that a more developed training program involving technology would provide better support in today's job market." – Senior, Easterseals Communities survey

Research Statistics & Quotes

Seniors are more confident than young adults in using technology for:

- Finding answers on the internet (**52% vs 36%**)
- Paying bills (**41% vs 16%**)
- Ordering a meal (**33% vs 22%**)
- Accessing healthcare (**31% vs 15%**)
- Accessing information about benefits and insurance (**29% vs 24%**)



Seniors (continued)

Adults 60+ years



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Social + Community
2. Neighborhood + Built Environment
3. Education

ISOLATION IN SENIORS IS INCREASED BY MEDICAL CAUTION AND PUBLIC SPACE CLOSURES

Like many groups during the pandemic, seniors have expressed high levels of feeling isolated and lonely. Many seniors are more isolated due to medical necessity as they are more susceptible to serious COVID-19 symptoms. Seniors are also more likely to rely on public spaces, such as community centers or houses of worship, as a main source of socialization as opposed to the workplace. These locations have been forcibly closed, disconnecting seniors from their social outlets.⁴

Research Statistics & Quotes

Seniors were the group most likely to report that they do not often connect with people virtually (**36%**).

“The adult day services provided great social interaction before COVID. Only seeing two family members and talking to one on the phone since COVID has caused dementia symptoms to increase. They had improved when first joining Easter Seals adult day services before COVID.”

–Caregiver, Community qualitative study

“I miss everyone, group activity, I hope that returns someday.”

–Senior, Community qualitative study

See slide 86 for more data



People of Color with Disability

Black, Hispanic, Asian, North American Indian, Native Hawaiian, Aboriginal, and other



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Economic Stability
2. Neighborhood + Built Environment
3. Social + Community

See slide 80 for more data

BLACK PROGRAM PARTICIPANTS WERE EMOTIONALLY IMPACTED BY THE SOCIAL JUSTICE MOVEMENT

There is a collective feeling of a loss of safety, belonging, and wellbeing within Black communities. This is especially true for children of color who have developed anxiety, depression, and fear in response to the social justice movement. With social media aiding the spread of these movements, both adults and children are exposed to more messaging and visuals depicting racism.

COVID-19 HAS A LARGER IMPACT ON THE MENTAL HEALTH OF PEOPLE OF COLOR WITH DISABILITY

People of color are at higher risk of contracting, showing more severe symptoms, and dying from COVID-19. As a result, Black Americans are 3 times more likely to know someone who has died from COVID-19 than their white peers.¹⁸ This is compounded by the increased experiences of racism.

PEOPLE OF COLOR EXPERIENCED MORE FINANCIAL LOSS THAN OTHER RACES

One indicator of financial loss during COVID-19 has been loss of employment. Hispanic workers were more likely to experience job loss during COVID than other groups.^{19,20} People of color in general mentioned wanting more access to financial planning.

Research Statistics & Quotes

41% of people of color report that racism negatively affected them during COVID-19.

Multiple Ethnicity, Black, and Hispanic program participants were more likely to report racism negatively affecting them.

Research Statistics & Quotes

41% of people of color reported feeling stressed or overwhelmed by their financial situation compared to **30%** of their white peers.

Research Statistics & Quotes

49% of Hispanic participants reported that their financial situation had declined compared to just **25%** of their white and Black peers.

People of color were more likely to report needing support for employment and financial literacy in the future.



People of Color with Disability

(continued)

Black, Hispanic, Asian, North American Indian, Native Hawaiian, Aboriginal, and other



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Economic Stability
2. Neighborhood + Built Environment
3. Social + Community

See slide 80 for more data

PEOPLE OF COLOR WITH DISABILITY HAD LESS ACCESS TO TECHNOLOGY BUT WERE MORE COMFORTABLE USING IT

The digital divide was present before COVID-19, but the pandemic has highlighted the negative impacts of inadequate access to technology. People of color have limited access to quality internet connection. However, this group is more likely to own a digital device. They also report increased levels of comfort using technology to complete daily tasks, indicating that with proper access they would be better equipped to adjust to the virtual nature of the pandemic.

Research Statistics & Quotes

66% of Hispanic participants described their internet quality as poor.

85% of people of color reported owning a digital device compared to **81%** of white participants.

67% of people of color said they were comfortable using technology to accomplish daily tasks compared to **61%** of white participants.

26% of people of color reported needing additional technology services/support, compared to **15%** of white participants.

PEOPLE OF COLOR WITH DISABILITY HAVE LESS ACCESS TO HEALTHCARE AND DON'T TRUST THE HEALTHCARE SYSTEM

Historically, people of color have experienced limited access to quality healthcare. COVID-19 has increased this disparity. In the United States, people of color are more likely to have chronic conditions such as heart disease, diabetes, and lung disease. These pre-existing conditions increase the risk of contracting COVID-19 and experiencing more severe symptoms. Additionally, there is a feeling of distrust among people of color with the healthcare system due to systemic racism.

Research Statistics & Quotes

Black participants were twice as likely to report that racism contributed negatively to access to care or support during COVID-19.



Veterans

Participants with Active or Veteran Military Status



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Healthcare
2. Economic Stability

See slide 80 for more data

VETERANS ARE EXPERIENCING GREATER IMPACT FROM COVID-19 IN THE AREAS OF HEALTH AND FINANCES

14% of employed veterans work in the five industries most likely to witness immediate layoffs due to COVID-19.²² This loss of wages not only jeopardizes veterans' financial wellbeing but, when coupled with trauma and increased isolation due to COVID-19, contribute to deteriorating mental and physical health.

VETERANS ARE AFFECTED BY A MORE EASILY ADDRESSED TECHNOLOGY GAP

Veterans also report having good access to quality internet. However, they also under-report owning a device to access it. As internet access is a key indicator of whether the digital divide will affect program utilization, this group can reliably access virtual programming if a device can be provided.

VETERANS ARE SAVVY TECHNOLOGY USERS

Veterans are more comfortable using technology to do daily tasks. This comfort in performing tasks that other populations lack indicates a strong technology usage competency. The group should be able to adapt to increased virtual services without much onboarding time or training.

Research Statistics & Quotes

41% of Veterans reported a decline in physical health due to COVID-19, compared to just **18%** of civilians.

38% of Veterans reported a decline in financial health during COVID-19, compared to **27%** of civilians.

"At the beginning of COVID, I was so stressed out because I had medical problems and nobody wanted to have an appt with you."
– Veteran, Community qualitative study

"I am currently not contributing financially to our home and our future savings." – Veteran, Community qualitative study

Research Statistics & Quotes

17% of Veterans do not own a device.

97% of Veterans reported fair or strong internet quality, compared to **93%** of civilians.

Affiliates that serve veterans were more likely to report access to technology as a roadblock to providing services.

Research Statistics & Quotes

Veterans are more confident than civilians in using technology for:

- Finding answers on the internet (**66% vs 51%**)
- Paying bills (**45% vs 43%**)
- Accessing health care (**41% vs 33%**)
- Accessing information about benefits and insurance (**34% vs 31%**)
- Purchasing groceries (**31% vs 29%**)



Parents & Caregivers



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Healthcare
2. Social + Community
3. Economic Stability

NEW RESPONSIBILITIES HAVE CAUSED PARENTS AND CAREGIVERS TO DEPRIORITIZE THEIR OWN NEEDS

There are many new responsibilities that parents and caregivers must take on as a result of COVID-19 disruptions. There are now more tasks that must be done in the day, minimizing the time they have to care for themselves. Although parents and caregivers have reported they've been given adequate support and have adapted well to their new responsibilities, this has resulted in a decrease in overall mental health for parents and caregivers.

PARENTS AND CAREGIVERS FEEL PRESSURED TO COMPLETELY ISOLATE

The actions of parents and caregivers don't just affect them but the people they support. Throughout COVID-19, they experienced acute fear that their choices in completing daily tasks and interacting with the world will harm the people for whom they care. This has resulted in increased isolation and stress for this population.

Research Statistics & Quotes

"I don't really have any spare time. If I'm not taking care of the baby, I'm helping my older daughter with her virtual learning."
–Parent, Community qualitative study

"I don't have any hobbies right now because my day is so full with the kids. I would love to find one soon." – Parent, Community qualitative study

"Between my stress with financial stuff and work on top of making sure he is ok and doing what I can for his mood, OT and hormonal changes it's been overwhelming and lonely." – Parent, Community qualitative study

Research Statistics & Quotes

78% of parents and caregivers report increased stress levels.

"Having children during this time is scary... I just want to be able to take my kids to the park or a birthday party without having an anxiety attack because of COVID." – Parent, Community qualitative study

"With COVID information just coming out I wasn't really sure how this could really affect him. So I really didn't want to go anywhere or be around anybody. So I had a little anxiety at the time." – Parent, Community qualitative study

"The fear was a big indicator of the unknown... I really felt just a weight on my shoulders had intensified." – Parent, Community qualitative study

See slide 86 for more data



Parents & Caregivers

(continued)



TOP IMPACTED SOCIAL DETERMINANTS OF HEALTH AREAS FOR THIS GROUP

1. Healthcare
2. Social + Community
3. Economic Stability

See slide 86 for more data

COVID-19 CLOSURES HAVE LED TO THE ADOPTION OF PARENT-LED THERAPY

Due to the closure of in-person therapy, parent-led therapy has become more prevalent. Parents and caregivers are being taught how to provide therapy to those they support and are required to be more involved with their care. Although increased parental engagement is a benefit for the child, it increases the likelihood of parent/caregiver burn out and potential mental wellbeing risks.

PARENTS AND CAREGIVERS FEEL THEY'VE ADAPTED WELL WITH EASTERSEALS' HELP

With school and work closures, parents and caregivers have experienced a dramatic increase in their caregiving responsibilities.

Parents and caregivers have had to quickly adapt to these changes by learning new skills. For example, parents partially functioned as teachers and caregivers transformed into therapists. In the Easterseals community, this group has been able to adapt well with the support of Easterseals resources.

Research Statistics & Quotes

"Her speech therapist is very good at helping to instruct myself on how to help her. We do wish she was receiving services in person, but understand why she is not." – Parent, Community qualitative study

"COVID-19 has been a catalyst for parent-led therapy actually... therapists have been coaching parents on how to provide therapy to their children." – Affiliate, interviews

Research Statistics & Quotes

62% of caregivers and **72%** of parents report have been able to adapt well to COVID-19 changes.

71% of caregivers and parents are satisfied with Easterseals resources provided to them during COVID-19.

Easterseals Network

What's in this section?

This section covers the research findings we collected around the impact COVID-19 has had on Easterseals Affiliates. All the information you read in this section came directly from Affiliates.

The research findings in this section were informed by the following research activities:

INTERVIEWS WITH AFFILIATE LEADERS
See slide 9 for more information.

EASTERSEALS NETWORK SURVEY
See slide 10 for more information.



Easterseals Network

We also collected data from Affiliates about the impact COVID-19 has had on their organizations. The findings on the following slides address the categories below:



PREPAREDNESS

Slide 50



FINANCES

Slide 51



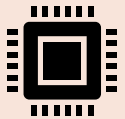
STAFF

Slide 53



SERVICE DELIVERY

Slide 54



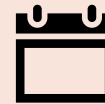
TECHNOLOGY

Slide 55



NATIONAL OFFICE SUPPORT

Slide 56



FUTURE CHALLENGES

Slide 57

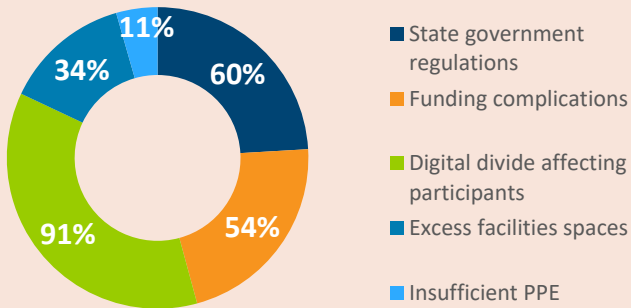


Preparedness

53% of Affiliates did not start COVID-19 planning until March.

22 Affiliate locations did not conduct any layoffs during COVID-19; 6 Affiliate locations permanently laid off more than 20 individuals.

The digital divide among program participants, state government regulations, and funding complications were major barriers to COVID-19 preparedness.



See slide 99 for more data

A FEW AFFILIATES HAD PANDEMIC PLANS PRIOR TO COVID-19

Most Affiliates mentioned that they didn't feel prepared for COVID-19, acknowledging that no one could have anticipated the impact of the crisis. However, two Affiliates indicated they did have a pandemic plan prior to COVID-19. These Affiliates had experience with previous health crises like the H1N1 virus as well as natural disasters, which they used as a foundation for COVID-19 planning. Interestingly, both of these Affiliates reported that they financially broke even at the end of 2020.

A FEW AFFILIATES HAD PREVIOUS EXPERIENCE WORKING REMOTELY

Some Affiliates mentioned they had experience working remotely in the past, due to natural disasters happening in their area. Because of this previous experience, these Affiliates had already invested in technology and remote ways of working, which allowed them to pivot more efficiently during COVID-19 than other Affiliates who had to work remotely for the first time.

MOST AFFILIATES FORMED COMMITTEES TO MAKE A COVID-19 PLAN

As soon as Affiliates started preparing for COVID-19, most of them formed committees to respond to the evolving decisions that needed to be made for their organization. These committees were responsible for items such as developing safety guidelines, a plan for virtual services, and ideas for supporting staff's mental health. These committees met more frequently at the beginning of COVID-19 but are still meeting regularly.

STAFF APPRECIATED THE TRANSPARENCY OF COMMUNICATIONS

Most Affiliates shared that they increased their communications with staff to help reduce anxieties about the future. It was noted that staff appreciated the transparency, even if the message was that there were still unknown answers.

One CEO highlighted a story of a staff member who thanked her for being so communicative, sharing that their spouse had not received anything from their employer about COVID-19.



Some services (physical therapy, audiology testing, hearing aid fitting, etc.) are very difficult to provide virtually due to hands-on assistance and/or equipment required. – Affiliate, Easterseals Network survey

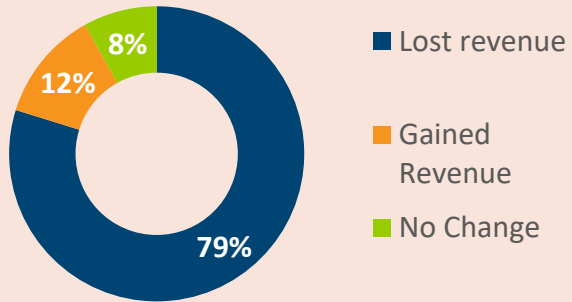


We actually had a pandemic plan believe it or not... it did help us, but of course we didn't realize how long the pandemic would last. –Affiliate, Interviews with Affiliate Leaders



Financial Losses

79% of Affiliate leadership reported lost revenue due to COVID-19.



Affiliates that **serve veterans, seniors, and youth in transition** were more likely to report lost revenue.

See slide 99 for more data

THE TRANSITION FROM IN-PERSON TO VIRTUAL SERVICES CAUSED THE BIGGEST FINANCIAL LOSSES

Affiliates whose core services relied on in-person facilitation such as adult day and senior services were deeply impacted by the shutdowns across the nation. Even programs that transitioned to virtual had challenges reaching the same number of participants.

PHYSICAL SPACES, PERSONAL PROTECTIVE EQUIPMENT (PPE) AND PAYROLL WERE THE LARGEST UNANTICIPATED EXPENSES

For physical spaces, the cost of sanitizing regularly, supplying PPE, restricting the number of participants allowed in buildings, and offering fewer in-person services overall contributed to the high cost.

Some Affiliates had PPE stocked, but not nearly enough to cover the frequent use of these items. This was and continues to be a big investment for all Affiliates.

To support staff, Affiliates allocated more resources to cover sick leave and family care. This also meant higher overtime costs for the staff covering more responsibilities.

FUNDRAISING EVENTS WERE MUCH LESS LUCRATIVE THAN PREVIOUS YEARS

Affiliates who hosted in-person fundraising events were not able to raise the amount of money they had in previous years. In order to comply with safety regulations, these events were either cancelled, offered virtually, or still hosted in-person, but with less participation. Changes to these events reduced participation overall, which minimized the overall funds raised.

“

Most families strongly prefer in-person services....Some families are overwhelmed by all the life challenges in their own lives and have elected to put services on hold this past year. – Affiliate, Easterseals Network survey

“

Every year we host several in-person events to raise money for our Affiliate and this year we weren't able to host, which affected our financials. – Affiliate, Interviews with Affiliate Leaders



Financial Gains

Affiliates brought in **similar forms of new revenue** (CARE, PPP, grants, etc.) across the board.

Affiliates that serve **youth 0-17** years old were more likely to report they gained revenue (35%) than veterans (17%), youth in transition (23%), seniors (26%), and adults (30%).

Affiliates that serve veterans were more likely to report **additional state/federal support and new corporate grants** (82% and 70%, respectively.)

PAYCHECK PROTECTION PROGRAM (PPP) LOANS COVERED A SIGNIFICANT PORTION OF FINANCIAL LOSSES

As a nonprofit, most Affiliates were able to receive a Paycheck Protection Program (PPP) loan which covered payroll, rent, accumulated interest, and utility costs. This loan was one of the biggest supports to Affiliates across Easterseals.

ADDITIONAL LOCAL GOVERNMENT AND PARTNER SUPPORT ALSO HELPED COVER SOME FINANCIAL LOSSES

Affiliates complimented their staff's resourcefulness at finding new funding. In addition to the PPP loan, Affiliates found other emergency funding sources from grants, partners, and local government. Some Affiliates were lucky to have corporate partners who proactively reached out to them to offer financial support. These new funds were instrumental in offsetting losses.

MANY AFFILIATES SHIFTED THEIR FINANCIAL MINDSET FROM EXPANDING SERVICES TO BUILDING RESERVES

Several Affiliates mentioned that before the pandemic, they were putting any extra money toward expanding services in order to better serve their communities, rather than saving. As soon as the pandemic hit, they had to find ways to build up their financial reserves in order to protect their future, forcing them to change their financial approach.

IN SOME CASES, AFFILIATES PARTNERED WITH OTHER ORGANIZATIONS TO BETTER SERVE THEIR COMMUNITIES

Some Affiliates mentioned that they saw an increase in collaboration between other organizations. This was motivated by the ability to have stronger grant proposals, reach more people, and provide more holistic support to the communities they serve. As a result, all partners benefited from collaboration.

“

Before COVID, we spent every extra dollar on expanding services... When the pandemic hit, we started focusing on building our reserves. – Affiliate, Interviews with Affiliate Leaders

“

Advocacy for additional government funding [support would be most helpful in the future]. – Leadership, Easterseals Network survey

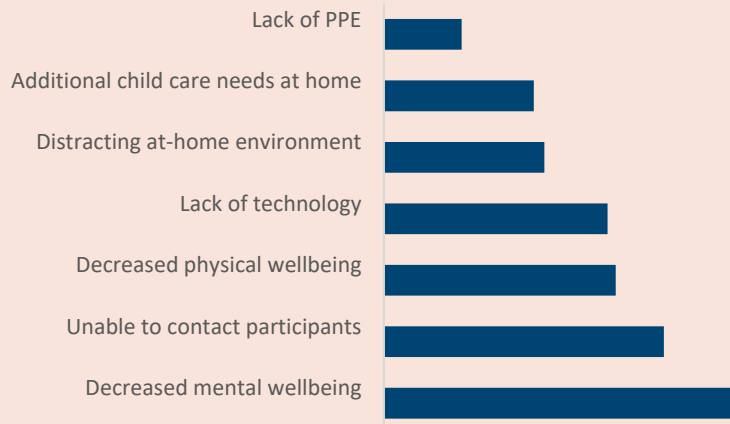


Staff

88% of leadership reported they felt they had supported staff stress well or very well compared to 55% of staff who felt their stress had been **supported well or very well**.

48% of staff reported either a **high** or **very high** current stress level.

Decreased mental wellbeing was cited most frequently as a roadblock to providing services in COVID-19.



See slides 95 and 99 for more data

AFFILIATES HIGHLIGHTED THE RESILIENCY AND INNOVATION OF THEIR STAFF

Every single Affiliate described their staff as being resilient and innovative during COVID. It was acknowledged that, prior to COVID-19, staff were used to and good at dealing with stress, but the additional challenges related to COVID-19 exemplified their ability to handle hardship. Additionally, staff have responded to community needs quickly and were creative with developing new ways to deliver service. These traits in staff have enabled Easterseals to continue delivering its mission throughout the pandemic.

AFFILIATES PRIORITIZED THEIR STAFF'S WELLBEING OVER FINANCIAL GAIN

When faced with the financial decision to let staff go or keep them, Affiliates did everything they could to hold on to their staff. In some cases where staff were let go, they were hired back a few months later. Affiliates put employees first by maintaining employee pay, providing flexible scheduling, and helping arrange childcare for in-home service providers.

PERSONAL IMPACTS OF COVID-19 AND JOB-RELATED STRESS AFFECTED THE MENTAL HEALTH OF STAFF

Affiliates shared that job-related stress has increased for Easterseals staff. This has been due to an increase in responsibilities as well as serving a population that has been highly impacted by COVID-19.

Additionally, staff have experienced their own personal hardship from COVID-19. Stresses in many aspects of their lives have dramatically affected their mental health.

All Affiliates recognized the need to support the mental health of their staff. Additional support included access to therapy, yoga, meditation, celebrations, recognition, and opportunities for levity. It was shared that as the pandemic continues, this will remain a priority moving forward.



It has nothing to do with the job in itself. My at-home life as a single parent having a child doing virtual classes was the true challenge for me. Dealing with his mental wellbeing and depression during this time, it took a toll on me and my focus with my work. – Affiliate, Easterseals Network survey



We were already in a staffing crisis prior to COVID so when COVID came about ,our staffing crisis doubled. – Affiliate, Easterseals Network survey

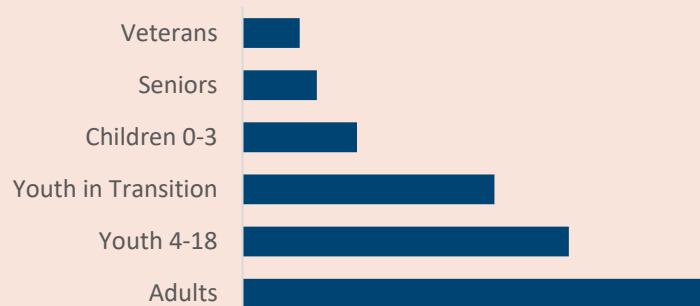


Service Delivery

76% of respondents believed that virtual services were moderately effective, compared to 17% who saw them as very effective and 8% who saw them as not effective at all.

Affiliates would like to see a **hybrid model** across most services provided moving forward.

Adults , Youth 4-18, and Youth in Transition were the populations most frequently selected as best candidates for virtual services.



See slides 97 and 98 for more data

AFFILIATES EXPANDED TECHNOLOGY ACCESS AND TRAINING SERVICES

At the beginning of COVID-19, many Easterseals' program participants did not have access to technology. While this was a known barrier, some Affiliates were surprised by how many of their participants did not have access when COVID-19 hit. All Affiliates pivoted their focus to assure that program participants were trained and had access to the internet and devices they could use to continue using Easterseals services virtually.

PARENTS WERE MORE ENGAGED WITH VIRTUAL SERVICES THAN BEFORE COVID-19

Affiliates observed parents being more engaged in telehealth services with their children. This was mostly because parents needed to be in the room with their child during the session to help with technology. With parents in the room, there was an opportunity for them to actively participate in the session. It was also noted that fathers have become more actively engaged in their child's therapy sessions than before COVID-19.

VIRTUAL PLAY PROGRAMS WERE ONE OF THE MOST SUCCESSFUL VIRTUAL SERVICES

Classes that facilitated a fun activity for children such as karate or dance were reported being some of the most popular virtual services Affiliates offered. The popularity of these services stemmed from the benefits of providing children with something to do while being quarantined and also a break for parents from caregiving responsibilities. In some cases, parents and siblings were able to join the classes, which made the experience more engaging.

COVID-19 WAS A CATALYST FOR PARENT-LED THERAPY

For some Affiliates, COVID-19 changed the approach to therapy. Because therapists could not facilitate in-person interaction, parents had to fill that role, shifting the therapy model to be more parent-led. This meant Affiliates focused their energy creating kits and training for parents to educate them on how to provide therapy to their child. This has expedited the work that some Affiliates were already prioritizing.

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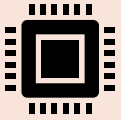
The adult child interaction has improved and the fact that the therapists can use virtual tools to help assist is pretty cool. They don't get that during the in-home sessions.

– Parent of 0-3 year old, Easterseals Communities survey

“

Virtual ABA ended far before we were comfortable moving to in-person ABA so we had to stop receiving services.

– Parent of 0-3 year old, Easterseals Communities survey



Technology

79% of Affiliate staff felt they were able to effectively reach their participants using technology during COVID-19.

Only 10% of Affiliate staff reported discomfort with virtual service delivery technology.

25% of Affiliate staff don't own a device for their exclusive use during work hours.

10% of Affiliate staff reported challenges related to access or reliability of internet connections at home.

Technology assistance was the most common support Affiliate staff reported receiving during COVID-19.

STAFF BECAME MORE TECH SAVVY AND OPEN TO USING TECHNOLOGY

Initially, some Affiliate staff were resistant to providing remote services, in an effort to protect the value of interacting face-to-face with their participants. However, when virtual services became a necessity, they realized the benefits of using technology, inspiring them to become more tech savvy.

WORKING VIRTUALLY HAS ALLOWED AFFILIATES TO ENGAGE MORE STAKEHOLDERS IN MEETINGS

Most Affiliates mentioned that the benefit of working remotely is that they can host meetings with staff from different locations. This has led to stronger collaboration and an increase in meeting participation between leaders, board members, departments, and various other teams across Easterseals.

Also, for staff who travelled for their jobs prior to COVID-19, they have benefited from connecting more with others while working from home. Both Affiliate leaders and National Office staff have shared that their work / life balance has improved. They also have found that working from home allows them to be more efficient, since they are able to attend more meetings.

COVID-19 FORCED CHANGES TO TELEHEALTH RESTRICTIONS

Prior to COVID-19, most Affiliates were not able to offer telehealth services due to HIPPA regulations. However, once shelter-in-place was implemented, many states lifted this regulation, and Affiliates pivoted their services to include telehealth. In some cases, there were Affiliates that offered telehealth before the restrictions were lifted in order to quickly respond to the needs of their communities.

TECHNOLOGY WAS BOTH A BARRIER AND AN ASSET IN REACHING PARTICIPANTS

Many communities that Affiliates serve did not have access to technology prior to COVID-19. While Affiliates have made an effort to bridge the gap, there are still participants they could not reach due to the digital divide.

On the flip side, Affiliates have been able to provide better access to services in rural populations now that services are virtual. Also, it was mentioned that veterans felt more comfortable sharing during their therapy sessions because the virtual environment adds a degree of separation, which feels less intimidating.

“

The pandemic has made our staff more tech savvy...it's true!
–Affiliate, Interviews with Affiliate Leaders

“

Some participants cannot use telehealth so interaction with those clients dropped significantly. Engagement dropped overall because we cannot work on in-home child-parent interaction through telehealth. Telehealth scratches the surface and really, just supports check-ins and direction for community service coordination.
– Affiliate, Easterseals Network survey

See slide 96 for more data



National Office Support

Sharing best practices, developing new service models, and increasing brand awareness were the **top future supports** Affiliates want the National Office to provide. .

Which support would be most helpful in the future?



AFFILIATES WANT MORE INFORMATION ABOUT FINANCIAL OPPORTUNITIES

Affiliates want more financial transparency and collaboration from the National Office. They want to understand how resources are being allocated at the national level and what resources are available to them as Affiliates. They also have a desire to collaborate on grants across the Network.

Affiliates expressed that the National Office could play a larger role in assessing and aiding in their financial health concerns. This includes considering partnerships and mergers, how to responsibly grow reserves, and ideas for grow revenue.

AFFILIATES WANT MORE KNOWLEDGE SHARING AND COLLABORATION

Affiliates expressed a desire to better communicate and share their ideas across the Network. This desire inspired requests for an intranet as a way of sharing best practices for different services. Also requested was a directory of experts at various Affiliates to be referenced when designing new services that exist at other Affiliates or for expert speakers for virtual webinars.

AFFILIATES HIGHLIGHTED NEED FOR STRONGER BRAND AWARENESS

Affiliates stated that the benefit of the National Office is strengthening awareness of the Easterseals brand. There is a need for a clearer value proposition at the National and Affiliate levels. Affiliates look to the National Office to clearly communicate to the public who Easterseals is and what it does.

Having a stronger, nationally recognizable brand would make Affiliates more competitive for funding applications. Some Affiliates focus all funds on service delivery and do not have excess funds to support a strong marketing campaign. Marketing materials and campaigns provided by the National Office would enable them to better reach the people living in their areas of service.

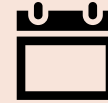
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We want to know how others have found success. What have they learned and how can we benefit from their knowledge? – Affiliate, Interviews with Affiliate Leaders

“

[Most helpful future supports would be]...Public Policy and Advocacy for services and nonprofit assistance....sharing of Corporate Sponsorships...new revenue opportunities. – Affiliate, Easterseals Network survey

Future challenges



AFFILIATES ARE UNEASY ABOUT THE FINANCIAL FUTURE

When asked what challenges they might have moving forward, most Affiliates expressed a concern for the financial situation in which they may be within a year or two. Most of this concern stemmed from losing the support they are currently receiving from PPP loans and emergency funds.

AFFILIATES EXPRESSED THE NEED TO FOCUS ON PARTICIPANT ENGAGEMENT

There is an acknowledgement from Affiliates that services will need to evolve in order to better engage program participants. At the beginning of COVID, Affiliates quickly shifted to offering virtual services, but there was limited time to consider what the ideal virtual experience would look like. As Affiliates look to the future, they want to find better ways to engage participants virtually. Currently, engagement is hindered by lack of accessibility to all audiences served and difficulties associated with interacting in a virtual only environment.

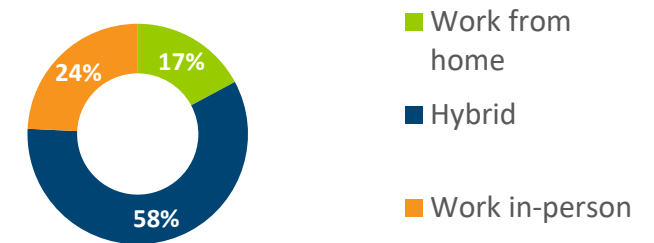
AFFILIATES EXPRESSED CONCERN FOR UTILIZING AND REPURPOSING PHYSICAL SPACES

As shared previously regarding physical spaces, large office spaces, campgrounds, and community centers have been underutilized during COVID. While some Affiliates have chosen to give up these spaces, some are holding onto them in hopes of utilizing them in the future. Those who are keeping these spaces are looking for ways to repurpose them to offset costs. There's also a concern for the cost of having to update older buildings aligned with potential new health regulations in the future.

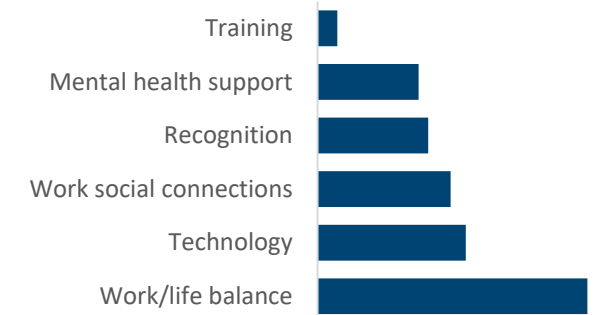
AFFILIATES ACKNOWLEDGED THAT SERVICES NEED TO CHANGE FOR "NEW NORMAL," POST-PANDEMIC ENVIRONMENT

Even if services continue to be offered virtually post-pandemic, Affiliates will need to consider creating hybrid experiences where participants can engage remotely and in-person. There's currently still too many unknowns to know what that might look like, but Affiliates acknowledge that there will be another evolution to their services post-pandemic.

More than half of Affiliates want a mix of in-person and remote working in the future.



Affiliate staff reported needing the most support with work/life balance.



“

We are starting to plan for the financial year 2022 and it's not looking great... We're not sure what financial state we'll be in.
– Affiliate, Interviews with Affiliate Leaders

“

Not sure what will happen when we no longer have access to the PPP loan. – Affiliate, Interviews with Affiliate Leaders

Stories of positivity

NATIONAL VIRTUAL CAMP

Camp is a key form of fun and respite across Easterseals' Network. With COVID-19 forcing the community to stay isolated, the National Office worked with the Camp Affinity Group to develop a virtual camp experience where participants learned songs, played games, and completed do-it-yourself activities. This program was created with amazing speed and agility and provided much needed fun to the lives of many.

SENIORS PARADE IN NEW HAMPSHIRE

Social isolation has hit seniors particularly hard. With their normal meeting places closed, Easterseals New Hampshire developed a way to engage with seniors and encourage interaction while remaining safe. During senior parades, seniors were able to connect with staff and each other from the safety of their cars while picking up fun take-home packages to keep their spirits high.

GETTING OUT THE VOTE IN SOUTHERN CALIFORNIA

Easterseals Southern California empowered its community to vote safely in the Fall 2020 election when the pandemic was at its height. The Affiliate conducted a research study that showed the need for higher voter participation among people living with disabilities and then acted on these findings with media placements, an extensive social media campaign, and resources for people with disabilities so they could get out the vote.

GALA FUNDRAISER TURNS INTO DRIVE-IN MOVIE FUN IN CAPITAL REGION AND EASTERN CONNECTICUT

Many Affiliates had to reimagine their large fundraising events for COVID-19 safety. Easterseals Capital Region and Eastern Connecticut pivoted their annual Crystal Ball to a fun-filled drive-in movie event complete with a gourmet meal, live entertainment, and virtual and live activities.

EASTERSEALS AT-HOME KITS

How do you make sure child development can continue successfully while remote? Many Easterseals Affiliates created at-home kits for their participants with props and activities to stimulate developmental learning.

HUMAN RESOURCES CONNECTS STAFF WITH CHILDCARE FROM A SURPRISING SOURCE IN NEBRASKA

With schools closed due to the pandemic, Easterseals practitioners had to find new childcare arrangements while they worked. Easterseals Nebraska saw this as an opportunity to assist. Their HR staff worked to connect teenagers and young adults at home during the day with practitioners in need of babysitters to benefit both parties.

Market Assessment

What's in this section?

This section covers the findings we collected around the impact COVID-19 has had on peer organizations.

Some of these findings mirror previously identified impact experienced by Easterseals while some are unique to peer organizations.

The research findings in this section were informed by the following research activities:

MARKET ASSESSMENT

See slide 11 for more information.



Goodwill

3,000+ out of 3,400 stores closed due to COVID-19

~**\$1 billion** of lost revenue with a typical \$6.1 billion annual revenue

70% of members launched virtual workforce development programs

KNOWLEDGE SHARING WAS PIVOTAL TO GOODWILL'S PREPARATION

Goodwill immediately pivoted to hosting daily triages with their branch CEOs. These calls were 90 minutes each day and covered critical topics in the moment of need. In order to support this, experts in law, taxes, and finances were brought in to speak as well as branch CEOs who had responded well to the day's topic.

Sharing knowledge was facilitated outside of these triages through a new resource website. Here, task force groups could research topics resulting in a one-stop site for expert advice, best practices from the Network, and requests for additional assistance.

NATIONAL REVENUE HAS NOT REBOUNDED AS QUICKLY AS LOCAL

Revenues from stores declined by approximately \$1 billion during COVID-19 when more than 3,000 stores were forced to shut down (at least temporarily). As a result, national revenue plummeted which required a 50% headcount reduction and pay cuts for all employees.

Stores have been able to rebound financially as they reopen although they have seen difficulties restaffing. National has not seen the same gains as they made the choice to backpay employees whose paychecks were previously cut.

GOODWILL PRIORITIZED ITS STAFF'S HUMANITY DURING COVID-19

Goodwill focused on communicating with staff during COVID-19. They hosted additional town halls (weekly early on and currently every two weeks) to distribute information as well as for informal meetups like themed Fridays or story time for the kids. Goodwill made it known that it understood employees may be struggling with things outside of work and normalized talking about and accepting these issues.

PARTNERSHIPS ENABLE GOODWILL TO CONTINUE SERVING MORE

Goodwill partnered with various organizations and companies in order to continue to serve their community during COVID-19. Goodwill partnered with Indeed to host both virtual and drive-by job fairs and interviews. An emerging partnership with Comcast is being developed to bring digital equity to the populations it serves.

COVID-19 HAS INSPIRED GOODWILL TO INCREASE ITS IMPACT

Goodwill was in the process of launching a new three-year strategy directly before the pandemic. This was put on hold while mitigating the immediate impact of the pandemic. When they came back to planning, Goodwill decided to make the strategic plan more aggressive, even with decreased revenue, in order to address the exacerbated needs of their community. In their eyes, it's "time to swing for the fences."

The Arc

84% of chapters had program closures

90% of staff reported fear of coming to work due to the pandemic

“

Disability communities were largely ignored.

“

Our work was not considered essential.

PARTICIPATION IN GRASSROOTS ADVOCACY SIGNIFICANTLY INCREASED

The Arc’s advocacy work has increased in response to the new needs brought on by COVID-19. They recognized that people with IDD were not being prioritized in relief efforts and combatted this by securing funding for their own emergency relief fund as well as campaigning for more inclusion in PPE, COVID-19 care, and vaccine distribution in the healthcare system. The Arc reports that over 175,000 advocacy actions were logged with them, a significant increase compared to their most recent large advocacy movement around the retraction of the Affordable Care Act.

CAREGIVERS WERE A PRIORITY DURING COVID-19

The Arc focused on supporting family members and caregivers during the pandemic. In addition to advocating for them to be included in ongoing COVID relief bills, they advocated for employers to act supportively given the new increased responsibilities of caregivers by allowing them flexible schedules.

CONGREGATE SERVICE DELIVERY NEEDS TO BE REIMAGINED

Throughout COVID-19, congregate settings have been high risk. For residential settings, there was concern pre-pandemic about the care setting, and the pandemic is an opportunity to redesign these standards. As services return to in-person delivery, they will also have to be rethought in a more individualized or small group setting in order to counteract the inherent fears that have resulted in social isolation throughout the pandemic.

INTERSECTIONALITY IS THE NEXT STEP FOR THE DISABILITY COMMUNITY

Intersectionality is a focus for The Arc going forward. Utilizing relationships with other minority groups established to promote the 2020 Census, the disability community needs to take a totally different approach to achieve the next wave of change. There is a sense of opportunity with the prevalence of stories that can be shared to generate awareness among the public. With increased traditional and social media coverage being used to highlight the impact of the pandemic on people with disabilities, the stage is set to promote agendas to support the disability community more holistically.

United Cerebral Palsy

90-95% of workers were new to remote work

“

As leaders in any nonprofit organization, we all stepped up to this pandemic.

“

There has to be that human connection. Think about the human connection first before we get into the business discussion.

THE UCP NETWORK RALLIED TO SHARE KNOWLEDGE AS A RESULT OF HOTEL CONTRACTS

The National Office and many Affiliates had contracts with hotels for annual gatherings long before COVID-19 was a threat. The effort to break these contracts to avoid financial decline rallied the UCP Network to share best practices and advice to promote health across the network.

UCP'S ADVOCACY EFFORTS INCREASED DURING COVID-19

UCP stepped up their advocacy efforts during discussions around the CARES Act to make sure service providers were included. This advocacy continues as they advocate for people with disabilities to be prioritized in the vaccine rollout, even including efforts to send information directly to the White House.

SOME AFFILIATES DID NOT IMMEDIATELY BELIEVE THE PANDEMIC WAS A SERIOUS THREAT

With the lack of information about COVID-19 at the beginning of the pandemic and reassurances from the White House that COVID-19 was not a threat, some Affiliates had difficulty treating it as a serious issue in their service delivery. Some did not begin to treat the pandemic with the gravity it required until the summer of 2020 as a result of people close to them or staff members increasingly getting sick or dying as a result of COVID-19.

UCP RECOGNIZED THE “TRIPLE BURDEN” ON PEOPLE OF COLOR LIVING WITH A DISABILITY

Through their increased advocacy measures, UCP intentionally highlighted the additional barriers and impact on people of color within the disability community. They coined the phrase “triple burden” to express the injustice that, although people of color and people with disabilities were more at risk of COVID-19 contraction and complications, these individuals were often last on the prioritization list for vaccine distribution.

COLLABORATION AND PARTNERSHIPS ARE ESSENTIAL FOR COMMUNITY GROWTH

UCP sees collaboration and partnerships as the way forward, both during and after the pandemic. Throughout the pandemic, communicating best practices with peers and working together to bring awareness to the disability community was essential to delivering on their mission. Going forward, UCP wants to focus on maintaining these relationships to better serve their population.

Easterseals

66% of Affiliates lost revenue during COVID-19.

77% of Affiliate staff felt they were able to effectively reach their participants using technology during COVID-19.

45% of staff reported either a **high** or **very high** current stress level.

MOST AFFILIATES LOST REVENUE DUE TO COVID-19

Affiliates whose core services relied on in-person facilitation, such as adult day and senior services, were deeply impacted by shutdowns across the nation. Even programs that transitioned to virtual service delivery had challenges reaching the same number of participants.

EASTERSEALS QUICKLY PIVOTED TO VIRTUAL SERVICE DELIVERY

At the beginning of COVID-19, many Easterseals' program participants did not have access to technology. While this was a known barrier, some Affiliates were surprised by how many of their participants did not have access when COVID-19 hit. All Affiliates pivoted their focus to assure that participants were trained and had access to the Internet and devices they could use to continue using Easterseals' services virtually.

STAFF BECAME MORE TECH SAVVY AND OPEN TO USING TECHNOLOGY

Initially, some Affiliate staff were resistant to providing remote services, in an effort to protect the value of interacting face-to-face with their participants. However, when virtual services became a necessity, they realized the benefits of using technology,, inspiring them to become more tech savvy.

STAFF RESILIENCY ALLOWED EASTERSEALS TO CONTINUE SERVING

Every single Affiliate described their staff as resilient and innovative during COVID. It was acknowledged that, prior to COVID-19, staff were used to and good at dealing with stress, but the additional challenges related to COVID-19 exemplified their ability to handle hardship. Additionally, staff have responded to community needs quickly and were creative with developing new ways to deliver services. These traits in staff have allowed Affiliates to continue achieving its mission throughout the pandemic.

PERSONAL IMPACTS OF COVID-19 AND JOB-RELATED STRESS AFFECTED THE MENTAL HEALTH OF STAFF

Affiliates shared that job-related stress has increased for Easterseals' staff. This has been due to an increase in responsibilities as well as serving a population that has been highly impacted by COVID-19.

In addition to their job stress, staff have also experienced their own personal hardship from COVID-19. Experiencing stresses from many aspects of their lives has dramatically affected their mental health.

All Affiliates recognized the need to support the mental health of their staff. Additional support included access to therapy, yoga, meditation, celebrations, recognition, and opportunities for levity. It was shared that as the pandemic continues, this will remain a priority moving forward.

Thank you

Appendix

Secondary research

What's in this section?

This section covers the research findings we collected around the OVERALL impact COVID-19 has had on society.

The research findings in this section were informed by the following research activities:

SECONDARY RESEARCH

See slide 11 for more information.



Overall Impact

The following are some of the biggest impacts COVID-19 has had on society. We dive deeper into each category on the following slides.

Employment

- Unemployment is one of the largest impacts of COVID-19.
- Immigrants are more likely to continue working in person.
- Senior citizens are more likely to leave the workforce during COVID-19.

Mental Health

- Overall mental health has declined.
- Healthcare workers exhibit PTSD symptoms due to COVID-19.
- Social isolation of senior citizens further jeopardizes their health risks.

Technology

- Reliable internet access is a key determinant in quality of life during COVID-19.
- Language is a contributor to the digital divide for recent immigrants.
- COVID-19 has shown that seniors can use technology.

Access to Relief

- Multifaceted financial relief was released early and has adapted over time.
- Unemployment insurance has been elusive to many who need it.
- Immigrants are less likely to qualify or participate in public relief programs.

Employment Impacts

Unemployment is one of the largest impacts of COVID-19

The effects of unemployment on American families cannot be understated.

Unemployment spiked to 14.8% in April 2020¹ and **43% of American households report a job loss** or reduction of income during COVID.²

Many of these job losses occurred during the first weeks of the pandemic due to shutdowns. As businesses reopened and rebuilt their workforce, the **unemployment rate has decreased from the initial spike**. However, there is still a **2.8% increase in unemployment** between January 2020 and 2021.¹

Employees in the hospitality, travel, and nonessential retail sectors were most severely impacted by shutdowns. These jobs are disproportionately paid lower-than-average wages, further impacting those already in financial stress.

Immigrants are more likely to continue working in person

Immigrants are more likely to have jobs that require in-person work.³

This puts immigrants at risk of losing employment during COVID-19 shutdowns where non-essential workers are not allowed to work in-person. In Hispanic families, **those with a non-citizen member were 13.8% more likely to experience job loss or reduced hours** during COVID.³

Conversely, immigrants filling essential jobs are at a higher risk of contracting COVID.

Beyond the increased risks of working in-person around others, many immigrants rely on public transit in order to get to work. With public transit routes modified in order to comply with safety regulations, **immigrants may no longer have reliable transportation to work**, resulting in reduced working hours or potentially loss of employment.

Senior citizens are more likely to leave the workforce during COVID-19

The US Department of Labor reports that **workers aged 65+ are less likely than younger age groups to be able to telework**, with 5 million workers unable to telework. Whereas 40% of workers aged 25-34 were able to transition to remote work in April of 2020, only 30% of senior workers were.⁴

This threat to employment is increased by the type of jobs that seniors hold. Before the pandemic, the most popular jobs for senior men required manual labor (such as delivery, farming, or janitorial services).⁴ **These are all jobs that require in-person work which further raises senior workers' risk of contracting COVID-19** as they cannot work remotely.

The employment decrease as a result of the pandemic will extend past the introduction of the new normal. Typically, in times of recession such as 2008, older workers have traditionally delayed their retirement in order to maintain financial security. Whereas previous data indicated that seniors would constitute 25% of the workforce by 2024, recent data reports **an increase in early retirement rates during the pandemic**.

Mental Health Impacts

Overall mental health has declined

Before COVID, 11% of adults reported symptoms of anxiety or depression disorder. **During COVID, this percent rose to 41%.⁵**

While the pandemic continues to impact our daily lives, mental health decline has led to lower overall health, contributing to difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%).⁵

Young adults have been deeply impacted by shutdowns, disrupting their educations and reducing their income. **This group is more likely to report anxiety or depression symptoms (56%),** engaging in substance abuse (25%), and experiencing suicidal thoughts (26%).⁵

Another **highly impacted group are people who've experienced job loss or reduced income** during the pandemic. 53% of these individuals report symptoms of mental illness compared to 32% of their peers.⁵

Essential workers are more significantly at risk of mental illness during the pandemic. These individuals report increased symptoms of anxiety or depressive disorder (42% vs. 30%), starting or increasing substance use (25% vs. 11%), and suicidal thoughts (22% vs. 8%).⁵

Healthcare workers exhibit PTSD symptoms as a result of COVID-19

Healthcare workers exhibit significantly higher levels of disruption to mental health than the overall metrics provided previously. They are at higher risk of developing trauma and PTSD symptoms.

Perceived threat of life and health, as well as feelings of vulnerability, increase the risk of developing PTSD. **55% of healthcare workers report feeling fear on a regular basis.⁶**

Second line healthcare workers are more prone to developing PTSD symptoms.⁷ The more time that practitioners spend with patients, the more likely they are to be impacted.

Another contributing factor to the risk of developing PTSD is age. **Younger practitioners with fewer years of experience report more PTSD symptoms** than their older, more experienced counterparts.⁷

Ways to protect against PTSD include support from family, friends, and colleagues. **Only 35% of healthcare workers report that they are getting enough emotional support,** with support from co-workers and supervisors reported at 38% and 15% respectively.⁶

Social isolation of senior citizens further jeopardizes their health risks

Early in the pandemic, it became clear that senior citizens were at a higher risk for COVID-19, between presenting more severe symptoms and pre-existing health conditions. To combat this, **seniors were told to isolate if they lived at home alone.** The CDC also released guidance to nursing homes to prohibit visitors and cancel group activities. The guidance suggested switching to video chats with family members and friends to connect.

This physical isolation has led to increased loneliness for seniors, particularly those who rely on public spaces, such as community centers or houses of worship, as a main source of socialization.⁴ The increase in loneliness correlates to an **increase in morbidity as well as co-morbid conditions.** During a pandemic when seniors are already susceptible to COVID, this social isolation further endangers their mental and physical wellbeing.

Various methods have been put in place to combat this social isolation for seniors. Some organizations, such as Glamour Gals, have created pen pal programs for senior citizens to connect to others including youth. Seniors, youth, and adults included in these programs report increased perceptions of aging, empathy for the elderly, and the ability to find common interests despite age differences.

Technology

Reliable internet access is a key determinant in quality of life during COVID-19

Throughout the COVID-19 pandemic, there have been many programs that attempt to narrow the digital divide. **One popular method is to provide digital devices to students, workers, and low-income families** so they can access the essential online resources that enable social distancing.

Although these efforts have helped participants increase their technology proficiency, **there remains a large divide in their access to reliable internet.**

This is prevalent in rural populations. Whereas 94% of urban residents can access broadband speeds acceptable for moderate usage by the FCC, only 52% of rural households can.⁸

Disparity in access to the internet is also influenced by income. 35% of low-income households with school-aged children do not have high speed internet, compared to 6% of middle- and high-income households.⁹

During COVID, online services have become compulsory for work, school, communications, and securing basic needs. Without solving the underlying problem of internet access inequality, the digital divide will remain a pressing barrier to relief.

Language is a contributor to the digital divide for recent immigrants

There are various factors that increase the impact of the digital divide on immigrants.

Primarily, **immigrants have less access to reliable internet services and devices to access the internet.** This is especially true for recent immigrants and their families.³

However, even with reliable internet access, some **immigrants may find additional barriers to digital programming and resources based on which language they speak.**

Immigrants are less likely to speak English, with 50% of undocumented immigrants lacking proficiency.³ While there has been a push towards ensuring resources on the internet are available in multiple languages, there are still a wide selection of digital resources that are not. This compounds the impact of not having access to technology, thus widening the divide.

COVID-19 has shown that seniors can use technology

Contrary to common belief, **seniors actually thrive when they are empowered by technology.**

Studies have shown that **older adults who use communicative technology, such as smartphones, frequently have increased general wellbeing.**⁴ 75% of seniors use the internet daily.¹⁰

Senior citizens are eager to learn about technology and apply these new skills. This is evidenced in the population's adoption of online grocery delivery, video calls to connect with friends and family, and participation in telehealth programs.

COVID-19 provided a "sink or swim" moment for senior citizens' technology proficiency. It was necessary for them to upskill in order to continue connecting with the world during shutdowns. **When there is proper training available to them, seniors outperformed expectations** tainted by ageism, recontextualizing the general perception of their abilities.

Access to Relief

Multifaceted financial relief was released early and has adapted over time

As early as March 2020, financial relief was passed by the U.S. government to help relieve the financial burden for companies and non-profits. Most notably, the CARES Act allocated \$2 trillion for relief efforts with **Paycheck Protection Program (PPP) loans of \$10 million for non-profits and small businesses.**¹¹

PPP loans have been a key financial relief for many non-profits. PPP loan forgiveness has been simplified for ease of application and expanded to include PPE, covered supplier costs, facilities modifications, and covered worker protection expenditures.

Charitable giving has decreased during the pandemic. In order to counteract this decrease, the **\$300 above-the-line charitable tax deduction was re-established for 2020 and 2021 tax years.** The 60% AGI limit for those who itemize contributions was increased to 100% creditable.

Employee Retention Tax Credits were also extended due to COVID. The year over year gross receipt decline was reduced from 50% to 20% for eligibility, and employers were able to credit 70% of creditable wages (previously 50%). This measure helped decrease the number of layoffs and reduced hours necessary to comfort losses.

Unemployment insurance has been elusive to many who need it

With unemployment rates heavily increased due to the pandemic, **the demand for Unemployment Insurance (UI) is at a high, with 42 million new cases filed** between March and May 2020.

However, many who need this critical relief are unable to obtain it. **Only 36% of adults whose families experienced job loss were able to receive UI within the first 2 months of the pandemic.**²

Wait times for application processing also increased, with many applicants waiting for benefits for four or more weeks.

Furthermore, with changes to policy and a stressed infrastructure, the process for applying and receiving benefits is unclear and difficult. **56% of adults still waiting to hear about UI applications claimed the process was confusing.**²

Immigrants are less likely to qualify or participate in public relief programs

During and before COVID, relief efforts have been made to help low-income families meet their basic needs. However, **recent immigrants and undocumented immigrants may not be able to access these benefits.**

If an immigrant doesn't have a social security number, they are provided with an Individual Tax Identification Number or ITIN. **Individuals with an ITIN do not qualify for COVID-19 relief** under some CARES Act provisions despite paying taxes during their residency. Furthermore, in order to qualify for the relief, all members of the household listed on the tax forms must have a social security number. This further alienates mixed immigration status families, such as those with children or spouses who are American citizens, from receiving benefits.

Additionally, **many children with undocumented parents who may qualify for other relief packages will not take advantage of these** at the risk of exposing their families to deportation. For example, with growing food insecurity among immigrants increased by the pandemic, families that qualify for the Supplemental Nutrition Assistance Program (SNAP), may forgo this opportunity.³ This cycle of fear perpetuates the disenfranchisement of immigrants.

Impact to communities

These are a few of the communities that have been affected most by COVID. We dive deeper into each category on the following slides.

Mothers

- Workforce gender inequality during COVID-19 can reinforce or reestablish childcare roles in two parent households.
- Single parents, specifically single mothers, are more impacted by COVID-19.
- New stresses on parents lower their productivity and increase burnout.

Children

- Children of Color are not only impacted by COVID-19 but the effects of social injustice in America.
- The achievement gap has widened due to the digital divide's effect on virtual schooling.
- Without seeing students in person, teachers cannot protect their wellbeing.

People of Color

- COVID-19 disproportionately affects people of color.
- The mental health decline is more prevalent among Black Americans.
- People of color are less likely to access quality healthcare.

Mothers

Workforce gender inequality during COVID-19 can reinforce or reestablish childcare roles in two-parent households

Women are less likely to hold jobs where they can telecommute such as nursing and other essential positions.¹⁴

This makes them more susceptible to either losing their employment or having to work in-person during COVID-19.

There are two main consequences of this in two-parent households:

1. **Women may defer employment in order to provide childcare.** This is more likely if the woman is already the main caregiver of the family as retraining a partner on short notice may not be practical. The likelihood of this scenario increases if a father can continue to work.
2. Because men are more likely to be able to work from home, the woman will continue to work in-person. **This causes the man to become more involved with childcare.**

Single parents, specifically single mothers, are more impacted by COVID-19

25% of children live in a single parent household with 21% living with a single mom.¹⁴

For single parent households, COVID-19 presents a unique challenge. Whereas two-parent households can adjust childcare responsibilities during school closures, single parents have two choices when considering childcare:

1. **Work from home while managing childcare.** As previously stated, this is less likely to be an option for women. With most single parent households led by women, this option may lead to mothers leaving their jobs. There is a threat of this loss of employment leading to conditions of poverty for these families.
2. **Send children to family or friend's homes during the workday.** During COVID-19, one of the best safety measures is to reduce contact with members outside the household. However, some single parents may have to rely on friends or family to take care of their children while they work. This increases the threat of contracting COVID-19 for all parties involved.

New stresses on parents lower their productivity and increase burnout

Even if working from home was not new for some parents, the closure of schools was new. These closures required children to stay home throughout the day, impacting parent's daily routines.

Parents now must balance work, childcare, and household responsibilities. These are often compounded by financial and health impacts of the pandemic.

All this new stress has decreased the productivity of parents working from home during the pandemic, two times as much as their childless peers.¹⁵

In addition to childcare responsibilities, parents are more active participants in their child's education. Parents need to ensure that their child is attending virtual school, accessing technology appropriately, and setting guidelines for the child's schedule during an otherwise chaotic period.

Although the increased parental engagement is a benefit for the child, it increases the likelihood of parental burn out and mental wellbeing risks.

Children

Children of Color are not only impacted by COVID-19 but also by the effects of social justice in America

Many children have experienced grief or trauma as a result of COVID-19 affecting their families and taking loved ones before their time.

For children of color, this trauma has been elevated by the epidemic of police violence and the social justice movement in America. There is a collective feeling of a loss of safety, belonging, and wellbeing within Black communities. **Children impacted have developed anxiety, depression, and fear.**¹⁶

Racism does not have to be directly experienced for it to negatively impact children of color. **Witnessing racism can negatively impact a child's self-identity and self-esteem.**¹⁶ With social media aiding in the spread of these movements, children may be exposed to more visuals and examples of racism.

Children of color have had to cope with this new trauma in addition to radical changes in their lives such as the closing of schools and social isolation.

The achievement gap has widened as a result of the digital divide's effect on virtual schooling

Students enrolled in online education struggle compared to their in-person peers. Studies have shown that online students may be up to a year behind their peers in math.¹⁵

Between this decreased achievement and the additional stresses of quickly adapting to an online environment for schooling, it is expected that **student academic gains will be negatively impacted due to the COVID-19 pandemic.**

The digital divide directly increases the likelihood of educational losses. With in-person instruction one of the first things to close when the pandemic hit, children without reliable access to devices and the internet have fallen behind.

An achievement gap between high and low socioeconomic groups existed before COVID. However, the switch to online schooling has widened its impact.

Without seeing students in person, teachers cannot protect their wellbeing

Teachers see students more often than most people in their lives. There are many reporting systems that rely on this face-to-face connection in order to provide the best care for children and ensure their safety and wellbeing.

Teachers are obligated to report cases of suspected child abuse. These include physical, verbal, and sexual assault cases. **With children spending more time at home due to lockdowns, the likelihood of abuse occurring increases.** During lockdown, the National Sexual Assault Hotline reported a 22% rise in monthly calls with 77% of children stating they live with their abuser.¹⁵

Identifying children who could benefit from disability testing and intervention programs is also completed by teachers. Without in-person interactions, teachers are less likely to recommend a child for testing; this is compounded with evidence that children's educational progress overall is lacking during the pandemic. **Attributing certain performance losses to pandemic related causes instead of a potential disability reduces the rate of reporting.**

People of color

COVID-19 disproportionately affects people of color

Black and Latino Americans are 4-9 times more likely to get COVID-19 compared to white Americans. A variety of environmental factors contribute to this increased impact.

In the United States, people of color are more likely to have chronic conditions such as heart disease, diabetes, and lung disease. These pre-existing conditions increase the risk of contracting COVID-19 and experiencing more severe symptoms.

Furthermore, **there is a feeling of distrust between people of color and the healthcare system due to systemic racism**. This affects the ability to communicate about COVID-19 within the community. The communication barrier increases when language barriers exist.

Social determinants of health impact 80% of COVID-19 outcomes.¹⁷ Black Americans experience a disparity in the social determinants of health metrics which puts them at risk of experiencing more severe COVID-19 outcomes.

Mental health decline is more prevalent among Black Americans

Although mental health has declined overall during the pandemic, **people of color - particularly Black Americans - have been impacted more significantly.**

Beyond the general impacts of loss of employment, social isolation, and financial instability, **Black Americans also face a nationwide reckoning** centered around police brutality and social injustice in America.

Additional stressors include higher infection rates among Black Americans resulting in a higher likelihood of experiencing grief over the unexpected loss of a loved one. **Black Americans are three times more likely to know someone who has died from COVID-19 than their white peers.**¹⁸

Black Americans are also **more likely to work as essential workers during the pandemic**, a group that reports increased symptoms of anxiety or depressive disorder, starting or increasing substance use, and suicidal thoughts.

People of color are less likely to access quality healthcare

Black Americans prior to COVID-19 were more likely to be uninsured, not have a primary care doctor, and to live in an underserved area. When the pandemic hit, these factors were exacerbated.

Before COVID, **69% of Black Americans with mental illness, 42% with severe mental illness, and 88% with substance use disorders did not receive treatment.**¹⁸ Substance abuse and mental health issues have become more prevalent during the pandemic which may heighten the previous trend of undertreatment.

With public transportation options reduced, existing patients may not have the ability to get to their healthcare providers.

For new patients, they found health clinics closed to new referrals. This impacted Black Americans more severely due to the higher likelihood of them being underserved before COVID.

When people of color have access to care, **barriers enabled by systemic racism may lead to lower quality of care** for this population.

Community Survey Responses

What's in this section?

This section includes the results of the Easterseals Communities Survey. This includes regional insights that reflect how the regions are similar, or different, from the national response.

The information in this section is the result of the following research activities:

**EASTERSEALS
COMMUNITIES SURVEY**
See slide 10 for more information.



COMMUNITY SURVEY RESPONSES

Demographics

Relationship To Easterseals

- **37%** participants who directly receive Easterseals services and supports
- **42%** family member filling out on behalf of participant who directly receives Easterseals services and supports
- **4%** caregiver (non-family) filling out on behalf of participant who directly receives Easterseals services and supports
- **10%** do not receive services from Easterseals but have caregiving responsibilities for a child/family member
- **7%** do not have a relationship with Easterseals

Current Easterseals Utilization

- **88%** of participants have used Easterseals services in the last 12 months
- **12%** have not

Gender

- **36%** male
- **62%** female
- **1%** prefer not to say
- **< 1%** non-binary
- **< 1%** other

Age

- **10%** 0-3 years old
- **8%** 4-17 years old
- **10%** 18-26 years old
- **45%** 27-59 years old
- **27%** 60+ years old

Ethnicity

- **64%** Non-Hispanic white
- **13%** Black
- **8%** Hispanic
- **2%** Asian
- **1%** Native American Indian
- **5%** Multiple ethnicity
- **6%** Other

Ability

- **65%** have a disability
- **35%** do not

Military Status

- **1%** active duty
- **5%** veteran
- **13%** family member
- **81%** civilian

Regional Distribution

- **5%** Great Lakes
- **17%** Midwest
- **43%** Northeast
- **8%** Southeast
- **26%** West

Housing

- **88%** live in owned or rented house/apartment
- **< 1%** live in nursing home
- **2%** live in residential care facilities
- **1%** live in temporary shelters
- **9%** other

Household Makeup

- **19%** live alone
- **69%** live with family
- **4%** live with roommates not related to them
- **2%** live with other in a group home setting
- **7%** other

Homelessness

- **3%** have experienced homelessness in the last 12 months
- **97%** have not

COMMUNITY SURVEY RESPONSES

Wellbeing Categories

PHYSICAL HEALTH

Physical Health During COVID-19

- **20%** declined
- **73%** no change
- **6%** improved

COVID-19 Rates

- **7%** have tested positive for COVID
- **5%** think they've contracted COVID but did not get tested
- **82%** did not contract COVID
- **7%** did not know

MENTAL HEALTH

Frequency Of Feeling Stressed/Overwhelmed During COVID-19

- **30%** often
- **44%** occasionally
- **26%** not often

Contributors To Stress

- **50%** isolation
- **31%** access to services
- **27%** finances
- **24%** physical health
- **17%** employment status
- **14%** ability to meet basic needs
- **13%** education
- **11%** other

SOCIAL

Level Of Isolation

- **26%** very isolated
- **54%** somewhat isolated
- **20%** do not feel isolated

Frequency Of Connecting With People Virtually

- **29%** connect daily
- **42%** connect occasionally
- **30%** do not connect virtually

Frequency Of Connecting With People In Person

- **38%** connect daily
- **39%** connect occasionally
- **23%** do not connect in person

FINANCIAL

Financial Health During COVID-19

- **28%** declined
- **66%** no change
- **6%** improved

Employment Prior To COVID-19

- **21%** employed full time
- **18%** employed part time
- **12%** unemployed seeking work
- **48%** unemployed not seeking work

Employment Currently

- **17%** employed full time
- **15%** employed part time
- **9%** unemployed seeking work
- **35%** unemployed not seeking work
- **24%** other
- **10%** started a new job during COVID

COMMUNITY SURVEY RESPONSES

Wellbeing Categories

TECHNOLOGY

Internet Access

- 8% do not have access
- 65% use private Wi-Fi
- 3% use public Wi-Fi
- 16% use mobile data
- 3% use satellite
- 7% other

Internet Quality

- 52% strong
- 41% fair
- 7% poor

Device Access

- 82% own an internet-connected device
- 9% borrow a device
- 9% don't have a device that can connect to the internet

COMFORT USING TECHNOLOGY FOR TASKS

Paying Bills

- 41% very comfortable
- 16% somewhat comfortable
- 42% not at all comfortable

Accessing Health Care

- 32% very comfortable
- 24% somewhat comfortable
- 43% not at all comfortable

Ordering A Meal

- 37% very comfortable
- 20% somewhat comfortable
- 43% not at all comfortable

Purchasing Groceries

- 28% very comfortable
- 21% somewhat comfortable
- 51% not at all comfortable

Video Chatting With Friends/Family

- 45% very comfortable
- 28% somewhat comfortable
- 27% not at all comfortable

Finding Answers On The Internet

- 50% very comfortable
- 21% somewhat comfortable
- 29% not at all comfortable

Accessing Information About Insurance And Other Benefits

- 31% very comfortable
- 27% somewhat comfortable
- 43% not at all comfortable

DISCRIMINATION

Having A Disability Is A Barrier To:

- 33% overall wellbeing
- 29% access to care or support
- 22% interactions with staff
- 17% quality of care
- 6% other
- 28% no affect

Racism Is A Barrier To:

- 8% overall wellbeing
- 5% access to care or support
- 3% interactions with staff
- 4% quality of care
- 5% other
- 59% no affect

COMMUNITY SURVEY RESPONSES

Services

SUPPORT

Future Needs

- **31%** social interaction
- **26%** physical health
- **25%** mental health
- **19%** employment
- **17%** technology
- **13%** financial literacy
- **8%** other
- **34%** do not need additional support

Level Of Support

- **64%** have gotten all the support they need
- **24%** need more support
- **12%** have not gotten support they needed

EASTERSEALS SERVICE USAGE

In-person Services Used During COVID-19

- **14%** adult day services
- **12%** in-home care
- **12%** employment readiness
- **11%** developmental therapy
- **9%** school-related services
- **6%** respite services
- **4%** mental health services
- **3%** medical rehabilitation and health services
- **3%** testing/screening
- **1%** assistive technology loans/access
- **1%** camp
- **< 1%** veteran's services
- **6%** other
- **28%** did not use in-person services

Virtual Services Used During COVID-19

- **12%** early intervention services
- **12%** employment readiness
- **10%** developmental therapy
- **7%** adult day services
- **7%** school-related services
- **6%** childcare services
- **6%** mental health services
- **6%** testing/screening
- **3%** in-home care
- **2%** medical rehabilitation and health services
- **1%** respite services
- **1%** veteran's services
- **1%** assistive technology loans/access
- **< 1%** camp
- **7%** other
- **42%** did not use virtual services

Services Participants Could No Longer Access During COVID-19

- **14%** adult day services
- **6%** developmental therapy
- **6%** school-related services
- **5%** medical rehabilitation and health services
- **5%** employment readiness
- **4%** childcare services
- **4%** respite services
- **3%** mental health services
- **3%** in-home care
- **3%** camp
- **2%** early intervention services
- **2%** testing/screening
- **< 1%** veteran's services
- **8%** other

COMMUNITY SURVEY RESPONSES

Services

EASTERSEALS VIRTUAL SERVICE QUALITY

Adult Day Services*

- 59% high quality
- 41% average quality

School-Related Services*

- 56% high quality
- 37% average quality
- 7% low quality

Early Intervention Services

- 48% high quality
- 33% average quality
- 19% low quality

Mental Health Services*

- 39% high quality
- 39% average quality
- 22% low quality

Employment Readiness

- 51% high quality
- 47% average quality
- 2% low quality

Testing/Screening*

- 39% high quality
- 48% average quality
- 13% low quality

Childcare Services*

- 44% high quality
- 40% average quality
- 16% low quality

Developmental Therapy*

- 30% high quality
- 55% average quality
- 15% low quality

PREFERRED EASTERSEALS SERVICE DELIVER METHOD

Adult Day Services

- 78% in-person
- 15% hybrid
- 7% virtual

School-Related Services

- 78% in-person
- 7% hybrid
- 15% virtual

Early Intervention Services

- 81% in-person
- 10% hybrid
- 8% virtual

Mental Health Services*

- 78% in-person
- 13% hybrid
- 9% virtual

Employment Readiness

- 38% in-person
- 32% hybrid
- 30% virtual

Testing/Screening*

- 57% in-person
- 35% hybrid
- 9% virtual

Childcare Services*

- 88% in-person
- 8% hybrid
- 4% virtual

Developmental Therapy*

- 80% in-person
- 10% hybrid
- 10% virtual

COMMUNITY SURVEY RESPONSES

Populations

CHILDREN WITH DISABILITIES (99 RESPONSES)

School Engagement

- **25%** very engaged
- **46%** fairly engaged
- **28%** not engaged

Difficulty Meeting Milestones

- **77%** report it's been harder to meet developmental milestones
- **23%** report no change

Family Caregiver Adaption

- **19%** have adapted very well
- **70%** have adapted fairly well
- **10%** have not adapted well

Non-family Caregiver Adaption*

- **33%** have adapted very well
- **62%** have adapted fairly well
- **5%** have not adapted well

Easterseals Resources

- **65%** were provided adequate resources to adapt to changes
- **9%** received inadequate resources
- **13%** did not receive resources from Easterseals
- **12%** did not need resources

JOB SEEKERS (51 RESPONSES)

Access To Employment Resources

- **61%** decreased
- **35%** no change
- **4%** increased

Types Of Jobs Considered

- **82%** part time
- **31%** full time
- **47%** work from home
- **25%** work on-site

Work From Home Impacts

- **20%** work from home decreased ability to work
- **51%** no change
- **29%** work from home increased ability to work

COVID-19's Affect On Employment Outlook

- **49%** decreased optimism
- **41%** no change
- **10%** increased optimism

Comfort Using Technology For Work

- **39%** very comfortable
- **43%** fairly comfortable
- **18%** not comfortable

COMMUNITY SURVEY RESPONSES

Populations

SENIORS (153 RESPONSES)

Source Of Food

- **73%** shopping in-store
- **24%** delivered by family member or caregiver
- **7%** curbside pickup
- **5%** grocery delivery
- **3%** provided through care facility
- **3%** Meals on Wheels
- **8%** other

NON-FAMILY CAREGIVERS (21 RESPONSES)*

Time Administering Care During COVID-19

- **52%** increased
- **48%** no change

Impact Of Caregiver Role On Stress

- **33%** high impact
- **14%** medium impact
- **24%** low impact
- **29%** no impact

COMMUNITY SURVEY RESPONSES

Regional Differences

This section will discuss differences between each region and the overall results of all five regions. Data to back these claims are listed on the following slides. Only regional results that were at least 5% different than the overall result are listed.

GREAT LAKES*

The Great Lakes Region was negatively impacted by social isolation and lack of employment. They are less likely to be getting all the support they need.

MIDWEST

The Midwest Region is less likely to have access to technology and more likely to be unemployed but not seeking a job. They report not needing additional supports.

NORTHEAST

The Northeast Region is most negatively impacted in mental and physical health and social isolation.

SOUTHEAST*

The Southeast Region was not as impacted by health, social, or technology impacts. This region was most negatively impacted by financial decline.

WEST

The West Region was more likely to report decreased physical health and lack of internet access. The region had the highest percentage of participants currently seeking employment.

COMMUNITY SURVEY RESPONSES

By Region

Difference in statistics listed with regional result vs national result.

GREAT LAKES (27 RESPONSES)*

Healthcare

More likely to report access to care (**37% vs 31%**) and education (**19% vs 13%**) contributed to stress.

Less likely to report finances (**7% vs 27%**), physical health (**11% vs 24%**), and employment status (**4% vs 14%**) contributed to stress.

Social + Community

More likely to feel very isolated (**33% vs 26%**).

Less likely to connect with people virtually (**19% vs 29%**) or in person (**30% vs 38%**) daily.

Economic Stability

Less likely to report decline in financial health (**15% vs 28%**).

Less likely to be employed (**7% vs 32%**).

Neighborhood and Built Environment

More likely to report strong internet quality (**63% vs 52%**) and owning a device (**89% vs 82%**).

Less likely to be comfortable using technology to pay bills (**26% vs 41%**), ordering a meal (**26% vs 37%**), accessing information about insurance and benefits (**15% vs 31%**), and purchasing groceries (**11% vs 28%**).

Future Support

More likely to need more support with social interaction (**44% vs 31%**) and employment (**37% vs 19%**).

Less likely to need more support with physical health (**19% vs 26%**) and financial literacy (**4% vs 13%**).

Less likely to report getting all the support they need (**52% vs 64%**).

MIDWEST (94 RESPONSES)

Healthcare

Less likely to report physical health decline (**9% vs 20%**).

More likely to not feel stressed or overwhelmed during COVID (**38% vs 23%**).

Less likely to report all stress contributors as impacting their stress.

Social + Community

More likely to not connect often with people virtually (**39% vs 30%**) and connect daily with people in person (**56% vs 38%**).

Economic Stability

Less likely to report decreased financial health (**16% vs 28%**).

More likely to report being unemployed and not seeking job (**60% vs 35%**).

Neighborhood and Built Environment

More likely to not have access to internet (**13% vs 8%**).

Less likely to report fair or strong internet access (**79% vs 93%**) or own a device (**75% vs 82%**).

Less likely to feel comfortable using technology for daily tasks (**44% vs 67%**).

Future Support

More likely to report not needing additional supports (**46% vs 34%**).

COMMUNITY SURVEY RESPONSES

By Region

Difference in statistics listed with regional result vs national result.

NORTHEAST (239 RESPONSES)

Healthcare

More likely to often feel stressed or overwhelmed (**38% vs 30%**).

More likely to say that isolation (**56% vs 50%**), access to services (**36% vs 31%**), and ability to meet basic needs (**19% vs 14%**) contributed to stress.

Social + Community

More likely to connect daily with people virtually (**34% vs 29%**) and less likely to connect with people in person (**72% vs 77%**).

Economic Stability

More likely to report being unemployed and not seeking a job currently (**41% vs 35%**).

Neighborhood and Built Environment

Less likely to feel comfortable using technology to find answers on the internet (**45% vs 50%**) and accessing information about insurance and other benefits (**26% vs 31%**).

Future Support

More likely to need additional support with social interaction (**40% vs 31%**) and mental health (**30% vs 25%**).

Less likely to report needing additional support with employment (**13% vs 19%**).

SOUTHEAST (44 RESPONSES)*

Healthcare

Less likely to report decline in physical health (**7% vs 20%**).

More likely to report not feeling stressed or overwhelmed (**41% vs 26%**).

Social + Community

Less likely to report feeling isolated (**74% vs 80%**).

Economic Stability

More likely to report decline in financial health (**33% vs 28%**).

Neighborhood and Built Environment

Less likely to report not having access to internet (**2% vs 8%**).

Less likely to report poor internet quality (**2% vs 7%**).

More likely to own a device (**93% vs 82%**).

More likely to report using technology for daily tasks (at least **11% higher** than average).

Future Support

More likely to report not needing additional support (**39% vs 34%**).

COMMUNITY SURVEY RESPONSES

By Region

Difference in statistics listed with regional result vs national result.

WEST (144 RESPONSES)

Healthcare

More likely to report decrease in physical health **(26% vs 20%)**.

Economic Stability

More likely to report finances **(43% vs 27%)**, physical health **(38% vs 24%)**, employment status **(29% vs 17%)**, and living situation **(21% vs 14%)** contributed to stress.

More likely to report decline in financial health **(33% vs 28%)**.

Less likely to report unemployed and not seeking employment **(7% vs 35%)** and more likely to report unemployed and seeking job **(17% vs 9%)**.

Neighborhood + Built Environment

Less likely to report strong internet quality **(44% vs 52%)**.

More likely to report feeling comfortable using technology for finding answer on the internet **(63% vs 50%)**, paying bills **(49% vs 41%)**, ordering a meal **(43% vs 37%)**, accessing health care **(40% vs 32%)** and accessing information about insurance and other benefits **(42% vs 31%)**.

Future Support

Less likely to need additional support with social interaction **(18% vs 31%)**.

More likely to need additional support with employment **(33% vs 19%)** and technology **(23% vs 17%)**.

Network Survey Responses

What's in this section?

This section includes the results of the Easterseals Network Survey. This includes regional insights that reflect how the regions are similar, or different, from the national response.

The information in this section is the result of the following research activities:

**EASTERSEALS
NETWORK SURVEY**
See slide 10 for more information.



About the Data

The data in this section has been weighted. The Easterseals Network Survey had a disproportionate number of responses from the Northeast region. The weighted data shows the unbiased view which is truer to the overall Network without being skewed by the abundance of Northeastern responses. The demographic statistics are not weighted to provide a clear view of who responded to the survey.

Additionally, regional information is provided; however, some regions, such as the West, had limited Affiliate participation and may make the results less significant. To the right is a list of which Affiliates provided responses by region:

- **Great Lakes** – Central Illinois (1), Joliet Region (28), Crossroads Rehabilitation Center (5), Northeast Indiana (1), Southwestern Indiana (16), Greater Cincinnati (2), Central and Southeast Ohio (5)
- **Midwest** - Arkansas (1), Midwest (62), Louisiana (3)
- **Northeast** – Capitol Region and Eastern Connecticut (18), Massachusetts (26), New Hampshire (115)
- **Southeast** – Florida (14), Central Florida (22), East Florida (14), South Carolina (31), East Georgia (1)
- **West** – Alaska (1), Southern California (1), Superior California (1), Colorado (1), Northern Rocky Mountain (19), Oregon (18)

NETWORK SURVEY RESPONSES

Demographics

Gender

- **14%** male
- **85%** female
- **1%** prefer not to say

Years of Service

- **39%** less than 5 years
- **18%** 5-10 years
- **9%** 10-15 years
- **9%** 15-20 years
- **5%** 20-25 years
- **19%** 25+ years

Ethnicity

- **83%** Non-Hispanic white
- **6%** Black
- **4%** Hispanic
- **1%** Asian
- **2%** Multiple ethnicity
- **1%** Other
- **2%** prefer not to say

Regional Distribution

- **9%** Great Lakes
- **15%** Midwest
- **38%** Northeast
- **20%** Southeast
- **9%** West

Job Level

- **43%** leadership
- **22%** management
- **35%** program/service practitioner

Populations Served

- **61%** children 0-3
- **62%** youth 4-18
- **43%** youth in transition 14-26
- **72%** adults 27-59
- **58%** seniors 60+
- **23%** veterans

Services Provided

- **48%** adult day
- **17%** assistive technology loans/access
- **19%** camp
- **42%** school related
- **26%** childcare
- **44%** early intervention
- **42%** medical rehabilitation and health
- **22%** mental health
- **22%** developmental therapy
- **37%** respite
- **45%** employment readiness
- **26%** testing/screening
- **11%** veterans

NETWORK SURVEY RESPONSES

Wellbeing Categories

EMPLOYMENT

Employment Changes During COVID-19

- **8%** reduced hours
- **2%** temporarily laid off
- **90%** no change

Current Work Location

- **41%** in-person
- **47%** hybrid
- **12%** remote

MENTAL HEALTH

Leadership Perception of Staff Stress Levels

- **27%** very high
- **36%** high
- **37%** moderate

Staff Stress Levels

- **16%** very high
- **32%** high
- **45%** moderate
- **7%** low

Leadership Perception of Affiliate Support for Staff Stress Management

- **51%** very well
- **37%** well
- **12%** fair

Staff Perception of Affiliate Support for Staff Stress Management

- **15%** very well
- **40%** well
- **40%** fair
- **4%** poor

Staff Time Spent on Stress Management During COVID-19

- **48%** increased
- **43%** no change
- **9%** decreased

NETWORK SURVEY RESPONSES

Wellbeing Categories

TECHNOLOGY

Leadership Perception of Staff Comfort with Virtual Service Delivery Technology

- **39%** very comfortable
- **51%** moderately comfortable
- **10%** not comfortable at all

Staff Comfort with Virtual Service Delivery Technology

- **56%** very comfortable
- **33%** moderately comfortable
- **11%** not comfortable at all

Leadership Preferred Staff Work Locations Post-pandemic

- **34%** primarily in-person
- **64%** hybrid
- **2%** primarily remote

Staff Work From Home vs In-person Preferences Post-pandemic

- **24%** primarily in-person
- **58%** hybrid
- **17%** primarily remote

Internet Access

- **83%** personal connection
- **6%** public connection
- **9%** unreliable strength/speed
- **1%** no reliable access

Device Access

- **75%** own
- **23%** borrow
- **2%** no access

Practitioners Feel Able to Reach Participants with Technology During COVID-19

- **79%** yes
- **21%** no

SUPPORT

Staff Supports During COVID-19

- **60%** technology assistance
- **10%** training
- **37%** mental health resources
- **42%** recognition
- **16%** other

Additional Staff Supports Needed

- **22%** mental health
- **4%** training
- **32%** technology
- **24%** recognition
- **29%** connecting with other employees
- **59%** work/life balance
- **10%** other

NETWORK SURVEY RESPONSES

Services

VIRTUAL SERVICE DELIVERY

Best Audiences for Virtual Services

- **20%** children 0-3
- **57%** youth 4-18
- **44%** youth in transition
- **81%** adults
- **13%** seniors
- **10%** veterans

Practitioner Benefits

- **29%** able to provide childcare at home
- **78%** no commute time
- **39%** increased participant parental engagement
- **49%** able to control work environment
- **24%** increased frequency of interaction
- **21%** other

Time Required to Deliver Virtual vs In-person Services

- **24%** increased
- **36%** no change
- **39%** decreased

New Services Developed

- **33%** new services developed that should continue post-pandemic
- **17%** no new services should continue post-pandemic
- **50%** no new services developed

Effectiveness of Virtual Services

- **17%** very effective
- **76%** moderately effective
- **8%** not effective at all

NETWORK SURVEY RESPONSES

Services

PRACTITIONER PREFERRED SERVICE DELIVERY METHODS

Prefer Virtual Delivery

- **1%** adult day
- **23%** assistive technology loans/access
- **0%** camp
- **1%** school related
- **14%** childcare
- **3%** early intervention
- **0%** medical rehabilitation and health
- **2%** mental health
- **0%** developmental therapy
- **0%** respite
- **2%** employment readiness
- **6%** testing/screening
- **1%** veterans

Prefer Hybrid Delivery

- **33%** adult day
- **52%** assistive technology loans/access
- **6%** camp
- **37%** school related
- **4%** childcare
- **52%** early intervention
- **43%** medical rehabilitation and health
- **67%** mental health
- **53%** developmental therapy
- **21%** respite
- **42%** employment readiness
- **33%** testing/screening
- **29%** veterans

Prefer In-person Delivery

- **64%** adult day
- **21%** assistive technology loans/access*
- **91%** camp
- **60%** school related
- **77%** childcare
- **42%** early intervention
- **46%** medical rehabilitation and health
- **29%** mental health
- **45%** developmental therapy
- **73%** respite
- **48%** employment readiness
- **61%** testing/screening
- **67%** veterans

NETWORK SURVEY RESPONSES

Populations

LEADERSHIP

Roadblocks to COVID-19 Preparedness

- **60%** state government regulations
- **54%** funding complications
- **91%** digital divide affecting participants
- **34%** excess facility spaces
- **11%** insufficient PPE
- **18%** other

Impact on Revenue

- **79%** lost revenue
- **8%** no change
- **12%** gained revenue

New Forms of Revenue

- **81%** PPP loans
- **52%** CARES Act grants
- **57%** new corporate grants
- **36%** new philanthropic grants

Month of Beginning COVID-19 Planning

- **17%** January
- **35%** February
- **47%** March

Month of Starting Remote Work

- **80%** March
- **20%** April

Impact on Partner Collaboration

- **50%** increased
- **38%** no change
- **12%** decreased

MANAGEMENT

Frequency of Checking In with Team

- **72%** daily
- **19%** more than once a week
- **9%** weekly

New Staff Initiatives During COVID-19 that Will Continue Post-pandemic

- **31%** yes
- **69%** no

STAFF

Roadblocks to Service Delivery

- **16%** additional childcare needs at home
- **8%** lack of PPE
- **23%** lack of technology
- **17%** distracting or insufficient at-home work environment
- **29%** decreased ability to contact participants
- **24%** decreased physical wellbeing
- **36%** decreased mental wellbeing
- **22%** other

NETWORK SURVEY RESPONSES

Regional Differences

This section will discuss differences between each region and the overall results of all five regions. Data to back these claims are listed on the following slides.

GREAT LAKES

The Great Lakes Region showed less severe mental health impacts and was less likely to claim technology as a barrier. Staff struggled with physical wellbeing and childcare as a barrier to providing care.

SOUTHEAST

The Southeast Region showed less severe mental health and technology impacts but were more likely to request additional support in those areas.

MIDWEST

The Midwest Region was more likely to have unreliable internet access. They reported better mental health support. Staff needs more support with recognition and work/life balance.

WEST*

The West Region reported lower stress levels and technology access. This region was also more likely to report taking longer to deliver virtual vs in-person services.

NORTHEAST

The Northeast Rgion reported higher technology and mental health issues. This region wants to work primarily in-person. Staff needs support through recognition and social connections among employees.

NETWORK SURVEY RESPONSES

By Region

Difference in statistics listed with regional result vs national result.

GREAT LAKES (58 RESPONSES)

Population Served

More likely to serve children 0-3 (**86% vs 61%**), youth 4-18 (**55% vs 62%**).

Less likely to serve youth in transition (**30% vs 43%**), adults (**57% vs 72%**), and seniors (**36% vs 58%**).

Mental Health

Staff less likely to report high stress levels (**36% vs 48%**).

More likely to report increased time spent managing stress during COVID-19 (**63% vs 48%**).

Staff more likely to report their Affiliate supported their stress management well (**83% vs 55%**).

Technology

More likely to borrow a device to access the internet (**35% vs 23%**).

Services

More likely to report children 0-3 years old (**30% vs 20%**) as the best audience for virtual services.

Less likely to report youth in transition (**18% vs 44%**) or adults (**68% vs 81%**) as the best audience for virtual services.

More likely to report virtual services are not effective (**16% vs 8%**).

Staff

More likely to report reduced hours (**14% vs 8%**).

Less likely to report lack of technology as a barrier to providing service (**3% vs 23%**).

More likely to report decreased physical wellbeing (**34% vs 24%**) and additional childcare needs (**24% vs 16%**) as a barrier to providing service.

More likely to need support in mental health (**33% vs 22%**) and technology (**38% vs 32%**).

MIDWEST (66 RESPONSES)

Population Served

More likely to serve adults (**90% vs 72%**).

Less likely to serve children 0-3 (**47% vs 61%**), youth 4-18 (**45% vs 62%**), youth in transition (**32% vs 43%**), seniors (**29% vs 58%**), and veterans (**2% vs 23%**).

Mental Health

Less likely to report their Affiliate supported their stress management well (**46% vs 55%**).

More likely to report increasing time spent on stress management (**58% vs 48%**).

Technology

More likely to have unreliable strength/speed of internet (**19% vs 9%**).

More likely to report getting technology assistance support from their Affiliate (**74% vs 60%**).

Services

Less likely to report children 0-3 years old (**3% vs 20%**) and youth 4-18 years old (**37% vs 57%**) as the best audiences for virtual services.

More likely to report virtual services as not effective (**15% vs 8%**).

More likely to report virtual takes longer to deliver than in-person (**39% vs 24%**).

Staff

More likely to report ability to control work environment as a benefit to virtual services delivery (**58% vs 49%**).

More likely to report decreased physical (**33% vs 24%**) and mental (**42% vs 36%**) wellbeing as a roadblock to providing services during COVID-19.

More likely to need more support with recognition (**36% vs 24%**) and work/life balance (**74% vs 59%**).

NETWORK SURVEY RESPONSES

By Region

Difference in statistics listed with regional result vs national result.

NORTHEAST (159 RESPONSES)

Population Served

Less likely to serve children **0-3 (44% vs 61%)**, youth in transition (**35% vs 43%**), adults (**44% vs 72%**), seniors (**28% vs 58%**), and veterans (**13% vs 23%**).

Mental Health

Staff less likely to report high stress (**42% vs 48%**).

Staff more likely to report Affiliate supported their stress management very well (**26% vs 15%**) or poorly (**10% vs 4%**).

Staff more likely to report Affiliate provided mental health resources during COVID-19 (**47% vs 37%**).

Technology

Less likely to report being very comfortable using technology for virtual services delivery (**42% vs 56%**).

Less likely to report feeling able to reach participants using technology (**69% vs 79%**).

Services

More likely to report virtual services as not effective (**14% vs 8%**).

Less likely to report children **0-3 (11% vs 20%)** and youth **4-18 (40% vs 57%)** as the best audience for virtual services.

More likely to report veterans as the best audience for virtual services (**20% vs 10%**).

More likely to report virtual services take longer to deliver than in-person (**32% vs 24%**).

Staff

More likely to report reduced hours (**18% vs 8%**) and temporary lay-offs (**10% vs 2%**).

More likely to want to work primarily in-person after the pandemic (**45% vs 24%**). Less likely to want to work from home (**8% vs 17%**) or hybrid (**47% vs 58%**).

More likely to report needing additional support with recognition (**32% vs 24%**) and connecting with other employees (**36% vs 29%**).

SOUTHEAST (82 RESPONSES)

Population Served

More likely to serve children **0-3 years old (93% vs 61%)**.

Less likely to serve youth in transition (**7% vs 43%**), adults (**2% vs 72%**), seniors (**5% vs 58%**), and veterans (**2% vs 23%**).

Mental Health

Less likely to report very high stress (**10% vs 16%**).

Technology

Less likely to report not being comfortable with virtual service delivery technology (**4% vs 11%**).

Staff are more likely to own a device (**84% vs 75%**).

More likely to feel able to reach participants using technology (**88% vs 79%**).

Services

More likely to report children **0-3 years old (28% vs 20%)** and veterans (**20% vs 10%**) are the best audiences for virtual services.

Less likely to report youth in transition (**32% vs 44%**) and adults (**56% vs 81%**) as the best audience for virtual services.

More like to report virtual services as not effective (**19% vs 8%**).

Staff

More likely report reduced hours during the pandemic (**23% vs 8%**).

More likely to need support with mental health (**38% vs 22%**) and technology (**38% vs 32%**).

More likely to report additional personal childcare needs (**26% vs 16%**) and decreased contact with participants (**39% vs 29%**) as barrier to providing service during COVID-19.

NETWORK SURVEY RESPONSES

By Region

Difference in statistics listed with regional result vs national result.

WEST (41 RESPONSES)*

Population Served

More likely to serve seniors (**97% vs 58%**) and veterans (**54% vs 23%**).

Less likely to serve children 0-3 (**5% vs 61%**), youth in transition (**22% vs 43%**), and adults (**49% vs 72%**).

Mental Health

Staff more likely to report low stress levels (**15% vs 7%**).

More likely to report spending more time on stress management during COVID-19 (**62% vs 48%**).

More likely to report Affiliate supported their stress management very well (**26% vs 15%**).

Technology

More likely to borrow (**32% vs 23%**) or not have access (**9% vs 2%**) to a device.

More likely not have internet access (**6% vs 1%**).

Services

More likely to report seniors (**27% vs 13%**), and veterans (**27% vs 10%**) are the best audiences for virtual services.

Less likely to report children 0-3 years old (**5% vs 20%**) and youth 4-18 years old (**19% vs 57%**) as the best audiences for virtual services.

More likely to report virtual services taking longer to deliver than in-person (**43% vs 24%**).

Staff

More likely to report no commute time (**82% vs 78%**) and ability to control work environment (**73% vs 49%**) as practitioner benefits of virtual service delivery.

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