Boston Children's Hospital | Office of Community Health
Until every child is well™

Mathematica
Progress Together

Resilience in the Face of the COVID-19 Pandemic: Lessons Learned from the Boston Children's Collaboration for Community Health

Launched in Summer 2018, the Boston Children's Collaboration for Community Health ("Collaboration") aims to dismantle systemic barriers to children and families' health and well-being, especially in communities experiencing social and economic inequities. At the onset of the COVID-19 pandemic in March 2020, 56 funded partners in the Collaboration had reached more than 16,000 children, families, residents, and providers across 22 Boston neighborhoods and more than 65 other Massachusetts cities and towns. This brief describes the experiences of funded partners in implementing their activities during the first six months of the COVID-19 pandemic (March to August 2020) as reported in their responses to open ended and survey questions in their August semiannual reporting forms (47 funded partners) and supplemented by interview data (16 funded partners).[1]

"Populations that were marginalized prior to the pandemic have, in many, many cases, become even further marginalized."

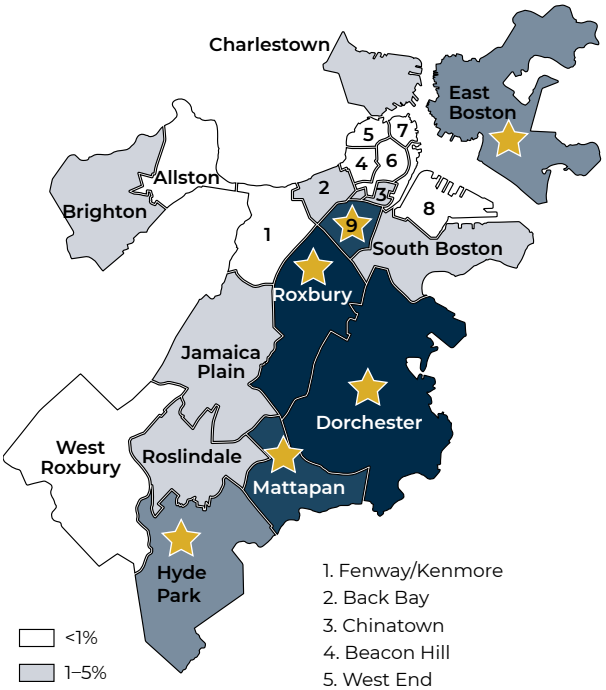
—The Brookline Center for Community Mental Health, subcontractor to East Boston Neighborhood Health Center

The COVID-19 pandemic drastically changed the context for the Collaboration's funded partner projects and disproportionately impacted communities they served, exacerbating the inequities these communities already experience (Centers for Disease Control and Prevention 2020; Dorn et al. 2020). For example, Boston neighborhoods with the highest participant population density (Dorchester, Roxbury, Mattapan, the South End, Hyde Park, and East Boston) have a higher incidence of COVID-19 cases than the rest of Boston (Figure 1, Boston Public Health Commission 2020). Similarly, incidence of COVID-19 has been higher for Black (27.8 percent of cases) and Hispanic/Latinx (33.2 percent of cases) Boston residents than for White Boston residents (27.0 percent of cases) (Boston Public Health Commission 2020).

Funded partners have reported more stress and violence with the increased food insecurity and economic uncertainty stemming from the public health actions, such as stay-at-home orders and social distancing, that are necessary to slow the spread of disease. They have also had greater difficulty engaging some community members who do not have the technology, privacy, or time to participate in activities. Still, funded partners have persisted, working through tremendous challenges and innovating to continue progressing toward their goals.

[1] This brief presents findings provided by funded partners in their August semiannual reports and interviews. Funded partners in the Children's Health Equity Initiative (6) and Innovative Stable Housing Initiative (3) were not asked to submit August semiannual reporting and are not reflected in this report.

Figure 1. Collaboration reach compared to COVID-19 incidence, by Boston neighborhood



Source: Boston COVID-19 Report—For the Week Ending 11/19/2020, Boston Public Health Commission and funded partner semiannual reporting

Challenges and solutions

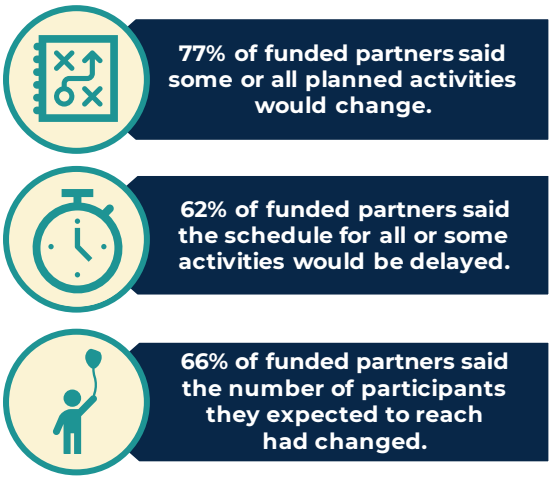
"There's a lot more stress, there's clearly a lot more violence that's going on, because young people are out of school, and there are people who are not working."

—Project Right

Funded partners and the communities they serve described having to pivot from long-term planning and aspirations to dealing with more immediate needs. For all funded partners, interruptions to their grant funded activities led to postponed events, virtual service delivery, or both. More than half of funded partners adjusted their approach and started to provide essential services in response to the pandemic, such as food, employment, and housing support. Figure 2 summarizes funded partner responses to survey questions and open-ended questions, which asked about the effects of the pandemic on Collaboration projects.

In general, challenges for funded partners resulting from COVID-19 fell into the categories of (1) increased participant need, (2) reduced staff capacity as funded partner staff and their collaborators' staff had increased professional and personal responsibilities, (3) lack of physical spaces and requirements for alternate modes of service delivery as buildings

Figure 2. Effects of COVID-19 pandemic on funded partner projects (N = 47)



Source: August 2020 reporting (survey responses).

- 100% of funded partners described postponing or moving events online.
- 77% of funded partners described closures of facilities where their programs are implemented. 27% of funded partners noted impacts on their ability to identify and recruit participants.
- 60% of funded partners described heightened community needs.
- 17% of funded partners described staff burnout.
- 40% of funded partners expected the number of participants to be lower than planned; 19% expected fluctuations in participation rates but but were unsure of the direction; 4% expected an increase.

Source: August 2020 reporting (narrative responses).

closed due to stay at home orders and social distancing guidelines, and (4) requirements for different equipment and processes for continued service delivery. Funded partner reporting revealed the creative solutions they developed to meet each of these challenges.

Community member participant needs

More than half of funded partners that submitted a semiannual report (28 of 47) described heightened community needs, including economic, food, housing, and trauma supports. These needs resulted from employment instability, school and child care center closures, community violence, interpersonal conflict, and stress. For example, funded partners in the Housing Stability initiative noted that when caregivers lost their jobs or had their wages reduced, housing crisis hotlines were inundated by callers who feared missing rent payments. Funded partners in the Community Physical Activity, Recreation, and Food Access and Community Trauma Response initiatives reported that families could no longer rely on schools as a stable source of food for their children, and demand at food distribution centers increased.

In response to socioeconomic stress experienced within communities, more than half of funded partners (26 of 47) across most initiatives put interventions in place to connect families with basic resources and other supports (Figure 3). A few funded partners formally assessed participants' needs through surveys, and others reported informally checking in with participants about their needs. While some resource provision, such as housing and trauma resources, were concentrated in the Housing Stability and Community Trauma Response initiatives, respectively, others related to food, economic assistance, and self-care, cut across initiatives.

Figure 3. Summary of funded partner responses to exacerbated socioeconomic stressors on children and families (N=47)

Economic uncertainty	• Helped families apply for employment and unemployment benefits. • Distributed emergency cash assistance. • Helped child care providers and small businesses reopen and apply for grants.
Housing insecurity	• Provided housing resources such as legal aid, know-your-rights materials, and information about eviction moratoriums. • Increased staff capacity on housing hotlines.
Food insecurity	• Distributed groceries and grocery cards. • Increased staff capacity at food distribution sites. • Used refrigerator food trucks to bring meals to neighborhoods.
Stress and trauma	• Expanded access to telehealth mental health services. • Provided self-care resources to families and staff. • Used email, social media, and contactless dropoffs to provide trauma resources to community members after incidents of violence. • Used COVID-19 relief activities to check in on families impacted by violence.

Staff capacity

Because they had to juggle personal and professional responsibilities and increased participant demand, funded partners and other organizations with which they collaborate (8 of 47) reported staff burnout. This was particularly true for funded partners that provide direct services such as food and housing resources.

> **"Staff are experiencing their own trauma… it makes the work slower."**
>
> *—The Commmunity Builders*

Across all initiatives, staff activities at partnering schools, community health centers, and early childhood centers were redirected towards pandemic response (such as providing health care services, transitioning to online learning, and transitioning to telehealth) and staff were less able to engage in funded activities. One funded partner reported a hiring freeze on a position they had been working to fill before the pandemic. Funded partners noted that the pandemic resulted in a mental and emotional toll not only on the participants, but also on their staff who were experiencing their own traumas and juggling personal and professional responsibilities.

On the other hand, five funded partners reported increasing staff capacity by hiring additional employees, repurposing staff to new roles, or working with partners to leverage staff resources. Two funded partners reported giving staff more flexibility in their work schedules and another two distributed frontline worker self-care resources. In other cases (4 of 47), funded partners used more frequent check-ins as a way to better assess staff well-being and respond to their rapidly changing situations.

> **"Since our work is centered around serving young people in high schools…our model has been deeply impacted by school closures."**
>
> *—Peer Health Exchange*

Physical gathering spaces

Many funded partners (36 of 47) across all initiatives relied on community gathering spaces such as schools, housing common areas, and community centers to deliver their programs. Many of these community spaces were closed in March in accordance with public health guidelines, requiring funded partners to look for virtual meeting platforms. In all, 13 funded partners, particularly those in the Community Physical Activity, Recreation and Food Access and Youth Support Systems initiatives, noted they could no longer use community spaces to identify and recruit participants. This has led to difficulty recruiting and connecting with participants in some cases.

Without access to physical locations through which they could reach the community or meet with staff, funded partners connected with residents and neighbors in new ways. Nine funded partners reported non-digital methods, such as street canvassing, dropping off educational resources, and posting fliers. To continue to provide services, all 47 funded partners incorporated new or expanded modes of delivering content, including using social media or other virtual platforms to bring live or on-demand programming. They used virtual events across all types of participants, including children, youth, parents, and providers and to support a variety of services related to school readiness, physical activity, trauma support, housing stability, and mental health (see the Spotlight below). In addition, several funded partners supplemented activities conducted through the virtual format by mailing materials, such as art supplies, home activity kits,

Spotlight: Pivoting to virtual programming and online systems, examples by strategic initiative

Community Physical Activity, Recreation, and Food Access

- Online physical activity sessions for youth (Mattapan Food and Fitness Coalition; Playworks; Waltham Boys and Girls Club; Youth Enrichment Services)

Zero to Five

- Multilingual story-time videos (Raising a Reader)
- Online health resources portal (Massachusetts Society for the Prevention of Cruelty to Children)

Housing Stability

- Online tenant payment (Boston Housing Authority)
- Online weekly tenant meetings (City life/Vida Urbana)

Economic Opportunity

- Virtual financial coaching (Jamaica Plain Neighborhood Development Corporation)

Mental Health Systems

- Increased telehealth (Children's Service of Roxbury)

Community Trauma Response

- Online Teen empowerment series (Madison Park Development Corporation)

Youth Support Systems

- Virtual portal with resources for high school students (Peer Health Exchange)

Note: this box is intended to contextualize examples from each initiative but is not an exhaustive list.

and educational toys. For those services not suited to a virtual platform (for example, food distribution, farmers markets, small group physical activity), eight funded partners developed new safety protocols to continue limited in-person programming.

Equipment for virtual programming

Although virtual platforms offered a way to continue engaging community members, funded partners reported that the virtual engagement also had its own challenge—many participants did not have the necessary technology (for example, smart phones, webcams, Internet) or technological skills to participate in virtual programming. In some cases, funded partners and their staff encountered similar limitations. For example, several funded partners reported that their frontline staff, such as health champions and child care providers, were unfamiliar with the video conferencing platforms needed to host virtual events or did not have access to webcams at home.

To support these new programming platforms, five funded partners purchased technology (or secured donations) to be able to distribute needed technology to participant community members and staff. For example, Cambridge Family and Children's Services provided staff with laptops and purchased Chromebooks for youth; The Community Builders secured funding to order webcams and laptops for staff and health champions; the Urban College of Boston secured a grant to provide technology to students; HopeWell provided youth with Chromebooks for continuing schooling; and the West End House purchased Internet hotspots and laptops so that students could connect from home.

Unanticipated opportunities

Despite the unprecedented social, economic, and health impacts of the pandemic, funded partners found some unanticipated opportunities from or silver linings in the pandemic.

- **Expanded reach to new populations and stakeholders.** Technology and community members' increased familiarity with various virtual communication platforms has allowed 15 funded partners to engage new populations (or better engage existing populations) that previously might not have been able to travel or had time constraints to meeting in person. For example, one Special initiative funded partner described being able to collect feedback from stakeholders across multiple regions without worrying about travel costs. Additionally, increased demand for basic resources and at-home programming increased connections with community members. Project Right described using grocery distribution as an opportunity to provide families with trauma support. The Community Builders described connecting with new parents and caregivers while distributing diapers and grocery gift cards.

> **"It was hard for young people to engage with all of our mental health programming either because of the time or because of work constraints. But now those barriers have largely been removed by COVID."**
>
> *—BAGLY (The Boston Alliance of LGBTQ+ Youth)*

- **Expanded program offerings and increased efficiencies in service delivery.** Nearly half of funded partners (20) reported that the pandemic provided the impetus to implement new activities or modes of service delivery that they had previously not been able to prioritize. For example, several funded partners deployed strategies for online engagement, digital data collection, on-demand trainings, and telehealth services that they had been meaning to implement because they offer greater flexibility, expand access, increase efficiency in service delivery, and provide immediate feedback loops. Virtual staff trainings eliminated commute times and the need to arrange child care. Residents could pay their rent online for the first time, which enabled them to quickly and safely do so from home and reduced the number of late payments.
- **Increased coordination and resource consolidation among organizations.** Twelve funded partners reported that the pandemic encouraged them to coordinate with other partners to share resources and maximize their impact. The Mayor's Office of Food Access collaborated with the YMCA and Boston Public Schools to reach kids in every neighborhood in the city and served more than 900,000 meals (compared with 37,080 during the same time period in 2019). Similarly,

> **"There is more understanding among advocates, policymakers, and other stakeholders about the role of structural racism and an opening to move racial justice and health equity policies forward."**
>
> *—Health Care for All*

the Family Nurturing Center coordinated with community partners, shelters, and public agencies such as the Department of Children and Families to meet increasing family needs.

- **Heightened awareness of social injustices.** Eight funded partners reported that the pandemic has spotlighted the importance of investing in mental health, racial justice, and health equity. The Massachusetts Society for the Prevention of Cruelty to Children and Health Care for All noted that greater acceptance of telehealth has facilitated continuity of care and the ability to advocate for sustained coverage of telehealth.
- **Increased staff capacity and community leadership.** Funded partner staff had limited technology skills; the pandemic spurred funded partners to bridge the technological divide for staff and families. Eight funded partners reported that the pauses in program delivery also provided funded partners time to catch staff up on needed trainings or make staff trainings available on demand. Funded partners in the Zero to Five Initiative described increased opportunities for parents to step in as community leaders and champions. Specifically, parents who were well connected to other families in their neighborhoods took on active roles in assessing communities' needs, conveying those needs to community partners, and facilitating expanded programming.

Moving forward

Along with its unprecedented challenges, the pandemic has provided funded partners the opportunity to re-envision service delivery and participant engagement. Going forward, forums in which funded partners can share best practices and lessons learned can help refine and scale up strategies that benefit the Collaboration's goals in a post-COVID world. Technological enhancements spurred by the pandemic have made processes (such as rent payments and data collection) more efficient and access to services (such as early education coursework) more equitable. Funded partners plan to integrate some of these strategies even when social distancing is no longer required. Furthermore, the pandemic has heightened community awareness of grave health inequities and systemic racism, which presents an opportunity for increased community engagement and prioritization of policies and funding to address these inequities. The totality of the shock to health and other social systems have likely not appeared and it will be critical to monitor ongoing impacts of COVID-19 to consider the Collaboration's future direction and its allocation of funding.

References

Boston Public Health Commission. "Boston COVID-19 Report—For the Week Ending 11/19/2020." Boston, MA: Boston Public Health Commission, Communicable Disease Control Division, 2020. Available at https://www.bphc.org/whatwedo/infectious-diseases/Documents/COVID19%20Boston%20Report_2020_Week47.pdf.

Centers for Disease Control and Prevention. "Health Equity Considerations and Racial and Ethnic Minority Groups." Atlanta, GA: Centers for Disease Control and Prevention, updated July 24, 2020. Available at https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html.

Dorn, A.V., R.E. Cooney, and M.L. Sabin. "COVID-19 Exacerbating Inequalities in the US." Lancet, vol. 395, no. 10232, 2020, pp. 1243–1244.

Please visit the Boston Children's Collaboration for Community Health webpage for more information about the Collaboration and a list of current funded partners. This information sheet is a product of the Evaluation of Boston Children's Collaboration for Community Health. It was prepared by So O'Neil and Allison Steiner of Mathematica. The views and opinions expressed here are those of the authors and do not reflect the official policy or position of Boston Children's Hospital.