



COMMUNITY NEEDS ASSESSMENT AMENDMENT

This update to the Northwest Indiana Community Action Community Assessment was completed in June 2020 in response to the COVID-19 global pandemic.

I. IMMEDIATE IMPACTS ON THE COMMUNITY

Provide descriptions of the immediate impacts that COVID-19 is having on the community below. Your agency does not need to address each of the items listed below, but any programs that are supported by CARES Act funds must have a corresponding need explained within this document.

1. Health Impacts

- a. Number and/or percentage of individuals over 60 in the community, and concerns related to this population.
 - i. **Answer:** 15.72% of the population in NWICA's service area are over 65. This percentage is even higher in the rural counties, Jasper is 16.87% and Newton is 18.32%. As this is a population that is considered especially vulnerable to COVID-19, seniors are being encouraged to remain home as much as possible, and this has led to an immediate increase in need for home delivery services for things such as groceries and medication. There is also a concern within the local social service network about the mental and emotional toll isolation will have on this population, leading to a need for services that provide quarantine-friendly social interactions.
- b. Currently available community health resources and how those are or will be affected by COVID-19.
 - i. **Answer:** There are 14 hospitals in Northwest Indiana. There is one hospital in Porter County, one hospital in Jasper County, and no hospitals in Newton County. In addition, there are 53.5 primary care physicians per 100,000 population in Northwest Indiana. Both the state (66.3) and the nation (76.6) have much higher rates of access to primary care. Throughout the counties we serve, access ranges from 62.3 in Porter County to 7.12 in Newton County.
Across our service area, healthcare facilities and providers have implemented special procedures for patients receiving care. In order to reduce COVID related infection rates, providers have implemented telehealth services and asked patients not to proceed to their physician's office if they are experiencing symptoms. Providers have experienced a shortage of personal protective equipment and are at high risk for contracting COVID-19.
- c. Currently available mental health resources and how those are or will be affected by the COVID-19 crisis.
 - i. **Answer:** Northwest Indiana has good access to mental health services. There are 165.25 providers per 100,000 population, which is better than the state at 116.7. Newton County and Jasper County have much lower access at 7.1 and 45 respectively. Northwest Indiana has established hotlines for individuals experiencing distress related to COVID 19. There is also an outreach for first responders and at least one township has volunteer counselors via internet and phone. We anticipate the risk for mental health issues such as depression, suicide, domestic violence, child/elder abuse, addictions, and isolation will increase because of the COVID-19 crisis.

- d. Previous number and/or percentage of children who accessed free/reduced meals at school, and information about any current replacement programs.

- i. **Answer: Over fifty percent (50.5%) or 52,238 of students in NWICA's service area were eligible for free or reduced price lunch prior to the COVID-19 crisis. In Newton County, 55.9% of students were eligible and in Lake County, 55.6% of students qualified.**

- ii. **School corporations throughout our service area have made 5 days a week of breakfast and lunch meals available on a grab and go basis to students and/or community members 18 years of age and younger during months that school ordinarily would have been in session. Some of them are also offering summer meals.**

2. Local Employment Impacts:

- a. Challenges facing individuals in the healthcare field

- i. **Answer: Healthcare has faced significant challenges throughout the COVID crisis including not having enough staff, the increased risk of contracting the virus, and the lack of PPE and disinfectant/sanitizer supplies.**

- Our service area has had a higher rate of confirmed cases (737.09/100,000) than the state (637.09) and the country (716.28). We have also had a higher death rate (40.35/100,000) compared to the state (35.31) and the country (37.22).**

- b. Challenges facing individuals in the educational field

- i. **Answer: Schools and teachers had to switch their teaching methods to online models in a very short period of time.**

- c. Challenges facing individuals in other employment sectors

- i. **Answer: Factories, steel plants, and casinos experienced layoffs. Nonessential businesses, small businesses, and nonprofits are closing or struggling to stay open. Hospitality workers have been laid off and may not be returning to their former jobs. The wait time for public benefits like unemployment and SNAP was a huge challenge and people could not access live assistance with these benefits. The availability of childcare and other formal and informal supports created employment issues. Essential and frontline workers experience an increased risk of contracting COVID-19.**

3. Educational Impacts:

- a. Closure dates of local schools

- i. **Answer: Northwest Indiana Schools began closing on March 16, 2020.**

- b. Challenges facing schools, educations and/or families due to school closures

- i. **Answer: Some students did not have access to the necessary technology to benefit from the online learning. Some college students did not have a place to go when their campuses closed and were left unsheltered without access to food or technology. Parents had to figure out care for their children who were no longer able to attend school and**

in many ways had to become their children's teachers. Students with learning disabilities are disproportionately affected and there are concerns that online education may not meet their needs adequately while face-to-face education may not be an option.

4. Impacts on human services provision:

a. Examples of local service providers completely closing

i. Answer: Many human services programs, such as housing authorities and the Social Security office, closed making access to benefits impossible. Many church food pantries closed to protect older adult volunteers making food access even more challenging.

b. Examples of local service providers drastically changing the services they provide or how they are provided

i. Answer: Many organizations shifted from an office to a work at home environment in a short period of time, continuing to provide services remotely. The foodbank and congregate meal programs shifted to a home-delivered model. Nursing facilities and assisted livings closed to the public preventing people from seeing their family members and friends. Adult day centers shifted to provide in home services and, in some cases, home delivered meals. Boys and Girls Clubs, Ys, and other after school childcare programs closed.

c. Examples of additional resources that will be needed to support new or altered services (could include things like staff training, technology upgrades, new communications platforms, additional protective measures)

i. Answer: Technology for telehealth/remote service provision, personal protective equipment for staff and clients, resources for facility alterations for social distancing and protective measures, flexibility in policies and procedures to allow for altered service models and flexible service requirements (i.e. extended timelines and revised signature requirements)

5. Community Resource Impacts:

a. Details about which local community resources will be more difficult to access or scarcer due to COVID-19.

i. Answer: Healthcare will be more difficult to access, particularly for those without access to internet or cellular technology. Transportation is always difficult to access but as COVID-19 causes closures and lay-offs it will be even more difficult. Intake for public benefits access is limited as offices are closed. Volunteer Income Tax Assistance is only doing remote/virtual services with limited capacity. Fast, reliable information about rapidly changing available local resources is more difficult to access as the COVID-19 situation is so fluid and variable between communities.

b. Details about which new (not currently existing) local community resources will be necessary as a result of COVID-19.

i. Answer: We predict that as we move from disaster to recovery, people are going to need help with economic recovery. There currently are

limited community resources for emergency financial assistance, credit counseling, or safe affordable small dollar loans.

- ii. Currently there are no available resources to help people with rent and security deposits. There is also no temporary/short-term emergency housing available. We need a coalition of private property owners who can assist us in stabilizing housing for renters affected by COVID in Northwest Indiana.
- iii. Food assistance is also limited in scope. People can access whatever food the foodbank has available, but there is no one providing vouchers that will allow a household to purchase their own groceries according to their own needs and preferences.
- iv. Transportation resources are scarce and people will need additional assistance with access to transportation resources.
- v. As census at local hospitals rises, hospitals will need support for patients being discharged who still need recovery time and assistance with basic needs/social determinants of health. Transitioning from the hospital is difficult in the best of circumstances. For people who are still recovering from severe COVID-19 who also have deficits in basic needs/social determinants of health, it is even more difficult. These patients may require short-term support with housing, food, transportation, access to primary care, etc. until they are well enough and stable enough to maintain on their own.

c. Examples of CAA serving in a convening role in current community collaboration and coordination efforts, or evidence of the need for new collaborations.

- i. Answer: Our Resource Connections team has worked diligently to convene disaster related resources related not only to COVID, but to the local flooding events that have happened this spring as well. They have coordinated communications with the local COAD and Emergency Response organizations.

6. Other Current Community Impacts

a. Description

- i. Answer: N/A

II. SHORT AND LONG-TERM IMPACTS

Provide descriptions of the anticipated short-term (1-3 months) and long-term (3+ months) impacts that COVID-19 will likely have on the community below. Your agency does not need to address each of the items listed below, but any programs that are supported by CARES Act funds must have a corresponding need explained within this document. IHEDA recognizes that these needs will likely change in the coming year, and that any determinations made now may be based more on insight and an agency's best judgement rather than traditional data. Agencies will be asked to update this assessment at the same time they update the corresponding Plan to include new or updated data.

1. Prolonged service disruptions and resulting ancillary challenges for clients.
 - a. **Short-term:** Despite Emergency Solutions Grant funding, we are going to see a LOT of evictions because people do not know what they do not know. People do not know this funding is available, and they do not know how to access it. (The social service network is just learning about it, and in some cases, the process has not been figured out).
 - b. **Long-term:** NA
2. Prolonged employment issues.
 - a. **Short-term:** The industries that have been hit the hardest include hospitality services—casinos, restaurants, bars. In a couple of weeks, they will be “Back on Track” to reopen to 100% capacity until the next potential spike in virus transmission.

The April 2020 unemployment rate in Lake County is 20.7%. We do not know that reopening—even at 100% will bring that back to a pre-pandemic 5% unemployment rate. There are potentially businesses that will not reopen, so jobs will not come back. Low paying jobs may disappear, and then skill level will become a problem because folks do not have the training to move into the higher-skilled, higher-paying jobs.
 - b. **Long-term:** Prolonged unemployment will lead to additional needs for assistance with housing expenses, access to healthy food, access to transportation, other financial assistance, and access to current local information about available programs and services.
3. Prolonged agency capacity issues.
 - a. **Short-term:** Due to the increased demand for information and access to services, NWICA will need to create additional staffing capacity in both our Resource Connections and Family Development Programs.

This pandemic has highlighted food insecurity in our community as well as the need for people seeking financial assistance for rent and utilities. I imagine that once the CARES additional \$600/week unemployment benefits run out at the end of June, we will see another spike in demand for food, rent and utility assistance. It is also more expensive to buy food. Prices are going up. Shortages in essential items for infants—formula and diapers. It is also more difficult for people with limited transportation to get the items that they need. If one store is out of formula, it is not a given that they can drive to multiple other stores to find what they need.

Lack of Child Care Slots and More Expensive Child care Slots for Employees returning to work. Many childcare providers closed during the pandemic. At the end of May, FSSA reported that almost half (47%) of Indiana childcare providers would implement safety procedures that included keeping children in small groups of 8-10. The concerns are that this measure requires increased staffing and additional space, potentially reducing the number of children who can be served. Since childcare providers operate on tight margins to begin with (most needing 80% capacity to break even), the question is whether or not some cc providers will be able to maintain operations in the long term.

- b. **Long-term:** In addition to better-paying jobs, people need support for economic recovery and financial management skills. They need savings to be able to weather short-term unemployment. They need financial training to make a plan for economic recovery and they need access to safe affordable cash in order to catch up and get ahead.
4. Prolonged community resource/coordination issues.
- a. **Short-term:** It has been difficult to find out who is responsible for channeling CARES funding into the community. FEMA funded food, utilities, rent through the EFSP program. IHEDA is funding Emergency Solutions Grant funding. It is hard to know who has the funding to help. Different cities have funding for certain services, but there is work to be done to improve provider communications and referrals.
 - b. **Long-term:** Not all, but many key state providers for long-term recovery have a technology-first culture. For a number of organizations that can help, the front door to assistance is a web form. Given the lack of computer equipment and digital literacy skills, low-income families face a huge learning curve when it comes to accessing help.
5. Prolonged impacts on vulnerable populations.
- EXAMPLE:** Currently, 13% of the population in County X does not have medical insurance. This percentage is expected to increase due to rising rates of unemployment in our community. Because of increased unemployment and the resulting loss of medical insurance, it is expected that demand for low-cost or free basic medical services will increase in the next 3-6 months. There are currently only two clinics that provide free or low-cost medical services in this County, including one our agency manages, and demand for their services is already higher than what they can supply; to address the increased need, services will need to be expanded.
- a. **Short-term:** Older adults and others who are at high risk of complications from the virus will need to continue to stay at home and distance themselves in order to reduce the likelihood of contracting COVID-19. This will leave them socially isolated.
 - b. **Long-term:** Social isolation can lead to depression and other mental health issues.
6. Other prolonged community impact
- a. **Short-term:** NA
 - b. **Long-term:** NA