



HRDC
BUILDING A BETTER COMMUNITY

Community Needs Assessment

COVID-19 Addendum

Updated – January 18, 2021

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This update to the HRDC District IX Community Assessment was completed in June 2020 in response to the COVID-19 global pandemic. This addendum will be updated on a weekly basis.

I. BACKGROUND

This Community Assessment Update is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.

In December 2019, the novel coronavirus disease of 2019 (COVID-19) was discovered to be the causative agent for acute respiratory and flu-like symptoms and began infecting increasing numbers of people in the Wuhan Province of China. The first case in the United States was confirmed by the Centers for Disease Control and Prevention on January 22, 2020. Despite efforts to contain the virus, by March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By March 17, 2020, all 50 US States had confirmed cases of the virus.

Because of the highly contagious nature of COVID-19, the alarmingly high rate of fatalities associated with it and the lack of a vaccine or treatment, the only effective way to prevent mass illness is through restricted travel, physical distancing, frequent hand washing, coughing in elbows, not touching the face, and staying at home. By mid-March 2020, with the virus clearly past the stage of effective isolation and contact tracing, local, state and federal public health officials recommend extreme measures to minimize a public health catastrophe: mass quarantine, physical distancing, and a virtual lockdown of all public gatherings and economic activity.

While all types of people are getting sick from the disease, older adults and people of any age who experience serious underlying medical conditions, many which are more prevalent in African American communities, and, to some extent, Latinx and Native American communities, are at increased risk for severe symptoms from COVID-19. Persons of color, immigrants, and women are also disproportionately impacted by underlying health conditions linked to poverty, face discrimination in medical care, and are more likely to work jobs that require them to leave their homes. Also, persons with disabilities or chronic conditions are more vulnerable to COVID-19 due to their inability to thoroughly isolate themselves (need for hands-on care), physical impairments, environmental barriers, or interrupted services. The following additional populations experience differential exposure and extensive corresponding implications as a result of the pandemic: frontline workers, persons experiencing homelessness, gig-economy workers, and low-income communities under quarantine, especially in urban settings, rural communities, tribal communities, incarcerated persons and returning citizens.

Children, families, individuals, and Community Action Agency staff may experience heightened stress, anxiety, and trauma as a result of the COVID-19 crisis. Loss of income, growing childcare needs, heightened food insecurity, housing and energy instability, lack of access to transportation, lack of basic supplies, and increased domestic violence are growing factors as the crisis unfolds.

Because of the urgent and widespread needs affecting all sectors of the community, this Community Assessment update is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs. It is likely that as needs evolve, some of those needs will not be captured in this update and therefore some necessary community responses may not connect to the needs identified in this document.

The community assessed in this document, related to the below information, is defined as the following: HRDC District IX, Inc. serving Gallatin, Park, and Meagher counties.

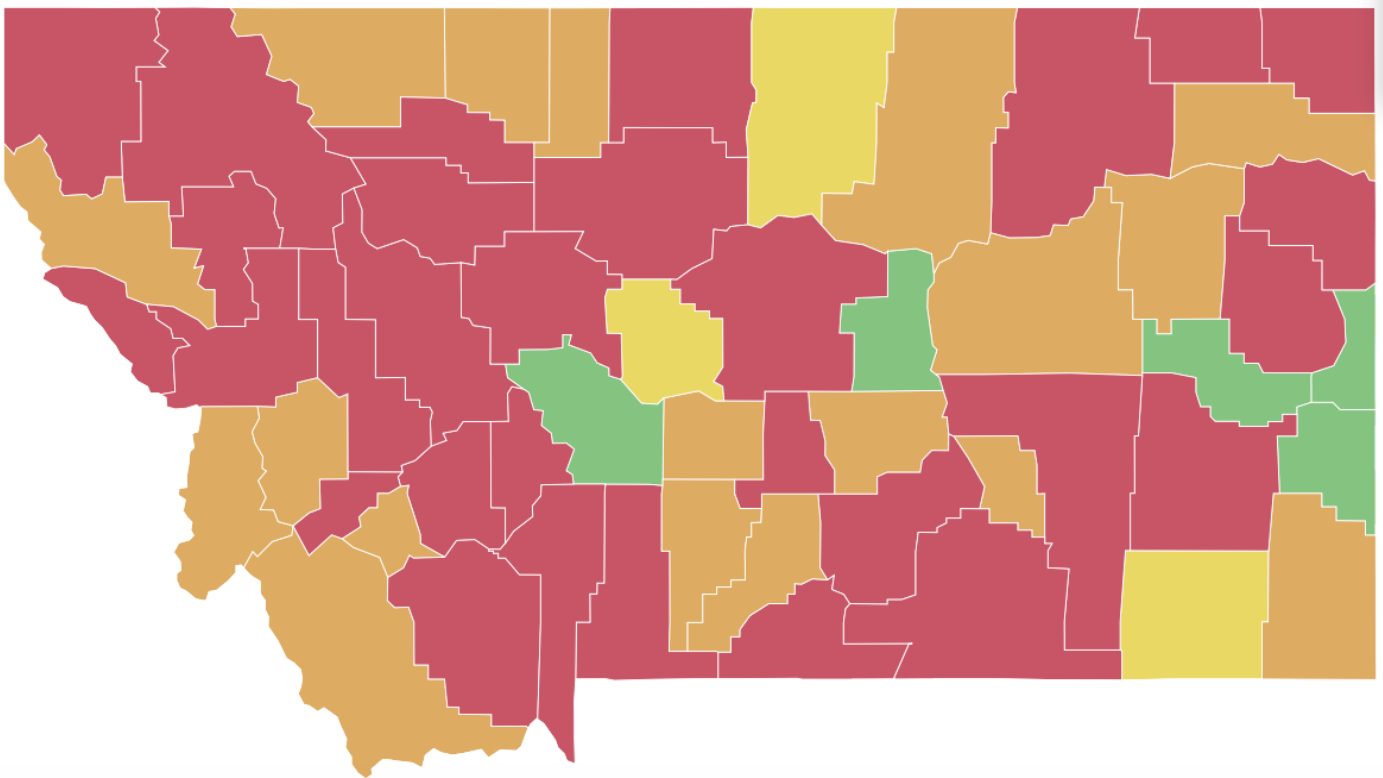
The needs assessed will inform services to those affected by the crisis. It is significant to note that Congressional action will permit FY20 and special supplemental CSBG funding to serve families at or below 200% of the federal poverty level (as defined by [the US Census Bureau](#)). Specific programs or strategies will target the demographic groups most affected. Given persons of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, an equity lens must be used to view current and emergent needs related to this crisis.

Important Notes:

1. At the time of publication of this report, figures may have changed. Please note, this is a snapshot in time. HRDC relies heavily on local and national data and we plan to update this addendum as the data periodically evolves.
2. As data and reporting is constantly changing during these times, please pay careful attention to the dates in correlation with data as they differ throughout this report.
3. A full site source detailing sources used throughout this addendum as well as helpful resources for individuals and families can be found in back.

II. LOCAL PUBLIC HEALTH RESPONSE

The below graph was pulled from the Harvard Global Health Institute (01/18/2021). The map displays COVID-19 risk levels by county throughout Montana on a scale of green to red, with red being most severe. The risk levels are calculated by daily cases per 100,000. Montana is at a case rate of 40.3 new cases per 100,000, daily (7 day moving average). Gallatin County has had 10,666 cases and 41 deaths. Park County has had 984 cases and 7 deaths. Meagher County has had 114 cases and 7 deaths.



The first reported case of COVID-19 in Montana was on March 11, 2020. Gallatin County experienced its first diagnosed COVID-19 case on March 13, 2020 and has remained the county with the most total cases in our service area throughout the duration of the COVID-19 pandemic.

The following information was pulled directly from the Healthy Gallatin dashboard, pertaining to Gallatin County specifically.

Figure 1 – Daily Case Count (Healthy Gallatin, 01/15/2021)

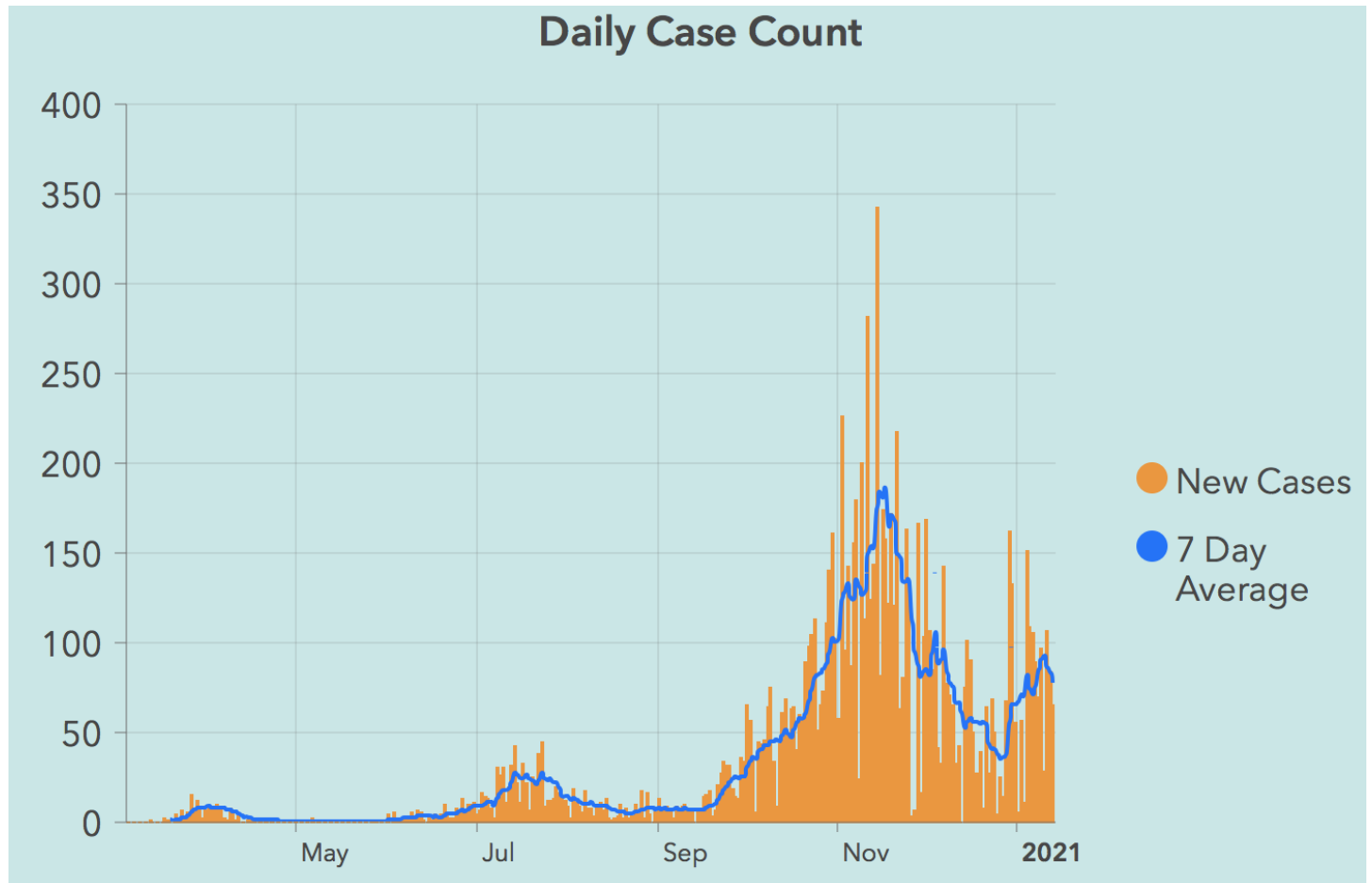


Figure 2 – Total Cases (Healthy Gallatin, 01/15/2021)

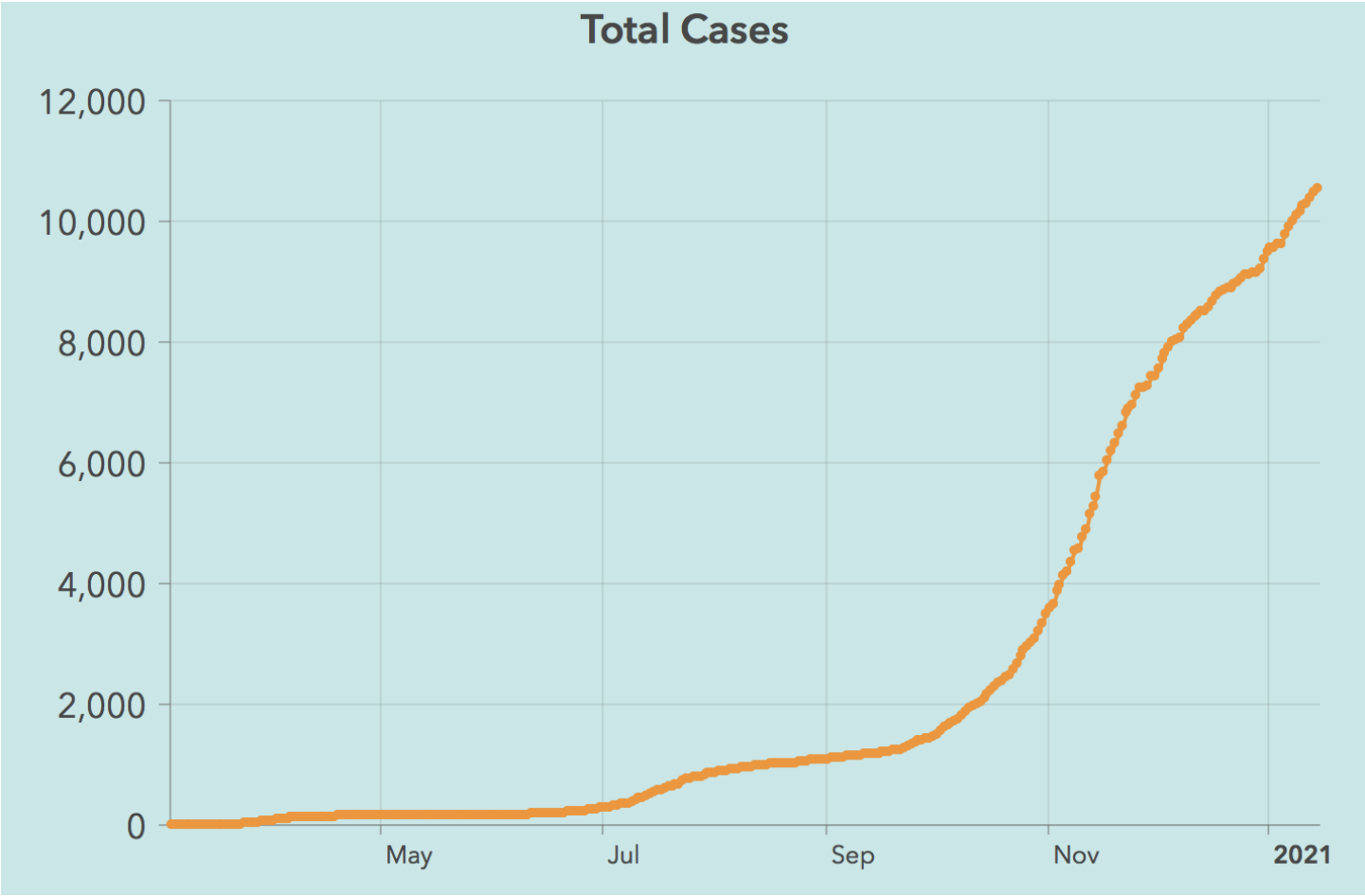


Figure 3 – Cases by Gender (Healthy Gallatin, 01/15/2021)

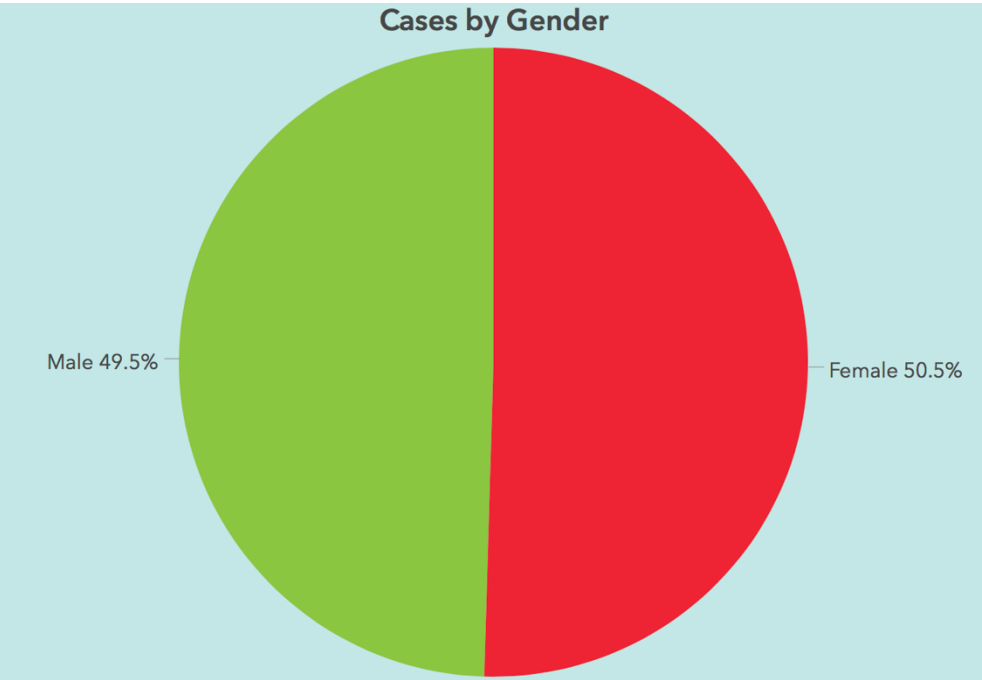
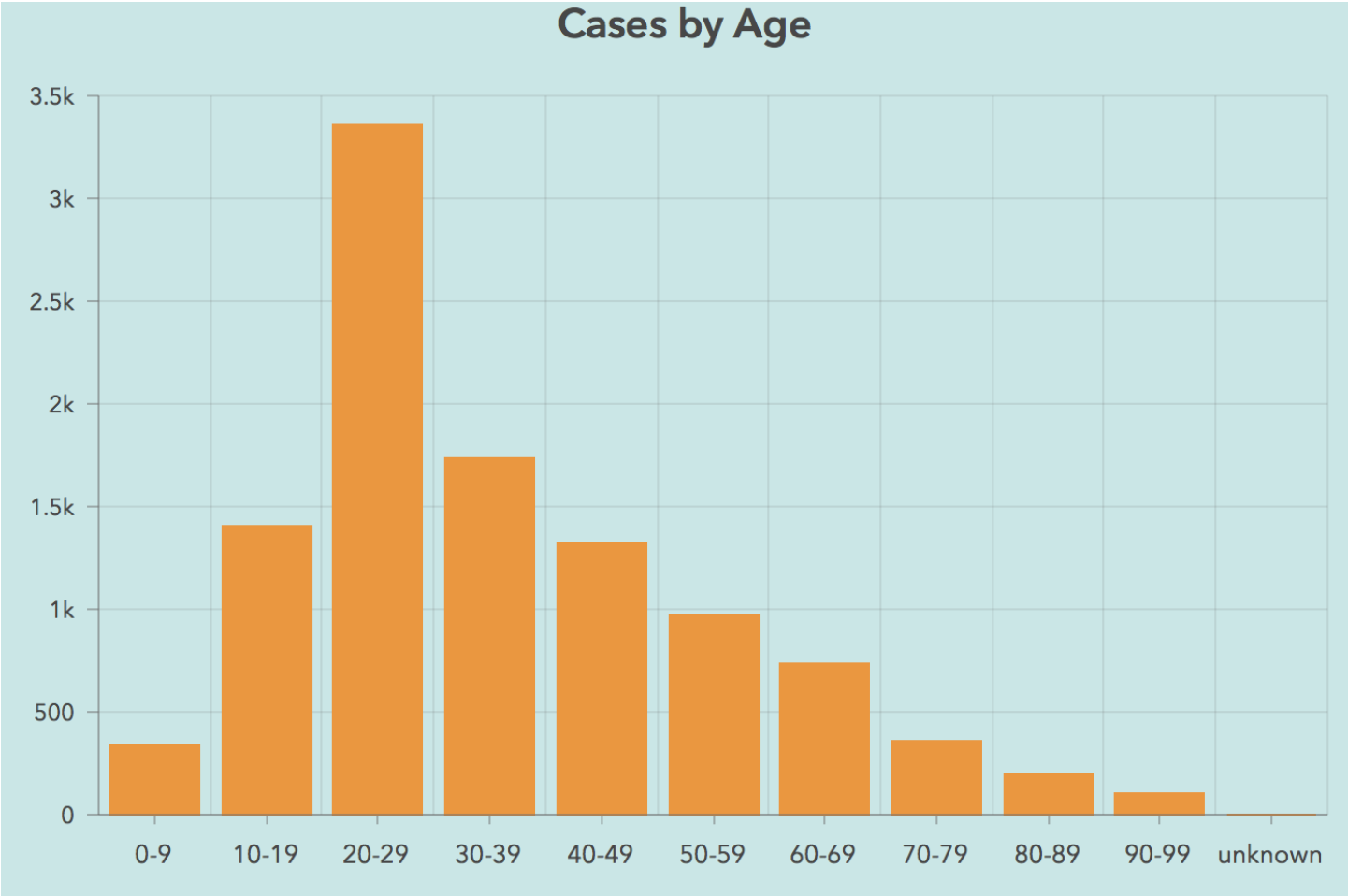


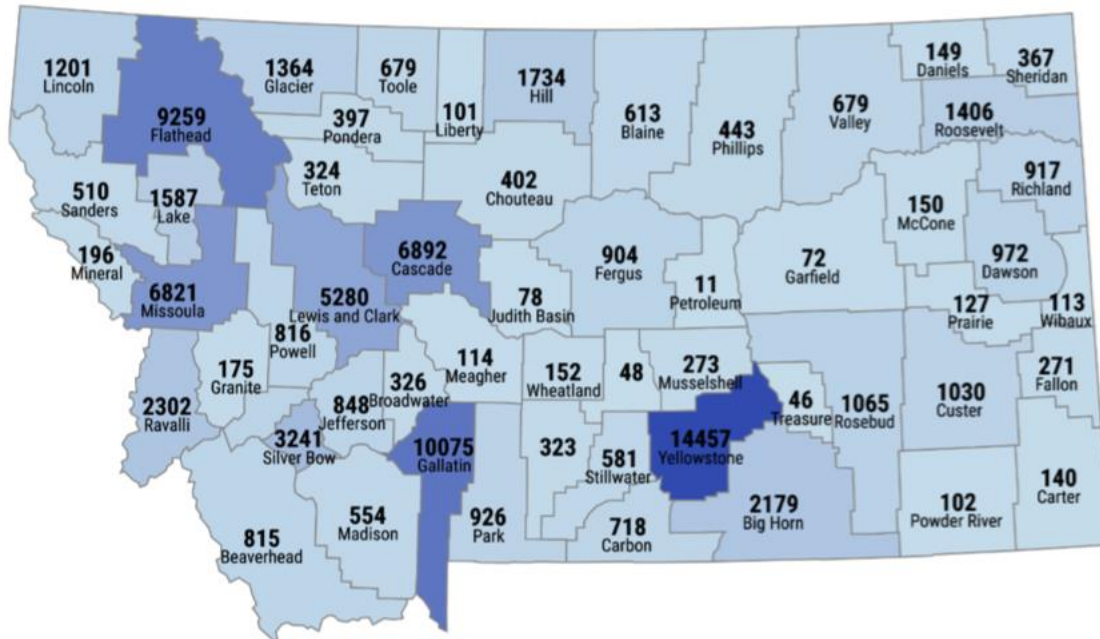
Figure 4 – Cases by Age (Healthy Gallatin, 01/15/2021)



The following graphs were pulled directly from the *Interim Analysis of COVID-19 Cases in Montana* (01/08/2021). These reports are released on a sporadic basis as data changes. Please note that while this data may not be the most up to date, it does represent overall trends and themes seen throughout Montana.

*Figure 1: Map of Reported Montana COVID-19 cases **

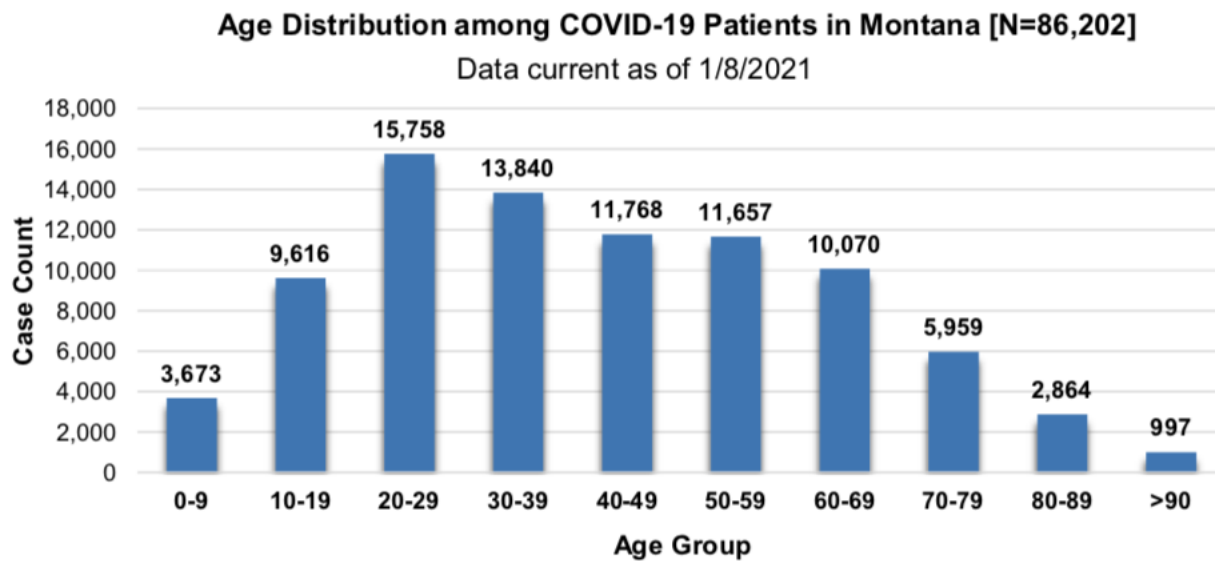
Reported COVID-19 Cases in Montana as of 1/8/2021



**Cases reported on the map initially included residents of other states who were tested and isolated in Montana. As COVID-19 is now widespread across the United States, the map no longer includes out of state residents who test positive in Montana in order to align with CSTE residency guidelines that classify cases by the individual's state of residence. This is standard practice for all communicable diseases to ensure accurate data for Montana.*

Age Distribution

Figure 10: Age Distribution for COVID-19 cases in Montana



Persons between 20-29 account for 18% of all COVID-19 cases in Montana. The next most common age group is 30-39 (16%) and then 40-49 (14%). The median age for cases is 39 years old. Fifty percent of all cases are between 24-58 years of age.

Race and COVID-19

Those infected with COVID-19 are equally distributed amongst men and women. 79% of known COVID-19 cases reported their race as white and 13% as American Indian, Native Hawaiian, or Pacific Islander. 9% of cases reported identify as African American, Asian, or another race. 96% of all cases reported identify as non-Hispanic and 4% Hispanic. Native Americans represent 7% of the population in Montana but 13% of reported COVID-19 cases.

Table 1: Race of COVID-19 Cases in Montana

Race*	Count	Percent
White	51,854	79%
American Indian, Alaska Native, Native Hawaiian, Pacific Islander	8,311	13%
Black or African American	372	0.6%
Asian	264	0.4%
Other	4,966	7.6%
TOTAL	65,767	

*Race information is not available on 24% of persons at the time of report.

Outcomes of COVID-19

Figure 13: COVID-19 Hospitalizations and Deaths by County

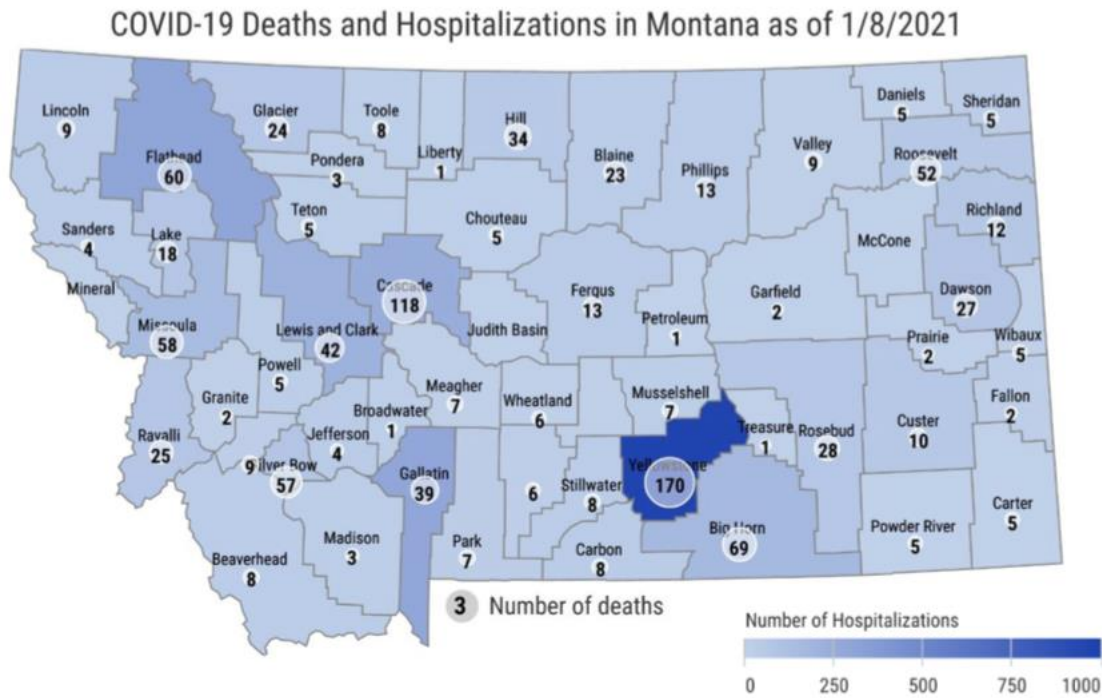
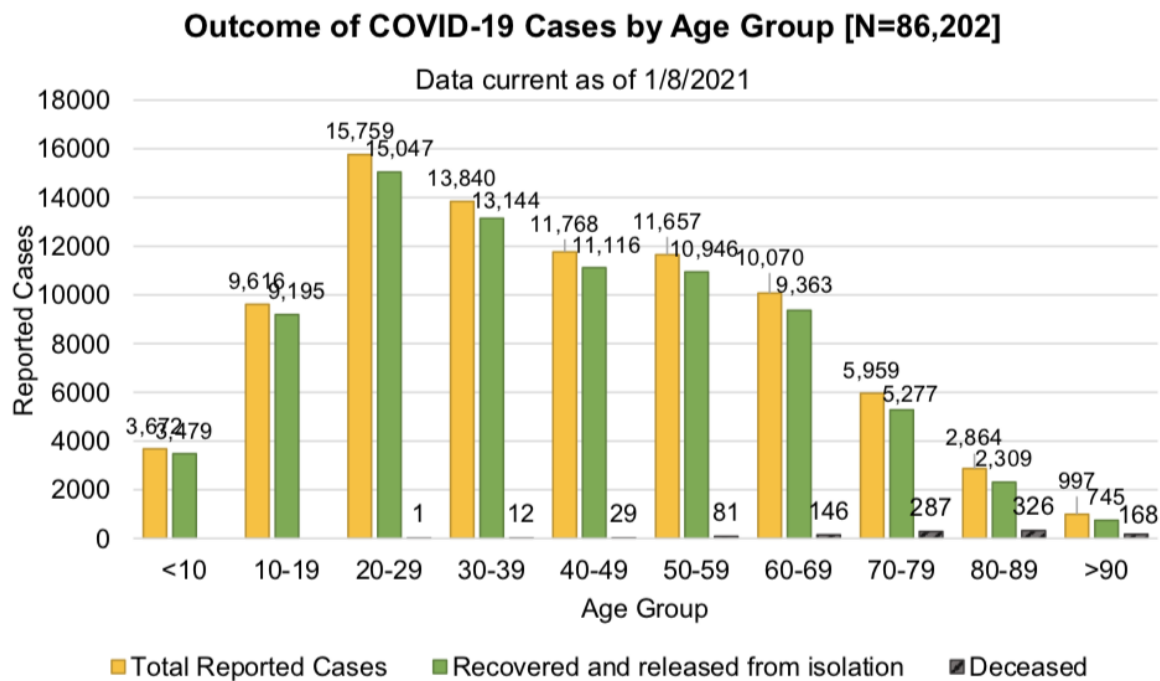


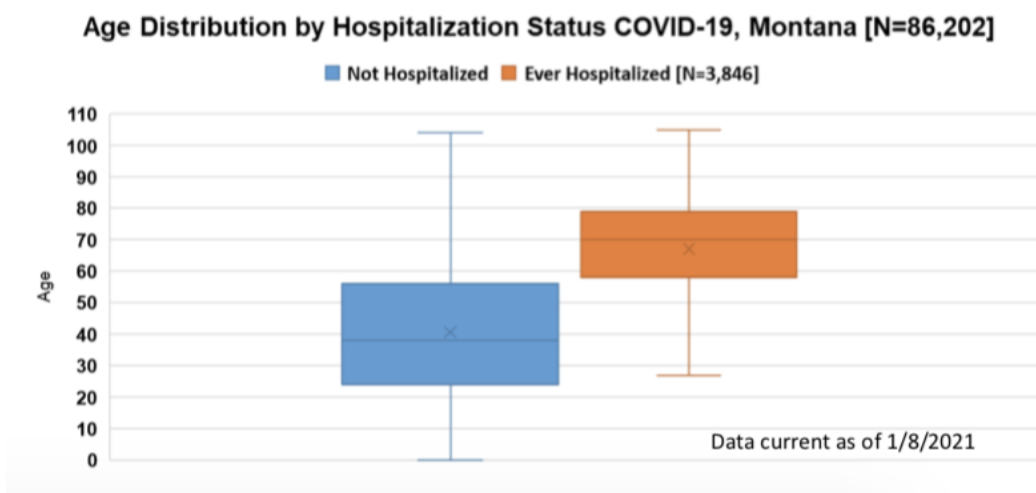
Figure 11: Current infections and illness outcomes for Montana COVID-19



The above graph charts outcomes of COVID-19 correlated with age. The documented cases of COVID-19 cases in Montana indicate that there are 1,050 persons who have been infected with COVID-19 and subsequently died. The age range of death from COVID-19 ranges from 29-102 years of age with a median of 79. Of those deaths, 57% were male.

Typically, those that required hospitalization for COVID-19 were much older. The median age of hospitalizations was 70 years of age. Half of cases that required hospitalization fell between ages 58 and 79. For those that did not require hospitalization, the median age is 38 with half of patients ranging between 24 and 56 years old. When this report was published, information on patients that were hospitalized was available for 76% of patients. Of those, 79% indicated that they have at least one pre-existing condition. Of pre-existing conditions, 37% listed hypertension and 27% listed diabetes.

Figure 12: Age Distribution among COVID-19 cases compared by known hospitalization status



Phased Reopening:

On March 15, 2020 Governor Bullock issued a directive closing all non-residential public schools through March 27, 2020. On the 24th of March, he extended nonresidential school closures through April 10th and with it also included a directive closing certain on-premise dining and beverage business. On March 26, 2020 he ordered a stay at home directive that ultimately stayed in affect for nearly a month in the state of Montana. On March 30, 2020 he also instated a directive requiring a 14-day quarantine to those arriving out of state. Governor Bullock announced a plan to reopen Montana over the course of three phases. According to Healthy Gallatin, the below list consists of guidelines applicable to all phases of reopening.

Individuals:

- Continue to practice good hygiene
 - Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
 - Avoid touching your face.
 - Sneeze or cough into a tissue or the inside of your elbow.
 - Disinfect frequently used items and surfaces as much as possible.
 - Use non-medical face coverings while in public, especially in circumstances that do not readily allow for appropriate physical distancing (grocery/retail stores, pharmacies, public transportation, etc.).

Employers:

- Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding:
 - Social distancing and protective equipment
 - Temperature checks and/or symptom screening
 - Collaborate with public health on testing, isolating, and contact tracing
 - Sanitation
 - Use and disinfection of common and high-traffic areas
- Monitor workforce for indicative symptoms. Do not allow people with symptoms of COVID-19 to work.
- Collaborate with public health when implementing policies and procedures for workforce contact tracing following an employee COVID+ test.

Phase 1 began on Sunday April 26th, by lifting the stay-at-home directive.

Phase 2 began Monday, June 1, 2020. Phase 2 specifics for restaurants, breweries, distilleries and bars went into effect in Gallatin County on June 9.

- Gatherings may expand to 50 people.
- Vulnerable populations should continue to follow stay home guidance.
- Gyms / pools / hot tubs can become operational.
- In addition to houses of worship, other places of assembly can become operational under the group size restrictions and physical distancing guidelines in this phase.
- If you are planning an event with more than 50 people, you should consult with the Gallatin City-County Health Department on a plan to implement and maintain adequate social distancing.

Phase 3 (has not begun)

- No limit on group size
- Vulnerable populations can resume public interactions, but should practice physical distancing and continue to take precautionary measures.

III. IMMEDIATE IMPACTS ON THE COMMUNITY

The immediate impacts of COVID-19 have been felt across all sectors of society. In particular, some of the greatest impacts relevant to the Community Action Network have been in the areas of health, education, employment, human services provision, and community resources. In this community, vulnerability is highest in the following areas:

The University of Missouri Extension, in conjunction with CARES Network came out with an incredible tool which captures community vulnerability during COVID-19 according to a variety of indicators. According to CARES Network University of Missouri Extension COVID-19 Vulnerability Indicators impact on HRDC District IX Service Area is the following (as of 01/18/2021).

Gallatin

Population	111,876
Median Age	33.5
Total Households	41,985
Disabled Population	7.9%
Unemployment	3.6%
Population in Poverty	11.9%
Total COVID-19 Cases	10,713

Total COVID-19 Deaths	41
ICU Beds	9
Bed Utilization Rate	34.4%

Park

Population	16, 736
Median Age	45.9
Total Households	7,691
Disabled Population	11.1%
Unemployment	5.2%
Population in Poverty	12.5%
Total COVID-19 Cases	989
Total COVID-19 Deaths	7
ICU Beds	4
Bed Utilization Rate	44.8%

Population	1,866
Median Age	45.9
Total Households	749
Disabled Population	15%
Unemployment	4.2%
Population in Poverty	15%
Total COVID-19 Cases	114
Total COVID-19 Deaths	7
ICU Beds	4
Bed Utilization Rate	69.4%

Meagher

Nationwide, early data suggest that the following groups have experienced disproportionately higher rates of infection and/or complications/death as a result the COVID-19 pandemic:

- Males
- Individuals 60+ years old
- People of color, particularly African Americans
- People with underlying health conditions (especially, lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions)

The following outlines the variety of impacts to Gallatin, Park, and Meagher County thus far:

Impacts on Health

- Individuals over 60, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19.

- Because Montana has a relatively sizable aging population, the effects of COVID-19 on our senior citizens have been acutely felt. Many of our senior citizens have been confined at their homes or senior living facilities since early March, a sentiment felt across the entire United States. In Montana specifically, roughly 27% of total cases in Montana were in individuals over the age of 60. Broken out by age bracket, 16% (60-69), 7% (70-79), and 4% (80+).
- Community health resources will be stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others.

Impacts on Mental Health Care

- Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period.
 - Because of the rural and remote nature of the state, for many Montanans isolation and the effects on mental health are something felt by many, often. Because COVID-19 required us to drastically alter the way we exist in our communities and interact with those around us, much of Montana's impacts on mental health care has been exacerbating existing obstacles and barriers to service.

Impacts on Food and Nutrition

- Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.
- As expected, the combination of school closures couples with job loss and layoffs has put immense burden on families in Montana. There has been a dramatic increase in need for food bank services. As the schools remain closed through the summer and many are still not able to return to work, this need is expected to continue to rise.
- Montana Food Bank Networks state wide are seeing a 20-30% increases in visits
- Many schools across Montana are offering free meals to children (18 and under) during the school closures. Schools have increased their flexibility in how these meals are distributed to students, ensuring that all children have access to free healthy meals. Many of the details specific to each school can be found on their website.
- Most meals for students have transitioned to grab-n-go meals as well as some deliveries via established school bus routes.
- Governor Bullock announced that he planned to extend federal food assistance to 100,000 Montanans including increasing food supplies at emergency food pantries and food banks, streamline nutrition assistance for new mothers and children.
- The Montana Food Bank Network reported a significant decline in Grocery Rescue at the onset of the COVID-19 pandemic, due to panic buying.
- Senior centers are still closed to the public making it very challenging to ensure seniors have access to hot and nutritious meals. This continued rise in need coupled with lack of volunteers to sustain these programs has put a stress on the system.

Employment/Business Impacts

- The Montana Department of Labor and Industry (DLI) reports that nearly \$376 million in unemployment benefits have been issued since March 16th. The sectors most affected included hotels, restaurants, movie theaters, and entertainment and recreation businesses.
- In response to many small businesses having to close their doors at the onset of COVID-19, many employees found themselves without work. The CARES Act allows small business to apply for a loan

through the Paycheck Protection Program (PPP). The Paycheck Protection Program encouraged businesses to keep their employees on payroll.

- Originally borrowers of this loan needed to use 75% of the PPP loan to cover payroll and benefits over an 8-week span.
- Now borrowers of this loan need to use 60% of the PPP loan to cover payroll and benefits and have a 24-week span.
- Expanded unemployment benefits with funding through the CARES which equated to \$600 a week for unemployed Montanans
- Movement in the unemployment rate is affected by three changing factors – the labor force, employment, and unemployment
- According to the Montana Economy at a Glance report released by Montana Department of Labor and Industry, there was a massive uptick in labor force exits. Much of these exits can be attributed to school and day closures, workers facing high mortality-risk for COVID-19, and the stay-at-home order

Health Care Worker Impacts

- Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.
 - In Gallatin County, Bozeman's frontline workers rejigged how they responded to crisis. According to an article published in the Montana Free Press, Bozeman Health began sending all employees and medical staff coronavirus status updates twice a day. These rapid response updates have allowed our frontline health care workers to be informed on the constantly changing effects of COVID-19 on our community.

Education Worker Impacts

- Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.
 - Most Head Start schools in Montana closed in accordance with the closures of K-12 schools on March 16th.

Business, Tourism, Gig Economy Worker Impacts:

- Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.

- The Montana Department of Labor (DLI) launched a portal to process pandemic unemployment assistance claims. These claims can be filed by self-employed, gig workers, independent contractors, and others impacted by COVID-19.
- COVID-19 has had dramatic effects on one of Montana's most lucrative economic contributors, the tourism industry. In 2018, Montana recorded nearly 12.8 million visitors, mostly during the seasonally warmer months. These visitors supported 59,000 jobs equating to 1.5 billion in salaries. Tourism is one of Montana's leading industries.
- Effective June 1st, Montana's 14-day travel quarantine for out of state travelers and residents alike was lifted. However, many visitors canceled or changed their plans to visit Montana in the spring.
- It remains to be seen the true toll this will have on our tourism sector

Educational impacts:

- Governor Bullock ordered the closure of K-12 schools to begin Monday March 16, 2020. Head start centers in our service area of Gallatin, Park and Meagher also closed in accordance with K-12 closures. Closings of public schools in the Community Assessment area are having an immediate impact on children's education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.
- Caregivers of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.
- According to an article published in the Center For American Progress, without federal government support, Montana could lose nearly 58% of our child care slots – equating to 11,323 slots. Prior to COVID-19 we had 3.89 children per child care slot, post COVID-19 we could have 9.25 children per slot.

Human Service Impacts:

- Services to vulnerable populations are being curtailed or drastically changed. Some service providers are not operating leaving gaps in services to the community. Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time:
 - Below you can see a complete guide for HRDC District IX agency response as well as specific impacts to our programs and services offered.
- Community Resource Impacts:
 - The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.
 - The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first

responders, educators, the business community, the faith community and many others. HRDC District IX plays an important role convening organizations, people and resources to support families.

- HRDC District IX has actively assisted in convening:
 - Emergency childcare needs for first responders and other essential workforce members
 - Community Shelter Response
 - Other services (showers, restrooms) for our homeless community members

IV. HRDC District IX - Agency Impacts/Projected Needs

Below is a breakdown of impacts specific to HRDC District IX (Gallatin, Park, and Meagher County). The following information was pulled from our Steering Committee memo posted May 14, 2020.

HRDC STATEMENT

In the last two months, we have seen hundreds of new customers seeking assistance, in addition to our existing customers. However, we expect the number to increase more over the course of weeks and months as our neighbors continue to be without work and other benefits dwindle.

As of now, many restaurants and organizations in our area are offering additional support to the community. An increase in safety nets, such as stimulus checks, increased SNAP and unemployment benefits, and eviction prevention have allowed community members to go further without seeking additional support. We expect this will change as benefits diminish and people continue to have limited work or no work. With protection from evictions now over, more community members will make the choice between housing and food.

STATEMENT

- **HOMELESSNESS**

- On March 18, upon recommendations from our Advisory Council and health officials, we made a difficult decision to close our Warming Centers and instead transitioned to offering day services to provide guests with access to showers, laundry, housing search services, information, and outdoor gear if requested. We immediately began searching for an alternative shelter for our Bozeman location and funding to safely house our community members experiencing homelessness. On April 12, in the midst of a flash blizzard, we secured a safe place for our guests to stay and shelter in place, serving 60 people. However, this was only a short-term 30-day solution. In Livingston, upon closure of our Warming Center, we were able to find alternative shelter options in the form of hotel stays almost immediately. In May, upon the expiration of our hotel lease, we were able to secure an alternate hotel to meet phase I guidelines for shelter in place for our homeless community members over age 65. We hope to be able to secure this facility longer-term to continue to provide for this at-risk population until phase III and to be able to provide isolation units as needed.

- **SENIORS**

- Our Senior Programs responded to COVID-19 by adapting our Homemaker service to limit in-home care and increase check-ins by phone. We also launched a new program in response to the need for seniors to shelter in place and minimize their exposure based on their vulnerability. Our Shop 4 a Senior is a new program in response to the need for seniors to shelter in place and minimize exposure based on their vulnerability. This service helps individuals meet their needs and get necessary supplies, like groceries and toilet paper. In March, our Senior Reach behavioral health transitioned from home visits to telecare.

- **TRANSPORTATION**

- Our Streamline and Galavan increased and enhanced their cleaning procedures while ensuring social distancing between our drivers and our riders.
- HOME HEATING
 - Like many of our service areas, our Energy Programs started working from home in March. Our Energy Programs continue to work through LIEAP and Energy Share applications remotely. In March, our Weatherization program halted their work.
- EARLY CHILDHOOD EDUCATION
 - Following schools in Montana, our Early Childhood Education centers adapted to online learning to help children continue to grow. Our Early Childhood Education team is utilizing YouTube for distance learning as well as using their app to communicate with families. Our teaching staff have also delivered school meals to families and helped connect those households to resources they need.
- ECONOMIC ADVANCEMENT
 - In March, our Economic Development team transitioned to working at home and abiding by social distance guidelines. Our financial and career coaching services shifted to online instruction, along with opportunities for one-on-one support and instruction. Our team is also providing webinars about various topics to help community members impacted by COVID-19.
In March, our Volunteer Income Tax Assistance (VITA) was suspended, as it was difficult to continue to deliver this service without meeting customers in-person. Fortunately, we were able to continue to connect customers to online filing services and the IRS extended the filing deadline to July 15.
- YOUTH HOMELESSNESS
 - Blueprint, our transitional home for emerging adults experiencing homelessness, is still operating and caring for the needs of our residents, which included remote schooling for some. Two of our young people are now preparing for graduation from high school!
- HOMEOWNERSHIP CENTER
 - Our Homeownership Center led the State in its transition to online homebuyer education and pre-purchase counseling services. We have continued to meet the need while providing assurance to our customers that homeownership is still in sight for them regardless of the current economic decline.
- COMMUNITY DEVELOPMENT
 - As construction is an essential service, our projects remain in progress! Our Big Sky Meadowview development (52 condominiums) continues on track with Phase II construction; our Willow Springs Townhomes (Bozeman) are preparing for certificate of occupancy with 10 of 12 (phase I) presold and construction on phase II underway; our Livingston Housing Development (12 manufactured homes) are placed on their foundations and should be ready to add to the affordable rental pool by mid-June.
- NEW APPROACHES
 - With the CARES ACT and various other State and local resources, community members are struggling with how to access unemployment, where to get housing assistance and navigating a world where they are unfamiliar with the territory. In response, HRDC created an online platform where community members can easily indicate what they need help with, our team responds with a carefully crafted triage approach that helps people identify and access services specific to their needs while helping them navigate new systems and secure solutions (whether internal or external).

V. ADDRESSING EQUITY IMPLICATIONS

Though immediate data may not yet be easily obtained regarding the demographics of those most impacted by the COVID-19 epidemic, previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, stigmatization and othering persist – and are often exacerbated – in times of crisis. Community Action recognizes the obligation to ensure that the barriers of structural

race, gender, and other inequities are addressed during this time of crisis and beyond. Therefore, it is with this lens that communities are invited to use the equity lens and the question, “why”, to understand the specific needs of the diverse populations served.

VI. CONCLUSION

As the COVID-19 pandemic continues throughout our country, state, and community at large we try and remain optimistic that someday soon, things will return to normal. As a state, our numbers are far lower than others in the country, a true testament to our early action and something we are deeply grateful for. However low our numbers may be in comparison, Montanans still feel the gravity of the COVID-19 pandemic just the same. We are reminded daily the disastrous impacts this pandemic has had on ourselves, our family and friends, and community at large. It has exacerbated many of our existing barriers in this state. Many have been left without work, without childcare, and uncertainty abound. We continue to experience worry for our customers and community at large. The future is uncertain and much of our present concern is an uptick in cases and what that would imply for our services offered. We continue to struggle to meet current shelter capacity needs. Additionally, more and more people from out of state have been moving to Montana, purchasing property causing housing prices to soar. As a Community Action Agency, HRDC District IX is committed to protecting and helping guide our customers as we navigate this crisis. We promise to keep you informed on our plans, progress, and ideas. Thank you for your continued support!

Should you have any questions about the contents of this addendum, please contact:

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Site Source and Additional Resources

Note: Real-time data is not available for many of the noted impact areas. However, recent data can be used to provide a case for the number of people of a particular demographic or employment group that were affected in a certain way by the COVID-19 Pandemic.

At the time of publication of this report, figures may have changed. Please note, this is a snapshot in time. HRDC relies heavily on local and national data and we plan to update this addendum as the data periodically evolves.

- Healthy Gallatin. Retrieved from: <https://www.healthygallatin.org>
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- Interim Analysis of COVID-19 Cases in Montana (as of 6/12/2020). Retrieved from: https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/DiseasesAtoZ/2019-nCoV/COVID_EPI%20PROFILE%2006122020_2.pdf
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- Vulnerability Indicators. CARES University of Missouri Extension. (2020, June). <https://apps.cares.missouri.edu/portal/apps/opsdashboard/index.html#/0d68267bca524e34a4e0432c315e51b8>
- Coronavirus (COVID-19) Updates and Resources. Montana Food Bank Network. (2020, June). Retrieved from: <https://mfbn.org/8199-2/>
- Travel Alerts COVID-19 (Coronavirus) Update. Visit MT. (2020, June). Retrieved from: <https://www.visitmt.com/travel-alerts.html>
- *COVID-19 alters tourism landscape in beautiful Big Sky Country.* Great Falls Tribune. Puckett, Karl (2020, May 28). Retrieved from: <https://www.greatfallstribune.com/story/news/2020/05/28/covid-19-montana-tourism-during-coronavirus-restrictions/5229680002/>
- *Coronavirus Pandemic Could Lead to Permanent Loss of Nearly 4.5 Million Child Care Slots.* Center for American Progress. Jessen-Howard, Steven. (2020, April 24). Retrieved from: <https://www.americanprogress.org/issues/early-childhood/news/2020/04/24/483817/coronavirus-pandemic-lead-permanent-loss-nearly-4-5-million-child-care-slots/>
- *Lifting Voices: How Food banks, senior services and schools are tackling hunger in in Montana's time of COVID-19.* Montana Free Press. MTFP Staff. (2020, May 29). Retrieved from: https://montanafreepress.org/2020/05/29/lifting-voices-forum_1/

Additional Site Source provided by CAP Engagement Network

General Data Resources to Explore:

- CAP Engagement Network*, Online Community Needs Assessment Tool: <https://cap.engagementnetwork.org/>
 - CARES Engagement Network COVID-19 Tools & Resources: <https://engagementnetwork.org/covid-19/>
- *note – the Engagement Network is the platform for the Community Action Online Community Needs Assessment Tool – this was previously known as “Community Commons”. The functionality is the same, with some enhancements.
- County Health Rankings & Road Maps: <https://www.countyhealthrankings.org/>
- Prosperity Now Scorecard: <https://scorecard.prosperitynow.org/>
- Kids Count Data Center: <https://datacenter.kidscount.org/>
- CDC Cases & Latest Updates: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>
- National Equity Atlas: <https://nationalequityatlas.org/indicators/Poverty>

Data Resources for Section I, Background:

The following tools can be used to identify how many people in a given area are within 200% of the Federal Poverty Level:

- CAP Engagement Network Map Room: <https://cap.engagementnetwork.org/cap-map-room/> (click +Add Data, search "200% Poverty Level")
- CAP Engagement Network, CNA Online Tool Assessment Report: <https://cap.engagementnetwork.org/assessment-tool/> (select state and county; then select population profile, Poverty Rate 200%)
- Data Table: Selected Characteristics of People at Specified Levels of Poverty – 2018 ACS, 5-year estimates: <https://data.census.gov/cedsci/all?q=s1703&hidePreview=false&tid=ACST1Y2018.S1703> (then filter by the desired geography). This table allows users to access poverty data by level – i.e. 200%, 125%, 100%, <50%, etc.

Data Resources for Section II, Local public health response:

- State government health department will generally have this information. State sites can be accessed through the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

Data Resources for Section III, Immediate impacts on the community:

- Overall Impact (to include after opening paragraph):
 - [COVID-19 Vulnerability Footprint](#)
 - [COVID-19 Starter Map – Demographic Vulnerability](#) (can add or remove data from mapping layers)
- Health Impacts:
 - [Engagement Network COVID-19 Report](#): Vulnerable Population Indicator - Population Age 65+
 - [Engagement Network COVID-19 Report](#): Health System Capacity Indicators – Hospital Beds, Hospitals, Primary Care Providers
 - [Engagement Network COVID-19 Starter Map: Hospitals, Confirmed Cases, and ICU Beds](#)
 - [County Health Rankings & Roadmaps Free & Reduced Lunch Eligibility Data](#)
- Employment Impacts:
 - Utilize local examples for health care workforce challenges
 - Utilize local examples on closures for school employment and childcare challenges
 - School District Data (includes number of teachers, students, demographics): <https://nces.ed.gov/ccd/districtsearch/index.asp>
 - Utilize local examples on shut down of large employers or related employment challenges
 - Local Area Unemployment Statistics: <https://www.bls.gov/lau/>

The remaining impact categories include school closing dates and human service provision or community resource examples specific to the local area. Insert any other local area data as available or applicable.

Data Resources for Section IV, Anticipated near- and longer-term impacts:

For the section on *Prolonged community resource/coordination issues*, the following resource may be helpful to strategize and triage which community initiatives, or pieces of initiatives, may need to continue, pause, or end during this time.

<https://centerforcommunityinvestment.org/blog/reimagining-strategy-context-covid-19-crisis-triage-tool>

Data Resources for Section V, Addressing Equity Implications:

The following links provide resources for understanding and addressing equity implications in response to COVID-19:

- National Collaborative for Health Equity: <https://www.nationalcollaborative.org/covid-19/>

- Ten Equity Implications of the Coronavirus (COVID-19) Outbreak in the United States—NAACP: https://naacp.org/wp-content/uploads/2020/03/Ten-Equity-Considerations-of-the-Coronavirus-COVID-19-Outbreak-in-the-United-States_Version-2.pdf
- COVID-19 Guidance for Higher Risk Populations—American Public Health Association: <https://www.apha.org/topics-and-issues/communicable-disease/coronavirus/higher-risk-populations>
- National Equity Atlas: <https://nationalequityatlas.org/indicators/Poverty>
- COVID-19: Mapping Vulnerable Populations in California—Othering & Belonging Institute: <https://belonging.berkeley.edu/covid-19-mapping-vulnerable-populations-california>
- The Unequal Impact of the COVID-19 Crisis on Households' Financial Stability: Who is Likely To Be Immediately Hurt and Why—Prosperity Now: https://www.prosperitynow.org/sites/default/files/PDFs/Scorecard%202020/Unequal_Impact_of_COVID-19.pdf
- Coronavirus-19 Resources—Unidos US: https://www.unidosus.org/campaigns/coronavirus-covid-19/policy-priorities?utm_source=main&utm_medium=450&utm_campaign=covid
- The coronavirus is infecting and killing black Americans at an alarmingly high rate—Washington Post: <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true>
- Indian Country, where residents suffer disproportionately from disease, is bracing for coronavirus—Washington Post: <https://www.washingtonpost.com/climate-environment/2020/04/04/native-american-coronavirus/>
- COVID-19 - Racial Equity & Social Justice Resources—Racial Equity Tools: <https://www.racialequitytools.org/fundamentals/resource-lists/resources-addressing-covid-19-with-racial-equity-lens>
- COVID-19: Investing in black lives and livelihoods – McKinsey & Company: <https://www.mckinsey.com/industries/public-sector/our-insights/covid-19-investing-in-black-lives-and-livelihoods>