



The Impact of the COVID-19 Pandemic on Women

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Executive Summary- OLO Report 2021-9: The Impact of the COVID-19 Pandemic on Women

This Office of Legislative Oversight (OLO) report responds to the Council's request to summarize the impacts of COVID-19 on women in five areas: workplace equity/employment, childcare, economic insecurity, access to healthcare, and domestic violence. Overall, OLO found that women, especially Women of Color and immigrant women, have borne the brunt of the pandemic. Further, COVID has exposed and magnified pre-existing inequities in social, political, and economic systems. Women have experienced:

- Decimated industries where women made up the majority of the workforce;
- Widespread economic insecurity (housing, food, transportation), especially by women who are generally earning less, saving less, and holding insecure jobs or living close to poverty;
- Decreased access to childcare;
- Decreased availability and access to healthcare services, particularly for mental and reproductive health;
- Increased gendered burdens including caring for family, childcare, housework and home schooling; and
- Disrupted access to legal and social services, as well as access to counseling, safe shelters, and medical treatment for victims of domestic violence.

Workplace Equity

Women have been significantly more impacted by COVID-related job and wage losses as (1) the industries hit hardest are ones where women have historically outnumbered men in the workforce and (2) women are more likely to drop out of the workforce to take on caregiving responsibilities. Women of Color and immigrant women have lost more jobs and had a slower recovery compared to White women. Data show that at the beginning of the pandemic (April 2020), female unemployment insurance claimants exceeded male claimants by almost 1 million, compared to April 2019 when male claimants exceeded female claimants by about 300,000. Further, between January and December 2020, nearly 2.1 million women left the labor force and of that, 564,000 were Black women and 317,000 were Latina women. This can have long-lasting equity impacts for women in the workplace, as workers who experience job loss during a recession tend to make less and get promoted less, compared to peers who kept their jobs for the remainder of their careers.

Childcare

One of the largest barriers to women in the workplace has been a lack of access to affordable quality childcare; the pandemic has only exacerbated this. Comprehensive data on the exact number of slots is unavailable but limited data states that the County did not have enough childcare slots prior to the pandemic. The pandemic could permanently close childcare providers and further decrease the number of available slots. Stakeholders report that providers in low-income areas are struggling financially and in danger of closing compared to providers in high-income areas. Other issues in childcare exacerbated by the pandemic include the increased reliance on informal childcare (which does not have an established and regulated curriculum) and the acceleration of decline of the childcare workforce (which is made up predominantly of older Women of Color).

Economic Insecurity

Widespread economic insecurity has impacted residents as a result of pandemic-related job and wage losses. County Staff report a significant increase in the number of households applying for financial aid and safety net programs, the majority of applicants being Women of Color and immigrants:

- An estimated 13-15% of renters in the County are behind on rent and more than 2,500 households were on a waitlist to receive federal relief money as of February 2021.
- The average monthly caseloads for County applicants for Temporary Cash Assistance increased by 60.2% from 2019 to 2020.
- In August 2020, it was estimated there were about 100,000 food-insecure County residents.

Healthcare and Mental Health

National research shows that women are more likely to have foregone healthcare during the pandemic compared to men; local stakeholders report seeing similar trends in the County. While the increased use of telehealth across the country has allowed women to attend check-ins with their doctors without having to find childcare arrangements and transportation, there are still barriers to equitable telehealth access.

Further, almost all stakeholders highlighted the long-term mental health impacts of the pandemic as the most significant healthcare issue for women. Women have felt more significant impacts of the “COVID squeeze” - bearing a larger burden of unpaid labor such as childcare and housework, supervising online school, and being more likely to experience job loss and economic insecurity. Women of Color and immigrant populations, in addition to feeling the “COVID squeeze,” have also felt more acute stress due to the political climate and racial tensions across the country. Stakeholders fear that women will experience an increase in mental health issues for years after the pandemic and there are not enough mental health services, especially affordable and culturally competent services, in the County.

Domestic Violence

The reported incidence of domestic violence in the County has not increased during the pandemic but the severity of reported incidents has increased significantly, primarily an increase in strangulations. County staff and stakeholders believe that the number of reported domestic violence incidents will increase as pandemic related restrictions continue to be lifted, as more in-person supports will be available to domestic violence survivors. One significant long-term impact of the pandemic on domestic violence survivors is the closure of the court system during the pandemic. Survivors have not been able to address divorce or custody issues, as those courts have been closed. As a result, many survivors have felt as if they cannot leave their situation until these issues can be addressed. Further, many cases have been delayed because of the pandemic, which is resulting in a backlog which may take months or years to catch up on.

OLO Recommendations

The COVID-19 pandemic is an urgent health crisis, but the social and economic impacts will remain for years. Government assistance, at all levels, has been a lifeline for many families and businesses to prevent poverty, hunger, and financial crisis. The increased demand for relief support and services during the pandemic will not disappear when the pandemic is “over.” The need for benefits will continue for many years. OLO recommends the following for Council action to address the long-term impact of the pandemic.

1. Request that County social service programs, to be determined, collect data on clients accessing programs by gender, race, and location in order to help determine which residents/areas of the County require aid and resources.
2. Request that the Executive expand County mental health programs and support, with particular focus on the availability of more affordable and culturally competent programs and services.
3. Engage in future targeted, in-depth, and long-term discussions on social and economic system challenges that affect women, especially Women of Color and immigrant women, to ensure funding and program investments in these areas have equitable outcomes: healthcare, childcare, domestic violence services, housing, transportation, and employment.

*For the full OLO report on the impact of the COVID-19 pandemic on women, go to
<https://www.montgomerycountymd.gov/olo/>.*

OLO Report 2021-9:

The Impact of the COVID-19 Pandemic on Women

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Chapter 1. Introduction

The COVID-19 pandemic not only created a worldwide public health emergency but also magnified pre-existing inequities across marginalized groups. The economic and social impacts of COVID-19 have been borne disproportionately by women, especially low-income women, Women of Color, women in immigrant populations, teen girls and single mothers. COVID-19 has exposed the vulnerabilities in social, political, and economic systems and deepened pre-existing gender inequalities. Specifically, it has:

- Decimated industries where women made up the majority of the workforce;
- Caused widespread economic insecurity (including housing, food, transportation), especially by women who are generally earning less, saving less, and holding insecure jobs or living close to poverty;
- Decreased access to childcare;
- Decreased availability and access to healthcare services, particularly mental health and reproductive health services;
- Increased gendered burdens including caring for family members, childcare and home schooling; and
- Disrupted access to legal and social services, as well as access to counseling, safe shelters, and medical treatment for victims of domestic violence.

COVID-19 has been hard not just on women, but especially on Women of Color and women in immigrant communities – COVID has magnified and expanded existing inequalities for these groups across social and economic institutions. These women experience multiple and intersecting forms of systemic discrimination based on gender, age, class, ethnicity, sexual orientation, immigrant status, or disability status. This intersectionality recognizes that multiple structures of inequalities have a multiplying effect when these disadvantaged positions intersect in the same individual.

The COVID-19 pandemic will have significant social and economic impacts for many years to come. This report responds to the Council's request to examine the pandemic's impact on workplace equity, economic insecurity, access to health services, access to childcare, and domestic violence. For this report, OLO examines the disparate impacts of the COVID-19 pandemic on women through an intersectional lens. The report is organized as follows:

- *Chapter 2* reviews national and State (where available) data and research on the disparate impacts of COVID-19 on women's employment and economic insecurity;
- *Chapter 3* summarizes County programs and data available on employment and economic insecurity for women in the County;
- *Chapter 4* reviews national data and research on access to healthcare and domestic violence for women during the pandemic;
- *Chapter 5* summarizes County programs and data available on access to health services and domestic violence for women in the County;
- *Chapter 6* provides stakeholder feedback on the impacts of COVID-19 on women in the County; and
- *Chapter 7* provides OLO's findings and recommendations for next steps.

Methodology. To prepare this report, OLO conducted document reviews, data analysis, and interviews with County Staff in multiple departments as well as non-profits operating in the County. It should be noted that complete Local Area Unemployment Statistics data from the Bureau of Labor Statistics was not available at the County level at the time of writing this report.

OLO staff members Kristen Latham and Kaitlyn Simmons conducted this study, with assistance from Natalia Carrizosa and Karen Pecoraro. OLO received a high level of cooperation from everyone involved in this study and appreciates the information and insights shared by all who participated.

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Lesley MacDonald

Sheppard Pratt

Jill Larson

Wonders Learning

Joanne Hurt

Worksource Montgomery

Tina Edmundson

Anthony Featherstone

Cynthia Grissom

Camille McKenzie

Chapter 2. Workforce, Childcare, and Economic Insecurity Research

The recession caused by COVID-19 has significantly impacted industries where women have historically outnumbered men, such as hospitality, retail, caregiving, and education. This, combined with other economic and social factors such as an increased burden of caregiving, have caused women to experience a significantly higher rate of unemployment and economic insecurity compared to men.¹

Further, the pandemic has exacerbated existing inequalities in employment – workers in a large share of women-dominated industries have been underpaid and undervalued for decades. Historically, women have made less money than men, with Women of Color experiencing a larger wage gap compared to White women.² Many researchers fear that the pandemic will cause women to lose the progress they have gained towards workplace equality and that there will be long-term impacts on the careers of women.³

This chapter provides an overview of the available national research on the economic impacts of the pandemic on women. It is divided into three sections:

- **Section A, Impacts of COVID on Women in the Workforce**, summarizes the pandemic's impact on women's employment (including Women of Color) and potential long-term impacts on women in the workforce;
- **Section B, Impact of COVID on Childcare**, reviews the condition of childcare in the State of Maryland and the impact of the pandemic on the availability and stability of the industry; and
- **Section C, Impact of COVID on Economic Insecurity – Food, Housing, and Transportation**, briefly summarizes other economic insecurity issues affecting women and families.

A. Impacts of COVID on Women in the Workforce

This section summarizes key data on the workforce impacts experienced by women and the factors driving these impacts. The section begins with an overview of the pandemic's effect on women in general, followed by a summary of the impact of COVID on Women of Color, and concludes with a summary of potential long-term impacts on women in the workforce.

Women have faced many of the same issues described in the sections below prior to the pandemic. Historically, women have earned less, had smaller savings, were overrepresented in front facing industries, and were more likely to leave the workforce or reduce work hours to care for children or other family members compared to men.⁴ These preexisting conditions have led to two of the biggest drivers for the disparate impacts of COVID on women's employment, which is the caregiving burden placed on women and the concentration of women employed in sectors hit hardest by COVID.⁵

¹ Bureau of Labor Statistics Monthly Jobs Report

² <https://blog.dol.gov/2021/03/19/5-facts-about-the-state-of-the-gender-pay-gap>

³ <https://www.bls.gov/opub/mlr/2020/beyond-bls/covid-19-recession-is-tougher-on-women.htm>

⁴ Mason, N. (2020). *We must be bold to confront economic inequality for women*. <https://www.usatoday.com/story/opinion/2020/09/23/we-must-bold-confront-economic-inequality-women-column/5850981002/>

⁵ Bateman, N., & Ross, M. (2020). *Why has COVID-19 been especially harmful for working women?* <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/>

Workforce Data Definitions

Economists use a variety of metrics to describe the status and trends in the workforce. While many metrics may seem similar, they often have different meanings and the data are collected in different ways and time periods. Definitions for each of the metrics used in this section are provided below:

- **Net Job Loss/Gain** – The amount of net job loss or gain is the difference between the gross job gains and gross job loss. This is found by comparing the levels of total private employment in the current and previous unit of measure, generally monthly. These data can be found in the Business Employment Dynamics statistics from the Bureau of Labor Statistics.
- **Labor force Participation Rate and Withdrawals** – The labor force participation rate measures how many citizens of working age (generally 16 years and over) are in the total labor force. A citizen who withdraws from or is not counted in the labor force is neither employed nor unemployed, such as a stay-at-home mom who is not holding a job currently and not looking for a job. These data are typically released monthly in the Current Employment Situation from Current Employment Statistics (CES).
- **Unemployment Rate** – The percentage of unemployed workers in the total labor force, employed and unemployed but looking for a job. An individual that is unemployed and has not actively looked for a job in four weeks is considered not in the labor force. These data are typically released monthly in the Current Employment Situation from Current Employment Statistics (CES).
- **Unemployment Insurance Claimants** – Can be used to see how many workers, through no fault of their own, were unemployed due to a lack of available work and is released weekly through the United States Department of Labor.

1. Workforce Impact for All Women

Data on unemployment insurance claims offer an indication of the stark economic impacts on women at the beginning of the pandemic. The table below shows that in April 2020, female unemployment insurance claimants exceeded male claimants by almost 1 million. This stands in sharp contrast from April 2019 when male claimants exceeded female claimants by about 300,000. In addition, sectors significantly impacted by COVID, which are also industries in which women are a majority, accounted for over 40% of claimants in April 2020, compared with just over 20% in April 2019.⁶

⁶ <https://oui.doleta.gov/unemploy/content/chariu2020/2020Apr.html>

Characteristics of Unemployment Insurance Claimants: Total Claimants (National and Maryland Data)

	Apr-19		Apr-20	
	National	MD	National	MD
<i>Total Claimants</i>	1,705,234	24,780	17,574,944	224,232
Female	701,340	10,123	9,110,403	124,645
Male	992,856	10,754	8,266,822	89,648
% from highly-impacted majority-female sectors	22%	21%	40%	42%
Educational Services	29,600	553	384,221	7,724
Accommodation and Food Services	87,413	1,588	2,841,124	43,547
Retail	137,439	898	1,937,768	11,555
Healthcare and Social Assistance	126,847	2,046	1,896,596	31,121

Source: United States Department of Labor

*Female and Male claimants do not add up to Total Claimants as gender information was not available for all claimants

**OLO acknowledges that there may be some fraudulent claims but did not investigate the number of these claims.

From the beginning of the pandemic to now, job loss and labor force participation data also show disproportionate impacts on women.⁷ Recovery has been slower for women, which can be illustrated by looking at net job loss and labor force participation. In December 2020, the U.S. lost 140,000 net jobs, with women losing 156,000 jobs and men gaining 16,000.⁸ Women have been leaving the labor force, meaning they are not employed or actively seeking employment, at a much higher rate than men. Some key statistics on women leaving the workforce include:

- Between January and December 2020, nearly 2.1 million women left the labor force and of that, 564,000 were Black women and 317,000 were Latina women.⁹
- In April 2020, the labor force participation rate for women (20 years and older) was 56.3% compared to 58.6% in April 2019.¹⁰
- In April 2021, a net 165,000 women (aged 20 and over) withdrew from the labor force while 355,000 men joined the labor force.¹¹
- As of April 2021, the total Latina workforce is down 5% since the pandemic began, which is the largest shortfall of any major race or gender group tracked by the Department of Labor.¹²

Below is a table showing the change in the national labor force participation rate for women by month. As of May 2021, the labor force participation rate for women still has not recovered to February 2020 levels, where it was at its peak at 57.8% before the COVID-19 recession began.¹³

⁷ <https://nwlc.org/wp-content/uploads/2021/01/December-Jobs-Day.pdf>

⁸ Ibid.

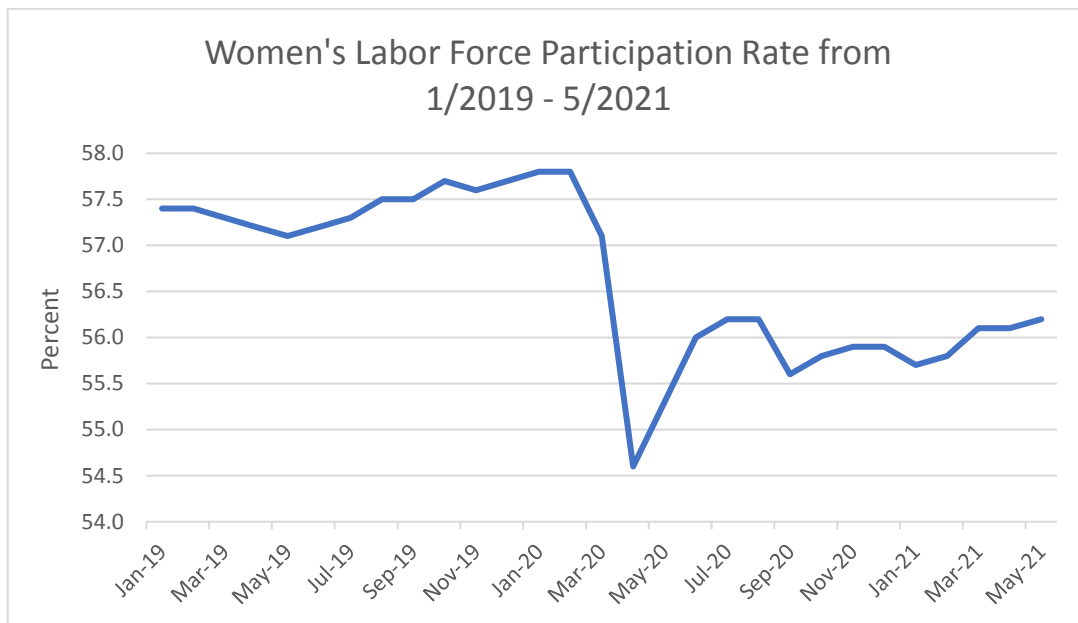
⁹ <https://nwlc.org/wp-content/uploads/2021/01/December-Jobs-Day.pdf>

¹⁰ <https://www.bls.gov/opub/ted/2020/labor-force-participation-rate-down-employment-population-ratio-little-changed-in-september.htm>

¹¹ <https://fortune.com/2021/05/07/wome-leave-us-labor-force-april-jobs-numbers-covid-recovery-department-of-labor-force/>

¹² Ibid.

¹³ <https://www.bls.gov/>



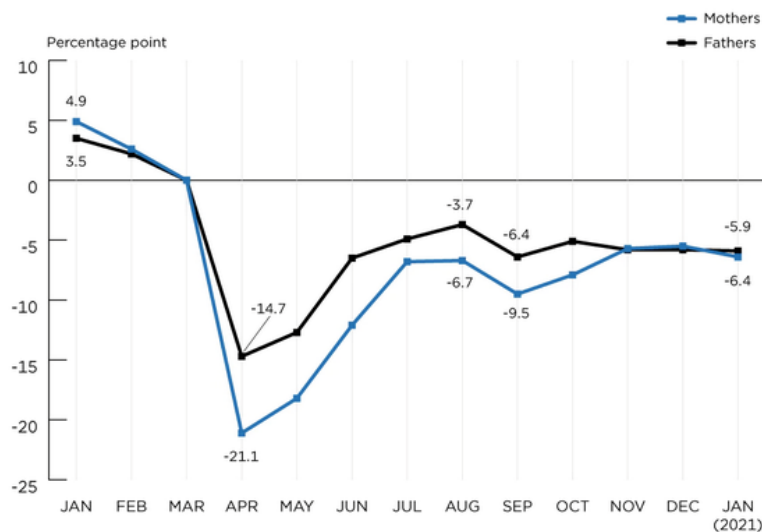
Source: U.S. Bureau of Labor Statistics

Burden of Childcare. Mothers, whether single or with a partner, have experienced a steep decline in employment during the pandemic relative to fathers. Mothers of small children (12 years or younger) lost 2.2 million jobs compared to 870,000 jobs lost among fathers in the period between February – August 2020.¹⁴ This trend has continued into 2021, as 10 million or 1/3 of all mothers with school-aged children were not actively working in January, about a 1.4 million increase compared to January 2020. The figure below shows fluctuations by month in active work status of parents with school-age children before and during the pandemic.¹⁵

¹⁴ Ibid.

¹⁵ <https://www.census.gov/library/stories/2021/03/moms-work-and-the-pandemic.html>

Figure 3.
Difference in Active Work Status of Parents Living With Own School-Age Children Before and During the Pandemic by Month (Adjusted to March)



Note: Actively working excludes parents who have a job but are on leave.
Source: Current Population Survey conducted jointly by the Census Bureau and the Bureau of Labor Statistics. Distributed by Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles and J. Robert Warren. Integrated Public Use Microdata Series, Current Population Survey: Version 8.0 [dataset]. Minneapolis, MN: IPUMS, 2020.

Source: United States Census Bureau¹⁶

Data further show that more women have either reduced hours or quit their jobs to care for children compared to men. Numerous studies show that mothers' employment is more sensitive than fathers' to school and childcare provider closures, with findings including:

- Mothers of small children lost four to five times more work hours than fathers due to the pandemic.¹⁷
- More than two-thirds of mothers said that school and childcare changes had a "moderate or severe impact on daily life" and that one quarter of mothers were afraid of losing work due to a lack of childcare.¹⁸
- Labor force participation for women with children decreased by 1.5% more than it did for women without children.¹⁹

One reason mothers' employment has experienced larger impacts than fathers' employment is that women are heavily concentrated in essential workforces that require face to face interaction. This has made it difficult for women to continue working with an increased childcare burden. Women hold about 78% of all hospital jobs, 70% of pharmacy jobs, and 51% of grocery store roles.²⁰ Many women in these essential front-facing jobs have

¹⁶ <https://www.bls.gov/opub/ted/2020/labor-force-participation-rate-down-employment-population-ratio-little-changed-in-september.htm>

¹⁷ https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/8/2623/files/2021/03/Fazz_Needler-Unemp-Ineq.pdf

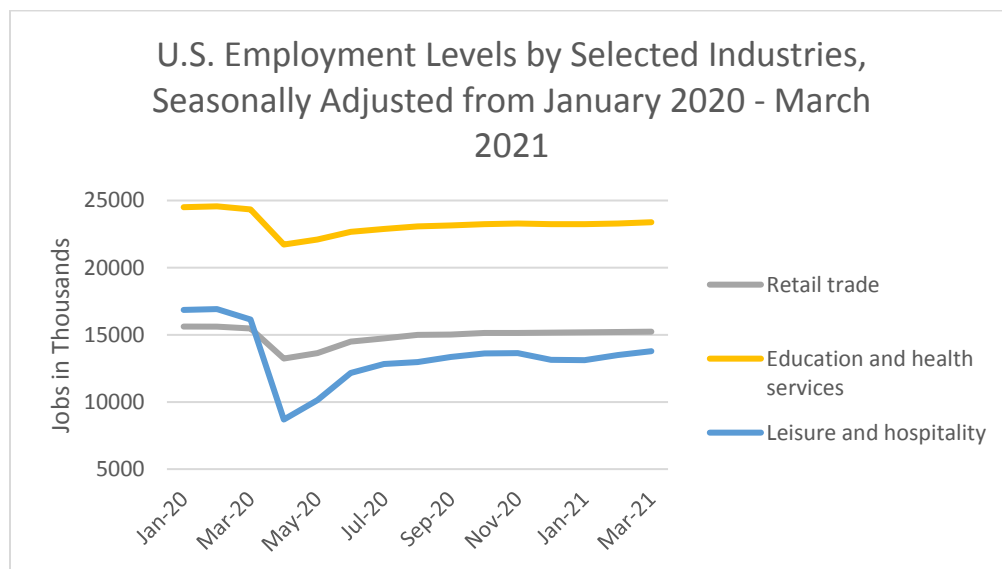
¹⁸ <https://wysac.uwyo.edu/wysac/longform/covid-19-in-wyoming/>

¹⁹ <https://www.nytimes.com/2020/10/29/upshot/mothers-leaving-jobs-pandemic.html>

²⁰ https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

reported difficulties in finding reliable childcare. Many of these occupations lack flexibility, forcing women to exit the workforce when they struggled to balance work and caregiving responsibilities.²¹

Most Impacted Industries. Industries requiring face-to-face interactions, such as hospitality, retail, restaurants, and tourism, were more heavily impacted by the COVID recession. In 2019, almost 74% of women worked in these social sectors in the US, compared to 48% of men.²² The chart below shows a snapshot of employment levels in three sectors that both heavily employ women and were significantly impacted by the COVID recession.



Source: U.S. Bureau of Labor Statistics

Industries significantly impacted by COVID, where women experienced an outsized job loss due to COVID, are summarized in the chart below.²³ As the data show, women lost a disproportionate percentage of jobs in each industry. Early childhood education (ECE) and childcare, another significantly impacted industry, is discussed later in this chapter as pandemic-related closures had a disproportionate impact on women, especially minority women.

Industry	% Of Women Employed in Sector Prior to Pandemic	Share of March 2020 Job Losses by Women
Leisure and Hospitality	53.3%	56.9%
Retail	49.5%	76.6%
Education and Health Services	77.4%	113.2% ²⁴

Source: U.S. Bureau of Labor Statistics

²¹ <https://www.reuters.com/article/us-health-coronavirus-women-jobs/pushed-out-by-pandemic-women-struggle-to-regain-footing-in-u-s-job-market-idUSKBN2AW19Y>

²² <https://voxeu.org/article/covid-19-backward-step-gender-equality>

²³ BLS

²⁴ Men gained back 13.2% of jobs in the industry in March 2020, accounting for the share of job losses for women totaling over 100%

Highlight on Dental Care

Dental care is part of the Education and Health Services industry, has been especially affected by COVID, and as of 2019, 95.3% of practicing dental hygienists in the U.S. are women.²⁵ At the beginning of the pandemic, most dental practices were either completely closed or only seeing emergency patients. As of 2021, a large share of dental practices are still not fully open according to a survey conducted by the Health Policy Institute - 58.1% of practices are back to business as usual, with the rest open but seeing a lower volume of patients.²⁶ Some specifics include:

- In 2019, 208,000 dental hygienists were employed compared to 190,000 in 2020, a 9% decrease.
- In the week of April 20, 2020, 12.7% of practices were fully paying their staff, while 41.9% were partially paying staff, and 45.4% were not paying any staff.
- Employment differed by race as well. For Black hygienists, the % employed changed from 5.1% in 2019 to 2.1% in 2020.
 - For Latino hygienists, the % employed changed from 11.3% in 2019 to 10.5% in 2020.
 - The percent employed from 2019 to 2020 slightly increased for White women (88.2% to 88.9%) and Asian women (5% to 7.7%).

Other Factors Contributing to Inequities in the Workforce for Women. Besides the two key drivers of the disproportionate impact of COVID on women's employment discussed above, there are other factors related to COVID that have had an outsized negative impact on women in the workforce.

- **Caregiver Bias.** Discrimination against women in the workplace is nothing new, but with COVID blurring the lines between work and home, it has been difficult for some women to be seen as effective workers by their employers. Caregiver bias is the assumption that because women are the primary caregivers of children or family members, they will not be able to effectively work without being distracted by caregiving responsibilities.²⁷ Employment law attorneys and academics predict that there will be an increase in the number of claims of sex discrimination in hiring, firing, pay, and promotions due to increased caregiving responsibilities put on women during the pandemic.²⁸
- **Single Motherhood.** In the United States, there are nearly 13.6 million single parents in the United States, who are raising 22.4 million children. 80% of these single parents are women.²⁹ Single mothers have lost their jobs at a far higher rate compared to other single parents and families with two parents. From April 2019 to April 2020, there was a 22% decrease in the number of single mothers employed compared to a 9% decrease for other parents.³⁰ The two main drivers of inequity discussed earlier – burden of childcare and impacted industries – affect single parents more significantly, as they are more likely to be low-wage earners or in the service industry.³¹ For single mothers who are teleworking and

²⁵ <https://www.census.gov/programs-surveys/acs/microdata.html>

²⁶ <https://www.ada.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact>

²⁷ https://scholar.harvard.edu/files/shaunashames/files/caregiver_discrimination_report.pdf

²⁸ <https://news.bloomberglaw.com/daily-labor-report/motherhood-penalty-may-fuel-workplace-lawsuits-in-pandemic>

²⁹ <https://www.npr.org/2020/10/26/925898367/incredibly-scary-single-moms-fear-falling-through-holes-in-pandemic-safety-net>

³⁰ <https://www.pewresearch.org/fact-tank/2020/11/24/in-the-pandemic-the-share-of-unpartnered-moms-at-work-fell-more-sharply-than-among-other-parents/>

³¹ <https://nonprofitquarterly.org/single-moms-hit-hard-by-economic-impact-of-covid-19/>

caring for children/helping with schoolwork during the day, many have reported difficulties in balancing responsibilities and have reported working “off” hours to keep up with their work and life demands.³²

- **Inequity in Telework and Household Duties.** About 38% of U.S. workers report that their responsibilities can be done from home, with women being more likely to work from home compared to men, both pre and post COVID.³³ While it is a privilege to be able to work from home, many women who are working from home are reporting increases in time spent on childcare and unpaid domestic labor. Conversely, research has shown that fathers working from home spend significantly less time performing housework (including childcare) compared to mothers. In a survey conducted by Pew Research Center, mothers working full time reported spending 50% more time each day caring for children compared to fathers working full time surveyed.³⁴

2. Workplace Impact on Women of Color and Immigrant Populations

Women of Color (WOC) and immigrant populations have experienced inequity in employment for decades prior to the pandemic. They continue to experience these inequities, which are now magnified by the pandemic. Women of Color and immigrant women have not only experienced more severe job loss compared to White women but have also experienced more COVID-related deaths. Some of the major inequities and issues facing these women are discussed in detail below.

Wage Inequity. Prior to the pandemic, WOC were consistently earning less than White women and Men of Color (MOC). Below is a table detailing data on the wage gap from the U.S. Census Bureau as earnings for every \$1 earned by White men. It should be noted that U.S. Census Bureau data for women’s median earnings groups together all women identifying under a broad race identifier and may not accurately reflect the wage gap for subgroups within each race group. For example, some Asian subgroups earn much less than \$0.90, like Filipino women earning \$0.83, Tongan women earning \$0.75, and Nepali women earning \$0.50.³⁵ Women of Color experience gender, racial, and ethnic bias and these biases can have compounding negative effects on their earnings and other aspects of their lives.

Further, WOC are overrepresented in the number of women working low wage jobs. According to 2018 American Community Survey data, 28 million, or 46% of, working women worked in jobs paying low wages with median earnings of only \$10.93 an hour.³⁶ 54% of Black and 64% of Hispanic/Latina women working in low wage jobs, compared to 40% of White women. Only 37% of working men earn low hourly wages.³⁷

³² <https://www.reuters.com/article/us-health-coronavirus-women-jobs/pushed-out-by-pandemic-women-struggle-to-regain-footing-in-u-s-job-market-idUSKBN2AW19Y>

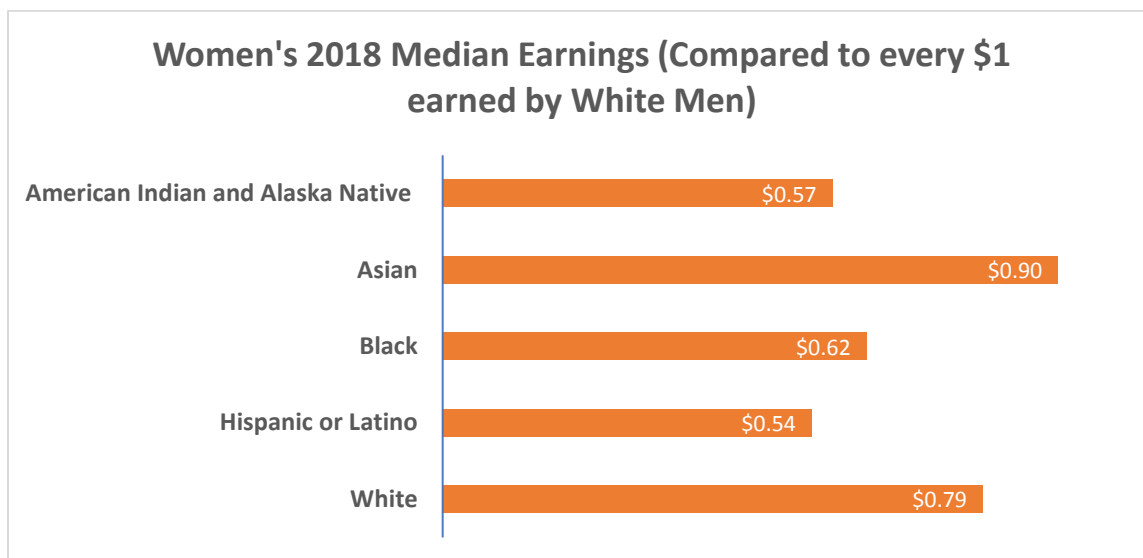
³³ <https://www.census.gov/programs-surveys/acs>

³⁴ Henderson, T. (2020). *Mothers Are 3 Times More Likely Than Fathers to Have Lost Jobs in Pandemic* | The Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/09/28/mothers-are-3-times-more-likely-than-fathers-to-have-lost-jobs-in-pandemic>

³⁵ <https://nwlc.org/resources/equal-pay-for-asian-pacific-islander-women/> and Bateman, N., & Ross, M. (2020). *Why has COVID-19 been especially harmful for working women?* <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women>

³⁶ Low wage jobs referring to the top 40 lowest paid jobs from the 2018 National Occupational Employment and Wage Statistics. Average hourly wages for these jobs range from \$9.68 to \$11.82 with \$10.93 being the median hourly wage.

³⁷ <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women>



Source: U.S. Census Bureau

Job Losses. Black women, Latina women, and immigrants were hit especially hard by job losses, as they primarily work in the industries that were most effected by closures.³⁶ A report from the Pew Research Center showed that about 61% of Latino Americans and 44% of Black Americans reported they or someone in their household had experienced a job or wage loss due to the pandemic, as compared to 38% of White Americans.³⁵ In December 2020, this trend continued as women lost 156,000 jobs, with Black and Latina women making up the majority of the losses.

Further, more WOC are leaving the workforce compared to White women. As mentioned above, in September 2020, 1.1 million people left the workforce, 865,000 of which were women. Of those women, almost half were Black or Latina.³⁸

Unemployment. Women of Color have faced the highest unemployment rates during the pandemic. Below is a chart showing the change in women's unemployment rates in quarters, by race.³⁹

Women's Seasonally Adjusted Unemployment Rates from 2020-2021 (By Quarter)

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
All Women (20 years and over)	3.5%	13.5%	8.8%	6.3%	5.9%
White	3.0%	12.8%	7.9%	5.6%	5.1%
Black or African American	5.2%	15.7%	12.0%	8.9%	8.7%
Asian*	3.2%	14.4%	10.5%	6.7%	5.9%
Hispanic or Latino	5.1%	18.1%	11.8%	8.8%	8.2%

Source: U.S. Bureau of Labor Statistics

*This is the unemployment rate for all Asians, as unemployment rate by gender was not available

³⁸ <https://gender.stanford.edu/news-publications/gender-news/covid-has-worsened-gender-disparities-especially-women-color-heres>

³⁹ https://www.bls.gov/web/empsit/cpsee_e02.htm

Telework Inequities. While overall, women have been more likely to telework during the pandemic than men, this finding is not consistent across racial groups. The chart below shows responses to a Bureau of Labor Statistics survey investigating telework trends during the pandemic. Compared with White women, WOC are less likely to hold jobs that can be performed remotely.^{40 4142}

Percent of Employed Persons Who Teleworked at Some Point in the Last 4 Weeks Due to the Pandemic

	Sex		Race/Ethnicity			
	Women	Men	Asian	White	Black or African American	Hispanic or Latino
May 2020	40.9%	30.8%	51.9%	35.9%	29.3%	23%
Jun 2020	36%	27.2%	48.5%	30.8%	25.7%	21.1%
Jul 2020	29.3%	23.9%	43.8%	25.7%	22.7%	17.3%
Aug 2020	27.1%	21.9%	42.7%	23.4%	20.9%	15.9%
Sep 2020	25.8%	19.9%	39.5%	21.9%	19.6%	14.3%
Oct 2020	24%	18.8%	35.1%	20.7%	17.8%	12.7%
Nov 2020	24.5%	19.3%	34.6%	21.5%	17.9%	13.1%
Dec 2020	26.6%	21.2%	39.3%	23.2%	19.3%	14.3%
Jan 2021	26%	20.8%	36.9%	22.8%	18.8%	13.8%
Feb 2021	25.1%	20.5%	37.8%	21.9%	19.5%	13.4%

Source: U.S. Bureau of Labor Statistics⁴³

WOC and Immigrant Dominated Industries. Women of Color and immigrant women are overrepresented in frontline occupations, many of which rely on underpaid/undervalued workers and lack benefits such as paid sick leave.⁴⁴ As discussed earlier, these industries were hit especially hard by the pandemic. The chart below details the demographics of workers in frontline industries that have women as holding at least half of all jobs and have been significantly impacted by the pandemic.⁴⁵

Population	Share of All Workers	All Frontline Industries	Grocery, Convenience, & Drug Stores	Building Cleaning Services	Health Care	Child Care and Social Services
Female	47.4%	64.4%	50.5%	53.2%	76.8%	85.2%
Non-White	36.5%	41.2%	40.55%	56.6%	38.9%	44.2%
Foreign Born	17.1%	17.3%	15.7%	38.2%	16,2%	17%
< 200% Poverty Line	20.6%	23%	30.1%	42.4%	17.8%	30%

Source: Center for Economic and Policy Research

⁴⁰ Please see the OLO Report on Telework Inequities for more details

⁴¹ <https://www.montgomerycountymd.gov/OLO/Resources/Files/2020%20Reports/COVID-19Recovery-DisparitiesTeleworkRaceEthnicity.pdf>

⁴² <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/>

⁴³ <https://www.bls.gov/opub/ted/2021/workers-ages-25-to-54-more-likely-to-telework-due-to-covid-19-in-february-2021.htm>

⁴⁴ <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>

⁴⁵ <https://cepr.net/wp-content/uploads/2020/04/2020-04-Frontline-Workers.pdf>

Exclusion from Federal Labor and Employment Protections. Care and domestic workers, such as home care aides, are excluded from federal labor and employment protections such as the Fair Labor Standards Act's guarantee of minimum wage and overtime pay. These occupations are dominated by WOC and immigrant women and offer very low wages, contributing to the wage gap between White women and WOC. Undocumented immigrants are especially at risk, as they are not protected by federal or state labor laws and cannot access many safety net programs like unemployment and the Supplemental Nutrition Assistance Program (SNAP).

COVID Deaths. Research shows that men are dying at almost twice the rate that women are and that Men of Color are dying at an even higher rate compared to White men.⁴⁶ This has led to communities of color being more likely to experience a COVID-related death of a close family member, compared to White communities. As a result, many women in these communities have suddenly become the sole providers for their families that must balance work and childcare while trying to keep the household afloat. This has led to increased reports of mental health issues, as many women are not able to find the time to grieve properly on top of their increased responsibilities.⁴⁷

High School-Aged Women of Color

National research shows that students of color and students in low-income communities have fallen further behind their peers during the transition to online school.⁴⁸ Montgomery County Public Schools reported that more than 36% of ninth-graders from low-income families failed English in 2020, compared to a less than 6% failure rate for the same students in 8th grade English in 2019.⁴⁹ A study by McKinsey & Co estimates that the shift to remote school that occurred in Spring 2020 set White students back by about 1-3 months in math while students of color lost 3-5 months.⁵⁰ Trends show that the longer school stays remote, the larger the gap could become. Some of the reasons for this gap include:

- Black and Hispanic students are twice as likely as White students to have no live access to teachers (live meaning in person, by phone, or by video).⁵¹
- For households where the parents are English-language learners, it is difficult for them to directly support their child's learning. As mentioned by stakeholders, the burden of supervising younger children's online learning has been mostly carried by the young women in the family.⁵²
- Low-income families have been more likely to experience food or housing insecurity during the pandemic, which creates a difficult learning environment for school-aged children.⁵³

⁴⁶ See appendix for chart on demographics on COVID deaths

⁴⁷ <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

⁴⁸ <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help>

⁴⁹ https://www.washingtonpost.com/local/education/montgomery-county-failing-grades/2020/12/03/913affd0-34fb-11eb-8d38-6aea1adb3839_story.html

⁵⁰ <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help>

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

3. Long-Term Impacts of COVID on the Workforce

The pandemic may have significant long-term impacts on gender equity in the workforce. This section summarizes some of the possible positive and negative long-term impacts of COVID-19 on women in the workforce.

- **Worsening Existing Equities in the Workforce.** Generally, long periods of unemployment can make it difficult for an individual to obtain a new job and can have significant impacts on lifetime earnings. Unemployment is also associated with reduced savings for retirement, reduced life spans, and worse mental and physical health outcomes.⁵⁴ The recession caused by the pandemic threatens to exacerbate pre-existing gender inequities. Women, and especially WOC, may struggle to bounce back financially after the pandemic.⁵⁵
- **Less Women in Higher Paying Jobs.** Research has shown that working adults who leave the workforce, voluntarily or involuntarily, during a recession tend to have persistently lower earnings than their peers who kept their jobs for the remainder of their careers. Since more women have either left the workforce or cut their hours during the pandemic than men, researchers are concerned that gender inequity in the workforce will increase.
- **Impact on New Labor Market Entrants.** Young individuals entering the labor market for the first time during a recession may be especially impacted. Past research indicates that these individuals can suffer losses in earnings that last 10-15 years, depending on the severity of the recession. An estimated six million individuals either graduated high school, obtained a college degree, or dropped out of college and entered the labor force in 2020. There are also about 13 million individuals between the ages of 16-24 already in the labor force, who are also significantly at risk for sustained decreased earnings.⁵⁶ Young women are especially at risk as COVID-19 job losses were targeted in the service sector, where workers tend to be younger, lower-educated, and more likely to be female.⁵⁷
- **Increase in Flexibility.** A positive outcome from the pandemic is that employers have been adopting work-from-home and more flexible work arrangements on a wide scale. While data prior to the pandemic showed that more men (29%) than women (22%) hold telecommutable positions⁵⁸, women have been more likely to telework during the pandemic.⁵⁹ The continuation of a flexible work schedule will benefit women who can work from home and make it easier to balance childcare and work responsibilities. Further, some researchers predict that if more fathers can work from home, they may become primary childcare providers, while mothers can retain their jobs that require in person work (an estimated 9-12% of all couples).⁶⁰

⁵⁴ <https://iwpr.org/media/in-the-lead/covid-19-related-long-term-unemployment-could-lead-to-long-term-scarring-especially-for-women-of-color/>

⁵⁵ <https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects>

⁵⁶ <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1475-5890.12247>

⁵⁷ <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1475-5890.12247>

⁵⁸ <https://voxeu.org/article/impact-coronavirus-pandemic-gender-equality>

⁵⁹ <https://www.bls.gov/opub/ted/2021/workers-ages-25-to-54-more-likely-to-telework-due-to-covid-19-in-february-2021.htm>

⁶⁰ <https://voxeu.org/article/impact-coronavirus-pandemic-gender-equality>

- **Change in Social Norms** Some workplaces have been increasing support for mental health and creating strategies to promote wellness. While a lot of this increased support comes from employees demanding more support in the workplace, employers are also seeing benefits of investment in mental wellness, such as increased job satisfaction and efficiency.⁶¹ The increase in employers adding mental health supports could help drive larger social norm changes in acknowledging and treating mental illnesses.⁶²

B. Impact of COVID on Childcare

While not every woman is a mother, access to childcare is inextricably linked to women's equality, in and out of the workplace. One of the largest barriers to women in the workplace has been a lack of access to childcare, and the pandemic has only exacerbated this challenge. A survey conducted by Kaiser Family Foundation found that mothers were more likely than fathers to miss work due to school and childcare closures - 30% of women with school aged children surveyed reported that they had to take time off work compared to only 20% of men with school aged children surveyed.⁶³ Further, the childcare workforce is primarily women and predominantly WOC. Most workers are underpaid, usually making minimum wage or a little above it.

OLO spoke to stakeholders and conducted research on early childhood education (ECE) and childcare. ECE refers to programs that provide care from birth to five and make education the primary focus.⁶⁴ Childcare is a more general term that encompasses licensed childcare programs serving all ages, including ECE programs. As this section provides a high-level overview of issues in childcare systems (which includes ECE) that existed both prior and during the pandemic, OLO will use childcare as an umbrella term going forward.

1. Overview of State and County Childcare Systems Prior to Pandemic

In Maryland, 78.9% of children younger than 12 years old had a mother who worked outside the home in 2019, indicating a huge need for accessible and affordable childcare. One 2019 study estimated that there are about 844,000 children that need childcare yet only 213,960 licensed childcare slots were available in the State. Another concern is affordability of childcare in the State. In 2018, the annual tuition for childcare in the State was higher than annual tuition for Maryland public colleges (shown in the table below).

Average Annual Cost of Childcare Tuition in Maryland (2018)

Infant	Toddler	4-Year-Olds	Public College Tuition
\$15,403	\$12,067	\$10,484	\$9,900

Source: "We Need to Save Childcare Before It's Too Late", Joint Economic Committee Report⁶⁵

This is especially problematic as low-income families already struggle to access licensed childcare. Despite federal programs that fund licensed childcare for low-income families, such as the federal childcare subsidy

⁶¹ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/mental-health-in-the-workplace-the-coming-revolution>

⁶² <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/mental-health-in-the-workplace-the-coming-revolution>

⁶³ <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/>

⁶⁴ <https://www.nonprofitmoco.org/wp-content/uploads/2021/01/MMF-Recommendations-for-a-Public-Private-ECE-Coordinating-Entity-1-11-21.pdf>

⁶⁵ https://www.jec.senate.gov/public/?_cache/files/4fefb596-1095-4c9b-8239-6a6c71563948/child-care-final-9.23.2020.pdf

program, Head Start, and publicly provided Pre-K, the demand for these programs outweighs the supply. Only about 1 in 10 children that are eligible for subsidized childcare receive it.⁶⁶ During interviews with OLO, stakeholders described numerous reasons why families who qualify for subsidized childcare in Maryland do not receive it – the application process is lengthy and confusing, domestic violence survivors do not want to file for child support (a requirement of receiving aid), or single parents may have an informal child support arrangement with their separated partner and are reluctant to involve the State as it could strain relationships.⁶⁷

Childcare Center Cost Drivers. Research shows that the main drivers of high childcare costs are high labor costs, strict staff-to-child ratio requirements and real estate costs.⁶⁸

- Even though childcare workers are paid low wages, childcare providers are mandated by the State to keep extremely low employee-to-child ratios. In Maryland, staff/child ratios range from 1:3 to 1:15 depending on the age of the child⁶⁹ and there are restrictions on the maximum group size allowed (range of 6-30).⁷⁰
- For center-based childcare, real estate costs are a significant cost. In Montgomery County, the average center based childcare provider pays an average yearly rent of \$25,344 per classroom. This does not account for utilities, building insurance, and maintenance and cleaning costs.⁷¹

In 2019, childcare workers in Maryland earned a median hourly wage of \$11.65, or \$24,000 annually. Due to these low wages, childcare providers experience high turnover rates and face difficulties attracting new talent. Local stakeholders asserted that MCPS is the biggest competitor for many childcare providers, as they offer higher wages and better benefits.⁷² Below is a table showing the annual wages for a variety of childcare occupations in the County and State.

Occupation	Average Annual Wage (2019-2020)
Public School Teacher (Montgomery County)	\$84,475
Public School Teacher (MD)	\$73,444
Nonpublic School Teacher (MD)	\$58,602
Family Child Care Provider (MD)	\$40,375
Child Care Center Director (MD)	\$41,168
Center Senior Staff/Teacher (MD)	\$26,054
Center Aide (MD)	\$18,183

Source: Maryland Family Network⁷³

⁶⁶ Ibid.

⁶⁷ Stakeholder interviews

⁶⁸ <https://www.jec.senate.gov/public/cache/files/4fefb596-1095-4c9b-8239-6a6c71563948/child-care-final-9.23.2020.pdf>

⁶⁹ COMAR 13A.16.08 Child Supervision

⁷⁰ https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/staff-child_ratio_chart_-_child_care_centers.pdf, detailed table of ratios in Appendix

⁷¹ <https://montgomerycountymd.gov/HHS-Program/Resources/Files/Cost%20of%20Quality%20Child%20Care%20Report%202018.pdf>

⁷² Stakeholder Feedback

⁷³ <https://www.marylandfamilynetwork.org/sites/default/files/2021-01/Montgomery.pdf>

2. Impacts of COVID on Childcare

In response to the COVID-19 pandemic, most states ordered or recommended that licensed childcare providers temporarily stop serving children except those of workers deemed essential in March of 2020. In Maryland, the State Superintendent of Schools ordered all licensed childcare facilities to close on March 27 and invited providers to apply to reopen to serve essential workers. Maryland providers were permitted to reopen for all families on June 11 with new health and safety regulations. A Maryland Family Network survey conducted in the first few months of the pandemic reported the following findings:

- 67% of childcare providers that responded reported a loss in revenue due to the pandemic, with the majority of respondents reporting losing \$1,000-\$5,000 per week of closure.
- 60% of childcare providers said that they needed financial support to keep their business open.
- 72% said that government grants to help with costs would make a large difference.⁷⁴

While many programs have been able to continue operating, they have experienced a decrease in enrollment coupled with increasing costs. Many childcare providers were already operating on razor thin margins. When childcare providers reopened, operating costs increased due to COVID-related regulations – distancing requirements (fewer slots available), along with PPE and cleaning supplies. Many childcare providers had fewer clients, resulting in reduced revenues as tuition is typically the only revenue source.

There have also been significant staffing challenges for many childcare providers. In general, the childcare industry has an aging workforce and is becoming increasingly more difficult to recruit younger employees. Many older employees decided to either retire early or reduce their hours greatly because of concern of exposure to COVID, and not able to balance unpaid caregiving and paid caregiving or making more from retirement than they would with reduced hours at work.⁷⁵

Closure of Facilities and Reduced Enrollment. The pandemic threatens to close a significant number of childcare facilities permanently. Of centers that have remained open, 81% have decreased enrollment significantly, according to a survey conducted in December 2020 by the National Association for the Education of Young Children.⁷⁶ Nationally, 166,900 fewer people were employed in the childcare industry in December 2020 than December 2019.⁷⁷ The chart below shows the changes of employment in the industry from January 2019 to May 2021.

All Employees in the US in Childcare Services (in Thousands)

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	999.4	1,003.3	1,007.0	1,010.7	1,015.5	1,020.1	1,028.3	1,028.6	1,030.6	1,033.6	1,037.7	1,040.4
2020	1,043.0	1,046.5	1,012.9	673.2	704.5	789.8	828.4	845.6	863.8	871.0	870.1	873.5
2021	866.6	879.8	882.3	893.6*	911.9*	-	-	-	-	-	-	-

Source: BLS Current Employment Statistics

*Preliminary data

⁷⁴ <https://www.marylandfamilynetwork.org/sites/default/files/2020-09/2020%20MFN%20Caring%20During%20Covid%20%28bg%29%201.3%20Pages%5B1%5D.pdf>

*survey was sent to all licensed childcare providers in the State and it had a 44% response rate

⁷⁵ Stakeholder Feedback

⁷⁶ https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/naeyc_policy_crisis_coronavirus_december_survey_data.pdf

⁷⁷ <https://www.bls.gov/ces/data/>

The Maryland State Department of Education (MSDE) estimated at the end of September 2020, that 79% of childcare programs operating prior to the pandemic are now open.⁷⁸ Even though Maryland childcare providers have been allowed to serve any family since June 11, many childcare providers report that as of early 2021, they are not at full capacity.⁷⁹ Research and stakeholders report numerous reasons for this continued reduced capacity:

- **Exposure to COVID.** There is continued concern of exposure to COVID as children, so many families are not sending children back to childcare providers.⁸⁰
- **Women Leaving the Workforce.** Women have quit their jobs due to the increased childcare burden and with less women in the workforce, there will be less of a demand for childcare.⁸¹
- **Increase in Informal Childcare.** Many parents are using family, friends, or neighbors for childcare due to the flexibility and availability of these arrangements.⁸² This is especially concerning for stakeholders because Informal childcare does not have a mandated curriculum for early education, which could lead to children in these arrangements falling behind their peers, even before starting grade school.

Childcare Impacts on Women in the Workforce. In a 2019 survey, one of the most cited reasons for difficulty in finding childcare was the cost of care.⁸³ For some families, it costs less money for a parent, generally the mother, to quit their job and assume all childcare duties, rather than pay for licensed childcare. The trend of women quitting their jobs due to a lack of access of childcare was exacerbated by the pandemic. One survey reported that 3 in 10 women quit their job during the pandemic because their child's school or childcare provider was closed.⁸⁴

According to a survey conducted by Kaiser Family Foundation, 47% of women used unpaid sick leave because their children's school or childcare provider was closed due to COVID. For comparison, only 35% of women reported using unpaid sick leave due to becoming ill with COVID or quarantining after an exposure.⁸⁵ Working mothers have had to forgo pay in order to care for children during the pandemic, as the burden of childcare in the family falls heavily on the mother.

Further, some employers have offered greater flexibility and telework options to working mothers, which has decreased the need for childcare services. However, it should be acknowledged that not all mothers have had access to this option, and many low-income mothers work in jobs that do not allow remote work.⁸⁶

⁷⁸ <https://www.marylandfamilynetwork.org/sites/default/files/2020-10/Public%20Policy%20Handbook%202020-21.pdf>

⁷⁹ <https://www.marylandfamilynetwork.org/sites/default/files/2021-02/2021%20MFN%20Caring%20During%20Covid%20%28bg%29%201.5%20Pages%20%281%29.pdf>

*It should be noted that by full capacity, that refers to the lowered capacity required by COVID restrictions.

⁸⁰ Stakeholder Feedback

⁸¹ <https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-counteracting-the-regressive-effects>

⁸² https://www.uschamberfoundation.org/sites/default/files/EarlyEd_Minis_Report6_121420_Final.pdf

⁸³ <https://www.jec.senate.gov/public/cache/files/4fefb596-1095-4c9b-8239-6a6c71563948/child-care-final-9.23.2020.pdf>

⁸⁴ [Kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey](https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey)

⁸⁵ <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/>

⁸⁶ https://www.uschamberfoundation.org/sites/default/files/EarlyEd_Minis_Report6_121420_Final.pdf

C. Impact of COVID on Economic Insecurity – Food, Housing, and Transportation

The impacts of the pandemic and the economic fallout have been widespread, particularly in communities of color and immigrant communities. While economic insecurity, including food insecurity, housing insecurity, and access to transportation, were not part of this project's scope, the impact on these sectors is fundamentally linked with employment, childcare, and health issues for women. This section, not as detailed as other sections of this report, provides a very high-level summary of the impact of COVID on these sectors for context.

Ability to Pay Bills Beginning of Pandemic. At the beginning of the pandemic, many families nationwide were concerned about their ability to pay their bills. An April 2020 Pew Research Center survey found that lower-income adults were hardest hit by the economic fallout from the pandemic and less prepared to withstand a financial shock - about half of lower-income Americans reported a household job or wage loss due to the pandemic and only about 23% of these lower-income Americans reported they had emergency funds that could last three months.⁸⁷

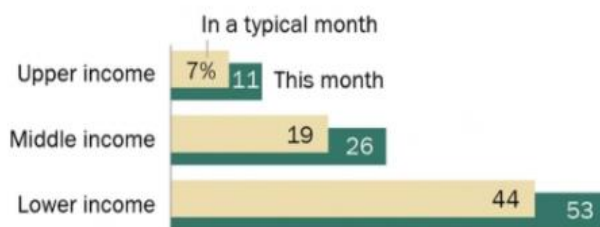
Economic fallout from COVID-19 is hitting lower-income adults harder

% saying ...

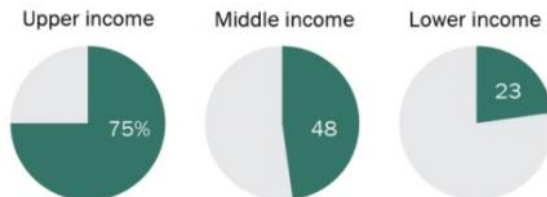
They or someone in their household has lost a job or taken a pay cut due to the coronavirus outbreak



They cannot pay all of their bills in full ...



They have rainy day funds that would cover their expenses for three months in case of emergency



Note: Family income tiers are based on adjusted 2018 earnings.

Source: Survey of U.S. adults conducted April 7-12, 2020.

About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19

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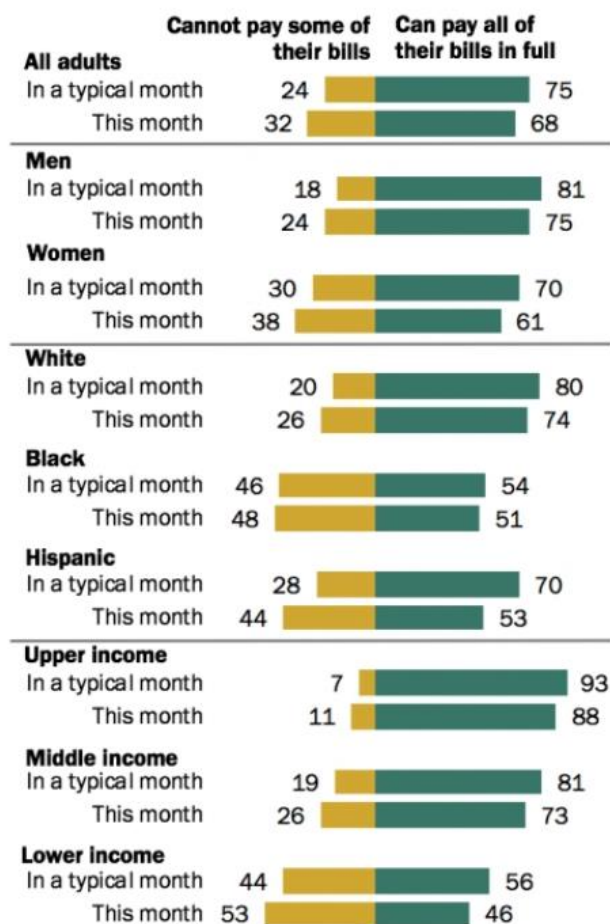
Source: Pew Research Survey of U.S. Adults Conducted April 7-12, 2020

⁸⁷ <https://www.pewresearch.org/social-trends/2020/04/21/about-half-of-lower-income-americans-report-household-job-or-wage-loss-due-to-covid-19/>

In a typical month, about 24% of Americans report that they cannot pay some of their bills in full. In April 2020, this increased to 32%. Women were more likely than men to say they cannot pay some bills – either in a typical month or this month in particular. There are also differences across racial and ethnic groups, with Black and Hispanic adults more likely to say they cannot pay some bills in April 2020.

About a third of Americans say they won't be able to pay some of their bills this month

% saying they ...



Note: Share of respondents who didn't offer an answer not shown. Shares who say they cannot pay some bills includes those who say they can only make partial payment on some of them. Whites and blacks include those who report being only one race and are non-Hispanic. Hispanics are of any race. Family income tiers are based on adjusted 2018 earnings.

Source: Survey of U.S. adults conducted April 7-12, 2020.

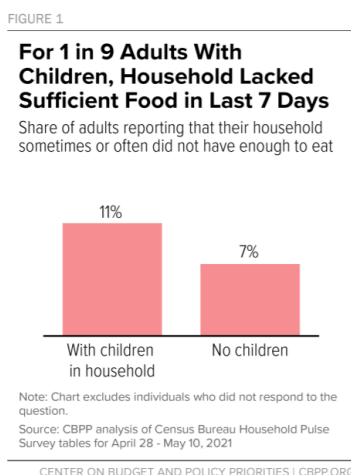
"About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19"

PEW RESEARCH CENTER

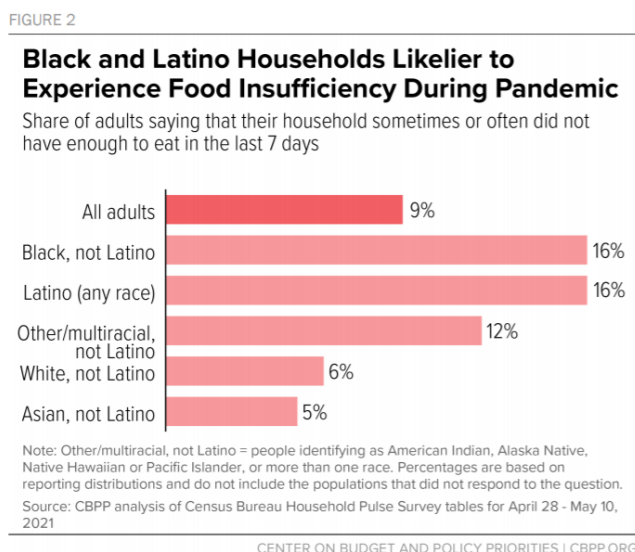
1. Food Insecurity

During the pandemic, millions of households have reported that they did not have enough to eat. According to data from the Household Pulse Survey collected from April 28-May 10, 2021, approximately 18 million adults – 9% of all adults in the U.S. – reported their household sometimes or often didn’t have enough to eat in the last week. For comparison, only 3.4% of adults reported their household did not have enough to eat at some point during the entirety of 2019.⁸⁸

Adults in households with children were likelier to report that the household didn’t get enough to eat: 11 percent, compared to 7 percent for households without children. The survey showed that between 5 and 8 million children live in a household where children didn’t eat enough because the household couldn’t afford it.



Black and Latino adults were more than twice as likely as White adults to report that their household did not get enough to eat.



⁸⁸ <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

2. Housing Insecurity

Even before the pandemic, 10-15% of households in the United States were reported as housing insecure.⁸⁹ Housing insecurity is a broad term but can be applied to households experiencing issues related to affordability, safety, quality, inability to pay rent or mortgage payments, and loss of housing.⁹⁰ Further, housing insecurity is not distributed equitably, as low-income households and people of color are more likely to be impacted. Some reasons for this include:

- Long-standing racially discriminatory policies and practices in rental housing that have contributed to housing insecurity among communities of color;⁹¹
- Renters of color are more likely to be cost-burdened, meaning at least 30-50% of household income allocated towards housing costs;⁹²
- Low-income households generally do not have large savings for emergencies, as many live paycheck to paycheck; and⁹³
- Housing development has trended towards high-end apartments, dwindling the supply of low-cost and affordable rentals.⁹⁴

COVID has only exacerbated this existing housing crisis. While data show that a significant number of both renters and homeowners have fallen behind on housing payments during the pandemic, renters are struggling more significantly - of the 11 million households who have fallen behind on housing payments, an estimated 8.8 million of those are renters.⁹⁵ Montgomery County government estimates that about 13-15% of renters in the County are behind on rent. More than 2,500 households are currently on the waitlist to receive assistance from federal relief funds.⁹⁶ Moratoria on eviction have been in place during the pandemic, but when these expire, many families could be evicted and become homeless.

Data from the Household Pulse Survey (April 28-May 10) show that one in five renters (almost 11 million renters) was not caught up on rent and that homes with children were more likely to not be caught up.

⁸⁹ <https://www.brookings.edu/blog/up-front/2020/06/01/housing-hardships-reach-unprecedented-heights-during-the-covid-19-pandemic/>

⁹⁰ <https://www.huduser.gov/portal/pdredge/pdr-edge-frm-asst-sec-111918.html>

⁹¹ <https://www.npr.org/2017/05/03/526655831/a-forgotten-history-of-how-the-u-s-government-segregated-america>

⁹² Chad Stone, "Robust Unemployment Insurance, Other Relief Needed to Mitigate Racial and Ethnic Unemployment Disparities" (Washington: Center on Budget and Policy Priorities, 2020), available at <https://www.cbpp.org/research/economy/robust-unemployment-insurance-other-relief-needed-to-mitigate-racial-and-ethnic>

⁹³ https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Americas_Rental_Housing_2020.pdf

⁹⁴ https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Americas_Rental_Housing_2020.pdf

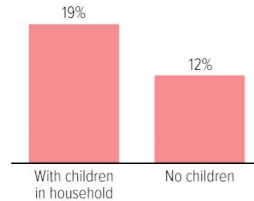
⁹⁵ https://files.consumerfinance.gov/f/documents/cfpb_Housing_insecurity_and_the_COVID-19_pandemic.pdf

⁹⁶ <http://www.connectionnewspapers.com/news/2021/feb/24/evictions-imperil-thousands-families-montgomery-co/>

FIGURE 4

1 in 5 Renters Living With Children Are Not Caught Up on Rent

Share of adult renters saying household is not caught up on last month's rent



Note: Chart excludes renters who did not respond to question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for April 28 - May 10, 2021

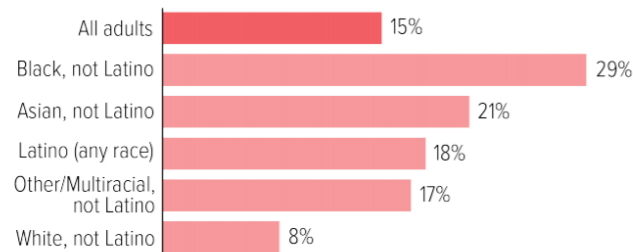
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Similar to food insecurity, renters of color were more likely to report that their household was not caught up on rent – 29% of Black renters, 21% of Asian renters, and 18% of Latino renters said they were not caught up on rent, compared to 8 percent of White renters.

FIGURE 3

Over 1 in 7 Renters Not Caught Up on Rent During Pandemic, With Renters of Color Facing Greatest Hardship

Share of adult renters saying their household is not caught up on rent



Note: Other/Multiracial, not Latino = people identifying as American Indian, Alaska Native, Native Hawaiian or Pacific Islander, or more than one race. Chart excludes renters who did not respond to the question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for April 28 - May 10, 2021

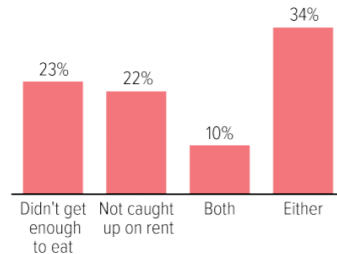
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Children living in renter households also face high rates of food hardship. The chart below shows that over 1 in 5 children living in rental housing live in a household that didn't have enough to eat.

FIGURE 5

1 in 3 Children in Renter Households Face Food and/or Housing Hardship

Percent of children in households that:



Note: Didn't get enough to eat = household had "not enough to eat" sometimes or often in last 7 days. Figures omit children in households that do not pay cash rent, such as those in employer-provided housing, as well as those who did not respond to one or both hardship questions. Survey does not collect data on children directly; figures for children are estimated based on number of children in each household.

Source: CBPP analysis of Census' Household Pulse Survey public use file, data collected April 28 - May 10, 2021.

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3. Access to Transportation

Restrictions related to the pandemic led to a major decline in demand for public transit systems. The American Public Transit Association reports that public transit ridership dropped by nearly 80% in April 2020 and remained more than 60% below 2019 levels through the rest of the year. It anticipates that ridership will continue to remain lower due to continued unemployment and increased remote work.⁹⁷ These declines in ridership has led to a significant financial crisis for public transit systems nationwide. Jurisdictions have had to make cuts to service, including limiting/eliminating routes, reducing hours, or increasing wait times.

Transit service reductions have disproportionately impacted certain demographic groups. Public transit demand during the pandemic has shifted to neighborhoods with high numbers of Black, Hispanic and lower-income workers, who are disproportionately represented in front-facing, essential work sectors such as service, hospitality and healthcare with no option for telework. Further, low-wage workers often do not have the option to not use public transportation when required to commute because they are less likely to have household vehicles than other workers. As a result, the populations that need public transportation the most do not have adequate access to it. Some studies have been conducted on the Washington, D.C. area's public transportation system have yielded the following findings:

- A 2019 Washington Metro study found that in the Washington, DC area, 4 out of 5 bus riders are people of color, more than half are low-income and do not own a car, and nearly 1 in 4 have limited English proficiency.⁹⁸

⁹⁷ <https://www.apta.com/wp-content/uploads/APTA-COVID-19-Funding-Impact-2021-01-27.pdf>

⁹⁸ https://www.washingtonpost.com/local/trafficandcommuting/public-transit-service-cuts/2020/12/15/c73d5a08-3e1d-11eb-8bc0-ae155bee4aff_story.html

- Another Metro study conducted during the pandemic, train stations in neighborhoods where at least two-thirds of the community is Black or Hispanic, trips declined 78%, compared with 88% for other stations.⁹⁹
- A recent OLO report on Ride On ridership showed that in 2018, 78% of customers identified as Black, Indigenous, or People of Color (BIPOC) and that 47% of customers reported an annual household income of less than \$30,000.¹⁰⁰ Stakeholders report that a larger share of BIPOC and low-income residents in the County are continuing to rely on public transit to get around and are struggling to access essential destinations, such as doctor offices and workplaces, which can contribute to further economic insecurity.¹⁰¹

⁹⁹ <https://www.washingtonpost.com/transportation/interactive/2021/public-transportation-free-fare-future/>

¹⁰⁰ <https://www.montgomerycountymd.gov/OLO/Resources/Files/2020%20Reports/OLOReport2020-10.pdf>

¹⁰¹ Stakeholder Feedback

Chapter 3. County Operations and Data for Employment, Childcare and Economic Insecurity

This chapter provides an overview of County Government programs and services, along with available data, that address employment, childcare, and economic insecurity issues. It is important to note that many nonprofit organizations in this County provide similar services, independently and in conjunction with the County Government, but OLO does not discuss them in depth as it was not part of the scope of this project.

A. Employment Programs and Data

For County residents who have lost their jobs during the pandemic, there are multiple County departments and non-profit organizations that can help them during their job search. WorkSource Montgomery is the primary County government-funded organization that focuses on job placement, technical assistance, and workforce development. Other County organizations, such as MCPS Parent Community Coordinators, provide job search assistance as a secondary service. The following chart summarizes some of the programs the County offers for job seekers.

Select Job Placement/Workforce Development Programs

Program	Administered by:	Main Function(s)
Childcare Division	DHHS	Offers technical assistance for owners of childcare businesses
Child and Adolescent Services	DHHS	Connects families to resources to improve life for children and their family members, including workforce development services
East County Regional Services Center	DHHS	DHHS administers the workforce development program at the Center
Workforce Development Program	MCPL	Offers online resources and various workshops/classes to build skills
American Job Center Services & H.I.R.E Services	WorkSource Montgomery	Offers various supports for job searchers, such as technical assistance, referrals, and hiring events
Business Resources	MCEDC	Provides resources to help start, grow, or relocate a business to Montgomery County, with support services for women-owned, minority-owned, and veteran-owned businesses

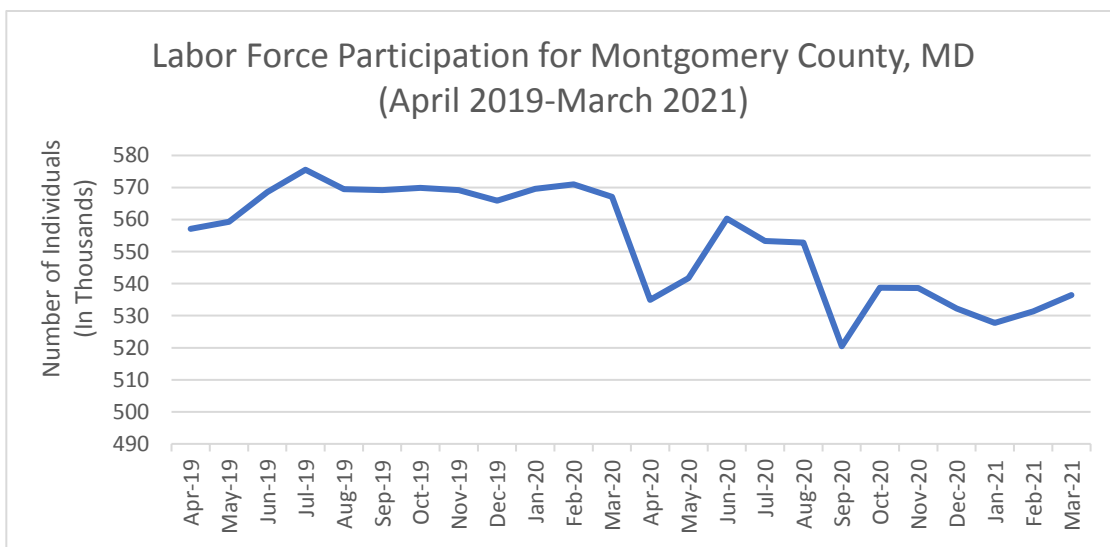
All services continued during the pandemic; however, most were completed virtually. Staff reported that recruitment and virtual events have been easier for clients with reliable internet as well as recruiters to join, by eliminating the need to travel and make childcare arrangements. However, it has created a challenge for clients that do not have reliable internet access or are not technologically savvy.

Data on Employment and the Labor Market. This section summarizes the available County unemployment rates. At the time of this report, limited Bureau of Labor Statistics data were available at the County level. In some cases, metropolitan area level data was substituted, which groups together Frederick and Montgomery County. Gender and race data at the County level was not available at the time of this report and OLO focuses on industries and occupations that employ more women than men to compensate for this.¹⁰² Complete local area unemployment data at the County level will be released by the Bureau of Labor Statistics by October 2021. In summary, the below data show that:

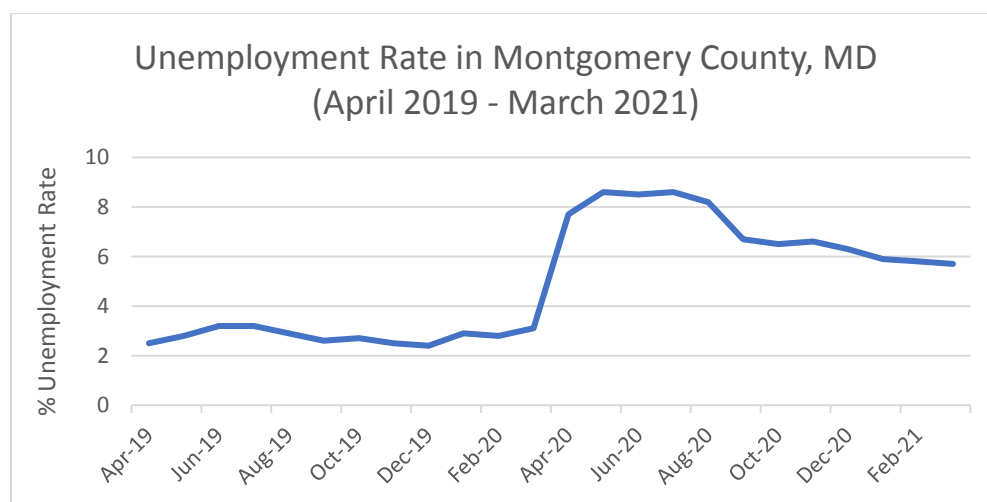
¹⁰² Industries and occupations that hire more women than men is based on national data and research, as County level employment data is not available.

- Labor force participation decreased and unemployment increased significantly in Montgomery County after March of 2020 and both are still not back to pre-pandemic levels;
- Industries that disproportionately hire women were disproportionately impacted by COVID in Montgomery County, as demonstrated by industry-level employment data; and
- Data indicate a disconnect between the types of workers looking for work and the types of jobs that are available in the County, with several occupations dominated by women showing more candidates than jobs available.

The following graphs show County labor force participation and unemployment rates before and during the pandemic. The data show there were significant declines in labor participation in April 2020 and August 2020. The unemployment rate peaked in May 2020 and has been slowly declining since. Gender and race data are not yet available at the County level.



Source: BLS (LAUS Seasonally Adjusted)



Source: BLS (LAUS Seasonally Adjusted)

Employment by Industry. The table below shows the industries with the highest numbers of employees in Montgomery County for the 3rd Quarter, 2019 and compares those data to the 3rd quarter of 2020. Many of these industries, including Health Care, Retail Trade, Accommodation and Food Services, and Education Services, are disproportionately women employees and disproportionately impacted.

		3 rd Quarter 2019		3 rd Quarter 2020		% Change from 2019 to 2020	
Rank	Industry Sector	Number of Establishments	Number of Employees	Number of Establishments	Number of Employees	Number of Establishments	Number of Employees
1	Total, All Industries	33,218	466,068	32,855	430,127	-1.1%	-7.7%
2	Professional, Scientific, and Technical Services	6,413	67,691	6,429	66,176	.2%	-2.2%
3	Health Care and Social Assistance	3,876	66,718	3,873	60,760	-0.1%	-8.9%
4	Public Administration	85	55,400	87	55,736	2.4%	.6%
5	Retail Trade	2,546	42,674	2,478	38,126	-2.7%	-10.7%
6	Accommodation and Food Services	1,971	36,034	1,938	25,489	-1.7%	-29.3%
7	Administrative and Support and Waste Management	2,007	32,340	1,952	28,970	-2.7%	-10.4%
8	Construction	2,517	23,981	2,446	22,304	-2.8%	-19.4%
9	Other Services (except Public Administration)	6,873	21,355	6,733	17,980	-2%	-7%
10	Educational Services	659	10,716	671	8,641	1.8%	-15.8%

Source: Labor Market Statistics, Quarterly Census of Employment and Wages¹⁰³

Job Loss. The table below details job loss data compiled by the Montgomery County Economic Development Corporation (MCEDC) and sorted by industry for Montgomery County and Frederick County combined.¹⁰⁴ These industries were selected as they disproportionately employ more women than men.

¹⁰³<https://mwejobs.maryland.gov/vosnet/lmi/profiles/profileDetails.aspx?enc=Elzv7W1H4bwmL+k+/LJ5/fdexwlKhtyEFubTiyvqsXDmUKob5BM0i+eO5GozGAGHfC70uvcdLMfRKUYTY2VqYZpfceXUKzD6s6LrscKU=>,
https://data.bls.gov/cew/apps/data_views/data_views.htm#tab=Tables

¹⁰⁴https://static1.squarespace.com/static/5873c778e6f2e14a3529e892/t/603d4e3feeed357423c37af7/1614630466014/MoCo+Economic+Indicators+Briefing+Q4+2020_030121.pdf

*Frederick County is included as the US Bureau of Labor Statistics, Current Employment Statistics (CES) data groups Montgomery and Frederick County together as one metropolitan subdivision. Separate County-level data for this time period is not available yet.

Industry	April 2020 Job Losses (Peak)	Jobs Gained Back by December 2020
Accommodation and Food Services	20,000	14,000
Retail Industry	5,000	2,000
Healthcare and Social Assistance*	12,000	10,000

Source: Maryland Department of Labor

*It should be noted that specific sub-sectors have seen more growth such as general hospitals and residential facilities for mental health and substance abuse. However, the large job losses sustained by childcare and dentist offices have offset most gains.

Demand for Jobs. According to data from the Maryland Workforce Exchange there were 22,758 job openings advertised online and 9,472 candidates (individuals with active resumes in the workforce system) in Montgomery County. However, the occupations with the most potential candidates¹⁰⁵ far exceed the number of job openings for those positions available.¹⁰⁶ The following table shows the top 10 occupations with the highest number of potential candidates who were looking for work in Montgomery County, MD on June 24, 2021, County job openings advertised online, and the ratio of potential candidates per job opening. It should be noted that this data is limited as it only counts candidates registered in the workforce system through the Maryland Workforce Exchange (MWE) and job openings that are advertised online. Further, while gender data was not available, occupations where women historically outnumber men in the workforce are denoted.

Rank	Occupation	Job Openings	Potential Candidates	Potential Candidates Per Job Opening
1	Customer Service Representatives*	150	386	2.57
2	Administrative Services Managers	12	256	21.33
3	Executive Secretaries and Executive Administrative Assistants*	141	196	1.39
4	Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	37	185	5
5	Office Clerks, General	10	177	17.7
6	Computer User Support Specialists	90	169	1.9
7	General and Operations Managers	140	148	1.06
8	Receptionists and Information Clerks*	42	138	3.29
9	Cashiers*	61	138	2.26
10	Sales Managers	91	128	1.41

Source: Maryland Department of Labor

*Indicates that an occupation is historically woman-dominated according to national labor statistics

¹⁰⁵ Potential Candidates refers to individuals with active resumes in the MWE workforce system whose skills and experience match the selected occupation or industry and is reported by Maryland Workforce Exchange.

¹⁰⁶ <https://mwejobs.maryland.gov/vosnet/lmi/profiles/profileDetails.aspx?enc=Elzv7W1H4bwmL+k+/LJ5/fdexwlKhtyEFubTiyvqsXDmUKob5BM0i+eO5GozGAGHfC70uvcdLMfRKUYTY2VqYZpfceXUKzD6s6LrscKU=>,

Conversely, the following table shows the occupations with the most job openings advertised online in Montgomery County, MD on June 23, 2021. It shows there are far more job openings in these occupations than potential candidates. This could suggest a number of issues, such as a lack of candidates with the skills to fill these in-demand positions and/or job seekers using other methods of searching for a job as these data only count candidates who have active resumes in the workforce system.

Rank	Occupation	Job Openings	Potential Candidates	Potential Candidates Per Job Opening
1	Registered Nurses*	1,229	35	0.03
2	Computer Programmers	308	37	.12
3	Retail Salespersons*	307	87	.28
4	Computer Systems Engineers/Architects	299	32	.11
5	Software Developers, Applications	227	75	.33
6	Medical Scientists, Except Epidemiologists	217	8	.04
7	Managers, All Other	207	106	.51
8	Nursing Assistants*	185	119	.64
9	Accountants	170	128	.75
10	Clinical Research Coordinators	167	14	.08

Source: Maryland Department of Labor *Indicates that an occupation is historically woman dominated according to national labor statistics

B. Childcare

At the end of March 2020, the State required all childcare providers, except those serving essential personnel to close. Maryland providers were permitted to reopen for all families on June 11 with new health and safety regulations, including restrictions on group sizes and children-to-teacher ratios. At the beginning of October 2020, the State announced that childcare providers could return to their full children-to-teacher ratios.¹⁰⁷ However, Montgomery County kept capacity restrictions until March 2021.¹⁰⁸

The County provides support and resources for childcare providers and families in the County, primarily through the Department of Health and Human Services. The chart below summarizes the programs and resources provided by the County, which shifted most of its operations to a virtual platform during the pandemic. The County did establish one COVID-specific childcare program – School Aged Grant Appropriations – which applications are now closed.

¹⁰⁷ <https://www.nbcwashington.com/news/health/maryland-allows-child-care-centers-to-open-at-full-capacity/2432664/>

¹⁰⁸ <https://www.montgomerycountymd.gov/covid19/reopening/requirements/childcare.html>

Program	Main Function(s)
Working Parents Assistance Program	Determine eligibility for the County's childcare subsidy program for households with income above the State Scholarship but within 350% of the Federal Poverty Level (FPL)
Child and Adolescent Services	Connects families to resources to improve life for children and their family members, including childcare
Childlink	Refers County families to community resources for children birth to 5 in addition to community outreach and engagement
Child Care in Public Space	Provides management of the public space process for childcare programs in MCPS and in County buildings and provides support to providers in public space
Child Care Resource and Referral Center	Assists families in locating licensed childcare and provides technical assistance and resources for current and prospective childcare providers
Early Childhood Mental Health Services	Provides support and services to licensed County childcare programs to support positive social/emotional development for children birth to 5
Montgomery County Infants and Toddlers	Offers free screenings and support for development delays and provides early intervention to families with children (0-4) with disabilities
School Aged Grant Appropriations	Supports school age childcare providers operating licensed childcare programs in public school buildings and supports working parents

OLO spoke to childcare providers, who reported that capacity restrictions were difficult on the entire industry. Childcare providers and organizations are concerned about permanently losing childcare slots, attracting and training new employees as the workforce is aging, and keeping childcare providers in business as they were already operating on razor thin margins prior to the pandemic.

Data on Childcare. Limited data are available on childcare in the County and there is no current available data on the number of available childcare slots during the pandemic. As the pandemic decreased the amount of available childcare slots permanently across the country, it can be assumed that the demand/supply ratio of childcare will be decreased further in Montgomery County. Data on pandemic-related closures are not available yet.

According to the Maryland Child Care Resource Network's Child Care Demographics 2021 Report, 163,410 children under the age of 12 with mothers in the workforce reside in Montgomery County, which is 82.4% of the total child population (198,313) under 12 in the County.^{109*} The average family of four is expected to spend \$31,032 annually for childcare, which is 24.3% of the County's median family income (\$127,529).¹¹⁰ Below is a breakdown of the average weekly cost of full-time childcare in the County.

¹⁰⁹ <https://www.marylandfamilynetwork.org/sites/default/files/2021-01/Montgomery.pdf>

*Total population of children based on 2019 American Community Survey (ACS) data

¹¹⁰ <https://www.marylandfamilynetwork.org/sites/default/files/2021-01/Montgomery.pdf>

Age of Child	Family Childcare Programs	Childcare Centers
0 - 23 months	\$282.07	\$407.34
2 - 4 Years	\$251.84	\$314.70
5 Years*	\$242.36	\$302.62
School Age Full**	\$206.52	\$231.56
School Age Before and After School Child Care	\$131.37	\$150.24

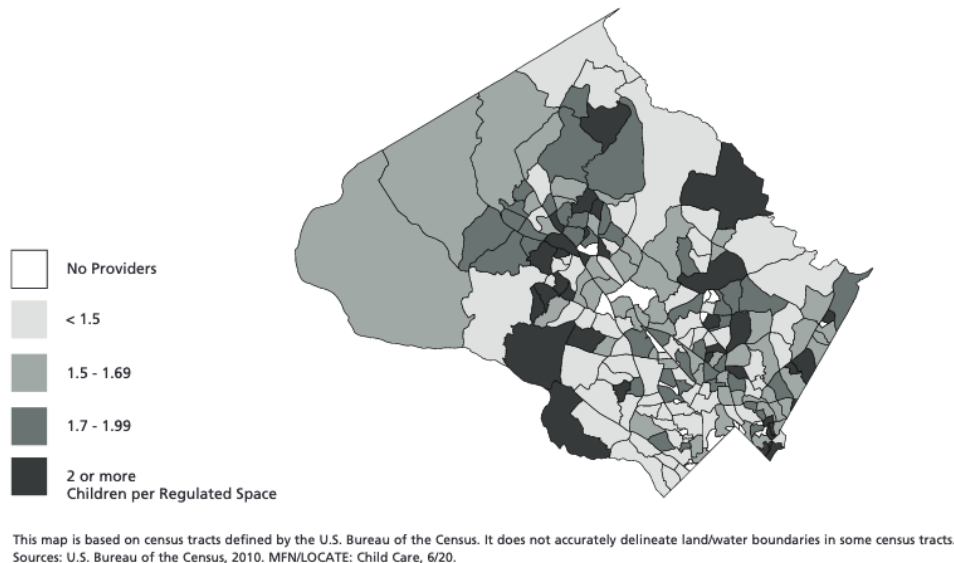
Source: Maryland Child Care Resource Network Child Care Demographics 2021 Montgomery County Report

*Average cost of full-time care for a 5-year-old, defined as a child being in full time childcare or being in kindergarten and out of school childcare (out of school childcare, holidays, etc.)

**Average cost of full-time care for a 6+ school age child (out of school childcare, holidays, etc.)

Montgomery County also has numerous “childcare deserts” - communities that have more than three children under the age of 5 for every 1 licensed childcare slot. These areas are predominantly in low- and middle-income communities and of these communities, the majority are predominantly Latino neighborhoods.¹¹¹ Below is a map showing the ratio of the number of children 0-5 years per regulated childcare space in the County by census tract.

Number of Children 0-5 Years Per Regulated Child Care Space by Census Tract



Source: Maryland Family Network

C. Economic Insecurity

The County offers multiple avenues for County residents that have experienced economic insecurity of any kind due to the pandemic, such as housing and food insecurity, to seek relief funds. In addition to long-standing relief resources available to residents, the Department of Health and Human Services established the COVID Recovery Planning Program, which serves as a central point for all COVID-related Federal and State Funding. All of these

¹¹¹ <https://www.jec.senate.gov/public/cache/files/4fefb596-1095-4c9b-8239-6a6c71563948/child-care-final-9.23.2020.pdf>

programs operated virtually for the most part, but staff reported they increased outreach significantly to attempt to reach any County resident who may need relief.

Despite the increase in COVID-related funding for cash-based assistance programs, most stakeholders cite housing and food insecurity as their largest concern for struggling County residents. They report many residents have accumulated debt in order to pay for household needs and are concerned that once COVID relief funding expires, residents could fall even further behind. Overall, stakeholders predict that economic insecurity caused by COVID will persist long after restrictions are lifted.

General Assistance. The Office of Eligibility and Support Services (OESS) in DHHS serves as the point of entry for federal, State and County health programs targeted to residents of Montgomery County who are uninsured and have limited incomes. The Office determines client eligibility for a multitude of programs. OESS staff provided OLO data on its biggest three programs (Temporary Cash Assistance, Supplemental Nutrition Assistance Program, and Medical Assistance). While OESS does not track clients by gender, staff report a majority of applicants to these programs are women.

OLO found that both TCA and SNAP had significant increases in caseloads from March 2020 to April 2020 (50% increase for TCA and 18% increase in SNAP). Both of these programs have remained at these higher levels since April 2020. The number of Medical Assistance program applicants has remained relatively consistent over the same time period.

Program	Average Monthly Caseload	
	2019	2020
Temporary Cash Assistance (TCA)	736	1,179
Supplemental Nutrition Assistance Program (SNAP)	27,568	31,788
Medical Assistance (Aged, Blind & Disabled)	26,103	26,530

However, the majority of federal COVID relief funding was not available for families that include undocumented family members, or whose incomes are above 150% of the Federal Poverty Level.¹¹² The County responded to this gap by establishing the Emergency Assistance Relief Program (EARP), which provided cash-based assistance for families that could not qualify for federal relief programs. About \$10 million was appropriated for this program, all County dollars, and when OLO spoke to DHHS Staff running the program in April 2021, about \$9 million of those dollars had already been allocated to families.¹¹³

Food Insecurity. According to Feeding America, there were 89,270 food insecure people living in Montgomery County in 2019, 8.5% of the total 2019 County population.¹¹⁴ While Feeding America did not have 2020 data, OLO found the following statistics and data points that show need has increased significantly:

- Feeding America projects the County 2020 food insecurity rate could be 13.1%. The 2020 child food security rate could be 20%, up from 11.1% in 2018.¹¹⁵

¹¹² The Pandemic EBT program provides SNAP benefits to school-age children regardless of immigration status

¹¹³ Stakeholder Feedback

¹¹⁴ https://www.feedingamerica.org/research/map-the-meal-gap/how-we-got-the-map-data?s_src=WXXX1MTMG

¹¹⁵ <https://www.mymcmedia.org/food-insecurity-remains-growing-problem-in-montgomery-county/>

- The Montgomery County Food Council reported that in August 2020, there were about 100,000 County residents considered food insecure.¹¹⁶
- Manna reported that demand for food distribution was up 40% during summer 2020.¹¹⁷
- Montgomery College reported that 47% of its students reported experiencing food insecurity.¹¹⁸
- In September 2020, Nourish Now, a local food bank, reported from March 16, 2020 – August 16, 2020, they have donated more than 4 million pounds of food¹¹⁹ compared to less than 600,000 pounds for the entirety of 2018.¹²⁰

Food insecurity is more likely to impact Black and Latino households as well as low-income households. According to the USDA, 19.1% of Black households and 15.6% of Latino households experienced food insecurity in 2019 compared to 7.9% of white households.¹²¹ There are an estimated 188,591 County residents that live at or below 200% of the federal poverty line and are most vulnerable to food insecurity.¹²²

Housing Insecurity. Housing costs in Montgomery County are high. According to the 2019 American Community Survey Five-Year Estimates, the County's median monthly homeownership cost is \$2,566 and median monthly gross rent is \$1,768. More than 50% of renters and 27% of homeowners with a mortgage pay more than 30% of their income to satisfy these monthly housing costs.¹²³

In the County, it is estimated that about 13-15% of renters are behind on rent.¹²⁴ Unfortunately, there is a lack of in-depth eviction data available in Maryland. Data from the District Court of Maryland for Montgomery County only lists the number of cases and the results of closed cases. Data by zip code, census tracts, and demographics of tenants are unavailable, so it is difficult to track gender or racial equity issues in eviction cases.¹²⁵

Funding for rent relief has been provided throughout the pandemic from the federal, state, and local government. In July 2020, the County committed an additional \$20 million funds toward direct rental support through the COVID Rent Relief Program, out of the funding the County received from the CARES Act.¹²⁶ The program is a short-term rental assistance program and can only provide up to \$4,000 to help eligible households. In April 2021, an additional \$59 million in rental assistance was appropriated as a part of COVID Rent Relief Phase 3 program, which was received from the U.S. Department of Treasury Emergency Rental Assistance Program.¹²⁷

As of February 11, 2021, more than 2,500 households were on the waitlist to receive funds from federal relief money.¹²⁸ Of the 9,037 applications received by the County in 2020 for rental assistance, the average amount

¹¹⁶ <https://bethesdamagazine.com/bethesda-magazine/november-december-2020/a-time-to-give/>

¹¹⁷ <https://bethesdamagazine.com/bethesda-magazine/november-december-2020/a-time-to-give/>

¹¹⁸ Ibid.

¹¹⁹ <https://nourish-now.dm.networkforgood.com/emails/february-2019-nourish-n-w-news-d65ca631-5fd2-4a6d-a295-95e5d56bfc95>

¹²⁰ <https://nourishnow.org/wp-content/uploads/2019/10/2018-Financial-Statements-Final-Report-5.20.19.pdf>

¹²¹ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

¹²² ACS 2019 1-Yr Estimates

<https://data.census.gov/cedsci/table?q=Montgomery%20County%20Income%20and%20Poverty&tid=ACSST1Y2019.S1701>

¹²³ https://data.census.gov/cedsci/table?tid=ACSDP5Y2019.DP04&g=0400000US24_0500000US24031

¹²⁴ <http://www.connectionnewspapers.com/news/2021/feb/24/evictions-imperil-thousands-families-montgomery-co/>

¹²⁵ <https://mdcourts.gov/sites/default/files/import/district/statistics/2020/Calendar20.pdf>

¹²⁶ Coronavirus Aid, Relief, and Economic Security (CARES) Act

¹²⁷ https://www2.montgomerycountymd.gov/mcgportalapps/Press_Detail.aspx?Item_ID=34104

¹²⁸ <http://www.connectionnewspapers.com/news/2021/feb/24/evictions-imperil-thousands-families-montgomery-co/>

owed by households who applied for pandemic assistance was \$3,360.¹²⁹ However, that amount was at the time of the application and it is expected the amount owed for these households has increased since then. Further, it is likely there are more households in need of emergency relief money that have not applied, either due to difficulties applying online or undocumented families who are hesitant to apply to any government relief funding.¹³⁰

Access to Public Transit. Ride On and WMATA both decreased service hours and routes during the pandemic, significantly impacting County residents that rely solely on public transit to get around. A recent OLO report found that 78% of Ride On customers identified as Black, Indigenous, or People of Color (BIPOC) and that 47% of customers reported an annual income of less than \$30,000, which means these groups are the most impacted by the service changes and disruptions. In response to the economic impacts of the pandemic, the County eliminated fares for Ride On, and stakeholders reported their clients who rely on public transit have responded positively to the change.

¹²⁹ Stakeholder Feedback

¹³⁰ Ibid.

Chapter 4. Women's Health and Domestic Violence Research

The COVID-19 pandemic has exposed and amplified pre-existing inequalities between women and men in healthcare and at home. Many women, particularly WOC and low-income women, have been on the front lines of the pandemic, as essential workers, mothers and caregivers, affecting their health and well-being. This chapter summarizes the impact of COVID-19 on the accessibility and use of healthcare among women. This chapter also provides a more detailed discussion of intimate partner violence and its impact on women's health.

A. Access To and Use of Healthcare

The COVID pandemic has restructured healthcare policy and programs throughout the country. Healthcare workers face increased workloads, shortages of personal protective equipment, harassment and violence, and continually changing clinical guidance on how best to care for their patients. Research shows that gender differences and inequities in health and the use of health services are a long-standing concern.- "Nonbiological health disparities stem from socioeconomic conditions that can shape gender differences in health outcomes such as mortality rates, alcohol and substance abuse, mental health disorders, and violence victimization."¹³¹ These health inequities are compounded with intersecting identities such as non-white race, low socioeconomic status, immigrant status, lower education, older age, rural geographic location, disability, and LGBTQIA+ identity. The strain on the system from the pandemic will only exacerbate these inequities.

This section summarizes available data on women and healthcare during COVID. It begins with an overview of access to healthcare during the pandemic, contraction of COVID, mental and reproductive health for women during the pandemic, and vaccinations. The last section summarizes the health results on two populations of women most exposed to the virus – caregivers and healthcare workers.

¹³¹ <https://www.ncbi.nlm.nih.gov/books/NBK425844/>

A Note about Health Equity and Structural Racism

Research has confirmed the American health care system delivers far better results for white patients than it does for people of color. These racial disparities in healthcare should be understood within the context of racial inequities in society's social, political, and economic institutions - there is a complex interdependency between healthcare and housing, transportation, employment, education, community and other aspects of life.

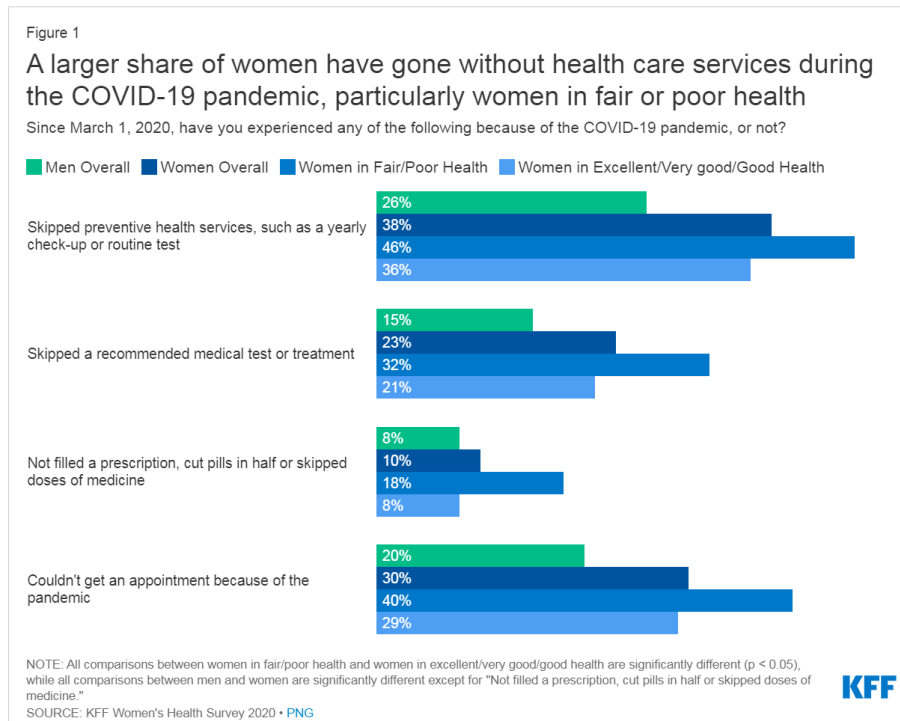
Many factors contribute to these health inequities (see below). They are compounded by structural barriers outside the system such as unsafe housing, food deserts, lack of transportation, unavailability of childcare, and pay disparities.

- Cultural differences between patients and providers as well as language barriers affect patient-provider interactions and health care quality.
- Historical inequities in treatment result in communities of color not trusting healthcare systems and the government.
- Women of Color may be at increased risk of contracting the virus because they are disproportionately employed in essential occupations, such as grocery store workers or childcare providers, and often lack paid leave or sick days.
- Women of Color are more likely to be low-income and to lack access to employer-based health insurance coverage.

1. Healthcare Access

The pandemic resulted in overwhelmed systems and limited resources, which impacted women's access to and use of pre- and post-natal healthcare, reproductive health services, mental health services, and care for survivors of gender-based violence. These barriers were exacerbated by historical disparities in access and provider and institutional bias by gender, ethnicity, socioeconomic status, disability, age, race, geographic location and sexual orientation.

Research shows that overall, women are more likely to have foregone healthcare during the pandemic compared to men. Women in fair or poor health, those with Medicaid coverage, and those with low incomes who reported skipping care are more likely than other groups of women to report their condition has worsened as a result. The graph below shows the disparities in seeking care during the pandemic between men and women, and between groups of women in different health conditions.



Poverty Level. Women's income levels have also affected their access to healthcare:¹³²

- 40% of women with low incomes¹³³ skipped preventive health services compared to 33% of women with higher incomes;¹³⁴
- 14% of women with low incomes reported not filling a prescription, cutting pills in half or skipping doses of medicine compared to 8% of higher income women; and
- 33% of low-income women report they were unable to get appointments compared to 29% of higher income women.

Insurance Status. The data show that women with insurance (private or Medicaid) were more likely to forego care during the pandemic. Researchers speculated that women with more resources may be choosing to skip care because of concerns of COVID exposure:¹³⁵

- 39% of women with private insurance and 38% of women with Medicaid report skipping preventative care compared to 30% of uninsured women;
- 23% of women with private insurance and 26% of women with Medicaid report skipping a recommended medical test or treatment compared to 18% of uninsured women; and
- 8% of women with private insurance and 12% of women with Medicaid report not filling a prescription, cutting pills in half or skipping doses of medicine compared to 12% of uninsured women.

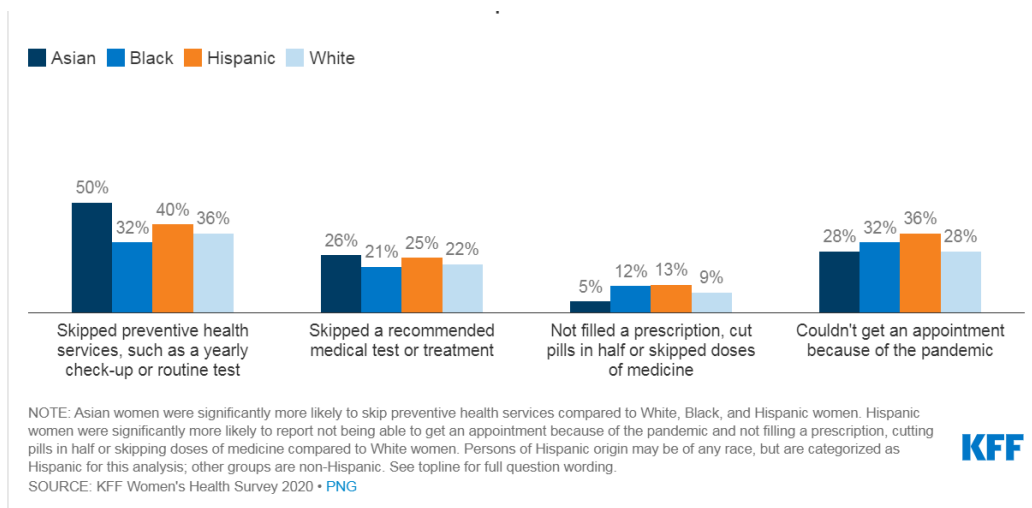
¹³² Ibid.

¹³³ $\geq 200\%$ of the Federal Poverty Level (FPL)

¹³⁴ $< 200\%$ FPL

¹³⁵ <https://www.kff.org/womens-health-policy/issue-brief/womens-experiences-with-health-care-during-the-covid-19-pandemic-findings-from-the-kff-womens-health-survey/> and <https://www.forbes.com/sites/debgordon/2021/03/26/women-not-getting-the-healthcare-they-need-during-covid-19-new-survey-shows/?sh=27cab7c34d0a>

Race/Ethnicity. The pandemic has taken a disproportionate toll on some communities of color, shown in the table below.¹³⁶

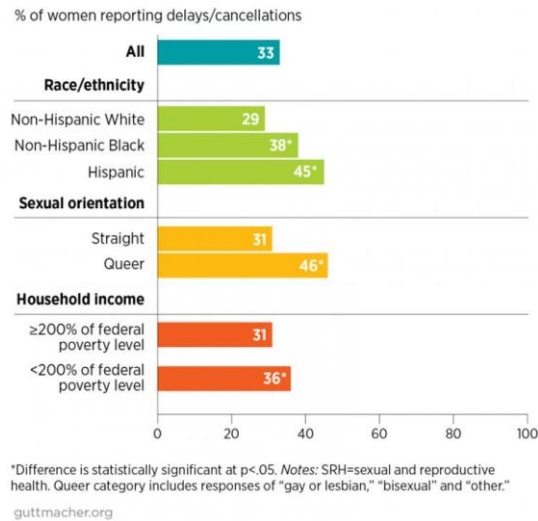


Reproductive Health. In another study looking specifically at reproductive health, one in three women surveyed said the pandemic has made it more difficult to access birth control or has delayed/cancelled their OBGYN doctor visits. 38% of Black women and 45% of Hispanic women reported issues with access to care, compared to 29% of White women.¹³⁷ The graph below details more data collected on reproductive health access for women across multiple demographic and socioeconomic statuses.

¹³⁶ Ibid.

¹³⁷ <https://www.forbes.com/sites/williamhaseltine/2020/06/30/womens-health-and-the-ripple-effect-of-the-covid-19-pandemic/?sh=56973a2636de>

FIGURE 2. One-third of women report having experienced pandemic-related delays or cancellations of contraceptive or other SRH care.



2. Contracting COVID

Tracking the number of COVID cases and deaths can be difficult because COVID can cause mild illness, symptoms might not appear immediately, there are delays in reporting and testing, not everyone who is infected gets tested or seeks medical care, and there are differences in how states and territories report their cases. This section summarizes the best available and most current data on the numbers.

In the early months of the pandemic, research found that men were contracting COVID at higher rates than women. Numerous studies found that men were more likely to test positive for COVID-19, to have complications, and require ICU admission and mechanical ventilation.¹³⁸ However, women have recently overtaken men in contracting COVID. The Harvard GenderSci Lab reports weekly and cumulative US state-level gender/sex-disaggregated COVID-19 cases from mid-April 2020 to present day.¹³⁹ * According to their current data (as of May 3, 2021), in the United States, 14.7 million men and 15.2 million women have contracted COVID.

There is a lack of comprehensive data on COVID contraction by race, and in particular by race/gender. There is no standard data across US states and territories, each of which made their own decisions about which data to report. The table below displays data from the CDC on the distribution of COVID cases by race and ethnicity. It shows that Hispanic or Latino individuals in particular accounted for a disproportionate number of cases.¹⁴⁰

COVID Cases by Race and Ethnicity as of June 15, 2021 Compared with Population Percentages (16,973,393 Respondents)

Race or Ethnicity	% of Population	% of COVID Cases
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¹³⁸ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0245556> and

<https://www.healio.com/news/primary-care/20210127/men-more-likely-to-test-positive-for-covid19-have-worse-outcomes>

¹³⁹ <https://www.genderscilab.org/gender-and-sex-in-covid19> *(manually extracted each week from publicly-available state public health departments)

¹⁴⁰ <https://www.visualcapitalist.com/visualizing-u-s-population-by-race/>

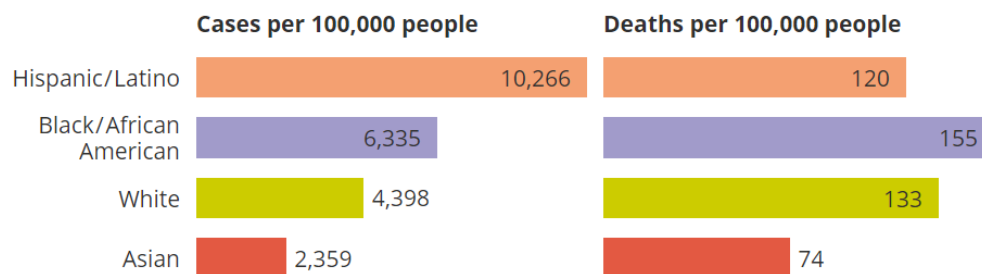
White (non-Hispanic)	60.1%	50.1%
Hispanic or Latino	18.5%	28.8%
Black (non-Hispanic)	13.4%	11.3%
Asian	5.9%	3.2%

Source: <https://www.statista.com/statistics/1122384/coronavirus-covid19-cases-by-ethnicity-us/> and <https://www.census.gov/quickfacts/fact/table/US/PST045219>

Mortality. Overall, more men than women have died due to COVID-19 in the United States - of almost 450,000 deaths¹⁴¹, 54% were male.¹⁴² However, race plays a significant part in mortality rates. A study which reviewed the only two states (Georgia and Michigan) that are reporting data by age, race and sex found that:¹⁴³

- Black individuals are dying at higher rates than White individuals;
- Black women have COVID-19 mortality rates that are almost four times higher than that of White men and three times higher than that of Asian men;
- The disparity in mortality rates between Black women and White women is more than three times the disparity between White men and White women; and
- The disparity in mortality rates between Black men and Black women is larger than the disparity between White men and White women.

Data for Maryland (through March 7, 2021) show similar patterns for contraction and deaths (not disaggregated by gender) - Hispanic/Latino people were most likely to have contracted COVID while Black/African American were most likely to have died from COVID.¹⁴⁴



Long COVID. Long COVID is defined as “not recovering for several weeks or months following the start of symptoms that were suggestive of COVID, whether you were tested or not.” One study indicated that seven out of ten patients who were admitted to the hospital with COVID reported being impacted by long COVID for months afterward.¹⁴⁵ Other studies report that women are much more likely to suffer from long COVID. Data from some of these studies are summarized below:

- One study found that working-age women who were hospitalized with COVID were five times as likely to develop long COVID compared to men in the same age group.

¹⁴¹ Data on Sex was available for 448,241 (99%) of all COVID deaths.

¹⁴² <https://covid.cdc.gov/covid-data-tracker/#demographics>

¹⁴³ <https://www.ajc.com/life/study-black-women-dying-of-covid-19-at-rates-higher-than-most-men/XZ6TSLCQPRGZNIG2WUQL2EBMFA/> and <https://link.springer.com/article/10.1007/s11606-021-06699-4>

¹⁴⁴ <https://covidtracking.com/data/state/maryland/race-ethnicity>

¹⁴⁵ <https://www.forbes.com/sites/alicebroster/2021/03/29/why-are-women-much-more-likely-to-suffer-from-long-covid-according-to-studies/?sh=151e2a7a6bc8>

- Women under 50 are five times as likely as men of the same age to report a new disability, six times as likely to experience greater breathlessness, and twice as likely to feel more fatigued up to 11 months after leaving the hospital.¹⁴⁶
- A study found that a quarter of pregnant or recently pregnant COVID-positive women reported symptoms two months after their infection.¹⁴⁷

3. Mental Health

The stress and anxiety of juggling multiple work and home responsibilities in the middle of much uncertainty and rapid change, along with fear of contracting COVID-19, can cause emotional distress and other mental health issues. Consequently, many individuals are suffering from elevated anxiety, anger, confusion, and posttraumatic symptoms, which can be magnified by social distancing, self-isolation, quarantine, and misinformation. It is important to note that social discord, including increased anxiety related to the political climate regarding immigration and race relations, can further increase stress and anxiety beyond the pandemic.

The Kaiser Family Foundation (KFF) has been conducting surveys since the beginning of the pandemic on the mental health of respondents. The data show that during the first few months of the pandemic, the percent of adults who said worry and stress related to the coronavirus was having a negative impact on their mental health increased from about one-third (32%) in March 2020 to more than half (53%) in July 2020. Since then, the mental health impact seems to have leveled off but remains higher than prior to the pandemic – the March 2021 KFF Vaccine Monitor reports that about half of adults (47%) continue to report negative mental health impacts related to worry or stress from the pandemic. Women are more affected - more than half of women overall (55%) report a negative impact from the pandemic on their mental health, compared to about four in ten men (38%) who report the same.¹⁴⁸

¹⁴⁶ <https://www.theguardian.com/society/2021/mar/12/long-covid-more-likely-in-working-age-women-than-in-men-study>

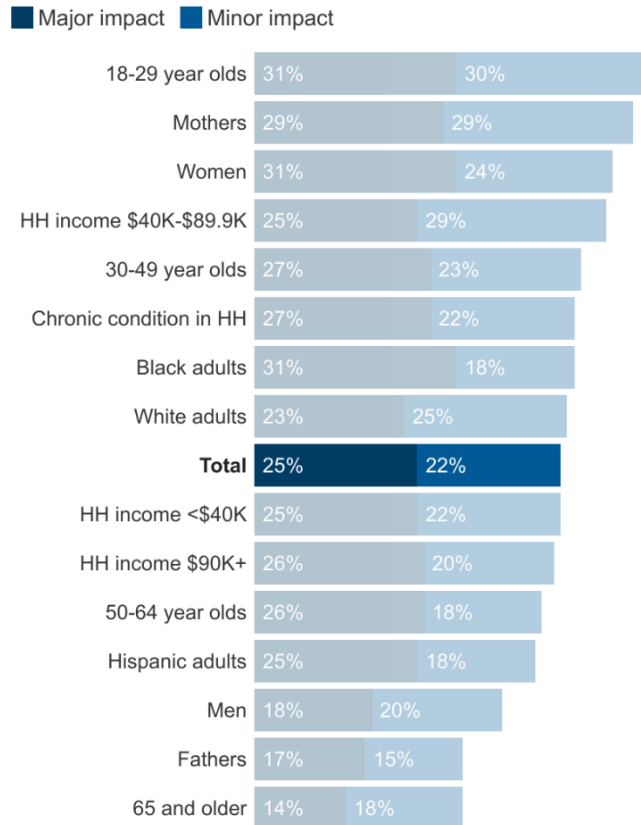
¹⁴⁷ <https://www.roi-nj.com/2021/04/07/healthcare/women-are-far-more-likely-to-suffer-long-haul-consequences-of-covid-19-doctors-say/>

¹⁴⁸ <https://www.kff.org/coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/>

Figure 2

Younger Adults, Women—including Mothers—Most Likely To Say Worry Or Stress Has Had A Negative Impact On Their Mental Health

Percent who say they feel that worry or stress related to coronavirus has had a **major** or **minor** negative impact on their mental health:



NOTE: See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (March 15-22, 2021)

KFF COVID-19
Vaccine Monitor

Other studies have found similar results:

- 55% of women said their mental health had worsened because of the pandemic, compared to only 38% of men.¹⁴⁹
- Women reported more pandemic-related changes in sleep, health, worry, productivity, mood, and frustration compared to men.¹⁵⁰

¹⁴⁹ <https://www.nextgov.com/cio-briefing/2021/04/survey-69-women-under-age-30-say-covid-19-has-harmed-their-mental-health/173364/>

¹⁵⁰ https://www.pandemicimpactreport.com/report/PalssonBallouGray_2020_PandemicImpactReport.pdf

- 41% of women surveyed say there have been times when they felt like they were going to break down and 44% say they've developed unhealthy habits, such as overeating and drinking.¹⁵¹
- Nearly half of surveyed women aged 19-30 report having experienced depression during the pandemic.¹⁵²

Another survey looking at mental health impact followed people over months and found that unaffected groups were more likely to be older, white, and from the least deprived areas. Men were especially likely to have consistently very good mental health. Women and parents of school-aged children were particularly affected, but mental health improved when schools reopened.¹⁵³

A more detailed Kaiser survey¹⁵⁴ found that 51% of women and 34% of men said that worry or stress related to the pandemic has affected their mental health. Almost one-fifth (21% women, 17% men) say the toll has had a major impact on their mental health. Despite this toll on women's mental health, relatively few (15%) report they sought out mental health care.

	Share who said that worry or stress related to coronavirus affected their mental health	Among those who said that worry or stress affected their mental health, share who said impact was:		
		Major	Moderate	Minor
Gender				
Women	51%	21%	51%	28%
Men	34%	17%	48%	35%
Race/Ethnicity				
Black	42%	23%	50%	26%
Hispanic	48%	23%	55%	22%
Asian	50%	17%	48%	35%
White	54%	21%	49%	30%

Source: Kaiser Family Foundation

White women are most likely to say that stress from the pandemic has affected their mental health (54%). Hispanic (19%) and Asian (19%) women are most likely to report seeking mental health care. Uninsured women (10%) are less likely to seek mental health care compared to women with Medicaid (20%) and private insurance (15%).¹⁵⁵

One additional study linked early pandemic-related changes in health-related socioeconomic risks (HRSRs)¹⁵⁶ to mental health effects in women. The study found women experienced significant HRSRs early in the pandemic, which lead to "alarmingly high rates" of mental health problems such as depression and anxiety. More

¹⁵¹ <https://www.prnewswire.com/news-releases/new-study-finds-alarming-gaps-in-womens-health-knowledge-and-healthcare-experiences-301285254.html>

¹⁵² <https://www.forbes.com/sites/alicebroster/2021/05/08/young-women-most-likely-to-feel-depressed-during-coronavirus-new-study-suggests/?sh=68b5a9b7183a>

¹⁵³ <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900151-6>

¹⁵⁴ <https://www.kff.org/womens-health-policy/issue-brief/womens-experiences-with-health-care-during-the-covid-19-pandemic-findings-from-the-kff-womens-health-survey/>

¹⁵⁵ Ibid.

¹⁵⁶ Includes issues such as food insecurity, housing instability, difficulties with their utilities, transportation challenges and interpersonal violence.

specifically, nearly half of all women, including 29% of those who did not experience pre-pandemic HRSRs, reported new or worsening HRSRs. Three-quarters of women with pre-pandemic HRSRs experienced new or worsening risks during the early pandemic, with 38% experiencing two or more.¹⁵⁷ As a result, the survey found that 29% of women reported symptoms of depression and anxiety which was nearly twice the estimated pre-pandemic rates.¹⁵⁸

Pregnancy/Motherhood. Women who are parents/soon to be parents are a distinct group that have different mental health needs. Parents, who are already struggling to balance work, childcare, and school, are also responsible for creating positive home environment and continuing to build quality relationships with children to help them feel social, secure and confident in uncertain times. Limited studies on mothers' mental health show:

- Mothers were 16% more likely than fathers to experience psychological distress when measured in November 2020 and April 2021.¹⁵⁹
- Women with children under age 18 had higher rates of clinically significant anxiety, compared to men with children under age 18 and to women with no minor children.¹⁶⁰
- Pregnant and postpartum women showed higher depressive and anxiety symptoms during COVID-19 compared to pre-COVID-19.¹⁶¹
- In one study, 52% of pregnant women and 49% of postpartum women worried about their babies contracting COVID-19.¹⁶²
- Pregnant women appeared to be more stressed than postpartum women, as they were less likely to use healthy stress-coping behaviors.¹⁶³
- Women of Color had the highest levels of stress and greatest lack of social support.¹⁶⁴

Alcohol Use. Available studies report that women have increased their consumption of alcohol, presumptively as a coping mechanism for stress and anxiety as a result of the pandemic. One study reported that during the pandemic women have increased their heavy drinking days by 41% compared to before the pandemic.¹⁶⁵ In another study, nearly two-thirds of female participants reported drinking more since the beginning of the pandemic, including increases in daily drinking, drinking earlier in the day, and binge drinking. This study also showed that higher scores on coronavirus pandemic-related anxiety were linked to noticeably greater chances of drinking more.¹⁶⁶

Mental Health Services Capacity. While the stresses of the pandemic continued, demand for mental health and addiction treatment services has significantly increased. However, the financial viability and capacity of many

¹⁵⁷ Food insecurity was the most common HRSR identified in the study.

¹⁵⁸ <https://www.news-medical.net/news/20210406/Women-experienced-high-rates-of-mental-health-problems-early-in-COVID-19-pandemic.aspx>

¹⁵⁹

<https://uasdata.usc.edu/index.php?r=eNpLtDKyqi62MrFSKkhMT1WyLrYyNAeyS5NyMpP1UhJLEvUSU1Ly80ASQDWJKZkpIKaxlZKZmZmSdS1cMG0qEuc>

¹⁶⁰ <https://www.health.harvard.edu/blog/women-alcohol-and-covid-19-2021040622219>

¹⁶¹ <https://www.sciencedirect.com/science/article/pii/S2666915321000500>

¹⁶² <https://consumer.healthday.com/b-3-19-pandemic-has-pregnant-women-really-stressed-survey-shows-2651114733.html>

¹⁶³ Ibid.

¹⁶⁴ Ibid.

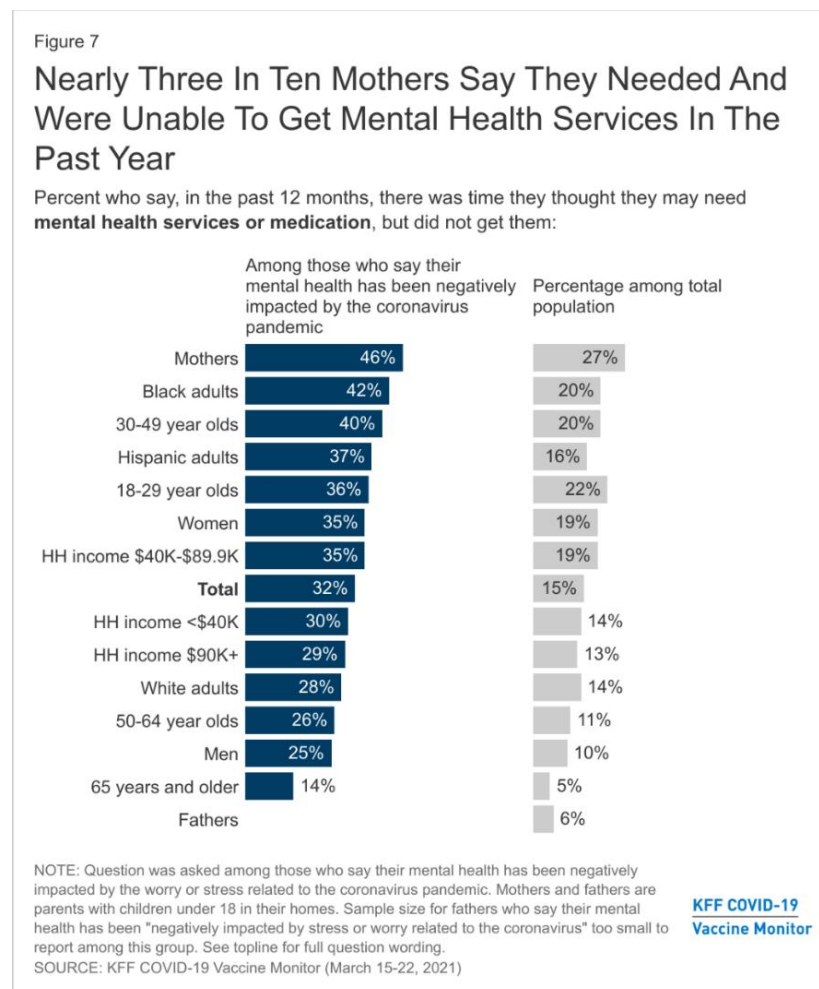
¹⁶⁵ <https://www.health.harvard.edu/blog/women-alcohol-and-covid-19-2021040622219>

¹⁶⁶ <https://juniperpublishers.com/jgwh/JGWH.MS.ID.556057.php>

behavioral health organizations has decreased. A February 2021 survey by the National Council for Behavioral Health (NCBH), found that many of its member organizations had reduced staff and decreased services during the pandemic:¹⁶⁷

- 27% of member organizations reported laying off employees;
- 45% reported closing some programs;
- 23% furloughed employees;
- 35% decreased the hours for staff; and
- 68% reported having to cancel, reschedule, or turn away patients in the previous 3 months.

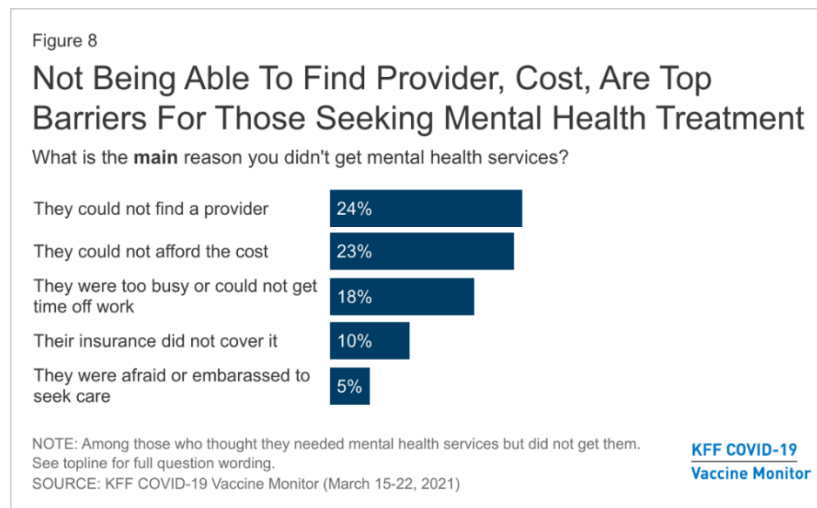
According the Kaiser Family Foundation Vaccine Monitor in March 2021, found that about one third (32%) of those who reported a negative impact on their mental health say there was a time in the past year where they thought they might need mental health services or medication but did not get them. Almost half of mothers (46%) who report a negative mental health impact due to the pandemic (27% of all mothers) say they did not get mental health care that they needed.¹⁶⁸



¹⁶⁷ <https://www.medscape.com/viewarticle/950688>

¹⁶⁸ <https://www.kff.org/coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/>

The primary reasons respondents did not get mental health services was access to providers and affordability.¹⁶⁹



4. Reproductive Health

The COVID-19 pandemic has affected women's reproductive and perinatal health directly through infection and indirectly as a consequence of changes in health care, social policy, and social and economic circumstances. As health systems are increasingly strained, sexual and reproductive health care services are often deemed non-essential. Many providers have shifted to telehealth visits, which limit the availability of in-person visits for reproductive health and especially limit the prescribing of contraception.¹⁷⁰ Limited data on the availability of reproductive health visits shows:

- One-third of US women reported delays or cancellations in sexual and reproductive healthcare, with a higher proportion of delay reports from Black, Latinx, LGBTQIA, and low-income women. These groups also reported more concern about their ability to access sexual and reproductive healthcare services, particularly contraception.¹⁷¹
- There were substantial reductions in screening for breast cancer, cervical cancer, human papilloma virus (HPV) and other asymptomatic sexually transmitted infections (STIs) – for example, from January 2020 through April 2020, there was a 94% decrease in breast and cervical cancer screening compared to the previous two years.¹⁷²

Pregnant women also were affected by the pandemic in the following ways:

- Pregnant women were no more likely to get COVID-19, but if they did, they were more likely to become very ill and more likely to require ICU care, ventilation, or experience preterm birth and preeclampsia or require a cesarean section.¹⁷³

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.

¹⁷¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7487147/>

¹⁷² <https://depts.washington.edu/nwbfc/pandemic-disrupts-sexual-health>

¹⁷³ <https://www.webmd.com/lung/news/20210426/study-says-pregnant-women-with-covid-face-serious-risks>
<https://www.womenshealthmag.com/health/a35782633/covid-19-vaccine-infertility/>

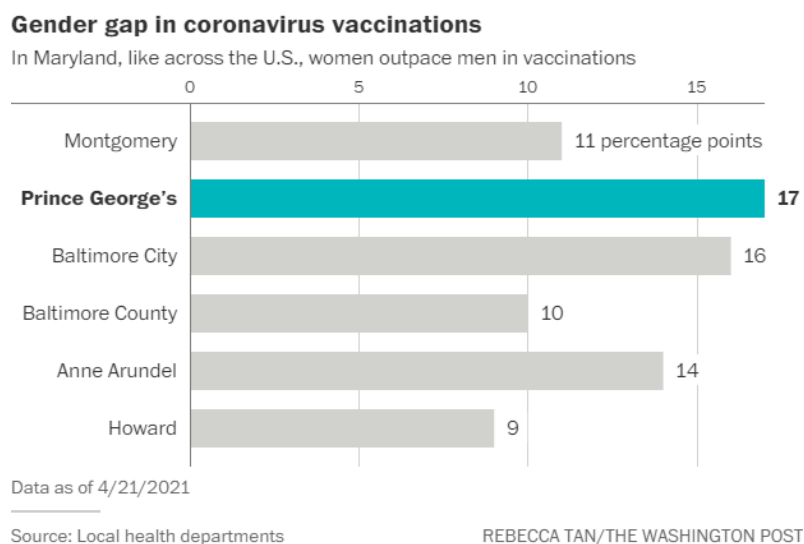
- In 2020, pregnant women who contracted COVID-19 were 20 times more likely to die than those who didn't contract the virus.¹⁷⁴

In addition, at the beginning of the pandemic, some states¹⁷⁵ enacted legislation to suspend women's access to abortion services as non-essential services. These states justified it by stating the need to preserve essential medical supplies and reduce "elective" medical procedures. For those states that still allowed abortions, it was more difficult to schedule due to decreased capacity and supplies as well as social distancing measures. However, it is important to note that abortions are time-sensitive procedures so the impact of the laws and decreased capacity to perform the procedures could be significant.

5. Vaccinations

A study on vaccinations in the United States as of April 2021 found that in each state that reported gender breakdowns showed more women than men had received the vaccination – generally close to a 60% (women) to 40% (men) breakdown. In states that showed data over time, this had narrowed as eligibility increased but had not disappeared.¹⁷⁶

Maryland shows a similar pattern – while the population is fairly evenly split between men and women, there is a statewide gap between vaccinated men and women of 13%. In majority-Black, Prince George's and Baltimore City, the gaps are 17% and 16% respectively, while Montgomery County's gap is 11%¹⁷⁷



Public health experts believe there are numerous reasons for this gap: women make up the majority of workers in prioritized fields (healthcare, education); longer life spans mean that there were more women eligible based on age; women tend to seek preventative care more than men; and men's desire to be "tough" and "masculine" and not want to get the vaccine.¹⁷⁸

¹⁷⁴ Ibid.

¹⁷⁵ Including Alabama, Ohio, Texas, Iowa, Mississippi, and Oklahoma.

¹⁷⁶ <https://khn.org/news/article/gender-vaccine-gap-more-women-than-men-vaccinated-against-covid/>

¹⁷⁷ <https://www.washingtonpost.com/dc-md-va/2021/04/24/women-vaccine-black-men-dc/>

¹⁷⁸ Ibid.

Research also shows there is disparity in who is receiving the vaccine by race as well; however, there is virtually no data available on race by gender. The data on race show there is a consistent pattern across states of Black and Hispanic people receiving smaller shares of vaccinations compared to their shares of the total population. The share of vaccinations among Asian people was similar to or higher than their share of cases and deaths, although, in some states, it was lower. White people received a higher share of vaccinations compared to their share of cases and deaths and their share of the total population in most states reporting data.¹⁷⁹

Some of this disparity may be attributed to vaccine hesitancy, a lack of sites, and poor communication from health systems within communities of color. A Kaiser Family Foundation study found that Black and Hispanic people were more likely to think they would get COVID from the vaccine or would not be able to get the vaccine from a place they trust.¹⁸⁰

Reaction to Vaccine. The CDC analyzed the first month of vaccinations and found that over 79% of side effects were reported by women though just about 60% of the doses were administered to women.¹⁸¹ In another report, the CDC found it was almost exclusively women who had anaphylaxis¹⁸² after the vaccine shot (63 out of 66 people). Scientists attribute this to three primary reasons: (1) women are more likely to report side effects; (2) women have a more robust immune system that can produce more antibodies; and (3) immune-related genes are on the X chromosome, which women have two of.¹⁸³

Vaccines in Pregnancy. In a recent study, researchers found pregnant and breastfeeding women who got the shot showed a robust immune response similar to that of women who have not conceived or given birth. The study also found that the mother's antibodies were present in their umbilical cord blood and breast milk, suggesting they pass on immunity to their babies.¹⁸⁴

6. Impact on Health for Women in Specific Roles

Women represent a majority of two significant populations especially susceptible to the pandemic and any health-related effects – caregivers and healthcare personnel. This section summarizes the impacts of pandemic on these populations.

Women as Caregivers. Women, particularly WOC and immigrants, constitute the majority of caregivers that are paid outside of formal channels (or not paid at all). Research estimates that 65% of informal family caregivers in the US are women and about 87% of individuals with long-term care needs rely exclusively on unpaid caregivers. In addition to increased exposure to the virus, these female caregivers are more likely to experience a specific stress termed “caregiver burden”- negative psychological, behavioral, financial and physiological effects on their lives and health.¹⁸⁵

¹⁷⁹ <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/>

¹⁸⁰ <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-march-2021/>

¹⁸¹

<https://www.today.com/health/covid-vaccine-side-effects-women-young-people-report-more-t212334>

¹⁸² Anaphylaxis is a severe allergic reaction to venom, food, or medication. Most cases are caused by a bee sting or eating foods that are known to cause allergies, such as peanuts or tree nuts. <https://www.healthline.com/health/anaphylaxis>

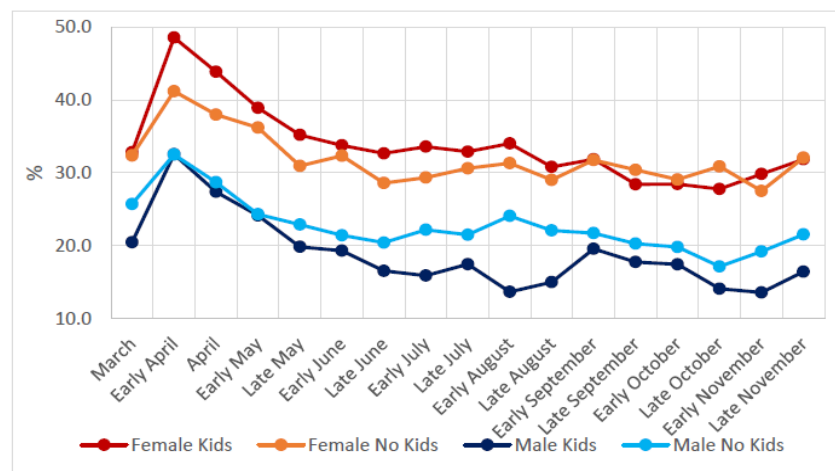
¹⁸³ <https://www.webmd.com/vaccines/covid-19-vaccine/news/20210310/women-report-worse-side-effects-after-covid-vaccines>

¹⁸⁴ <https://www.nbcnews.com/health/health-news/pregnant-women-show-strong-immune-response-covid-vaccine-study-finds-n1262076>

¹⁸⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7487147/>

One significant new aspect of caregiver burden is the addition of homeschooling due to school closures. As stated in other parts of this report, a majority of experts agree that women are carrying an increasingly heavier load than men in providing childcare and educational support to their children during this pandemic, even while continuing to work. One study found that 45% of working moms and 9% of working dads reported being the only one in the household providing childcare and help with schoolwork. This resulted in significantly more psychological distress for women, as shown below.¹⁸⁶

Psychological Distress, By Gender and Whether Children Live in the Household
Among respondents living with a spouse or partner



Women in Medical Roles. The CDC reports that women comprise the majority of the healthcare workforce - 76% of US healthcare workers are women. Given the close interaction with a high concentration of COVID patients, those workers are at an increased risk of contracting the virus. In addition, PPE is often marketed as “unisex,” but experts report they are manufactured according to traditional male proportions. This has led to some women wearing ill-fitting PPE, potentially compromising their degree of protection.¹⁸⁷

Limited data on COVID’s impact on healthcare workers show there have been more than 3,600 healthcare worker deaths since the beginning of the pandemic. One study found two-thirds of these deaths were identified as people of color. The study further found that lower-paid workers who handled everyday patient care, including nurses, support staff and nursing home employees, were far more likely to die in the pandemic than physicians were. Both of these groups are much more likely to be women.¹⁸⁸

¹⁸⁶

<https://uasdata.usc.edu/index.php?r=eNpLtDKyqi62MrFSKkhMT1WyLrYyNAeyS5NyMpP1UhJLEvUSU1Ly80ASQDWJKZkpIKaxlZKZmZmSdS1cMG0qEuc>

¹⁸⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7487147/>

¹⁸⁸ <https://www.theguardian.com/us-news/ng-interactive/2020/dec/22/lost-on-the-frontline-our-findings-to-date>

B. Intimate Partner Violence/Domestic Violence

Prior to the pandemic, approximately one in four women and nearly one in 10 men have experienced intimate partner violence (IPV) during their lifetime according to the CDC. In the United States, IPV occurs among all races/ethnicities and socio-economic classes; however, researchers generally agree that among ethnic minority groups in the United States, Blacks are the most likely to experience domestic violence followed by Hispanics and then Whites and Asians.¹⁸⁹ This violence has an overall cost to society including adverse physical, mental, and economic outcomes for victims and children in the home.

Experts believe the current COVID-19 pandemic will result in a similar increase in IPV as previous pandemic events because of increased fear, social isolation, economic instability, loss of income, and associated stress and family conflicts. This chapter summarizes information on this “invisible” or “hidden” pandemic, including the limited available data on IPV during the COVID-19 pandemic, a summary of reasons for the increase in IPV, and the impact in communities of color.

Intimate Partner Violence Vs. Domestic Violence

Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship, both current and past. It can include physical, sexual, emotional, or financial abuse (or any combination) aimed at gaining power. Intimate partner violence is a more inclusive term than domestic violence, but the terms are often used interchangeably. For this report, OLO will use the term intimate partner violence unless a specific study utilizes domestic violence, which OLO will then use.

Data on Intimate Partner Violence During Pandemic. Collecting data on intimate partner violence is difficult because many victims do not report the crimes for a multitude of reasons - fear of reprisal, getting the offender in trouble, believing the police could not or would not do anything to help, and believing the crime to be a personal issue or too trivial to report.¹⁹⁰ Experts report that both increases and decreases in reported IPV rates could be troubling: the increase in cases is a result of increased violence or a decrease is a sign of depressed reporting. It will take time to comprehensively assess the impacts of the pandemic on intimate partner violence.

The vast majority of information available about intimate partner violence during the pandemic has been based on anecdotal reports. However, this section summarizes the limited data currently available.

According to the National Commission on COVID-19 and Criminal Justice (NCCCJ), the number of domestic violence incidents in the United States increased by 8.1% after lockdown orders.¹⁹¹ The National Domestic Violence Hotline reported a 9% increase in total phone, chat, and text contacts between March and May 2020 with calls/chat/texts involving emotional/verbal abuse increasing by 90%, those involving physical abuse

¹⁸⁹In the latest data available from the CDC, an estimated 51.7% of American Indian/Alaska Native women, 51.3% of multiracial women, 41.2% of non-Hispanic black women, 30.5% of non-Hispanic white women, 29.7% of Hispanic women, and 15.3% of Asian or Pacific Islander women experienced physical violence by an intimate partner during their lifetimes.

<https://www.verywellmind.com/domestic-violence-varies-by-ethnicity-62648> and

<https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

¹⁹⁰ <https://bjs.ojp.gov/content/pub/pdf/cv17.pdf>

¹⁹¹ https://cdn.ymaws.com/counciloncj.org/resource/resmgr/covid_commission/Domestic_Violence_During_COV.pdf

increasing by 61%, and those involving economic/financial abuse increasing by 24% in relation to pre-pandemic levels.¹⁹² Data was also available from the following jurisdictions about the number of calls to police related to domestic violence:

- Fairfax County, VA. The daily average number of domestic related calls in April 2020 increased 26% compared to April 2019.¹⁹³
- Jefferson County Alabama experienced a 27% increase in domestic violence calls in March 2020 compared to March 2019.¹⁹⁴
- New York City domestic violence calls increased 10% comparing March 2020 to March 2019.¹⁹⁵
- San Antonio Police Department received an 18% increase in calls pertaining to family violence in March 2020 compared to March 2019.¹⁹⁶

Domestic Violence Arrests. While the data regarding domestic violence arrests is consistent across jurisdictions that are reporting data (calls increasing), the data regarding arrests related to domestic violence is less conclusive. Two cities with data available showed increases in arrests:

- Portland experienced a 22% increase in arrests related to domestic violence in March 2020 compared to March 2019.¹⁹⁷
- Baltimore City had a violent domestic crime increase of 31% year when comparing the first three months of 2021 with the first three months of 2020, including an increase of domestic aggravated assaults by 35%.¹⁹⁸

Chicago and Los Angeles, on the other hand, had increases in domestic violence calls but decreases in arrests:

- Chicago had an increase in calls for police service as a result of the lockdown but the officially reported crimes and police arrests for domestic crimes decreased. Researchers estimated a 13% decrease in reports of domestic violence in March-April 2020, as compared to 2019, despite the increase in 911 calls for the same incidents. Specifically, calls for domestic battery (the most severe domestic crime) did not change over this time period, although reported cases and arrests decreased.¹⁹⁹
- Los Angeles had an increase in domestic violence calls to the police and hotline but domestic violence crimes decreased. More specifically, the initial shutdown increased domestic violence calls to police and to the hotline, but decreased arrests for those crimes. The re-opening period showed a continued decrease in crimes and arrests, as well as decreases in calls to police. Calls to the hotline remained elevated.²⁰⁰

Reasons for Increase in Intimate Partner Violence. Curfews and necessary quarantine measures have increased both the extent of time with, and exposure to, abusive partners. This dynamic is magnified by the stress of worsening socioeconomic conditions.

¹⁹² <https://link.springer.com/article/10.1007/s10896-020-00240-7>

¹⁹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7539928/>

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

¹⁹⁶ Ibid.

¹⁹⁷ [https://www.ajemjournal.com/article/S0735-6757\(20\)30307-7/fulltext](https://www.ajemjournal.com/article/S0735-6757(20)30307-7/fulltext)

¹⁹⁸ <https://www.baltimoresun.com/news/crime/bs-md-ci-cr-domestic-violence-increases-20210402-6lfzejoqonbsdc4erd2pwvyq6a-story.html>

¹⁹⁹ <https://www.nber.org/papers/w27667>

²⁰⁰ <https://www.iza.org/publications/dp/13841/effects-of-the-covid-19-pandemic-on-domestic-violence-in-los-angeles>

Intimate partner violence during pandemics is associated with a range of factors including economic stress, disaster-related instability, increased exposure to abusive relationships, and reduced options for support. While there is limited data on the reasons for increases in IPV, experts identified the following potential causes:²⁰¹

Financial Hardship. As discussed earlier, women are more likely to be financially impacted by unemployment or lay-offs during the economic shutdown and associated downturn. The fear of job loss and future financial strain can create or amplify conflict within families and thus increase the frequency and severity of intimate partner violence for women in abusive relationships. The decreased ability of meeting basic needs in the family (rent, food, childcare) due to unemployment or fewer work hours on can lead to increased tension and more violence.

Financial Dependence. Intertwined with financial hardship stress, many IPV victims are reliant on significant others for financial needs. The division of labor creates inequalities in the home and family members become dependent upon men for economic stability, giving more power and authority to men within the household. Further, women are more likely than men to work in lower-paying jobs and have less savings. Because of this dependence on the abuser for basic needs for victims and children, many victims do not feel as if they have the financial resources to leave the abusive situation.

Immigration Concerns. Victims may be more reluctant to call the police, press criminal charges and testify against assailants for fear that themselves or family members will be deported back to their country of origin. Survivors of intimate partner violence may be subject to unique forms of abuse for those who are undocumented or whose legal status depends on the abuser. An immigrant with lawful permanent residence may lose his/her legal status if s/he is convicted of certain crimes, which could impact a victim if that victim is financially dependent on the abuser.

Closure of Services. Health services and other essential services, such as IPV shelters and helplines, reached capacity or were temporarily closed due to the pandemic. This shift in prioritizing essential services has led to the interruption or elimination of critical resources - victims may not have any place to go to utilize services or leave the situation. While many services became virtual, some victims face barriers including the lack of resources to engage in virtual services, digital literacy issues, and language issues. This is particularly true in immigrant communities.

Increased Stay-at-Home Orders/Isolation. Many jurisdictions implemented restrictions on movement, making it significantly more difficult for victims to escape and easier for others (family, coworkers, neighbors, etc.) to miss the signs that something is wrong. This has caused many victims to be isolated and lose their existing support networks, including extended family and social or community-based support networks. Only 17 states explicitly listed IPV survivors or others seeking safety as people or activities are exempt from stay-at-home orders. In addition, the federal guidance on essential infrastructure that many states rely upon did not clearly indicate that essential businesses include IPV supports such as shelters and other programs. Overall, there are fewer opportunities for people living with family violence to call for help.

²⁰¹ <https://www.americanprogress.org/issues/women/reports/2020/08/10/489068/ensuring-domestic-violence-survivors-safety/>

Increase in Alcohol Use.²⁰² There is a large body of evidence that documents a link between alcohol consumption and violence involving intimate partners and close family members. Early studies indicate alcohol and tobacco sales rose dramatically during the early months of the pandemic, as the stress and isolation experienced with the pandemic is a significant trigger for alcohol use and abuse. Concerns that social isolation, coupled with increased alcohol consumption, can result in an increase in intimate partner violence.

Lack of Privacy. Because both victims and abusers are at home, along with children who were not in school, there is very little privacy for anyone in the home. This lack of privacy makes it difficult for women to contact friends, family, or service providers to seek out help and resources.

Increased Stress. The pandemic has increased stress among families across many aspects of life, in addition to financial and employment impact. Among other things, uncertainty and fear around the virus, business closings, childcare and homeschooling requirements, political tensions, and lack of personal connections can all add to the stress and anxiety of a household, potentially leading to an increase in intimate partner violence.

Intimate Partner Violence in Communities of Color. Prior to the pandemic, research indicated that lower-income women and WOC were more likely to experience intimate partner violence. Systemic inequities within policies and institutions have a disparate impact on survivors who are socially and politically marginalized, restricting their access to resources required for their long-term safety.²⁰³ There was limited data on IPV by race prior to the pandemic and OLO was not able to find any specific data by race for IPV during the pandemic.

While data on IPV by race is limited, according to one study indicative of general findings - the prevalence of IPV varies across racial and ethnic groups prior to the pandemic. More than half of Native American and multiracial women (63.1% and 61.1% respectively) and 41.2% of Black women have experienced physical violence by an intimate partner during their lifetimes. These rates are higher than for women from other racial and ethnic groups, including White women (30.5%), Hispanic women (29.7%), and Asian/Pacific Islander women (15.3%). There were similar trends for psychological aggression victims – Native American (63.8%) and multiracial (51.3%) women experienced the most, followed by Black women (53.8%), White women (47.2%), Hispanic women (43.9%) and Asian/Pacific Islander women (29.8%).²⁰⁴

Experts identify some of the following reasons why WOC may not seek help when victimized by an intimate partner:²⁰⁵

- Cultural or religious views that keep them in the relationship;
- Possess strong ties and loyalty to their race, culture, and family;
- Distrust law enforcement, the justice system, and social services;
- Few resources that are culturally/ethnically appropriate; and
- Worry about legal status or being deported if they seek help.

²⁰² <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770975> and https://www.washingtonpost.com/outlook/more-drinking-at-home-is-linked-to-domestic-abuse/2021/04/28/dfbae39e-a780-11eb-8c1a-56f0cb4ff3b5_story.html

²⁰³ <https://time.com/5928539/domestic-violence-covid-19/> and <https://www.americanprogress.org/issues/women/reports/2020/08/10/489068/ensuring-domestic-violence-survivors-safety/>

²⁰⁴ <https://iwpr.org/wp-content/uploads/2020/08/The-Status-of-Black-Women-6.26.17.pdf>

²⁰⁵ <https://www.verywellmind.com/domestic-violence-varies-by-ethnicity-62648>

As shown earlier in IPV data available, much of this data is not uniformly disaggregated by sex, gender, race, or any other factor. However, experts believe that, based on past domestic violence data from similar historic events, that women, particularly Native women, undocumented immigrant women, WOC, LGBTQ people and disabled people will experience higher rates of domestic violence compared with the general population.²⁰⁶

Child Abuse During Pandemic

Stress and compromised parenting often place children at risk for abuse and neglect. Further, research shows children having direct or indirect exposure to domestic violence are affected physically, socially, emotionally and mentally. Because of the pandemic, families across the country are experiencing a new range of stressors and isolation that threaten health, safety, and economic well-being, potentially leading to increased child abuse. Further, many children have had less exposure to mandatory reporters (such as teachers and doctors), which can significantly impact the reporting of child abuse. While this report did not include child abuse in its scope, OLO acknowledges that the risk of victimization of children and adolescents is high and should be considered when discussing the disparate impact of COVID on women (particularly mothers).

²⁰⁶ [https://www.ajemjournal.com/article/S0735-6757\(20\)30307-7/fulltext](https://www.ajemjournal.com/article/S0735-6757(20)30307-7/fulltext)

Chapter 5. County Operations and Data for Health Services and Domestic Violence

This chapter provides an overview of how the County provided health services, including to domestic violence victims, during the COVID-19 pandemic. The chapter begins with an overview of various healthcare services and domestic violence programs, followed by a summary of the limited data available on the impact of the pandemic on women's health and prevalence of domestic violence.

1. Healthcare

The Department of Health and Human Services (DHHS) is the primary County department that provides health services to residents. OLO spoke with numerous programs within the Department about how their operations have changed during the pandemic and the impact it has had on women.²⁰⁷

At the start of the pandemic, there was confusion among the public about what programs and services were available from DHHS and how to access those services. Therefore, all staff OLO spoke with stated there was increased outreach to the community about what programs and services were still available for residents and how to access them. DHHS staff stated they reach out to community leaders, nonprofit organizations, and religious organizations to help spread the word.

Overall, OLO found services and programs that could operate virtually began to operate virtually. All staff teleworked if possible. However, there are many services, such as homelessness prevention or the Crisis Center, that could not be provided virtually. In those cases, staff took practicable precautions and continued to provide services. In some cases, such as a few programs in Positive Youth Development, DHHS staff continued in-person services (even if it could be completed virtually) because staff feared clients would be lost if the service went fully virtual. The following summarizes how select programs addressed their client population during the pandemic. Many of these programs are in the process of shifting back to in-person services while still maintaining the option of virtual programming.

- **Child Welfare Services.** CWS operations slightly changed to adapt to the pandemic. State law mandates that initial responses to sexual abuse or physical abuse claims have to be in person. However, after the initial meeting, services were able to be provided virtually. CWS staff was still able to come to the hospital or doctor's appointments with victims when necessary.
- **Dental Services.** At the beginning of the pandemic, three out of five clinics were shut down, with the remaining two only being opened for emergencies. Services were cut significantly and many dental services employees deployed to different areas within DHHS to assist in COVID-related services. All clinics are now open and staff report they are starting to see more patients, but are not back to pre-pandemic numbers yet.
- **Positive Youth Development.** Prior to the pandemic, PYD staff reported most of their services were hands-on with youth. A lot of staff time was shifted in the early pandemic to focus on food banks and going into communities to check in with families. Staff report some PYD staff have continued to provide services in person (at a safe distance) because they fear they will "lose" the youth if they do not maintain a relationship. Staff report many of the PYD programs that have become virtual have been able to maintain a relationship with many of the young women they had served before the pandemic.

²⁰⁷ OLO spoke with Child Welfare Services, Dental Services, Early Childhood Division, Positive Youth Development, Crisis Services, Eligibility and Support Services, COVID Recovery Team, Maternity Partnership Program, Services to End and Prevent Homelessness, Trauma Services

- **Behavioral Health and Crisis Center.** The Crisis Center set up two telehealth hubs for those with accessibility issues, (i.e., home environment isn't safe, no access to internet). They found some funds unused from the last fiscal year and were able to purchase some smartphones for people who needed them (mostly for people that were in the overdose/addiction program). Mental health staff, who have been operating virtually, have gone to clients' homes to help them set up telehealth capabilities.
- **Services to Prevent Homelessness.** The program did not change significantly as a result of the pandemic. Staff report some services are now conducted over the phone, but clients still primarily come in person for services. The County is also requiring every contractor to have at least one face-to-face interaction a month with clients. The County's shelters have had to adapt to social distancing guidelines – there is now a quarantine period and testing for all new clients. The structure and capacity of the shelters have changed, in that the County is now using some recreational areas as shelters to provide same number of beds or more beds than before.
- **Maternity Partnership Program.** Initially, people could not figure out how to apply for the Maternity Partnership Program since offices were closed, so the department had to work hard at community outreach and communicate that the application process was only available online. There was a significant decline in applications initially because of the confusion. Staff report that people have delayed prenatal care until later in their pregnancy (which can increase the chance of pregnancy complications). The County staff who provide home based case management for the women enrolled in the program have been offering the services via the telephone for much of the pandemic and have only recently started doing video-based "telehealth."
- **Office of Eligibility and Support Services (OESS).** The OESS office was shut down at the beginning of the pandemic. While OESS continued to receive paper applications, most applications began to be completed online. Staff conducted extensive outreach to community partners on how to access the services. Further, the office established a customer service center phone line to assist clients in the application process.
- **Trauma Services.** Prior to the pandemic, all services were offered in person. However, at the beginning of the pandemic, services went completely online. Staff were provided with phones and (for some) laptops so that all services could be provided through Zoom Health. One key service, the Krahnke Center, did not shut down and employed enhanced cleaning. Families needing services who tested positive for COVID were placed in motels to avoid outbreaks.
- **COVID Recovery Team.** The COVID Recovery Team was created to organize COVID recovery funds within DHHS. The team operates entirely virtual and has been conducting significant outreach to the community to inform them of their services. The team runs the following programs:
 - Emergency Assistance Relief Program (EARP) – cash-based assistance for families that do not qualify for federal relief programs such as mixed immigration status or undocumented residents. The program has given out about \$9 million of the appropriated \$10 million to date. EARP is still receiving applications, but is not processing them at this time.
 - Early Care and Education Initiative Recovery Fund (ECEIP), which includes: School Aged Grants – grants for targeted providers that were providing care for children ages 5 and over during the summer, with a focus on those that did not qualify for small business grants. It also provides grants targeted to childcare providers serving school-aged children and facilitating virtual learning in MCPS facilities as well as families that did not qualify for other state and federal dollars that enrolled kids in virtual learning programs in MCPS facilities.

2. Domestic Violence

Victims of domestic violence can access County services through a multitude of departments – Health and Human Services, Sheriff’s Office, State’s Attorney’s Office (SAO) and Police, among others. The Family Justice Center (FJC) is a center that co-locates these agencies in one facility for a coordinated approach for providing legal and social services for victims of domestic violence and their children. Victims of domestic violence are referred to the FJC by a number of organizations, such as the Sheriff, Police Department, and Health and Human Services. Victims can also receive legal and social services from numerous non-profit organizations (some have contracts with the County or work together without contracts). Because this report is focused on County services, this section will focus primarily on services provided by the FJC during the pandemic.

When the pandemic first began, the County moved rapidly to establish a stronger online presence for victims of domestic violence, increasing social media presence and community outreach. The County created a campaign, funded by a grant managed by Police, that increased outreach on buses and distributed over 100,000 informational cards at pharmacies, food distribution sites, grocery stores, and religious facilities. The cards were available in fourteen languages and provided information on resources available in the County for survivors of domestic abuse.

During the pandemic, many of the FJC’s services and programs were administered virtually, either by phone or by newly installed telehealth. Staff also created a new email address to provide another method of contact for clients. The FJC facility remained available for clients who required or preferred in-person services. Staff report the shift to primarily telehealth has been positive and negative for clients – some clients prefer virtual service as they feel more comfortable engaging or can engage more because there is no need for transportation or childcare. However, virtual services can also be difficult for those at home who do not have access to technology or who cannot speak with staff because the abuser is present.

FJC staff report during the beginning months of the pandemic, fewer than normal victims reached out for services. Staff believe victims may not have known the Center was open, did not know how to reach out for help, or some victims did not want to reach out for help because they were quarantining with the abuser. Staff report that after the outreach campaign, the number of clients returned to pre-COVID numbers.

County staff state that collaboration among County staff within the FJC, HHS, Police, and SAO is at an all-time high – communication has been improved significantly with the switch to virtual. Staff report the Domestic Violence Coordinating Committee just established a subcommittee on how to further collaborate with other organizations engaged in domestic violence work.

Courts. The pandemic resulted in court closures and limiting of court proceedings, which has presented barriers to domestic violence victims. Some cases have still been able to be heard, such as filing for protective orders or criminal violence (assault, stalking, etc.) against the accused. However, the manner in which cases proceed has changed – all cases are virtual and there have not been jury trials (changed in late April 2021 – minimal jury trials resumed). This has resulted in a significant back log of cases. Further, prior to the pandemic, victims could bring advocates²⁰⁸ to forensic exams and court proceedings. This was not the case during the pandemic – victims were not allowed to bring an advocate during virtual hearings, which stakeholders report can be traumatic for the victims. One additional significant change was the closure of family courts, including divorce

²⁰⁸ Domestic violence advocates provide support for victims of domestic abuse, including crisis intervention, safety planning, and needs assessments. They will also supply information or referrals for shelters, restraining orders, other support services and accompanying the survivor with law enforcement and medical providers.

and custody hearings. These cases have been cut back significantly, which can impact a victim of domestic violence as they cannot get a divorce or custody of children until the courts open back up. There is no information on when the courts might be back to full capacity.

A. Available County Data on Domestic Violence and Healthcare

There is no one set of data that can show the impact of COVID on women. In this section, OLO summarizes available data on the impact of COVID on County services and programs. The following data sets provide pieces of the entire picture of this impact – it is not a comprehensive review. Further, OLO could report what data is readily available – some data sets are not available by gender or by gender and race together.

1. Health

Various programs in the Department of Health and Human Services provided OLO with data looking at who they served in 2019 compared to 2020. As stated earlier, these datasets do not provide a full picture of the impact of COVID on women, but rather provide snapshots of the bigger picture.

Victim Assistance and Sexual Assault Program (VASAP). This program assists victims of serious crimes such as rape/sexual assault, homicide, hate crimes, arson, robbery, auto theft and vandalism. VASAP staff provided OLO with a summary of data for the past two years. VASAP staff report they received 1,050 client intakes during March, April, May and June of 2020, compared to 440 during the same months of 2019 – a 146% increase. The following table shows more details on the gender and race of cases VASAP served in 2019 and 2020. Overall, the percentage of females served as victims of general crime increased slightly, while the percentage of females served as victims of rape/sexual violence decreased.

Number Served	General Crime		Rape/Sexual Violence	
	FY19	FY20	FY19	FY20
	786	938	605	695
<i>White</i>	26%	21%	31%	21%
<i>Black</i>	18%	31%	31%	40%
<i>Hispanic</i>	46%	39%	27%	30%
<i>Asian/Pac. Islander</i>	7%	7%	6%	6%
<i>Other</i>	1%	2%	6%	3%
<i>Female</i>	61%	68%	96%	78%

Maternity Partnership Program (MPP). The MPP provides prenatal care, routine laboratory tests, prenatal classes, and a dental screening by a dental hygienist to low-income women who do not have health insurance. Program staff provided OLO with data on their services in FY19 and FY20, summarized below. OLO found the number of clients served monthly in the Infants at Risk program and Pregnant Teen Case Management remained consistent for both years. However, staff report the Maternity Partnership Program experienced a significant, but temporary decrease in caseload - a 71% decrease from March 2020 to April 2020 – and has since returned to pre-COVID monthly numbers.

	Monthly Average Caseload	
Program	FY19	FY20
Maternity Partnership	127	123
Infants at Risk	14	14
Pregnant Teen Case Management	7	6

Though, with prenatal care, the goal is for a pregnant woman to start prenatal care as early as possible, in the first trimester of pregnancy. So, although the number of new Maternity Partnership cases did not dramatically decrease, the percentage of the Maternity Partnership patients who were able to initiate prenatal care in the first trimester did suffer. Women delayed applying and/or the application process took longer due to the pandemic as shown by the table below.

	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
% Maternity Partnership Patients initiating care in the 1st Trimester	56%	42%	30%	37%	27%	26%	26%	24%	29%	22%	27%

Child Welfare Services (CWS). CWS aims to protect children and preserve families through services such as screening and assessment, family preservation, continuing protective services, foster care, adoption, and foster and adoptive parent services. CWS staff provided OLO with data on the race of foster care clients in FY19 and FY20. While the program does not track the gender of their clients, staff report that most CWS clients are women. The data show that CWS served fewer clients in FY20 compared with FY19 and that the percentage of those clients that were Black or Hispanic increased slightly from FY19 to FY20.

Number of Clients	FY19	FY20
	190	131
<i>Asian</i>	5.8%	1.5%
<i>Black/African - American</i>	40.0%	45.0%
<i>Hispanic</i>	15.8%	21.4%
<i>Unknown</i>	17.4%	9.2%
<i>White Caucasian</i>	21.1%	22.9%

COVID Recovery Team. DHHS staff provided OLO with data on two emergency programs specific to COVID recovery – the Early Care and Education Initiative Recovery Fund (ECEIP) and Emergency Assistance Relief Program (EARP). Staff report that regardless of family structure, the mother is almost always the one to apply for assistance programs for family, is the main contact and serves as the main advocate for their family.

Early Care and Education Initiative Recovery Fund (ECEIP). The ECEIP appropriated \$10 million for reopening expenses for licensed childcare center programs, registered family childcare homes and letter of compliance programs. As the data show, an overwhelming majority of applicants (childcare providers) were female (93%) and 82% of applicants were either Hispanic or Black.

	ECEIP PROGRAM					
	CLIENT (CHILD)			CASE HEAD (USUALLY PARENT) *		
	Female	Male	% Female	Female	Male	% Female
Asian	11	9	55%	10	1	91%
Hispanic	135	133	50%	136	11	93%
Black	161	206	44%	209	13	94%
White	42	41	51%	39	2	95%
Other	101	76	57%	27	3	90%
Total	450	465	49%	421	30	93%
						*130 cases lack case head/parent details

Emergency Assistance Relief Program (EARP). The EARP is a program that provides immediate financial assistance to households in need, specifically for those who are not eligible or who will not benefit directly from the federal or state COVID-19 aid. DHHS provided the following comprehensive data on the program. As the data show, a majority of applicants to the program were females – about 77%. Further, the program has overwhelmingly Hispanic applicants – 93%.

	EARP PROGRAM					
	CASE HEAD (APPLICANT)			ALL HOUSEHOLD MEMBERS*		
	Female	Male	% Female	Female	Male	% Female
Asian	38	14	73%	77	49	61%
Hispanic	4,266	1,267	77%	9,204	7,283	56%
Black	170	65	72%	315	211	60%
White	47	24	66%	122	95	56%
Other	53	27	66%	129	66	66%
Total	4,574	1,397	77%	9,847	7,704	56%
						*Race based on case head

Crisis Center. DHHS staff provided OLO information on the number of clients served as Crisis Center Walk-Ins and the Mobile Crisis Team for FY19 and FY20. FY20 includes the first four months of the pandemic. The data show that females represented a slight majority of clients in both years (approximately 55% each year).

Demographic Category	Clients Served	
	FY19	FY20
<i>Race</i>		
American Indian or Alaskan	22	26
Asian	348	229
Black or African American	1,535	1,158
Client Declined to Answer	398	324
Native Hawaiian/Pacific Islander	26	14
Other Race	89	66

White	1,977	1,401
<i>Ethnicity</i>		
Hispanic or Latino	218	110
Not Hispanic or Latino	2,832	2,182
Other	1	2
<i>Gender</i>		
Female	2,422	1,752
Male	1,976	1,413
Undifferentiated	9	2

2. Domestic Violence

County staff report cases of domestic violence did not show sustained increases during the pandemic. During some periods, cases did increase, but overall it was very inconsistent. However, staff from all associated departments (MCPD, Sheriff, and SAO) report the severity of cases has increased – particularly strangulations. Staff are unsure whether the increases may reflect increased incidence of strangulations, or more identified cases as a result of improved training for police on strangulation laws.

MCPD provided OLO with some comparative data on domestic violence incidents for the first five months of the past three years. As the data show, aggravated assaults (included strangulation) have increased significantly over the past three years.

Category (Report Type)	1/1/2019 to 5/24/2019	1/1/2020 to 5/24/2020	1/1/2021 to 5/24/2021	2019 to 2020 % Change	2020 to 2021 % Change
Aggravated Assaults	88	101	127	14.773 %	25.743%
Domestic Abuse/Neglect	88	73	77	-17.045 %	5.479%
Family Trouble	8	8	8	0.000 %	0.000%
Homicide (Filtered)	3	1	3	-66.667 %	200.000%
Rape (Filtered)	34	34	27	0.000 %	-20.588%
Simple Assaults	498	508	499	2.008 %	-1.772%
	719	725	741	0.834 %	2.207%

Chapter 6. Stakeholder Observations

Only limited data is available on the impact of COVID on women in the County. Since the available data only provides a snapshot of the impact and is often not broken down by gender, race, and other categories. OLO spoke with County staff and other community/non-profit stakeholders to gain a deeper insight into the effects on the workplace, childcare, healthcare, and domestic violence (among other impacts) for women in the County.²⁰⁹ This chapter summarizes those observations and is organized as follows:

- General Observations;
- Workplace Equity;
- Childcare;
- Healthcare;
- Domestic Violence; and
- Economic Insecurity.

General Observations

Women are disproportionately impacted by COVID-19 in the home and workplace; women are bearing the brunt of the economic effects of the pandemic. The COVID-19 pandemic has exacerbated long-standing gender inequalities as women are shouldering the burden more than their male counterparts. The pandemic has led to an economic, mental health, and childcare crisis that has impacted women more than men. Some specific impacts include: industry sectors dominated by women have been decimated causing unemployment/reduced hours; household burdens are not shared equally and women overwhelmingly provide childcare (and elder care), supervise virtual school, and, in many cases, work simultaneously; violence against women has increased; and women have experienced more significant mental health issues due to the stress and isolation from the pandemic. Single mothers have had an especially difficult time.

The pandemic has placed a magnifying glass on gender and racial inequities. Long-standing inequities in systems of workplaces, health care, and poverty (among others) has exacerbated these inequities, especially in communities of color and immigrant communities. The impacts of the pandemic and the resulting economic fallout have been widespread; however, communities of color and immigrant communities have disproportionately suffered more significant health and economic impacts. Women of Color and immigrants often stand at a crossroads of multiple barriers - racial, gender, ethnic, and other forms of bias within institutional structures' entrenched disparities. Stakeholders report that White women in the County appear to be "doing fine" relatively compared to Black and Brown women. These disproportionate impacts reflect longstanding inequities in education, employment, housing, and health care that the pandemic is worsening. Stakeholders are concerned about the lasting equity impacts the pandemic may have on all these areas.

Stakeholders have not seen a change in the demographics of clients that are seeking services despite the significant increase in demand; however, demographic data are not currently being systematically collected or reported. Most County staff and other stakeholders who provide services report there has not been any significant change in the demographics of the clients they serve during the pandemic. The limited available data indicates many programs are primarily serving clients of color and/or immigrant clients and they served those same communities prior to the pandemic.

²⁰⁹ For a full list of who OLO spoke with, please see the acknowledgements at the beginning of the report.

There will be significant and negative impacts on vulnerable families when COVID relief funding and programs expire, especially for families who have accumulated a “mountain of debt” to meet basic needs. Government assistance, at all levels, has been a lifeline for many families and businesses to prevent poverty, hunger, and financial crisis. However, the economic effects of the pandemic will continue long past the “end” of it. Many households have been reliant on that assistance to make ends meet and will continue to have those needs but also may still be unemployed and/or in significant debt. Economic supports must be put in place now to help transition families who were relying on COVID emergency funding relief to pay for their necessities. One noteworthy impact stakeholders identified is the expiration of moratoriums on eviction – residents who have not paid rent in a significant amount of time will not only have to begin paying rent (which may not have been communicated properly so residents are unaware) but may have to pay back rent which they cannot afford. This could lead to a “tsunami of evictions” which could have a devastating effect on housing and households in the County.

Teen girls are a forgotten group of women significantly impacted by the pandemic. Teen girls, especially in marginalized communities, are facing unique challenges. Stakeholders report many girls have been given the responsibility of completing the housework, taking care of younger siblings (including monitoring virtual schooling), and getting jobs to help support the family. Stakeholders are particularly concerned about the mental health and education of these girls. Many have dropped out of activities or school. Many teen girls still in school report difficulties concentrating, balancing household responsibilities, and accessing classes for themselves and siblings.

Workplace Equity

Women, especially WOC and immigrant women, have suffered the most from COVID-related job and wage losses. Because of their concentration in low-wage and face-to-face jobs, women, especially immigrant women and WOC, were hit significantly harder with layoffs and reduced hours. While many higher wage jobs could transition to remote work, that was not the case for the majority of low-wage jobs, such as retail, hospitality, childcare and healthcare. Further, the majority of mothers who are working from home are taking on most of the burden of childcare and supervision of online schooling in addition to their work. Many low-income mothers, especially single mothers, have had to make difficult decisions regarding childcare and work – how to balance work while ensuring the children are taken care of and attending school. In general, stakeholders believe (1) the County needs to encourage employers to provide more flexible schedules so mothers can better balance their life and work responsibilities and (2) the salary structure for industries where women generally are overrepresented and underpaid (such as education, caregiving, health, and hospitality) should be examined and strategies to provide equitable pay in these fields should be researched.

The pandemic has resulted in significant barriers to employment in the County. The pandemic wreaked havoc on the economy and businesses. Many women who lost their jobs (or had to quit to take care of children) face significant hurdles in trying to reenter the workforce:

- Stakeholders report their clients, many of whom are women, are experiencing difficulties finding jobs and coordinating childcare so they can attend interviews for jobs;
- Stakeholders report limited access to childcare (i.e., affordability and availability of slots) as the largest barrier for mothers in the County seeking employment;
- Some job seekers are concerned about risking exposure to COVID but a large majority of employers in the County are looking for candidates who are willing to work in-person;

- It has been difficult for people who either do not have digital access/literacy to apply to jobs during the pandemic;
- While there is a wide array of services in the County that provide technical assistance for job searching (such as resume and cover letter workshops), stakeholders report a need for more work placement programs in the County; and
- There is a lack of collaboration between County employment/career search services and some County departments that provide social safety net programs.

Immigrant families in the County have been especially impacted by COVID-related job and wage loss, but are more hesitant to seek services and resources from the County. Stakeholders report that immigrant populations tend to work in low-wage sectors hit hardest by the pandemic (hospitality, food service, caregivers and construction). Many workers in these industries either lost their jobs or had hours severely cut back; many of those who continued to work were considered “essential,” having to be exposed to the virus on daily basis. Despite this significant loss in income, stakeholders report immigrant families have been very reticent to reach out for funding, due to confusing guidelines and language/technology barriers for receiving government benefits and supports. This is especially true for undocumented immigrants, who are not able to receive any form of economic relief under federal and state safety-net programs (including pandemic-related funding) that could help them with housing, food, unemployment, health, and other basic needs. For programs they may be eligible for, there is a general fear/anxiety of receiving government assistance.²¹⁰

Childcare

Stakeholders from all fields that OLO spoke with described an “absolute need” for more accessible and affordable childcare. Even prior to the pandemic, many families who needed access to childcare could not obtain it, primarily because it is simply not affordable to many families. In addition, there has been a decline in childcare providers and slots available due to the pandemic, further impacting the affordability. This impact on providers is not spread equitably – stakeholders have observed that providers in low-income areas who serve primarily low-income clients are struggling much more and are more likely to have closed down compared to providers in high-income areas. There needs to be a consistent financial investment in the County’s childcare system. One of the major challenges to childcare providers during the pandemic has been finding enough qualified staff. In addition, regulatory relief for licensed childcare, whether temporary or permanent, could help. In particular, waivers for some credentials (which can be difficult to obtain or unaffordable) can allow staff to begin working while working on obtaining all necessary credentials.

The long-term sustainability of childcare providers is a concern due to pandemic-related profit loss. Because of the pandemic, the number of clients allowed and enrolled in childcare across the County has decreased while the operating costs have increased in order to comply with CDC guidelines. Many childcare providers and employees are older and low-income and have struggled to stay connected and applied for relief funding online during the pandemic. As more families transition to working from home permanently, providers are concerned that enrollment numbers will remain low. This has led to a significant concern among stakeholders that childcare providers will not be able to afford the same number of employees they had prior to the pandemic. As

²¹⁰ One cause for this anxiety is concern about being labeled as a public charge - a non-citizen who is primarily dependent on the government for support by receiving cash assistance or long-term Medicaid. If the government considers an individual likely to be a public charge at any time in the future, the individual can be denied admission into the U.S. However, some of the benefits that DHHS will NOT consider in a public charge test include: Medicaid, Children’s Health Insurance Program, State and locally-based health care programs, SNAP, WIC, school lunch programs, subsidized housing programs such as Section 8, COVID-related supports such as emergency rental assistance, and state-based, non-cash assistance programs. However, it is advised that if an individual is unsure if they should continue to receive benefits, it is best to speak to an immigration lawyer.

a result, a significant number of childcare workers have left the industry permanently. Low pay and inflexible schedules had been issues prior to the pandemic, with staff already leaving for other employers and industries (MCPS being one of their main competitors). All of these factors, along with the minimum wage increase, have stakeholders worried about the long-term financial sustainability of many childcare providers in the County.

During the pandemic, there was an increase in the use of unlicensed childcare providers, who do not necessarily follow State health and safety requirements. The reliance on these unlicensed providers will continue post-pandemic. Because many licensed daycare providers were forced to close or decrease their numbers, many families had to utilize unlicensed daycare. Stakeholders report the children in unlicensed childcare are more likely to be low-income, in immigrant communities, or part of a racial minority. As these providers do not have an established and regulated curriculum, stakeholders are concerned children will fall behind in early development and education compared to their peers in licensed early education and childcare programs.

Healthcare

Some County programs report they have been able to maintain the number of clients served while some report that women are putting off health services. Stakeholders report it appears as if some women have been putting off healthcare during the pandemic. Some women are scared to risk exposure or are too busy with family responsibilities to go in person for routine check-ups. Of the programs OLO spoke with, Dental Services reported being able to keep clients (except in the initial months of the pandemic) while Homeless Programs and the Maternity Partnership Program report that they have lost clients. The Maternity Partnership Program also saw women delaying care and therefore more likely to enter prenatal care after the first trimester.

The long-term mental health impacts of the pandemic are the most significant healthcare issue for women. Almost all stakeholders reported that mental health issues for women will continue to get worse for years after the pandemic. County staff and non-profit organizations report more people are reaching out for help, with a significant increase in those seeking help with no prior mental health history. Stakeholders attribute this increase in women's mental issues with the "COVID squeeze" – the stress and anxiety coming from no space/alone time, isolation, food insecurity, financial issues/loss of employment, the burden of housework, no space, and having to balance work/virtual school/childcare. Women, especially mothers, are generally bearing the brunt of these issues and constantly feel strained and overwhelmed. Many women are not reaching out for help, as they are struggling day to day and often do not have time or instead prioritizing the mental health of their children.

Many stakeholders are specifically concerned about the physical and mental health of children. The pandemic has impacted the health of children - specifically, their social lives and physical activities, changes to routine, sleep difficulties, exposure to conflict at home, excessive screen use, and unhealthy diet. Coupled with postponing healthcare because of fear/anxiety or not being able to get to a doctor, these factors can have long term impacts on children. The lack of in-person schooling has exacerbated these issues, since schools provide not only in-school wellness centers (in some schools) but also referrals to other County services.

There are not enough mental health services in the County, especially affordable and culturally competent services. Stakeholders report there were not enough affordable mental health services in the County prior to the pandemic, which is only magnified with the increased demand due to the pandemic. Generally, the services available are short-term, expensive, and non-reimbursable. Further, a more significant need is for culturally competent mental health services that are available in various languages. For example, stakeholders reported there is only one Spanish speaking grief group available in the County despite the fact that this population has been significantly impacted by COVID deaths.

The County should pay special attention to the mental health of County healthcare workers, a significant percentage of whom are women. In addition to the physical exposure to the virus every day, essential healthcare workers are providing services to those who need it most and most have increased their caseloads significantly. Stakeholders report that this has led to increased stress, anxiety, frustration, exhaustion, and burnout among staff. Many County staff reported they (or other staff they know) have experienced significant burnout and secondary trauma while helping County residents through the pandemic. The rapid switch to COVID response work has left less time available to devote to normal operations and missions.

The use of telehealth has increased healthcare access to many clients. While some clients may have concerns about the use of telehealth (privacy, quality of care, etc.), stakeholders report that many clients actually prefer the use of telehealth. It allows clients to access services without having to worry about transportation, childcare, or even leaving work to have access to medical care. DHHS reports that it plans on continuing the use of telehealth past the pandemic.

A significant concern with the use of telehealth is ensuring that clients and staff have adequate access to the technology required to utilize telehealth. The digital divide already existed pre-COVID was exacerbated by making health care access more dependent on reliable and affordable high-speed internet and digital devices for older and low-income residents, along with the knowledge to know how to use them. DHHS reports that staff have had to provide a lot of technical assistance for contractors and clients, along with having to purchase equipment for some.

Domestic Violence

Based on the number of clients served, the prevalence of domestic violence has not necessarily increased; however, the severity of domestic violence has increased significantly. While the number of reported cases has not necessarily increased, the severity of cases has increased – particularly strangulations. Stakeholders attribute this increase to numerous factors such as: increased alcohol consumption, isolation, inability to access internet safely, and the added stress of working from home, closure of schools, and lack of childcare. Stakeholders report there is no way to know if domestic violence has actually increased because of the lack of reporting, particularly during the pandemic.

Many stakeholders anticipate an increase in domestic violence when the world “opens” back up. There are many victims of domestic violence who did not want to report the abuse when they were quarantining with the abuser or were/are currently financially reliant on the abuser. However, once victims feel more comfortable and safer leaving the situation, there will be an increase in reporting. Victims will also have easier access to resources and supports (including organizations, government, and family/community support).

The closure of the courts had a significant impact on domestic violence victims. While the courts are still hearing protective order cases, the stoppage/delay in some criminal cases and family law cases has resulted in considerable anxiety and fear in victims. With abuser criminal cases being postponed or the court not taking divorce/custody cases, many victims feel as if they have had no recourse, are confused about what their options are, and have led some to second-guess their decision to report the abuse.

The types of services for domestic violence victims have shifted. County staff and non-profit organizations report that more victims of domestic violence are seeking out significantly more mental health and counseling services than prior to the pandemic. Further, with nowhere to go but wanting to leave their abuser, more victims have sought out protective orders and shelter services during the pandemic.

Housing insecurity is a huge barrier to domestic violence reporting and the victim leaving. There are many barriers that prevent survivors from obtaining or maintaining safe and affordable housing. Survivors of domestic violence are often financially reliant on the abuser. Survivors can suffer from physical and mental health consequences and require childcare, all of which can make it difficult to obtain and sustain employment and permanent housing. There is only one domestic violence shelter in the County, which may not be able to meet the demand.

Stakeholders anticipate an increase in child abuse reporting when the pandemic “ends.” The disruption and stress caused by the pandemic increases risk for family violence, including child abuse. Nationwide, the rates of reported child abuse appeared to decrease during the pandemic. However, Stakeholders stated that as families no longer shelter in place and have more contact with the community and mandatory reporters (especially in schools), the reporting of child abuse will increase. Further, in situations where intimate partner violence and child abuse are occurring in the same home, victims may feel more empowered to report the situation when there are more options for victims to leave a situation.

Economic Insecurity

There are significant barriers to applying for State and federal aid programs, especially for non-English speakers. Stakeholders reported the application processes for many support programs are confusing, convoluted, and difficult. Applicants often have to supply a substantial amount of documentation that is hard to provide or submit. Many of the applications are only in English, which can make the process extremely difficult for non-English speakers. Numerous stakeholders reported staff had to provide significant amounts of help for applicants to navigate the technical aspects of the process. One further barrier for applicants for the childcare subsidy program is the requirement that they provide information on child support payments. Often, victims of domestic violence do not want to provide information on the abuser’s child support and cannot receive aid unless they do. However, the County Working Parent Assistant program does not mandate parents to provide child support information if they can show good cause.

There is a digital divide in the County. Because of distancing guidelines and regulations/restrictions in place in response to the pandemic, residents have increasingly relied on access to the Internet for information, work, school, and social support. However, many low-income communities lack reliable, affordable access to the internet or do not have devices or knowledge/skills required to use it for such services. Some households have reported sharing one device among all their family members and experiencing issues with overlapping meetings and classes.

Food insecurity has increased during the pandemic and will continue to be a significant risk to families in the County. As a result of decreased income (either due to job or wage loss), many families in the County have struggled to afford basic needs, including sufficient food. Stakeholders report from their experience that food insecurity has been experienced in greater proportion by racial and ethnic groups, which will only widen existing disparities and result in long-term health consequences. Multiple stakeholders mentioned the families they are serving have taken extreme measures to conserve resources, such as limiting their own daily portions to conserve food. Besides food, residents impacted by job loss and wage loss found it difficult to acquire basic necessities, such as feminine hygiene products, diapers, and other personal care products, especially at the beginning of the pandemic. While there has been an increase in food and personal care drives and pickups, there have been reports that some residents have had difficulties finding transportation to food pickups from hubs, as well as some food pickups being cancelled due to inclement weather.

Housing instability is a significant risk to many in the County. While financial supports and moratoriums that were put in place to help with housing payments begin to expire, many households will face difficulties navigating future payments and past debt. Because of the financial strain of the pandemic, many households are significantly overdue on their regular housing payments (mortgage or rent), placing them at heightened risk of losing their homes to foreclosure or eviction over the coming months. Policymakers have taken significant steps to help households navigate housing insecurity during the pandemic including stimulus payments and enhanced unemployment assistance and moratoria on foreclosure and eviction. However, once these programs are no longer available, many families (who still may be experiencing significant income loss) are not going to be able to begin to make payments and start to repay any back debt that has accumulated. Stakeholders report this is especially a problem in low-income communities and communities of color.

There is a lack of “transitional” housing in the County.²¹¹ There are limited options for residents of the County who are in need of transitional housing services. This can include vulnerable populations such as the homeless or victims of domestic violence looking to leave the abusive situation. Stakeholders report there are very few transitional housing options that also provide necessary other services (i.e. mental health, employment services) that can hopefully lead to accessible, affordable, and permanent housing for these populations.

Many low-income people in the County struggle to find reliable transportation to access essential destinations, such as work and doctor offices. This difficulty has been magnified due to decreased public transportation services. People of all income levels utilize public transportation; however, some populations (low-income, communities of color) depend on it more. These populations also represent essential workers who rely on public transportation to commute to jobs providing critical services such as grocery stores, pharmacies, and hospitals. Prior to the pandemic, many of these communities were “transit deserts” — areas with high transit demand and limited or no access. Now, due to the financial pressure and health regulations, many jurisdictions have reduced public transit service (decreased hours, combined bus lines, and less routes available), resulting in people who already struggled with transportation likely find themselves at an even greater disadvantage. However, one positive change in the County has been the temporary elimination of fares for Ride On. Stakeholders have mentioned that many of the individuals they serve have commented on what a relief it has been, especially considering their increased economic insecurity.

²¹¹ There is debate among stakeholders on the definition of “transitional” housing and what that includes. For this report, OLO is using the term to mean temporary and supportive housing to bridge the gap during the transition of residents into permanent, affordable housing. It can include temporary housing for the homeless, victims of domestic violence, and others needing support. Advocates do not agree on what “transitional” housing should look like.

Chapter 7. Findings and Recommendations

The COVID-19 pandemic is an urgent health crisis, but the social and economic impacts will remain for years. The pandemic has exposed and magnified the existing vulnerabilities in our social, political and economic systems for women, especially women in marginalized communities (WOC, women in immigrant communities), and single mothers. Some specific inequities include: women have experienced more job loss, especially in industries where they were already earning less, saving less, and holding more insecure jobs; the unpaid caregiving of women has increased, with children out-of-school and heightened care needs of older persons; and the reallocation of medical resources has adversely impacted women's abilities to access medical care.

All of this has led to intensified gender and racial inequities resulting in further economic insecurity. This chapter summarizes OLO's findings and recommendations on the disparate impacts of the COVID-19 pandemic on women for the following areas: workplace equity, childcare, economic insecurity, healthcare, and domestic violence.

General Findings

Finding #1. Women have been disproportionately impacted by COVID-19 in the home and workplace, particularly WOC, women in immigrant communities, low-income women, and single mothers.

Emerging evidence shows significant gender disparities in the health and socioeconomic consequences of the pandemic. The COVID-19 pandemic has exacerbated long-standing gender inequalities in the home and workplace. Research has shown that women are shouldering more of the burden compared to their male counterparts and these burdens will not end with the pandemic. County stakeholders confirmed women in the County are experiencing many of these impacts which include:

- Women have lost their jobs at greater rates;
- Women are more likely to be on the frontlines of the pandemic in healthcare and childcare positions;
- Women are disproportionately vulnerable to increased poverty;
- The burden of unpaid care for children and elders has fallen more on women in the home (including assisting with virtual schooling);
- Violence against women has increased;
- Women have experienced more mental health issues; and
- Women have experienced restricted access to sexual and reproductive health services, such as delaying the start of prenatal care.

These impacts are especially being felt by WOC, women in immigrant communities, low-income women and single mothers. These populations include women who were more likely to have lost their jobs, have difficulty accessing healthcare, and live in poverty.

Finding #2. The pandemic has magnified gender, racial, ethnic, and socioeconomic inequities in all areas of livelihood – employment, healthcare, childcare, and housing (among others).

COVID-19 has impacted nearly every community, but has had more substantial impacts on Asian, Black, Hispanic and other historically underserved communities as a result of the pandemic magnified existing socioeconomic and healthcare inequities. Some specific inequities include:

- Black, Hispanic, and Asian people have substantially higher rates of infection, hospitalization, and death compared with White people; and
- Black and Hispanic individuals have experienced disproportionate job loss.

These disproportionate impacts reflect longstanding inequities in education, employment, housing, and health care that the pandemic is worsening. Individuals in vulnerable communities are more likely to live in crowded conditions, reside in multigenerational households, have jobs that cannot be performed remotely, have reduced access to healthcare, and travel on public transportation. All of these factors, in addition to many more, have led to the disproportionate impact of COVID.

Finding #3. The increased demand for relief support and services during the pandemic will not disappear when the pandemic is “over.” The need for benefits will continue for many years.

Government assistance, at all levels, has been a lifeline for many families and businesses to prevent poverty, hunger, and financial crisis. However, the economic effects of the pandemic will continue long past the “end” of it. Vulnerable families may continue to experience unemployment and/or be in significant debt when COVID relief funding and programs expire. One noteworthy impact stakeholders identified is the expiration of moratoriums on eviction – residents who have not paid rent in a significant amount of time will not only have to begin paying rent but may have to pay back rent, which many cannot afford. A Pew Center study released in March 2021 reports many people are worried about their current and future financial situations:

- 30% of adults report they worry every day or almost every day about the debt they have;
- 27% of adults report they frequently worry about paying their bills;
- 27% of adults worry about the cost of health care for them and their family;
- 19% of adults worry at least almost every day about paying their rent or mortgage;
- 18% of adults worry about being able to buy food;
- About a quarter of Black (25%), Hispanic (27%) and Asian (24%) adults say their family’s situation is worse now than it was a year ago; compared to 17% of White adults; and
- Of adults who reported their family’s financial situation is worse than it was a year ago, 55% expect to financially recover within two years, 26% believe it will take three to five years, and 12% believe they will never get back to where it was.

Finding #4. Immigrants, especially undocumented immigrants, are reluctant to access basic resources like economic assistance or healthcare due to fear around immigration status for themselves or loved ones.

Governments at all levels have passed numerous COVID-related relief bills that provide financial assistance to vulnerable communities. While these relief efforts made available some much-needed support for people, some immigrant populations, especially those who are undocumented, are not applying for them due to fear and anxiety.

In addition to many access-related barriers (such as limited transportation options, lack of flexibility in work and childcare demands, and/or language and literacy challenges), worry and uncertainty have spread through immigrant communities over the past few years. Many immigrants are unsure of whether they are eligible for benefits, are weary of interacting with medical and governmental institutions, and may be targets for misinformation.

The primary fear for many immigrants, particularly undocumented, is potential exposure to deportation or detention. Immigrants also believe there is potential jeopardization of immigration status or the ability to transition to lawful permanent resident status in the future. The main source of this fear is the enforcement of the “public charge” rule under the previous administration, which allows immigration officials to deny entry or citizenship to immigrants seeking green cards and certain visas if they are deemed overly reliant on government benefits. The current administration has not enforced this rule.

Finding #5. There is limited County data on the impact of the pandemic on Women.

The collection and reporting of gender, race and ethnicity data is necessary to understand, manage and mitigate the health, social and economic impacts of the pandemic. During the course of this report, OLO found that few County programs maintain detailed data on the gender and race of clients (including the intersection of the two). The healthcare and domestic violence programs that provided data on gender and race were able to only provide high-level data. Employment data at the County level is available through the Bureau of Labor Statistics’ Current Employment Statistics. However, data are typically made available with a lag time of six months or more, and data by gender or race are not provided on a regular basis.

Workplace Equity

Finding #6. Women have been more significantly impacted by COVID-related job and wage losses compared to men. Two primary reasons are: (1) the industries hit hardest are ones where women have historically outnumbered men and (2) women are more likely to drop out of the workforce to take on caregiving responsibilities.

As of 2019, about 74% of women worked in industries requiring face-to-face interactions nationally, compared to 48% of men. These industries were impacted the most by COVID, resulting in women losing a significant number of jobs compared to men. While data at the County level on job losses by industry and gender are not yet available, the following table shows unemployment insurance claimants at the national and state level by gender in these selected industries. Complete data for the County will be available by October 2021.

Unemployment Insurance Claimants (National and Maryland Data)

	Apr-19		Apr-20	
	National	MD	National	MD
<i>Total Claimants</i>	1,705,234	24,780	17,574,944	224,232
Female	701,340	10,123	9,110,403	124,645
Male	992,856	10,754	8,266,822	89,648
% from highly-impacted majority-female sectors	22%	21%	40%	42%
Educational Services	29,600	553	384,221	7,724
Accommodation and Food Services	87,413	1,588	2,841,124	43,547
Retail	137,439	898	1,937,768	11,555
Healthcare and Social Assistance	126,847	2,046	1,896,596	31,121

Source: Labor of Bureau Statistics

*Female and Male claimants do not add up to Total Claimants as gender information was not available for all claimants

Further, mothers of small children (12 years or younger) lost 2.2 million jobs compared to 870,000 jobs lost among fathers between February and August of 2020. A significant portion of these job losses can be attributed to school and childcare provider closures, as mothers have reported an increase in caregiving responsibilities and difficulty balancing work responsibilities. Additionally, there was a 22% decrease in the number of single mothers in the labor force compared to a 9% decrease for other parents. Overall, mothers, whether single or with a partner, are more likely to drop out of the workforce or reduce their work hours to provide childcare and caregiving as a result of the pandemic.

Finding #7. Women of Color and immigrant women have experienced more COVID-related job and wage losses and a slower reentry to the labor force compared to White women.

COVID-related job and wage losses are not equitably distributed among women, as WOC and immigrant women have lost more jobs and had a slower recovery compared to White women. The table below summarizes the differences in national unemployment rates among different racial groups of women from 2020-2021.

Women's Seasonally Adjusted Unemployment Rates from 2020-2021 (By Quarter)

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
All Women (20 years and over)	3.5%	13.5%	8.8%	6.3%	5.9%
White	3.0%	12.8%	7.9%	5.6%	5.1%
Black or African American	5.2%	15.7%	12.0%	8.9%	8.7%
Asian*	3.2%	14.4%	10.5%	6.7%	5.9%
Hispanic or Latino	5.1%	18.1%	11.8%	8.8%	8.2%

Source: BLS https://www.bls.gov/web/empsit/cpsee_e02.htm

*This is the unemployment rate for all Asians, as unemployment rate by gender was not available

Black, Latina, and immigrant women are overrepresented in the workforces of industries impacted greatest by COVID, and as a result they have experienced an outsized share of the job losses and layoffs. Reentry to the labor force has also been slower for minority women. In December 2020, women lost 156,000 jobs, with Black and Latina women making up most of those losses.

Finding #8. Women have been more likely to telework than men during the pandemic; however, telework and flexible work schedules are not distributed equitably across racial and socioeconomic groups.

While women are more likely to telework than men during the pandemic, those who telework still make up a minority of the U.S. workforce (38%). Data from the Bureau of Labor Statistics show that there are disparities in which racial groups are represented in telework - Asian and White individuals have been significantly more likely to have teleworked at some point due to the pandemic compared to Black and Latino individuals.

Percent of Employed Persons Who Teleworked at Some Point in the Last Four Weeks Due to the Pandemic

	Sex		Race/Ethnicity			
	<i>Women</i>	<i>Men</i>	<i>Asian</i>	<i>White</i>	<i>Black or African American</i>	<i>Hispanic or Latino</i>
May 2020	40.9%	30.8%	51.9%	35.9%	29.3%	23%
Jun 2020	36%	27.2%	48.5%	30.8%	25.7%	21.1%
Jul 2020	29.3%	23.9%	43.8%	25.7%	22.7%	17.3%
Aug 2020	27.1%	21.9%	42.7%	23.4%	20.9%	15.9%
Sep 2020	25.8%	19.9%	39.5%	21.9%	19.6%	14.3%
Oct 2020	24%	18.8%	35.1%	20.7%	17.8%	12.7%
Nov 2020	24.5%	19.3%	34.6%	21.5%	17.9%	13.1%
Dec 2020	26.6%	21.2%	39.3%	23.2%	19.3%	14.3%
Jan 2021	26%	20.8%	36.9%	22.8%	18.8%	13.8%
Feb 2021	25.1%	20.5%	37.8%	21.9%	19.5%	13.4%

Source: BLS²¹²

Finding #9. The burden of unpaid labor on mothers has been significantly increased due to the pandemic, causing a significant number of mothers to either reduce hours or quit their jobs to keep up with the demand.

Data show that more women have either reduced hours or dropped out of the workforce entirely in order to care for their children, compared to men with children. Overall labor force participation for women with children decreased 1.5% more than childless women. Data also shows that:

- More than two thirds of mothers said that school and childcare changes had a “moderate or severe impact on daily life”;
- One quarter of mothers were afraid of losing work due to a lack of childcare;
- Of those who have kept their jobs, mothers of small children lost four to five times more work hours than fathers over the course of the pandemic; and
- Mothers working full time with telework reported spending 50% more time each day caring for children compared to fathers working full time.

The data for single mothers shows they have lost their jobs at a far higher rate compared to single fathers and families with two parents. From April 2019 to April 2020, the number of single mothers that were employed decreased by 22%, compared to a 9% decrease among other parents. County stakeholders report that many low-income single mothers, who are the sole income earners of their households, have had to make difficult decisions regarding childcare and work - how to balance work responsibilities/financial needs while ensuring their children are taken care of and attending school.

Past recessions have shown that generally, working adults who leave the workforce during a recession, whether voluntarily or involuntarily, find it more difficult to find another job and tend to make less than their peers who kept their jobs for the remainder of their careers. As women have been impacted the greatest by COVID-related job losses, experts are concerned there will be long-lasting equity impacts in the workplace and that the gender pay gap could be exacerbated.

²¹² <https://www.bls.gov/opub/ted/2021/workers-ages-25-to-54-more-likely-to-telework-due-to-covid-19-in-february-2021.htm>

Finding #10. The education of young adults, especially teenage WOC, is being significantly impacted and could lead to long-lasting impacts on their future career and earning potential.

Research shows that students of color and low-income students have fallen behind further compared to their peers:

- MCPS reported that in 2020, more than 36% of low-income ninth-graders failed English, which was a 6% increase from 2019;
- A national study conducted by McKinsey & Co estimates that the shift to remote school has set MCPS students of color back by 3-5 months, compared to 1-3 months for White students; and
- Black and Hispanic students are twice as likely as White students to not have live access to teachers.

Further, stakeholders report that young women have been carrying an increasingly large burden of online school supervision for their younger siblings, especially in households where parents are English-language learners. Stakeholders have also reported a significant number of young women have dropped out of school to work full-time to support their family. Stakeholders are concerned about the long-term impacts on their future economic prospects as a result of dropping out. Research shows that young individuals entering the labor market for the first time during a recession can suffer losses in earnings that last 10-15 years, depending on the severity of the recession.

Childcare

Finding #11. Childcare is inextricably linked to women's participation in the workforce. However, both prior to and during the pandemic, the County's childcare system does not adequately support parents or its workforce, which is predominantly WOC.

Nationally, one of the largest barriers to women in the workplace has been a lack of access to affordable quality childcare - the pandemic has exacerbated this. Mothers who work full-time, especially those who work in essential, front-facing positions with no option to telework, have been impacted greatly by the decreased capacity in childcare programs caused by the pandemic. In addition, many parents struggle to afford childcare. In 2018, the annual tuition for childcare in the state was higher than annual tuition for Maryland public colleges.

The childcare workforce is an aging and shrinking workforce, made up of predominantly older WOC. The pandemic has accelerated the decline of the childcare workforce - it was estimated that 166,900 fewer people were employed in childcare in December 2020, compared to December 2019. Some of the decrease in workforce can be attributed to childcare centers shutting down or decreasing their capacity and staff on payroll.

Finding #12. Childcare providers in the County have experienced significant financial losses during the pandemic and the longevity of some providers is of concern, especially in low-income areas.

Childcare providers have experienced financial losses from both sides – a decrease in enrollment has led to reduced revenues, and operating costs have increased due to new health and safety guidelines and the additional costs associated with PPE and cleaning supplies. Stakeholders report that providers in low-income areas who serve primarily low-income clients are struggling financially much more and are more likely to have closed compared to providers in high-income areas. This is of concern, as parents in low-income areas may have no other choice than to use informal childcare, which does not have an established and regulated curriculum. Children in these situations may fall behind in early development and education compared to their peers in licensed early education and childcare programs.

Economic Insecurity

Finding #13. Economic insecurity has been exacerbated by the pandemic and households - especially low-income, immigrant, and minority – are experiencing widespread housing, food, and general economic insecurity.

Stakeholders report there has been a significant increase in the number of households applying for financial aid and safety net programs, with WOC and immigrants being a majority of applicants. However, stakeholders note these populations were struggling prior to the pandemic and the percentages of client populations by race have not changed significantly compared to before the pandemic. Instead, the volume of clients has expanded. Some County statistics on economic insecurity caused by COVID include:

- In August 2020, the Montgomery County Food Council reported that there were about 100,000 food-insecure County residents.
- Nourish Now, a local food bank, reported that from March 16, 2020 – August 16, 2020, they donated more than 4 million pounds of food compared to less than 600,000 pounds for the entirety of 2018.
- There are an estimated 188,591 County residents that live at or below 200% of the federal poverty line and vulnerable to economic insecurity.

The tables below were provided by Office of Eligibility and Support Services (OESS) staff that show the increase in applicants for their assistance programs as well as a breakdown of the demographics of applicants to the Emergency Assistance Relief Program (EARP). The EARP was established as a direct support for COVID-related relief and has provided about \$10 million of cash-based assistance for families who could not qualify for federal relief programs.

Program	Average Monthly Caseload	
	2019	2020
Temporary Cash Assistance (TCA)	736	1,179
Supplemental Nutrition Assistance Program (SNAP)	27,568	31,788
Medical Assistance (Aged, Blind & Disabled)	26,103	26,530

	EARP PROGRAM					
	CASE HEAD (APPLICANT)			ALL HOUSEHOLD MEMBERS*		
	Female	Male	% Female	Female	Male	% Female
Asian	38	14	73%	77	49	61%
Hispanic	4,266	1,267	77%	9,204	7,283	56%
Black	170	65	72%	315	211	60%
White	47	24	66%	122	95	56%
Other	53	27	66%	129	66	66%
Total	4,574	1,397	77%	9,847	7,704	56%
*Race based on case head						

Finding #14. COVID has exacerbated an already existing housing crisis and low-income households, especially renters, are in danger of eviction.

Nationally, about 11 million households have fallen behind on housing payments, and of those households, an estimated 8.8 million of those are renters. In Montgomery County, an estimated 13-15% of renters in the County are behind on rent and more than 2,500 households were on a waitlist to receive federal relief money as of February 2021. County stakeholders note there are likely more households in need of relief funds that have not applied, whether due to difficulties applying online or undocumented families who are hesitant to apply. Stakeholders fear a “tsunami” of evictions when the moratorium lifts at the end of June 2021 as there is not enough relief money available to help every household behind on rent or mortgage payments.

Finding #15. Public transportation service reductions during the pandemic have negatively impacted County residents who depend on it.

Ride On and WMATA both decreased service hours and routes during the pandemic, which has significantly impacted County residents that rely solely on public transit to get to essential destinations such as work, doctor’s appointments, and childcare. While ridership is down, public transit demand has shifted to neighborhoods with high numbers of Black, Hispanic, and low-income workers, who are disproportionately represented in front-facing, essential work such as retail and healthcare. Often, low-income workers do not have access to household vehicles and have had to rely on decreased public transit routes, as well as risk of COVID exposure on public transportation. However, stakeholders note that the elimination of fares for Ride on has been a welcome relief for their clients who rely on public transit.

Healthcare

Finding #16. The use of telehealth has increased significantly during the pandemic, which has been beneficial to many women but also raises concerns about equity.

The use of telehealth across the country has significantly increased because of the pandemic, the resulting stay-at-home orders, and limited medical resources. One Blue Cross and Blue Shield Association study found that during the first four months of the pandemic, telehealth visits accounted for 23.6% of all contacts compared with 0.3% in 2019.

All County health programs that have the ability to provide services virtually have been using telehealth during the pandemic and plan to continue its use in the future. Staff report that many women, especially single mothers, have stated the use of telehealth has increased their access to healthcare. The use of telehealth provides an opportunity for women with work requirements, childcare needs, and/or transportation issues to medical appointments for them or their children.

However, the increase in virtual care creates new barriers to access for some women. Both national research and County stakeholders report that telehealth use rates are significantly lower in neighborhoods with higher poverty levels. The most significant barrier to telehealth is access to technology. Not everyone has access to telehealth due to reasons like low socioeconomic status, the limitations of infrastructure-stable internet connection, and access to technological devices. The County has worked to provide adequate technology to many employees and clients, but staff report they are not able to meet the needs of all who need support.

Finding #17. Many women are putting off medical care, which could have an impact on their long-term physical health.

Research states that overall, women are more likely to have foregone healthcare or were unable to get an appointment during the pandemic compared to men. The table below shows the percentages of respondents to a national survey who reported they skipped various types of medical services between March 2020 and December 2020.

	Men	Women
Skipped Preventative Health Services	26%	38%
Skipped Recommended Test or Treatment	15%	23%
Not Filled a Prescription, Cut Pills, or Stopped Doses of Medicine	8%	10%
Could Not Get an Appointment Because of the Pandemic	20%	30%

This survey also found that women with lower incomes and women with insurance (private or Medicaid) were more likely to skip medical services. Slight racial disparities also exist, as shown in the table below.

	Asian	Black	Hispanic	White
Skipped Preventative Health Services	50%	32%	40%	36%
Skipped Recommended Test or Treatment	26%	21%	25%	22%
Not Filled a Prescription, Cut Pills, or Stopped Doses of Medicine	5%	12%	13%	9%
Could Not Get an Appointment Because of the Pandemic	28%	32%	36%	28%

County staff and other stakeholders report that, while they do not have data to confirm, they are seeing similar trends in the use of County health services. Stakeholders report this is especially a concern for children, as they have not had access to school-based health services during the pandemic.

Finding #18. The long-term impact on women’s mental health is the biggest concern among stakeholders in a post-pandemic world.

The stress and anxiety of juggling work and home responsibilities during the pandemic (in addition to the fear of contracting COVID-19), has caused emotional distress and other mental health issues for everyone. However, research shows that women have had significantly more mental health issues compared with men. Various studies have found:

- 55% of women said their mental health had worsened, compared to only 38% of men.
- Women reported more pandemic-related changes in sleep, health worry, productivity, mood, and frustration compared to men.
- Mothers were 16% more likely than fathers to experience psychological distress when measured in November 2020 and April 2021.

Almost all stakeholders OLO spoke with reported the long-term mental health impact of the pandemic is the most significant healthcare issue for women. Almost all stakeholders reported that mental health issues for women will continue to get worse for years after the pandemic and attribute this increase in women’s mental issues with the “COVID squeeze” – the stress and anxiety coming from no space/alone time, isolation from the community, economic insecurity, burden of housework, and having to balance work, virtual school, and childcare. Women, especially mothers, are generally bearing the brunt of all these issues. Often, they do not

have time to seek help or are prioritizing the mental health of their children. Further, there are not enough mental health services in the County, especially affordable and culturally competent services.

One population that many County and non-profit staff are concerned for are frontline County health employees. Most of these County employees are women who are balancing the duty of an increased workload with increased responsibilities at home (including their own well-being and that of their family). Staff report many of their fellow employees are physically and emotionally exhausted, anxious and overwhelmed.

Finding #19. Pandemic-related stress was magnified by other systemic factors such as the political climate, elections, and racial tensions.

Prior to the pandemic, there was growing social, economic, racial and political tension across the United States (such as the Black Lives Matter movement, increased anxiety around immigration laws, or rise in Asian hate incidents), which has only been exacerbated by the pandemic. This civil unrest can have a significant impact on emotional and mental health. The COVID-19 pandemic and many of these issues have affected the most vulnerable and disenfranchised populations - people of color and immigrant populations. These communities are already more susceptible to mental health struggles, due to racism, classism and economic instability (among other things), and could be more vulnerable during times of social and political unrest.

This can be further complicated by a stigma around mental health and psychiatry - attitudes toward mental health often vary between people of different cultures. County stakeholders report that there are some racial/ethnic communities in which the stigma around mental health prevents many from seeking help and support. Some reasons certain communities do not seek out mental health support may be faith and religious beliefs, mistrust, embarrassment or language barriers.

Domestic Violence

Finding #20. The reported incidence of domestic violence in the County has not increased during the pandemic; however, the severity of reported incidents has increased significantly. Stakeholders also believe there will be a surge in reporting of domestic violence as the County continues to open back up.

Experts believe the current COVID-19 pandemic will result in a similar increase in intimate partner violence as previous pandemic events because of increased fear, social isolation, economic instability, loss of income, and associated stress and family conflicts.

County staff report that domestic violence cases have not increased during the pandemic. However, the severity of cases has increased – particularly strangulations. Staff are unsure whether strangulations have increased because instances are increasing or because of improved police training on strangulation laws. As the data below show, aggravated assaults (included strangulation) has increased significantly over the past three years.

Category (Report Type)	1/1/2019 to 5/24/2019	1/1/2020 to 5/24/2020	1/1/2021 to 5/24/2021	2019 to 2020 % Change	2020 to 2021 % Change
Aggravated Assaults	88	101	127	14.773 %	25.743%
Domestic Abuse/Neglect	88	73	77	-17.045 %	5.479%
Family Trouble	8	8	8	0.000 %	0.000%
Homicide (Filtered)	3	1	3	-66.667 %	200.000%
Rape (Filtered)	34	34	27	0.000 %	-20.588%
Simple Assaults	498	508	499	2.008 %	-1.772%
	719	725	741	0.834 %	2.207%

Many stakeholders further believe that the number of reported domestic violence incidents will increase as COVID-related restrictions and closures end. Stakeholders (and researchers) believe there may a significant number of domestic violence survivors who did not have the financial means to leave the situation (and were reliant on the abuser), lacked a support system because of pandemic restrictions, or had nowhere to go during the pandemic (especially with children). Stakeholders believe that when survivors begin to have more options and support when the world “opens back up,” more survivors will report the abuse.

Finding #21. The reduction and closure of the Court system has had a significant impact on the ability of survivors of domestic violence to leave the situation. The resulting backlog will affect cases of domestic violence survivors for a significant amount of time.

Because of the pandemic, the court system has had to significantly change operations. While the courts are still hearing protective order cases, the stoppage/delay in some criminal cases has resulted in considerable anxiety and fear among survivors. The unclear messaging about what options they have and complicated virtual systems (especially for lower-income survivors who may not have access to technology) can discourage survivors from reporting the abuse. One of the most significant impacts for survivors of domestic abuse is the closure of the family courts. If survivors cannot address divorce and/or custody issues within the courts, it makes it much more difficult to leave a domestic abuse situation. Many victims feel as if they have had no recourse and may second-guess their decision to report the abuse. All of these issues will continue for the foreseeable future, as the courts have a significant backlog due to the closures and delays caused by the pandemic.

Recommendations

This section presents OLO's recommendations for Council action. These recommendations are broad in nature, as they can aid women experiencing the impacts of COVID across multiple social and economic sectors. The Council must not only look at policy and programs through an intentional gender lens to achieve greater equality, opportunities, and social protection but also acknowledge the intersectionalities of how race/ethnicity, socioeconomic status, and immigration status can multiply already disadvantaged women.

Recommendation #1. Request that County social services programs, to be determined, collect data on clients accessing County programs by gender, race, and location in order to help determine which residents and areas of the County require aid and resources.

OLO found there is limited County data on the demographics of clients accessing County programs; many of the County staff OLO spoke to could only anecdotally refer to the gender or race of clients they serve. The absence of this gender and racial specific data renders many disparities invisible.

These important data points can help reveal the pandemic's full impact on communities and may also reveal which communities the County is not reaching. Research shows it is difficult to definitively determine which segments of the population need aid and resources without tracking datapoints such as gender, race, and location data. If more robust and disaggregated data is collected on residents accessing County programs, this data can be utilized to help determine the pandemic's full impacts on diverse individuals and communities. This can help form the policy responses and determine funding investments that meet the greatest need in the County.

Recommendation #2. Request the Executive assess the need for increased County mental health programs and supports. The County should particularly focus on the availability of more affordable and culturally competent programs and services.

Prior to the pandemic, there was already a growing gap between the need for more access, affordability and attainability of mental health and substance abuse services. The pandemic has brought mental health to the forefront of many people's lives - the grief of lives lost, the trauma and stresses associated with financial insecurity, the loneliness and sense of isolation, the anxiety and fear of the unknown future. Many experts anticipate that as the world reopens, a cascade of mental health issues will fall onto a mental health care system already overburdened. The higher demand for mental health care as people begin to process the trauma, loss, and stress they have experienced over the past year will further exacerbate the long-standing gaps in the availability and affordability of mental health care.

Almost all County stakeholders shared with OLO that they see the long-term mental health impacts of the pandemic as the most significant healthcare issue for women. County staff and non-profit organizations report that more people are reaching out for help, with a significant increase in clients with no prior mental health history. However, there are not enough mental health services in the County, particularly affordable and culturally competent programs. Stakeholders report that long-term investments in County mental health infrastructure and developing culturally competent mental health supports in multiple languages are needed to support County residents. The Council should speak with Department of Health and Human Services staff and relevant nonprofits to map out what is needed and how to support it.

Recommendation #3. Engage in future targeted, in-depth, and long-term discussions on social and economic system challenges that affect women, especially WOC and immigrant women, to ensure funding and program investments in these areas have equitable outcomes.

The pandemic has magnified existing systemic issues that have negatively impacted women for decades. To solve these systemic issues and inequities, it is important to take a holistic, intersectional, and long-term approach to research, and discuss and implement policy. OLO recommends the Council conduct systematic and comprehensive discussions with stakeholders in order to determine how to address these issues facing women of the County, especially WOC and women in immigrant communities. These topics were brought up by numerous stakeholders to explore as potential areas for improvement:

- **Quality and Affordable Healthcare** – Exploring long-term investments into affordable, long-term healthcare, especially for mental health services;
- **Affordable Childcare** – Study on the feasibility of a universal childcare program;
- **Increased Support for Domestic Violence Services** – Examine ways to help survivors gain financial independence;
- **Housing Insecurity** – Look into ways to alleviate debt of residents who are experiencing issues paying for rent, especially for back rent due after the moratorium ends;
- **Transportation Inequity** – Investigating “transit deserts” in the County; and
- **Workplace Equity and Flexibility** – Exploring the disconnect between entry level jobs available in the County and candidates with the skills to fill them.

Chapter 8. Agency Comments

The Office of Legislative Oversight (OLO) shared final drafts of this report with staff from Montgomery County Government. OLO appreciates the time taken by agency staff to review the draft report and to provide technical feedback. This final report incorporates technical corrections and feedback received from agency staff.

The written comments received from the Montgomery County Chief Administrative Officer are attached in their entirety on the following pages.



OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

Richard S. Madaleno
Chief Administrative Officer

MEMORANDUM

July 21, 2021

TO: Chris Cihlar, Director
Office of Legislative Oversight

FROM: Richard S. Madaleno, Chief Administrative Officer *BSM*

SUBJECT: Draft OLO Report 2021-9: The Impact of the COVID-19 Pandemic on Women

Thank you for the opportunity to comment on the Office of Legislative Oversight's (OLO) Draft Report 2021-9: The Impact of the COVID-19 Pandemic on Women. The draft OLO report has been thoughtfully developed and offers a detailed description of the impact the COVID-19 pandemic has had on the somatic, mental, social, economic, and political health of women, specifically those women from marginalized segments of the population, such as minority or immigrant women. Many of the disparities underscored in the report had existed prior to the COVID-19 pandemic. Unfortunately, the COVID-19 pandemic has exacerbated these disparities, and the OLO report brings attention to the plight of women's experiences throughout the COVID-19 pandemic. Montgomery County Government has been committed to addressing disparities impacting women by providing equitable services prior to and throughout the COVID-19 pandemic and will continue to make progress in addressing these disparities post COVID-19 pandemic using the recommendations delineated by the OLO report. The draft report included the following recommendations:

Recommendation #1: Request that County social service programs, to be determined, collect data on clients accessing County programs by gender, race, and location in order to help determine which residents and areas of the County require aid and resources.

CAO Response: We agree with this recommendation. The strides we have made in modernizing data collection methods throughout the COVID-19 pandemic, such as the County's COVID-19 data dashboard which provides pertinent data by several measures to include gender, race, and zip code, could serve as a blueprint for the implementation of OLO's above recommendation. Such data has informed development and implementation of policies and programs to increase access to COVID-19 testing and vaccinations for Montgomery County residents. Additionally, we believe data

collection should also include ethnicity and primary language as demographic variables in order to better determine which residents and areas of the County require aid and resources.

Recommendation #2: Request that the Executive assess the need for increased County mental health programs and supports. The County should particularly focus on the availability of more affordable and culturally competent programs and services.

CAO Response: We agree with this recommendation. We also believe that we need to assess the need for resources and support that would create a pipeline to attract and develop professionals from diverse backgrounds, generations, genders, socio-economic status and linguistic ability to study and obtain licensure within mental health professions. The pipeline may further be expanded by including bachelor's social work interns or other students interested in the mental health field. This is a proactive recruitment strategy meant to speed up the selection and hiring of qualified candidates that can provide culturally competent programs and services.

Recommendation #3: Engage in future targeted, in-depth, and long-term discussions on social and economic systems that affect women, especially women of color and immigrant women, to ensure funding and program investments in these areas have equitable outcomes.

CAO Response: We agree with this recommendation. Montgomery County has always focused on ensuring that we have equitable policies and programs to improve the somatic, mental, social, and economic health of women in the County. Our County has long been a leader in advancing equity and social justice. We welcome continued comprehensive and strategic discussions on equitable policies, programs and necessary resources to improve the health and welfare of women in the County, especially minority women and immigrant women.

We look forward to discussing these items at the Council session.

cc: Fariba Kassiri, Deputy Chief Administrative Officer
Caroline Sturgis, Assistant Chief Administrative Officer
Raymond Crowel, Director, Office of Health and Human Services
Tiffany Ward, Director, Office of Racial Equity and Social Justice
Jodi Finkelstein, Executive Director, Commission for Women
Ken Hartman, Director of Strategic Partnerships, Office of the County Executive