The Impacts of COVID-19 on Service Delivery in the Northern Neck: Barriers, Lessons, & Opportunities for Increased Resilience

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Abbreviations

BCWDB . . . . Bay Consortium Workforce Development Board

CSB . . . . .Middle Peninsula Northern Neck Community Services Board

DSS . . . . Department of Social Services

GUEST . . . . .Gloucester United Emergency Shelter Team

The Haven. . . . . The Haven Shelter & Services

The Link . . . . Linking Help & Hope

NNMFHC . . . . Northern Neck Middlesex Free Health Clinic

NNPDC. . . . . .Northern Neck Planning District Commission

NNRC. . . . . .Northern Neck Resource Council

PPE . . . . .Personal Protective Equipment

The RAFT . . . . The Resilience Adaptation Feasibility Tool

RCC . . . . .Rappahannock Community College

RCCF . . . . River Counties Community Foundation

VDEM. . . . . Virginia Department of Emergency Management

VDH. . . . . Virginia Department of Health

Executive Summary

The coronavirus disease 2019 (COVID-19) pandemic has significantly disrupted the social safety net programs on which the most vulnerable Americans depend. Rural communities face distinctive challenges due to long-standing systemic health and social inequities that place these vulnerable populations at greater risk of both contracting the virus and of suffering from a lack of access to critical resources. While more attention has been given to vulnerable populations in urban settings, information about rural communities in the face of this pandemic is vital to understanding how to create more resilient, equitable communities in the face of future disasters. This report aims to understand the ways in which social services providers serving vulnerable populations in Virginia's Northern Neck have responded to the COVID-19 pandemic while also compiling lessons learned and strategies to increase resilience moving forward.

Source: YMCA

The report summarizes the content from a project funded by the Environmental Resilience Institute entitled "Assessing the Impacts of COVID-19 on the Delivery of Critical Services to Vulnerable Populations in Virginia's Northern Neck to Build Long-term Resilience to Future Disasters." Information was gathered through online interviews and focus groups conducted with 63 representatives from 43 social service organizations in the Northern Neck. This study was inspired and informed by the Post-Event Review Capability (PERC) process developed by Zurich Insurance Group Ltd. and the Institute for Social & Environmental Transition International, but was adapted to center the experiences and perspectives of critical service providers working in an unfolding pandemic.

IEN has extensive expertise in the area of community disaster resilience through the five years it has been implementing the community-driven Resilience Adaptation Feasibility Tool (The RAFT) in partnership with the Virginia Coastal Policy Center at William & Mary Law School as well as the Virginia Sea Grant Climate Adaptation and Resilience Program and Institute for Coastal Adaptation and Resilience at Old Dominion University. The RAFT offers an 18-month community-driven, facilitated process in which Virginia's coastal localities are provided with an independent assessment of their resilience using The RAFT Scorecard and then are engaged in a year-long process of implementing community-driven resilience action items identified by localities and with technical support provided by the tri-university RAFT "Core Team." To learn more about The RAFT see of this report or visit the website: https://raft.ien.virginia.edu.

When COVID-19 struck the U.S. in early 2020, The RAFT was finishing the scorecard assessment phase and had been in the process of planning a regional community workshop with eight towns and counties in Virginia's Northern Neck. Recognizing the unprecedented nature of the COVID-19 pandemic and its relevance to resilience planning more broadly, IEN leveraged its extensive place-based work on building community-led resilience through The RAFT to develop this project in an effort to generate and widely disseminate new knowledge about resilience that will support the region by studying the impacts of COVID-19 on critical service delivery. As August 2021 marks one year of RAFT-supported resilience planning and implementation for the Northern Neck localities, this report offers valuable insights and opportunities to inform the region's continued collective work to build greater resilience moving forward.

01
Introduction

01 Introduction

The COVID-19 pandemic gravely disrupted social service provision across the nation. However, its impacts were particularly acute in rural areas where vulnerable populations face distinct challenges when trying to access services. The initial response to COVID-19 focused on ensuring necessary medical services and testing to track and limit infections. Another key component of the response was ensuring the dissemination of information around containment strategies and how to avoid in-person contact. Many social services cannot function as designed without frequent in-person contact, especially in an area with limited broadband internet access making virtual service provision challenging. COVID-19 forced service providers to modify their community-based service models to and to adapt to the ever-changing landscape of the pandemic to prevent risk to both employees and clients. While they needed to ensure the safety of these vulnerable populations first, they also had to find innovative ways to continue providing support under these stressful and changing conditions. Despite the creative ways service providers came up with to continue serving their communities, certain populations faced exacerbated barriers in accessing these services. These compounded and new barriers help reveal lessons learned and opportunities for improved resilience to future disasters in the Northern Neck.

Please note that this report is meant to serve as a collective summary of interview, focus group and survey content and is reflective of these participants' experiences. This report is not meant to serve as a comprehensive assessment of COVID-19 and its impacts on the region. Despite the rich perspectives included in this report, we acknowledge that there are many additional organizations and agencies that were unable to participate in the study as well as voices from other staff and volunteers with organizations included in the study that we were not able to hear from. Moreover, the report is based on conversations with critical service providers between December 2020 and February 2021 and reflects the conditions of service provision during COVID-19 up until that time. Given how quickly services have adapted in response to the pandemic, we recognize that there have been significant changes in service provision in the months since. However, our hope is that this report offers productive insights based on the conditions and adaptations of service provision during the beginning and heart of the pandemic. We hope that this report is just the starting point of continued conversations around how lessons learned during the COVID-19 pandemic can be leveraged to ensure greater resilience and equity in the region moving forward.

1.1 Definitions

The definitions of both critical services and vulnerable populations were developed in conversation with participants to better situate them within the context of the Northern Neck.

Critical Services

For the purpose of this study, critical services included sectors from health, housing, legal, educational, and social services provided to vulnerable populations in the Northern Neck by the government or non-governmental organizations. These were considered critical services because, if disrupted, they would result in a high degree or increased risk of injury to the health, safety, security or economic well-being of these populations.

Within this context, critical services also include food/meal assistance, youth services, senior care and services, shelters, rental and utilities assistance, medical and mental health care, and workforce development services. In an effort to have broad representation, participants ranged from members of non-profits, social services departments, emergency response teams and health clinics to leaders of community groups such as churches and food banks.

Vulnerable Populations

Socially vulnerable populations in Virginia's Northern Neck have been defined for the purposes of this study as those individuals or communities who experienced or were at risk of experiencing a loss of critical services as a result of the direct and indirect impacts of COVID-19.

The term vulnerable populations is often used broadly across health, social service, and public administration fields to encompass social groups who are excluded or whose needs are not fully met by traditional service providers. Vulnerability is understood as the result of combined factors such as exposure to changes in the environment, sensitivity to the negative impacts of those changes, and adaptive capacity to respond to those changes. It is important to consider the political and economic structures that have disproportionately affected and disenfranchised historically excluded and unserved populations and that continue to place them at greater risk during disasters or in crisis.
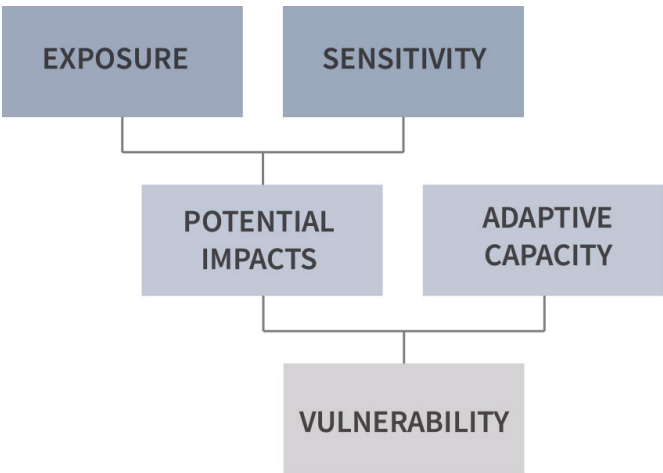
Source: Kersher, n.d.
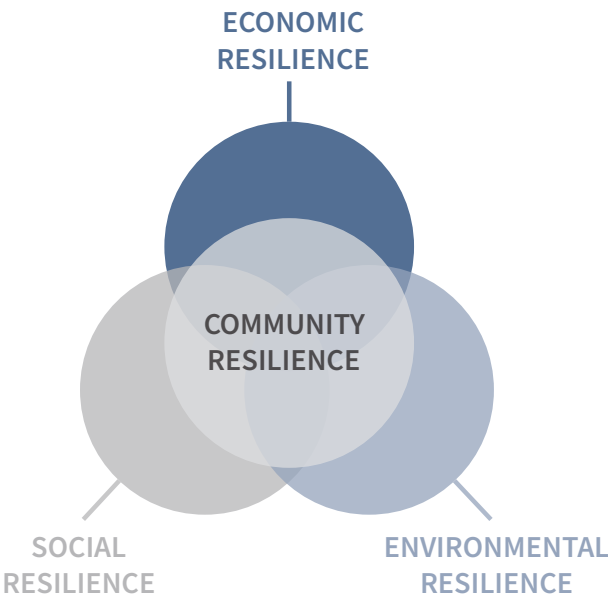
Source: California Adaptation Forum, 2018

Resilience

Resilience in the context of this project is defined as the capacity of a community to respond to stressors and maintain function in the face of crisis. While resilience often references the ability to absorb shock during and after a disaster and recover to pre-event conditions, Barbara Brown Wilson offers the productive term "resilience-as-adaptive-capacity." This approach to resilience shifts the focus away from a mere "bouncing back" to the way things were prior to a disaster to understanding adaptive capacity and inclusivity as critical aspects of resiliency planning, noting that "a resilient city would be one that plans collectively for and responds well to disaster" (Wilson, 2018).

1.2 Methodology

Data for this project was collected through a series of qualitative interviews, focus groups, and surveys conducted with 63 key stakeholders from 43 organizations serving vulnerable populations of the Northern Neck region of Virginia in January and February 2021. The information gathered is from the perspectives of organizations and institutions serving these communities and does not aim to reflect the diverse lived experiences of these individuals. This qualitative data was supplemented with desk review of relevant literature and data both publicly available and shared with us by study participants. The project was conducted from approximately December 1, 2020 through June 31, 2021.

The initial phase of the project included preliminary information gathering calls with participants actively involved in The RAFT project to gather input on definitions as they relate to the unique conditions of the Northern Neck and to request suggestions for other organizations to include in the study for greater representation and diversity of perspectives. Between January and March 2021, four focus groups and 20 interviews were conducted via Zoom with representatives from a wide range of critical service organizations. A complete list is included in Appendix B of this report. An online survey was also sent to those who were unable to attend a focus group or interview and also offered as a secondary platform for participants to share additional information not covered during the focus group or interview. The project team collected a total of 18 survey responses.

An Asset Map was also created using Google Maps My Maps to illustrate the location of service providers in the region. This map was used during interviews and focus groups to generate discussion around what type of future mapping product would be the most useful to service providers in the region. A Mapping Workshop was hosted via Zoom with nine participants in April 2021 to further brainstorm how this project could result in tangible and useful resources for service providers. Two versions of a final mapping product were identified by participants as particularly useful: 1) an online, interactive, map tailored towards networking and connecting service providers and 2) a static, offline, version tailored toward providing information to those individuals seeking services. Upon the completion of this report, the Northern Neck Resource Council (NNRC) will assume maintenance and dissemination of the Asset Map. The research team will also continue working with partners in the region to develop additional mapping products to support equitable critical service provision in the Northern Neck more broadly.

Northern Neck Critical Services Asset Map
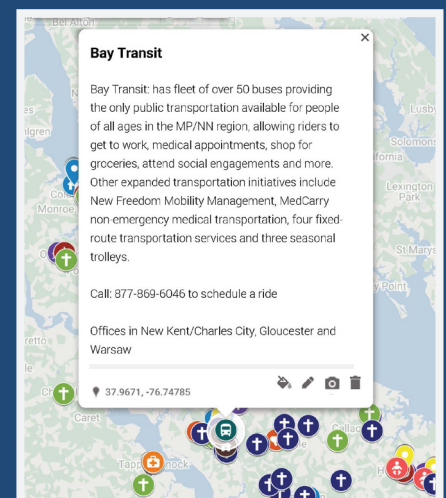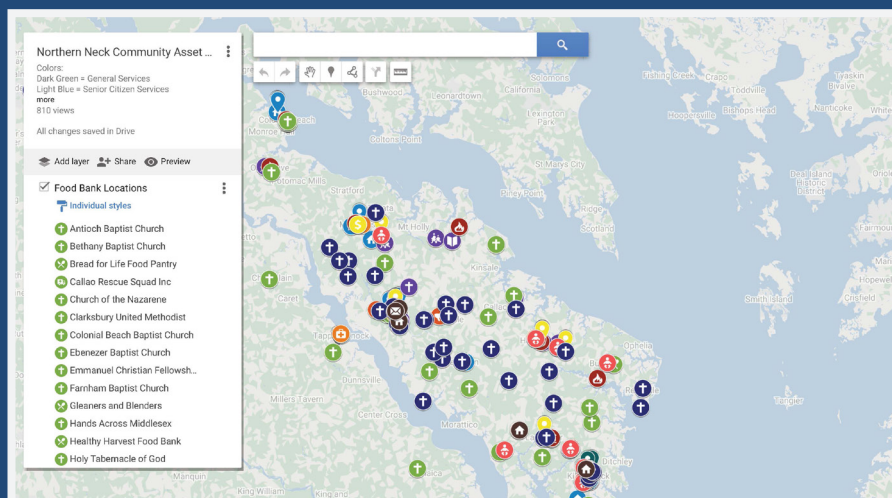
Explore the Map: https://www.google.com/maps/d/u/0/edit?mid=1bWAgIdMWQ_Q6HBgHeJ1Kc4EoNzild56&usp=sharing

02
Context

02 Context

2.1 The Northern Neck of Virginia
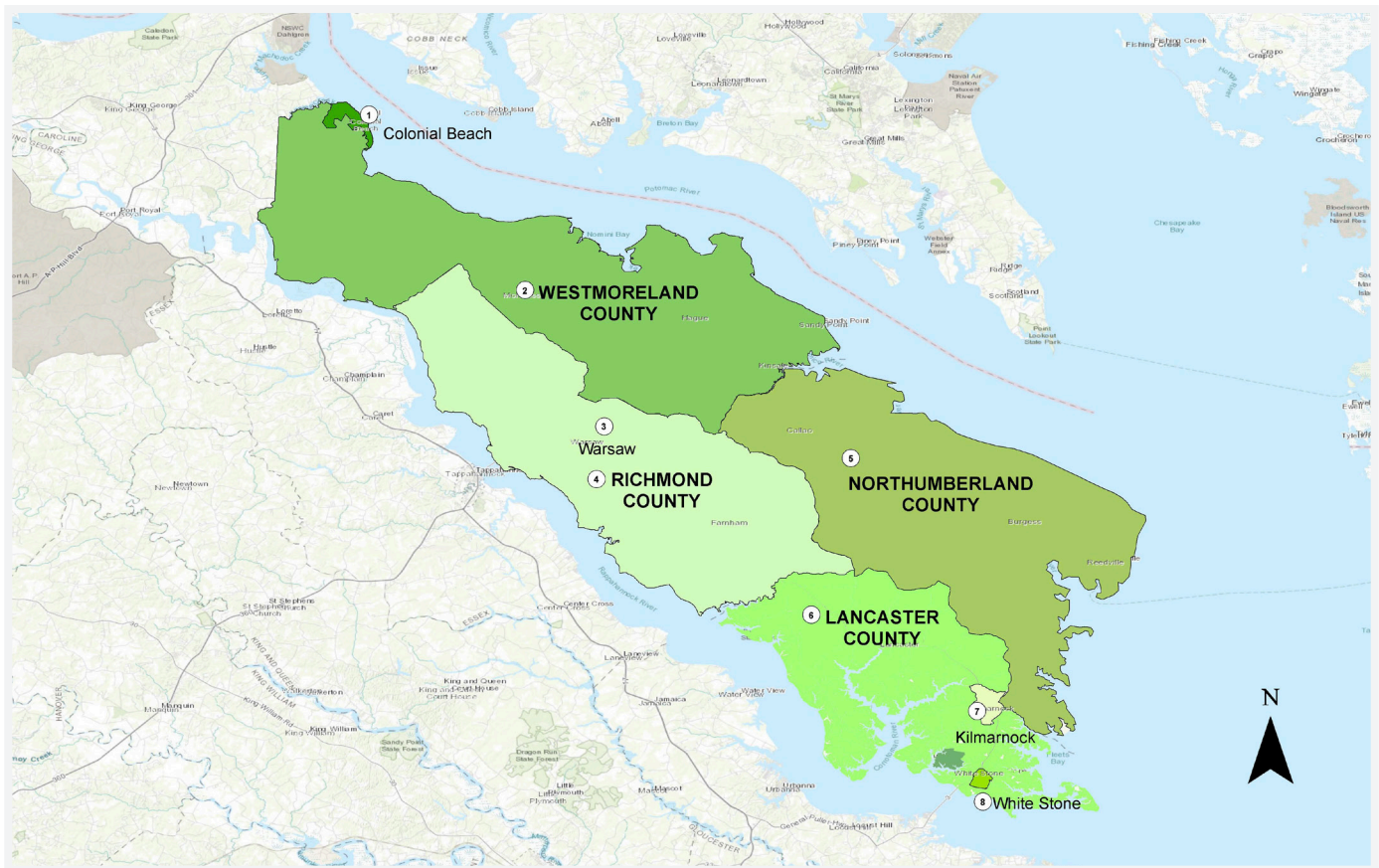
Map developed by Pranal Sharma, IEN

The Northern Neck is Virginia's uppermost peninsula extending into the Chesapeake Bay along the state's coast, comprised of four counties: Westmoreland, Richmond, Northumberland and Lancaster. The area encompasses approximately 745 square miles and is home to approximately 50,000 residents. Bordered by the Potomac River to the north, the Rappahannock River to the south, and the Chesapeake Bay to the east, the region's strategic location historically gave it a unique agriculture and aquaculture advantage. With the construction of the interstate highway system, development began to shift west, leaving the region isolated from major economic activity (Zandt, 2018). The region is now relatively rural, with low population density despite its close proximity to the urbanized Washington D.C. metropolitan and Hampton Roads areas.

The Northern Neck region is valued by its residents for its natural beauty and resources and is increasingly becoming a tourist and retiree destination with approximately 6,600 second homes across the four counties. While the retiree population has brought significant wealth and drives sectors such as the service industry and home health assistance, it does not create opportunities for income generation and

wealth-building by those who already live in the region. Reflecting the high degree of economic disparity in the region, the Northern Neck Planning District Commission (NNPDC), in its 2018 Comprehensive Economic Development Strategy stated, "there is no middle class. The area is either high or low income." The NNPDC reports that per capita income was highest in Lancaster County at $48,607 and lowest in Richmond at $26, 941. Further, it notes, "all jurisdictions fall considerably below national and state averages for job wages." According to the NNPDC, three of the top five largest employing industries in the region are in the service industry: real estate and rental leasing, health care and social assistance, and accommodations and food service. With the top occupations in the service sector, the area is more vulnerable to global economic fluctuations (Northern Neck Economic Development Plan 2013-2018, 2013). These unique characteristics of the Northern Neck region do not determine, but certainly inform, how COVID has impacted the region and communities in uneven ways. This context is important for considering not only how communities in the region recover from the pandemic but build long term resilience in a way that is inclusive, just, and informed by underlying vulnerabilities and inequities.

Demographics

	Population	Persons 65 years and older, percent	Black or African American persons, percent	Hispanic or Latino, percent	Households with a Broadband Internet Subscription, percent	Persons in Poverty, percent
Lancaster County	10,603	36.7%	28.4%	2.5%	72.3%	13.3%
Northumberland County	12,095	37.5%	25.0%	3.8%	77.5%	12.7%
Richmond County	9,023	21.1%	29.6%	7.3%	67.4%	17.8%
Westmoreland County	18,015	25.6%	26.1%	6.9%	74.9%	15.9%

Data from U.S. Census Bureau QuickFacts, 2019

Source: Bay Aging

Source: Healthy Harvest Food Bank

03

Overview of Services and Adaptations to COVID-19

03 Overview of Services and Adaptations to COVID-19

Initial Reaction: The First Months

Through conversations with a broad range of service providers, we learned about common ways that programs and providers adapted to the changing landscape of COVID-19. When COVID initially hit Virginia in March 2020, safety and medical preparedness were the primary concerns. As people were encouraged to stay home to prevent disease transmission, many libraries, schools, churches, active lifestyle centers, and offices shut their doors and paused services. In-home services pulled their aides out of homes to ensure the safety of their clients. Bay Transit limited their occupancy to critical service workers and those with acute medical concerns. Shelters began serving only those in imminent danger at half capacity. In situations where institutions remained open, nearly all providers mentioned the swift inclusion of safety precautions such as employing personal protective equipment (PPE), executing additional cleaning measures (air filtration systems, cleaning supplies, hand sanitation, etc.), using health screening protocols with clients, staggering or offering work from home options for staff, and limiting occupancy in confined spaces. Despite the profound interruptions that COVID caused to many critical services, some participants noted that outreach and support did not stop, but in some cases actually increased. For example, many case managers, coaches, teachers, and church leaders connected with clients and community members numerous times a week through phone, email, and social media to offer encouragement, support, and provide information and resources.

New Funding and Expanded Services

As the pandemic progressed, new funding became available through a variety of channels to support continued and new service provision as organizations began to shift their priorities to meet the basic needs of the community. Federal funding through the CARES Act funneled $10 million into Virginia alone to support continued service delivery. The County Bucks Program, a state-run program, helped support local businesses. Virginia Department of Emergency Management (VDEM) helped leverage funds from the state and the Federal Emergency Management Agency (FEMA) to support resource distribution, testing, and information dissemination. River Counties Community Foundation (RCCF) quickly streamlined their grant application process and began meeting weekly to quickly and regularly provide funds to organizations where services were most needed. They funded the expansion of YMCA programming to support the need for full-day child care for essential workers, organizations such as the Boys & Girls Club of the Northern Neck and the Northern Neck Baptist Association to open up academic support centers and the expansion of internet access points for virtual learning. The demand for food services also grew, and Bay Aging began operating a Meals on Wheels program, supplying hot meals from local restaurants twice a week. Food pantries shifted to drive-through pick up and opened up in new locations such as free clinics and churches. A need for housing support became clear as Bay Aging was inundated with applications to the newly funded Rent and Housing Mortgage Relief Program.

Transition to Virtual Service Provision

Services and operations shifted to virtual methods wherever possible to limit in-person contact. Staff and community meetings took place over Zoom and phone/video calls became the primary method of communicating with clients. In order to inform the population of the continually changing information around services, websites were frequently updated, phone calls made, and pamphlets dropped off at houses. Applications moved from paper to online, with some organizations allowing for the submission of applications via texted photos. In certain situations, eligibility criteria were loosened to ensure easy service access and to ease pressure on staff. Bay Transit stopped

collecting fares, library fees disappeared, and providers stopped closing applications. Virtual services such as eBooks, audiobooks, and streaming were in great demand. Various measures were put into place to allow people to stay home wherever possible, through online appointment scheduling. Health clinics offered tele-health visits for chronic illness patients, dropped medications off at patients' homes, and partnered with churches to provide blood pressure monitors, thermometers and O2 meters for patients to monitor their own health outside of the clinic.

Innovative Solutions by Services Providers

As programs began to reassess their programming to streamline resources to meet the changing needs of the community, providers came up with innovative ways to continue service provision. The Boys & Girls Club shifted from after-school programming to supporting meal delivery to students while the public schools remained closed. Once the school year began and schools started providing free meals to their students, the Boys & Girls Club pivoted to providing academic support centers in local churches and community centers. The Northern Neck Baptist Association, with funding from RCCF, also opened up several academic support centers to support virtual learning. Libraries offered curbside pickup, extended 24/7 Wi-Fi into their parking lots, and expanded their virtual programming. Due to the innovation that COVID required of service providers, some online programming, such as The Haven Shelter and Service's (The Haven) *Do You: Building Youth Resilience with Creative Expression* for LGBTQ+ youth, actually worked better at reaching critical members of the community. To accommodate those without internet access, providers would meet with clients through windows or socially distanced outdoors whenever possible. Shelters moved from congregate settings to non-congregate locations such as hotels and motels and began providing cleaning supplies to clients due to the lack of housekeeping staff. Volunteers rallied to deliver groceries and medications to

Source: Bay Aging

those unable to leave their homes. Additional safety precautions such as plexi-glass barriers and partitions between bus seats were implemented to allow for safe transit services in limited capacity.

Limitations

Despite these efforts, some programs were not able to transition to virtual platforms. Services such as tax preparation support, printing, faxing, scanning, and notary services were difficult to provide. In-home care services and medical and court accompaniment were also challenging to replicate online. While some support groups and educational outreach programs ultimately were able to shift online successfully, others were not. Services for elderly populations with additional barriers to internet access proved to be challenging to continue. Dental services could not shift to the tele-health model, placing additional pressure on free health clinics to find new ways to provide these services. The decreased volunteer capacity put increasing strain on service providers to carry out all aspects of service provision. While some services were able to continue during COVID in modified ways, others were not, and many vulnerable populations faced exacerbated barriers in trying to access these services.

COVID-19 in Virginia and Project Timeline

2020

March

On March 7, the first case of COVID-19 is reported in Virginia. On the March 12, Governor Northam declares a state of emergency. The next day, all K-12 schools are ordered to close for a minimum of two weeks, and soon after, are ordered to remain closed for the rest of the school year. On March 30, a Stay-at-Home order is issued statewide.

April

The Stay-at-Home order remains in place, urging people to stay home unless they need to work, see a doctor or buy groceries. Virginia colleges and universities transition to virtual classes. The Virginia Rent Relief Program begins providing financial assistance to renters who have experienced a negative financial impact due to COVID.

May

On May 15, Virginia enters Phase One of reopening. People are urged to maintain social distance, work from home and wear masks in public. Gatherings remain capped at 10 people and restaurants can offer outdoor dining at 50% capacity. On May 29, Virginians are ordered to wear masks in public indoor spaces.

June

Virginia enters Phase Two reopening. People are still encouraged to social distance, work from home, and wear masks in public. Social gatherings increase from 10 to 50 people. On June 8, Virginia suspends all eviction proceedings.

July

Virginia moves into Phase Three reopening. Recommendations to social distance, telework and wear masks indoors remain. Social gatherings increase from 50 to 250.

August

The COVIDWISE app launches in Virginia.

September

October

Governor Northam announces that more than $220 million in federal aid would be distributed to K-12 public schools to support COVID preparedness for the ongoing school year.

November

Preliminary Information Gathering Calls

On November 15, Virginia implements new COVID restrictions, limiting gatherings to 25 people, lowering the mask mandate to children as young as five, and outlawing the sale of alcohol in restaurants after 10 pm.

A universal mask requirement is implemented and gathering restrictions are lowered from 25 people to 10 people. Places of worship are exempt from the gathering limits. The first COVID vaccines arrive in the state.

December

Phase 1b of Virginia's vaccine rollout begins in 11 health districts. The new phase allows essential frontline workers, people age 75 and older, and people living in correctional facilities and homeless shelters to receive the vaccine. The Virginia Department of Education releases new guidance encouraging schools to prioritize in-person learning, especially for younger students and those with disabilities.

2021

January
Focus Groups & Interviews

Virginia unveils a statewide online COVID vaccine and hotline registration system.

February
Focus Groups & Interviews

Virginia eases restrictions, increasing social gatherings from 10 to 25. Governor Northam requests that schools provide in-person instruction options for students by March 15. The state reports 9,961 deaths due to COVID-19.

March
Mapping Workshop

Outdoor social gathering restrictions are increased from 25 to 250 over the course of the month. Indoor venues are allowed to operate at 50% capacity. Residents 16 and older become eligible to receive a coronavirus vaccine. The statewise mask mandate no longer requires people to wear masks while outdoors in small groups.

April
Data Analysis

Governor Northam ends all statewide coronavirus restrictions on businesses and individuals.

May
Data Analysis

Governor Northam announces a $3 million pilot for the Return to Earn Grant Program, which would match payments from certain small businesses to provide newly hired employees with a bonus of up to $1,000.

June
Report Development

Governor Northam declines to extend the statewide COVID-19 public health emergency beyond June 30.

July
Report Development

The national moratorium on evictions ends. Public schools begin in-person classes.

## August
Dissemination of Results

04

Exacerbated Vulnerabilities
Due to COVID-19

04 Exacerbated Vulnerabilities Due to COVID-19

While the pandemic has placed extraordinary stress on all Americans, these burdens are not equally borne by all groups of people. Black Americans, for example, who account for 25% of the Northern Neck peninsula's population, are more likely to become infected, hospitalized, and die from COVID-19. According to the 2020 State of the Commonwealth Report, the Black population in Virginia hovers around 19.1% but accounted for over 27% of COVID-19 related deaths. Historical inequities have led to disproportionate levels of poverty among Black communities, making it more difficult for them to cope with the economic shock of the pandemic. Unemployment rates among Black Americans are also twice that of whites and approximately 1.5% higher than individuals of Hispanic or Latin American origin. In October 2020, Black residents in Virginia comprised 40% of unemployment claims, over two times higher than their share of the population (2020 State of the Commonwealth Report, 2020). Black Americans are also more likely to suffer from chronic illness, anxiety, depression and trauma, all of which make them more vulnerable to contracting and suffering from COVID-19 (Akintobi, 2020).

While women appear to be less susceptible to COVID-19 itself, they also face disproportionate risk from the social and economic devastation that the disease has wreaked, highlighting underlying gender inequalities that existed prior to the pandemic. Women, particularly Women of Color, are more likely to work in businesses that are deemed to be "essential" (health care facilities, grocery and drug stores, home health care, and nursing home facilities), putting them at the frontlines of the pandemic. Women account for over two-thirds of the U.S. health care workforce. These workers are less able to self-isolate, increasing their risk of infection. Additionally, women are more likely to work in occupations that have been devastated by COVID-19 (restaurants, daycare centers, hospitality, beauty salons, etc.). The Institute for Women's Policy Research estimated that women suffered approximately 60% of pandemic-related job losses. Further, while women typically shoulder more of the burden of parenting and other care-giving responsibilities, the closures of schools, camps, and child-care facilities as a result of COVID-19 placed an even greater burden on women to balance the demands of work and childcare (Salas, 2020).

Health Vulnerability in the Three Rivers Health District

Data from Virginia Department of Health, 2019
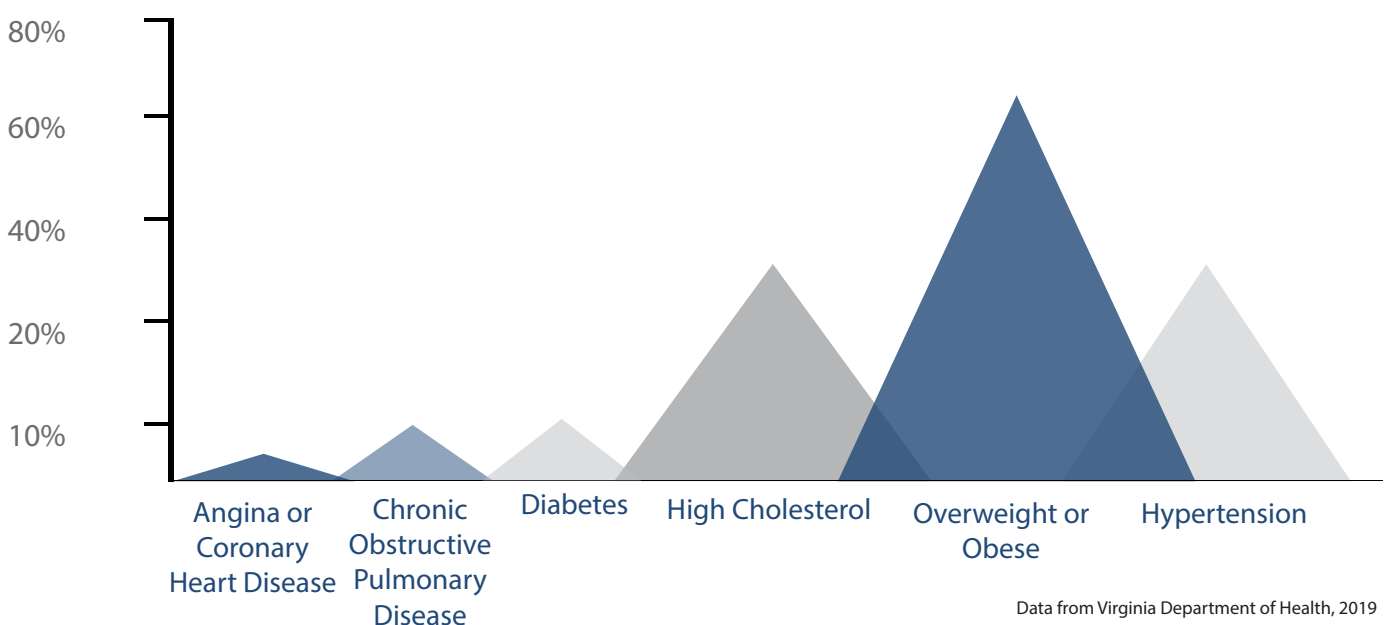
During interviews and focus groups, participants were asked to reflect on the specific vulnerabilities that they saw exacerbated in the populations they serve due to COVID-19. The following groups of people were flagged as populations who were disproportionately affected by the new challenges and barriers brought on by the pandemic. Participants frequently noted the complexity of overlapping vulnerabilities that many residents of the Northern Neck face. In addition to race and gender, most participants' clients are members of multiple, interrelated at-risk groups, leading to compounded risk and vulnerability that can be difficult to isolate. For example, most uninsured individuals are also low-income and are more likely to not have access to broadband or reliable transportation. Additionally, while elderly populations at large have been disproportionately affected by COVID-19, elderly individuals who are also low income, suffer from dementia, or have no family nearby are even more vulnerable due to these added barriers. These groups are not defined or homogenous groups of people, but rather are fluid and nuanced, taking on different shapes and forms dependent on individual circumstances.

> "The US Census says that Lancaster and Northumberland are projected to have 30% of their residents 65 or older by the end of the decade, which is twice the state average. That is a lot of aging people who don't want to sit at home. A lot of communities have adult day care programs where they can socialize, but with COVID you can't do that. It's been really hard. […] I met a man who said 'I am either going to eat or take my Alzheimer's medication, and I'd rather eat.' And that was a very heartbreaking statement."
> — MARY ARTHUR, Rappahannock Westminster-Canterbury

Low Income Populations

"Due to COVID we've seen families quickly move from low-income to no-income or to even lower wage jobs. Having no income versus some income makes a big difference." — HUNTER LECLAIR, Bay Aging

Most of the following groups of people fall into the category of low-income populations and are at greater risk of being negatively affected by COVID-19 due to a lack of financial freedom to pay for services. Statistically speaking, those who make less than $40,000 have been dramatically affected by the pandemic (Lund et al., 2020). Considering the average household income in the Northern Neck is between $30,000-$35,000, the effects for many residents have been more drastic. In areas such as Westmoreland County, where every single child qualifies for free lunch through the public school system, the situation is even more dire. Families often face challenges in affording necessities such as internet access, cell phone plans, reliable transportation, food, shelter, child-care, medical services, etc.

Further, many low-wage workers were not considered "essential" during the pandemic, meaning that many were laid off. Mark Kleinschmidt from Healthy Harvest Food Bank shared that they have witnessed a 25% increase in food recipients, "because these families can barely make enough money to survive. It's like they are stuck in a hamster wheel and cannot get out because the resources aren't there." Representatives from Bay Aging and the Boys & Girls Club also flagged being struck by the sudden need for food services throughout the community. In response, Bay Aging ran a Meals on Wheels Program and the Boys & Girls Club began doing meal prep and delivery to over 300 kids in the community.


Source: Healthy Harvest Food Bank

Another place the increased vulnerabilities of low-income populations became evident was the striking increase in eviction rates during the pandemic. Families simply could not come up with enough money to pay their rent. Based on a nationwide Household Pulse Survey conducted in November 2020, an alarming 14% of Virginians indicated they were overdue on rent and these numbers are likely undercalculated (VDHCD, 2021). The founder of Linking Help and Hope (The Link), an organization crowd-sourcing funds through a church network for those in need of rental and other financial assistance, shared that while many of these applications for support are getting funneled to programs such the Rent and Mortgage Relief Program that Bay Aging's Housing Division operated from June-December 2020, they are expecting a drastic increase in upcoming applications for financial assistance once federal support wanes.

Students

School closures have impacted all students, but especially students with underlying layers of vulnerability. All four counties of the Northern Neck have higher rates of students who qualify for free or reduced lunch as compared to the state average. This means that many of these students come from low-income families who face additional barriers when trying to access services. Children and youth from low-income and single-parent families, with immigrant and refugee backgrounds, diverse gender identities and sexual orientations, and with special needs were flagged by participants as especially vulnerable to COVID-19. Barriers such as a lack of broadband access in their homes and communities, having working parents who can provide less oversight, and the need to care for siblings were noted as challenges that caused a disproportionate loss in educational

support and opportunities for these children. School closures created isolation and deprived these students of social, emotional, and learning support, as well as access to services such as free lunches, counseling, and referrals to other community services. As a result, students who were already at risk of falling behind in school became increasingly vulnerable to failure. Sarah Schmidt from Richmond County's public schools shared with us in January 2021 that the rates of quarterly failures had drastically risen due to COVID-19, from around 8-9% to over 35%.

Students with Working Parents
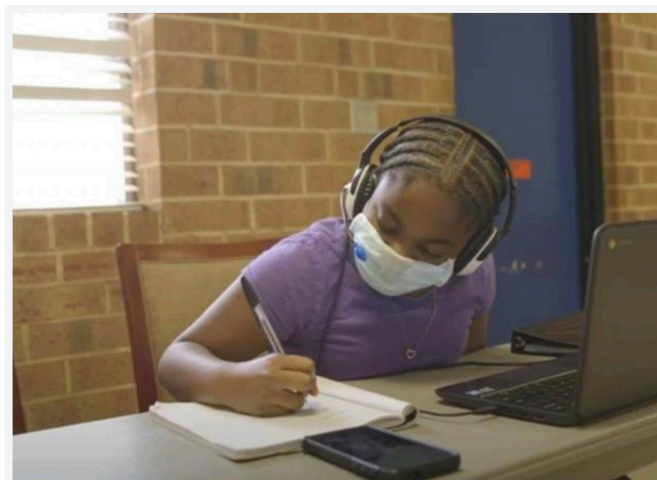
Source: Boys & Girls Club

For students with working parents, navigating the challenges of virtual learning was even more difficult. Working parents without broadband access at home did not have the capacity to drive their children to community Wi-Fi hotspot locations, nor support their kids in learning throughout the day. Many had to either leave their children home alone or take them to work, meaning they missed school. Shannon Clark from Legal Aid Works shared, "I had an applicant with a child who really needed to be in school yet it was not an option. The parent needed to work and they just took their kids to work with them. Some parents were sending their kids to the YMCA during the day, but this was the only option in the whole region. And it was so hard to see these moms with no options for their kids." Unfortunately, the parents who had to keep working in-person during COVID-19 also often had children who

were already falling behind in school due to a lack of at-home support. In this way, COVID-19 exacerbated the existing gap between higher income, achieving students, and those already slipping through the cracks.

Students with Behavioral, Emotional, and English as a Second Language (ESL) Support Needs

Students with behavioral or emotional needs such as autism, ADHD, or trauma were particularly impacted by the switch to virtual learning. Many of these needs necessitate constant supervision or one-on-one support, which many parents, especially those who needed to work outside the home, could not provide. Even for the children whose parents were able to stay home and support them, the added responsibility put a strain on everyone involved, taxing both the child and the family's resources. Belinda Johnson from Westmoreland Public Schools put this clearly: "This vulnerable population and their families are especially at risk of hitting a breaking point so much quicker and with less support than before the pandemic."

The children of migrant workers or Spanish-speaking parents, who at school have the support of ESL tutoring, were left, in most cases, without access to Wi-Fi and without English language support to continue learning. This caused added stress for parents who were unable to support their kids through learning, causing them to fall behind.

Other students, such as LGBTQ+ students, rely heavily on support networks available to them through the school system. While The Haven was able to eventually provide virtual after-school programming to these students, they had to be temporarily terminated due to COVID-19, exacerbating the isolation of these students by cutting them off from critical forms of community and support. For students who experience abuse at home, school acted as a necessary escape from traumatic home lives. With COVID-19, these students were forced to be at home all day with little outside support or escape mechanisms. This exacerbated the vulnerabilities of these students immensely, removing perhaps the only safe space they had.

Source: Rappahannock Community College

College Students

COVID-19 also exacerbated vulnerabilities for college students who were already struggling to keep up with their studies. For many first generation college students, low-income students, and Students of Color, the necessity of balancing school and one, or multiple, jobs already created significant pressure. Joseph Coleman who works with first generation students on financial aid at Rappahannock Community College (RCC) shared, "These students were already vulnerable! With a major event like COVID-19, their chances to be successful academically are greatly decreased." He expressed fear that many of these students may not come back to school after the pandemic because their education has taken a back seat to more pressing needs such as keeping a roof over their heads, putting food on the table, and providing care for loved ones. Again, it is the students who were already struggling prior to COVID-19 who are at the greatest risk of not completing their education, which only further exacerbates the higher education achievement gap.

Seniors

Besides students facing an array of challenges, seniors were the most frequently mentioned group of people negatively affected by COVID-19 during interviews and focus groups. The Northern Neck has comparatively high percentages of residents over the age of 65, making this population's vulnerability especially visible to social service workers in the area. Across the state, the average percentage of residents over 65 is 15.9%. In Richmond County, which has the lowest percentage of seniors of the four counties, 21.1% of the population is over 65, while Northumberland County has the highest percentage at 37.5% (The 2018 Northern Neck Comprehensive Economic Development Strategy, 2018). Many of these seniors rely on daily support services such as in-home care, transportation, medical services, support groups and activity centers, all of which became more difficult to access after COVID-19. These barriers left many seniors isolated and at risk of not receiving the support they require.

Assisted Living and Home Services

Older populations experience an increased risk of severe illness causing hospitalization or death from contracting COVID-19. Chronic medical conditions are more common among elderly populations, especially those with lower income, placing these groups at an even higher risk of severe illness from COVID-19. This underlying health susceptibility is, in many cases, coupled with

Source: Bay Aging

the susceptibility of requiring close-up personal care, whether in a nursing home, assisted living facility, or at-home care. For those who need close-up care such as help brushing their teeth, getting dressed, bathing, or using the bathroom, maintaining a distance of six feet from a caregiver was not possible. This vulnerability contributed to nearly 26% of all COVID-19 deaths nationally in nursing homes and assisted living facilities (Costello, 2020).

Bay Aging is the primary organization in the Northern Neck providing services such as transportation, housing, community living and health services to the region's elderly populations. With COVID-19, Bay Aging had to pull many of its aides out of homes to ensure the safety of both their staff and clients. Unfortunately, this meant that for some time, these elderly clients were without personal medical assistance and daily living assistance such as trips to the grocery store and pharmacy, support with housekeeping, etc. Once Bay Aging was able to begin providing these services with increased safety measures to limit the possibility of exposure, many elderly residents refused services due to their own fear of contracting the virus. Within Bay Aging's age-and income-restricted service enriched rental housing communities where the risk of contracting and spreading the disease was highest due to the necessity of continued care and face-to-face contact, COVID-19 made it challenging to continue offering support services such as Meals on Wheels, nursing care, transportation and support and educations groups to their residents. A representative from Commonwealth Senior Living echoed this challenge, sharing that while many seniors rely heavily on outside services and programming that brings people together, COVID-19 has made the continuation of this nearly impossible. At the time of interviews, balancing the necessity of ensuring the safety of their clients with the need to continue service provision presented a unique challenge.

Seniors Struggling with Dementia

Seniors with cognitive impairments such as dementia were flagged as especially vulnerable to COVID-19. Those with dementia thrive off of structure, routine, and daily support. Without the regular programming and organizational support for this population provided by organizations such as Bay Aging, Commonwealth Senior Living, the Alzheimer's Association,

Source: Bay Aging Meals on Wheels

etc., these individuals were often stuck at home, some without any outside care and others relying on one caregiver who was suddenly responsible for 24/7 care. A participant from Commonwealth Senior Living shared that she began receiving emergency calls from several care-givers as they were reaching their limits and did not know what to do. In certain situations, the care givers still had to go to work or did not have the means to pay for long-term care or insurance, meaning that the elderly client with dementia was stuck at home all day with no one looking out for them. A representative who works in dementia programming for an elderly home shared that she visited a client who had essentially regressed two stages in her dementia due to the sudden lack of structure and isolation. While several organizations were able to offer virtual support groups, this came with the additional barriers of access to technology and the knowledge required to use and navigate it.

Isolation

Human beings are social creatures. While about 28% of the national elderly population lives alone, many of them are not socially isolated (National Institute on Aging, 2019). In rural areas such as the Northern Neck, this percentage is likely higher, making community opportunities for connection and gathering incredibly important. Gathering sites such as churches, public libraries, Bay Aging's active lifestyle centers, group programming, and volunteering offer critical opportunities for the area's elderly population to remain connected and involved in the community. COVID-19 necessitated the closure of most of these facilities leaving service providers with the only option of pivoting to virtual services and programming. Unfortunately, many seniors face additional barriers when trying to access online services. They are less likely both to own the necessary technology and to possess the knowledge and capacity to use it. Virtual learning models, for the most part, were not accessible or desirable to this population. Outside of these gathering spaces, seniors also act as critical volunteers for many of the organizations we spoke to. COVID-19 made it unsafe for them to volunteer, increasing their social isolation and making it more challenging for organizations to find volunteers to carry out their programming. The isolation of seniors was consistently flagged by participants as a cause of serious concern, worry and fear—and understandably so. Extensive research has linked social isolation to higher risks of physical and mental conditions such as high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death (National Institute on Aging, 2019).

"I know there are people in low income housing that really rely on their nurses and people that come and check in on them […] to take them in their cars to go visit places like the library and other organizations that were open. I've worried about those people because we know them by name and it's a small community. It's just sad, you wonder how they are doing and what they are doing for their needs."
— Westmoreland County Public Library Employee

Migrant and Temporary Workforce Communities

Despite estimates by free health clinics and local churches, there is a lack of accurate and updated data on the number of migrant workers living and working in the Northern Neck. Statewide, one in six workers are immigrants, with this population making up a vital part of the state's labor force (Immigrants in Virginia, 2020). Participants shared that the local migrant population in the Northern Neck works primarily in industries such as farming, manufacturing, wood and lumber processing, plant nurseries, oyster, fish, and crab houses, and restaurants. This population was consistently identified by participants as especially vulnerable to COVID-19 due to close living quarters, largely unregulated working conditions, and the presence of significant barriers to service access, especially for undocumented immigrants afraid of deportation.

The Guadalupe Free Health Clinic

The Guadalupe Free Health Clinic is a free clinic in Colonial Beach that serves the poor and medically uninsured communities throughout Westmoreland County. The clinic was founded in 2005 by Reverend Jerome Magat in an abandoned house on the grounds of St. Elizabeth of Hungary Parish upon realizing the number of medically uninsured residents due to immigration status or lack of full-time employment with benefits. Reverend Magat, in a video on the clinic's founding, explained, "I'll never forget the day, in January of 2004, when one of my altar boys came in and I asked him why there were so few people at Spanish Mass as people were gathering. And he said, 'because most of the people, Father, are sick, so they don't come to church.' And I said, 'what do they have?' And he said, 'A lot of us have mono.' And I said 'oh my goodness, how are you guys treating that?' And he said, '...with Tylenol.' And I said, 'what do you mean with Tylenol, don't you go to the doctor?' And he said, 'we don't have a doctor to go to'" (Guercio, 2016). Prior to the founding of Guadalupe Free Clinic, there were two existing free clinics in Fredericksburg and Kilmarnock, separated by a distance of approximately 95 miles. Neither served the residents of the Town of Colonial Beach, Westmoreland County, or Richmond County. Yet, Westmoreland County has been declared a medically underserved area since 1978, with a mere 12 medical providers for every 100,000 residents. Today, the clinic, staffed solely by volunteers and a few paid part-time staff, serves anyone in the Town of Colonial Beach or Westmoreland County who is not medically insured and earns below 200% of the Federal Poverty Level. Since COVID, the clinic's patient numbers have significantly increased. Lance Carrington, the Executive Director, shared with us that in 2020, the clinic had 172 patients all year, each with multiple visits. Six months into 2021, they've had 186 patients, each with multiple visits. Further, the percentage of Hispanic patients has grown from 66% in 2020 to 76% in first six months of 2021.

Source: Guadalupe Free Health Clinic

For more information on Guadalupe Free Health Clinic, please visit their website: https://guadalupefreeclinic.org

Self Isolation

Participants from Departments of Social Services (DSS), churches, free health clinics and shelters in the area serving undocumented members of the migrant population all mentioned that fear of deportation, especially during the administration of former President Donald Trump, caused increased isolation of these communities, making service access more difficult. One DSS employee shared that in recent years, many pending cases were closed out of fear of being reported to the federal government. The intent to maintain a low profile in the broader community left this population more heavily reliant on less formal services such as food banks and church sponsored programs, where it was clear there was no connection to government offices. Lance Carrington from Guadalupe Free Health Clinc echoed this sentiment: "If you are undocumented, you can't go to social services, you've got to rely on free clinics and food banks." While DSS saw an increase in the applications for benefits following the pandemic, it did not see a return to the previous rate of applications from the migrant communities, which has caused concern that this group is not receiving the services it needs.

Fewer Safety Measures

During the pandemic, safety measures such as social distancing and frequent testing were largely unavailable to the migrant population due to high-density housing and the need to continue working. Close living quarters and the desire to maintain a low profile means that the undocumented migrant community tends to be incredibly self-reliant, relying on one another for child-care, transportation and other essential needs. Large farms and manufacturing sites were not motivated to perform large-scale testing, nor were the employees able to take two weeks with no pay to quarantine, meaning that they were reluctant to come forward with symptoms or a positive test result. While this community was not often included in the "essential workers" category, most of their jobs continued in person even as the pandemic progressed. Not

Source: Northern Neck Tourism Commission

only did this increase the risk of an outbreak within the local community, but also exacerbated the risk of transmission across geographic communities as many of these workers commute across the Northern Neck. Despite the increased pressure to self-isolate, migrant workers and families were often not able to do so, placing the community at greater risk of both contracting the disease and not receiving the necessary medical care in the event of an infection.

Those Experiencing Intimate and Sexual Violence

COVID-19 has kept more people at home with their families and partners, placing those experiencing violence in the home at much greater risk and with decreased capacity to reach out for help due to the lack of privacy. A representative from The Haven shared that they experienced a significant drop in calls following COVID-19 despite the fact that rates of violence are expected to have continued, if not increased. Shannon Clark, an employee of Legal Aid Works who works primarily with clients experiencing domestic violence, echoed this sentiment, explaining that while referrals during the first 3-4 months of COVID-19 drastically decreased, those they received were especially violent. Similarly, The Haven shared that their referrals also decreased dramatically due to the decrease in regular medical visits and prison support groups, both of which provide the most frequent referrals. Even if telehealth visits were an option for this population,

the lack of privacy makes it more difficult to accurately assess the situation. In addition to the challenge of privacy, it was speculated that many of these victims were less likely to seek protective orders due to the fear of not having a place to go during COVID-19, causing the abuse to become a secondary concern. Not only is this population at greater risk of abuse, but research has also shown that anyone who has experienced trauma is at higher risk of chronic illness, making them also more vulnerable to COVID-19 ("Past Trauma," 2021).

Source: The Haven Shelter & Services

Additional Populations Mentioned by Participants

Individuals with Mental Health Concerns

Due to the closure of many of the already scarce mental health providers' offices in the region, those who did remain open throughout the pandemic, such as the Middle Peninsula Northern Neck Community Services Board (CSB), quickly accumulated long waitlists. During a time of increased mental health concern, those who rely on regular professional support faced increased challenges, especially lower income families who have to prioritize basic needs over mental health.

Individuals with Disabilities

Many of these individuals may have difficulties communicating over the phone, making it more challenging to reach and effectively communicate with service providers working from home. Shannon Clark from Legal Aid Works shared, "It is hard for clients to be heard or hear me because of service problems that are common in rural areas like ours and many of our clients are disabled and have medical issues that make it harder to communicate." This further exacerbated their ability and willingness to seek services and support.

Individuals Experiencing Homelessness

Community members experiencing homelessness rely on shelters and public gathering spaces such as libraries for daily support and shelter. With the closure of most public spaces due to COVID-19, the region's population without sufficient shelter support had nowhere to go. Reverend Kristie Askew, the director of the Gloucester United Emergency Shelter Team (GUEST) Shelter explained, "We're utilizing motels, [but] if they act out in the motel then the motel can ask them to leave. Because we're in a rural area, there have been cases where we've utilized all the motels and we have nowhere to send them."

Incarcerated and Previously Incarcerated Populations

For those on their way out of prison, COVID-19 presented unique challenges for re-entering society. The need to quarantine meant that they could not return directly to their families. In-jail programming by organizations like The Haven, providing support for survivors of violence, had to temporarily stop. The Haven started operating a hotline specifically for those who experienced violence while incarcerated, either from inmates or correctional officers. As with elderly homes and the migrant populations, the high-density nature of prisons placed this population at increased risk of contracting and spreading the virus.

Pregnant Women and Young Mothers

As mentioned above, women were disproportionately impacted by the social and economic devastation of the pandemic. The lack of childcare facilities in the community was flagged as a significant challenge for families and especially for mothers with young children during the pandemic. While the YMCA received funding to shift to an all-day childcare center, for those who lived too far away or did not have access to transportation, childcare was not an option. This placed increased financial and mental stress on

Source: GUEST Shelter

mothers. Young pregnant mothers, too, faced increased stress during the pandemic, both from fear of contracting the virus and from the loss of support opportunities during pregnancy.

Jackie Clayton from Northumberland County DSS explained how the lack of childcare presented a challenge when trying to find homes for foster children: "We've had several close calls where we thought we were going to have to bring children into care and there were no childcare facilities able to meet the needs of these children. Foster parents work and we were going to have to send these children outside of the community of Richmond County to a therapeutic foster home because we don't have enough childcare. This was an issue pre-COVID, but COVID has made it worse."
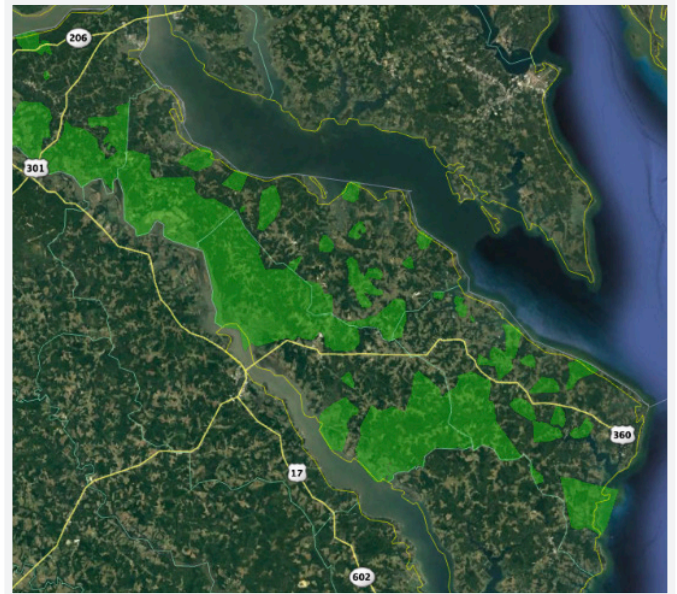
05

Physical and Non-Physical Barriers to Service Provision and Access

05 Physical and Non-Physical Barriers to Service Provision and Access

5.1 Broadband and Technology Access

Internet access was consistently flagged as the most significant barrier that populations face when trying to access services. While this barrier existed prior to COVID-19, the closure of in-person Wi-Fi sites and the shift to virtual service provision significantly exacerbated the existing gap. Joseph Coleman from RCC shared that this long-standing issue has, "created two classes in the community: those who have access and those who do not." While social services are intended to help narrow gaps in disparities and opportunities, many who do not have access to the internet had limited opportunities to engage with services. To the right is a map showing the areas in the Northern Neck without reliable internet access that was developed by the NNPDC.

In response to the exacerbated barrier of internet access, organizations such as public schools, RCC, libraries, fire departments, and churches worked to make internet access more accessible by expanding their Wi-Fi service area beyond their buildings into parking lots for public access. Libraries began leaving their Wi-Fi

Areas of the Northern Neck without reliable internet access are shown in lighter green. Source: The Northern Neck Planning District Commission's VATI Application

on 24/7 and even provided extension cords that ran from the building to parked cars to enable charging. The public schools and RCC received funding to purchase cellular Mi-Fis, laptops, and Chrome Books to send home with students without access. Some schools drove school buses with hotspots in them to rural areas in the community so that students could access Wi-Fi.

This barrier does not only affect low-income or vulnerable populations. Even for those with steady sources of income, the high price point and unreliability of internet access is a challenge. One participant shared with us that he pays over $70 per month for internet access

"I know someone who has told me 'I live on the south side of 360 and therefore I don't have internet access. If I lived on the other side of the street, I might have access.' That's what I'm talking about. These disparities are along racial lines and also our district boundaries. If you're on the north side of 360 you're in district 2 and if you are on the south side, you're in district 3. District 2 has internet and district 3 does not. District 3 was created as an African American district. There are clear disparities in terms of race that people look at and say well just work harder and it'll work itself out. These issues have pre-dated COVID, but COVID is exacerbating them. Areas in Northumberland County don't even have cell service so a hotspot wouldn't work. And it appears to only become an issue if it affects white Americans. If the issue only affects African Americans, it doesn't seem to ring out."
— REVEREND LINWOOD BLIZZARD, Macedonia Baptist Church

at his house and still has periods of time where the connection is so poor he cannot work, send text messages, or make phone calls. Thus, he has had to work from his office throughout the pandemic—an option that remains out of reach for anyone without reliable transportation. Many other participants echoed this frustration, sharing that reliable internet is a struggle for many of their employees. Library employees shared that they frequently sees police officers and other community employees come to the library to use their Wi-Fi.

Despite the efforts of organizations to expand internet access, there are compounding barriers that prevent populations from being able to utilize these services. Reliable transportation, access to laptops, and technological knowledge are all necessary pre-requisites to using free Wi-Fi services. If a hotspot is provided but the family is without a laptop, the problem remains. If a hotspot and a laptop are provided but not the knowledge of or assistance on how to use them, the problem still remains. This knowledge barrier was especially challenging for elderly populations who were not taught how to use technology and who rely more heavily on other forms of information dissemination. Further, hotspots can easily get overloaded, causing long wait times. A representative of Northumberland County Public Schools shared that these barriers became clear upon discovering that buses with hotspots throughout the community were not being as actively used by community members as had been expected. For those who rely on cell phones for communication, a limited amount of data and minutes made rationing use necessary.

This barrier made it difficult for critical service providers to get reliable and timely information to the populations they serve and to continue offering their services virtually. While COVID-19 caused frequent fluctuations in operations and procedures, it became imperative for organizations to share information with their clients as quickly and reliably as possible. Without a steady stream of information, populations were not receiving the information they needed and thus unable to access or continue services. A Bay Aging employee shared that while they shifted to an online application with telephone assistance for the Rent and Mortgage Relief Program for quick and easy access, it also meant that "the people who likely need the assistance the most remained without access" due to the internet and technology barriers. As all programs shifted online, those without access were left behind.

Community Wi-Fi Mapping Project
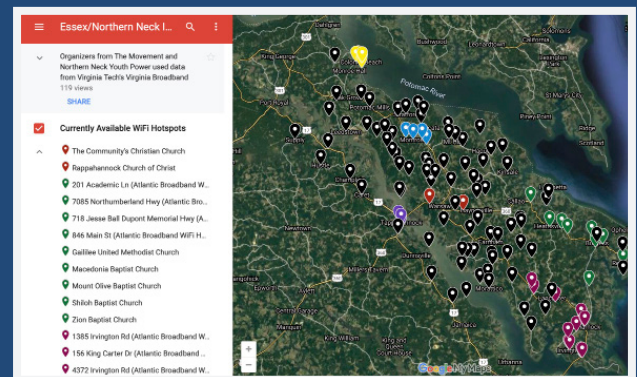
The Movement Northern Neck (NNK), an activist organization; The Northern Neck Baptist Association; and Northern Neck Youth Power, a network of youth activists organized by The Haven, collaborated to create a community asset map showing internet access points across the region using data from Virginia Tech's Virginia Broadband Availability Map and Integrated Broadband Planning and Analysis Toolbox. Their asset map shows a network of churches and public spaces where Wi-Fi is available to the community for online learning!

Explore the Map: https://www.google.com/maps/d/viewer?mid=1lUEgqSCgp-YRwvU9AyokxoBHsGA3xtQ9&usp=sharing

5.2 Transportation and Travel Distances

Source: Northern Neck Tourism Commission

Besides broadband access, access to transportation and travel distances were the most frequently mentioned barrier that populations face when trying to access services. The area of the Northern Neck is approximately 275 acres and the transportation infrastructure is rural, meaning that a trip to a clinic could take six minutes as the crow flies but 30 minutes or more by car. Mark Kleinschmidt shared, "You can live in one place and be 30 minutes from the nearest grocery store!" Maria Murillo-Valdez from the Virginia Cooperative Extension also explained this barrier: "The distance doesn't help anything! It's so far to get to another county, so even if [the service is] there, is it really available to them?" For services such as medical and mental health services, which are sparse, travel distances can be even greater. Participants shared that expecting those in need to have time, money, and reliable vehicles to access services is unrealistic. Mark Kleinschmidt shared that he realized how big of a problem transportation was when he started opening up new food pantries in the more rural areas, expecting to serve around 50 people, and began quickly serving double or triple that population as transportation became less of a barrier to access.

For certain populations, the transportation barrier is even more acute. Migrant communities, for example, often live in large communities and sometimes share one vehicle. Participants noted that for individuals without valid driver's licenses, they only take the risk of driving when absolutely necessary: to work and the grocery store, otherwise they stay put. If their vehicle stops working, the whole group is home-bound. Moreover, many seniors have lost their ability to drive, relying on volunteer services such as Bay Transit or other organizational support. When COVID-19 necessitated the cessation of these services, these individuals were left stranded. Lastly, students without internet access at home often had to rely on their parents or other adults with a working vehicle and free time to drive them to internet access points. Jane Blue, the Director of Northumberland Public Library, put it succinctly, "We're able to open up our parking lots for Wi-Fi, but if parents can't get their kids there, we're not solving the problem. So, how do we get closer to them?"

While Bay Transit offers low-cost transportation throughout the Northern Neck's four counties, there are barriers that limit or prevent certain populations from accessing it. For those who work jobs outside of normal business hours, as many entry-level and service jobs require, Bay Transit only has the capacity to assist with a portion of their commute, as their transportation services are offered between 6:00 am and 6:00 pm Monday-Friday. This means that even if individuals can use Bay Transit one way, they have to find a ride home after their shift. A focus group participant emphasized that rather than there being a shortage of jobs, the larger challenge is having affordable, reliable transportation that aligns with work hours. In the first few months of COVID-19, Bay Transit limited their service to only critical service workers and those with

"A patient with a doctor's appointment in Gloucester might have to take several different buses to be dropped off well ahead of the appointment and then wait after the appointment for a bus to pick them up. It shouldn't be a day trip to get to Gloucester and back for a doctor's appointment. I'm sure COVID has made this more challenging."
— ANONYMOUS

acute medical conditions. Even after they increased their occupancy to 14 on vehicles and implemented additional safety measures, fear of exposure kept many from making necessary trips to work, medical appointments, grocery stores and elsewhere.

From the service side, transportation posed its own kinds of unexpected challenges. A Northern Neck-Middlesex Free Health Clinic (NNMFHC) employee mentioned that with the onset of COVID-19, they decided to try to mail medications to patients to prevent unnecessary in-person visits, only to realize that "eight days later the medication would still be sitting in the post office in Richmond." This meant that for services that tried to work around the internet barrier by providing in-person service access, transportation and travel distances posed a new set of challenges to overcome in a time of stress and urgency.

5.3 Knowledge of Services and How to Access Them

"We've tried press releases, we put things on our website, sent out mass mailings to try to let people know. But people have such a wide variety of needs. I will have people call me and say 'I can't pay my electric bill, what do I do?' or 'I need help in my home, I don't know who to call.' We find that people are reaching out to Bay Aging and they have needs that are unrelated to the services we provide, yet they have no idea who to call to get information or help signing up for Medicare, food assistance or home repairs. I think that is the biggest barrier." — TIFFANY ROBBINS, Bay Aging

There are a wide variety of services in the Northern Neck, each one offering services with specific eligibility requirements, during certain times of the day, and for residents of particular localities. Navigating the range of existing services and figuring out how to access them was flagged as a significant barrier that populations face when in need of assistance. Not only is internet access often required to navigate a webpage, but individuals also have to have the knowledge and capacity to navigate websites for relevant information and to understand the eligibility requirements and application process. As Jane Blue bluntly put it, this is knowledge that "a lot of folks simply don't have." While organizations such as the DSS offer technical assistance and over-the-phone applications, individuals still need to have the capacity to navigate these services. This barrier became more evident as focus group participants shared that navigating the existing services was a challenge, even for them. As Maria Murillo-Valdez reflected, "I have been [at the Virginia Cooperative Extension] for almost 20 years and I didn't even know about certain programs that different organizations offer."

The nationwide organization, 211, has tried to help solve this barrier by offering call, web chat and text message services to help connect those seeking services with on the ground organizations providing needs such as housing, food, transportation, and health care. Unfortunately, this service does not provide reliable information for rural areas, such as the Northern Neck. One library employee shared, "We went to a library meeting with a representative from 211 who was explaining how it was this conglomerate of information where you could easily find out what services are offered in your area, and so we left the meeting thinking 'okay, great, we'll share this with our customers', but it turns out there's nothing for Westmoreland County! And that's just what we're talking about, we're missing each other!"

Source: Bay Aging

5.4 Stigma Around Social Services

"People are trying to be as self-reliant as possible. They don't want to feel like they are taking a handout, so we need to do a better job at making sure people know these services are available for everyone and are not a sign of weakness." — JOHN BATEMAN, NNPDC

Unfortunately, the use of social services often carries societal stigmas that prevent many from reaching out for help. A Boys & Girls Club employee shared that there seems to be a cultural bias where people do not want to admit they need help, or they believe others need it more than them. Jean Nelson, the founding Executive Director of the NNMFHC shared that due to the loss of employment during COVID, some residents had to rely on Medicaid and were unhappy and often times embarrassed about it. She explained, "While they were grateful they could still have healthcare, they didn't want to receive handouts from the Federal government. It's about maintaining their dignity, and dignity is the basis of life." Over the years, interviewees explained, and especially during COVID, these stigmas have improved as more and more individuals have seen the value in government support and have relied on it themselves.

"Why are fewer people coming to us? I think for some there is the perceived barrier about being screened, that they need to prove their neediness, and they see that as a game they do not wish to play."
— TOM COYE, The Link

"Children wouldn't talk to me. They would tell me that their parents told them not to talk to a counselor because it meant they were crazy. So, in the five-year period I was there, I got them to start to see that it was healthy to come and talk about their issues to remind them that they always have a choice in the matter. We need to dispel this stigma."
— BARBARA CAIN, Northern Neck Baptist Association

5.5 Misinformation and Distrust in Social Services

With the onset of COVID-19, being able to access reliable and trustworthy information became even more critical, especially as new information was coming out on a daily basis. Uncertainty around what information and sources to trust caused many people to stay home and not reach out for assistance when needed. This distrust in social services was flagged as a significant barrier for migrant communities afraid of deportation. Martha Hutzel, the director of Central Rappahannock Regional Library, shared that they worry immigrant communities are afraid of reaching out to the library for services due to the fear of a connection between the library and the government: "I've actually had people say no to a library card because they're afraid we would check their credit report. So, misinformation and fear is a big problem... we are not connected to the federal government in that way, but they don't know that. And it's not just immigrant communities, it's new citizens and many others." Even if the broadband, technology, and transportation barriers are overcome and one has access to information online, sifting through the non-factual information to find reliable, up-to-date information is challenging, especially for non-English speakers.

Stuart Bunting, the president of Rappahannock Westminster-Canterbury, shared that "with the churches, libraries, and schools not being open, the sources of [reliable information] shrink significantly, and unwinding all the false narratives is a huge, non-quantifiable issue." One participant shared that he believed the news focusing on reporting the number of daily deaths and not just important Center for Disease Control updates caused unnecessary fear in the community that delayed the return of clients even once it was safe to do so.

"The last four years have been terrible in that there was an uncovering of a local element of anti-immigrant sentiments. These sentiments became more allowed, more encouraged and presented more incentives for folks not to engage and not seek help just for fear of unknown consequences. The fact of being undocumented and the fear that was heightened over the last four years was itself a barrier because people were not inclined to see if there was help available. There is a deep element of mistrust in seeking assistance."
— KENNY PARK, Rappahannock Baptist Church

5.6 Volunteer and Staffing Challenges

Many service organizations rely heavily on volunteers to carry out the delivery of services. Under normal circumstances, the Northern Neck has plenty of willing volunteers due to the high percentage of retired residents who want to stay involved and active in the community. Once COVID-19 began spreading, however, many of these volunteers, especially elderly ones, were no longer able or willing to volunteer due to a fear of contracting the virus. The decrease in volunteer labor in conjunction with an increased demand for basic services such as food provision put increased strain on service providers. Mark Kleinschmidt from Healthy Harvest Food Bank explained, "We need so many volunteers to help us pack [the food]. It's very difficult to do this in all six counties with a staff of only seven. We rely on thousands of volunteers, which means that there are suddenly huge holes when disasters hit and we don't have those volunteers." He shared that they had to send paid staff to run food pantries to cover work that volunteers would typically do, resulting in greater financial strain on the organization's already limited resources. Jean Nelson, of the NNMFHC, shared that while they relied on volunteer dental students from Virginia Commonwealth University to provide dental services, since COVID-19 these students have been unable to come, resulting in long waitlists. To make up for the loss of volunteers, the clinic worked tirelessly to hire four new dentists, each of whom came from outside the Northern Neck and thus had to be provided with housing while caring for the clinic's patients.

Staffing was also mentioned as a barrier to continued service provision throughout COVID-19 due to staff members being unable to come to work out of fear, the need to protect loved ones, or the need to quarantine after potential exposure. If one employee was exposed, everyone else in the office had to quarantine for two weeks, meaning staffing became irregular and unpredictable. This often led to fewer employees being responsible for an increased work load. Jean shared with us, "My staff has been exhausted! We've had over 900 overtime hours of work with staff working on Saturdays and Sundays to do the behind the scenes work that needs to happen." A public library manager expressed her concern over the mental toll this increased pressure has placed on her staff: "I see myself and my staff needing a therapist more than ever. It's really taken a mental toll on all of us!"

Source: Bay Aging

5.7 Closure of Partner Organizations

Through conversations with critical service providers, it became evident that organizations frequently rely on partnerships with other organizations to offer and extend their own services. For example, the Bay Consortium Workforce Development Board (BCWDB), which provides access to workforce training programs for those seeking employment, partners with RCC to provide access to training. Healthy Harvest Food Bank relies on partnerships to provide spaces for food pantries (RCC, churches, free clinics, etc.) and offers cooking classes at the NNMFHC for patients with chronic medical conditions. The libraries offer meetings spaces for organizations without their own space and

Source: Pixabay

provide printing, faxing and scanning services to help clients submit documentation to access other services (medical documentation, applications, etc.). The GUEST Shelter, a shelter for those experiencing homelessness, relies on helping their clients obtain ID and Social Security cards from government offices to then apply for workforce development trainings, jobs, and housing.

When COVID-19 necessitated the closure of organizations, it meant that organizations had to focus on providing their services in isolation without being able to rely on a network of outside services. BCWDB participants had limited access to trainings due to new classroom capacity limits, Healthy Harvest Food Bank could no longer provide cooking classes in the free clinic, the libraries could not let people inside to use the printer, fax machine, and scanner, and GUEST Shelter could not get clients appointments in government offices. At least for a critical period of time during the pandemic, this barrier prevented service organizations from being able to best serve their own clients and further their mission.

5.8 Communication

The loss of in-person communication made it more difficult for services to accurately assess their clients' needs and to provide the necessary emotional support that comes with many of these services. Mary Arthur, who works with dementia patients, shared that getting an accurate read of the client's status and needs over the phone can be very difficult: "They can speak perfectly but maybe they are not doing well." By doing in-person assessments and meetings, providers can see where there are needs and refer them to additional services such as Meals on Wheels, transportation, support groups, etc. As service providers shared, without this interaction, being able to see "the whole picture has kind of gone away," resulting in "a lot of missed opportunities and missed connections." Further, the lack of face-to-face contact has made emotional support especially challenging to provide. Reverend Kristie Askew, the director of GUEST Shelter, expressed that without the daily encouragement and emotional support, their clients have needed to stay in the shelter for longer. Joseph Coleman from RCC shared that while he used to be able to walk around campus and check in with students to see how they're doing and what they needed, he has not been able to keep the same eye on how they are during virtual classes. A community member who works closely with Latinx and Spanish-speaking populations expressed concern over not being able to provide the emotional support that comes with medical and court accompaniment. Support groups for elderly populations, especially, have been difficult to replicate online. In-person contact makes it easy for clients to express concerns and ask questions, whereas phone conversations can be challenging or create more confusion and frustration (e.g. lines are busy, messages may not be received, long wait times before hearing

Additional Barriers Mentioned by Participants

Source: Northern Neck Family YMCA

5.10 Lack of Child Care

While there was already a lack of affordable child care options in the Northern Neck region prior to the pandemic, closures due to COVID made finding affordable child care even more challenging for parents, preventing them from having the time or resources to access services. This was particularly acute for single parent households and working mothers.

5.11 Funding

Funding was mentioned by multiple organizations as a barrier to providing their services to the degree that they are needed in general, but especially during the pandemic. Bay Transit, for example, is limited in terms of its service areas and timeframe due to funding. The libraries, public schools, and RCC were only able to provide so many hotspots, Chrome Books and laptops to students and community members without access. Legal Aid Works mentioned a need for a more efficient intake system, which is also contingent on receiving more funding. While many organizations expressed gratitude for the additional funding and emergency relief they received during the pandemic, many acknowledged the need for more consistent and robust investments.

5.12 Language

The Spanish-speaking community faces the additional barrier of language and translation in trying to access services. This became increasingly challenging with COVID, as local translators were often not allowed to accompany individuals during appointments and organizations had to rely more heavily on third-party translators, which caused some clients to become hesitant to disclose personal information over the phone, especially in behavioral health settings. While most services are available to Spanish-speaking communities, accessing them requires a certain level of English proficiency and comfort that often kept them out of reach for many.

5.13 Lack of Privacy

The lack of privacy was flagged as a significant barrier especially for victims of at-home violence who may have not had the privacy to reach out to services for help. Karen Grabowski, a CSB employee, shared that without the assurance of safety and security, it becomes difficult for some clients to share their situations. She explained, "Especially for families, there is no privacy in a house with three other kids and thin walls. That impacts not just accessing the service but also being able to benefit from them."

Source: Northern Neck Tourism Commission

06
Lessons Learned

06 Lessons Learned

"Sustainability is something we continue to focus on: if a service works well during COVID, how do we pay for it and sustain it post-COVID?" — TIFFANY ROBBINS, Bay Aging

6.1 Partnerships between Organizations are Crucial to Comprehensive Service Provisions

"The importance of partnerships: I think that was a big lesson learned. At VDEM, we implemented the Health Equity Pilot Program, which is a state and local partnership where we work directly with local government to provide masks, hand sanitizer, etc., to distribute to vulnerable populations. But I noticed that many Emergency Managers do not have the capacity to implement these programs, so we asked them to lean on some faith-based groups and non-profits. Having those partnerships, working and collaborating year-round will help everyone know what resources are there so that when a disaster strikes, all the partnerships have already formed and folks are familiar. We have so many great organizations, but if there is a way for us to come together and be a joint resource that would be great." — DESIRÉ BRANCH ELLIS, Virginia Department of Emergency Management

Organizations on their own have limited capacity, but working in partnerships with other organizations resources and knowledge can be shared to more efficiently and effectively serve the community. Communication and established trust between organizations allow for them to quickly and collaboratively respond to disasters without spending time building a relationship from scratch in the midst of a crisis. The new challenges of service provision posed by COVID-19 made the importance of this teamwork even clearer.

For example, a representative from Bay Aging shared that their continual partnership and communication with local governments made it so that when COVID hit and CARES Act funding became available, they were able to quickly access funding to augment services due to the pre-built trust with the government. The director of Healthy Harvest Food Bank shared that they had already partnered with at least one location in each county so that if the churches decided they needed to close operation, they had a backup plan for food provision. In Kilmarnock, for example, they spoke with the local government ahead of time and agreed they could use the public park as a food distribution site if necessary. This conversation led to the local government agreeing to supply police officers to assist with backed up traffic if this were to happen. RCCF expressed this same gratitude for pre-established partnerships prior to COVID. This allowed them both to confidently supply funds to community organizations when COVID-19 hit and also tap into larger networks of funding, such as the Jessie Ball duPont Fund and the Wiley Foundation. The pre-existing relationship between the Northern Neck Baptist Association and the Northern Neck Middlesex Free Clinic helped streamline reliable communication about vaccines. Partnerships within organizations was also flagged as important for direct and streamlined communication. Maria Murillo-Valdez who works to provide prevention programming in public schools shared, "When everything happened, the principals were too busy to reach out to, so I went directly to the teachers. You have to be organized and know who to reach out to."

The Strengthening of Pre-Existing Partnerships

COVID-19 necessitated the strengthening of pre-existing and new partnerships. The Boys & Girls Club, for example, partnered with local churches to provide academic support centers for students. While the public schools were closed for the summer, the Boys & Girls Club stepped in and started providing meals until the start of the school year. Once the schools re-opened, the Boys & Girls Club shifted to the support role and acted as a distribution site. As a representative from the Boys & Girls Club shared, "That partnership is really strong and makes it more efficient than two organizations trying to do the same thing." They also partnered with The Haven to make their summer program available for children of people at the shelter.

"Our partnerships made us stronger. I think we really came together and worked to be a cohesive unit whereas before everyone was kind of siloed and doing their own thing. Now, everyone has been brought together and we are all in the circle of trust, we share information with each other, we are in touch more often, it has really opened up that line of communication." — STEVEN GOLAS, Bay Consortium Workforce Development Board

"If more faith leaders came together to develop and devise programs, our outreach could be more complete. You learn that different areas may have different needs, and if we all put our heads together, we come up with ideas and implement plans to benefit everyone."
— BEVERLEY THOMPSON, Northern Neck Baptist Association

6.2 Church Networks are Important to Fill the Gaps in Service Provision

In the Northern Neck, churches are located more consistently and frequently throughout the community than any other service. This means that churches act as critical access points for information and larger service providers when trying to reach and serve populations in rural areas. With weekly services, church leadership has a unique capacity to oversee the status of older residents, much like the eyes that public schools have on children. Church leaders and volunteers also play an important role in referring those in need to service providers. Margaret Nost, the Regional Director of RCCF, shared that the faith community is "a large heart and support for the community," which is why RCCF funds churches to help fill service gaps such as after-school programming or child-care. When COVID hit, many churches were required to close their doors. Stuart Bunting from Rappahannock Westminster-Canterbury, shared, "It's worth mentioning all of the gap-filling that the local churches were able to do pre-COVID, and did quite well. [Once COVID hit], they were sort of rendered to where they couldn't do anything. It's hard to pin down how much lost community support that was."
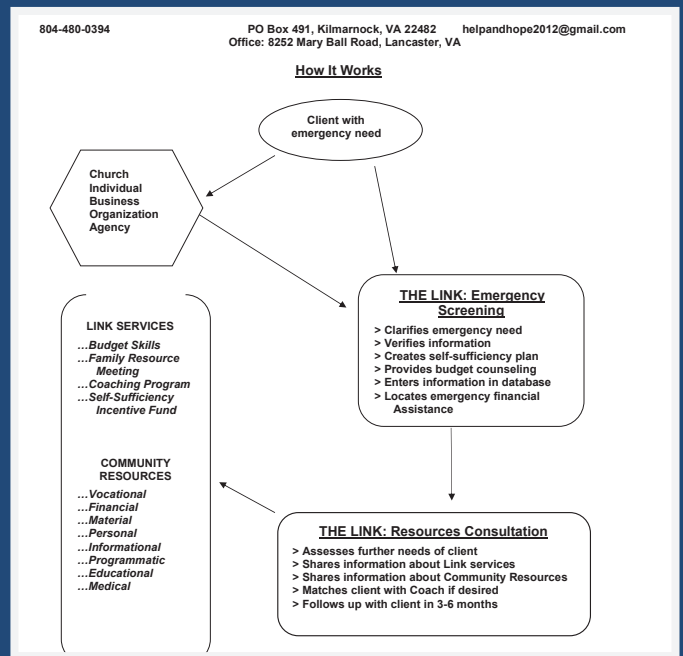

Source: St. Mary's Episcopal Church

The Link

Linking Help & Hope (The Link) is an organization founded by Tom Coye that works to network church communities to fundraise for individuals in the community with financial needs. In an area with strong church communities, this type of organization aims to build on the generosity within church communities and partnerships between churches to meet the needs of individuals. Tom Coye shared, "I have been so blown away by the amount of money [churches] came up with last year [when COVID struck]. I didn't know they were capable of it, especially in this environment where church membership is declining and many churches are just trying to survive. And yet there has been this outpouring of compassion for people who are in trouble. That has been very touching." Since COVID, Tom shared that he has received additional requests from new churches who hope to be included in The Link's network for future fundraising.

For more information, please visit The Link's website: https://www.linkinghopeandhelp.org

804-480-0394   PO Box 491, Kilmarnock, VA 22482   helpandhope2012@gmail.com
Office: 8252 Mary Ball Road, Lancaster, VA

How It Works

Client with emergency need

Church
Individual
Business
Organization
Agency

THE LINK: Emergency Screening
> Clarifies emergency need
> Verifies information
> Creates self-sufficiency plan
> Provides budget counseling
> Enters information in database
> Locates emergency financial Assistance

LINK SERVICES
...Budget Skills
...Family Resource Meeting
...Coaching Program
...Self-Sufficiency Incentive Fund

COMMUNITY RESOURCES
...Vocational
...Financial
...Material
...Personal
...Informational
...Programmatic
...Educational
...Medical

THE LINK: Resources Consultation
> Assesses further needs of client
> Shares information about Link services
> Shares information about Community Resources
> Matches client with Coach if desired
> Follows up with client in 3-6 months

Source: The Link

6.3 Service Providers have Immense Capacity to Adapt to a Change

Perhaps more than anything else, COVID-19 necessitated that service providers work to quickly adapt and come up with creative ways to continue to provide services amidst a rapidly changing landscape. Especially towards the beginning of the pandemic as new information and protocol recommendations changed daily, it became imperative for service providers to respond in dynamic and innovative ways. Many participants flagged this adaptive capacity as a major lesson learned through the pandemic. As one Virginia Department of Health (VDH) employee shared, "When forced to adapt, we can."

While organizations needed to follow established organizational procedures, they also needed to ensure that people could still receive services, which necessitated a certain amount of creativity and flexibility. Margaret Nost from RCCF shared, "We learned that we need to be flexible and proactive in our funding to be able to walk that line between being responsible grant makers and getting resources out to the community quickly, trusting our nonprofits to use the funding in the best way possible." On the service side, employees of service organizations had to come up with creative ways to continue serving clients. Mary Arthur from Rappahannock Westminster-Canterbury shared, "I've learned a lot about support groups. Prior to COVID, the caregiver and dementia patient could remain separate rooms to allow for greater privacy, but with virtual meetings, the dementia patient can hear everything, so many people are opting out. One thing I started doing was writing little handwritten notes with activities to do at home and that meant a lot to people." This kind of personal attention and creativity in reaching people in need is a testament to the capacity of critical service providers to adapt to change in the face of disaster.

6.4 Preparedness is Critical

"We need to rethink what it means to be prepared, not just to disasters like hurricanes, but for new types of emergencies." — EDITH SOLER, VDH

The importance of broad preparedness was flagged as a significant lesson learned from service provision during COVID-19. Participants emphasized the need to think about all types of disasters, from climate related ones to pandemics and social disasters to better anticipate the needs of the community when systems are disrupted. The rollout of vaccines taught service providers the importance of having a plan in place ahead of time instead of trying, last minute, to "rely on small churches and organizations" to carry out large agendas. Having the infrastructure ready to be activated when needed would help relieve pressure on smaller organizations during these times. Overall, the need to "look at history, learn from it, and train for these eventualities" was a lesson learned for many moving forward.

Source: Bay Aging

6.5 The Community is Strong and Generous in Times of Need

Source: Northern Neck Tourism Commission

It was important for many participants to recognize the strength and generosity of the community during times of need. Despite all of the barriers and challenges posed by COVID-19, the community came together in overwhelming support of one another across the Northern Neck region. Churches managed to raise record amounts of donations, new food banks popped up despite the shortage of volunteers, and new partnerships formed to fill gaps in service provision. A warming example of this generosity is that once the Helping Neighbors program came to an end, restaurants continued to deliver extra meals and volunteers continued to make weekly visits to those they had developed relationships with, offering to drop off groceries, medications, or help however necessary.

07
Opportunities for Improved Resilience

7.1 Things that Worked Well and Will Likely Continue

Virtual Services Can Increase Service Accessibility

Despite the challenges that virtual service provision brought, many participants acknowledged that it also has made their services more widely accessible to residents with internet access because it reduces transportation costs and time barriers. The NNPDC mentioned that they have had more community engagement during meetings than ever before because residents can watch the meeting, either live or on their own time, and respond with feedback and questions. The public schools shared that they have had more parent-teacher conference participation with online meetings since the parents no longer have to leave work and travel to the school. Libraries have been able to bring in guest speakers from outside of the Northern Neck, giving rural residents access to more diverse voices. The online children's programming the libraries began providing allows kids to engage on their own time without relying on parental transport. It also allows kids to re-watch the programming as many times as they would like. As mentioned above, online mental health services and medical services have the potential to become more accessible to all residents without the barrier of long travel times to sparsely located medical offices.

Improved Health Safety Measures

Worldwide, COVID has revealed how basic health safety measures should be normalized at all times to minimize the spread of illnesses such as seasonal colds and the flu. Mask wearing when sick, frequent hand washing and sanitizing, staying home when sick, and keeping a distance from others are all measures that were mentioned as useful to carry into the future past COVID. As Hunter LeClair from Bay Aging shared, "While I'm not saying we should stockpile medical supplies, this has been a reality check that these are things we should be mindful of every day: to be washing our hands frequently and to wear a mask when we go in someone else's home." The NNMFHC also provides an example of what improving health safety measures might look like at the institutional level, as it was just one of 25 free and charitable clinics nationwide and the only nonprofit in Virginia to receive Americares funding to support pandemic-related facility improvements. With this support, the clinic is now installing new air filtration and purification units throughout its building, increasing its PPE and supplies, and purchasing thermometers and blood pressure units for patients to use at home.

Improved Inter-Agency Communication and Coordination

Virtual methods of communication have improved inter-agency coordination which will likely continue moving forward. The Northern Neck Resource Council (NNRC), a group dedicated to bringing service providers together for greater collaboration, has moved their meetings online and has seen a great increase in participation. Karen Grabowski from the CSB explained, "I think [Zoom] has really helped us with care coordination and collaboration. I hope we continue to have these options to meet virtually because it has helped reduce existing silos. We've always felt confined by geographics but now I can send a Zoom link anywhere and it brings a sense of closeness." This ease of communication has also allowed for greater awareness of the services provided by other organizations, which can enable collaboration.

Working from Home

For some service providers, the option to work from home has created more flexibility in their schedules, allowing more time for both work and duties outside of the office. Karen Grabowski, who works to provide mental health counseling to the community, shared that the ability to work from home has allowed her to expand the services she can offer by scheduling appointments in the evenings, giving both her and clients more flexibility.

The Northern Neck Resource Council

The Northern Neck Resource Council is an emerging Trauma-Informed Community Network, hosted by The Haven, that coordinates resources and services among community agencies to increase community support and connectedness in the Northern Neck. Representatives from service organizations meet on the second Tuesday of every month from 1:00-2:00 pm via Zoom to discuss updates and ways to further collaborate for coordinated service provision.

Since COVID, the NNRC has received a grant from the Family & Children's Trust Fund of Virginia to provide emergency financial assistance to individuals, families, and households in Essex County and the Northern Neck who have experienced trauma during COVID. The grant is intended to have "as few strings attached as possible" to fill the gaps left by other programs and their red tape. To request emergency financial assistance, please reach out to The Haven's Community Resilience Coordinator at chad.lewis@havenshelter.org!

For more information on monthly meetings, community updates, and coordinators of the Council, please visit their website: http://nnkresourcecouncil.wordpress.com/ or Facebook page: https://www.facebook.com/nnkresourcecouncil/

Fewer Constraints to Expand Access to Programs and Funding

With COVID came more streamlined application processes for both programs and funding, allowing for greater ease in access to services and faster response times from organizations. Social services programs like Medicaid stopped closing cases and in some cases were not requiring the same amount of documentation to access benefits. Face-to-face interviews for SNAP benefits were waived and recipients were allowed to use their SNAP benefits at local restaurants, which helped provide support to local businesses and to those who are not able to cook. By easing some of the restrictions that can make it difficult for people to access government-provided services, some service providers were able to serve a wider variety and larger group of people in need.

"I think we will be more responsive funders now, better using technology to make the grant process easier for nonprofits. Due to COVID, we moved to electronic signatures and ACH payments, which were long overdue. The virus forced us to update our procedures."
— MARGARET NOST, River Counties Community Foundation

River Counties Community Foundation COVID-19 Funding

The River Counties Community Foundation is one of three affiliates supported by the Community Foundation for a Greater Richmond. As an extension of their mission to serve, engage and inspire people through philanthropy, the affilite program was developed to help smaller, rural communities encourage local giving to address their own unique needs. In response to COVID-19, RCCF established the River Counties COVID-19 Fund to support nonprofits addressing the most critical needs of the community, as well as those who will be crucial to the ongoing support and long-term recovery of the area. While RCCF's COVID-19 response is ongoing, as of August 13, 2021, the following organizations serving the Northern Neck have received funding. This list includes grants made in partnership with the Jessie Ball duPont Fund outside of RCCF's service area, including Richmond and Westmoreland counties. The grant totals include several grants to organizations serving populations in the Middle Peninsula. For more information on RCCF and their work, please visit their website: https://www.rivercountiescf.org

Children and Families
- Boys & Girls Club of the Northern Neck
- Dream Fields
- Kingdom Kids Preschool
- Lancaster Community Library
- Macedonia Community Development Coorporation
- Northern Neck Baptist Association
- Queen Esther Baptist Church
- Rappahannock Art League
- YMCA of the Virginia Peninsulas

Emergency Services
- Kilmarnock Volunteer Fire Department
- Lancaster County Department of Emergency Services
- Lancaster County Department of Social Services
- Legal Aid Works
- Linking Help and Hope
- Montross Ministerial Association
- Richmond County Department of Social Services
- Richmond Ministerial Association
- Salvation Army, Richmond County Chapter
- Westmoreland Department of Social Services

Health Care
- Bay Aging
- Guadalupe Free Health Clinic
- Northern Neck Middlesex Free Health Clinic
- Three Rivers Health District

Food Security
- Callao Rescue Squad
- Healthy Harvest Food Bank
- Rappahannock Community College Educational Foundation

Housing
- Avalon Center
- Gloucester United Emergency Shelter (GUEST)
- The Haven Shelter and Services

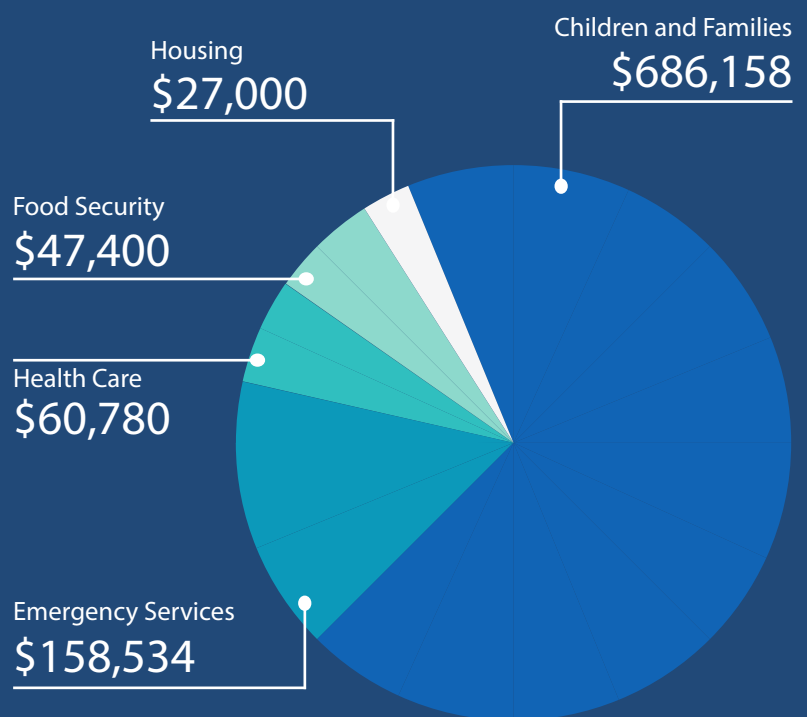**Total Organizations Supported in the Northern Neck:** 29

Total Granted to the Middle Peninsula and Northern Neck as of August 2021: $979,872

Housing $27,000

Food Security $47,400

Health Care $60,780

Emergency Services $158,534

Children and Families $686,158

7.2 Recommendations for Building Resilience to Future Disasters

Every year, communities across the United States experience disasters. These can be climate-related disasters such as hurricanes and floods, economic disasters such as recession or local disruptions to significant industries, public health disasters such as COVID-19, or social disasters such as political unrest. Resilience is the capacity for a community to not only recover from such disaster but to adapt and grow from the experience into a stronger community. All participants were asked to reflect on where there are needs for additional services in the Northern Neck that would contribute to the area's overall improved resiliency to future disasters. Based on the specific populations flagged as vulnerable and the barriers they face when trying to meet needs and access services, the following opportunities were most frequently noted as community needs that, if met, would contribute to greater overall resilience through more comprehensive service provision in the face of inevitable disruption. While many are aware of and actively working towards filling these gaps, we hope that the following list may serve as a useful starting point for further discussion around resiliency planning moving forward.

1. Improve Broadband Internet Access

Given that access to broadband internet and the technology necessary to use it was flagged as the most significant barrier that populations face when trying to access services and a glaring community need. Recognizing that many of the virtual elements of the COVID-19 world will continue past the pandemic, access to the internet becomes tremendously important for addressing historical racial, income, and educational divides. Aware of this need, the NNPDC and All Points Broadband applied for and received a $10.3 million grant to help fund the construction of a regional fiber-to-the-home broadband network to bring internet access to approximately 5,000 unserved locations in Northumberland, Richmond, and Westmoreland Counties. While this grant is a large step in the right direction, attention to those who remain without access, either to the internet or to the technology and knowledge necessary to access and navigate it, is imperative for building more resilient communities.

2. Expand Transportation Services

Transportation in rural areas is a significant challenge for populations without access to reliable vehicles or who face additional barriers when trying to access transportation services such as Bay Transit. Given that the area has no public transportation infrastructure and distances to services such as medical services are often great, the need for additional transportation services was flagged as worthy of significant attention. Bay Transit is the area's only transportation service but is limited in capacity and hours of operation due to the funding it receives. Additional resources to enable Bay Transit to expand their hours of operation to support both trips to and from work or to allow for expanded services to provide transportation would help increase vulnerable populations' capacity to reach jobs and services more broadly, increasing their overall ability to withstand disasters. Further, it would take some of the burden off of volunteers and community service providers, such as church employees, who otherwise take on the burden of providing transportation to the populations they serve.

3. Provide More Medical Services

Due to the region's rural nature, there are relatively few medical services available, especially specialty care and affordable options for uninsured populations. Dental services, mental health services, and prenatal services were flagged as specialty services that are

Source: Northern Neck Middlesex Free Health Clinic

especially needed. John Wilson from the NNMFHC shared, "There are not enough providers who live in the area. We are an hour and fifteen minutes from cities. There's just a shortage of qualified people." During COVID-19, the clinic had to hire four dentists from outside the area to continue providing this specialty service to their patients. Jean Nelson emphasized the challenge of this endeavor:"Finding four dentists was nothing short of a miracle!" Despite the immense effort from health clinics, the relative sparsity of medical services and the transportation and travel distance barriers make accessing the medical services that do exist challenging, preventing many from receiving the medical care they need. Lance Carrington from Guadalupe Free Clinic shared, "It's a very underrepresented location; there are only 10 doctors per 100,000 people [in Westmoreland County]. There might be a total of four doctors in Colonial Beach, so people have to travel to Montross or somewhere else." Improved access to both routine and specialized medical care would improve the region's health and medical outcomes resulting in a more resilient population in the face of all disasters, but especially public health disasters such as a pandemic that disproportionately affects those with chronic illnesses or other unmet medical needs. Further, medical offices were flagged as important sites for referrals of clients to additional needed services. Improved medical coverage and services could result in improved access to needed services more broadly.

Vaccinations in Westmoreland and Lancaster Counties

Across the Northern Neck, small free health clinics became responsible for vaccine administration during the pandemic. In Westmoreland County, Guadalupe Free Clinic, a small clinic open two days per week, was the sole regular provider of the COVID-19 vaccine. Given the size of the clinic, they began using a community center in Colonial Beach for vaccinations to ensure patients could still be seen in-clinic. In Lancaster County, the NNMFHC took on this responsibility. Both clinics arranged groups of volunteers including staff members to track, administer, and log vaccines. In partnership with VDH, volunteers assembled regularly to schedule appointments, direct parking, distribute and pick up paperwork, prepare vaccines, fill out vaccine cards, administer the shots, and observe individuals for concerns or side effects. These clinics

Source: Northern Neck Middlesex Free Health Clinic

worked from lists provided by VDH to ensure essential workers in the community were covered as well as clinic patients and others as they became qualified during the vaccine roll-out. Close to 200 vaccines were given during some of these day-long clinics. By June 2021, when vaccines became more readily available at various locations, both clinics had administered over 3,000 vaccines.

Multiple participants who work in the medical field expressed frustration with the lack of governmental organization around vaccinations. With the already significant pressure on health care providers to continue caring for patients during COVID-19, placing the additional burden of implementing and carrying out the vaccination program was too much to ask for, especially in rural settings where medical providers are already scarce. One medical provider shared, "We've been lucky to have this community [to support this vaccination undertaking], because no one else is doing it, not even Walgreens!"

4. Make Longer-Term Investments in Programs

All of the service organizations mentioned throughout this report are supported through funding that is either funneled through federal and state programs or through donors and grants. This means that organizations have to consistently seek funding and tailor programming around the resources they have available to them at any given time. When funding runs out, as it did for Bay Aging's successful Helping Neighbors Program, the service has to stop. Further, organizations such as public schools and libraries and RCC all mentioned limited funding as a barrier to providing the community with sufficient Wi-Fi services to meet the demand during COVID-19. Were there more consistent and predictable funding provided to these organizations, they would have greater capacity to improve existing services and work to fill additional community needs through expanded services without having to spend so much attention and resources on seeking and planning around grants.

5. Support More Affordable Housing

Organizations working to provide housing services, such as Bay Aging and the Northern Neck Middle Peninsula Housing Coalition, emphasized the region's severe lack of affordable housing options. Joshua Gemerek, a Bay Aging employee who works with the Housing Choice Voucher Program, shared that the sheer demand for affordable housing became clear once they were authorized to open their waitlist on September 30, 2020 and within four hours received over 1,300 applications. He shared, "That's a concerning indication of the extreme need for affordable housing." Virginia's rising eviction rates is another indication of the need for housing solutions and support. Given that shelter is a basic need that is prioritized over nearly all others, ensuring that residents have stable and affordable housing that is protected in the face of disasters is a necessary foundation that then allows populations the space and security to meet additional needs.

6. Create More Affordable Childcare Services

The Northern Neck has a relatively large population of residents over the age of 65. Some participants expressed that because of this, more resources and attention are given to meet the needs of the elderly population at the expense of younger populations, exemplified through the lack of affordable childcare services. During COVID, public schools shut down and kids were home bound, relying on parental supervision that became challenging for working parents to provide, especially for those who did not have the ability to work from home or stop working. This burden fell disproportionately on women, many of whom had to leave the workforce and return home to care for their children. For single mothers, this posed even greater challenges, and participants shared stories of women who had no option but to take their children with them to work. Thanks to the RCCF, who saw the need for additional childcare support, the YMCA was able to expand programming to provide free child-care and academic support throughout COVID, and other organizations were supported in opening academic support centers for virtual learning. Despite these efforts and the existing childcare infrastructure in the region, the need for more sustainable, consistent, and accessible childcare options remains a necessity for improved resilience.

7. Support Economic Growth and Sustainable Employment Options

Participants frequently flagged the need for more sustainable employment options as a key factor for overall regional resilience. Given that three of the five largest industries in the region are service-based, disasters that disrupt the service economy such as COVID-19, cause a severe shock to the local economy. Further, some participants noted that because the region has a high percentage of residents over the age of 65, there is less movement in new economic sectors that rely on young labor and knowledge. Given that nearly all types

of disasters affect the economy, the greater economic variability and stability the region can have, the greater resilience individuals will have to withstand the shock of a disaster. Lance Carrington shared, "We have very few industries that offer full employment with benefits, so if we can broaden the sectors here, we will be more economically resilient to shocks such as COVID or economic recessions, real estate market crashes, or other disasters that affect the economy."

8. Enhance Data Collection and Tracking

Service organizations and community groups must have accurate and reliable information on the populations they seek to serve in order to effectively provide services and funnel resources where needed. Through conversations with participants, it became clear that there are uncertainties around community needs such as how many people are in need of affordable housing, affordable childcare, medical care, and meal support. Other information gaps include how many people are experiencing homelessness or are without reliable transportation, as well as how large the migrant and temporary workforce community is in the region. Improved and streamlined methods for tracking accurate and regular data around the populations in a way that also protects their privacy and trust would help inform service providers and other organizations in their efforts to better meet the specific needs of individuals. Further, the capacity to share data between organizations in the Northern Neck would help facilitate regional collaboration to streamline resources and knowledge. This would allow for a more thorough and broad understanding of vulnerabilities that place certain populations at greater risk of slipping through the cracks during times of disaster.

9. Improve Communication and Dissemination of Information During Disasters

The dissemination of reliable and timely information in a rural area was flagged as a significant challenge and worthy of continued efforts for improvement. During times of disaster, getting updated and accurate information out to all community members is imperative for a collective and organized response. Given that broadband access is such a significant barrier within the Northern Neck, virtual methods of information dissemination such as emails, newsletters, and website updates, all of which are the fastest methods of communication, can be unreliable. Further, cell phone service can also be spotty, limiting the reliability of phone calls and text messages. A significant number of participants noted the importance of face-to-face interaction and word of mouth information dissemination that relies on community gathering spaces such as churches, libraries, grocery stores, schools, and community centers. Churches, in particular, act as a unique and effective way to spread information within a rural community, where weekly face-to-face contact can be a rarity. Creating a system of comprehensive information dissemination during times of disaster that takes into account the various types of vulnerability that populations face would help ensure that the community at large is receiving accurate, updated, and trustworthy information around safety precautions, support networks, services available, and next steps. The following methods of communication were flagged as those avenues used by organizations to disseminate information throughout the community.

 "We normally send newsletters and flyers home with students, especially when we are looking to enroll children in our preschool initiative. This year we didn't have that vehicle to send information home so we relied on Facebook and our website, but were not able to fill the slots. We know there are plenty of four-year-olds [in the community] but we were not able to make contact with parents. So, it was very eye opening for us as to how valuable it is to stick things in the kids' backpacks to get it home."
— CAROLE KELLEY WASHINGTON, Westmoreland County Public Schools

Methods of Information Dissemination

EMAIL
- (+) fast, can reach a large population
- (–) relies on internet access and ability to use email, can become buried in other emails

PHONE CALLS
- (+) fast, can send auto-dials, most people have phones
- (–) requires cell phone coverage and sufficient minutes or a dedicated landline

TEXT MESSAGES
- (+) fast, can be sent in Spanish and English
- (–) requires cell phone coverage and sufficient minutes or a dedicated landline

MAIL
- (+) can access populations without internet access
- (–) depends on reliable addresses relies on transportation routes

NEWS-LETTERS
- (+) can be sent via email, mail, or both
- (–) relies on a certain level of literacy and language comprehension

FLYERS & BROCHURES
- (+) can be posted around town and sent home with clients
- (–) relies on a certain level of literacy and language comprehension, could depend on transportation to access posting sites

HANDOUTS
- (+) can be physically sent home with clients
- (–) relies on in-person contact at sites, takes time for organizations to create, cannot be updated easily

SOCIAL MEDIA
- (+) fast, effective at reaching younger populations, allows for various forms of communication (text, photos, video, etc.)
- (–) relies on internet access or telephone data and capacity to navigate social media platforms

WEBSITES
- (+) fast and reliable, easy for organizations to update
- (–) relies on internet access and the ability to navigate to and around the website to find information, requires a certain level of literacy and language comprehension

RADIO STATIONS
- (+) effective at reaching older populations
- (–) limited broadcasting times, often relies on English language comprehension

NEWSPAPER ADS
- (+) effective at reaching older populations
- (–) limited readers of newspapers, not easy to update information, requires a certain level of literacy and language comprehension

WORD OF MOUTH
- (+) can happen anywhere **flagged as the most effective method of dissemination**
- (–) relies on the ability to gather and have face-to-face contact

Sites of Information Dissemination

PUBLIC LIBRARIES | PHARMACIES | CHURCHES | PUBLIC SCHOOLS | HEALTH DEPARTMENTS | POST OFFICES | FOOD BANKS | GROCERY STORES | SOCIAL SERVICE DEPARTMENTS

08
CONCLUSION

08 Conclusion

"At the end of the day, we've learned how quickly we adapt to change, that people rally with empathy and sympathy towards those in need, and that nothing compares to in-person interaction. We are also stronger than we know. [COVID and its challenges] have given us a chance to re-examine our values, our relationships, and our lifestyles to determine if we are living a life of design or one of default."
— BARBARA CAIN, Northern Neck Baptist Association

This report has examined how the COVID-19 pandemic has profoundly impacted the delivery of critical services to vulnerable populations in the Northern Neck region of Virginia. In doing so, it has centered and celebrated the voices and experiences of representatives from diverse service organizations and community groups who have had to creatively adapt to the rapidly changing landscape of COVID-19 to continue to meet the needs of the populations they serve. This report has explored how these services were adapted, which populations faced exacerbated vulnerabilities in the face of the pandemic, what existing and new barriers limited access to services during this time, and the lessons and opportunities for increased resilience to future disasters that COVID-19 has elevated. The information shared through interviews and focus groups demonstrates the ways in which service providers can quickly adapt to ensure their continued capacity to care for their their clients while also ensuring the safety of their own staff and community. At the same time, these conversations have

also highlighted the ways in which COVID-19 has surfaced existing inequities in access to services and gaps in provision throughout the community.

While the first few months of COVID-19 were filled with uncertainty and fear that necessitated the suspension of many services and closure of important gathering spaces, within a couple of months providers had developed creative strategies to transition to virtual service provision where possible and established creative protocols and procedures for continuing in-person services. While many businesses could have kept their doors closed for longer periods of time, the reliance of so many vulnerable populations on the fabric of social services made it more imperative for these organizations to respond and adapt quickly to ensure that as many people as possible had their basic needs met. Employees of these service organizations, many of whom are not officially considered "essential workers," took on extra hours, strain, and stress to continue to care for their community. This report, we hope, demonstrates how essential critical services and the people who make them possible are to a community's core strength and disaster resilience.

As our world begin to return to a modified sense of normalcy, it is important to take time to reflect and grow from the lessons learned over the past year and a half. As shared earlier in this report, resilience is defined not only as the ability to recover to pre-shock conditions, but to respond well to the disaster, understanding adaptive capacity and inclusivity as critical components of resilience. COVID-19 has surfaced existing inequities within the Northern Neck that existed prior to the pandemic, but were exacerbated due to the new challenges that COVID-19 posed. These inequities will not disappear as COVID-19 fades away. They will inevitably surface and widen once again when adversity hits next. By paying attention to the lessons learned through this pandemic and to the groups of people who continue to be chronically underserved, we hope that this report can serve as a starting place for further conversation around comprehensive and equitable resilience planning to all types of future disasters in the Northern Neck.

Source: Guadalupe Free Health Clinic

Source: Guadalupe Free Health Clinic

Appendices

Appendix A: Focus Group, Interview, and Survey Questions and Notes on Process

Focus Group, Interview, and Survey Key Questions

1. What critical services does your organization offer to communities in the Northern Neck and how has the delivery of these services been impacted by COVID?
2. Which services are most highly utilized under normal circumstances?
3. Are you still offering all of your services or have these been interrupted?
4. Are you offering any new or supplemental services as a result of COVID?
5. If you have had a chance to review the asset map, is your service visualized? Are the services you offer included?
6. What population(s), particularly vulnerable populations, does your organization serve?
7. What is the quality of information available on vulnerable populations?
8. Do you feel your organization has been able to adequately serve the needs of this population during COVID?
9. Which populations have been most affected by COVID due to an interruption or end to their access to critical services?
10. Are there vulnerable populations that you are aware of who are not accessing services from your organization or other critical service providers? Where do they receive information and service provision from?
11. What are the barriers (physical and non-physical) that populations face when trying to access critical services provided by your organization or others?
12. Where does the dissemination of information happen? What are the most trusted sources of information and important gathering locations in the community?
13. What lessons have been learned about opportunities for improved resiliency moving forward during another public health crisis or other event?
14. Where are there needs for additional information and services?
15. What form of visual mapping output would be the most useful to your organization and/or broader regional coordination? (An online Story Map or offline map?) Do you have access to any data that might be useful to us as we move forward with mapping?

Focus Group Follow Up Survey Questions

1. Please share your name and the organization you represent
2. What service(s) does your organization offer?
3. Where is your service accessed by the public? (The location of your service, at a different location, online, etc.)
4. What are the hours of operation during which your service(s) are accessible?
5. Is your service/community organizations visualized on the Asset Map? If not, please notify the research team or annotate the map to include them.
6. Are there other services you notice missing from the Asset Map?
7. Are there any services included that are no longer being provided or should not be included?
8. What type of final mapping product would be useful to your organizations? Examples include: Finalized version of the Asset Map showing the location of each service with instructions for access, a Story Map to show broadband access, distance to health care facilities, transportation routes, etc., a static, offline, map showing information dissemination routes, etc.
9. Is there any additional information you would like to share with the research team?

Mapping Workshop Questions

1   What level of detail would be useful to include when sharing information about each service on the Asset Map?
2   What additional data layers would be useful to include on the Asset Map?
3   What type of mapping product do you see being the most useful to you/your organization/service providers in the region moving forward?
4   How do you imagine using these maps/sharing them with your clients/members?
5   Due to the lack of accessible broadband, would a static, printable version be useful? What might this look like?
6   What individuals/organizations might have the capacity and interest in maintaining and updating an online Asset Map or Story Map? Is there any way we can facilitate this process ahead of time?
7   Would creating a directory of service providers be useful to further coordination between organizations or does this resource already exist?
8   Are there networks of information dissemination that would be useful to tap into further to share this Asset Map?

Notes on Process

Institutional Review Board (IRB) Approval & Confidentiality: This project was approved by the University of Virginia's IRB with a protocol number of 3999. Consent forms were obtained by all participants included in the study with additional consent from those whose names are included in the report.

Preliminary Information Gathering Calls: During Preliminary Information Gathering Calls with active participants in The RAFT project, the IEN research team solicited input on the definitions of "critical services" and "vulnerable populations" as they relate to the unique conditions of the Northern Neck region.

Focus Groups and Interviews: A total of four focus groups and 20 interviews were conducted over Zoom with 63 participants. The questions shared above were used as guiding questions meant to stimulate big-picture synthesis thinking about challenges and lessons learned, drawing on their professional experience and perspective of what has happened since the pandemic began. The Preliminary Asset Map was used during these calls as an interactive tool to ground-truth information provided by participants. These meetings were recorded and later transcribed.

Surveys: Two surveys were created and distributed among participants. We received a total of 18 survey responses. One was a mapping specific survey sent to all participants following the focus group or interview to allow the participant to share any additional information regarding the physical location of services, hours of operation, services offered, community gathering locations, physical and non-physical barriers to service access, and which types of final mapping products would be most useful to service organizations moving forward. An additional survey was created including all of the research questions for participants who were unable to attend a focus groups or interview or who would rather engage with the project via a survey.

Mapping: The mapping workshop took place in April 2021 with nine participants over Zoom. It lasted two hours and centered around brainstorming how this project and the asset mapping effort in particular can result in something tangible and useful to service providers in the Northern Neck. Ultimately, two version of a final mapping product were flagged as useful: one tailored towards networking and connecting service providers (online and interactive) and one tailored towards assisting those seeking services (offline, PDF version to be distributed). The Northern Neck Resource Council will manage this map once the project is complete.

Report Development and Review: The process of writing this report was collaborative and all participants were given the opportunity to review a draft version and provide feedback and edits for the final version. We appreciate all those who took the time to review this document and share their valuable perspectives!

Appendix B: List of Participating Organizations

1. American Red Cross
2. Bay Aging
3. Bay Consortium Workforce Development Board
4. Boys & Girls Club of the Northern Neck
5. Central Tappahannock Regional Libraries
6. Commonwealth Senior Living
7. Enroll Virginia
8. Guadalupe Free Health Clinic
9. The GUEST Shelter
10. The Haven Shelter & Services
11. Healthy Harvest Food Bank
12. Helping Neighbors Program
13. Lancaster County Department of Social Services
14. Lancaster County Public Libraries
15. Ledwith Lewis Tappahannock Free Clinic
16. Legal Aid Works
17. Linking Help & Hope
18. Macedonia Baptist Church
19. Middle Peninsula Northern Neck Community Services Board
20. Middlesex Free Health Clinic
21. Northern Neck Baptists Association
22. Northern Neck CASA
23. Northern Neck Middle Peninsula Housing Coalition
24. Northern Neck Planning District Commission
25. Northumberland County Department of Social Services
26. Northumberland County Fire Department
27. Northumberland County Public Libraries
28. Queen Esther Baptist Church
29. Rappahannock Westminster-Canterbury
30. Richmond County Community Emergency Response Team
31. Richmond County Department of Social Services
32. Richmond County Planning and Zoning Department
33. Richmond County Public Schools
34. Richmond County Salvation Army
35. River Counties Community Foundation
36. Tappahannock Community College
37. Virginia Cooperative Extension
38. Virginia Department of Aging and Rehabilitative Services
39. Virginia Department of Emergency Managers
40. Virginia Department of Health
41. Westmoreland County Planning and Zoning Department
42. Westmoreland County Public Libraries
43. Westmoreland County Public Schools

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The Institute for Engagement & Negotiation

IEN is a nationally recognized leader in fostering collaborative change across a broad range of environmental, social and economic issues. A public service organization of the University of Virginia at the School of Architecture, IEN works on projects that impact both sustainability and resilience across natural and built environments— natural resources, public health, community infrastructure, and equity and social issues. The IEN team of facilitators and mediators help communities, agencies, nonprofits, and businesses make sustainable decisions through collaborative approaches. For more information about the Institute for Engagement & Negotiation, please visit our website: https://www.arch.virginia.edu/ien

The Resilience Adaptation Feasibility Tool (The RAFT)

The Resilience Adaptation Feasibility Tool (The RAFT) was developed by an interdisciplinary academic collaborative, which includes IEN at the University of Virginia, the Virginia Coastal Policy Center (VCPC) at William & Mary Law School, and Old Dominion University/Virginia Sea Grant Resilience Program (ODU). The goal of The RAFT is to help Virginia's coastal communities improve resilience to flooding while remaining economically viable and socially relevant. To accomplish this goal, The RAFT aims to bridge the gap between science and action by supporting localities in developing policy and program priorities and then taking specific actions to increase their resilience. Unlike many resilience scorecards that are self-assessments, The RAFT process begins with a resilience assessment ("The Scorecard") conducted by the Project Team, lending both independence and academic collaboration to the process. Then, to assure this process leads to real action, a two-step process of presentations to the locality Board of Supervisors or City/Town Council followed by a community workshop enables the community's thought leaders to identify community resilience strengths and opportunities. The workshop product is a Resilience Action Checklist with clear goals and an implementation timeline. The Project Team continues to work with the community through the one-year of implementation to provide various forms of assistance. The Project Team assistance is adaptive to each locality's needs, and may include such things as helping the locality develop new networks of information and communication across silos, enlist technical experts and support to accomplish specific resilience goals, update their plans and codes to address resilience, identify funding sources for specific resilience goals, develop communication or other tools to support the needs of specific sectors, and create ongoing community structures to support ongoing resilience priorities. This project and report will inform continued work in the Northern Neck and Middle Peninsula with funding from the Jessie Ball duPont Fund. For more information about the Resilience Adaptation Feasibility Tool (The RAFT), please visit the website: https://raft.ien.virginia.edu/

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