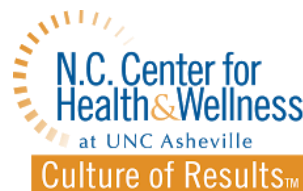




2020-2021 Health and Wellness
Community Assessment Update:
Impact of COVID-19 and resilience factors for pregnant
persons and families with young children in
Buncombe County, North Carolina

May 2021



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EXECUTIVE SUMMARY

The Verner Center for Early Learning partnered with the Culture of Results Initiative of the North Carolina Center for Health and Wellness to complete the required update to the 2019 “community wide strategic planning and needs assessment.” The Community Assessment is performed every three years and updated annually, and this update focuses specifically on the period of the COVID 19 pandemic from Spring 2020-2021. This update includes updated data from 2020-2021 and reports on the strengths, assets, challenges, and recommendations of families currently or potentially served by Verner Center for Early Learning in Buncombe County, North Carolina.

In this 2020-2021 annual update the following methods were utilized: review of existing relevant academic research; secondary data research and update of 2019 key measures; and development, implementation and analysis of a survey to understand experiences of pregnant people and families with young children in Buncombe County. For the 2019 assessment, key stakeholders identified specific areas of focus, and headline community indicators within each, which remain relevant and form the framework for this report: education, health and mental health, food and nutrition, housing, income and employment, social services, and social support.¹ Many of the challenges and opportunities are cross-cutting through these areas; for example readers may notice that challenges related to employment or lack thereof affect childcare and in turn mental health, warranting multi-service and sector approaches.

The research team was intentional about taking an asset-based approach in the structure of the survey and survey questions, which shed light on some of the incredible strengths and positive changes among individuals, agencies and community groups. Analysis of results seeks to prioritize the strengths and positive outcomes in each section. Nevertheless, many of the responses shared by participants were focused on the enduring challenges they faced. Results showed the most common effects of the COVID-19 pandemic over the past year were the following: 81.5% of respondents or their immediate family members experienced more isolation or loneliness; 70.8% experienced greater stress, anxiety or depression; 60% worked from home; 47.7% lost or had difficulty arranging childcare; and while 43.1% were able to access needed medical care through telehealth services, 38.5% cancelled, postponed or avoided care because of COVID concerns.

This report seeks to normalize these challenges and raise up common and shared experiences as well as individualized and unique ones. It is important to highlight strengths, resources, and signs of resilience that emerged through the pandemic and were reflected in the survey results, as well as to be realistic and transparent in the trauma and suffering that families have experienced. The desired results for this assessment are to advance a more resilience-focused and responsive service system to better support pregnant people and families with young children in Buncombe County.

¹ **Headline Community Indicators** are key population-level measures that help quantify the results or progress towards results a community hopes to achieve.

PURPOSE

The purpose of this 20-21 annual community assessment update is to review, collect, analyze and update data for headline community indicators from Verner Center for Early Learning's 2019 community assessment to meet federal requirements and inform programming and service system strengthening efforts. Partners hope this research will serve as a tool to inform service decisions, create partnerships, build the capacity of providers, advocate for policy change, and increase funding streams.

METHODS

Every three years, Head Start and Early Head Start programs are federally required to collect key indicators and complete a comprehensive evaluation of the strengths and needs of the community. This report must be updated each year.

The Verner Center for Early Learning partnered with Culture of Results (COR) Initiative of the North Carolina Center for Health and Wellness (NCCHW) to complete the required 20-21 annual update to the 2019 "Community wide strategic planning and needs assessment." The assessment follows the evidence-based planning and evaluation framework called Results-based Accountability (RBA). This Health and Wellness 2020-2021 Community Assessment reports on the strengths, assets challenges and opportunities for families currently or potentially served by Verner Center for Early Learning in Buncombe County, North Carolina. Additionally, Verner wished to focus specifically on understanding the impact of the COVID-19 pandemic on this population and their services as well as on trauma and resilience.

The Culture of Results Team implemented the following methodology for this project:

- Reviewing relevant academic articles and news publications to triangulate local findings with national trends and inform instrument development.
- Researching and compiling secondary data from WNC Healthy Impact Initiative's 2020 Community Health Assessment (CHA) secondary data workbook and additional publicly available secondary data sources to update statistics from the 2019 Verner Community Health Assessment.
- Researching and modifying validated tools to inform the creation of a primary data collection instrument, an online survey to understand the impact of the COVID-19 pandemic on pregnant people and families in Buncombe County, NC. The tools utilized include:
 - Coronavirus Tracking Survey, Wave 1 Questionnaire
 - Validated tools used in the Western North Carolina Community Health Assessments from 2008-2018
 - Key Informant Survey used in *Towards an Initial Conceptual Framework to Assess Community Allostatic Load* by Chandra et. Al, 2018.
- Engaging with a language justice consultant to review the draft survey questions and outreach materials in order to ensure an asset-based approach, and consulting with community partners to increase the likelihood that survey results would align with and be useful in future programmatic decisions in Buncombe County.

- Submission of the instruments, outreach materials, and protocol as an application for review and approval by the UNC Asheville Institutional Review Board (IRB).
- Distribution of the survey, in English and Spanish, via email and social media by Verner Center for Early Learning and community partners and listservs from April 1st, 2021 through April 22nd, 2021.
- Review, cleaning and analyzing primary data from 65 survey responses, collating frequency counts for quantitative measures and coding qualitative measures for key themes.
- Synthesizing results from primary and secondary data collection and triangulating with other research to understand the experiences of families over the last year, impact of the COVID-19 pandemic on families, and recommendations for opportunities.

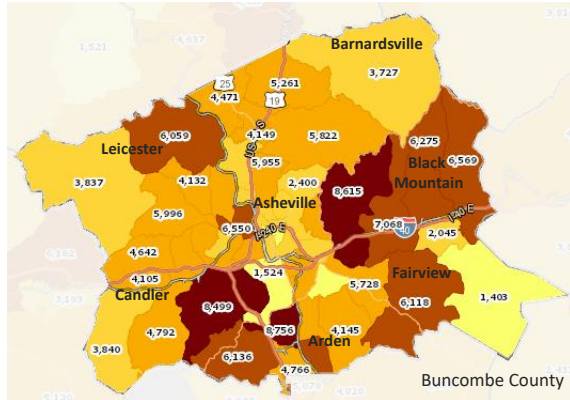
LIMITATIONS

The survey was built upon validated instruments and with expert input. However, due to relatively short timeline and budget constraints, it was not fully validated or piloted prior to administration. The sample was reached through snowball sampling and is not generalizable to the full population. Demographic data on race ethnicity reveals that 95.4% of respondents self-identify as White, which is not consistent with the population of Buncombe County overall (see below). However, responses to questions were varied sufficiently that the research team felt they reached a sample that had diverse yet often shared experiences across the constructs measured. Specific areas where the sample does not seem representative of the population have been highlighted throughout the report.

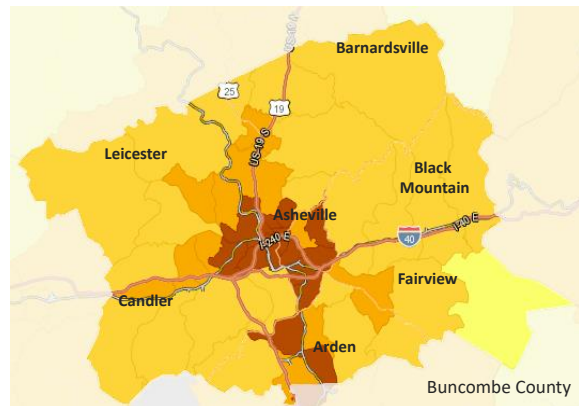
Despite working in partnership with a native Spanish speaker to develop the survey instrument and with trusted networks to disseminate to the Spanish-speaking community, only one Spanish response was received. Multiple community partners provided feedback that the chosen method, a written internet-based survey, was not widely accessible to our LatinX population. The time frame and budget for this project did not allow for further administering a paper survey, but future projects should take this into consideration to truly create a bilingual and equitable process.

Community Demographics

Total Population



Population Density



Racial and Ethnic Characteristics

Population by Race, Ethnicity (BUNC)

White	88.80%
Black or African American	6.30%
Two or more races	2.0%
Asian	1.30%
Some other race	1.10%
American Indian/ Alaskan Native	0.40%
Native Hawaiian/ Other Pacific Islander	0.10%
Hispanic or Latino (of any race)	6.60%

Buncombe County has a total population of 256,886 (2019 ACS 5-year Estimate) with a median age of 42.2. Buncombe has significantly lower proportions of African Americans, American Indians, Asians and Hispanics than the state as a whole, but slightly higher proportions of African Americans and Hispanics than the Western North Carolina (WNC) region. The county seat, Asheville, is the largest city in Western North Carolina and the 12th largest city in North Carolina with a population of 91,560 (2019 ACS 5 Year Estimate).

Demographics of Early Head Start/NC Pre-K Eligible Participants:

Estimating the number of families and children eligible to receive Early Head Start and NC Pre-K Services through Verner is complex because a rubric is used to determine eligibility and position on the waitlist. The following criteria are taken into consideration, some leading to definitive enrollment, and have been updated for this report:

Population of Children Under 5

Change in Population by Year, 2005-2039 projections

	2005	2010	2015	2020	2025	2030	2035	2039
Buncombe	12,909	13,424	13,075	12,712	13,105	13,458	13,919	14,260
Regional Total	39,995	40,766	38,277	38,732	41,710	43,025	43,930	44,270
State	596,200	631,877	601,970	611,865	652,073	686,771	718,443	736,864

Children in Foster Care

Annual Number of Children in Foster Care (BUNC)

FROM	TO	Ages 0-5
Oct-19	Sep-20	166
Jul-19	Jun-20	177
Apr-19	Mar-20	191
Jan-19	Dec-19	194
Oct-18	Sep-19	201
Jul-18	Jun-19	206
Apr-18	Mar-19	212

!http://sasweb.unc.edu/cgiin/broker?_service=default&country=Buncombe&entry=14&label=County&format=html&_program=cwweb.graFstYear2.sas&fn=y&type=Age

Children Experiencing Homelessness (17 and Under)

Homelessness, 2020

	Homeless Families with Children			Homeless Children without Guardians		Total Homeless People
	# Children 17 & Under	Total People	Total Households	# Children 17 & Under	Total Households	
Buncombe	42	70	25	5	5	547

Children Under 5 Experiencing Poverty

Poverty by Age, 2014-2018 Estimate

	Population Estimate	# Below Poverty Level	% Below Poverty Level
Buncombe	12,639	1,924	15.2
WNC (Regional) Total	36,843	7,732	21.0
State Total	594,448	146,942	24.7

Children with Disabilities

Percent of Population with a Disability

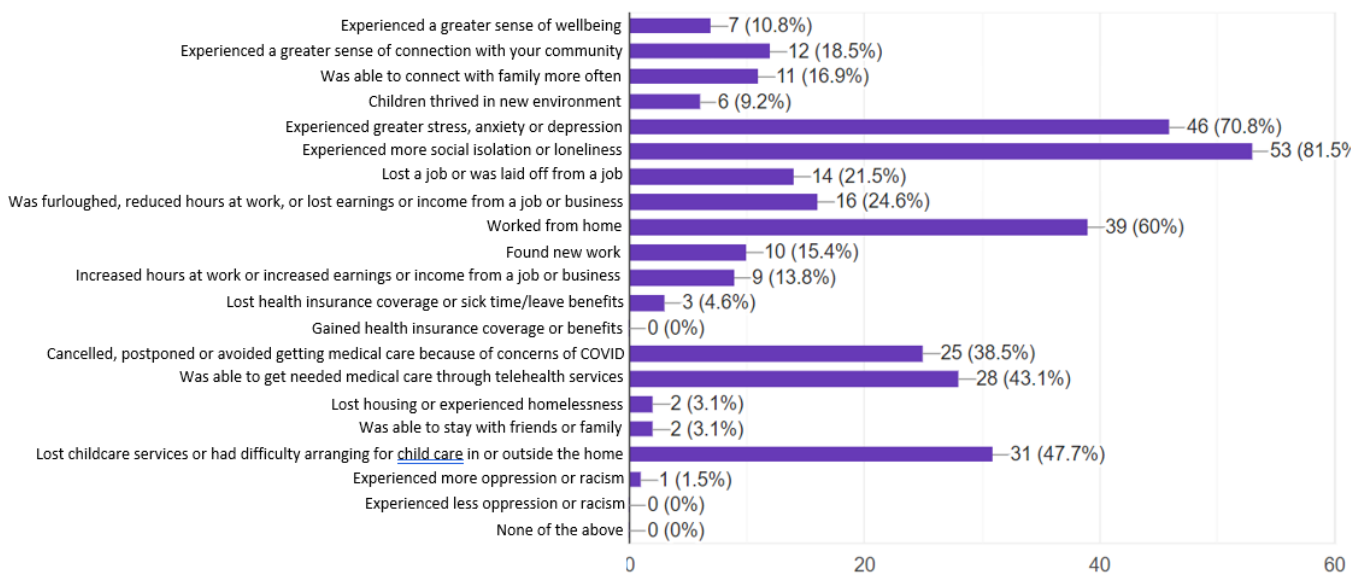
	US	NC	BUNC
Total Pop	12.6%	13.40%	13.3%
Under 5		0.70%	.30%

2019 ACS 5 year estimates

More information about the Verner Head Start selection criteria and eligibility checklist is available on Verner's webpage: <https://www.vernerearlylearning.org>

KEY FOCUS AREAS AND HEADLINE COMMUNITY INDICATORS

In the initial 2019 community health assessment process, the team facilitated Results-based Accountability exercises to engage stakeholders in identifying seven key focus areas related to the well-being of children under 5 and families or caregivers with young children in Buncombe County: education, health and mental health, food and nutrition, housing, income and employment, social services, and social support. These seven focus areas have been determined to still be relevant for the purposes of this update. In the text below, each focus area has been updated with relevant data. Additionally, there are insights as to how the COVID 19 pandemic affected children and families with young children via secondary research and survey responses. The survey can be found in Appendix A and a full summary of results in Appendix B. The key effects of the pandemic cut across these focus areas and will be discussed in each:



Results showed the most common effects of the COVID-19 pandemic over the past year were the following: 81.5% of respondents or their immediate family members experienced more isolation or loneliness; 70.8% experienced greater stress, anxiety or depression; 60% worked from home; 47.7% lost or had difficulty arranging childcare; and while 43.1% were able to access needed medical care through telehealth services 38.5% cancelled, postponed or avoided care because of COVID concerns.

FOCUS AREA 1. EDUCATION

Headline Community Indicators

The headline community indicator for education selected by Verner stakeholders in the original community assessment was the “availability of slots for quality childcare in Buncombe County.” This indicator continues to be important in 2020. Relevant measures that have been updated include the number of State and Local Funded Preschools, the number of 4 and 5 star childcare centers and homes in Buncombe County and the Percent of Infants/Toddlers in Licensed Care Enrolled in 4 or 5 Star Centers.

The number of children in 4 and 5 star childcare centers has been steadily increasing in Buncombe County. As of March 2020 the N.C. Division of Child Development and Early Education reported that 74% of children enrolled in childcare in Buncombe County were attending 4 or 5 star programs, compared with the previously reported number of 70.2% in 2016. The number of 4 and 5 star facilities increased by one (from 65 to 66). Asheville City Schools recently announced the intention to provide universal NC Pre-K, and this will likely positively impact this number in the future (Universal pre-K program aims to address opportunity gaps within Asheville schools, 2021).

State and Local Funded Preschools

March 2020 (BUNC)

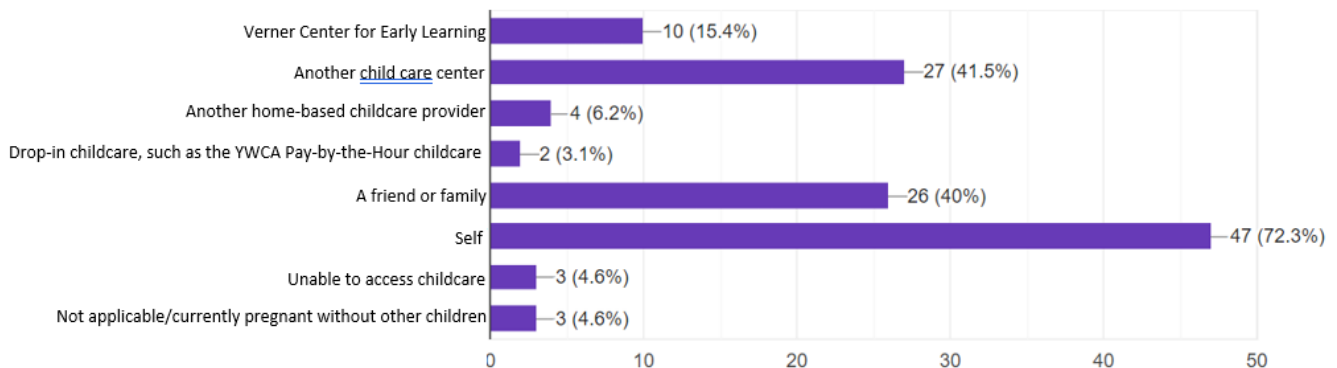
	Centers		Homes	
	#	%	#	%
5 star	48	48%	1	7.7%
4 star	18	18%	2	15.3%
3 star	13	13%	8	61.6%
2 star	0	0%	1	7.7%
1 star	8	8%	1	7.7%
Other	13	13%	0	0%
TOTAL	100	100%	13	100%

Percent of Infants/Toddlers in Licensed Care Enrolled in 4- or 5 - star Centers*

Rank	County	Region	2008 Percent	2016 Percent	2021 Percent
33	Buncombe	8	49.30%	70.20%	74%

**This is the number of infants and toddlers enrolled in 4- and 5-star centers only divided by the total number of infants and toddlers enrolled in all licensed care (homes and centers).*

The primary question focused on childcare and early education in the 2020-2021 assessment survey was, “In the last year who has cared for your young children? (Check all that apply)”

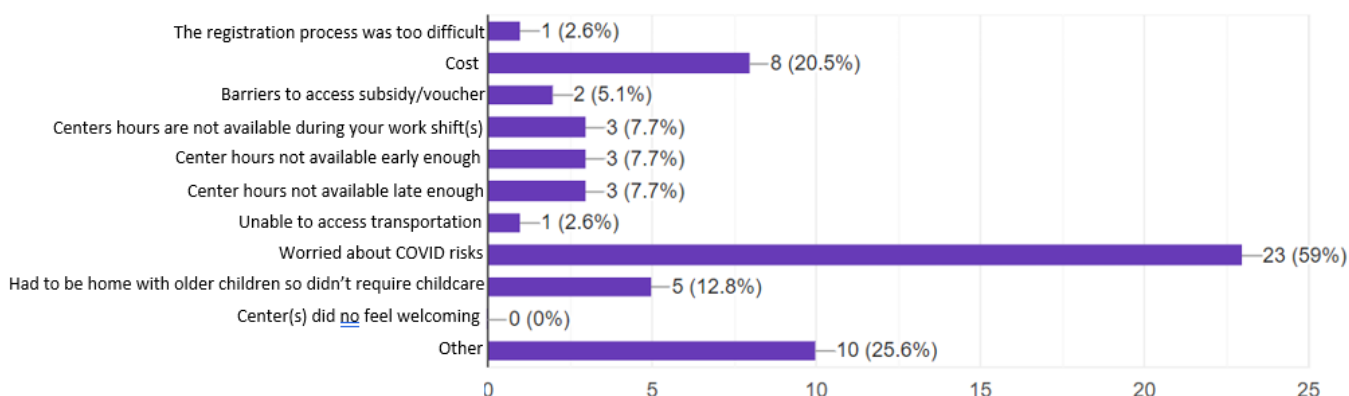


When asked to name the most significant impact of the COVID-19 pandemic, 47.7% of survey respondents said that they were unable to access childcare through centers at points during the pandemic and had to rely on friends, family, or themselves for care. This is consistent with national research that indicates 48% of families surveyed in June 2020 reported loss of regular childcare (Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey, 2020). The COVID-19 pandemic further reduced slots available in childcare centers due to decreased class sizes. If parents were able to enroll their children in a center they often found that hours were reduced, making it harder to work full time. This led to an increase in stress for those who rely on childcare to work and support their families.

“Both my wife and I are healthcare workers. We needed childcare to be able to work but were largely unable to find it. This meant unplanned days off and additional stress of working from home with children.”

“So many places don’t have room with reduced class sizes. Also I can’t qualify for vouchers unless I have a job, but I can’t get a job unless I have childcare lined up. Also very difficult to look for a job when you have no access to childcare and are the sole childcare provider for your 3 year old.”²

Survey participants were asked, **“If you were unable to access childcare services, what prevented you: (Check all that apply).”**



Overall, 59% of parents reported that their worries about COVID risks created barriers to accessing necessary childcare.

Even if they were able to access center-based childcare, parents may be faced with high costs. Many survey respondents mentioned the cost of having multiple children in childcare. Some indicated didn’t qualify for childcare vouchers, but they still struggled with this cost.

When asked what services should be present or extended, one respondent shared: *“Extended voucher benefits. Asheville has a high cost of living and voucher income requirements could be extended”*

² All quotes from primary data are directly pulled, including with any spelling, grammar or syntax errors.

Another suggested, *“Universal preschool for children subsidized by taxes would be the dream. In reality a broader application of the head start program is a more realistic goal.”*

Multiple respondents brought up that they had never had the chance to go into their children’s schools due to COVID restrictions, and a few advocated for an easing of these rules or creative ways to visit, such as webcams.

Another common challenge that parents expressed related to their experiences with childcare during the pandemic was the changing and rigid health policies that developed. Several cited difficulties with centers that required parents to keep their children home because of cold symptoms, which may resemble COVID symptoms.

National research also shows the gaps and inequities present in the current childcare system, laid especially bare by the COVID 19 pandemic. An article in the journal *Pediatrics* highlights the fact that while childcare has become difficult to obtain for many, those earning the lowest wages have felt the brunt of this, especially during the pandemic (Child Care During the COVID-19 Pandemic: A Bad Situation Made Worse, 2021). Many of these workers were essential and, with closures of childcare centers due to COVID fears, parents were forced to make difficult decisions such as leaving the workforce to care for children themselves or risking family member’s health to fill in childcare (Child Care During the COVID-19 Pandemic: A Bad Situation Made Worse, 2021).

Partners: *Who has a role to play?*

Survey respondents listed many organizations as supporting their family in this focus area.

Asheville City Schools Preschool	Children First/ Communities In Schools
YWCA of Asheville	NC Partnerships for Children
Community Action Opportunities	Migrant Education Program
Buncombe Partnership for Children	
Buncombe County Department of Social Services	
Western NC Community Health Services	
NC Division of Child Development and Early Education	
Asheville Buncombe Preschool Planning Collaborative	

One organization that was named multiple times in the survey was the YWCA of Asheville. The YWCA was able to reopen childcare for essential workers early in the pandemic and was applauded as an important resource by many community members.

Recommendations: *What is currently working? What works to do better?*

1. Survey respondents frequently mentioned the opportunity for longer childcare hours, specifically early morning as well as a return to pre-pandemic hours. Childcare centers should,

where feasible, examine extending hours of service that would be of most use to their communities.

2. The cost of childcare was cited as a barrier in this 20-21 update and in the previous 2019 report. Centers with flexibility should consider changes in eligibility requirements, increasing slots for those who are low income.

3. Survey respondents and research agree that there is not enough high quality, affordable childcare to support families. Providers should partner with community organizations and medical providers to advocate for increased funding to provide universal childcare.

4. Centers should follow emergent best practices for health policies to protect children and also effectively communicate guidelines and requirements to support parents.

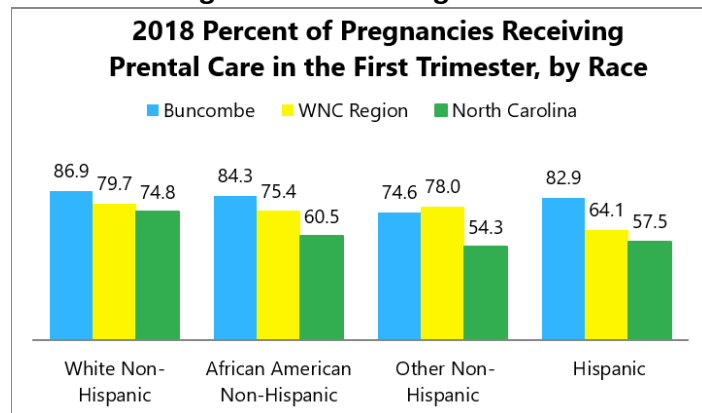
5. Federal eligibility programs provide critical support to families who may not quite qualify for vouchers, and the current administration's consideration of expansion is promising.

FOCUS AREA 2. HEALTH AND MENTAL HEALTH

Headline Community Indicators

Verner stakeholders identified “access and barriers to medical care” as the headline community indicator related to health and mental health in the 2019 community health assessment, but this previous data has not been updated on a community level. The only measure used in the previous 2019 assessment that has been updated since the initial report is Percent of Pregnancies Receiving Prenatal Care and the following reflects more recent data from 2019.

Percent of Pregnancies Receiving Prenatal Care



The 20-21 assessment survey asked respondents about several effects of the pandemic related to health and mental health. Many experienced a greater sense of wellbeing (10.8%), but more experienced greater stress, anxiety or depression (70.8%). Analogously, 43.1% were able to access needed medical care through telehealth services, but 38.5% cancelled, postponed or avoided getting medical care because of concerns of COVID. One respondent (1.5%) experienced more oppression or racism, which can have negative impacts on numerous health and mental health outcomes and conditions.

The pandemic has affected people’s ability to access health insurance. While only 3 survey participants shared that they lost health insurance during the last year, *The Common Wealth Fund* reports that 7.7 million people lost employer provided health coverage in 2020 (How Many Americans Have Lost Jobs with Employer Health Coverage During the Pandemic?, 2020). When including their families and dependents that relied on this coverage the number of people who lost health insurance rises to 14.9 million. *NC Policy Watch* reports that North Carolina was ranked 5th among state for insurance loss during the pandemic, with 1/5th of residence uninsured at the peak (NC is fifth in the nation in lost health insurance coverage due to the COVID-19 recession, 2020). This not only affects people’s ability to access regular health care, in the pandemic it also affects their ability to work and creates large financial burdens.

“Por no tener seguro médico hacer la prueba de COVID-19 fue muy difícil para mi familia... mi pareja tuvo que pagar \$500-\$600 por 2 pruebas de COVID-19 y faltar el trabajo hasta que nos dieran los resultados sin que le pagaran. “

“Because I didn't have health insurance, testing for COVID-19 was very difficult for my family ... my partner had to pay \$500- \$600 for 2 COVID-19 tests and miss work until they gave us the results without being paid.”

As shared above, 70.8% of survey respondents stated that they experienced greater stress, anxiety, and depression, and 81.5% said they experienced more social isolation or loneliness. This is significantly higher than national data collected in June 2020, showing that 27% of parents reported worsening mental health for themselves since the pandemic began, indicating that the mental health impacts may become more prevalent and significant over time (Wellbeing of Parents and Children During the COVID-19 Pandemic: A National Survey, 2020). While the assessment survey did not stratify by demographic characteristics, this national data indicated that mental health impacts of the pandemic tended to be more significant among female and unmarried respondents; the research also correlated negative mental health with loss of child care, delays in health care visits, and worsened food insecurity.

When asked about the most significant impact of the pandemic, one respondent said, *“Depression and anxiety became chronic. Inability to tour child care facilities or see inside them even after sending my child there to have any idea what kind of environment I am sending my child into everyday.”* This comment shows the connection between mental health and child care challenges.

“I feel cut off from my community and like many relationships with my support systems (friends, church, grandparents) have been damaged by time apart and differing opinions about safety and COVID.”

Some families were able to use technology to combat these feeling of isolation and loneliness, with many respondents reporting that they communicated with family and friends via phone, text, and Zoom more often than they did before the pandemic. Technology also helped people to access medical services with 43.1% of those surveyed sharing that they had been able to access medical care via telehealth services. These services were identified by respondents as ones that would continue to be valuable in a post pandemic world.

Two of the community members who responded to the survey shared that they were either pregnant or had very recently given birth during the pandemic. Both reported this as an incredibly challenging and isolating time.

“Pregnancy was very lonely due to being high risk. Lots of stress navigating being a healthcare work, pregnant and covid.”

“Being pregnant during the pandemic was difficult due to MD office, hospital restrictions.”

The experiences of these community members are reflected in research. Pregnancy has been shown to increase the risk for experiencing severe symptoms from COVID-19, making it even more important to limit contact with others. However, while ensuring more protection for the

pregnant person and baby, this created more isolation and more rapidly increasing feelings of depression and anxiety in one survey of pregnant women during the pandemic (Mental health of pregnant women during the COVID-19 pandemic: A longitudinal study, 2021).

Partners: *Who has a role to play?*

The following partners were identified as supporting community members in the prior community health assessment and will continue to do so moving forward:

Buncombe County Department of Health	Western Highlands Network
Asheville Buncombe Community Ministries	Project Access
Mountain Area Health Education Center	Carolina Pediatric Therapy
Western NC Community Health Services	

Recommendations: *What is currently working? What works to do better?*

1. Respondents shared that they were able to access medical care through telehealth services. Providers should continue to make available telehealth services when appropriate.
2. Providers should make efforts to connect pregnant women and new mothers with services beyond medical care that connect them with community and support their mental health.
3. Though the assessment data does not focus directly on children’s mental health, centers may nevertheless find it important to follow trauma-informed guidance on school reopening recently released by the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association (Needs of Students During the COVID-19 Era: American Academy of Child and Adolescent Psychiatry (AACAP) and American Psychiatric Association (APA) Detail Steps Necessary for Safely Reopening Schools This Fall, 2020). Guidance advocates for the following supports for children’s mental health: providing enhanced training for teachers, engaging mental health professionals in COVID-19-related messaging to children, addressing the mental health needs of staff, and focusing resources on children with special needs.
4. National research indicates that expanding federal funding for emergency paid sick leave and paid family and medical leave for COVID-related reasons to the smaller firms who may disproportionately employ low-wage workers could help stabilize employment for families and keep people healthier (Paid Medical and Caregiving Leave during the Coronavirus Pandemic, 2020).

FOCUS AREA 3. FOOD AND NUTRITION

Headline Community Indicators

In 2019 Verner stakeholders identified “food insecurity” as the headline community indicator related to food and nutrition. Measures to capture food insecurity in the region have not been updated since 2019 and are not included in this report. Questions related to accessing food assistance programs during the pandemic are included in the 2021 survey and addressed below.

In the survey of community members, food often surfaced as a way that respondents felt they could support their community. This was reflected in increased donations to food pantries, such as MANNA Food Bank, and through offering to cook for friends and neighbors.

“I know I was able to donate more often to Manna foodbank and I know others who did as well. Every stimulus check I donated a portion since my family was pretty fortunate during this time.”

Access to food remained an issue for some during the pandemic. Of those surveyed 12.5% of respondents reported receiving food from a food pantry, food bank, church, or other place that provides free food distributions in the last year, with nearly half of those reporting that this was the first time they had used these services. Three point one percent(3.1%) of respondents reported receiving a free meal from a church, shelter, home-delivered meal service like Meals on Wheels, or other place that provides free meals in the last year, with both of those respondents also reporting that this was the first time they had used those services.

Feeding America reports that those most likely to experience food insecurity in the pandemic were close to experiencing or already experiencing food insecurity prior to the pandemic, showing the greater impact of the on those already struggling to get by (The Impact of the Coronavirus on Food Insecurity in 2020 & 2021, 2021). Feeding America estimates that 45 million people, including 15 million children, experienced food insecurity in 2020, a 10 million person increase from 2019 (The Impact of the Coronavirus on Food Insecurity in 2020 & 2021, 2021).

When asked if they had accessed WIC or SNAP in the past year, 14.1% of respondents shared that they had, but only a small number had accessed them for the first time in the last year, echoing the research from Feeding America that those at greatest risk for food insecurity during the pandemic were likely already accessing these resources.

Partners: Who has a role to play?

Many survey respondents shared that they were able to access food boxes from Bounty & Soul, a local nonprofit whose mission is to connect, share, and celebrate nutritious foods and community. The quality of food was generally described as good, and community members were grateful for this resource, though a few respondents said it needed to be used quickly before going bad. Additionally, MANNA food bank was named as a resource that supported respondents during the pandemic.

MANNA Food Bank
Food Assistance programs (WIC/SNAP)

Bounty & Soul

Recommendations: *What is currently working? What works to do better?*

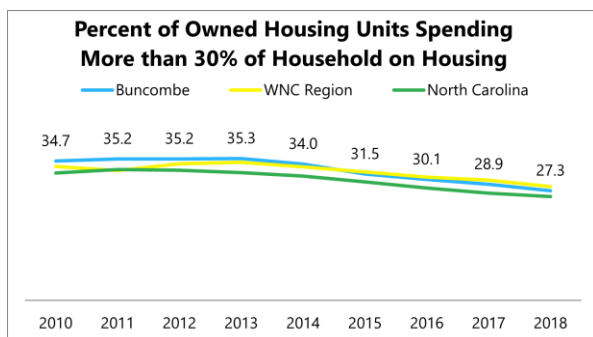
1. Centers should partner with local nonprofits, such as Bounty & Soul, to provide food boxes to low income families on a regular basis, not just during emergency time such as the COVID-19 pandemic, to support greater food security and enable them to reallocate funds to other areas.
2. National research advocates for increasing the maximum benefit for the Supplemental Nutrition Assistance Program and funding schools to continue providing school-based meals to children throughout the summer (Parents are Struggling to Provide for Their Families During the Pandemic, 2020).

FOCUS AREA 4. HOUSING

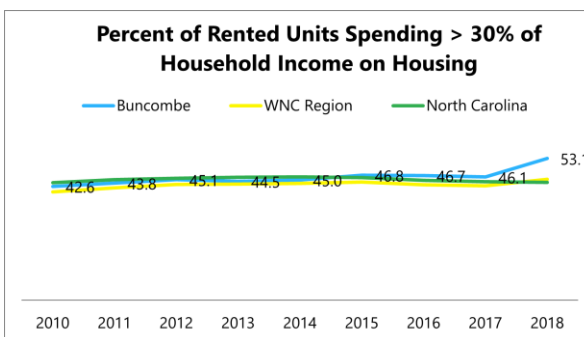
Headline Community Indicators

The 2019 headline community indicator selected by Verner stakeholders for housing was “housing insecurity.” This topic continues to have great importance in 2020 when job loss, eviction moratoriums, and migration from large urban areas due to the COVID-19 pandemic have greatly affected the housing landscape in Buncombe County. Updated measures include Costs Burdened Households, both owned and rented, as well as the Homeless Population Trend.

Housing Costs Owned



Housing Costs Rented



Asheville and surrounding areas continue to experience an affordable housing crisis. In 2018, it was found that over 50% of renters in Buncombe County spend more than 30% of their income on rent, marking them as cost burdened. Blue Ridge Public Radio reports that during the pandemic the cost of purchasing or building a home has continued to rise, largely driven by an influx of people relocating to the area, and further limiting access to an already small affordable housing market (In Pandemic Year, New Home Construction In Asheville Continues To Thrive, 2021).

Buncombe County homeless numbers increased to 547 in 2020, up from 509 in 2016. This number is updated yearly with a point in time count. Buncombe County’s 2020 count was collected on January 29, 2020 and does not reflect effects of the COVID 19 pandemic. In the 2020 count, 47 of those included were under the age of 17. This may be a gross underestimate according to local sources (Buncombe County Schools Social Services Director), as the homeless count can vary greatly depending on how “homelessness” is defined and when the count is conducted. According to local provider Pisgah Legal, many people are one medical bill or other unanticipated crisis away from losing their housing, and it is likely that the COVID-19 pandemic drove more people into homelessness.

Homeless Population, 2020 (BUNC)

	Homeless Families with Children			Homeless Adults		Homeless Children without Guardians		Total Homeless People
	# Children 17 & Under	Total People	Total Households	Total People	Total Households	Total Children 17 & Under	Total Households	
Buncombe	42	70	25	472	472	5	5	547

Housing was not a large focus of the community survey and was not mentioned often by respondents. One respondent did report that they lost housing during the pandemic, and that this was a significant impact on their family. No respondents reported utilizing services around eviction prevention; however, one respondent shared that rental assistance from the Department of Social Services supported them during the pandemic. This may be one area where survey responses are not reflective of the extent of challenges across the community.

Partners: *Who has a role to play?*

Several partners were cited in the last assessment as important for housing and homelessness support, with the Department of Social services being mentioned in this survey.

Mountain Housing Opportunities

Habitat for Humanity

Affordable Housing Coalition

The Housing Trust Fund

Homeward Bound

Buncombe County Child Care Services

Pisgah Legal Services

Department of Social Services

Recommendations: *What is currently working? What works to do better?*

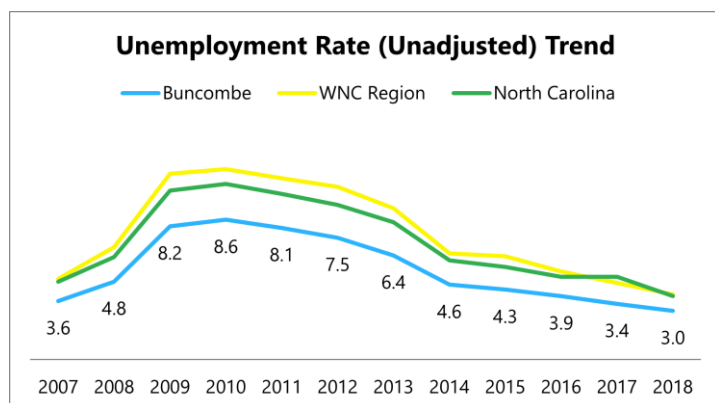
1. Centers should refer families at risk for experiencing homelessness to eviction prevention programs.
2. Community organizations, policy makers, and local leaders should make affordable housing a priority and address the inflated home values that are a result of the pandemic.
3. National research indicates that expanding eviction moratoria, providing payments to families for rent or mortgages, and implementing moratoria on utility shutoffs could reduce the number of children suffering from housing instability or homelessness (Avoiding a COVID-19 Disaster for Renters and the Housing Market, 2020).

FOCUS AREA 5. INCOME AND EMPLOYMENT

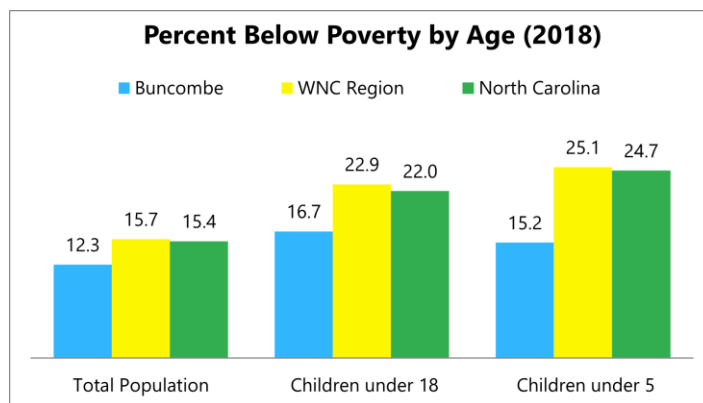
Headline Community Indicators

Verner stakeholders identified poverty levels and employment rates as the headline community indicators of income and employment in the 2019 community health assessment. Updated measures in this report include: Per Capita Income by Race/Ethnicity; Poverty by Age; Unemployment Rate; Number and Percent in Poverty by Ethnicity.

Unemployment Rate



Poverty by Age



Per Capita Income by Race/Ethnicity

	Per Capita Income (\$)	White	Black	Hispanic/Latino	Non-Hispanic/Latino
Buncombe	\$32,426	\$33,767	\$21,864	\$16,535	\$34,901
NC	\$30,783	\$34,817	\$21,963	\$16,026	\$36,405
US	\$35,672	\$38,899	\$24,509	\$22,002	\$42,106

Source: US Census Bureau, 2019: ACS 5-Year Estimates Detailed Tables

Number and Percent in Poverty by Ethnicity

	Total Hispanic/Latino	Total Non-Hispanic/Latino	Percent Hispanic/Latino	Percent Non-Hispanic/Latino
Buncombe	5,490	25,052	33.21%	10.71%
NC	248,474	1,219,117	26.4%	13.48%
US	11,256,244	31,254,599	19.64	12.05

Source: US Census Bureau, 2019: ACS 5-Year Estimates Subject Tables

This focus area was greatly affected by the COVID-19 pandemic. Of those surveyed 60% reported working from home, with many of those surveyed reporting that the flexibility from their places of employment in working from home was an asset in supporting their families throughout the pandemic. They also shared that the increased ability to work from home post-pandemic should be kept in place.

“The flexibility to work from home has helped immensely.”

While many respondents were glad to have the option to work from home, when paired with limited childcare options, there were challenges that affected people’s mental health.

“Added stress on personal relationships due to working from home, new work environments, brief period of time without work for my husband.”

“A lack of childcare while having to work fulltime from home was a detriment to my child and to my mental health”

Overall, many respondents were able to work remotely and experienced both positive and negative impacts; however, national data has shown that low-income and Hispanic parents are less likely to be able to work from home (Parents are Struggling to Provide for Their Families during the Pandemic, 2020).

Of the 65 respondents, 14 (21.5%) lost a job and 16 (24.6%) were furloughed or worked reduced hours. The Human Rights Watch estimates that 74.7 million Americans have lost jobs over the course of the pandemic, with much of the burden in industries that are low wage (United States: Pandemic Impact on People in Poverty, 2021). This means that those most affected by job loss are already low income and likely close to, or already living in, poverty. In addition to this burden on low income workers, job loss in the pandemic has disproportionately affected women and mothers. Women represent a large share of low income workers in the US. The Brookings Institute reports that in 2019, prior to the pandemic, 46% of working women held low wage positions, positions that were the hardest hit during the pandemic (Why has COVID-19 been especially harmful for working women?, 2020).

Finally, Urban Institute Health Reform Monitoring Survey Data from March-April 2020 indicated that 4 in 10 parents living with children under 19 reported someone in their family losing a job, and higher rates (5 in 10) for non-Hispanic Black parents and low income parents and over 6 in 10 for Hispanic Parents (Parents are Struggling to Provide for Their Families during the Pandemic, 2020). This may illustrate that the assessment respondents’ experiences in this area are not as prevalent as they might be across the community overall with a more representative sample.

Partners: *Who has a role to play?*

Many agencies play a role in supporting families’ income and employment:

Work First Temporary Assistance for Needy Families

Pisgah Legal Services

Western NC Community Health Services

Mountain Area Workforce Development Board

Asheville-Buncombe Community Crisis Ministry

Buncombe County Dept. of Social Services

Buncombe County’s Low-Income Energy Assistance Program

Recommendations: *What is currently working? What works to do better?*

1. Workplaces should be flexible in allowing work from home policies, as society transitions into the post-pandemic phase, and childcare options remain somewhat limited.
2. Employers should offer childcare leave options and other benefits during a crisis, and the government should continue to fund these critical assets.
3. Efforts should be made by local businesses, including childcare centers, to pay staff a living wage. The living wage for Buncombe County in 2021, determined by the nonprofit Just Economics, is \$17.30/hr or \$15.80/hr with employer provided health insurance.

FOCUS AREA 6. SOCIAL SERVICES

Headline Community Indicators

The headline community indicator identified by Verner stakeholders for social services in 2019 was “social services utilization rates and barriers.” However, there is little publicly available data on the utilization of services beyond Food and Nutrition Services. Thus, as Medicaid-covered services are expanded to provide support for other social needs, the headline indicator is defined below by the percent of individuals lacking health insurance (ages 18-64) and Medicaid eligibility trends. These measures have been updated for this report.

Medicaid Eligibility

		SFY 2019			
	2018 Est Pop	# Medicaid Eligibles*	Expenditure per Eligible	# Eligibles Per 1,000 Population	% Medicaid Eligibles (based on 2018 pop)
Buncombe	262,483	53,304	\$5,162	203	20.3
WNC (Regional) Total	815,466	183,625	-	-	-
WNC (Regional) Mean	50,967	11,477	\$5,529	248	24.8
State Total	10,401,960	2,456,593	n/a	n/a	n/a

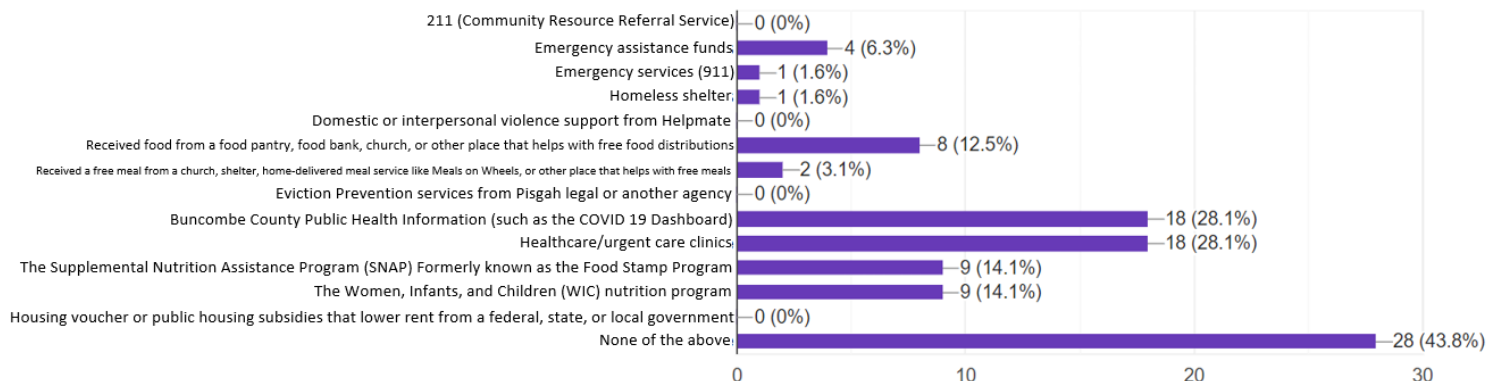
* # Medicaid Eligibles - eligibles' is a statewide unduplicated count indicating eligibility in the last county of residence during the fiscal year.

Uninsured

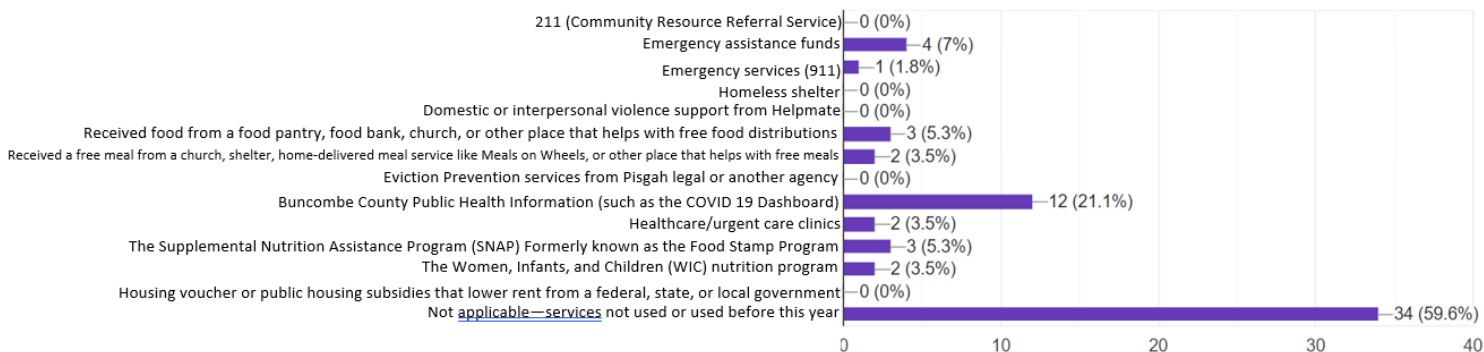
	% [Age 18-64] Lack Health Insurance		
	2012	2015	2018
Buncombe	23.6%	19.2%	15.2%
WNC	23.7%	19.6%	15.1%

The assessment update survey asked two questions about the use of social services over the last year:

13. In the past year did you or anyone in your family receive benefits or support from any of the following programs and resources?



14. Of the services you used, did you access any of these resources for the first time in the last year?



Many survey respondents shared that they were fortunate to not have to access extra social services during the pandemic (43.8%). Outside of the previously discussed food assistance programs, services that were utilized included emergency assistance funds, emergency services, homeless shelters, Buncombe County Health Department and health care clinics/urgent cares.

When asked **if any of the listed services would be useful after the pandemic**, expanded/emergency childcare was selected by 61.5% of respondents. Respondents that were newer to the area when the pandemic began reported that they were not aware of what services were available to them and therefore could not access them. In addition, the Spanish-speaking respondent recommended that more access to information in Spanish would be beneficial.

When survey participants were asked **what services or programs would you like to see that aren't currently offered**, many indicated that extracurricular activities would be a priority. They requested more outdoor childcare services, educational based childcare during summer months, diverse extracurricular activities including art, story time, music, etc, and bilingual immersion programs with healthy foods and yoga.

Partners: Who has a role to play?

These organizations were mentioned by in the previous community assessment report and continue to be important:

- The Latino Outreach Program
- The Literacy Council of Buncombe County
- Immigration Services
- The Family Resource Center
- Catholic Social Services

Recommendations: What is currently working? What works to do better?

1. Policy makers should advocate for health coverage in the communities that they serve, as well as mandatory paid sick time.

2. Publicly funded childcare (emergency or regular) should be prioritized by lawmakers in Asheville, Buncombe County, and the state of North Carolina.

3. Respondents who were new to the area reported that that did not know what services were available. Social service agencies should engage in outreach efforts with those new to the community. Clinicians serving pregnant women who are new to the area should utilize referral systems such as NC CARE360 to connect families to supportive services.

4. Many local foundations provided emergency grants for funding that supported critical resources provided by agencies; these should continue as the impact of the pandemic continues and be offered in subsequent crises.

5. Educational centers should consider expanding activities, especially outdoor activities and arts activities, to increase access to these services, particularly after school or over the summer.

FOCUS AREA 7. SOCIAL SUPPORT

Headline Community Indicators

In the 2019 Community Health Assessment Verner stakeholders identified social support as a key community indicator and social determinant of the well-being of pregnant women and families with young children in Buncombe County. This continues to be incredibly important in 2020 and in the COVID-19 pandemic. The measure used to describe this indicator, “% Always/Usually Get Needed Social/Emotional Support” in the previous report has not been updated and is not included in this update.

Social support from people’s neighborhoods, friends, and families was an overarching theme from survey respondents. Respondents described getting to know neighbors they had not previously known, seeing more activity in their neighborhood, and a feeling that communities were banded together to get through the pandemic.

“My neighborhood came alive with activity (family walks, animals, yard activities) and now I know many of my neighbors.”

“In many ways we reserved connection for times of crisis and need, such as emergency childcare. Though our connections were fewer, they were deeper. Also, the neighborhood really came together and became true friends, not just the people who live near us. We love our neighborhood so much more now!”

When asked about how they were able to stay resilient in the COVID-19 pandemic, many respondents shared stories of support from their neighborhoods and communities that they truly valued, with 18.5% reporting that they experienced a greater sense of connection with their community. These informal systems of support improved people’s mental health and made them feel that they were not going through the pandemic alone:

“Communication with my friends and coworkers allowed me to see that we were all struggling and experiencing similar highs and lows. Knowing I wasn’t alone was very helpful. Also knowing that my friends were doing their part to keep our community safe gave me hope.”

“I know that everyone was going through a tough time even if our stories don't look exactly the same. It's amazing how so many people worked together to help businesses survive and to help those around them.”

“The shared nature of the trauma of the pandemic. Because we all experienced - and continue to experience it - we can better support and understand each other.”

While there were instances of people feeling more connected to the community around them, several survey participants stated that they felt very little or no connection or support from those around them and numerous indicated that they became more socially isolated during the

pandemic. Sometimes, respondents attributed this to having recently moved to the area, or because they did not know many people.

“We just moved here in May. We don’t have any connections.”

“They didn’t come together. 2 friends remained involved, everyone else remained in their own world, but more so. Very isolating.”

One family shared, “Mantener la distancia social...nuestra familia/ comunidad está acostumbrada a estar juntas (fiestas, tener cenas con la familia, etc) Siento que esto a causado mucha fricción dentro de las familia/ comunidad.//Maintain social distance ... our family / community is used to being together (parties, having dinners with the family, etc.) I feel that this has caused a lot of friction within the family / community.”

Overall, primary data showed that levels of social support significantly varied across respondents. While some benefitted greatly from the support from family, neighbors, friends, or community groups, others felt isolated and alone in their challenges. Survey data revealed three key types of social support were present in the community --emotional, instrumental (aid and services), and informational—and how important these could be in building resilience for families.

National research around the effects of social support during the pandemic affirms this local data and has found that, while many people experienced similar feelings of isolation, others also felt increased connectedness and social support (Social Connection and Well-Being during COVID-19, 2021). Psychological traits such as gratitude, resilience, and grit were found to protect against feelings of isolation and loneliness during this time.

Partners: *Who has a role to play?*

These organizations were mentioned as important partners in the 2019 community assessment and continue to support Buncombe County families in 2020:

Places of employment	Nuestro Centro
Bair Foundation	YMCA
BEAR Closet	Asheville Public Libraries

Recommendations: *What is currently working? What works to do better?*

1. Programs aimed at increasing people’s resilience should be made available to community members.
2. Additional research to better understand how social support is connected with critical health and wellness outcomes and what promising interventions could build it for isolated individuals would inform holistic approaches to health and wellness during challenging times.

Discussion

Based on survey responses and secondary research several recommendations follow. First and foremost, the childcare shortage, both in Buncombe County and nationwide, must be addressed. There are not enough slots available for children in Buncombe County, and some people find that they must wait years for a slot to open up. This shortage, combined with concerns about the pandemic, created stressful environments for some.

“We are so lucky that our in-home caregiver did not retire this year, otherwise I do not know what we would have done. We have been on some waitlists since I was 9 weeks pregnant and my child is 2+ years old now, and we were very worried about the COVID-19 risk when a slot became available in the fall of 2020.”

Policies must be put in place that support high quality, affordable childcare for all. Centers should consider partnering with community organizations to advocate for increased funding for universal childcare and should explore ways to expand their services to more children. Multiple survey respondents noted that even when childcare was available the cost could be prohibitive without assistance. Centers should examine their eligibility requirements when possible to allow more families to qualify for reduced cost childcare. Survey respondents also frequently mentioned they would benefit from longer childcare hours, specifically early morning as well as a return to pre-pandemic hours. Childcare centers should, where feasible, examine extending hours of service that would be of most use to their communities.

The COVID 19 pandemic greatly impacted people’s health, both physical and mental. Many respondents, 43.1%, shared that they were able to access health care via telehealth visits, and several indicated that they would like to see these services stay in place after the pandemic. Providers should expand telehealth services and ensure that they remain available post pandemic. In order to make sure that all types of people are able to access this, it will be important for local, state, and national government to increase broadband access to all people and assist with language justice services.

In addition to ensuring access to telehealth medical visits, providers should pay increased attention to their pregnant patients. Respondents shared that being pregnant or having recently given birth greatly increased their isolation and loneliness during the pandemic. Community programs to increase social support to those who are pregnant or new mothers, as well as provider referrals for mental health screenings and services are recommended.

MANNA Food Bank, Bounty & Soul, and SNAP/WIC programming were all named as resources that people accessed during the pandemic to address food insecurity. Secondary research shows increased rates of food insecurity during the pandemic, and a recent antiracism webinar shared that communities of color were more likely to experience low or very low food insecurity compared to Whites (Antiracism as Health Policy: Race, COVID-19, and Policy Reform, 2021). Childcare centers can partner with organizations such as Bounty & Soul to provide food boxes to families and make sure that information about SNAP and WIC are available to their

families. Supportive policies, such as stimulus checks and increased minimum wage, are recommended to reach the most vulnerable populations.

The majority of survey respondents shared that they worked from home at some point during the pandemic. While this was considered an asset by many, it did not come without issues. Some shared that the strain of caring for children and working from home simultaneously put tremendous strain on their mental health.

“I’m so tired. Work bleeds into all hours even when I stop working or checking email (people still call and text me) and at one point my spouse and I were both working from home in the same small space with our baby whose daycare was closed. I wasn’t able to be a good parent or a good employee and there was no support. Now we’re expected to perform as if everything is back to normal, even though we’re still in the pandemic. There’s not enough flexibility for working parents”

Workplaces should continue to allow working from home post pandemic but should carefully examine internal policies that set expectations of availability to decrease feelings of burnout and provide flexibility for working parents. Additionally, efforts should be made by local businesses, including childcare centers, to pay staff a living wage. The living wage for Buncombe County in 2021, determined by the nonprofit Just Economics, is \$17.30/hr or \$15.80/hr with employer provided health insurance. Providing a living wage to workers could impact numerous focus areas included in this report.

In addition to raising minimum wages to living wages, policy makers and employers should advocate for and provide benefits that include sick leave and universal health care. The pandemic has led to millions of people losing employer provided health care and has caused workers to lose wages because of missed work due to COVID. Universal healthcare and paid sick and family medical leave would relieve a financial burden and worry from many workers in Buncombe County.

Many respondents spoke of the community support they felt in their neighborhoods and from family and friends. However, several respondents also reported feeling cut off and like they had no social support, and that they were unaware of how to access services during the pandemic. Programs to create stronger community bonds and resilience should be put in place. Providers of social services should implement systems to reach out to those new to the area to make them aware of services and how to access them and others that may be of increased risk for isolation and its adverse health and mental health effects.

CONCLUSION

This Community Assessment Update sought to shed light on the strengths, assets, and challenges facing pregnant women and caregivers of young children in Buncombe County, as well as their experiences of the COVID-19 pandemic. A survey of community members revealed that the previous focus areas identified in the 2019 Community Assessment were still relevant for this update, and all had been impacted by the COVID-19 pandemic. Survey responses shared positive outcomes families experienced during the pandemic, particularly moments of connection and individual and community resilience. Results and secondary data also showed the significant challenges families faced over the last year across key areas. Recommendations made in this report are meant to strengthen local responses as the pandemic continues and in the event of other, large-scale emergencies. They are also intended to address root causes of inequities and challenges that will likely persist in a post-pandemic world and to inform the growth of more just systems for all.

APPENDICES

APPENDIX A. Health and Wellness Survey 2020-2021 for Pregnant Women and Families with Young Children in Buncombe County, NC

This survey is part of an effort by the NC Center for Health and Wellness to understand the strengths, challenges, opportunities and resources impacting individuals or families who are pregnant and/or caring for young children (under 5 years old) in Buncombe County from 2020-2021. In it we ask about the impact of the COVID-19 pandemic on you and your family. Your responses are anonymous, and the information shared will be compiled and summarized into a community assessment report. The survey takes about ten to fifteen minutes to complete, and at the end you will have the opportunity to enter a raffle for a \$50 gift card for your contribution. All questions except for consent and eligibility questions are optional (shown with *), and you can skip any you chose. You can choose to stop at any time without submitting, and your answers will not be saved, including the opportunity to enter the raffle. If you have any questions, please contact: Alex Mitchell anielson@unca.edu.

1. Do you consent to participate in this survey? *(required)*
 - Yes, I consent
 - No, I do not consent

2. Are you an adult over the age of 18 living in Buncombe County, NC who is pregnant and/or has a child under the age of five? *(required)*
 - Yes
 - No. If no, please share with someone who would benefit.

Overall COVID-19 Impacts

3. Thinking about your life over the past year and the impact of the COVID 19 pandemic, in which ways have you or your immediate family members been affected? Check all that apply. *(optional)*
 - Experienced a greater sense of wellbeing
 - Experienced a greater sense of connection with your community
 - Was able to connect with family more often
 - Children thrived in new environment
 - Experienced greater stress, anxiety or depression
 - Experienced more social isolation or loneliness

- Lost a job or was laid off from a job
 - Furloughed, reduced hours at work, or lost earnings or income from a job or business
 - Worked from home
 - Found new work
 - Increased hours at work or increased earnings or income from a job or business
 - Lost health insurance coverage or sick time/leave benefits
 - Gained health insurance coverage or benefits
 - Cancelled, postponed or avoided getting medical care because of concerns of COVID
 - Was able to get needed medical care through telehealth services
 - Lost housing or experienced homelessness
 - Was able to stay with friends or family
 - Lost child care services or had difficulty arranging for childcare in or outside the home
 - Experienced more oppression or racism
 - Experienced less oppression or racism
 - None of the above
4. Thinking about all of the ways that the COVID 19 pandemic has affected you and your family and the community, which would you say is the most significant and why?*
5. How did your community (for example your family, neighbors, and friends) come together differently during the pandemic to support each other?*
6. Which aspects of your community enable you to stay hopeful, resilient and bounce back in difficult times?*
7. Which efforts or programs provided by community agencies (for example the health department, city government, or local nonprofits or community groups) supported your family the most?*
8. What factors (for example policies, community conditions, or services) were in place **before** the pandemic that may have lessened the impact on your family or community?*

9. What **new** factors (for example policies, community conditions, or services) have been put in place during the pandemic that should continue in order to support your family and the community in the future?*

Child Care and Early Education

10. In the past year, who has provided care for your young children: (Check all that apply)*

- Verner Center for Early Learning
- Another childcare center
- Another home-based childcare provider
- Drop-in childcare, such as the YWCA Pay-by-the-Hour childcare
- A friend or family member
- Self
- Unable to access childcare
- Not applicable/currently pregnant without other children

11. If you were unable to access childcare services, what prevented you: (Check all that apply)*

- The registration process was too difficult
- Cost
- Barriers to access subsidy/voucher
- Centers hours are not available during your work shift(s)
- Centers hours not available early enough
- Centers hours not available late enough
- Unable to access transportation
- Worried about COVID risks
- Had to be home with older children so didn't require childcare
- Center(s) did not feel welcoming
- Other

12. What might make childcare easier for you to access or more inviting?*

13. What services or programs would you like to see that aren't currently offered?*

Resources and Supports

14. In the past year did you or anyone in your family receive benefits or support from any of the following programs and resources? *

- 211 (Community Resource Referral Service)

- Emergency assistance funds
- Emergency services (911)
- Homeless Shelters
- Domestic or interpersonal violence support from Helpmate
- Received food from a food pantry, food bank, church, or other place that helps with free food distributions
- Received a free meal from a church, shelter, home-delivered meal service like Meals on Wheels, or other place that helps with free meals
- Eviction Prevention services from Pisgah legal or another agency
- Buncombe County Public Health Information (such as the COVID 19 Dashboard)
- Health care clinics/urgent care
- The Supplemental Nutrition Assistance Program (SNAP) Formerly known as the Food Stamp Program
- The Women, Infants, and Children (WIC) nutrition program
- Housing voucher or public housing subsidies that lower rent from a federal, state, or local government
- None of the above

15. Of the services you used, did you access any of these resources for the first time in the last year?*

- 211 (Community Resource Referral Service)
- Emergency assistance funds
- Emergency services (911)
- Homeless Shelters
- Domestic or interpersonal violence support from Helpmate
- Received food from a food pantry, food bank, church, or other place that helps with free food distributions
- Received a free meal from a church, shelter, home-delivered meal service like Meals on Wheels, or other place that helps with free meals
- Eviction Prevention services from Pisgah legal or another agency
- Buncombe County Public Health Information (such as the COVID 19 Dashboard)
- Health care clinics/urgent care
- The Supplemental Nutrition Assistance Program (SNAP) Formerly known as the Food Stamp Program
- The Women, Infants, and Children (WIC) nutrition program

- Housing voucher or public housing subsidies that lower rent from a federal, state, or local government
- Not applicable—services not used or used before this year

16. If you received food or free meals in the last year, what did you think of the quality or taste, and how well did the food provided meet your expectations and your preferences?*

17. Which of the following resources might support you and your family now or in the future*? *Note: you may want to copy and paste the links into another web browser window or write them down for future use.*

- 211 (Community Resource Referral System)
(<https://www.211.org/>)
- Emergency assistance funds
(<https://www.buncombecounty.org/Governing/Depts/PublicAssistance/Emergency.aspx>)
- Emergency services (911)
<https://www.buncombecounty.org/governing/depts/emergency-services/default.aspx>)
- Expanded or emergency childcare
(<https://ymcawnc.org/emergency-childcare>)
(<https://www.ywcaofasheville.org/what-we-do/nurturing-children/pay-by-the-hour-childcare/>)
- Homeless Shelters
(<https://www.salvationarmycarolinas.org/locations/?command=5>)
(<https://www.abccm.org/homeless-services>)
(<https://homewardboundwnc.org/>)
- Domestic or interpersonal violence support from Helpmate
(<https://helpmateonline.org/>)
- Food from a food pantry, food bank, church, or other place that helps with free food distributions
(<http://mealsites.ashevillenc.gov/>)
(<https://www.mannafoodbank.org/>)
- Free meals from a church, shelter, home-delivered meal service like Meals on Wheels, or other place that helps with free meals
(<http://mealsites.ashevillenc.gov/>)
(<https://www.mowabc.org/>)
- Eviction prevention services from Pisgah Legal
(<https://www.pisgahlegal.org/resources-during-the-covid-19-outbreak/>)

- Buncombe County Public Health Information (such as the COVID 19 Dashboard)
(<https://www.buncombecounty.org/governing/depts/hhs/default.aspx>)
- Health care clinics/urgent care
(<https://mercyurgentcare.org/>)
(<https://rangeurgentcare.com/>)
- The Supplemental Nutrition Assistance Program (SNAP) Formerly known as the Food Stamp Program
(<https://www.buncombecounty.org/Governing/Depts/PublicAssistance/FoodAssist.aspx>)
- The Women, Infants, and Children (WIC) nutrition program, which provides supplemental foods, nutrition education, and health care referrals to pregnant women, new mothers, infants, and children up to 5
(<https://www.buncombecounty.org/Governing/Depts/Health/Nutrition.aspx>)
- A housing voucher or public housing subsidy from a federal, state, or local government housing agency that lowers your rent
(<https://haca.org/>)
(<https://www.buncombecounty.org/governing/depts/planning/affordable-housing.aspx>)

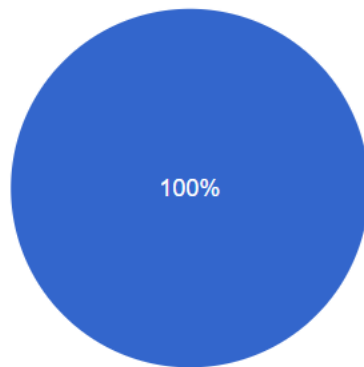
18. Is there anything else you want to share about your experiences over the last year or your ideas of possible supports and solutions for families?

19. What is your race/ethnicity (as you define it)? Check all of the boxes that apply.

- African American or Black
- American Indian or Alaska Native
- Asian
- Caucasian or White
- Native Hawaiian or Pacific Islander
- Latino or Hispanic
- Other _____

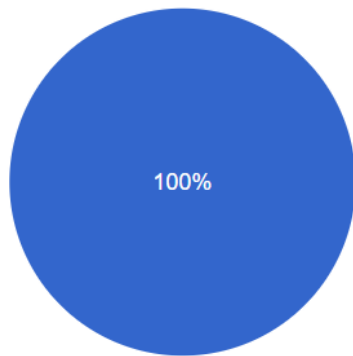
APPENDIX B. Survey Results

Do you consent to participate in this study?



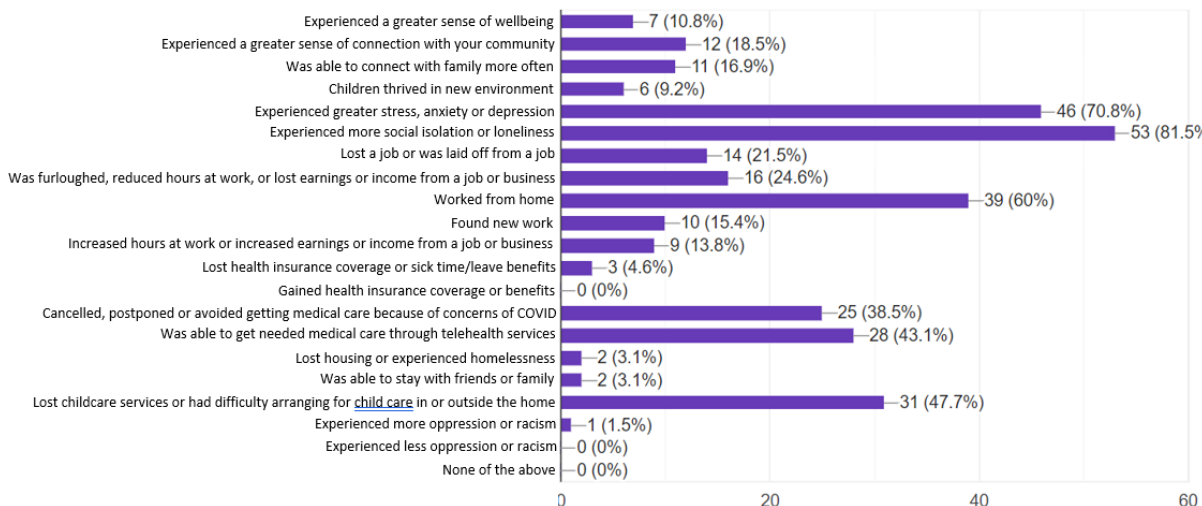
- Yes
- No

1. Are you an adult over the age of 18 living in Buncombe County, NC who is pregnant and/or has a child under the age of five?



- Yes
- No (if no, please share with someone who would benefit)

2. Thinking about your life over the past year and the impact of the COVID 19 pandemic, in which ways have you or your immediate family members been affected? Check all that apply



3. Thinking about all of the ways that the COVID 19 pandemic has affected you and your family and the community, which would you say is the most significant and why?

Feeling isolated at home and trying to find a balance for self care, mental well being, and providing quality stimulation for the kids.

Increased anxiety, kids scared of spreading germs

A lack of childcare while having to work fulltime from home was a detriment to my child and to my mental health

Challenges that come with raising an infant and now toddler without the typical (in person) social and emotional support of friends and family members.

Added stress on personal relationships due to working from home, new work environments, brief period of time without work for my husband.

The most significant for us was isolation. At one point we didn't leave the house for a few weeks and didn't see anyone outside of our household during that time. It was hard for us.

Even though we had more time with family overall, the quality of that time decreased because of the challenges of working from home without childcare.

childcare, lack of connection with other people

Loss of job due to covid because it affected our financial stability and wrecked our savings.

Experienced greater stress, anxiety, and depression- fear and worry about being in contact with persons who may have and transmit COVID to me and my new baby- either at work or at places like the doctor's office or grocery store.

I think it's made everyone really value all the little things in life. Although on the opposite side, it's really shown division between peoples opinions on the pandemic.

Husband having to work from home- less socialization. Less socialization opportunities for our child spending more time at home as a family unit has been really nice

Lost housing. I believe that is self explanatory.

Isolation

The importance of family because of the time spent with each other and the loss we've faced.

Lose of income and forces to acquire more debt

Childcare. Both my wife and I are healthcare workers. We needed childcare to be able to work but were largely unable to find it. This meant unplanned days off and additional stress of working from home with children.

Everyone helping each other

The dichotomy of feeling isolated from our usual social networks, while simultaneously connecting with our neighborhood since we were all home all the time. Also the extreme stress of lack of reliable childcare and the strain it placed on my parents to fill in as emergency childcare despite their reluctance to do so. It didn't have any impact.

The loss of childcare for six months was difficult with two parents working from home.

My partner and I grew very close with all the time we spent together

Isolation and no child care outside of the home.

Loosing childcare and activities. I lost my village of support from family and friends who helped share the burden of three kids under 5 at the same time my oldest's preschool closed leaving me to attempt homeschool while caring for 2 infants. My mental health took a major toll.

Loneliness for all of us. People have been afraid to be around each other.

Increased loneliness. No play dates or socialization for fear of getting sick.

Our family has been pretty isolated a lot of the time. My kids have had way too much screen time.

Isolated

Isolation & anxiety for myself. I feel cut off from my community and like many relationships with my support systems (friends, church, grandparents) have been damaged by time apart and differing opinions about safety and COVID.

Loss of some friendships while also gathering new ones.

My children lacking social opportunities and play dates as well as them having to stay home for virtual school (further social isolation)

Isolation and children not understanding why we can't be like we used to with people

Loss of childcare. As a solo parent, it is the building block for everything else — job, time to think creatively about making connections with Covid restrictions, time to take a break from my child, time...

The isolation has been the hardest for me because I rarely interact with folks outside of my family now, but my wife has experienced a heavier work load.

Wanting to help my community more

Stress. It is very hard to work from home and care for two children. We wind up working late into the night. No one in our household sleeps well anymore.

The most significant affect was how our lives were less busy. We had a greater peace of mind and less stress.

Isolated

My toddler not being able to socialize and meeting other moms.

We spent about 10 months over the past 18 living with my parents and in-laws, so this was great in terms of saving money, having childcare/help, being together, but also caused some other stress (we left NC for this time, were away from our community/friends, my husband was briefly furloughed, etc).

We have a more thorough sense of family. We have grown together.

Stress, anxiety, isolation

Depression and anxiety became chronic. Inability to tour child care facilities or see inside them even after sending my child there to have any idea what kind of environment I am sending my child into everyday.

Loss of childcare for 3 months during the pandemic - required husband to stop working as we have no family in town and did not feel comfortable with a babysitter due to infection risk.

Struggle to find consistent child care due to new covid protocols around child illness. Also, making time to run community errands alone has been challenging.

I'm so tired. Work bleeds into all hours even when I stop working or checking email (people still call and text me) and at one point my spouse and I were both working from home in the same small space with our baby whose daycare was closed. I wasn't able to be a good parent or a good employee and there was no support. Now we're expected to perform as if everything is back to normal, even though we're still in the pandemic. There's not enough flexibility for working parents; it's not healthy for my infant to spend 10-11 hours at daycare everyday.

Increased stress related to difficulty maintaining childcare - kids sent home with minor illness for several days each month, centers closing, etc.

Pregnancy was very lonely due to being high risk. Lots of stress navigating being a healthcare worker, pregnant and covid.

Difficult to find childcare and work at the same time to maintain income.

more social isolation, stress and loneliness

Staying home and social/physical distancing from others has been hard for us and many others we know. More family time and a shift to remote work has been great.

The most vulnerable have been affected in ways I can't even see or know. COVID made 'just getting by' impossible for many. We feel really lucky (to mild of a word) to have stayed employed. Digital divide is a huge issue, and we need infrastructure investment on broadband.

Losing my job. It was my dream job, and I loved it so much, and it would never have happened if it wasn't for the pandemic.

The loss of childcare. My kids had to go to several new child care locations due to covid which was stressful for everyone

Working remotely

Additional stress/anxiety from not only fear of getting COVID but trying to work full time from home with no childcare (before daycare/school reopened).

Loneliness because I've struggled missing my great grandmother who is in a nursing home. I still have not been able to see her face to face. She has a new great great grand daughter to meet and is missing her first great great grand daughters milestones. I truly miss hugging her and hate the feeling of loneliness that I know she is feeling. Missing cookouts with friends.

The increased anxiety and worry has been hard.

Isolation and Loneliness. I was looking forward to getting to know other parents with children the same age as mine through meeting at daycare, birthday parties, etc., but with COVID, we have been separated from meeting in groups. We were also looking forward to help from extended family to babysit, but have been unable to do that either because of differences in COVID precautions.

My daughter still has not been able to meet any of her family from my husband's side, and almost none of my family.

More time with family. Being pregnant during the pandemic was difficult due to MD office, hospital restrictions.

Mantener la distancia social...nuestra familia/ comunidad está acostumbrada a estar juntas (fiestas, tener cenas con la familia, etc) Siento que esto a causado mucha fricción dentro de las familia/ comunidad.

Maintain social distance ... our family / community is used to being together (parties, having dinners with the family, etc.) I feel that this has caused a lot of friction within the family / community.

4. How did your community (for example your family, neighbors, and friends) come together differently during the pandemic to support each other?

Lots of virtual support from friends and family along with social distanced support.

Seeing others outdoors primarily

My mom helped out one day a week. Otherwise I texted, called, and socially distanced met with friends.

My neighborhood came alive with activity (family walks, animals, yard activities) and now I know many of my neighbors.

We found ways to stay connected (zoom get togethers, virtual game nights, some outside socialization, small pod)

My mom had to pitch in and help watch my preschool son when his preschool closed because of Covid.

We were more intentional about connecting via calls, zooms, FaceTime, etc.

More food resources and more remote/zoom opportunities

Lots of emails and ZOOM meetings.

This was tough...I think trying to talk more when we could over zoom or phone/text. I had a baby a couple weeks before everything shut down, so that was really tough that we didn't have the support that families normally have during that time because we had no idea what was safe initially. During the summer we found ways to have a few socially distant visits.

I know I was able to donate more often to Manna foodbank and I know others who did as well. Every stimulus check I donated a portion since my family was pretty fortunate during this time.

More Facetime calls, text messaging, etc

meal trains and outdoor play dates

We couldn't get together as we normally would

Offered TONS of resources to support myself and out family

We were able to join a church based pod schooling situation for our school aged child. Childcare resumed eventually for our child under 5.

Offer food or other items they didn't need

In many ways we reserved connection for times of crisis and need, such as emergency childcare. Though our connections were fewer, they were deeper. Also, the neighborhood really came together and became true friends, not just the people who live near us. We love our neighborhood so much more now!

We talk at a distance. Stayed in touch with family.

We were lucky that we could pod up with close friends and family to help with childcare and have some social time.

Mostly virtual support. My circle including me, didn't feel comfort in trying to co-op child care.

Some were comfortable with meeting briefly outdoors. Extended family tried video calls and sent gifts. They didn't.

texting more with some.

It was hard to see other folks not taking as many precautions. We have been fortunate overall with no job loss and everyone has remained healthy.

We shared food or supplies that were in need

There were some attempts at video calls. That does not work well with one of my young children.

Outdoor, masked playdates were a lifeline for me.

More outside gatherings within our neighborhood and community.

I saw family more because they were in our trusted "circle"

Zoom calls

They didn't. Come together. 2 friends remained involved, everyone else remained in their own world, but more so. Very isolating.

All the online connections that were rare before have been nice.

Zoom gatherings

We just moved here in May. We don't have any connections.

Our community friends and family talked more over the phone and checked on one another more often.

We shared food or supplies that were in need

I didn't experience this. We don't have family or friends here.

People definitely have been wanting to help however they can, but it's just felt hard to take them up on it with all the fear around Covid.

We helped each other more

came together very little

Some social calls outdoors.

Neighbors have watched our daughter once or twice so we could run an errand.

Friends have offered support and validation. Luckily I found a new job with more flexibility to allow working from home when kids are sick.

We formed a team to check on our elderly neighbors, but otherwise tried to stay away from each other so we didn't get anyone sick.

People seemed more cautious, less willing to engage.

Virtually. Lots of face time, and zoom!

Facetime with family. Social media for friends.

unable to see each other as often

Shared food, skills, resources

Spent more time meeting neighbors (from a distance) which has been very nice.

Warm words, offers of care and food, donations to nonprofits supporting the community; maybe not in different ways but in more of those ways

Helping each other get food and supplies

Made each other cookies and breads, walked and met new neighbors, played in the street with new neighbor friends

Stronger relationships with neighbors

With neighbors it was mostly allowing our kids to play together outside even when we were under lockdown—for their sanity and ours!

Had small outdoor gatherings, but that is about it.

Our neighborhood really rallied together to do outdoor activities which was an important outlet.

With friends and family, we found creative ways to spend time together (Zoom calls, outdoor socially distanced meet ups), but they still didn't feel like enough.

Honestly, it was hard. I had her when everything was truly shut down and we didn't have a ton of after birth support and/or help. Still now, we're pretty much on our own, and balance taking care of her and our jobs.

No change.

5. Which aspects of your community enable you to stay hopeful, resilient and bounce back in difficult times?

Have felt a strong sense of community, support, transparency and a feeling of we are in this together.

We try to take care of each other

My child.

Seeing my community take mask wearing, social distancing and vaccines seriously keeps me hopeful for the future.

Communication with my friends and coworkers allowed me to see that we were all struggling and experiencing similar highs and lows. Knowing I wasn't alone was very helpful. Also knowing that my friends were doing their part to keep our community safe gave me hope.

The support from my immediate family. Mostly my parents.

The enduring support from family and friends.

Shared visions and work around equity

Multiple sites enabling the public to get the vaccine

I know that everyone was going through a tough time even if our stories don't look exactly the same. It's amazing how so many people worked together to help businesses survive and to help those around them.

Family

My children.

FaceTime with family

The willingness to help one another.

Family support

Beyond our immediate friend group very little. The behavior of tourists in the city of Asheville has been seemingly ignorant of the pandemic.

Support

The shared nature of the trauma of the pandemic. Because we all experienced - and continue to experience it - we can better support and understand each other.

Community connection on Facebook.

Being able to work from home full time.

Finding places that donated food was very helpful

Being able to maintain work and steady income gave me hope and routine.

People offering free online services, outdoor activities

I just keep waiting for the pandemic to end.

sharing flowers, food, notes with one another by leaving them on the door step.

I am thankful that most of Asheville has done their best to wear mask, social distance, etc.

Letting each other know we are here for them. Delivery of baked goods to door steps or cards letting them know we are thinking about them.

Individuals who checked on with me, people who were willing to take safety precautions

Speaking to each other.

Texts emails

Video chat.

Online recovery meetings, online church service, telehealth

Coming together for the better cause

Seeing people at the farmers market.

The fact that our church had services online and neighbors reached out.

Letting each other know we are here for them. Delivery of baked goods to door steps or cards letting them know we are thinking about them.

None. I tell myself things will get better.

The fact that I really think I've gotten to know who is going to step up and help out now.

I do not feel a part of any community here

Unsure

Co-workers, and my job has been very flexible allowing me to work from home when needed.

Validation, others sharing similar struggles.

I don't feel especially supported by our community.

Other parents

Everyone getting creative and in safe ways.

People are sympathetic and understanding of difficult situations at time. Work tries to accommodate childcare issues.

frequent video calls

We have strong neighbor relationships and are lucky to live near my father.

Really nice neighbors. Happy kids. Supportive work and husband.

Seeing outreach to those experiencing homelessness; diaper drives; approval on reparations (hope that isn't empty words); remove/repurpose the Vance monument- let the Black community decide!!

I'm not sure.

Meeting new people in our neighborhood and making new friendships

I've seen more people really pitch in especially around food insecurity during this time and rally around families and kids hit the hardest.

When they so thoughtful things.

We have each others backs and have been there to help each other this whole time. Not all of us have huge yard space so it allows those that don't to socialize.

Local business changing their business models and services to be more accessible during COVID. Support from local nonprofits in providing masks, hand sanitizers, and education around vaccines.

It's been nice connecting to other parents, but this time still feels isolating.

Testimonies, encouragement from family/friends; support from family/friends. Staying positive.

La unidad aun cuando no estamos de acuerdo todavía eh visto que buscamos la forma en ayudarnos.

The unity, even when we do not agree, I have seen that we are looking for a way to help each other.

6. Which efforts or programs provided by community agencies (for example the health department, city government, or local nonprofits or community groups) supported your family the most?

BCDSS - was able to get pregnancy Medicaid easily

Social media efforts of health department and YWCA

I didn't really use any programs. I found a local mom support group on Facebook that helped with parenting during a pandemic.

I'm not sure.

Opportunities to engage or connect remotely so that we didn't have to miss out (i.e.- dance classes, church services, etc).

Bounty & Soul, WIC, P-EBT, assistance with rent from DSS

Federal Government under Biden with aggressive vaccine rollout

Bounty and Soul nonprofit, free food boxes weekly

Veener

Manna food bank, Verner

Local nonprofits

We were very lucky that we did not need to rely on them, though receiving the vaccine through the Buncombe Co. health department was a great experience!

None

Being able to still visit city and county parks

Free covid testing at urgent care

None

Once again, we have been fortunate not to need additional services.

Government checks to help. Food pick up couple times a week. Free COVID19 (Moderna) vaccinations

Play & Learn

Virtual public school allowed us to keep our kids home, virtual play and learn group for my preschooler, our church provided live stream services

None

Asheville Primary School remote classes.

Casa, play project, family support network

Community groups

The kaleidoscope program has been a highlight for our 4 year old.

Church

None

None

None

not needed

Not sure

The YW made it safe for our child to come back to daycare, which was (and is) the only exposure risk our family takes.

None

Support groups!

very few

We took advantage of free food from Bounty and Soul.

N/a. Did not use resources and could not find the vaccine in NC

YWCA reopening- thank you to the YWCA for all they do! Robust guidelines and mandates around masks!
Early rally around BLM!

We did not use any of these services.

YWCA childcare

We were lucky in that both my husband and I both kept our jobs so we didn't rely on community agencies really at all.

the community testing sites helped us a couple of times

Support from local nonprofits in providing masks, hand sanitizers, and education around vaccines.

Having childcare through the YWCA has helped immensely, although we are full-pay, so while it's a support to us, it's not one we aren't paying for.

Eblen assisted with light bill. Nurse Family Partnership.

CIMA/ Poder Emma/ La Milpa el departamento de salud, WCMS

7. What factors (for example policies, community conditions, or services) were in place before the pandemic that may have lessened the impact on your family or community?

I was mostly a stay at home parent beforehand

Being able to keep my job.

We are lucky to live in a town (Asheville) where many people take the health and safety of others seriously.

I'm not sure.

Understanding and flexibility from administration at my school.

WIC, Bounty & Soul

The flexibility to work from home has helped immensely.

Not sure...

Our economic stability along with high wages jobs in fields that were unaffected by the pandemic.

Housing

Neither my husband nor I lost our jobs, though my hours decreased. Living very close to my parents allowed them to assist with childcare, despite the strain it put on our relationship.

None

My job offering telework capabilities

can't think of any

None that I can think of.

Unknown

Not sure

My lovely neighborhood

None

I can't think of any.

Library storytime, acs play and learn (in person), and childcare at the YMCA

AHCA

Having white collar jobs

None

Unknown

COBRA - my health coverage ended the same month I was due with our first baby, and a month that my husband was furloughed. It was crazy to navigate and super expensive, but in the end we got COBRA and the coverage was really good.

None

None

Child care centers staying open.

not needed

My husband and I keeping our jobs has been a tremendous help.

None that I know of.

None

stable jobs (medical), daycare was open until 6 pm (now it closes at 5:30 :/)

Established and strong relationships we have in our community - neighbors, friends, family.

Nice parks and green spaces.

Access to the outdoors and remote hikes; thank you to the library for all of their efforts to keep services going

Again, not sure, we pretty much fended for ourselves.

We were already friendly with out neighbors, but this amplified that.

We have great outdoor space that lends itself to being able to spend more time outside in the warmer months.

Food stamp increase, free and reduced lunch

Por no tener seguro médico hacer la prueba de COVID-19 fue muy dificl para mi familia... mi pareja tuvo que pagar \$500-\$600 por 2 pruebas de COVID-19 y faltar el trabajo hasta que nos dieran los resultados sin que le pagaran.

Because I didn't have health insurance, testing for COVID-19 was very difficult for my family ... my partner had to pay \$ 500- \$ 600 for 2 COVID-19 tests and miss work until they gave us the results without being paid.

8. What new factors (for example policies, community conditions, or services) have been put in place during the pandemic that should continue in order to support your family and the community in the future?

School took necessary precautions to keep kids/teachers safe. Many community organizations provided food and essential item assistance to those in need.

More drive up/contactless pickup options have been nice

Curb-side service has been a LIFESAVER with a small child/ toddler. Not having to take a sometimes fussy or sleeping child into grocery stores, vet appointments, pharmacies and other short errands should always be available for caregivers!

I'm not sure.

Remote/Tele appointments are so much more convenient and lessen the time needed to take off work.

Enabling me to work from home.

The rise in ebt funds

Telehealth for my wife. Emergency pandemic related funding for EMS for myself. CARES act was also necessary for taking time off for childcare during the pandemic.

More oppportunities for needed help regardless of an income

Greater flexibility of work hours for parents, more lenient sick time (paid time off when a child is sick), fostering continued connection within the neighborhood.

None

Safety precautions put in place at my children's school.

Stimulus checks

I love some of the work non profit agencies are doing now!

Vaccine availability and leadership that believes science.

Unknown

Not sure

I don't know

Virtual opportunities for children to attend school when they're not feeling well (help others at school avoid germs)

None

Online connections

None

Zoom for PTA and public meetings

None

Unknown

Continue wearing masks

I wish there was better access to healthcare and childcare in this country.

More flexible work from home

None

Telehealth availability (but don't require it)

not sure - we have not needed additional services

Defunding the police, increased spending on community programs

No idea.

None

mask wearing, stringent procedures when sick, free vaccination

options for telehealth visits, more childcare options

Rent forgiveness, no power shut-offs, no evictions until the pandemic is over.

Remote work and more opportunities for remote work around the county

Childcare situation in this country needs immediate and drastic reform; there are limited and expensive options. AVL housing crisis is prohibitive of all except the top percent and the (related) access to great schooling in Buncombe Co will drive families away from the community. Keep mask mandates!

I don't know.

Remote work

Flexibility around remote work and schooling has been crucial

N/A

we started informal outdoor yoga, hiit and pizza nights that I think will continue

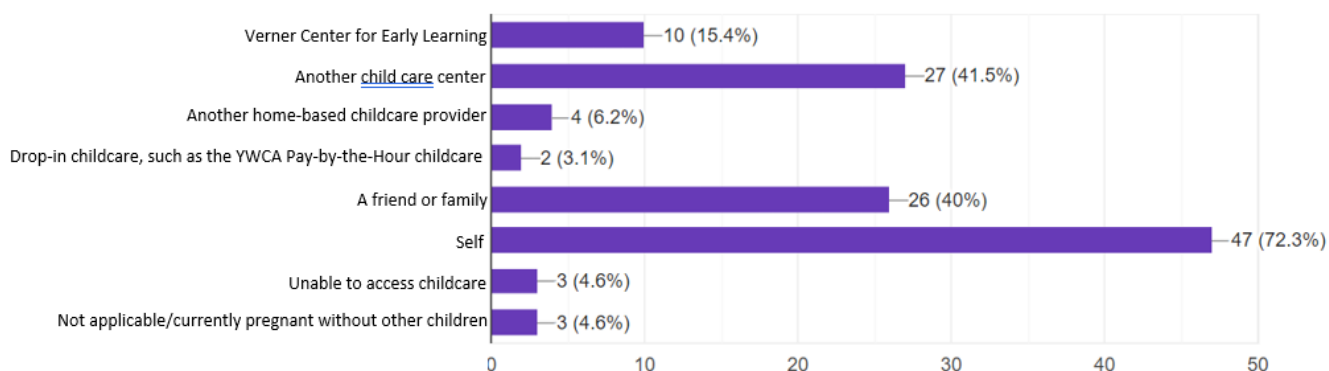
N/A

none moving forward

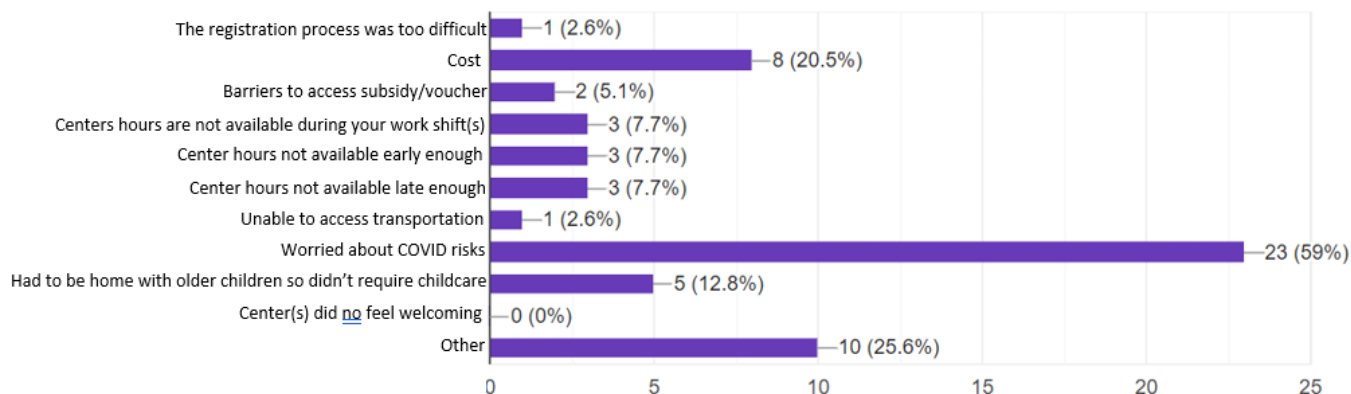
Más acceso a informacion en espanol

More access to information in Spanish

9. In the last year who has cared for your young children? (Check all that apply)



10. If you were unable to access childcare services, what prevented you: (Check all that apply)



11. What might make childcare easier for you to access or more inviting?

Cost

lower cost, better hours that mirror working parents' hours

We are so lucky that our in-home caregiver did not retire this year, otherwise I do not know what we would have done. We have been on some waitlists since I was 9 weeks pregnant and my child is 2+ years old now, and we were very worried about the COVID-19 risk when a slot became available in the fall of 2020.

None

More affordable options without insanely long waitlists.

Cost is prohibitive, especially for families with 2+ children needing care. Not enough spots in Asheville. Child care workers are not paid enough to stay in the profession, so there is a lot of turnover.

I would love childcare to be offered on campus.

I still don't feel safe having my child in daycare.

Extended hours

a lower monthly tuition

Tuition fees, transportation

Earlier morning hours

Lower tuitions

Decreased cost of childcare.

Longer hours

Reduced cost, more slots available for infants. With 3 kids under 5, Ive had to choose to cut back my work hours and alternate care with my husbands schedule. We no longer have weekends together as a family. Paying for 3 kids in fulltime care would cost more than I could make working those days.

Less expensive, but still high quality

none

I am a stay at home mom so it has been tough to have three kids home for a year without help other than my husband. However, I made the choice and were lucky to have the choice to keep our children home. My husband and I both have high risk health issues that made us more strict about being around other people, especially indoors.

Covid 19 safety

Safety precautions at preschool level

Being open

More available. So many places don't have room w reduced class sizes. Also I can't qualify for vouchers unless I have a job, but I can't get a job unless I have childcare lined up. Also very difficult to look for a job when you have no access to childcare and are the sole childcare provider for your 3 year old.

Lower cost

More 5 star child care centers

More slots. All of the places with good COVID protocols are full.

None

Covid 19 safety

I wasn't in need of child care.

If there were more higher quality centers with more flexible hours.

A centralized database - very difficult to even figure out who is open/accepting new children

It was very very difficult to send my child to childcare with no ability to tour or see the facility due to covid restrictions. Those restrictions need to be lifted as soon as humanly possible. We need to prioritize not requiring teachers to wear masks, and/or requiring them to wear see-through masks because I am very

concerned about the emotional development of babies who cannot see full faces all day long. Child Care centers also need to return to previous longer hours to make it easier for working parents to return to their schedules, most child care centers cut their hours down and that does make working parents schedules harder to obtain.

Lower cost, as before the end of the year I will have two children in daycare

Taking care of kids with coughs, snotty noses without constantly sending them home.

We pay over \$13,000 a year for childcare for our one child. We are lucky we can make it work, and we feel his teachers deserve more than a living hourly wage of pay, so we paid for several months of childcare we couldn't use during the pandemic to help make sure the center could stay open for essential workers' families. There's got to be a way to make quality childcare more affordable and also pay teachers a respectable salary. Not sure what we will do when we have another child.

Less stress related to whether or not they will be sent home for a runny nose.

Happy with current services!

more communication with teachers even though there is limited access into the building

Longer hours, more reliable (not closing for weather or illness), less restrictions when child has cold symptoms but not covid

More transparency about COVID cases at the center.

Cost and more accessible hours

Affordability! More diverse staff!

Cost

You get waitlisted for so long, it's extremely difficult. Childcare is outrageous, basically a mortgage and I don't know how a lot of families do it. Due to COVID we don't even know what the inside of our daughters daycare looks like. I think out of everything that bothers me the most. There are some daycares that do live webcams for families. I need more than standing outside for my daughter.

I think for the most part they have done a good job

We definitely need more available slots. We needed daycare starting in June 2020, but were unable to gain access until late August 2020, so we worked from home while trying to care for an infant. Looking forward to covid restrictions easing as more people access the vaccines so that we can have better communication with our child's teachers, and other parents of same age children. With the current restrictions, we cannot enter the childcare facility at all, so sometimes there are weeks that go by between seeing our child's teachers. Majority of the time our child is brought outside to us by another worker in the center, so we get barely any communication about her daily activity, progress through milestones, etc.

More childcare availability! And more affordable childcare.

12. What services or programs would you like to see that aren't currently offered?

More outdoor based childcare services

More affordable half day/part time preschool options

More daycare options! My biggest cause of stress and anxiety during my pregnancy and 1st year was over where I was going to find daycare, because hiring a nanny was out of my budget.

None

More outdoor "mommy and me" options to get together safely with other mothers and babies.

More assistance with childcare.

UNC Asheville/campus childcare.

Child care help for families who are in between vouchers and being able to afford self pay

Educational based childcare during summer months.

None

Free or affordable childcare for multiple children

Free programs

idk

My child starts kindergarten in the fall and we feel good about how the schools are operating. We do not need additional support because we feel we have managed ok so far and should be able to continue through the summer.

Unknown

Library story time

Not sure

None

None

Unknown

Zoom passes, but I understand why it's in hold still

Part-time hours at childcare centers.

Extended voucher benefits. Asheville has a high cost of living and voucher income requirements could be extended

higher focus on curriculum/education/stimulation for infants and toddlers

More diversity in activities at childcare centers from an early age - art, music, etc.

Evening or weekend camps

Policy changes around allowable workday lengths and expectations, flexibility for parents, and universal childcare.

None

Not sure, we are new to this!

after-care services for school age children

More outdoor time for kids - this is documented to be safer than being indoors for COVID.

More after school and summer opportunities for younger (kindergarten) age kids. Once out of preschool it becomes increasingly expensive and difficult to find care for elementary age.

Bilingual immersion! Bilingual immersion! Bilingual immersion! I would love a program that has healthier foods and yoga. The YWCA swim program is outstanding! I am concerned about BIPOC staff turn-over; full audit of workplace and staff needs is crucial. All programs need a cutting edge social justice curriculum that is informed by data, best practices, and an understanding of local context. We would like to see evidence the classroom curriculum is aligned with racial justice values and learning. Bring back grandmothers programs as soon as possible!

Live webcams, allow cloth diapers as long as parents take them home to wash.

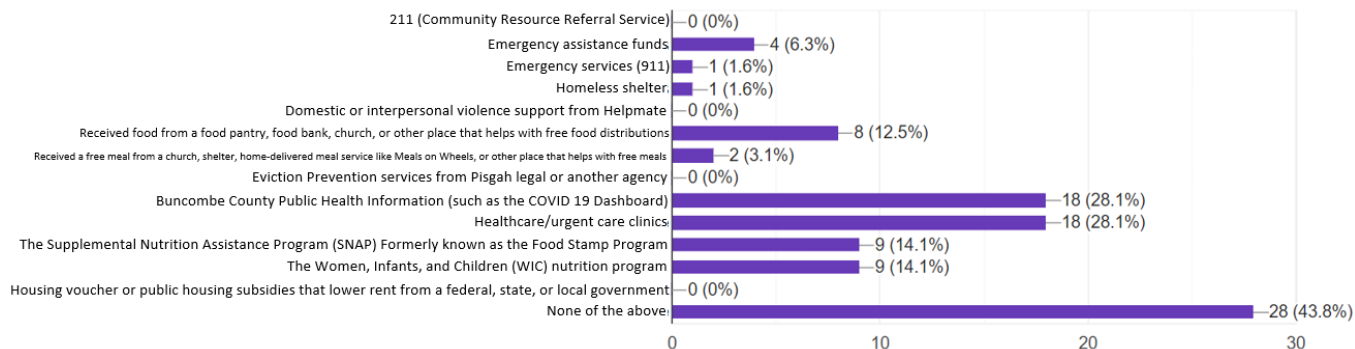
we are happy with our service

Evening hourly childcare

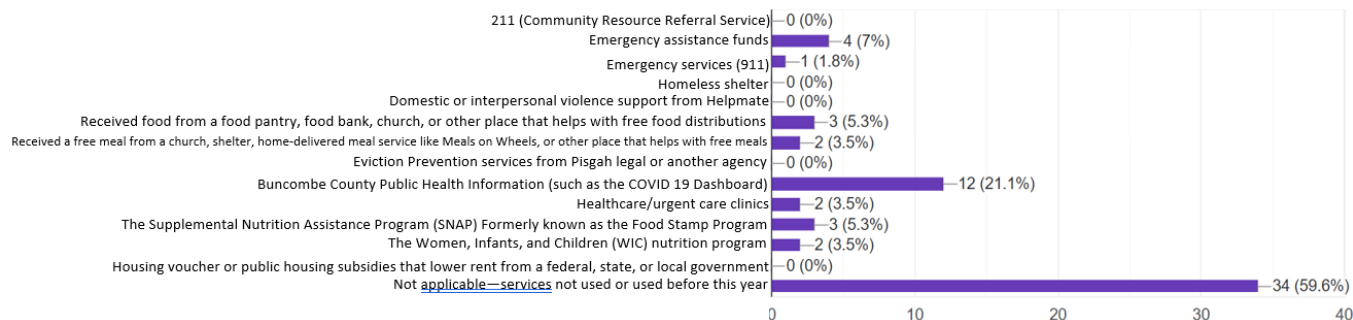
Con el nuevo bebé en camino sería el costo de los servicios de cuidado infantil

With the new baby on the way, it would be the cost of child care services.

13. In the past year did you or anyone in your family receive benefits or support from any of the following programs and resources?



14. Of the services you used, did you access any of these resources for the first time in the last year?



15. If you received food or free meals in the last year, what did you think of the quality or taste, and how well did the food provided meet your expectations and your preferences?

It was good!

Quality from Bounty & Soul can be inconsistent but typically must be used right away or it quickly goes bad. Sometimes is already rotten in the box when we receive it.

very good

It was fine

N/A

Exceeded all expectations

Decent

Ok

None

It was mostly good food, some of it went bad very quickly. I did wish we could find more fresh produce
 Food boxes were filled with nutritional foods that were fresh but needed to be used quickly before they went bad

Just used SNAP and WIC

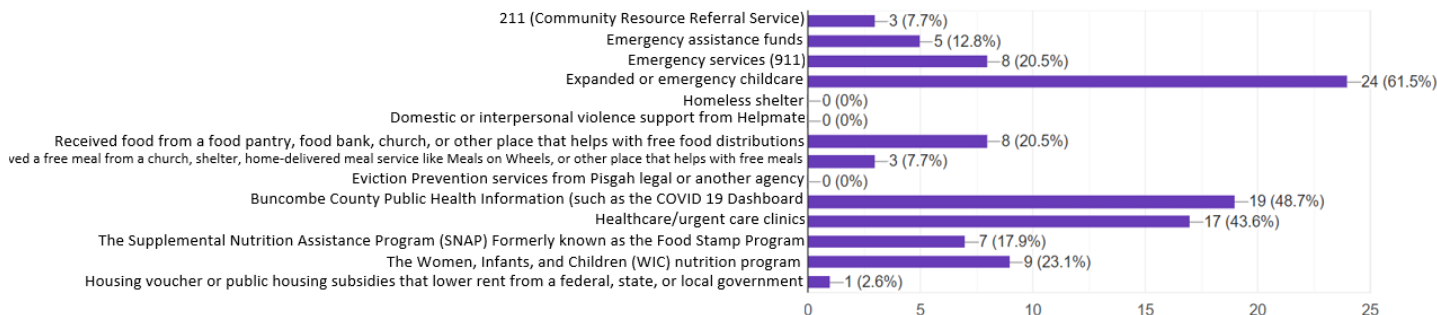
Food boxes were filled with nutritional foods that were fresh but needed to be used quickly before they went bad

Not applicable

Bounty and Soul - wonderful food, organization, and people!

Fondos de ayuda de emergencia

16. Which of the following resources might support you and your family now or in the future*? Note: you may want to copy and paste the links into another web browser window or write them down for future use.



17. Is there anything else you want to share about your experiences over the last year or your ideas of possible supports and solutions for families?

Universal preschool for children subsidized by taxes would be the dream. In reality a broader application of the head start program is a more realistic goal.

Childcare is unaffordable and unavailable in this town. My career has been setback significantly as a consequence.

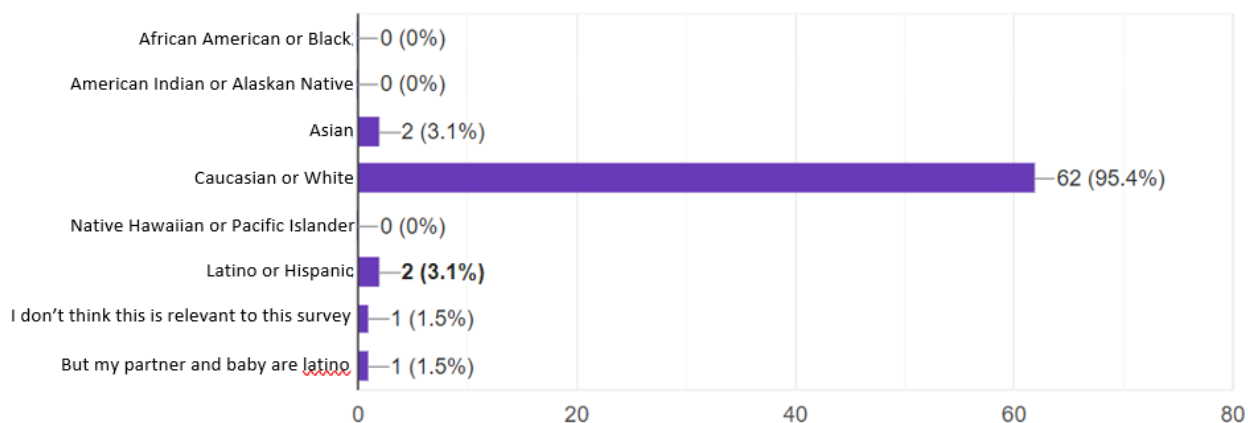
I have been reading about how hard this has been on working mothers and I really have felt it myself. I would never have thought we'd be in this position - my husband and I both are college educated and have advanced degrees - but we had some crazy situations this year that just completely made us rely on our families like never before. We wouldn't have made it without them!

Weekend programming that is affordable through childcare centers to keep the same limited contact bubbles while COVID is still a pressing concern

As a dual Healthcare employed family we were really impacted by loss of childcare and costs of paying for 2 services when our preschool closed initially and the high cost of day to day childcare at the ymca. It would be nice to see public support for essential workers families to reduce to burden of these I creased costs

fostering community really help us get through this

18. What is your race/ethnicity (as you define it)? Check all of the boxes that apply



APPENDIX C. References

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