



KI BOIS Community Action Foundation, Inc.

COVID-19 Community Needs Assessment

& Data Resource Guide

This document may be updated as the pandemic progresses. Updated 07/29/2021.

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This update to the KI BOIS Community Action Community Assessment was completed in May 2020 in response to the COVID-19 global pandemic. The Assessment was updated in June and July 2021

I. Background

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

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

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

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

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

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

The *community* assessed in this document, related to the below information, is defined as the following: the KI BOIS Community Action Foundation, Inc. service area of Haskell, Latimer, LeFlore, Muskogee, Pittsburg, and Sequoyah Counties in southeastern Oklahoma.

The needs assessed will inform services to those affected by the crisis. It is significant to note that Congressional action will permit supplemental Emergency Solutions Grant (ESG-CV) funds to be used to provide homelessness prevention assistance to any individual or family who does not have income higher than HUD's Very Low-Income Limit for the area and meets the criteria in paragraphs (1)(ii) and (1)(iii) of the "at risk of homelessness" definition in 24 CFR 576.3 and that the funds are not subject to the spending cap on emergency shelter and outreach under 24 CFR 576.100(b)(1). Specific programs or strategies will target the demographic groups most affected. Given persons of color are being disproportionately affected by both the health crisis and by the resulting economic disruption, an equity lens must be used to view current and emergent needs related to this crisis.

II. Local public health response

Oklahoma's first reported case was in Tulsa County on March 6, 2020. On March 11th, the Oklahoma City Thunder basketball game with the Utah Jazz was canceled just as the game was to tip off. This was due to the exposure and possible infection of a member of the Utah Jazz. Within 24 hours, sporting events from the professional to the little league level were being canceled. The Governor of Oklahoma declared a State of Emergency for all 77 counties on March 15th. On March 23rd, KI BOIS Community Action Foundation (CAF) implemented a work from home rotation for those whose job duties would allow. The offices in all six counties were closed to the public. Limited services were available by phone. On March 24th, the Governor issued a "Safer at Home" order for all adults over the age of 65 and vulnerable individuals. On March 25, 2020, businesses in counties that had community spread and not identified as being within a critical infrastructure sector were ordered to close. On the local level, some city councils and mayors directed restrictions or closures on their own for the safety of their citizens.

On March 22, 2020, Muskogee County was the first in the KI BOIS CAF service area to report a case, and the first to report a death on April 1, 2020. Under a joint resolution, Muskogee City and County officials adopted "shelter in place" for all residents on March 25, 2020. Pittsburg County announced its first case on March 26th. Sequoyah County had its first case on March 26th and its second case and first confirmed death (tested posthumously) on March 28th. Latimer and LeFlore Counties followed with their first reported cases on March 27, 2020. However, implementation dates of restrictions varied. All counties followed the State guidance and issued "Safer at Home" protocol for everyone when the first positive case in the county was diagnosed. Haskell County was the last to report a case, which was on April 22, 2020. However, their business restrictions began on March 25, 2020. The counties in the service area followed all guidance issued by the State. The City of Muskogee and the City of McAlester officials issued "shelter in place" orders for their respective areas.

Governor Stitt announced the state would have a three phased "Open Up and Recover Safely" plan on April 22nd. Phase One began on April 24th allowing certain businesses to reopen with specific sanitation protocol and social distancing guidelines. Phase Two was set for May 15th and allowed organized sports, funerals, and weddings to resume along with the opening of nursery areas in places of worship. Phase Three began June 1st and allowed summer camps to resume, businesses to resume unrestricted staffing, and businesses operating by appointment only may accept walk-ins at their discretion. As of this time (May 29, 2020), all cities and counties have lifted "shelter in place" restrictions and are following the State's reopening plan.

Social distancing is still required at all times and it is suggested that people wear masks when leaving their home.

On May 4, 2021, the Governor of Oklahoma withdrew and rescinded Oklahoma's COVID-19 State of Emergency. As of this date July 16th, 2021 there are no restriction in place at a local or state level. The CDC has issued updated information for fully vaccinated people given new evidence on the B.1.617.2 (Delta) variant currently circulating in the United States. A recommendation for fully vaccinated people to wear a mask in public indoor settings in areas of substantial or high transmission. Information added that fully vaccinated people might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated. A recommendation for fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status

As a result of this unprecedented public health crisis, KI BOIS Community Action Foundation is completing this Community Assessment because there is currently a significant impact on their service area, and a number of short-, intermediate- and longer-term impacts are expected. This assessment will aid in creating the Community Action Plan, which the agency will use to help create the budgets for multiple funding streams received through the CARES Act, including the ESG-CV funds. This document will be submitted with the ESG-CV application and other applications as appropriate.

III. Immediate impacts on the community

The immediate impacts of COVID-19 have been felt across all sectors of society. In particular, some of the greatest impacts relevant to the Community Services Network have been in the areas of health, education, employment, human services provision, and community resources. As per the CARES Engagement Network Vulnerability Footprint tool, vulnerability is measured by three indicator thresholds; population density, uninsured population, and population age 65 and older. Vulnerability is evident in all six counties of the KI BOIS CAF service area as they meet two thresholds for COVID-19 vulnerability. Vulnerability appears to be the highest in the following counties as they have cities that meet all three thresholds:

Muskogee County – the City of Muskogee meets all three thresholds

Pittsburg County – the City of McAlester meets all three thresholds

Sequoyah County – the City of Sallisaw meets all three thresholds; a section of the Ft. Smith Metropolitan Statistical Area that extends into the County and meets all three thresholds.

LeFlore County - the City of Poteau meets all three thresholds; a section of the Ft. Smith Metropolitan Statistical Area that extends into the County and meets all three thresholds.

In the KI BOIS Community Action service area, Muskogee and Pittsburg Counties have had the highest number of COVID-19 cases. All counties in the service area have significantly lower infection rates than the State of Oklahoma and dramatically lower rates than the Nation as a whole. While the service area has significantly lower infection rates, the local businesses and community resources have been equally

impacted by closures as those areas with higher rates. All restaurants closed indoor dining facilities and laid off their wait staff. Salons, barber shops, and spas closed completely and laid off staff. Casinos closed completely and laid off staff. Manufacturing facilities closed and either laid off or furloughed staff, including executive level staff. Self-employed persons have had difficulty signing up for unemployment benefits. Many people have signed up for unemployment benefits but have yet to receive them. Fraud is a serious issue. KI BOIS CAF has many working employees who have had other persons or fraudulent organizations apply for unemployment benefits in their name. Many employees in the area are paid cash wages. They have no opportunity to apply for unemployment benefits and, therefore, have no recourse to pay their financial obligations leaving them at higher risk to become homeless.

* The vulnerability thresholds for the counties in our service area have remained the same since the beginning of the pandemic.

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

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

The following outlines the variety of impacts to the local community thus far:

The most notable recent impact is the increase in positive cases since the State entered Phase 3 of the reopening plan. The State's rolling 7 day average increased from 80 to 180 in a two week span. In an eight day span, positive cases in the service area increased by 24 or 16%. The general population has viewed Phase 3 as a return to "normal" instead of opening with appropriate precautions. Since entering Phase 3, there has been a noticeable decline in the number of people wearing masks. In the service area, there has been a return to sporting events, theater, movies, dining out, and other summer activities. One city held a baseball tournament with 104 teams participating. This brought a minimum of 1500 players, coaches, and umpires to a small town with a normal population of 2800. This did not include spectators. Due to sheer numbers there was little social distancing and very few masks. Restaurants were anxious to accommodate all people, so many did not social distance their tables. The end result of Phase 3, for the State and the service area, could be catastrophic if we are required to return to a shelter in place environment.

- Health impacts:
 - Individuals over 60, especially those with underlying health conditions, have been shown to be at particular risk for severe health complications from COVID-19-19. Individuals age 50 and over have consistently been the hardest hit in Oklahoma with 50% of the diagnosed cases and 97% of the deaths.

Persons 65 and Older - All counties in the service area have a higher percentage of persons 65 and older than the State of Oklahoma (15.04%) and the Nation (15.25%). The service area has an average of 17.82% of persons 65 and over. The number of persons age 65 or older is relevant

because this population has unique health needs which should be considered separately from other age groups and, as already noted, are at higher risk for severe complications from COVID-19-19.

Report Area	Total Population	Population Age 65+	Population Age 65+, %
Report Location	227,933	40,614	17.82%
Haskell County, OK	12,704	2,498	19.66%
Latimer County, OK	10,495	2,202	20.98% Highest
Le Flore County, OK	49,909	8,745	17.52%
Muskogee County, OK	69,084	11,197	16.21%
Pittsburg County, OK	44,382	8,522	19.20%
Sequoyah County, OK	41,359	7,450	18.01%
Oklahoma	3,918,137	589,230	15.04%
United States	322,903,030	49,238,581	15.25%

Data Source: US Census Bureau, [American Community Survey](#). 2014-18.

Source geography: Tract [Show more details](#)

- Higher Risk of Death - Deceased cases reported to have had at least one chronic condition account for 72.6% of all deaths in Oklahoma. The KI BOIS CAF service area population has significantly higher rates of poor health and risk factors than the State and the Nation. This can contribute to more severe cases of COVID-19-19, poorer outcomes, residual health issues, and, potentially, death.

Poor General Health - Within the service area, 25.80% of adults age 18 and older self-report having poor or fair health in response to the question "would you say that in general your health is excellent, very good, good, fair, or poor?" This is significantly higher than the State average of 19.60% and the National average of 16.20%. This indicator is relevant because it is a measure of general poor health status which can be contributing factor to higher risk for complications from COVID-19-19.

Report Area	Population Age 18+	Estimated Population with Poor/Fair Health	Fair/Poor Health, Crude %	Fair/Poor Health, Age-Adjusted %
Report Location	175,285.00	45,163	25.80%	24.10%
Haskell County	9,452.00	1,957	20.70%	19.10%
Latimer County	8,316.00	2,503	30.10%	28.10% Highest
Le Flore County	37,644.00	9,035	24.00%	22.60%
Muskogee County	53,181.00	14,731	27.70%	25.90%
Pittsburg County	35,532.00	8,243	23.20%	20.50%
Sequoyah County	31,160.00	8,694	27.90%	27.40%
Oklahoma	2,793,624.00	547,550	19.60%	18.70%
United States	232,556,016.00	37,766,703	16.20%	15.70%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12.

Source geography: County [Show more details](#)

Obesity – In the service area, 37.9% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues including complications from COVID-19-19.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0, % (Obese)
Report Location	168,486	63,380	37.9%
Haskell County, OK	9,323	2,825	30.3%
Latimer County, OK	7,875	2,717	34.7%
Le Flore County, OK	36,665	13,566	37.5%
Muskogee County, OK	50,193	21,282	42.8% Highest
Pittsburg County, OK	33,646	11,877	35.3%
Sequoyah County, OK	30,784	11,113	36.4%
Oklahoma	2,854,729	962,672	33.7%
United States	241,290,773	69,953,947	28.8%

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2016. Source geography: County [Show more details](#)

Disabilities - All counties in the service area have a higher percentage of population with a disability than the State of Oklahoma (15.98%) and the United States (12.60%). The service area has an average of 21.65% of persons with a disability. County rates range from 17.82% to 25.18%. Disabilities can raise the risk of complications from COVID-19-19.

Report Area	Population with a Disability	Population with a Disability, %
Report Location	47,894	21.65%
Haskell County, OK	3,184	25.18% Highest
Latimer County, OK	2,468	23.99%
Le Flore County, OK	10,963	22.48%
Muskogee County, OK	11,787	17.82%
Pittsburg County, OK	10,047	23.67%
Sequoyah County, OK	9,445	23.06%
Oklahoma	613,429	15.98%
United States	40,071,666	12.60%

Data Source: US Census Bureau, [American Community Survey](#). 2014-18. Source geography: Tract [Show more details](#)

- Health Behaviors - Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status. Poor health status can lead to higher rates of infection, complications, and/or death as a result of COVID-19-19.

Tobacco Usage: Current Smokers - In the service area, an estimated 49,839, or 29.70% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Smoking can lead to higher rates of complications as a result of COVID-19-19, which is

known to affect the respiratory system. It can be noted that Haskell and Latimer Counties have the lowest rates in the service area. KI BOIS CAF has operated a Tobacco Settlement Endowment Trust (TSET) Healthy Living/Tobacco Cessation Program in these two counties since 2011.

Report Area	Total Adults Regularly Smoking Cigarettes	% Population Smoking Cigarettes (Crude)	% Population Smoking Cigarettes (Age-Adjusted)
Report Location	49,839	28.40%	29.70%
Haskell County	1,314	13.90%	13.30%
Latimer County	1,854	22.30%	22.80%
Le Flore County	9,260	24.60%	25.10%
Muskogee County	17,709	33.30%	35.70% Highest
Pittsburg County	9,949	28.00%	30.30%
Sequoyah County	9,753	31.30%	31.30%
Oklahoma	673,263	24.10%	24.50%
United States	41,491,223	17.80%	18.10%

* Haskell County - As of June 26th, the county has reported no new deaths and 6 active cases. The county is reporting 32.8% of those 12+ have been fully vaccinated and 63.2% of 65+ have been fully vaccinated.

Latimer County - As of June 26th, the county has reported no new deaths and 1 active case. The county is reporting 28.1% of those 12+ have been fully vaccinated and 45.5% of 65+ have been fully vaccinated.

LeFlore County - As of June 26th, the county has reported no new deaths and 22 active cases. The county is reporting 31.1% of those 12+ have been fully vaccinated and 61.7% of 65+ have been fully vaccinated.

Muskogee County - As of June 26th, the county has reported no new deaths and 33 active cases. The county is reporting 39.0% of those 12+ have been fully vaccinated and 72.9% of 65+ have been fully vaccinated.

Pittsburg County - As of June 26th, the county has reported no new deaths and 22 active cases. The county is reporting 35.7% of those 12+ have been fully vaccinated and 59.8% of 65+ have been fully vaccinated.

Sequoyah County - As of June 26th, the county has reported 1 new death and 17 active cases. The county is reporting 30.6% of those 12+ have been fully vaccinated and 56.4% of 65+ have been fully vaccinated.

Update: As of July 29, 2021, The positivity rates in all six of our service counties are increasing daily. Based on the color coded risk level system developed by the Oklahoma Health Department, all six of our service counties are in the Moderate (Orange) risk phase means many COVID-19 positive cases are present in the community with undetected cases likely. The risk of infection is heightened by community spread, and robust testing and containment measures are recommended to mitigate further spread.

- Community health resources will be stretched thin as resources devoted to those sick with COVID-19 will limit resources available to others. The communities in the service area all look very different regarding health care and access to those resources. For example, Muskogee County has multiple hospitals, health care providers and also the Cherokee Nation. Latimer County does not have a hospital and limited access to health services within the community. Haskell County does have a hospital, but operates an Emergency Room only. Some hospitals in our service area laid off or drastically reduced their staff due to restrictions of elective health services and surgeries. Due to most of the health resources being devoted to those infected with COVID-19 or critical emergencies only, many people were turned away or sent home if their symptoms were not severe enough. KI BOIS CAF staff personally experienced this phenomenon only to find themselves hospitalized in ICU at a later date.

Access to Clinical Care - A lack of access to care presents barriers to good health. During a pandemic, lack of access can lead to death. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

The following indicator chart reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to availability, access and health status issues during "normal" times and exacerbates these issues during a pandemic.

Within the service area there are only 88 primary care physicians serving a population of 227,391. This means there is a rate of 38.7 primary care physicians for every 100,000 people.

Report Area	Primary Care Physicians (2017)	Prim Care Phys, Rate per 100,000 Pop.
Report Location	88	38.7
Haskell County, OK	4	31.42
Latimer County, OK	2	19.32 Lowest Availability
Le Flore County, OK	15	30.08
Muskogee County, OK	34	49.30
Pittsburg County, OK	21	47.57
Sequoyah County, OK	12	29.03
Oklahoma	2,432	61.8
United States	249,103	76.6

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2017. Source geography: County [Show more details](#)

Uninsured Population - The lack of health insurance is considered a *key driver* of health status. In the report area, 18.02% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state

average of 14.22%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services and contributes to poor health status. As noted previously, poor health status is a risk factor for complications from COVID-19-19.

Report Area	Total Population	Uninsured Population (For Whom Insurance Status is Determined)	Uninsured Population, %
Report Location	221,236	39,876	18.02%
Haskell County	12,645	2,338	18.49%
Latimer County	10,287	1,949	18.95%
Le Flore County	48,757	8,782	18.01%
Muskogee County	66,135	11,699	17.69%
Pittsburg County	42,445	7,317	17.24%
Sequoyah County	40,967	7,791	19.02% Highest
Oklahoma	3,837,568	545,570	14.22%
United States	317,941,631	29,752,767	9.36%

Data Source: US Census Bureau, *American Community Survey*. 2014-18. Source geography: Tract

* Our community health resources and availability have slowly started to rebound, but there has not been a lot of change. The recent rise in positive cases in our service areas is cause for alarm. This will potentially impact access and availability again. Hospitals, nursing homes, and health clinics have all faced issues with trying to hire and keep staff which directly affects client services. Hospitals are looking at a possible surge in COVID-19 patients that will overload the system causing problems and delays for those who just need routine health care or life-saving procedures.

- Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period.

Access to Mental Health Providers – In the KI BOIS CAF service area, mental health providers are available at a rate generally greater than the State and Nation. However, availability and access are different. Persons with low-incomes are less likely to have health insurance coverage and/or mental health coverage leaving them vulnerable to the stressors/traumas caused by the pandemic. This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	# of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Pop)
Report Location	1,039	217.8	459.1
Haskell County, OK	29	436.8	228.9 Lowest
Latimer County, OK	65	157.4	635.3
Le Flore County, OK	160	312.4	320.1

Muskogee County, OK	320	213.6	468.1
Pittsburg County, OK	346	126.8	788.6 Highest
Sequoyah County, OK	119	346	289
Oklahoma	31,824	247	404.8
United States	643,219	493.00	202.80

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2019. Source geography: County [Show more details](#)

Access to mental health care and mental health resources has looked very different over the last year. In some cases, it has changed in a positive way making it more accessible through technology. Virtual appointments have become somewhat of a norm. For those who need the in person appointment, access has been limited due to restrictions and precaution that had been in place due to COVID-19. As we still work through the pandemic, mental health services and access to those services will continue to change.

- Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.

Public School Systems in the KI BOIS CAF service area, for the most part, were still able to provide some type of meal service program after the closure. There were designated pick up locations for meals, and some schools were able to get meals to students through bus routes. However, there was potential for gaps regarding those students that did not live within city limits, did not ride a bus or didn't have access to transportation to get to the pickup location.

As the year has transitioned into summer, most all schools are participating in the Summer Food Service Program. Smaller schools are only feeding one or two days per week, larger schools are feeding five days per week. There are also some non-traditional sites participating in the food program, such as apartment complexes, community centers, and churches. A list of locations may be found at meals4kidsok.org/locations.

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). Out of 41,714 total public school students in the service area, 29,392 were eligible for the free or reduced price lunch program in the latest report year. This represents 70.5% of public school students, which is significantly higher than the State average of 60.2% and National average of 49.5%.

Report Area	Total Students for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, %	Students Eligible
Report Location	41,714	29,392	70.5%
Haskell County	2,320	1,558	67.2%
Latimer County	1,398	971	69.5%
Le Flore County	9,536	6,786	71.2% Highest
Muskogee County	12,899	9,164	71.0%
Pittsburg County	7,769	5,364	69.0%
Sequoyah County	7,792	5,549	71.2% Highest
Oklahoma	698,800	420,798	60.2%

United States 50,744,629 25,124,175 49.5%

In our communities some schools have provided Summer Food Service Programs. The Tribes have also had a couple of different food programs available to school age children. The Choctaw Nation provided lunch and snacks through their summer youth food program. The Chickasaw Nation offered a Summer EBT program to any student that was enrolled in a participating school and/or received free or reduced lunches through their school. Children and youth did not have to be Native American to qualify.

- Employment impacts:

Total unemployment in the service area for the month of April 2020 equals 12,652, or 14.8% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). The average rank of counties in the service area is 60 out of 77, meaning, on average, there are 59 counties in Oklahoma that have a lower unemployment rate. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status and increase the risk of poor health outcomes in general but also specifically relating to COVID-19-19.

Report Area	Rank	Unemployment Rate (Not Seasonally Adjusted)	
		April 2020	March 2020
Report Location	60 average	14.8%	4.5%
Haskell County	59	14.90%	5.2%
Latimer County	72	17.30%	6.7% Highest
Le Flore County	47	13.80%	4.0%
Muskogee County	41	13.10%	3.4%
Pittsburg County	70	16.80%	4.1%
Sequoyah County	69	16.40%	3.8%
Oklahoma		14.3%	2.8%
United States		14.4%	4.4%

- Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.
 - Some hospitals in our service area drastically reduced their staff due to restriction of elective health services and surgeries. Speech, Physical and Occupational Therapy provided through public schools and nursing homes, for example, had hours reduced due to school closures and restrictions on nursing homes. Medical staff who were furloughed or laid off are eligible to file for unemployment.
 - Hospitals, nursing homes and health care providers have returned to operating at full capacity, however, the number of active cases started to rise in July 2021. The health care field, like everyone else, is also facing staff shortages. Health care facilities also face the challenge of being about to ensure and provide a safe work environment for their

- health care professionals. They also are dealing with the mental health of their employees. Stress, anxiety, depression and burnout are a concern.
- Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.
 - Head Start and public school teachers continued to work remotely until the middle of May, which is the normal end of the school year. Support staff who were furloughed or laid off are eligible to file for unemployment.
 - Head Start and public schools are preparing for the 2021-2022 school year to start in August 2021. As of now, schools will be doing in person learning but the staff and teacher shortages are a problem across the state. Schools in our area are struggling to maintain full staff and certified teachers. Oklahoma has a high number of teachers who are emergency teachers, they are alternatively certified not fully certified, but allowed to teach. There is also a delay in the application process for those who are applying to be alternatively certified which also contributes to the issues schools are facing.
 - Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.
 - Employees in some of these sectors are paid in cash or do not have taxes withheld from their checks. They are not eligible for any unemployment benefits. Nor are they able to effectively search for another job. Some companies are hiring but not conducting interviews at this time. This left these employees with no recourse and no funds to meet their financial obligations. Many self-employed persons have had extreme difficulty applying for unemployment. The website was reportedly denying self-employed individuals. At one point, media reported that self-employed persons had to call to sign up for benefits. There were extensive wait times, calls dropped, and they still may not have been approved for benefits. Many employees have applied for benefits and are deemed eligible but have yet to receive any financial assistance.
 - The May 2021 unemployment county data shows unemployment rates went up in five counties and remained the same in one. The increases ranged from .2% to .4% while the State rate went down .1%. Latimer County continues to have the highest unemployment rate in the state and has maintained that ranking since July 2020. The federal unemployment benefits ended in Oklahoma on 06/26/21. The eviction moratorium was extended to 07/31/21. This is expected to be the last extension. Employers are still struggling to find applicants for available jobs. Many residents are still waiting for their ARP stimulus payments. Employers are having a hard time finding employees. It is suggested that the lack of workers could be the fear of contracting or spreading COVID-19, along with the fact they are collecting more in unemployment benefits than they would earn at available jobs.

- Educational impacts:
 - Spring Break for Oklahoma Schools was March 16th-20th. As this situation developed, the break was extended and on March 25th the State Board of Education ultimately decided to suspend all in-person learning, extracurricular activities and close buildings for the remainder of the school year. Schools were then tasked with developing a distance learning approach with the school year ending May 8th unless a later date was determined by the school district. Schools that were not able to provide an online curriculum had work packets that were either mailed out or picked up from the school. Smaller rural schools faced barriers regarding students having access to the internet or access to devices such as computers/tablets. While many internet providers and online resources offered free services, in some rural areas internet is just not an option. Closings of public schools in the Community Assessment area are having an immediate impact on children's education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at-risk for suffering learning loss during a potentially protracted period of school closure.
 - Caregivers/Parents of school-age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.

The 2020-2021 school year proved to be a very difficult one for teachers, parents and students. The time lost in the classrooms and the disruption of traditional learning had an impact on the school year and everything from grades to attendance, attitudes and motivation for teachers and students. Distance learning was not something that most schools in our area were prepared for and the teachers had a significant learning curve as most had never taught in that way. The technology barriers that faced the rural areas were felt immediately. The social, mental and emotional well-being of students has also been a major challenge and with staff shortages in a lot of our school systems it has been difficult to provide the support students need. As we move into the 2021-2022 school year, there has been new guidance from the CDC that recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.

- Social Vulnerability Index (SVI)

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster (such as a pandemic). These factors describe a community's social vulnerability.

- Poverty is considered a key driver of health status. Within the report area 20.72% or 45,420 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that, when missing, contribute to poor health status. As noted heretofore, poor health status can lead to higher rates of infection, complications, and/or death as a result of COVID-19-19.

Population In Poverty (100% FPL)

Report Area	Total Population	Population in Poverty	Population in Poverty,%
Report Location	219,207	45,420	20.72%
Haskell County	12,569	2,468	19.64%
Latimer County	10,103	1,906	18.87%
Le Flore County	48,508	10,534	21.72%
Muskogee County	65,034	13,727	21.11%
Pittsburg County	42,205	7,357	17.43%
Sequoyah County	40,788	9,428	23.11% Highest
Oklahoma	3,802,004	607,810	15.99%
United States	314,943,184	44,257,979	14.05%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract

Population in Poverty by Gender

Report Area	Male	Female	Male, %	Female, %
Report Location	20,191	25,229	18.74%	22.64%
Haskell County	1,111	1,357	17.82%	21.42%
Latimer County	786	1,120	15.35%	22.48%
Le Flore County	4,569	5,965	19.00%	24.39% Highest
Muskogee County	5,834	7,893	18.56%	23.49%
Pittsburg County	3,345	4,012	16.05%	18.77%
Sequoyah County	4,546	4,882	22.63% Highest	23.58%
Oklahoma	271,422	336,388	14.52%	17.40%
United States	19,737,150	24,520,829	12.80%	15.26%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract

Population in Poverty by Race Alone

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Other Race	Multiple Race
Report Location	19.23%	29.37%	21.61%	8.36%	36.45%	31.62%	24.07%
Haskell	18.77%	51.96%	16.03%	12.50%	0.00%	12.94%	26.65%
Latimer	15.29%	26.56%	24.15%	6.67%	No data	90.00%	28.75%
Le Flore	21.33%	36.46%	22.28%	13.31%	No data	39.81%	17.56%
Muskogee	18.72%	30.30%	20.92%	4.44%	73.68%	23.77%	26.71%
Pittsburg	15.55%	16.49%	21.30%	18.30%	38.46%	46.36%	23.08%
Sequoyah	22.51%	25.65%	22.66%	4.44%	0.00%	39.86%	26.26%
Oklahoma	13.46%	28.09%	21.08%	15.30%	24.16%	25.45%	20.37%
United States	11.64%	24.19%	25.84%	11.55%	18.29%	22.58%	17.51%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract

- Impacts on human services provision:
 - Services to vulnerable populations are being curtailed or drastically changed. Some service providers are not operating, leaving gaps in services to the community. Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet. Some public transit providers have limited the number of riders or shut down service completely which put a burden on those who rely on this service as their sole means of transportation to and from work, necessary appointments, or grocery shopping. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time:
 - Service providers had to make changes to their daily functions in order to continue serving their clients, this included working with limited staff, operating with reduced hours and appointment only services. While this was necessary to help slow the community spread, it was a barrier to those that were in need. KI BOIS Community Action continued to provide essential services to the communities in the service area with safety precautions to help protect staff and clients. Initially, all services were provided by phone. As the State started to reopen, clients/customers were able to schedule an appointment. Only one person per household is allowed entry to the office in order to limit the number of people in the office at one time. Sanitary Stations were set up in all offices, gloves and masks were provided for staff and clients/customers, and plexiglass shields were installed for those who have face to face interaction with clients/customers.
 - KI BOIS Community Action is upgrading its office technology to be able to host and/or participate in virtual meetings and communicate with staff in a work from home situation.
 - The domestic violence shelters have intensified their sanitizing procedures. They take temperatures and survey everyone coming to the shelter whether they are a new or existing resident. They are promoting social distancing and hygiene practices consistent with CDC guidelines, providing virtual advocacy services where appropriate, assessing the facility for possible quarantine and adjusting population and rooms as necessary. Long term, their approach will be continued social distancing, sanitizing, and adaptation of services for victims who will reach out for help, such as virtual or distanced intake and assessment, virtual support group and connection to other service providers who may be offering tech based services. Continued temperature checks and assessment of health will be conducted long term. In order to carry out the new approaches to service they will be procuring more PPE, sanitizing equipment, and equipment to provide virtual advocacy and connection to services.
 - The public transit system drivers are wearing masks and asking all riders to wear masks provided to the riders. They have reduced their capacity on buses and ask all riders to social distance.
 - The Developmentally Disabled Program has stopped all outings and family visits to group homes. They will reevaluate the situation on July 1, 2020.
 - KI BOIS offices are open and providing services. Safety precautions are still in place for those providing direct services.

- Most providers are “open” and providing services. “Open” has many definitions at this time. All staff may be present in an office or they may rotate days in the office with days working from home. Department of Human Services offices are still closed and case workers are trying to provide services from home.

- Community resource impacts:

- The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.

- Domestic Products/Groceries: Initially, paper products, cleaning supplies, hand sanitizer, cold/flu medicine, and certain grocery items such as eggs and meat were extraordinarily scarce. This continued for nearly two months after the initial positive cases in Oklahoma. Supplies have started to return to store shelves in small quantities, but cleaning/disinfecting products are still difficult to find. A shopper must time their shopping trip perfectly to find cleaning supplies on the shelf.
- Emergency Services: All counties are seeing need for financial assistance with rent and utilities. The number of requests, to date (May 29, 2020), have been lower than expected. This can be attributed to landlords not issuing eviction notices or utility companies not issuing cutoff notices. However, this is currently changing. Not all properties are covered by the federal moratorium on evictions. As noted by EvictionLab.org, “Oklahoma has not implemented statewide orders that would prevent evictions and foreclosures during and immediately following the pandemic. Without action and supportive measures, Oklahoma could see a surge of evictions.” This surge started with the opening of many of the county courthouses. Rural landlords do not generally get court ordered evictions. They post their own eviction notice on the door of the home. Many of the local electric cooperatives have already started issuing cutoff notices. Public Service Company will begin issuing cutoff notices on June 29, 2020 and execute the cut-offs on July 13, 2020.

The KI BOIS office in Muskogee is already experiencing a surge in requests for emergency financial assistance with rent and utilities. Other offices are seeing an increase in requests but many of the persons currently requesting financial assistance were not necessarily directly affected by COVID-19, but did take advantage of the “grace periods” offered by landlords and utility companies.

The KI BOIS Community Action offices are seeing households who applied for unemployment in March, April, and May but have still not received their benefits. KI BOIS staff is preparing for an influx of households needing assistance when the extra \$600 per week unemployment benefit ends July 31, 2020.

- The COVID-19 pandemic has further exacerbated the lack of decent affordable housing. The population reduced or eliminated mobility at the beginning of the pandemic. Even when the “safer at home” mandates were lifted, households remained in their current housing and continue to do so. Once the “eviction moratoriums” were put in place,

there was little to no turnover in the rental market, making it near impossible for households in need of housing to find an available unit. The loss of earned income due to the pandemic has further contributed to the plight of households with low-incomes in need of housing. They have used all available funds for food and basic survival, leaving no funds for deposits or first month's rent. They already lacked jobs with earnings sufficient to pay fair market rent. With no job and unemployment benefits ending, they have no hope of sustaining housing. Some households had sufficient funds to pay deposits and first month's rent. However, with no available units for rent, they have used their savings to provide temporary housing in hotels and/or other lodging accommodations. With a fourth wave of COVID-19 on the rise, any progress made in economic and housing recovery may be lost.

- The broad impacts of COVID-19 on this area have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community and many others.
 - KI BOIS Community Action plays an important role convening organizations, people and resources to support families in each of the counties in the service area.
 - KI BOIS Community Action is involved with the Emergency Food and Shelter Program in all six of its counties. Agency staff chair the boards in four counties. As local boards have awarded their Phase 37 and Phase CARES funds, KI BOIS has deferred to the other applicant agencies and rescinded their letters of intent in counties where there were enough eligible applicants to spend the funds. KI BOIS Community Action has received a generous amount of CARES Act funding and feels those funds would be better used by some of the smaller agencies, some of which reach more remote areas in the counties. In several counties, KI BOIS staff is mentoring agencies awarded funds for the first time and new staff at other agencies receiving funds.
 - KI BOIS Community Action staff leads the local service coalitions in three of its six counties and is an active participant in the other three. In its leadership role, KI BOIS staff has maintained communication with the coalitions and continued to review scheduled activities for feasibility. Some coalitions are reimagining their events, others have events that required indefinite postponement. KI BOIS staff has continued to apply on behalf of the coalitions for funding for events to ensure they will happen when it is appropriate, most importantly, back to school events.
 - Most local service coalitions are meeting virtually. Some were scheduled to return to in person meetings during the summer but have delayed the start of in person meetings until fall. Both last year and this year, some coalitions have partnered with schools to distribute school supplies to students without an in person event. Other coalitions are conducting an in person event for 2021.

IV. Anticipated near- and long-term impacts

The needs above are already established through initial data and anecdotal reports from customers, staff, board members and community stakeholders. Based on these already-observed events, it is likely that there will be

near-term (1-3 months) and longer-term (greater than 3 months) impacts that that require immediate planning. A partial, but not complete, list of the anticipated impacts include:

- *Prolonged service disruptions*

The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long-term issues.

- KI BOIS Community Action continued providing services in all six counties. Many services had to be provided by phone or video chat and some are still being provided in this manner. The exchange of paperwork was through a slot in the door or a box outside the building. The Retired Senior Volunteer Program and the Foster Grandparent Program had to suspend volunteer activities for a multitude number of reasons. Mainly due to the fact their volunteers are in the high risk category for contracting COVID-19. The resumption of volunteer services will continually be tied to the ability of the volunteers to be safely out in the community. The Developmentally Disabled Program has to discontinue family and/or community visits. These will gradually be reinstated.
- Schools started remote learning in mid-March and continued through the end of the year in May, 2020. There is much discussion regarding what school will look like at the beginning of the next school year in August, 2020. There may be in person instruction, in person combined with remote learning or remote learning only. Parents, especially working parents, have voiced substantial concerns with any type of remote learning. This concern escalates with older students. Parents are worried about being able to adequately “teach” and help their children with more difficult subjects such as Algebra, Website Design, or Human Physiology.
- Many programs are working toward a return to full in person activities. With most of their volunteers vaccinated, the Retired Senior Volunteer Program and the Foster Grandparent Program are returning to in person volunteer opportunities.
- With the increase in cases and the challenges of the Delta variant, prolonged service disruptions may return. Hospitals are already experiencing capacity issues. This may cause a disruption in any non-life threatening procedures.

- *Prolonged employment issues*

Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required.

- Many rural employees are not eligible for unemployment benefits. These persons have suffered significantly through layoffs. Some are being called back to work during the month of June. There are also many persons who have applied for unemployment but still have not received any benefits. Some businesses have downsized or closed completely leaving their employees without employment to return to upon the reopening of business.
- The Oklahoma Employment Security Commission offices are still closed to the public. Their website states job seekers can “browse” job openings and post resumes at OKJobMatch.com. There are numerous resources on the website including an online tool to create and track a personalized reemployment plan.

- KI BOIS Community Action, like many other employers throughout our service area and the entire state, is facing a worker shortage. The employment opportunities are there but lack of willing workers is fueling the shortage. Our agency has had open positions that have taken weeks to months to fill. There have been some job fairs in our area that had only 1 person attend. Unfortunately, this issue doesn't seem like it will be resolving anytime soon.

- *Prolonged agency capacity issues*

Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.

- KI BOIS Community Action administrative offices were somewhat equipped to work remotely and had one conference room with a camera capable of participating in a virtual meeting. Agency outreach offices did not have the technology to provide "virtual" services or host/attend virtual meetings. The KI BOIS IT Department has been working with Executive Staff and Program Directors to determine what technology is needed to effectively provide services and continue work flow. As the Agency receives CARES Act funding through several funding sources, technology needs are being addressed in those budgets. The Agency currently uses a paper purchase order system. In order to reduce the handling of paper and create electronic access, a computerized purchase order system is being purchased. Should there be another "shelter in place" or "safer at home" order, KI BOIS staff will be in a much better position to provide remote services.
- On June 1, 2020, KI BOIS Community Action Emergency Services Programs returned to in person services utilizing an appointment only strategy to limit the number of people in the offices at one time. As of June 9, 2020, all staff will return to their work locations.
- KI BOIS Community Action has been able to make necessary changes and adapt to the needs of our communities. We have upgraded our office technology allowing staff to participate in virtual meetings and trainings. We have the capability to allow staff to work from home when and if needed. Our direct service providers are able to continue with essential services with safety precautions in place to protect staff and clients. We have provided sanitary stations and PPE for employees and clients/customers. As COVID-19 cases are increasing in all of our services areas, we will continue to monitor the situation and adjust as needed. All safety protocols are still in effect throughout all agency locations.

- *Prolonged community resource/coordination issues*

The short-term community coordination needs cited in this Assessment are presumed to continue into the long-term. Current conditions may persist for an extended period; recovery efforts will require coordination; ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.

- Staying connected is necessary for maintaining relationships. Meaningful connections and collaboration are imperative to a flexible and effective response to community needs. KI BOIS Community Action will continue make contact with our existing partners

and cultivate some non-traditional partners in specific programs. Some examples include the Chamber of Commerce and local employers. Working with the Chamber and employers to let their employees, those currently working and those still laid off, know about CARES Act services available to them.

- KI BOIS Community Action will continue to work through the local coalitions to coordinate available services, and analyze and address gaps in services.
- Most service providers have had time to determine the most practical safe method to provide services during a pandemic. Virtual services are no longer are foreign concept and are now commonplace. Virtual meetings, trainings, and conferences are an everyday occurrence. In most areas, the community has adapted to the new normal. For most services that have returned to in person, the technology is now in place to revert to virtual should the need arise.

V. Addressing Equity Implications

Though immediate data may not yet be easily obtained regarding the demographics of those most impacted by the COVID-19 epidemic, previous Community Assessments, as well as countless government and academic studies have established that structural racism, xenophobia, sexism, stigmatization and othering persist – and are often exacerbated – in times of crisis. ODOC recognizes the obligation to ensure that the barriers of structural race, gender, and other inequities are addressed during this time of crisis and beyond. Therefore, it is with this lens that communities are invited to use the equity lens and the question, “why”, to understand the specific needs of the diverse populations served.

The service area is predominately White with Native Americans as the second largest population in the area. “Some Other Race” and “Multiple Races” have increased dramatically in the last two years. COVID-19 racial data for the counties is not readily available. In analyzing the Oklahoma state data provided by COVID-19 tracking.com, the Asian population has the greatest leap (7 points) in percentage of cases as compared to their percentage of the population. The Black population has a two point increase in percentage of cases and one point increase in percentage of deaths as compared to their percentage of population. The White population actually has a 3 point decrease in the number of cases but an eight point increase in the number of deaths as compared to their percentage of population. When comparing these numbers to a state of similar size and population, Oklahoma appears to be much more balanced than Arkansas. Arkansas has a Black population of 15%, but a positive case rate of 26% and a death rate of 28%. The White population is 77% of the population but only 51% of cases and 54% of deaths.

State of Oklahoma - Race	Percentage of population	Percentage of cases	Percentage of deaths
Black or African American alone	7%	9%	8%
Asian alone	2%	9% 1	2%
Native Hawaiian and Pacific Islander alone	0%	0% 1	0%
American Indian or Alaska Native alone	8%	8%	7%
Two or more races	3%	0% 2	0%

White alone	72%	69%	80%
Some other race alone	8%	5% 2	3%

Notes on race for Oklahoma

1. Oklahoma reports Asian as a panracial category, including Asian, Pacific Islander, and Native Hawaiian.
2. Oklahoma includes this race category under a grouping it labels "Multiple Races/Other."

When looking at ethnicity, the Hispanic or Latino population shows a much higher rate of cases (24%) as opposed to their percentage of population (11%). The death rate shows an eight point decrease (3%). The Non-Hispanic or Latino population shows a 13 point decrease in cases and an eight point increase in deaths.

State of Oklahoma

Ethnicity	Percentage of population	Percentage of cases	Percentage of deaths
Hispanic or Latino	11%	24% 1	3%
Not Hispanic or Latino	89%	76%	97%

Notes on ethnicity for Oklahoma

1. Figure is significantly higher than population proportion - Racial/ethnic disparity likely.

When reviewing gender information, females have a great incidence of positive case at 53.1% for the week ending June 4, 2020. However, males had a higher mortality rate of 51.5% for the same timeframe. These percentages had remained fairly consistent for the three weeks prior to the week ending June 4, 2020.

Gender	Percentage of Cases	Percentage of Deaths
Female	53.1%	48.5%
Male	46.9%	51.5%

Source: Oklahoma Department of Health Weekly Report

* When looking for Oklahoma COVID data by race, it was discovered race data is missing for around 23% of cases and 8% of deaths. Ethnicity is unknown for about 27% of the cases. If this data is recovered, it may change the complexion of reports. When analyzing Oklahoma’s COVID-19 cases and deaths, the African American population has not been as drastically affected as other areas of the nation. The Director of the Center for Health Statistics at the Oklahoma State Department of Health stated population density could have played a role. He said, “Black people in Oklahoma tend to live in metro areas, where mask ordinances were in place for a time during the last year.” COVID-19 is expected to drop the average life expectancy in the United States by a little over a year according to researchers. However, the declines for African Americans and Latino people are two years and three years respectively. These disparities are not new, but coronavirus and other racially charged activities around the nation have put a spotlight on health disparities. According to the Chief Medical Officer of the Oklahoma City Indian Clinic, Native Americans are disproportionately affected by chronic diseases in general and Native Americans have also been disproportionately affected by COVID-19. This was not surprising to Native Health Care Systems. The Chief Medical Officer also said, “Even according to the CDC, longstanding systemic health and social inequities have put people from many racial and ethnic minority groups at increased risk for getting sick and dying from COVID.”

VI. Conclusion

Throughout this document statistical information has been presented to demonstrate the characteristics of the service area. While this area does not have high percentages of positive coronavirus cases, the information in this document provides a picture of vulnerable populations. Age, poor general health, and unhealthy habits place adults at higher risk for complications if they contract coronavirus. Low numbers of primary care physicians available to the population and higher percentages of uninsured persons complicate the issue of accessible medical care. Prior to the pandemic, the population of the service area struggled with a poverty rate higher than the State and Nation. The rate has crept ever higher with the effects of the pandemic. Small businesses are struggling to stay open and recall their employees. Employees are struggling to hang on until they receive their unemployment benefits or are called back. Schools are in a state of flux. They are all grappling with how they will provide instruction in the coming school year. Service providers are doing all they can to provide services while keeping their staff and clients/customers safe.

As you review data and look at the rising number of positive case, it is clear COVID-19 is not going away. Communities must be prepared for all possible scenarios including scaling back on opening business and industry and increases in hospitalizations as the number of cases spike with reopening. Service providers must have contingency plans in place and be flexible in order to provide, at a minimum, "normal" levels of service during abnormal circumstances for an indefinite length of time.

Families and individuals need assistance with financial obligations, such as rent and utilities. These same families and individuals need assistance with planning, budgeting, and moving forward to a more stable environment. Shelters need funds to purchase personal protective equipment for their employees and residents, and updated technology to be able to provide virtual services and participate in virtual meetings. They also need funds to increase disinfecting and sanitization of their facilities and provide additional services. Communities need agencies to coordinate service response to pandemic needs. These items are all priorities for KI BOIS Community Action as they apply for funding through the CARES Act.

Update: At the end of June 2020, the number of positive cases has skyrocketed in comparison to previous record setting days in the State of Oklahoma. Slowly, but surely, the number of increased cases has reached the KI BOIS Community Action service area. The number of households requesting assistance has been steadily rising. Although, many of these requests are not directly related to a COVID-19 incident or occurrence, it is expected that will change within the next 30 days as the additional \$600 weekly unemployment benefit expires.

07/29/21 - ESG-CV1 funds enabled KI BOIS Community Action to provide temporary lodging for persons who were homeless to keep them from living in congregate situation on the street. ESG-CV1 also enabled the Agency to provide extensions to households that were not able to achieve housing stability within their initial period of assistance. ESG-CV1 funds allowed four shelters to upgrade their technology and shelter services to better provide services during the pandemic.

To summarize, many communities in our service area are behaving as if the pandemic has been declared "over" even though many people are refusing to be vaccinated. The number of cases are rising and hospitals are starting to run out of bed space. With the current trends, it appears we are on a slippery slope and may return to prior requirements to protect the greater good of the public and reduce the community spread. At this time, transitioning to virtual services should be simple and easily achieved. However, a

return to COVID restrictions will continue to disrupt the housing market leaving households stranded with



normal.

no place to call home, even if some can afford housing. Landlords are suffering from the continued eviction moratorium and will not likely tolerate another moratorium gracefully. Some have already started selling their rental properties. Employers are desperate to hire staff. If additional benefits are provided to those who are unemployed, it will likely cause some businesses to reduce services and/or capacity. The COVID-19 virus is not going away. We need the entire community to contribute to finding a balance where new cases are minimal and mild, people are not dying, and we can achieve our new

Below are data source options for corresponding sections of the Community Needs Assessment Template. Although there are suggested sources for each section, others may be applicable as well and general resources

to also explore are listed below. State and local data sources may also be available on many of these topics. It is best to provide both quantitative (statistics) and qualitative (stories) as the information is available. Including a variety of numbers, graphs, charts, and maps is encouraged to visualize the data, as available. Given the rapid emergence of this crisis, it is also important to cite local news reports, local government activities, and any direct information from customers, staff or other key community stakeholders, since the underlying quantitative data may not yet be available. This list was designed specifically for Community Action Agencies but can still be used to assist Community Services Agencies.

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

For example, related to nutrition impact for children in schools most recent county-level data available is from 2018 and therefore, an agency could say, “Based on the 2017-2018 data from the National Center for Education Statistics through County Health Rankings and Roadmaps, 49% of students in Cole County, Missouri were eligible for free and reduced lunch. Therefore, approximately half of the 10,732 students in Cole County had a direct impact to their nutritional needs by the closure of schools and the lack of availability of free/reduced lunches...”

General Data Resources to Explore:

- Oklahoma Health Departments: https://www.ok.gov/health/County_Health_Departments/Oklahoma_County_Health_Departments_Reference_Guide.html
 - CAP Engagement Network*, Online Community Needs Assessment Tool: <https://cap.engagementnetwork.org/>
 - CARES Engagement Network COVID-19 Tools & Resources: <https://engagementnetwork.org/COVID-19-19/>
- *note – the Engagement Network is the platform for the Community Action Online Community Needs Assessment Tool – this was previously known as “Community Commons”. The functionality is the same, with some enhancements. A username and password are required; however, access to this tool is free for the Community Action Network. Email ckohler@communityactionpartnership.com for troubleshooting.*
- County Health Rankings & Road Maps: <https://www.countyhealthrankings.org/>
 - Prosperity Now Scorecard: <https://scorecard.prosperitynow.org/>
 - Kids Count Data Center: <https://datacenter.kidscount.org/>
 - CDC Cases & Latest Updates: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>
 - National Equity Atlas: <https://nationalequityatlas.org/indicators/Poverty>

Data Resources for Section I, Background:

- **Disease Risk and Homelessness:** <https://www.hudexchange.info/homelessness-assistance/diseases/#COVID-19-19-key-resources>
- **Data Table:** Selected Characteristics of People at Specified Levels of Poverty – 2018 ACS, 5-year estimates: <https://data.census.gov/cedsci/all?q=s1703&hidePreview=false&tid=ACSST1Y2018.S1703>

(then filter by the desired geography). This table allows users to access poverty data by level – i.e. 200%, 125%, 100%, <50%, etc.

Data Resources for Section II, Local public health response:

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

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

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

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

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

For the section on *prolonged community resource/coordination issues*, the following resource may be helpful to strategize and triage which community initiatives, or pieces of initiatives, may need to continue, pause, or end during this time. <https://centerforcommunityinvestment.org/blog/reimagining-strategy-context-COVID-19-19-crisis-triage-tool>

Data Resources for Section V, Addressing Equity Implications:

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

- Oklahoma Health Equity Campaign: <http://www.okhealthequity.org/about.html>
- National Collaborative for Health Equity: <https://www.nationalcollaborative.org/COVID-19-19/>
- Ten Equity Implications of the Coronavirus (COVID-19-19) Outbreak in the United States—NAACP: https://naacp.org/wp-content/uploads/2020/03/Ten-Equity-Considerations-of-the-Coronavirus-COVID-19-19-Outbreak-in-the-United-States_Version-2.pdf

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