ESSENTIAL EQUITY:

Women, Covid-19 and Rebuilding CT

AURORA
Women and Girls Foundation

CCWG
THE CONNECTICUT COLLECTIVE FOR WOMEN & GIRLS

CT data collaborative

Community Foundation of Eastern Connecticut
Women & Girls Funds

The Community Fund for Women & Girls

Fairfield County's Community Foundation
The Fund for Women & Girls
TOGETHER WE THRIVE

NORTHWEST CONNECTICUT COMMUNITY FOUNDATION

ABOUT THIS REPORT

Covid-19 has revealed the inequities and injustice that perpetuate the systems in our state and in our larger society. As advocates for women and girls, we knew that systems of sexism and racism already disadvantaged women and girls and we braced ourselves for how the economic and health crisis would further harm them. This report documents the disproportionate impact of Covid-19 on women and girls, and particularly on women and girls of color. We intend this vital information to inform decisions in the future that can direct resources to women and girls. We urge policymakers, government officials, philanthropists, nonprofit service providers, corporations and our fellow community members to use this information to create equity through relief and recovery efforts.

A COLLABORATIVE EFFORT

This report is a collaboration between funders and member organizations of the Connecticut Collective for Women and Girls (CCWG) and the Connecticut Data Collaborative (CTData). The Connecticut Collective for Women and Girls is a collaborative of organizations committed to the advancement of women and girls, including those who are cisgender, transgender, and non-binary, in the state of Connecticut. This report was made possible by generous funding from the: Aurora Women and Girls Foundation

Community Fund for Women and Girls of the Community Foundation for Greater New Haven

Fund for Women & Girls of Fairfield County's Community Foundation

Northwest CT Community Foundation in honor of its Women & Girls Fund

Women and Girls Funds of the Community Foundation of Eastern Connecticut

CTData's work finding and analyzing data on race and gender was led by Executive Director Michelle Riordan-Nold and staff members Elizabeth Grim and Jason Cheung, who met the challenges of limited data sources and tight timeframes with outstanding results.

Community partners contributing to this effort include the: Connecticut Women's Education and Legal Fund (CWEALF), Sari A. Rosenbaum Fund for Women and Girls of the Middlesex County Community Foundation (MCCF), Women and Girls Fund of the Mainstreet Community Foundation, Village for Children and Families, Health Equity Solutions, End Hunger Connecticut, Connecticut Coalition Against Domestic Violence, Connecticut Fair Housing Center, and Connecticut Early Childhood Alliance.

Thank you to our **data partners** for providing information for this report: United Way 211, Connecticut Fair Housing Center, Connecticut Department of Labor, Connecticut Department of Children and Families,

Women and Girls Data Platform
Connecticut Collective for Women and Girls

The Women and Girls Data Platform is a cutting-edge online tool to share information and equip nonprofits, municipal and state policymakers, corporations and community members with data for the advancement of women and girls. Visit womenandgirls.ctdata.org to learn more.

Connecticut Office of Early Childhood, Connecticut Department of Public Health, Connecticut Department of Social Services, Connecticut Coalition Against Domestic Violence, and Women's Business Development Council.

Special thanks to the **Report Advisory Group** who determined the focus areas, responded to drafts, connected with Community Partners for expert input, coordinated the roll out of the report to policymakers and the public:

Chair Jenny Steadman (Aurora Women and Girls Foundation)

Sharon Cappetta (Community Fund for Women and Girls of the Community Foundation for Greater New Haven)

Tricia Hyacinth (Fund for Women & Girls of Fairfield County's Community Foundation)

Julia Scharnberg (Northwest CT Community Foundation liaison to its Women & Girls Fund)

Thayer Talbott (Sari A. Rosenbaum Fund for Women and Girls of Community Foundation of Middlesex County)

Lauren Parda (Women and Girls Funds of the Community Foundation of Eastern Connecticut)

Karla Fortunato (Connecticut Council for Philanthropy)

Kara Straun (Community Fund for Women and Girls of the Community Foundation for Greater New Haven)

Michelle Riordan-Nold (Connecticut Data Collaborative)

Maddie Granato (Connecticut Women's Education and Legal Fund)

SOURCES AND TIME FRAME FOR THE REPORT

Analyses include publicly available administrative and survey data at the state level, disaggregated by sex, race, and ethnicity when available (see Resources). In addition, the Household Public Survey, a product of the U.S. Census Bureau in collaboration with five federal agencies, provided data on the social and economic impacts of Covid-19 (See Appendix B for more details). Unless otherwise stated, data covers the time periods of January 1 to September 30 for 2019 and 2020.

TERMINOLOGY

Throughout this report, we used the language for sex and gender in the way that it was collected by the data source. For example, if the survey or administrative database used the language of female and male, we reported the terms as such rather than saying "women" and "men." Too often, these data collection tools conflated the constructs of sex and gender and limited response options to a binary.

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KEY FINDINGS

Covid-19 has exacerbated existing inequities, highlighting policy and system failures to support Connecticut communities, especially women and women of color. These are not new challenges. Our systems have been built on centuries of systemic racism, resulting in communities of color continuing to be under resourced. With women being foundational to both families and the Connecticut economy, questions include how can we:

- **Prioritize gender and racial equity in COVID-19 relief and recovery efforts?**
- **Develop a state infrastructure that supports a productive modern workforce that recognizes the valuable contribution of women?**

These are not rhetorical questions. Colleagues across the state and nation already know what works: investing in communities by investing in women. Data from the Supplemental Nutrition Assistance Program (SNAP) shows that providing additional income to families through unemployment benefits reduces the need for food assistance.[1] Housing advocates know that preventing evictions and foreclosures also prevents homelessness, which in turn reduces costs to the state through decreased demand on social services.

UNEQUAL IMPACT ON WOMEN

The current economic crisis has been termed the "shecession" because of its disparate impact on women.[2] Industries that have been impacted the most during the pandemic have been those with more female employees such as healthcare, education, food service, and retail. It is also impacting industries that are largely women-owned businesses such as child care. Female caregivers are faced with choosing between remaining in the workforce and caring for children as child care is less available and schools close or move to alternative learning models.

- Females have experienced more Covid-19 cases and deaths than males.[3]
- Nationally, four times more females are leaving the workforce than males.[4]
- Females have filed more unemployment claims and 75% of those claims were filed by females without a college degree.[5]
- Nearly 1 in 3 families have not been able to find quality child care during the pandemic.[6]
- Housing insecurity has risen with increased evictions and mortgage delinquency.[7,8]
- Food insecurity is expected to increase by 28% as a result of the pandemic.[9]
- More females are reporting mental health concerns than males.[10]
- Exposure to traumatic experiences, such as domestic violence, has increased.[11]
- 76% of parents who had to stay home and not work due to child care are female.[12]
- The loss of income from women leaving the workforce just for one year could result in approximately $150-500 million in lost wages, if 1-3.5% of working mothers drop out of Connecticut's labor force.[13]

WOMEN OF COLOR EXPERIENCE GREATER IMPACT

- Overall, Black and Hispanic residents have had higher rates of Covid cases, deaths, and excess deaths than white residents.[14]
- Females of color account for over 1 in 3 initial (36%) and continued (43%) unemployment claims filed by females.[15]
- Only 6% of families of color can afford high-quality infant or toddler programs.[16]

- Homelessness is predicted to increase, which disproportionately impacts Black and Hispanic households.
- More Hispanic females are reporting food insecurity, as compared to females of other races and ethnicities.[17]
- Hispanic females have reported consistently higher rates of mental health concerns than females of other demographics.[18]

OUR ECONOMY DEPENDS ON WOMEN

Since 2015, a primary driver of economic expansion has been women's increased participation in the workforce.[19] However, most of the focus has been on diversifying staff and board representation rather than bolstering systems that support women, particularly caregiving women, to enter the workforce and receive adequate wages for their work. The Covid-19 pandemic has highlighted that women are the drivers of our shared economy.

- 48% of the female labor force are essential workers, such as healthcare, child care, and service industry professionals.[20]
- 1 in 4 Connecticut businesses that applied for Federal PPP loans (and had gender identified on the application) were women-owned businesses.[21]
- 92% of private child care centers are women-owned.[22]

AN EQUITABLE RECOVERY REQUIRES BOLD INVESTMENTS

- Significant investments in caregiving—from increased child care spots, subsidies to make care affordable, increased pay for child care and healthcare workers, to the ultimate goal of universal child care—are necessary to support the full economic participation of a diverse, twenty-first century workforce.
- Significant investments in access to healthcare—from expanded HUSKY eligibility, continued funding for telehealth, to the acknowledgement of racism as a public health crisis—are necessary to support the health of all Connecticut residents.
- Significant investments in housing—from funding to assist with back rent, prevent evictions and homelessness, and provide safe housing for domestic violence survivors—are necessary to provide basic needs and the foundation for a sound economy.
- Significant investments in equitable pathways to high-wage, high-growth jobs and a commitment to closing gender and racial wage gaps and preventing discrimination and harassment will create economic security for women and their families.

76% *of parents who had to stay home and not work due to child care are female*

28% *of Connecticut's Covid-19 cases were Hispanic individuals, but Hispanic individuals only make up 16% of the state's population*

48% *of the female labor force are essential workers, such as healthcare, child care, and service industry professionals*

CORONAVIRUS: EXPOSING THE INEQUITY IN OUR HEALTH SYSTEMS

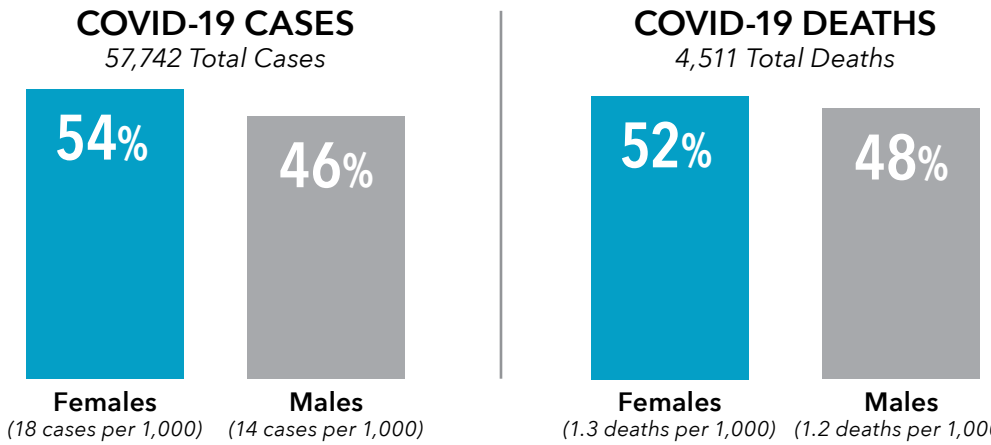
Connecticut's communities have been devastated by the coronavirus (Covid-19) pandemic. As one of the states impacted early in the pandemic, Connecticut saw record-breaking cases, hospitalizations, and deaths in spring 2020 and a flattening of the curve during the summer months. During fall 2020, Covid-19 test rates started to rise again with a 1.9% positivity rate as of September 30, 2020 and a 6% positivity rate as of December 15, 2020.[23]

54% *of Covid-19 cases were females*

15% *of Covid-19 deaths were Black individuals, while Black individuals make up only 10% of the state's population*

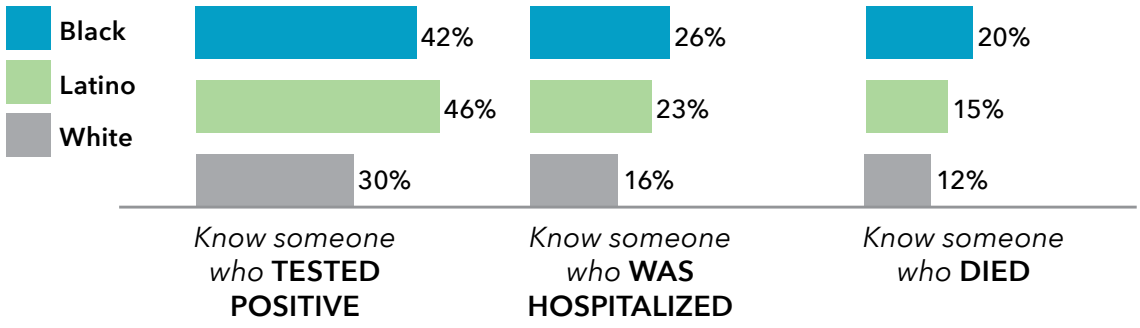
$41,920 *is the current income threshold for eligibility for the state's Husky health insurance program for a family of four*

Females have experienced slightly more Covid-19 cases and deaths than males.[23]



Covid-19 has disproportionately impacted Black and Brown communities in Connecticut with higher rates of cases, deaths, excess deaths, and hospitalizations. Black individuals make up only 10% of the Connecticut population, yet accounted for 18% of cases and 15% of deaths. Hispanic individuals make up 16% of the Connecticut population and experienced a similarly disproportionate impact in cases (28%) but accounted for 9% of deaths.

Black and Latino residents are more likely to have had a close friend or family member who tested positive for Covid-19, was hospitalized, or died from Covid-19, than white residents.[25]



Excess deaths are deaths that occurred above and beyond what would be expected in an average year. Females who identified their race or ethnicity as Other, Black, and Hispanic were most impacted by the pandemic, reporting excess deaths of 131%, 79%, and 69%, respectively. While there is no certainty that excess deaths are directly or indirectly due to Covid-19, excess deaths are consistent with trends in the overall Covid-19 death data provided by the Connecticut Department of Public Health (CT DPH).

RECOMMENDATIONS

In partnership with Health Equity Solutions and the Village for Children and Families

Immediate relief

- Restore the HUSKY A eligibility limit for parents to 201% of the federal poverty level.
- Extend and expand access to telehealth to create access to mental and physical health services for women and girls. Telehealth must be reimbursed on par with in-person visits.

Long-term recovery

- Acknowledge, at all levels of government, that racism is a public health crisis.

DATA LIMITATIONS

- At this time, CT DPH does not provide Covid-19 data disaggregated at the intersection of sex/gender and race/ethnicity or by sex/gender and age.
- Excess deaths data has a lag time in reporting given that Connecticut is one of the few states that still operates with a paper rather than electronic death record system. They also do not provide data disaggregated by age and gender together

WOMEN AS ESSENTIAL WORKERS AND CAREGIVERS

The disparate impact on women could have profound economic implications both in the short and long term. Since 2015, a primary driver of economic expansion has been women joining the workforce. Unlike the 2008 recession, the sectors of the economy affected the most during Covid-19 are those in which the workforce is predominantly female, such as hospitality, child care, retail, and healthcare. The current economic recession has been deemed a "shecession" because of this greater burden on women. See Appendix A for pre-Covid data on the social and economic status of women.

75% *of initial and continuing unemployment claims were made by females without a college degree*

70% *of females who identify their race or ethnicity as Other experienced a loss of income since March*

49% *of Connecticut's labor force is female.*

Women make up 49% of Connecticut's labor force with approximately 940,750 females in the labor force.[26] Certain industries are more female-dominated with females making up 78% of the healthcare workforce, 67% of the education workforce, and 56% of accommodation and food service industries. Together these industries account for almost half (48%) of the state's female labor force.[27] These three industries are also among those most heavily impacted during the Covid-19 pandemic, suggesting increased economic impact for women.

Women are increasingly experiencing social, economic, and familial burdens forcing them to choose between entering or remaining in the workforce versus caring for children and/or adult relatives at home. Women are more likely to assume caregiving responsibilities for children and other family members. Over 2 in 3 caregivers are female and, while every family is different, on average females may spend up to 50% more time caregiving than males.[28, 29] Combine this with closing child care centers, schools shifting to remote and hybrid models, adult children moving home from college while campuses are closed, and some families opting to move older adults home from assisted living facilities, and we have a crisis.

FEMALES MAKE UP:

78% *of the healthcare workforce*

67% *of the education workforce*

56% *of the food service industy*

Together these industries account for almost half (48%) of the state's female labor force.

Nationally, in April during the peak of the first Covid-19 wave, mothers reduced their participation in the labor force by 2.7 to 4.3%, depending on the age of their child(ren).[30] Additionally, "Four times as many women as men dropped out of the labor force in September, roughly 865,000 women compared with 216,000 men."[31] While no causal evidence exists, this time frame coincides with the start of the school year and may be associated with challenges related to navigating the workplace with child care closures and remote or hybrid education models, contributing to women dropping out of the labor force.

Of Connecticut parents who reported having to stay home and not work due to child care in fall 2020, 76% were female versus 24% male (see Appendix B).[32] In Connecticut, 271,000 employed mothers (29%) have children under the age of 18.[33] If even just 1-3% of these mothers leave the labor force, Connecticut could see a loss of between $150 and $500 million in annual wages for one year alone (see Appendix C for calculations).[34] These numbers are likely low estimates of the economic impact to Connecticut since they do not account for lost income tax or a reduction in sales tax revenue due to lower consumption by households.

Furthermore, "women who exit the labor force to provide care often have difficulty reentering employment at a later date—an experience likely to be exacerbated in an economy with high unemployment rates. In addition, extended time out of work has significant negative effects on future earnings potential and can undermine future retirement security. Previous CAP research found that a 26-year-old working woman earning the median wage who took five years off to provide care would reduce her lifetime earnings by 19 percent. This includes not just lost wages over that time period but also lost wage growth and lost retirement assets."[35]

NEARLY HALF OF CT WOMEN LOST INCOME[36]

- 47% of Connecticut residents had a Covid-19 related loss of income near the beginning of the pandemic, with that percentage only decreasing slightly to 45% by the end of September 2020 (see Appendix D).
- More females of color have experienced loss of income than white females. In particular, females who identified their race or ethnicity as Black, Hispanic, or Other were more likely to report having experienced a loss of income.

OF CONNECTICUT PARENTS WHO REPORTED HAVING TO STAY HOME AND NOT WORK DUE TO CHILD CARE IN FALL 2020, 76% WERE FEMALE VERSUS 24% MALE

WOMEN'S UNEMPLOYMENT CLAIMS REACH CRISIS LEVEL[37, 38]

- After 52% of initial unemployment claims and 56% of continuing unemployment claims have been filed by females, indicating long term unemployment. (see Appendices E & F)
- 75% of initial and continuing unemployment claims were made by females without a college degree (of those reporting their education level).
- More than 1 in 3 (36%) of initial claims filed by females were by females of color: 18% Hispanic or Latino, 13% Black or African American, 5% Asian or Other Pacific Islander, and less than 1% identify as Native American.
- 43% of continued claims filed by females were by females of color: 21% Hispanic or Latino, 17% Black or African American, 4% Asian or Pacific Islander, less than 1% identify as Native American.
    - Hispanic and Black females are overrepresented in continued claims, as compared to race and ethnicity distribution for the female population in the labor force (13% Black or African American; 16% Hispanic).[39]

OVER 50%

of initial unemployment claims have been filed by females

3 OUT OF 4

Females applying for initial and continuing unemployment did not have a college degree

OVER 1 IN 3

of initial claims filed by females were by females of color

FAMILIES STRUGGLE WITH BASIC EXPENSES

- 34,112 income and employment-related calls were made to Connecticut 211 in the first 9 months of 2020, marking a 27% increase from 2019 (see Appendix G).
- Of the employment and income-related 211 calls with available gender data, 69% were female and 31% were male.[40]
- Slightly more females than males (14% vs 12%) reported that paying for their usual expenses was very difficult.[41]
- Asian and white females have struggled the least, while Black and Hispanic females have struggled the most—1 in 5 Black and Hispanic females said it was very difficult to meet their usual expenses.[42]

WOMEN-OWNED BUSINESSES AT RISK OF FAILURE

In addition to women workers being disproportionately impacted by the Covid-19 pandemic, so have Connecticut's women-owned businesses. Industries which attract a majority female workforce are also more likely to have higher percentages of women-owned businesses.

Across all industries, healthcare and social assistance (72%), educational services (66%), and retail trade (57%) have the highest percentages of women-owned businesses, according to the CT Secretary of State's business registration data.[43] These industries were also among those most impacted by the pandemic.

The Federal PPP loan program administered approximately 65,000 loans to businesses in Connecticut as of August 2020. Gender was identified on only 19% of the applications. Of those where gender was identified, approximately 1 in 4 (or about 2,800) were women-owned businesses. The top industries that received PPP loans for women-owned businesses included: beauty salons (5%; 144 businesses), full-service restaurants (5%; 132 businesses), limited service restaurants (3%; 92 businesses), child day care services (3%; 90 businesses), and offices of real estate agents and brokers (3%; 87 businesses).[44]

RECOMMENDATIONS

In partnership with Connecticut Women's Education and Legal Fund (CWEALF)

Immediate relief

- Provide financial support for women and minority owned businesses.
- Ensure all Connecticut workers, regardless of employer size or occupation, have access to workplace supports during the pandemic, including paid sick leave.
- Increase financial support to workers through unemployment insurance benefits and provide financial support for workers who are ineligible for federal relief programs.

Long-term recovery

- Fully implement Connecticut's landmark paid family and medical leave program.
- Continue increases in the state's minimum wage to reach $15/hour by 2023 and consider increasing pay for all essential workers immediately.
- Advance policies that aim to close gender and racial wage gaps for women and prohibit discrimination that prevents women, specifically women of color, from advancing in the workforce. This includes support for equitable pathways to high-wage, high-growth jobs and legislation that requires employers to provide salary ranges for vacant positions and pay their employees equal pay for comparable work; prohibits discrimination based on hair style, texture, or type (the CROWN Act); and strengthens Connecticut's stance against harassment in the workplace.

DATA LIMITATIONS

- Most income and employment data sources, with the exception of CT DOL data, limited gender to be binary.
- Race and ethnicity categories did not fully encompass the diversity among Connecticut communities with many of our people forced to choose the "Other" category, thereby literally othering these individuals.
- CT SOTS only began asking about women and minority owned businesses in 2020.
- Only 19% of the applications for Federal PPP loans identified gender .

CHILD CARE CRISIS THREATENS ECONOMIC RECOVERY

Access to affordable quality child care is essential for supporting Connecticut's workforce. The Covid-19 pandemic has threatened the collapse of the entire child care industry. Providers have faced impossible choices to remain open despite declining enrollment and changing public health guidelines. With caregivers trying to balance child care and work, families are struggling to find affordable quality child care now more than ever.

46,349 *child care slots are expected to be lost due to the pandemic*

94% *of families of color can't afford high quality child care*

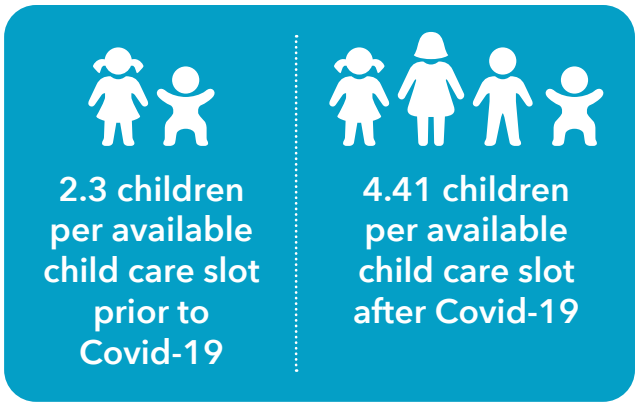
92% *of private child care providers are women-owned businesses*

Connecticut is home to 184,983 children under the age of 5 years, which is the age group most in need of child care services.[45] According to the Center for American Progress, the Covid-19 pandemic could result in the loss of almost half (48%) of Connecticut's child care supply, accounting for 46,349 licensed slots.[46] The state is already well on its way to meet this benchmark with Connecticut's child care centers currently operating at 30% less capacity than before Covid-19.[47]

In addition, prior to Covid-19, 44% of Connecticut residents lived in a child care desert. "A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or

THE COVID-19 PANDEMIC COULD RESULT IN THE LOSS OF ALMOST HALF (48%) OF CONNECTICUT'S CHILD CARE SUPPLY, ACCOUNTING FOR 46,349 LICENSED SLOTS.

so few options that there are more than three times as many children as licensed child care slots."[48]



At the same time that child care centers are closing, demand for child care is also changing. The Connecticut Office of Early Childhood (CT OEC) estimates that Connecticut needs at least twice as much child care now compared to pre-Covid due to remote and hybrid learning models that are keeping children at home with working caregivers.[49] This raises concerns given that Connecticut already had a competitive child care market that was unable to meet the need. Prior to Covid-19 there were about 2.30 children per available child care slot. This is estimated to nearly double to 4.41 children per child care slot after Covid-19.[50]

With increased demand for child care, families are struggling to find care for their children. According to a CT OEC parent survey, nearly half (45%) of families kept children home from child care due to Covid-related health concerns and about 1 in 3 (35%) were unable to find child care when needed.[51] These findings are consistent with the 2020 Connecticut Wellbeing Survey, which found that 40% of adults living with children have "found it more difficult than usual to handle child care." The impacts are disproportionately impacting women with 47% of all women respondents expressing this concern and 59% of women who are working full-time, compared to 34% and 37% of men respectively.[52]

Access to child care is also marked by racial disparities, with child care deserts more likely to be in geographic areas with higher percentages of rural families, Black/African American and Hispanic/Latino families, and low-income families. In Connecticut, 8 in 10 families cannot afford the full cost of high quality infant and toddler care. This disparity is even higher for families of color with 94% not able to afford high quality infant or toddler programs. Nationally, there is a $23,700 gap between the cost of high-quality infant care and current subsidy rates.[53, 54]

8 IN 10 FAMILIES CANNOT AFFORD THE FULL COST OF HIGH QUALITY INFANT AND TODDLER CARE. THIS DISPARITY IS EVEN HIGHER FOR FAMILIES OF COLOR WITH 94% NOT ABLE TO AFFORD HIGH QUALITY INFANT OR TODDLER PROGRAMS.

Approximately 75% of child care providers are private business owners—92% of which are women-owned—and 3 in 4 have closed during the pandemic.[55, 56] With child care recognized as a historically feminized and undervalued profession, women continue to be compensated poorly for their work, perpetuating income inequality. Furthermore, despite their designation as essential workers, child care workers have consistently been underfunded and under-resourced in terms of subsidies and personal protective equipment (PPE) to keep them financially and physically healthy throughout the pandemic.[57] Given the anticipated demand for child care increasing post-Covid, additional support and value of women's critical contributions is imperative to bolster the sector overall.

RECOMMENDATIONS

In partnership with Connecticut Early Childhood Alliance

Immediate relief

- Expand eligibility to Connecticut's child care subsidy, Care 4 Kids, to parents who are enrolled in a job training or education program, or who are unemployed and in search of a job.
- Ensure child care providers receive adequate financial support, personal protective equipment (PPE) and cleaning supplies to remain operating during the pandemic.

Long-term recovery

- Initiate a system of universal early education and child care in Connecticut to ensure all families can afford high quality care with well-paid providers and educators in the setting of their choice.

DATA LIMITATIONS

- Data is not currently available for why families are keeping their children at home such as whether the child has pre-existing health conditions.
- We were unable to identify the number of families eligible for the Families First Coronavirus Response Act.

EVICTION CRISIS THREATENS WOMEN AND FAMILIES

The Covid-19 pandemic has exacerbated the already pervasive housing insecurity across Connecticut. Prior to Covid-19, nearly half of Connecticut renters spent more than 30% of their income on housing, which is considered cost-burdened. As of December 2020, the CT Department of Housing (CT DOH) has received over 12,000 requests for the Temporary Rental Housing Assistance Program (TRHAP) during the pandemic.[58]

19% *of females feel no or slight confidence in their ability to pay rent or mortgage next month*

20% *of Black females are estimated to be behind on their rent or mortgage*

1.2 BILLION *dollars could be the public cost to Connecticut for eviction-related homelessness*

With families reporting increased housing instability and resources not available to meet the need, Connecticut is already seeing and will continue to see an increase in evictions, foreclosures, and homelessness:

- 19% of females feel no or slight confidence in their ability to pay their rent or mortgage next month. This increases to approximately 33% for females who reported their race or ethnicity as Other and 32% for Black females, compared to 15% for white females (see Appendix H).[59]

DESPITE THE EVICTION MORATORIUM, SINCE THE START OF THE PANDEMIC, LANDLORDS HAVE FILED 2,540 EVICTION CASES HAVE BEEN FILED BY LANDLORDS AND 564 (BOLD, LARGER NUMBERS) EVICTION EXECUTIONS HAVE BEEN ISSUED BY THE COURTS ALLOWING REMOVAL OF A TENANT FROM THEIR UNIT DESPITE THE EVICTION MORATORIUM.

- 13% of females are estimated to be behind on their rent or mortgage. This increases to 20% for Black females, 18% for Hispanic females, and 17% for females who reported their race or ethnicity as Other, compared to 10% for white females.[60]
- Despite the eviction moratorium, since the start of the pandemic, landlords have filed 2,540 new eviction cases in courts and the courts have issued 564 executions, allowing the removal of a tenant from their unit.[61]
- Between 66,273 to 133,000 households are at risk of eviction in Connecticut, amounting to $628 million to $1.2 billion dollars in public costs of eviction-related homelessness.[62]
- Between $400 million and $1 billion is needed to prevent an eviction crisis in Connecticut.[63]
- At 5.5%, Connecticut ranks in the top 10 states for serious mortgage delinquency, or the number of mortgages that are 90 days or more past due.[64]

19% of females feel no or slight confidence in their ability to pay their rent or mortgage next month. This increases to approximately **33%** for females who reported their race or ethnicity as Other and **32%** for Black females, compared to **15%** for white females

- Nationally, homelessness is predicted to increase by 40 to 45% this year, resulting in 250,000 more people experiencing homelessness across the United States. Using this logic, Connecticut could see an increase in homelessness of 1,700 people (see Appendix I).[65, 66]

RECOMMENDATIONS

In partnership with Connecticut Fair Housing Center

Immediate relief

- Increase support to renters that cancels rental arrearages, does not negatively impact credit, and provides financial assistance for current and future housing stability.
- Invest in an increased allocation to temporary housing assistance for renters to spend on future rent to continue through the pandemic and unemployment crisis.

Long-term recovery

- Increase availability of federally guaranteed housing choice vouchers to provide housing stability for low-income families.

DATA LIMITATIONS

- Applications for the CT DOH TRHAP were not available disaggregated by race or gender since that information is collected at time of payment not time of application.
- Mortgage delinquency and eviction data are not currently publicly available by race and ethnicity or sex and gender.
- Given the interconnected systems impacting housing and homelessness, estimates for evictions, mortgage delinquency, and homelessness range greatly. Estimates likely to change as policies and eviction moratoriums change.

MENTAL HEALTH NEEDS INCREASE FOR WOMEN OF COLOR

Despite calls to Connecticut 211 for mental health services remaining stable compared to last year (57,505 in 2019 vs. 52,743 in 2020), mental health concerns appear to be rising amidst the Covid-19 pandemic, especially for women of color.[67]

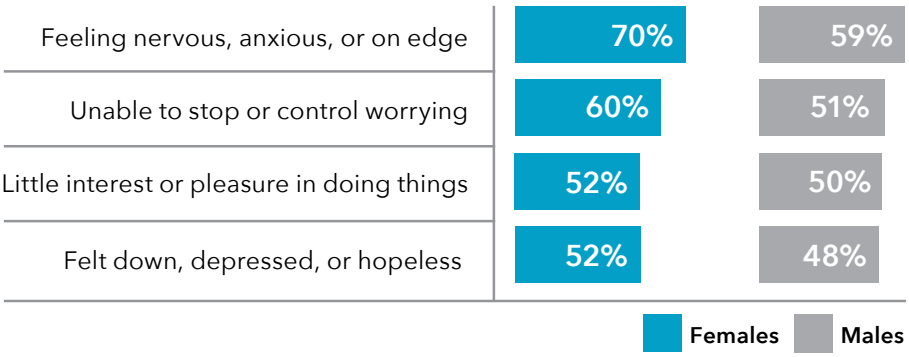
70% *of females reported experiencing mental health concerns*

75% *of Hispanic females report experiencing mental health concerns*

$ *parity in reimbursement for telehealth could expand access to mental health services*

Prior to the Covid-19 pandemic, approximately 18% of Connecticut females have been told that they have some form of depression.[68] Since the onset of the pandemic, approximately half of Connecticut residents have reported emotional distress. On average, a higher percentage of females than males have reported mental health concerns.[69]

A higher percentage of females reported mental health concerns than males, with an average of 7 in 10 feeling nervous, anxious, or on edge for several days per week.



While findings vary across each mental health concern, the general trend is that females of color are more likely to report mental health challenges than white females (see Appendix J):[70]

- Hispanic females were more likely to report experiencing mental health concerns over time with nearly 3 in 4 reporting feeling nervous, anxious, or on edge.
- Females who identified their race or ethnicity as Other reported the largest increase in feeling nervous, anxious, or on edge over the course of the pandemic (57% in Spring to 77% in Fall 2020).
- Black and white females have reported increases in worrying over time.
- Females who reported their race or ethnicity as Black or Other reported increased rates of feeling down, depressed, or hopeless as well as having little interest or pleasure in doing things over the course of the pandemic.

RECOMMENDATIONS

In partnership with Village for Children and Families

Immediate relief

- Extend and expand access to telehealth to create access to mental and physical health services for women and girls. Telehealth must be reimbursed on par with in-person visits.

Long term recovery

- Solidify equity-focused telehealth by ensuring long-term extensions of telehealth address the digital divide and meet the needs of people of color

DATA LIMITATIONS

- Mental health questions included on the Census Household Pulse Survey were not consistent with those asked on comparison surveys such as the Behavioral Risk Factor Surveillance Survey, which does not allow for a true change over time analysis.
- At the time of writing this report, we did not find publicly available state-level data on suicide or opioid use since the start of the Covid-19 pandemic.
- Although available in the Household Pulse Survey, this report did not focus on disaggregating mental health by age. Media reports suggest that older adults who are more isolated at home or staying in assisted living facilities may be experiencing adverse mental health impacts of Covid-19.

HOME UNSAFE FOR WOMEN AND CHILDREN

In additional to mental health concerns, the Covid-19 pandemic has raised a number of safety concerns resulting from social distancing and deviation from normal routines.

30% *increase in calls to Safe Connect domestic violence hotline*

125% *increase in time spent on calls by domestic violence advocates because of the complex nature of issues during Covid-19*

43% *increase in costs for housing domestic violence survivors in hotels due to inadequate socially distanced space in existing shelters*

DOMESTIC VIOLENCE

Demands for domestic violence shelter services have also increased due a surge in incidents. During the peak of the pandemic, contacts to CT Safe Connect—Connecticut's domestic violence resource hub—increased by over 30%.[72] This increase only represents incidents that have officially been reported. We do not have a way to quantify the likely increase in incidents that have remained unreported. Further, due to social distancing and public health safety requirements, survivors have been placed in hotels resulting in a 43% increase of spending between March and August by CT Coalition Against Domestic Violence (CCADV) member organizations.[73]

Through October 2020, 886 Connecticut residents have been served in emergency shelter (474 adults and 412 children). An additional 206 people have been placed in hotels or motels (119 adults, 87 children).[74]

ADVERSE CHILDHOOD EXPERIENCES

With fewer children attending in-person child care and education or going to the pediatrician, there are reduced opportunities for mandatory reporters to flag instances of abuse and neglect. As such, the Covid-19 pandemic is also impacting providers' abilities to identify adverse childhood experiences, including placing children and families into care. The CT Department of Children and Families (CT DCF) has seen a 40% decrease in entries into DCF care and custody and a 38% decrease in exits from DCF care and custody care since 2019. Exits have been stalled due to courts drastically limiting services, which included processing reunification and adoptions due to Covid-19.[71]

MARCH-NOVEMBER	2018	2019	2020	CHANGE SINCE 2018	CHANGE SINCE 2019
ENTRIES	1,816	1,589	946	-48%	-40%
EXITS	1,862	1,787	1,110	-40%	-38%

Additionally, to provide survivors with the help they need:

- Outgoing calls increased by 71% from the previous year (April-October) because of the proactive outreach by advocates to ensure that existing clients had what they need to stay safe.
- Length of hours spent on calls increased 124% from the previous year (April-October) because advocates needed more time to support the complex needs of clients during Covid-19.
- Advocates made a rapid and successful switch to remote advocacy at the onset of the pandemic. Services provided and overall contacts increased by 11% from the previous year (April-October).
- There has been a steady increase in victim advocacy services at 13%. This type of service includes advocacy related to financial intervention, child care, transportation, intervention with an employer/ creditor, etc.).[75]

RECOMMENDATIONS

In partnership with Connecticut Coalition Against Domestic Violence and the Village for Children and Families

Immediate relief

- Continue Covid-era policy that restraining orders do not require verification by Notary Public to address strain on survivors and advocates working in Covid conditions by eliminating additional administrative and cost barrier to protection.
- Provide funding for housing domestic violence victims in hotels to provide adequate social distancing.

Long-term recovery

- Increase funding to support domestic violence, sexual assault and human trafficking programming and shelters.
- Make permanent the change to not requiring verification by Notary Public on restraining orders.

DATA LIMITATIONS

- CT DCF entry and exit data was not publicly available by sex or gender of the child.
- While quantitative data provides insight into the scope of a problem, the social and emotional impacts of exposure to trauma are lasting and pervasive. It would be helpful to collect qualitative data as well as longitudinal data on the impact of Covid-19 on exposure to trauma.

HUNGER HURTS WOMEN AND FAMILIES

Prior to Covid-19, Connecticut ranked 25th in the nation for food insecurity with 12% (426,620) of residents struggling to have enough healthy food for their family. With unemployment rates and the cost of food increasing during the Covid-19 pandemic, Feeding America predicts overall food insecurity to increase by 28% and child food insecurity to increase by 40%. This means that an additional 118,100 people (15%) in Connecticut could struggle to have enough healthy food in 2020.

4x *as many calls to 211 concerned help with buying food*

70% *of calls to 211 that concerned help with buying food were made by females*

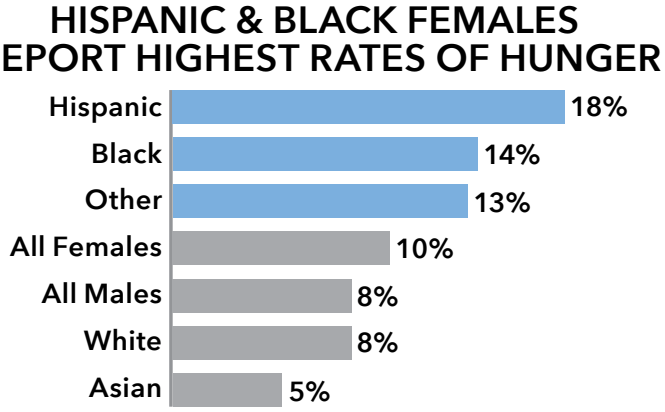
43% *of Hispanic females reported they sometimes or often did not have enough food in their household in the last 7 days*

Approximately 1 in 5 children in Connecticut are predicted to experience food insecurity in 2020. This means that 22% or 164,230 children may not have enough healthy foods to eat, which is over 46,000 more children than in 2018. Child food insecurity is especially concerning given the nutrition required to help their brains and bodies develop from a young age.[76]

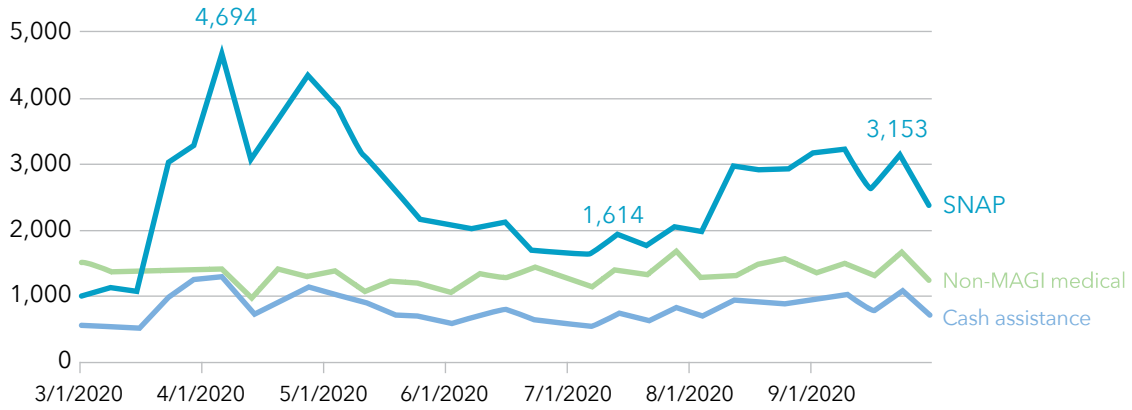
Females of color are more likely to report experiencing food insecurity than their white and male peers. For example, in fall 2020 nearly 1 in 5 Hispanic females reported that they sometimes or often did not have enough food in their household during the last 7 days (see Appendix K).[77]

Nearly 1 in 5 Hispanic females reported sometimes or often not having enough food in the last 7 days.

Local data from CT Department of Social Services (CT DSS) and Connecticut 211 suggest that Connecticut households are already seeing the impacts of Covid-19 on their ability to feed their families. Overall, Connecticut 211 recorded quadrupled for calls with help for buying food between 2019 and 2020. The majority (70%) of callers for food assistance who provided their sex were females.[78] Applications for SNAP have also seen a steep climb of 300% since the start of the pandemic.[79]



Applications for public assistance spiked during the height of the pandemic, with 4,694 SNAP applications during the week of April 4, 2020.



As seen in the graph above, the decrease in SNAP applications during the summer months was due to the Federal Pandemic Unemployment Compensation program (FPUC), which provided an additional $600 per week of Federal Pandemic Unemployment Compensation benefits to eligible families. When this benefit expired at the end of July 2020, applications for food assistance increased.

SNAP APPLICATIONS HAVE INCREASED 300% SINCE THE START OF THE PANDEMIC.

RECOMMENDATIONS

In partnership with End Hunger Connecticut

Immediate relief

- Rescind federally proposed SNAP regulations that seek to restrict eligibility and disproportionately harm communities of color, including the "public charge" rule that could cause up to 200,000 Connecticut residents to avoid applying for or keeping SNAP and other critical benefits.
- Increase and maximize SNAP benefits to ensure more families have access to the program, specifically during the pandemic. This includes eliminating punitive "work for food" SNAP rules: the three month time limit for childless adults ages 18-50, employment and training-driven sanctions on individuals and families, and work-based eligibility requirements for low-income college students.
- Exclude pandemic-related relief, including pandemic unemployment insurance benefits, from countable income for federally-funded programs like SNAP.

- Improve and expand school nutrition programs to ensure no student is hungry, including universal free school meals for all K-12 school-aged children and extension of the National School Lunch Program to low-income community college students.

Long-term recovery

- Center the voices and experiences of SNAP households and people with low incomes in all changes to the program, transition planning and implementation.
- Eliminate policies that disproportionately harm communities of color and immigrant communities and actively strengthen programs that equitably support groups at the highest risk of food insecurity in Connecticut.

DATA LIMITATIONS

- Applications for public assistance were not available disaggregated by gender or race and ethnicity.
- This report did not analyze food insecurity by age, but national trends suggest that families with young children and seniors are more likely to experience food insecurity. This is especially concerning for seniors living on a fixed income given that the cost of groceries has risen during the Covid-19 pandemic. This is an area for further exploration.

OPPORTUNITIES FOR MEASURING IMPACT

Data included in this report comes from secondary sources such as administrative and survey data, which had pre-determined questions and response options. For example, not all data sources were available at a disaggregated level and many conflated constructs such as sex and gender. Additionally, not all desired data sources were available to the public or available during the specified time frame, given lags in data collection and reporting. Finally, some data were not available due to suppression rules and the need to protect individual privacy.

Creating equitable programs and policies requires that equity be centered in every step of the planning and data processes. This includes making biases explicit (i.e., from funders, researchers, analysts), understanding power dynamics, and purposefully incorporating community and stakeholder input. Clearly articulating and addressing these biases, dynamics, and challenges can help to develop a culture and system of data equity, even when constrained by the data quality of secondary sources. However, data that has been collected in a biased, flawed, and racist way will still be such when analyzed regardless of the best intentions of the analysts. This is why embedding equity at each touchpoint is critical to collecting, analyzing, and using data in service of communities.

USING DATA IN A MORE EQUITABLE WAY

Too often disaggregating data is viewed as equitable use of data. While disaggregating data is a start to understanding racial and gender disparities, when done in isolation, disaggregation does not result in equitable analyses and solutions. Simply put, disaggregating data is not enough. The sections below describe recommendations across the data life cycle as well as for future research and analysis to equitably measure the impact of Covid-19 on Connecticut residents and communities.

DATA COLLECTION

- Identify the questions of interest and consult with community members to understand what information should be collected, what language and response options should be used, and what information already exists. This is particularly important for demographic categories such as race, ethnicity, and gender which typically require respondents to select one option, thereby reducing someone's identity to artificial categories and/or literally othering someone by having them choose "Other."
- Standardize response options, to the extent possible, across data collection materials.
- Align question language, when possible, with established surveys and tools to allow for comparison over time. This should not override community-level input on what responses resonate with them.
- Understand what claims can be made from the questions and response options. For example, avoid asking a question with the language of sex and interpreting it with the language of gender.
- Expand response options for gender and other identities to be reflective of the continuum rather than prioritizing the more limited binary view.

DATA ANALYSIS

- Establish quality control checks within administrative databases to ensure data completeness.
- Explore qualitative or mixed-methods approaches that can provide more context to qualitative analyses. Consider alternative methods and analyses that can provide greater voice to the community.

DATA REPORTING

- Publicly provide disaggregated data in as many ways as possible, while maintaining confidentiality, to allow for comparisons and to identify areas of need. For example, race by gender by age.
- Recognize and make explicit the limitations of each disaggregation. For example, disaggregating by commonly used race and ethnicity categories make explicit the bias that each group is uniform.

The disaggregation communicates that, for example, the Hispanic/Latino population has a shared experience when in fact, the experiences of Mexican, Puerto Rican, Cuban, Columbian, and Salvadoran respondents may be quite different. Make data publicly available in accessible formats for the public to understand and use for their decision making.

- Incorporate historical context to situate each issue in the broader societal and policy framework.

FUTURE RESEARCH

With the Covid-19 pandemic being an evolving crisis, this report could not explore every research question of interest. With additional time, resources, and new data sources, future research would benefit from exploring:

- How Covid-19 impacts different regions of the state (i.e., towns, counties, urban vs. rural, Five Connecticuts).
- How Covid-19 impacts Connecticut residents across the lifespan, including children and older adults.
- Whether the child care centers that have closed are located in child care deserts and /or in geographies with higher percentages of families of color.
- Reasons why families are keeping their children at home (ex., due to pre-existing health conditions or lack of child care).
- The number of families eligible for the Families First Coronavirus Response Act.
- Eviction data disaggregated by sex (forthcoming from another Connecticut Data Collaborative analysis in partnership with CT Fair Housing Center).
- Disaggregated data about suicide rates pre- and post-pandemic.
- Disaggregated substance use, specifically opioid, data pre- and post-pandemic.
- How Covid-19 impacts human trafficking.

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APPENDIX A: DEMOGRAPHICS

Using the American Community Survey 5-year estimates, 2014-2018, demographics for females and males appear similar across age, race and ethnicity, marital status, and education level. For example, 23% of females in Connecticut are between 0-19 years of age compared to 25% of males and 24% of the overall population in the state. The areas of difference are for falling below the poverty level and reliance on public assistance.

AGE	FEMALE	MALE	OVERALL
0-19 Years	23%	25%	24%
20-39 Years	24%	26%	25%
40-59 Years	28%	28%	28%
60-79 Years	19%	18%	19%
80+ Years	6%	3%	5%
RACE AND ETHNICITY			
American Indian or Alaska Native	0.2%	0.2%	0.2%
Asian	4%	4%	4%
Black or African American	10%	9%	10%
Hispanic or Latino	14%	15%	14%
White	64%	64%	64%
Some other race	5%	5%	5%
Two or more races	3%	3%	3%
MARITAL STATUS			
Married	45%	48%	47%
Never married	33%	39%	36%
Divorced	13%	9%	11%
Widowed	8%	2%	6%
Separated	1%	1%	1%
EDUCATION (25+)			
Less than high school	9%	10%	9%
High school or GED	26%	28%	27%
Some college	16%	17%	16%
Associates degree	8%	7%	8%
Bachelor's degree	22%	22%	22%
Graduate or professional degree	18%	17%	18%
PUBLIC BENEFITS			
Cash public assistance income or SNAP benefits	48%	24%	43%
Below poverty level	11%	9%	10%
Below ALICE threshold	24%	8%	27%
EMPLOYMENT			
In labor force	78%	85%	81%
In labor force with children under 6 years	7%		
In labor force with children under 18 years	34%		
INCOME			
<$15,000	3%	2%	3%
$15,000 – $24,999	8%	6%	7%
$25,000 – $34,999	13%	10%	11%
$35,000 – $49,999	20%	16%	18%
$50,000 – $64,999	15%	16%	16%
$65,000 – $74,999	9%	8%	8%
$75,000 OR MORE	30%	43%	37%

APPENDIX B: CHILD CARE

The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to collect data about social and economic impact of Covid-19 on households throughout the United States. Survey questions include topics such as employment status, food security, housing, physical and mental health, healthcare, and education. The survey was designed to provide timely weekly estimates. It was conducted by an internet questionnaire, with invitations sent by email and text message.

This report classified Household Pulse Survey data as three time periods:

- Spring: April 23, 2020 to May 26, 2020 (5,848 responses)
- Summer: June 25, 2020 to July 21, 2020 (5,988 responses)
- Fall: August 19, 2020 to September 28, 2020 (5,767 responses)

The analysis aggregated responses across all surveys released within each time period (spring, summer, fall) to ensure an adequate sample size for analysis. For example, analysis for spring 2020 included aggregated survey responses from all four surveys released between April 23, 2020 and May 26, 2020.

For additional details regarding the Household Pulse Survey, visit the U.S. Census Bureau's website at https://www.census.gov/data/experimental-data-products/household-pulse-survey.html

The table below shows the percentage of Connecticut residents who reported that the primary reason for not working was to care for child(ren) not in school or daycare, according to the Census Bureau's Household Pulse Survey. Light blue represents lower rates of not working due to child care and dark blue represents higher rates of not working due to child care, compared to other demographics. The trend line shows change over time.

Main reason for not working was caring for child not in school or daycare.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	1%	2%	3%	
Female	8%	8%	8%	
Female – Asian	9%	38%	11%	
Female – Black	3%	6%	9%	
Female – Hispanic	22%	12%	11%	
Female – Other	18%	1%	9%	
Female – White	5%	3%	2%	

As of fall 2020, more Asian and Hispanic females report that their main reason for not working during the pandemic was to care for a child or children who are not in school or daycare.

Of the parents who have children and had to stay home (and not work), how many of them stayed home for child care?

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	5%	5%	12%	
Female	9%	22%	21%	

21% of females who have children and had to stay home in fall 2020 did so because of child care, compared to only 12% of males.

Of the parents who have children and had to stay home (and not work) due to child care, how many were female versus male?

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	13%	14%	24%	
Female	87%	86%	76%	

76% of those who have children and had to stay home from work due to child care in fall 2020 were female.

APPENDIX C: LABOR FORCE PARTICIPATION

The estimates below are based on a methodology developed by Landivar, which assumes that approximately 3% of working mothers with children under the age of 6 and 4% of working mothers with children between ages 6 to 17 will leave the workforce due to Covid-19.[80]

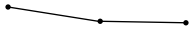
Estimates were derived from Longitudinal Employer-Household Dynamics (LEHD) and American Community Survey (ACS) data.

	VALUE	NOTES
Average wages for females	$53,822	From LEHD
Employed females	271,169	From ACS
Total wages for females	$14,594,857,918	Avg. wage x employed females
IF 1% OF FEMALES LEFT THE WORKPLACE		
Females lost from workforce	2,712	Employed x 1%
Females remaining in workforce	268,457	Employed – lost
Lost female wages	$145,948,579	Females lost x average wage
IF 3% OF FEMALES LEFT THE WORKPLACE		
Females lost from workforce	9,240	Employed x 3%
Females remaining in workforce	261,929	Employed x Landivar %
Lost female wages	$497,317,271	Females lost x average wage

APPENDIX D: INCOME AND EMPLOYMENT

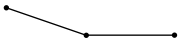
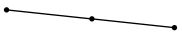
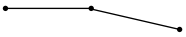
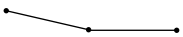
The tables below show the percentage of Connecticut residents who reported experiencing Covid-related loss of income or employment, according to the Census Bureau's Household Pulse Survey. Light blue represents lower rates of income loss and dark blue represents higher rates of income loss, compared to other demographics. The trend line shows change over time.

Experienced a loss of income since March 13, 2020.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	48%	52%	47%	
Female	46%	49%	44%	
Female – Asian	49%	42%	35%	
Female – Black	55%	49%	46%	
Female – Hispanic	62%	67%	53%	
Female – Other	70%	55%	53%	
Female – White	40%	44%	42%	

At the beginning of the pandemic, 7 in 10 females who identify their race or ethnicity as Other had experienced a loss of income since March 13, 2020. As of fall 2020, a little over half report having experienced a loss of income.

Expecting a loss of income in the next 4 weeks.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	35%	31%	25%	
Female	36%	31%	25%	
Female – Asian	50%	21%	24%	
Female – Black	43%	36%	26%	
Female – Hispanic	52%	51%	36%	
Female – Other	47%	29%	27%	
Female – White	30%	26%	22%	

At the beginning of the pandemic, at least half of Asian and Hispanic females expected a loss of income in the next 4 weeks. Across all demographics, expected loss of income has decreased over time.

APPENDIX E: INITIAL UNEMPLOYMENT CLAIMS

595,222 initial unemployment claims have been filed with CT DOL between March and September 2020. Of these, 274 reported their sex as either unknown or non-binary. These applicants were removed from this analysis given that missing data was grouped into this category. Percentages in the tables below are calculated after excluding missing/unknown values.

AGE

Applicants between the ages of 20-29 made up the largest share of claims. Age data was missing for 1% of females and 1% of males.

	FEMALE		MALE	
Under 20	14,442	5%	10,438	4%
20 to 29	72,456	23%	62,477	23%
30 to 39	61,813	20%	53,795	20%
40 to 49	53,419	17%	45,726	17%
50 to 59	61,054	19%	52,286	19%
60 to 69	38,793	12%	37,672	14%
70 to 79	9,774	3%	10,376	4%
80 to 89	1,379	0.4%	1,394	0.5%
90 +	193	0.1%	138	0.1%
Missing/Unknown	3,507		3,816	
TOTAL	**316,830**		**278,118**	

EDUCATION

For both females and males, applicants with a high school education made up the largest share of claims. Applicants with a high school education made up 41% of female claims. Education level data was missing for 45% females and 47% males.

	FEMALE		MALE	
Less than High School	16,135	9%	16,450	11%
High School	371,164	41%	67,404	46%
Some College	39,901	23%	28,817	20%
Bachelor's	29,826	17%	22,140	15%
More than Bachelor's	18,074	10%	112,947	9%
Missing/Unknown	141,730	12%	130,360	
TOTAL	**316,830**		**278,118**	

RACE AND ETHNICITY

For both females and males, applicants of color made up over one-third of claims. Applicants of color made up 36% of female claims. Race and ethnicity data was missing for 7% females and 8% males.

	FEMALE		MALE	
Asian or Other Pacific Islander	15,071	5%	12,707	5%
Black or African American	38,798	13%	37,363	15%
Hispanic or Latino	52,417	18%	41,350	17%
Native American	1,030	0.3%	1,098	0.4%
White	188,235	64%	162,422	63%
Missing/Unknown	21,279		21,378	
TOTAL	**316,830**		**278,118**	

WAGES IN PREVIOUS YEAR

For both females and males, applicants who worked and earned less than $20,000 in the previous year made up the largest share of claims. Applicants who earned less than $20,000 in the previous year made up 47% of female claims. Wage data was missing for 17% of females and 25% of males.

	FEMALE		MALE	
Less than $20,000	113,898	47%	72,748	38%
$20,000 to $34,999	56,815	23%	36,022	19%
$35,000 to $49,999	33,756	14%	27,012	14%
$50,000 to $74,999	23,848	10%	28,289	15%
$75,000 to $149,999	12,232	5%	20,915	11%
$150,000 or more	1,871	0.8%	4,865	3%
Missing/Unknown	49,669		62,202	
TOTAL	**292,089**		**252,053**	

APPENDIX F: CONTINUED UNEMPLOYMENT CLAIMS

180,685 continued unemployment claims were filed with CT DOL in the last week of September 2020. Of these, 14 reported their sex as either unknown or non-binary. These applicants were removed from this analysis given that missing data was grouped into this category. Percentages in the tables below are calculated after excluding missing/unknown values.

AGE

Applicants between the ages of 30-39 made up the largest share of female claims. Age was missing for <1% of females and <1% of males.

	FEMALE		MALE	
Under 20	1,815	2%	1,474	2%
20 to 29	21,125	21%	18,418	23%
30 to 39	21,911	22%	17,406	21%
40 to 49	17,048	17%	13,442	16%
50 to 59	18,947	19%	15,159	19%
60 to 69	13,694	14%	11,843	15%
70 to 79	3,731	4%	3,398	4%
80 to 89	531	0.5%	478	0.6%
90 +	70	0.1%	135	0.2%
Missing/Unknown	94		72	
TOTAL	**98,946**		**81,725**	

EDUCATION

For both females and males, applicants with a high school education made up the largest share of claims. Applicants with a high school education made up 44% of female claims. Education level data was missing for 25% females and 25% males.

	FEMALE		MALE	
Less than High School	7,362	10%	7,248	11%
High School	33,032	44%	29,196	46%
Some College	16,110	22%	11,419	20%
Bachelor's	11,575	16%	9,247	15%
More than Bachelor's	6,476	9%	4,591	9%
Missing/Unknown	24,391		20,024	
TOTAL	**98,946**		**81,725**	

RACE AND ETHNICITY

For both females and males, applicants of color made up over one-third of claims. Applicants of color made up 42% of female claims. Race and ethnicity data was missing for 7% females and 8% males.

	FEMALE		MALE	
Asian or Other Pacific Islander	3,990	4%	3,234	4%
Black or African American	15,696	17%	13,865	18%
Hispanic or Latino	18,945	21%	14,507	19%
Native American	357	0.4%	332	.04%
White	53,231	58%	43,250	58%
Missing/Unknown	6,727		6,537	
TOTAL	**98,946**		**81,725**	

WAGES IN PREVIOUS YEAR

For both females and males, applicants who worked and earned less than $20,000 in the previous year made up the largest share of claims. Applicants who earned less than $20,000 in the previous year made up 48% of female claims. Wage data was missing for <1% of females and 1% of males.

	FEMALE		MALE	
Less than $20,000	46,565	48%	30,570	38%
$20,000 to $34,999	24,551	25%	17,515	19%
$35,000 to $49,999	12,914	13%	11,901	14%
$50,000 to $74,999	8,979	9%	10,870	15%
$75,000 to $149,999	4,389	4%	7,499	11%
$150,000 or more	820	0.8%	1,982	3%
Missing/Unknown	726		1,113	
TOTAL	**98,754**		**81,450**	

APPENDIX G: 211 CALLS FOR SERVICES

The tables below represent the number of calls to Connecticut 211 for services for January 1 to September 30 in 2019 and 2020. Up arrows identify increased calls between 2019 and 2020.

INCOME & EMPLOYMENT

Between 2019 and 2020, income and employment related calls to 211 increased in four areas: tax preparation, job search, unemployment benefits, and money management.

	2019		2020		
	COUNT	PERCENT	COUNT	PERCENT	INCREASE
Financial assistance	13,541	50%	11,934	35%	
Tax preparation	8,813	33%	10,585	31%	▲
Job search	2,012	7%	8,150	24%	▲
Contacts	1,832	7%	1,632	5%	
Unemployment benefits	355	1%	1,451	4%	▲
Money management	334	1%	347	1%	▲
Job development	32	0.1%	13	0.4%	
	26,919		34,112		

HOUSING & SHELTER

Between 2019 and 2020, housing related calls to 211 increased in four areas: housing contacts, rental assistance, landlord/tenant issues, and mortgage assistance.

	2019		2020		
	COUNT	PERCENT	COUNT	PERCENT	INCREASE
Shelter	38,399	54%	34,736	49%	
Contacts	10,737	15%	13,282	19%	▲
Rent assistance	9,122	13%	10,175	14%	▲
Low-cost housing	7,942	11%	6,895	10%	
Landlord/tenant issues	3,174	4%	4,528	6%	▲
Mortgage assistance	842	1%	1,297	2%	▲
Home repair/maintenance	732	1%	636	.9%	
Other housing and shelter	27	.04%	15	.02%	
	70,975		71,564		

MENTAL HEALTH & ADDICTIONS

Between 2019 and 2020, mental health related calls to 211 increased in three areas: mental health service, substance abuse and addictions and mental health facilities.

	2019		2020		
	COUNT	PERCENT	COUNT	PERCENT	INCREASE
Mental health service	30,792	54%	31,200	59%	▲
Crisis intervention and suicide	21,838	38%	16,618	32%	
Substance abuse and addictions	4,484	8%	4,500	9%	▲
Mental health facilities	391	0.7%	425	0.8%	▲
	57,505		52,743		

FOOD ASSISTANCE

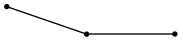
Between 2019 and 2020, food assistance related calls to 211 increased in four areas: help buying food, food pantries, home delivered meals, and other food-related requests.

	2019		2020		
	COUNT	PERCENT	COUNT	PERCENT	INCREASE
Help buying food	3,543	45%	14,331	66%	▲
Food pantries	2,838	36%	5,154	24%	▲
Soup kitchens	1,027	13%	950	4%	
Home delivered meals	296	4%	1,227	6%	▲
Feeding children	142	2%	86	0.4%	
Other food	19	0.2%	29	0.1%	▲
Holiday meals	15	0.2%	10	.05%	
	7,880		21,787		

APPENDIX H: HOUSING

The tables below show the percentage of Connecticut residents who reported experiencing Covid-related housing insecurity, according to the Census Bureau's Household Pulse Survey. Light blue represents lower rates of housing concerns and dark blue represents higher rates of housing concerns, compared to other demographics. The trend line shows change over time.

No or slight confidence in paying rent/mortgage next month.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	13%	22%	16%	
Female	25%	23%	19%	
Female – Asian	14%	9%	22%	
Female – Black	34%	36%	32%	
Female – Hispanic	44%	42%	25%	
Female – Other	70%	33%	33%	
Female – White	16%	15%	15%	

In spring, 70% of females who identified their race or ethnicity as Other had little confidence that they could pay their rent or mortgage the following month. In fall 2020, 1 in 3 Black and Other females expressed this concern.

Behind on rent or mortgage payments.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	9%	12%	11%	
Female	14%	11%	13%	
Female – Asian	12%	4%	9%	
Female – Black	22%	22%	20%	
Female – Hispanic	18%	13%	18%	
Female – Other	60%	32%	17%	
Female – White	9%	8%	10%	

At the beginning of the pandemic, 6 in 10 females who identify their race or ethnicity as Other were behind on their rent or mortgage. In fall 2020, 2 in 10 Black females are behind their rent or mortgage payments.

APPENDIX I: PROJECTED INCREASE IN HOMELESSNESS

The calculations used to estimate the projected increase in homelessness in Connecticut was based off a methodology developed by Columbia University and described by Community Solutions. This model estimates that for every 1% increase in unemployment rate, the rate of homelessness per 10,000 people increases by 0.65. Calculations and assumptions are outlined below.[81, 82]

The unemployment rates for 2019 and September 2020 are actual unemployment rates, as reported by CT DOL and calculated from the Current Population Survey (CPS).[83] The December 2020 rate is an estimate of what CT DOL believes to be closer to the reality based on unemployment claims data. Because the unemployment rate is calculated using the CPS, which only includes approximately 660 Connecticut households each month, the unemployment data is likely a more accurate representation of reality.[84]

MONTH	2019 UNEMPLOYMENT RATE	2020 UNEMPLOYMENT RATE	CHANGE IN UNEMPLOYMENT RATE
September	3.7%	7.7%	4.0%
December	3.7%	11.0%	7.3%

MONTH	2019 POINT IN TIME COUNT	CONNECTICUT POPULATION	RATE OF HOMELESSNESS PER 10,000 PEOPLE
September	3,033 people	3,565,287 people	8.5
December	3,033 people	3,565,287 people	8.5

Projected rate of homelessness per 10,000 people =
*Actual 2019 rate of homelessness + (change in unemployment rate * 0.65)*

MONTH	CALCULATION	PROJECTED RATE OF HOMELESSNESS PER 10,000 PEOPLE
September	8.5 + (4.0% * 0.65)	11.1
December	8.5 + (7.3% * 0.65)	13.3

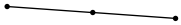
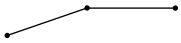
To calculate the actual number of people predicted to experience homelessness, we used the 2019 1-year American Community Survey population estimates for Connecticut.[85] New homelessness was calculated by subtracting the 2019 PIT count from the total homelessness.

MONTH	CALCULATION	2020 PREDICTED HOMELESSNESS	2020 NEW HOMELESSNESS
September	(3,565,287*11.1)/10,000	3,960 people	927 people
December	(3,565,287*13.3)/10,000	4,725 people	1,692 people

APPENDIX J: MENTAL HEALTH

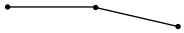
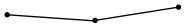
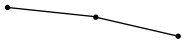
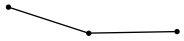
The tables below show the percentage of Connecticut residents who reported experiencing each mental health challenge for at least several days during the past week, according to the Census Bureau's Household Pulse Survey. Light blue represents lower rates of mental health challenges and dark blue represents higher rates of mental health challenges, compared to other demographics. The trend line shows change over time.

Feeling nervous anxious, or on edge.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	61%	60%	57%	
Female	69%	70%	70%	
Female – Asian	67%	76%	69%	
Female – Black	61%	61%	63%	
Female – Hispanic	76%	73%	71%	
Female – Other	57%	77%	77%	
Female – White	69%	71%	70%	

Females who identified their race or ethnicity as Hispanic were more likely to report feeling nervous or anxious at the start of the pandemic with those identifying as Other reporting the highest rates in summer and fall 2020.

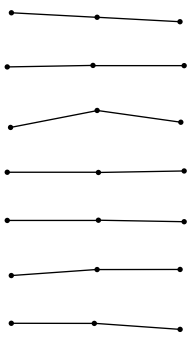
Unable to stop or control worrying.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	52%	54%	48%	
Female	59%	59%	60%	
Female – Asian	71%	68%	58%	
Female – Black	57%	53%	61%	
Female – Hispanic	73%	67%	60%	
Female – Other	71%	51%	58%	
Female – White	56%	58%	60%	

Females who identified their race/ethnicity as Hispanic, Asian, and Other were more likely to experience uncontrolled worrying at the start of the pandemic. White and Black females reported increases in worrying over time.

Little interest or pleasure in doing things.

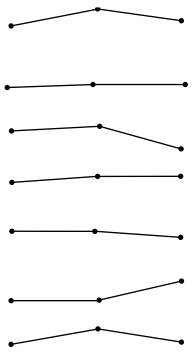
	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	53%	49%	48%	
Female	50%	54%	51%	
Female – Asian	42%	72%	51%	
Female – Black	51%	54%	59%	
Female – Hispanic	58%	59%	57%	
Female – Other	41%	51%	49%	
Female – White	49%	52%	49%	



Hispanic females were more likely to experience little interest in pleasure in doing things at start of the pandemic whereas Asian females were the most likely to feel this way in summer and Black females in fall 2020.

Felt down, depressed, or hopeless.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	44%	53%	48%	
Female	50%	54%	51%	
Female – Asian	55%	64%	45%	
Female – Black	46%	52%	55%	
Female – Hispanic	60%	61%	56%	
Female – Other	45%	47%	56%	
Female – White	49%	53%	50%	



Hispanic females were more likely to have felt down, depressed, or hopeless at the start of the pandemic whereas Asian females were the most likely to feel this way in summer and Hispanic, Black, and Other females in fall.

APPENDIX K: HUNGER

The tables below show the percentage of Connecticut residents who reported experiencing hunger in the past week or are predicting they will during the next month, according to the Census Bureau's Household Pulse Survey. Light blue represents lower rates of hunger and dark blue represents higher rates of hunger, compared to other demographics. The trend line shows change over time.

Sometimes or often did not have enough food in the last 7 days.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	10%	9%	8%	
Female	9%	9%	10%	
Female – Asian	5%	3%	5%	
Female – Black	13%	15%	14%	
Female – Hispanic	15%	17%	18%	
Female – Other	30%	16%	13%	
Female – White	6%	6%	8%	

Other females were more likely to have experienced hunger at the start of the pandemic with nearly 1 in 3 having reported that they sometimes or often did not have enough food in their household during the last 7 days.

Not or only somewhat confident in food security in the next 4 weeks.

	SPRING 2020	SUMMER 2020	FALL 2020	TREND
Male	26%	27%	28%	
Female	33%	32%	29%	
Female – Asian	26%	26%	19%	
Female – Black	45%	48%	53%	
Female – Hispanic	47%	52%	45%	
Female – Other	66%	46%	33%	
Female – White	26%	25%	23%	

About 2 in 3 Other females were not or only somewhat confident in their ability to have sufficient food for the next four weeks at the start of the pandemic with 1 in 2 Black females reporting concerns about hunger during fall 2020.

FOR MORE INFORMATION ON THIS REPORT, PLEASE CONTACT:

Michelle Riordan-Nold
Connecticut Data Collaborative
mrn@ctdata.org

Jennifer Steadman
Aurora Women and Girls Foundation
jsteadman@aurorafoundation.org

Sharon Cappetta
Community Fund for Women and Girls of the
Community Foundation for Greater New Haven
scappetta@cfgnh.org

Tricia Hyacinth
Fund for Women and Girls of
Fairfield County's Community Foundation
thyacinth@fccfoundation.org

Julia Scharnberg
Women and Girls Fund of the
Northwest Connecticut Community Foundation
jscharnberg@northwestcf.org

Lauren Parda
Women and Girls Funds of the
Community Foundation of Eastern Connecticut
lauren@cfect.org

AURORA Women and Girls Foundation

CCWG THE CONNECTICUT COLLECTIVE FOR WOMEN & GIRLS

CT data collaborative

Community Foundation of Eastern Connecticut Women & Girls Funds

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