



# The City of **WORCESTER**

The Advisory Committee on the Status of Women *presents a report on:*

## **The Impact of COVID-19 on Women in Worcester**

June 2021

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## EXECUTIVE SUMMARY

The COVID-19 pandemic highlighted and exacerbated systemic issues that impact women, people of color, and low-income households globally. Women in Worcester's health, economic stability, and access to childcare and education were negatively impacted by COVID-19, especially for women of color.

While this report is meant to capture this moment in time, it is also a starting point. Additional research is needed to track progress against our recommendations, and to uncover more areas where work is needed. A recurring theme throughout this report is a lack of data, especially data disaggregated by sex, by race and ethnicity, and by socioeconomic status. The data gap makes it impossible to come up with the best solutions, because we are unable to understand the full scope and root causes of the problems. The City of Worcester's Advisory Committee on the Status of Women will continue investigation and reporting in the coming year into the pandemic's impact on healthcare, gender-based violence, women and homelessness, women-owned businesses, and education and childcare.

The pandemic is an ongoing tragedy, but we hope to use this moment in time as an opportunity to envision a new, more equitable world.

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**“[Society’s response to] COVID-19 is revealing that American culture is not conducive for supporting parents and prioritizing early education for children. It is proven how important early education is for lifetime success. Parents need to be supported for the long term health and success of our children which is critical for the success of this country.”**

*Worcester survey respondent  
Massachusetts Commission on the Status of Women, October 2020*

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## INTRODUCTION AND BACKGROUND

With the hope of the end of the pandemic in sight, now is a critical juncture to further mitigate the negative impact on women, reflect on the lessons learned, and pave a way towards a better, more equitable new normal. This report focuses on the impact in the City of Worcester, and the local response. To better understand the impact on Worcester residents, it is useful to have some background on what is happening at the state level.

According to the Massachusetts Commission on the Status of Women (MCSW), COVID has disproportionately impacted women across the state. In an October 2020 survey, six months after schools and daycares shutdown for the first time, more than half of respondents reported that childcare and educational arrangements had been “severely impacted,” and that childcare and education changes negatively impacted their employment, and their mental health. The impact was most acute among families earning less than \$100,000 per year.

Women of color (WOC) experienced a greater negative economic impact than not women of color (NWOC). According to the MCSW’s May 2021 report, WOC were about twice as likely to report losing income as a result of the pandemic, at a rate of 43.3 percent compared to 23 percent of NWOC reporting losing personal income.

The key findings in the MCSW’s state-wide reports are reflective of women’s experience in Worcester.

**42%** of respondents reported that they believed that changes in their childcare and educational arrangements will set them back relative to their employment opportunities and/or career

**53%** reported that they have reduced their hours or are considering reducing their hours

**56%** of essential workers responded affirmatively that different arrangements in childcare and education have negatively impacted financial security

**61%** of respondents reported that childcare and educational arrangements have been “severely impacted.”

More than **60%** of respondents reported that childcare and educational arrangements have been “severely impacted.”

This report will focus on the negative impacts on women in Worcester in the areas of health and human services, economic stability, and access to childcare and education. The Advisory Committee on the Status of Women will continue investigation and reporting in the coming year into the pandemic’s impact on healthcare, gender-based violence, women and homelessness, women-owned businesses, and education and childcare.

## HEALTH AND HUMAN SERVICES

As of May 21, 2021, there have been 23,664 overall confirmed positive cases in Worcester. That is an increase of 85 cases since the City’s last COVID update on May 14. There have been 424 deaths of Worcester residents. Worcester is considered an equity community by the Department of Public Health (DPH). It is among the 20 cities and towns in Massachusetts with the highest COVID risk based on average daily incidence per 100,000.

While the distribution of COVID cases and deaths does not differ significantly between men and women, COVID has disproportionately impacted people of color.

| Race                     | Percentage of Population* | Percentage of COVID cases** |
|--------------------------|---------------------------|-----------------------------|
| <b>White</b>             | 56.2                      | 37                          |
| <b>Hispanic / Latinx</b> | 21.3                      | 33                          |
| <b>Black</b>             | 11.9                      | 15                          |
| <b>Asian</b>             | 7.6                       | 5                           |

\*The Research Bureau, Worcester Almanac 2020;  
 \*\*COVID-19 Health Equity Task Force, February 2021

As of April 19, 2021, all people age 16 and older who live, work, or study in Massachusetts are eligible to receive a vaccine. On May 10, 2021 the FDA authorized the Pfizer-BioNTech COVID-19 vaccine for emergency use in adolescents aged 12-15. Currently, there are no vaccines available for children under 12 years of age.

Within Worcester, women are being vaccinated at a higher rate than men, with

39.5 percent fully vaccinated as of May 21 compared to 32.9 percent for men. However, both are below the statewide averages of 50.8 percent and 42.8 percent, respectively (DPH, Vaccination Data Report, May 2021).

While women’s vaccination rates are trending positively, vaccination rates among non-white residents was significantly lower than for the White Non-Hispanic population. The vaccination rates for Black, Hispanic, Multi, and American Indian/Alaska Native peoples are all less than half that of White Non-Hispanic/Non-Latinx people.

| Sex          | Percentage of Population Partially Vaccinated | Percentage of Population Fully Vaccinated |
|--------------|---|---|
| <b>Women</b> | 13.5  | 39.5                                      |
| <b>Men</b>   | 13.8  | 32.9                                      |

DPH, Vaccination Data Report, May 2021

| Race/Ethnicity                                | Percentage of Population Partially Vaccinated | Percentage of Population Fully Vaccinated |
|---|---|---|
| <b>American Indian/Alaska Native nH/nL*</b>   | 11.6  | 21.8                                      |
| <b>Asian nH/nL</b>                            | 18.9  | 37.3                                      |
| <b>Black nH/nL</b>                            | 11.3  | 21.6                                      |
| <b>Hispanic/Latinx</b>                        | 11.9  | 20.1                                      |
| <b>Multiple Races nH/nL</b>                   | 7.4   | 22.3                                      |
| <b>White nH/nL</b>                            | 11.8  | 44.3                                      |
| <b>Native Hawaiian/Pacific Islander nH/nL</b> | **  | **  |
| <b>Other nH/nL</b>                            | **  | **  |

DPH, Vaccination Data Report, May 2021; \*nH/nL = Non-Hispanic/Non-Latinx; \*\*Data is unavailable

According to the Kaiser Family Foundation, the amount of people that are willing to get a vaccine has plateaued, with 64 percent of respondents saying they received at least one dose, or intend to do so as soon as possible, while 15 percent intend to “wait and see.” For people that are open to being vaccinated but have not made an appointment yet, the primary drivers of vaccine hesitancy are side effects, safety concerns, logistical barriers, and questions about eligibility. “Black and Hispanic adults are more likely than White adults to be concerned about having to miss work due to side effects, having to pay out-of-pocket for the COVID-19 vaccine (even though it is free), or not being able to get the vaccine from a place they trust. In addition, 45 percent of Hispanic adults say they don’t have enough information about when they can get vaccinated and a similar share are not sure whether they are currently eligible to receive the vaccine in their state (even though eligibility is now open to all U.S. residents).”

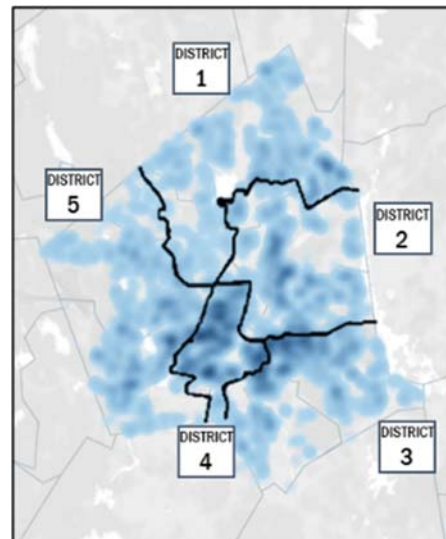
According to the MCSW, “Women of color are more skeptical of the COVID-19 vaccine with 17% saying they would not be vaccinated vs. 2% of NWOC. They cited these reasons:

- History of US medical mistreatment in communities of color (23.8%)
- Not enough information about the COVID-19 virus and/or the vaccine to make an informed decision (21%)
- Skepticism about the vaccine (21.7%).”

The City of Worcester Advisory Committee on the Status of Women wishes to make clear that mistrust is justified by historical evidence of structural and institutional racism.

The City of Worcester partnered with UMass Memorial Healthcare to form a COVID-19 Health Equity Task Force to “review the systemic racial and other inequities that inflict our healthcare system and are intensified by the COVID-19 pandemic”. Their work includes testing, education and outreach, race and ethnicity disaggregated data, and providing access to equitable healthcare, including running mobile equity vaccine clinics and free testing sites. Based on the city’s population and status as an equity community, it receives 1,600 equity doses of vaccine weekly. As of May 31, 2021, Worcester has been allocated a total of 17,630 additional equity vaccine doses (DPH, Worcester COVID-19 Vaccine Equity Initiative, May 2021). The task force has been creative in its approach to increasing vaccinations, including hosting vaccination events at local neighborhood restaurants, the Polar Park baseball field, and community centers, such as the Boys and Girls Club.

According to data published by the COVID-19 Health Equity Task Force, District 4 has seen the greatest concentration of COVID positive cases in the City of Worcester.



COVID's impact on health extends beyond the virus itself. The crisis had negative effects on mental health, disproportionately impacting women.

#### *Access to Medical Care*

During the pandemic, healthcare was more difficult to access, especially for WOC. 20 percent of WOC and 10.6 percent of NWOC had difficulty accessing medical care according to the MCSW's Women of Color Report. The lack of access to care was exacerbated by the economic impacts of COVID-19, as 7 percent of WOC and 3.3 percent of NWOC lost their medical insurance.

#### *Mental Health & Substance Abuse*

80 percent of women in Massachusetts reported having 15 or more poor mental health days in the last 30 days, which was five times the rate of men (DPH, COVID-19 Community Impact Survey, 2021).

According to the MCSW report published in May 2021, 43 percent of women continue to experience anxiety and depression, and 51 percent are concerned about the mental health of family members, including children. Access to mental healthcare remains a challenge.

Substance abuse also increased during the pandemic among both men and women in Worcester, with 40 percent of all current substance users who said they are now using more substances than before the pandemic (DPH, COVID-19 Community Impact Survey, 2021).

#### *Gender-Based Violence*

The pandemic negatively impacted intimate partner violence (IPV), sexual exploitation,

and gender-based violence. When the stay-at-home orders were put in place in March 2020, domestic violence hotlines nationally anticipated an increase in calls, but according to the New England Journal of Medicine, "In some regions, the number of calls dropped by more than 50 percent. Experts in the field knew that rates of IPV had not decreased, but rather that victims were unable to safely connect with services" (Evans, Lindauer, & Farrell, December 2020).

While domestic violence is experienced by people of all genders, races, cultures, and socioeconomic circumstances, it disproportionately is experienced by women, and by people of color and other marginalized groups.

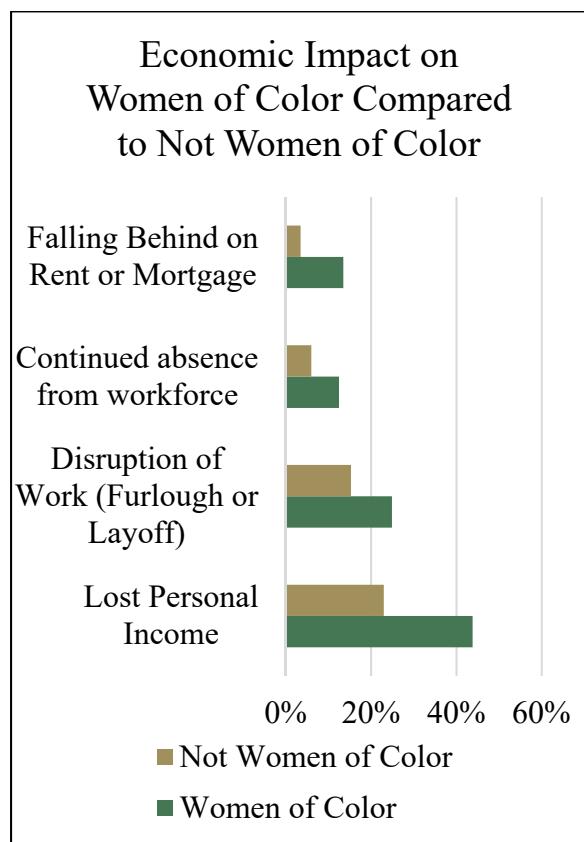
COVID also exacerbated factors that contribute to IPV, including isolation, increased stress from balancing work, childcare, and education, and a decrease in interactions with mandated reporters, including teachers, childcare providers, and clinicians. The pandemic also negatively impacted economic stability, as described in the next section, and financial independence is a critical factor in violence prevention (Evans, Lindauer, & Farrell, December 2020).

## **ECONOMIC STABILITY**

More than a third of women reported losing income due to the pandemic according to the MCSW's Women of Color Report. The loss of income was largely attributed to quarantining, reduction in hours, and caregiving. Loss of economic stability has negative downstream impacts on housing security, access to medical care, mental

health, and gender-based violence. Losing women in the workforce also has negative impacts on the economy as a whole.

WOC experienced a greater negative economic impact than NWOC. According to the MCSW, they were about twice as likely to report losing income as a result of the pandemic, having a disruption of work in the form of a furlough or layoff, and falling behind on their mortgage or rent. WOC were also twice as likely as NWOC to report that they were still absent from the workforce at the time of MCSW’s survey that opened in February 2021.



MCSW Impact of COVID-19 and Related Recommendations to Improve the Status of Women of Color, May 2021

### Employment and Income

COVID-19 caused women to leave the labor force at an unprecedented rate. Nationally, women’s participation in the labor force is the lowest it’s been since the 1980s. The main drivers of the exodus are caregiving responsibilities and job losses in the service sector, where women are overrepresented.

According the Bureau of Labor Statistics (BLS) (2021), in Massachusetts, the average unemployment rate for 2020 for women was 9.9 percent, vs. 8.8 percent for men. The total average unemployment rate was 9.3 percent. It was highest among Hispanic or Latino women at 17.5 percent. Women left the labor force at twice the rate of men, with approximately 93,000 women leaving the labor force. State trends for women’s unemployment and labor force employment align with national trends.

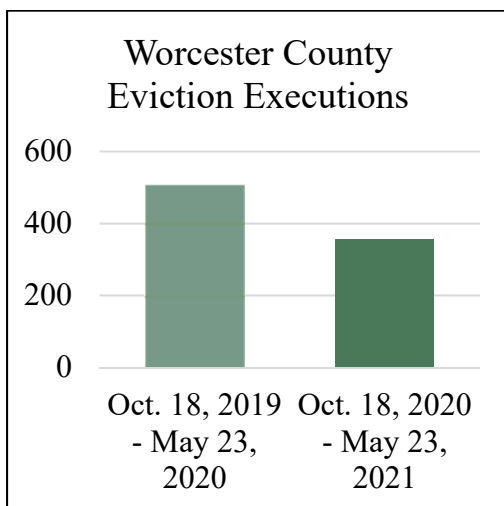
In Massachusetts, needing to care for children was one of the main reasons for changes in employment status among parents, “especially for those who were Hispanic/Latinx or Multiracial, spoke a language other than English, were younger, female or non-binary, questioning sexual orientation, bisexual/pansexual, queer, parents of children with special healthcare needs, had lower annual household income or lower educational attainment” (DPH, COVID-19 Community Impact Survey, 2021). The DPH’s COVID-19 Community Impact Survey, reported “A third of parents who lost their jobs and 2 in 5 who reduced hours or took leave noted needing to take care of children as a reason.”



In Worcester, the total average unemployment rate for 2020 was higher than the statewide average, at 11.2 percent (BLS, 2021). There was a decrease in the average labor force between 2019 and 2020 of 1,170 people (BLS, 2020). While sex disaggregated data for the city is unavailable, if the statewide trend holds in Worcester, the estimated number of women that dropped out of the workforce is 780.

*Housing*

To help alleviate housing worries during the pandemic, the state put an eviction moratorium in place, but it expired in October 2020. Since then, Worcester County has seen more eviction filings, per capita, than Suffolk, Middlesex, and Norfolk Counties, with 416 eviction filings between October 19 and November 30, 2020 (Logan & Greenberg, December 2020). From October 18, 2020 when the moratorium expired, to May 23, 2021, the city of Worcester had 185 evictions executed (Massachusetts Trial Court, Department of Research and Planning, May 2021). However, the overall number of executions is lower than the same period of the prior year.



According to the DPH’s COVID-19 Community Impact Survey (2021), Massachusetts parents were 50 percent more likely than non-parents to worry about housing.

To provide rental assistance, in January 2021 the City of Worcester contracted with five local housing agencies to administer \$1.9 million to qualifying Worcester residents. Applicants must qualify as low income at or below 80 percent AMI (area median income) and be able to document a loss of income due to COVID-19. If approved, tenants can receive up to \$3,000 per tenant to cover rent and household utility arrearages. Only actual eligible arrearage costs will be paid as a one-time payment covering up to 3 months of rent and utility arrearages.

*Small Businesses*

Small businesses suffered during the pandemic. In Worcester County, as of January 30, 2021, the number of small businesses open decreased by 35.4 percent compared to January 2020 (Opportunity Insights Tracker, 2021). Sex disaggregated data is currently unavailable for Worcester, but nationally, women-owned businesses have closed at a greater rate. 25 percent of women-owned businesses have closed compared to 20 percent of those owned by men (House, Quinlan, Seery, & Cotsakis, March 2021). Similar to unemployment, women-owned businesses were more likely to close because women-owned businesses tend to be in the areas hardest hit by COVID, personal services, health, and education.

## CAREGIVING AND ACCESS TO EDUCATION AND CHILDCARE IN WORCESTER

According to the DPH’s COVID-19 Community Impact Survey (2021), in Massachusetts, “Females were twice as likely as males, and Hispanic adults almost twice as likely as White Non-Hispanic adults to change the status or nature of their employment to take care of children.”

One of the largest inequities uncovered by the COVID-19 pandemic is women’s “invisible work.” When schools and childcare providers closed, and access to services for older adults and persons with disabilities was limited, women were largely responsible for filling in the gap, taking care of children, older adults, and persons with disabilities. Working parents either had to homeschool while working from home, or face impossible decisions between keeping a job and leaving a child unattended or potentially exposing them and their caretakers or other family members to an unknown virus.

While the national CARES Act provided a cushion to the families that qualify, it did not provide a comprehensive societal safety net. With up to 10 weeks of paid leave at two-thirds the employee’s regular rate of pay when an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19, it did not cover the total closure periods for Worcester Public Schools, or Massachusetts daycare providers. Additionally, it was limited to employers

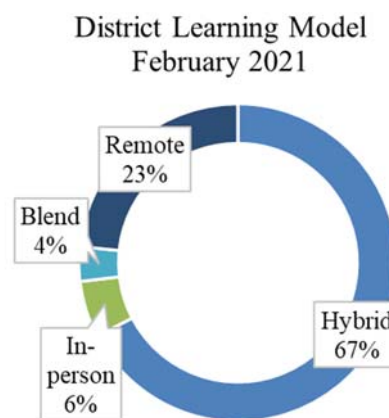
with more than 50 but less than 500 employees.

As of 2018, there were 35,314 children under 18 living in Worcester. 40 percent of whom live in a female-led household with no husband present. More than 25 percent of all children under 18 living in Worcester are below the poverty level (Research Bureau, 2020).

### K-12 SCHOOL SYSTEM

From 2019-2020, there were a total of 25,044 children enrolled in Worcester Public Schools, 393 of whom were part of the Head Start early education program (Research Bureau, 2020).

On March 10, 2021, Governor Baker issued an order to temporarily close all K-12 schools for two weeks. The order was extended to June 29, 2020, when schools were allowed to reopen if they were able to meet reopening guidance, including social distancing, personal protective equipment (PPE), enhanced ventilation and other safety measures. As of February 2021, Worcester was among 23 percent of school districts in Massachusetts learning fully remote (Department of Education, 2021).



With safety precautions in place, including updates to ventilation, schools reopened in a hybrid model on March 15, 2021 for students with complex significant disabilities and for students with limited formal education (SLIFE) students in the New Citizens Center Programs. On March 29, 2021, schools reopened for all other students that chose hybrid learning. Hybrid learning consists of being in a school building two days a week, either Mondays and Tuesdays or Wednesdays and Thursdays. At that time, 44 percent of students opted to continue learning fully remotely.

On May 3, 2021, Worcester Public Schools resumed offering five days a week of in-person learning to grades up to grade 8. The state mandated the resumption of full-time in-person learning for lower grades by April 5, and for grades 6-8 by April 28, but the district successfully applied for an extension. However, of the 16,393 eligible students, 28 percent opted to remain remote, while 3 percent did not respond to the survey (Research Bureau, May 2021).

There are demographic differences amongst those who choose to return to school in-person. “Schools where the student body is at least 40 percent white saw 78 percent of students opted into in-person learning, while schools where more than 40 percent of students are nonwhite opted in at a rate of 66 percent” (Research Bureau, May 2021).

According to the Research Bureau (May 2021), “A pattern also exists for schools with higher levels of ‘economically disadvantaged’ students, those participating in one of a variety of state programs like

Medicaid or SNAP. Schools where less than 50 percent of students are economically disadvantaged have an in-person opt-in rate of 81 percent, while those where more than 50 percent of students are economically disadvantaged have a 66 percent rate.”

One of the biggest challenges to students learning remotely in March 2020 was a lack of internet access and equipment. According to the Research Bureau (2020), as of 2018, 21.6 percent of Worcester residents did not have internet access. Through the City of Worcester’s Internet Service Provider, Spectrum, free internet is available for National School Lunch Program participants through Spectrum Internet Assist, and there are also free hot spots in the City through Spectrum (Worcester Public Schools, 2020). For the start of the 2020-2021 school year, Worcester Public Schools provided iPads or Chromebooks to all students, and hot spots for those that requested them.

Throughout the crisis, Worcester Public Schools provided food pickups daily for eligible families, filling a critical gap.

Remote learning was the main factor in a 24 percent decline in enrollment at the kindergarten and prekindergarten level. District-wide, Worcester Public Schools reported a 4.2 percent decline in enrollment, a loss of 1,046 students, 737 of whom were in kindergarten or prekindergarten (O’Connell, November 2020).

Preschool is critically important in development, as evidenced by Massachusetts Institute of Technology’s study on the long-term effects of Boston Public Schools’

preschool program. The study tracked more than 4,000 preschool lottery applicants from 1997 to 2003 and found that those that attended preschool were more likely to graduate high school, more likely to take the SAT, more likely to enroll in college on-time, and more likely to ever enroll in college. Additionally, students who attended preschool had fewer school suspensions in high school and were less likely to experience juvenile incarceration (Gray-Lobe, Pathak, & Walters, May 2021).

### **EARLY CHILDHOOD EDUCATION**

All licensed, approved, and exempt childcare programs were ordered to cease normal operations on March 22, 2020, with some providers remaining open as part of an emergency program for essential and emergency workers. While the initial closure was supposed to last for two weeks, centers were unable to begin serving children and families until June 29. In order to safely reopen, the licensing requirements and ratios for providers changed. While the CARES Act covered some of the cost of transition expenses, it took awhile to distribute funds. Some providers chose to delay opening due to COVID concerns. Some providers decreased their operating hours to accommodate the changes in ratios, but exact numbers are unavailable.

As of April 2021, according to the Department of Early Education and Care there are 292 licensed childcare providers in Worcester, with capacity for 4578 children, including at least 153 spots for school age children. Of the children currently enrolled in daycare, 1,000 use vouchers.

47 providers have not re-opened, since the initial March 2020 closures, representing a loss of 390 childcare spots. Of those 47 providers, 23 have permanently closed, with a capacity of 160 children. Most of the providers that have not reopened are small and private providers (Child Care Resources, April 2021).

According to Child Care Resources, in April 2021, there are 326 children currently on the statewide waitlist for a childcare voucher, with a 7-8 month waiting period in the City of Worcester. The demand has decreased slightly since before the pandemic, but the response rate for those on the waitlist has increased from about 20 percent to 80 percent.

According to the Research Bureau (2020), as of 2018, there were approximately 10,000 children under age 5 living in Worcester. Even pre-pandemic, the capacity of licensed childcare providers in Worcester does not have enough spots for all children under 5 living in Worcester. There is no readily available data on children receiving care outside of licensed providers, whether through stay-home-parents, relatives, friends, non-licensed providers, or other alternatives.

## RECOMMENDATIONS

To mitigate the impact on women, the Advisory Committee on the Status of Women recommends that the City of Worcester take the following actions to increase economic stability, meet the immediate needs of working mothers and parents, and improve access to childcare and education systems. The proposed actions encompass both short-term relief during the pandemic, and systemic and policy changes to increase equity.

- Improve collection and ease of access to sex-disaggregated data
- Continue working to increase vaccinations across all populations to be at least on-par with statewide averages
- Consider vaccination rates and average daily incidence rate in developing Worcester's re-opening plan
- Consider vaccination access and availability for children under 12 when developing Worcester Public Schools return to school in the fall
- Work with local business to ensure their support of working parents with flexible scheduling, remote work, on-site childcare, and family-friendly policies, including retaining remote work policies due to limited availability of daycare and summer care options, and hiring women that left the workforce in the past year due to the pandemic
- Offer assistance to help daycare centers reopen safely, and to return to normal hours
- Invest in support and development of care and education provider workforce, including supporting the work of the Together for Kids Coalition
- Enhance and extend Worcester's pre-K program to have enough spots available for all children, and make a full-day program
- Enhance public before and after-school care availability
- Evaluate the impact of remote learning and reduced enrollment on student achievement, and develop plans to address any achievement gaps

The Advisory Committee on the Status of Women will track progress on the recommendations, and will continue to investigate and report on the ongoing impact of COVID-19 on the women of Worcester.

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