

# National Center for Disaster Preparedness

EARTH INSTITUTE | COLUMBIA UNIVERSITY



## RCRC ISSUE BRIEFS:

# Why **Children** Should Be The #1 Disaster Priority

ISSUE BRIEFS  
APRIL 2021

### **Recommended Citation**

Ratner, J., Schlegelmilch, J., Samur, A., Sury, J., Esposito, L., Tolsdorf, M., Marquez, E., Kamidola, A. (2021). RCRC Issue Briefs: *Why Children Should Be the #1 Disaster Priority*. National Center for Disaster Preparedness, Earth Institute, Columbia University.

### **Acknowledgments**

Special thanks to the Community Resilience Coalitions in all six participating communities: New Hanover County, North Carolina; Robeson County, North Carolina; Mayaguez, Puerto Rico; Humacao, Puerto Rico; Washington County, Arkansas; Putnam County, New York. Thanks to Zack White and Sean Hansen for assisting in research and to Claire Douglas, Allison Stewart, and Irwin Redlener for reviewing and commentary.

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The content of this document, including all data and hyperlinks are current up to April 2021. Hyperlinks will not be maintained after the publication date but are available in full length for the reader's reference.

# ABOUT THE RESILIENT CHILDREN RESILIENT COMMUNITIES INITIATIVE

*The Resilient Children/Resilient Communities Initiative (RCRC) is a model of child-focused community resilience and preparedness.*

Emergency response plans often fail to substantively address the unique and specific needs of children and their families before, during, and after disasters. Child-serving institutions, such as childcare centers and schools, are often left out of the planning equation and may not have the resources or capacity to provide all of the provisions for response and recovery which may include safe non-traumatic sheltering, family reunification planning, and comprehensive disaster mental health. Many of these issues cascade into the workforce and throughout the affected community. Barriers that prevent children from returning to a regular routine quickly after a disaster delay the normalcy that kids need to cope with disruption. These accumulated impacts can have a long-term impact on the trajectory of that child's future. Quickly returning to a routine, even if it's a new one, can improve a child's recovery and simultaneously allow the family unit to address other issues of recovery.

The **Resilient Children/Resilient Communities Initiative (RCRC)**, funded by a grant from the global healthcare company, GSK, integrated lessons learned from post-disaster recovery research, into building child-focused community resilience. To do this, the project developed a child-focused disaster preparedness model to prepare the institutions that serve children to be better able to respond to children's unique needs during and after disasters. The compilation of tools curated and developed during phase I and phase II of this project are available for public use by visiting the RCRC Toolbox website at <https://rcrctoolbox.org>.

## THE WORK OF THE RCRC INITIATIVE

During its Pilot Phase (2015-2018) the RCRC Initiative developed a model of child-focused community resilience which included enhanced disaster planning, education, and awareness-building. This was accomplished by developing two pilot programs centered on the development of Community Resilience Coalitions (CRCs) - one in Washington County, AR, and one in Putnam County, NY. In partnership with leaders in these communities, the initiative analyzed, recommended, and implemented procedures, training, and guidance to help communities protect children in disasters.

Phase II (2019-2021) of the initiative expanded the model to new communities currently in the recovery phase after each experienced major hurricanes. The original model and measures were applied in communities affected by Hurricane Florence in New Hanover and Robeson Counties, NC, and by Hurricane Maria in the locations of Mayagüez and Humacao, Puerto Rico. The primary measure of success for this initiative, at the community level, is the implementation of a baseline and end-of-project Community Preparedness Index (CPI) as well as the identification of critical policy levers to promote systematic change. The CPI is an evidence-based measure of community preparedness previously developed by Save the Children in collaboration with the National Center for Disaster Preparedness.



# THE RESILIENT CHILDREN RESILIENT COMMUNITIES ISSUE BRIEFS

## RCRC ISSUE BRIEFS

The RCRC Issue Briefs, in this document, are designed to be used by the RCRC communities and all other communities who are seeking to elevate children's disaster resilience to the attention of local, state, and federal legislators or other decision-makers. These reports can also be used by legislators and decision-makers at all levels of government as informative briefs to better understand the issues faced by communities in disasters within the context of COVID-19 and other disasters. Readers are encouraged to explore topics and voices that most resonate with their own community. To access an online and interactive version of RCRC Issue Briefs, please visit <https://rcrctoolbox.org/rcrc-issue-briefs>.

## HOW THE ISSUE BRIEFS WERE MADE

In summer of 2020, The National Center for Disaster Preparedness convened six separate meetings, one with each of the RCRC communities. The purpose of these meetings was to engage in freeform, agenda-less discussions with community representatives to gather an unbiased understanding of challenges facing children in disasters. Through a loosely structured and informal grounded theory methodology involving notetaking, reflection, and clarifying questions, the five key issues included in these issue briefs emerged as common themes across all communities. Though not all issues are addressed within each community to an equivalent extent, each of the six communities expressed some degree of challenges, successes, or planned work within these five issue areas.

Following these preliminary discussions but prior to policy research and secondary data collection, NCDP sought to clarify community positions on these issues through open-ended survey questions. Examples of questions include:

- Do you believe that broadband and technology access in your community is a key issue for children's disaster resilience? Why or why not?
- In what ways does childcare have success in contributing to children's resilience in disasters? (That is, what's working well in your community?)
- In what ways does disaster mental health and wellness have challenges in contributing to children's resilience in disasters? (That is, what's NOT working well in your community?)
- If you could say anything to your elected official about poverty and food security in your community, what would you say? Try to identify specific needs, items that need more attention, or actions that need to be taken.

The responses to these open-ended questions guided the secondary data collection and policy analysis for each issue brief. Some participant responses are quoted verbatim in the reports as representative examples of community experience. Where communities had experience with a given issue, select representatives from those communities were asked to share specific anecdotes and primary data for the purpose of developing the "Community Highlight" sections within each issue brief. These sections are supplemented with secondary data from relevant sources, such as state or county agencies.

National level secondary data was collected to assist NCDP researchers in understanding how the RCRC community experiences fit within the overall national narrative of children's experiences in disasters. This data was summarized into infographics and other figures that help to illustrate a wide lens perspective on the issues. The national level data, combined with community perspectives, were brought together with recent or upcoming policy and legislative movements in order for the RCRC project to draft actionable recommendations for decision makers to respond to the needs of children in disasters.

# Introduction

The COVID-19 pandemic, hurricanes, and other disasters remind us that our community resilience, including economic resilience, depends upon a quick return to normalcy for children and the programs that serve them, even if it's a different normal.

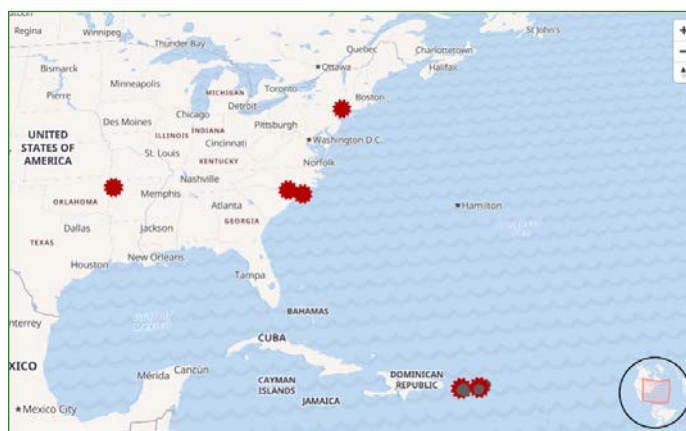
The COVID-19 pandemic, hurricanes, and other disasters remind us that our community resilience, including economic resilience, depends upon a quick return to normalcy for children and the programs that serve them, even if it's a different normal. Without first achieving normalcy for children, returning to life-as-usual remains a distant aspiration for caregivers and parents. Returning children's lives to normal after disaster opens the door for the greater community and economy to begin healing in full.

The Resilient Children/Resilient Communities (RCRC) Initiative is a community-based model of children's and community resilience through the lens of disaster preparedness. It is focused on strengthening the ability of child-serving institutions to respond to and recover from disasters in order to foster resiliency in children and communities. Disasters have a disproportionate and long-term impact on children,<sup>[i]</sup> yet child-serving institutions are often overlooked in disaster preparedness and response.

During times of disaster, children are vulnerable to gaps in education, adverse mental health effects, and developing chronic illness in adulthood after facing Adverse Childhood Experiences (ACEs). To address these risks, the RCRC Initiative works collaboratively with communities to enhance disaster preparedness planning in order to comprehensively integrate child-serving institutions into community-wide disaster planning processes. More resilient children are a fundamental determinant for creating resilient communities in both the short and long-term. These issue briefs are a reflection of five years of community-based work in six communities across the United States and its territories. Phase I (2015-2018) involved two pilot

communities who pioneered this innovative approach to community resilience: one in Putnam County, New York, and the other in Washington County, Arkansas. Phase II (2019-2021) introduced four additional communities: Robeson County and New Hanover County in North Carolina, and the regions of Mayagüez and Humacao in Puerto Rico, which had all been working through complex recovery efforts after catastrophic hurricanes in 2017 and 2018. With the help of the National Center for Disaster Preparedness (NCDP) at Columbia University's Earth Institute, community voices from the six RCRC communities have identified these issue areas as topics requiring policymakers' attention for fostering childhood resilience in disasters.

**FIGURE 1. SIX RCRC COMMUNITY COALITIONS**



The six RCRC community coalitions: Washington County, AR; Putnam County, NY; Mayagüez, PR; Humacao, PR; New Hanover County; and Robeson County, NC.

[Click Here To Interact With The Map](#)

# Introduction

## How to Use These Reports

These issue briefs are designed to be used by the RCRC communities and all other American constituencies seeking to elevate children’s disaster resilience to the attention of local, state, and federal legislators or other decision-makers. These reports can also be used by legislators and decision-makers at all levels as informative briefs to better understand the issues faced by communities in disasters as of 2021.

The issues addressed within these reports are:

- [Treating childcare as an essential service during disasters](#)
- [Expanding broadband access, especially in rural areas](#)
- [Increasing mental health resources for children affected by disasters](#)
- [Prioritizing stable housing programs and kid-friendly shelters](#)
- [Prolonging emergency food security programs in impoverished areas](#)

Each issue brief is designed to stand alone and can be shared by itself, or in tandem with the other topics. Each report begins with the testimonials of residents and leaders within the six RCRC communities followed by a data-driven national outlook. All readers are encouraged to explore the topics and voices that most resonate with their own community.

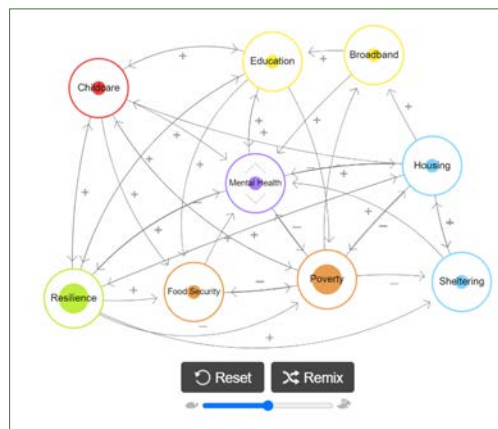
<sup>[i]</sup> Kousky, C. (2016). Impacts of Natural Disasters on Children. *The Future of Children*, 26(1), 73-92. Retrieved from <http://www.jstor.org/stable/43755231>

<sup>[ii]</sup> Case, N. (2017). LOOPY: A Tool for Thinking in Systems. Retrieved from <https://ncase.me/loopy/>

## Interconnected Systems

Resilient children need strong communities capable of nurturing and supporting children through disasters. Communities are made up of complex, dynamic, and interconnected elements that impact each other. Conceptualizing the system as a whole helps us see the interconnected relationships to identify key areas for growth that can have lasting impacts. Relationships between each of the bubbles in the interactive figure below show how resources in one area can increase or decrease the strength of another.

**FIGURE 2. INTERCONNECTED SYSTEMS AS A CONCEPTUAL DIAGRAM**



This [interactive diagram](#) shows how each topic is part of an interconnected system.<sup>[ii]</sup> Each circle is affected when we click to increase or decrease in any one of the areas. Try this: click the “up” arrow within the red circle to see what happens when childcare resources are increased. Or try this: click the “up” arrow within the yellow “Broadband” circle to see what happens when we increase access to internet resources. Within the green “Resilience” circle, you can click “up” to see what happens when we increase disaster resilience or try clicking “down” to see what happens when we are vulnerable to disasters. Use the slider at the bottom to increase or decrease the activity speed.

[Click Here To Interact](#)

# Childcare in Disasters

## Executive Summary

Childcare is a critical service provided for working families, but the provision of childcare currently requires an array of ad hoc waivers in emergency legislation in order to safely continue service provisions when disasters occur. While safety is necessary, the varying requirements and processes for re-opening can lead to delays and additional burdens on childcare providers. Without adequate support for maintaining or reopening

childcare programs during or after emergencies, working families struggle to return to work and normalcy. The economy cannot effectively return to normal if parents are unable to return to work. Decision-makers can ameliorate these challenges by supporting policies that elevate childcare services as essential businesses, similar to the essentiality of food services or utilities.

## What are the communities saying?

Below are a selection of community testimonials on the topic of child care in disasters.

**TABLE 1. CHILDCARE**

<p><b>New Hanover County, NC</b>            “Child care workers are not paid enough for their work and do not receive pay when day cares are closed, meaning that there is low incentive to stay employed at a child care through a disaster and be a familiar face for returning children. Repairs to child care facilities are not subsidized or prioritized. Like with public schools, child care needs to be subsidized by the state in order for families to be available for the workforce.”</p> <p>~ Amy Manor Thornton,            Museum Education Manager,            Cape Fear Museum of History and Science</p>	<p><b>Robeson County, NC</b>            “When it comes to natural disasters and resilience we do not have direct policies around funding responsibility and roles within county organizations. We have to have clear guidance outlining protocols regarding how child care organizations’ needs should be addressed during COVID-19. How can we expect our children to experience such impactful events and just return to school or daycare as normal when most adults cannot achieve that expectation?”</p> <p>~ Rikki Bullard, SCORE            Coordinator, Public Schools of Robeson County</p>	<p><b>Mayagüez, PR</b>            “Child care centers contribute to the emotional and social development of children and contribute to their protection and understanding of adverse situations that occur in communities.” (Translated)</p> <p>~ Neliel D. Arocho Ruiz,            Member, Impacto Juventud</p>	<p><b>Mayagüez, PR</b>            “Los centros de cuidado infantil aportan al desarrollo emocional y social de los niños/as y contribuyen a su protección y entendimiento de las situaciones adversas que ocurren en las comunidades.”</p> <p>~ Neliel D. Arocho Ruiz,            Miembro, Impacto Juventud</p>
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# Childcare in Disasters

**TABLE 1. CHILDCARE** (CONTINUED)

<p><b>Humacao Region, PR</b></p> <p>“Child care centers provide learning experiences and social-emotional development for infants, allowing participants to experience situations that teach them how to handle simple problems, identify their emotions, and increase communication and expression. All these experiences increase the resilience capacity of participants. Caregivers should be considered essential personnel and greater accessibility to tests and health services should be provided.” (Translated)</p> <p>~ Christian A. Viera Martínez, Autonomous Municipality Caguas, Executive II: Childhood Topics</p>	<p><b>Humacao Region, PR</b></p> <p>“Los centros de cuidado y desarrollo infantil brindan experiencias de aprendizaje y desarrollo socioemocional de los infantes maternos. Estas experiencias logran que los participantes, se expongan a situaciones para el manejo de problemas simples, identificar sus emociones y aumentar la comunicación y expresión, todas estas experiencias aumentan la capacidad de resiliencia en los participantes. Necesitamos que los cuidadores sean considerados personal esencial y se le brinde mayor accesibilidad a pruebas y servicios de salud.”</p> <p>~ Christian A. Viera Martínez, Municipio Autónomo de Caguas, Ejecutivo II - Asuntos de la Niñez</p>	<p><b>Washington County, AR</b></p> <p>“I would recommend emergency preparedness outreach to the childcare community be added as a community resilience priority for the local fire, police and emergency management agencies.”</p> <p>~ Andrea Davis, Founder, The Resiliency Initiative</p>	<p><b>Putnam County, NY</b></p> <p>“I believe that childcare is valued as an essential business but not prioritized. As evidenced by the response to the global pandemic when schools closed down, it was mandated by the governor that local school districts assist their essential worker families in finding childcare. The districts in the area interpreted that in many different ways; only some paid for and provided childcare programming for their students. When you see a list of “essential workers,” childcare workers are never mentioned.”</p> <p>~ Jessica Vanacoro, Associate Executive Director, Camp Herrlich</p>
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## Spotlight on: New Hanover County, North Carolina

Childcare centers in New Hanover County and other communities have faced the pressure of reopening while meeting stringent new COVID-19 safety requirements despite losing a significant amount of revenue during the first wave of the pandemic. On March 30, 2020, the state forced the closure of all non-essential businesses, causing significant revenue loss. Childcare centers remained open in an extremely limited capacity, exclusively accepting the children of essential workers – this forced the closure of many centers whose clientele do not include essential workers. On May 8th, many non-essential workers returned to their jobs, but childcare facilities remained closed to all but essential workers for an additional two weeks. The North Carolina

Department of Health and Human Services (NCDHHS) requirements for reopening were conditional upon completing an application detailing health and safety guidelines to combat future outbreaks of the virus.<sup>[i]</sup> These requirements compounded existing hardships, considering adjustments made to limit staff schedules in response to budget cuts. In many cases, childcare workers in New Hanover County could not survive on a limited salary and would lose critical unemployment benefits by choosing to return to work. By late May 2020, centers were facing funding and staffing shortages, even as the state mandated reopening of services to all households with caregivers returning to work.<sup>[ii]</sup>

# Childcare in Disasters

## Spotlight on: New Hanover County, North Carolina (Continued)

An additional stressor in this sector is the possibility of positive COVID-19 cases at childcare centers. Centers must incur costs of maintaining safe environments to minimize transmission among staff and children, but the childcare industry workers are not protected as “workers at increased risk” in legislation (including [H.R.6559 COVID-19 Every Worker Protection Act of 2020](#)). Childcare centers cannot ensure all participating families are taking appropriate precautions to reduce the risk of contracting the coronavirus at home. These uncertainties and the insufficient support to centers have led to many caregivers choosing to abstain from the service altogether. In addition, private businesses and the public sector have failed to establish widespread paid leave for all parents and caregivers who are not willing or able to put their children into childcare centers during the pandemic, forcing many families to choose between childcare or paid work.

Prior to the COVID-19 pandemic, government subsidies were given to certain types of New Hanover’s childcare facilities on a weekly basis. However, at the onset of the

pandemic, this interval was stretched to every 45 days. The increased financial stress placed on the childcare sector created impossible conditions for centers to adapt to necessary changes in operation. Furthermore, childcare facilities struggled to rapidly rewrite budgets during times of great uncertainty and to offset costs of resources, such as broadband, because they are highly dependent on their funders for approval of critical budget adjustments. Some childcare centers in New Hanover County were not authorized to use funds flexibly in response to the immediate crisis, as they were beholden to funding restrictions from specific sources.

Non-local funders continue to make critical decisions for the county’s institutions, including requirements regarding funding for certain organizations or programs, which do not meet the needs of New Hanover County’s childcare centers. These critical decisions, which impact the state-wide health of child-serving institutions, are being made without the vital community input necessary for making effective policies at the local level.

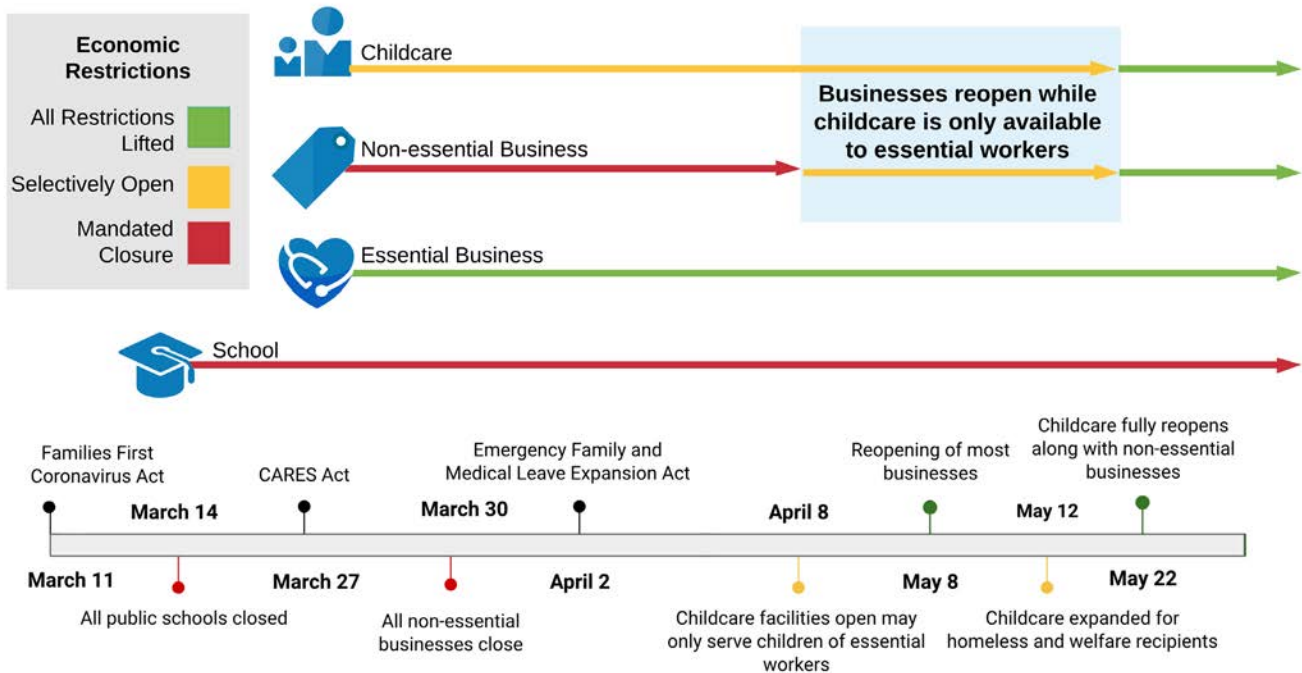
# Childcare in Disasters

## COVID-19 Closures and Childcare in North Carolina

This timeline shows that in North Carolina there was a two-week gap when many adults had to return to work but did not have access to childcare services because they hadn't yet reopened. At the same time, separate provisions needed to be made for school-age children as schools remained closed. Gaps such as this one create financial hardships and stress for households across America but could be mitigated if childcare services had support to reopen along with essential businesses.

Figure 3

### When Was Childcare Open During the COVID-19 Pandemic in North Carolina?



Sources:

Paul Weiss (2020) *Health-Related Relief Programs* <https://rb.gy/7spgsd>

Paul Weiss (2020) *Emergency Family and Medical Leave Expansion Act* <https://rb.gy/vcsyv1>

Public Law No: 116-127 (03/18/2020) *H.R.6201 - Families First Coronavirus Response Act* <https://rb.gy/nlwvqc>

# Childcare in Disasters

## Meeting the Needs of America's Children

Current government policies in the legislative and executive branches are inconsistent in supporting the needs of the childcare sector. FEMA highlights daycare as a “critical facility” – but only in terms of infrastructure, excluding services.<sup>[iii]</sup> In the most recent update to the National Response Framework for disasters, Emergency Support Function #6 – Mass Care classes childcare as “essential community relief” but all six instances of childcare services lie within the purview of participatory NGOs, meaning they are not governmentally supported or mandated other than through memoranda of understanding.<sup>[iv]</sup> The “Childcare is Essential Act” (S.3874 and H.R.7027) is a Congressional proposal to elevate this industry and protect its essentiality, which has bipartisan support, passing the House in July 2020 after being introduced to the Senate in June.

As a result of current national and state-level legislation related to childcare, access to childcare services is unequally distributed between races and socio-economic levels. Black and Hispanic working adults with a subsistence-level income experience outsized difficulty adapting to the restricted economy due to loss of childcare which exacerbates the scarcity of this essential service in known “childcare deserts.”<sup>[v]</sup> This issue not only impacts how quickly and effectively the country can reopen and recover economically in the aftermath of the pandemic, but also amplifies inequalities in income and education, as well as moving the country further from racial and geographic equity while most likely causing a mass decline in the number of women in the workforce.<sup>[vi]</sup>

Effective national and state-level childcare policies could mitigate hardship for many families across the country but are currently falling short of aiding working families. The typical working family with a small child spent at least \$12,000 on childcare in 2015, while federal and state-level childcare subsidies only aid one in every six children in need of support.<sup>[vii] [viii]</sup> Similarly, the \$99 billion childcare industry continues to flounder during COVID-19; the CARES Act included just \$3.5 billion for emergency usage of the Child Care and Development Block Grants to curb the side-effects of COVID-19 on childcare providers.<sup>[ix]</sup> Subsequently, in May 2020 the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act passed through the House, allocating a further \$57 billion. The omnibus spending bill that included an additional COVID relief package that was passed in December 2020 allocated an additional \$11 billion to support childcare, mostly through Child Care Development Block Grants.<sup>[x]</sup> The American Rescue Plan Act included \$39 billion for the same block grants, plus a cumulative additional \$39 billion in other child care support programs.<sup>[xi]</sup> Unfortunately, these funds to states have not been enough to prevent 40% of childcare centers from closing under immense economic strain.<sup>[xii]</sup>

# Childcare in Disasters

## Recommendations

- Advocate for child-serving institutions to be considered essential businesses as a baseline for economic recovery.
- Adjust state funding regulations to accommodate the necessary flexibility for child-serving institutions when an emergency is declared.
- Establish protocols to protect childcare workers as being “at increased risk” to ensure childcare programs are sufficiently staffed before reopening.

<sup>[i]</sup> NC Department of Health and Human Services. (2020, March 23). ChildCareStrongNC Public Health Toolkit. Retrieved from <https://covid19.ncdhhs.gov/media/220/download>.

<sup>[ii]</sup> Georgetown University Center for Global Health Science and Security (GHSS). (2020). COVID AMP Data Access: North Carolina. COVID AMP: Analysis and Mapping of Policies. Retrieved from <https://covidamp.org/policies/USA/North%20Carolina>.

<sup>[iii]</sup> Federal Insurance and Mitigation Administration. Critical Facilities and Higher Standards. FEMA Media Library. Retrieved from [http://data.wvgis.wvu.edu/pub/RA/resources/CF/FPM\\_1\\_Page\\_CriticalFacilities\\_and\\_Higher\\_Standards.pdf](http://data.wvgis.wvu.edu/pub/RA/resources/CF/FPM_1_Page_CriticalFacilities_and_Higher_Standards.pdf).

<sup>[iv]</sup> US Department of Homeland Security. (2019, October 28). National Response Framework [Ebook] (4th ed.). [https://www.fema.gov/sites/default/files/2020-04/NRF\\_FINALApproved\\_2011028.pdf](https://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf).

<sup>[v]</sup> Godoy, M., & Wood, D. (2020, May 30). What Do Coronavirus Racial Disparities Look Like State by State?. National Public Radio (NPR). <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>.

<sup>[vi]</sup> Jessen-Howard, S., & Workman, S. (2020, April 24). Coronavirus Pandemic Could Lead to Permanent Loss of Nearly 4.5 Million Child Care Slots. Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/early-childhood/news/2020/04/24/483817/coronavirus-pandemic-lead-permanent-loss-nearly-4-5-million-child-care-slots/>.

<sup>[vii]</sup> Malik, R. (2019, June 20). Working Families Are Spending Big Money on Child Care. Retrieved from <https://www.americanprogress.org/issues/early-childhood/reports/2019/06/20/471141/working-families-spending-big-money-child-care/>.

<sup>[viii]</sup> Office of the Assistant Secretary for Planning and Evaluation | U.S. Department of Health & Human Services. (2019). Factsheet: Estimates of Child Care Eligibility & Receipt for Fiscal Year 2016. Retrieved from <https://aspe.hhs.gov/system/files/pdf/262926/CY2016-Child-Care-Subsidy-Eligibility.pdf>.

<sup>[ix]</sup> Bedrick, E., & Daily, S. (2020, June 8). States Are Using the CARES Act to Improve Child Care Access during COVID-19. Child Trends. Retrieved from [https://www.childtrends.org/publications/states-are-using-the-cares-act-to-improve-child-care-access-during-covid-19#:~:text=The%20Coronavirus%20Aid%2C%20Relief%2C%20and,and%20Development%20Fund%20\(CCDF\)%20requirements](https://www.childtrends.org/publications/states-are-using-the-cares-act-to-improve-child-care-access-during-covid-19#:~:text=The%20Coronavirus%20Aid%2C%20Relief%2C%20and,and%20Development%20Fund%20(CCDF)%20requirements).

<sup>[x]</sup> House Committee on Appropriations (2021, January). H.R.133 Division-by-Division Summary of COVID-19 Relief Provisions. United States House of Representatives. Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/133>.

<sup>[xi]</sup> Senate Budget Committee (2021, March). Amendment to H.R.1319. United States Senate. Retrieved from <https://www.budget.senate.gov/imo/media/doc/American%20Rescue%20Plan%20Act%20SENATE.pdf>.

<sup>[xii]</sup> Bell, L. (2020, May 14). Child centers say they're still in need as they reopen to working parents. EdNC. Retrieved from <https://www.ednc.org/child-care-centers-reopen-working-parents-advocate-more-relief/>.

# Broadband in Education

## Executive Summary

The COVID-19 pandemic has made broadband, or high-speed internet, an increasingly necessary service for many families as schools have transitioned to online platforms and public organizations have closed. Unfortunately, many Americans in rural areas live in internet “dead zones” where they are disconnected from access to learning and critical information during disasters. Lack of connectivity can be due to a lack of broadband infrastructure, limited network availability, prohibitive service costs, and a dearth of

knowledge regarding how to get connected amidst convoluted contracting practices. Secondly, there are also challenges with having appropriate devices to connect to networks, even when available. Modes of communication and access to broadband for education must be expanded immediately to close the “homework gap” and promote equal access to education for all children, as well as widespread access to information during disasters.

## What are the communities saying?

Below are a selection of community testimonials on the topic of broadband access and education in disasters.

**TABLE 2. BROADBAND AND EDUCATION**

<p><b>Robeson County, NC</b></p> <p>“Provide more funding to rural communities to assist with the cost of necessary technology needed to ensure that no child is left behind. Regulations on the cost of broadband and technology are needed so that service is affordable for all. Robeson County is a unique and diverse county within itself. If given opportunities that we have been denied for so long such as broadband and technology access then our children will have a stronger future.”</p> <p>~ Sylvia T. Johnson and Cindy Lowry, Community Champions, CIS: Resilient Children / Resilient Communities</p>	<p><b>Putnam County, NY</b></p> <p>“WiFi access often depends on having power. More often the local cell towers get shut down during emergencies due to large amounts of traffic and usage. Our elected officials should prioritize increasing broadband access capability during emergencies so that if WiFi goes out with power, people would still be able to access the internet through their mobile devices.”</p> <p>~ Jessica Vanacoro, Associate Executive Director, Camp Herrlich</p>	<p><b>New Hanover County, NC</b></p> <p>“Access to wireless internet services is a critical infrastructure need for children and families. Staying connected with friends and loved ones is a critical way to support adult and youth mental health. Children require wireless internet access to maintain their links to their school work and their teachers. Wireless internet is also crucial for sheltering residents who otherwise would be spending endless hours without anything to do, especially during COVID-19.”</p> <p>~ Amy Manor Thornton, Museum Education Manager, Cape Fear Museum of History and Science</p>	<p><b>Humacao Region, PR</b></p> <p>“We want to have a technology access center because our community is isolated and lacks technological resources for children’s school assignments and homework. We have proposed the creation of a Technology Center in our neighborhood at the municipal level, but it has not been evaluated yet. We have the location and the volunteers, we just lack the equipment.” (Translated)</p> <p>~ Betsy A. Flores, President, Corporación Los Cipreses y Rosales del Cantil de Borinquen</p>
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# Broadband in Education

**TABLE 2. BROADBAND AND EDUCATION (CONTINUED)**

<p><b>Humacao Region, PR</b>                  “Deseamos tener un centro de tecnología asistiva porque nuestra comunidad es aislada y carece de recursos tecnológicos para las asignaciones y tareas escolares de los niños. Para ello hemos presentado una propuesta a nivel municipal para lograr un Centro de Tecnología en nuestro barrio. Pero no ha sido evaluado aún. Tenemos el lugar y los voluntarios, nos falta el equipo.”</p> <p>~ Betsy A. Flores, Presidente, Corporación Los Cipreses y Rosales del Cantil de Borinquen</p>	<p><b>Washington County, AR</b>                  “Broadband and technology should be viewed as utilities and regulated by local jurisdictions.”</p> <p>~ Andrea Davis, Founder, The Resiliency Initiative</p>	<p><b>Mayagüez Region, PR</b>                  “Children will have to adjust and adapt to a different reality. They will have to perform different activities than they normally do. Their way of learning will be impacted without internet access, and their habits with technology will change.” (Translated)</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez Region, PR</b>                  “Los niños deberán ajustarse y adaptarse a una realidad distinta, deberán ejecutar actividades diferentes a las que normalmente ejecutan. Su manera de aprender se verá impactada sin acceso a Internet y sus hábitos con los equipos electrónicos serán cambiados.”</p> <p>~ Neliel D. Arocho Ruiz, Miembro, Impacto Juventud</p>
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## Spotlight on: Rural Areas in Robeson County, North Carolina, and the Regions of Mayagüez and Humacao in Puerto Rico

Even with resources from the CARES Act and subsequent disaster legislation, there are large internet “dead zones” across Robeson County in North Carolina and across Puerto Rico, a gap that grows even wider when considering access to high-speed broadband internet in particular. In Robeson County, over 14% of households have no broadband access due to the lack of service provision in rural areas. In Puerto Rico, 14.4% of households in the region of Mayagüez and 36.8% of households in the region of Humacao are not served by high-speed broadband internet. Unfortunately, the infrastructure is fragile and after Hurricane Maria, residents of Mayagüez and Humacao and the broader regions had no internet access at all for over four months.<sup>[i]</sup>

Wi-Fi in these areas is also expensive in comparison with median incomes. In Puerto Rico, the fragile internet infrastructure results in unreliable service, so 64% of households choose not to purchase internet services when comparing the value of the service against other essential household expenditures. Similarly, many families in Robeson County do not have hundreds of dollars to allot monthly for broadband access when considering the costs of necessities such as food and housing.

Community members noted that in 2019, many students were unable to complete their web-based homework or did not have access to technology in their homes, even if they were able to connect to the internet in school. Nearly 40% of Puerto Rican households do not contain a computer. Some children in Robeson County are raised

# Broadband in Education

## Spotlight on: Rural Areas in Robeson County, North Carolina, and the Regions of Mayagüez and Humacao in Puerto Rico (Continued)

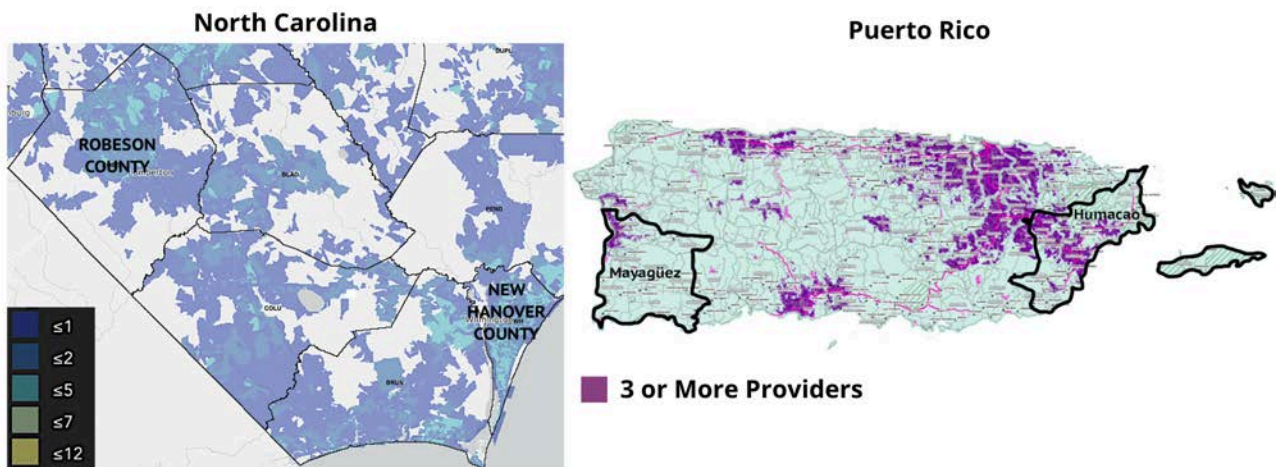
by their grandparents or have parents who are essential workers, and teachers are not trained in technology to help their students engage effectively in virtual education. This makes it more difficult to identify accessibility issues and respond to the educational needs of students.

Due to the number of internet “dead zones” and the distances between community members in rural Robeson County, it can also be difficult to reach

everyone through internet-based messaging and information sharing during a disaster. Many people are dependent on paper mail or community organizations, such as churches, to receive important information. During disasters, the need to supplement digital communications and ensure that these modes of communication work effectively becomes increasingly critical.

Figure 4

### Number of Broadband Service Providers Available



Sources:

North Carolina Department of Information Technology (2020) Broadband Service Areas Greater Than or Equal to 25mb/s Download and 3mb/s Upload Speed <http://rb.gy/fcmshl>

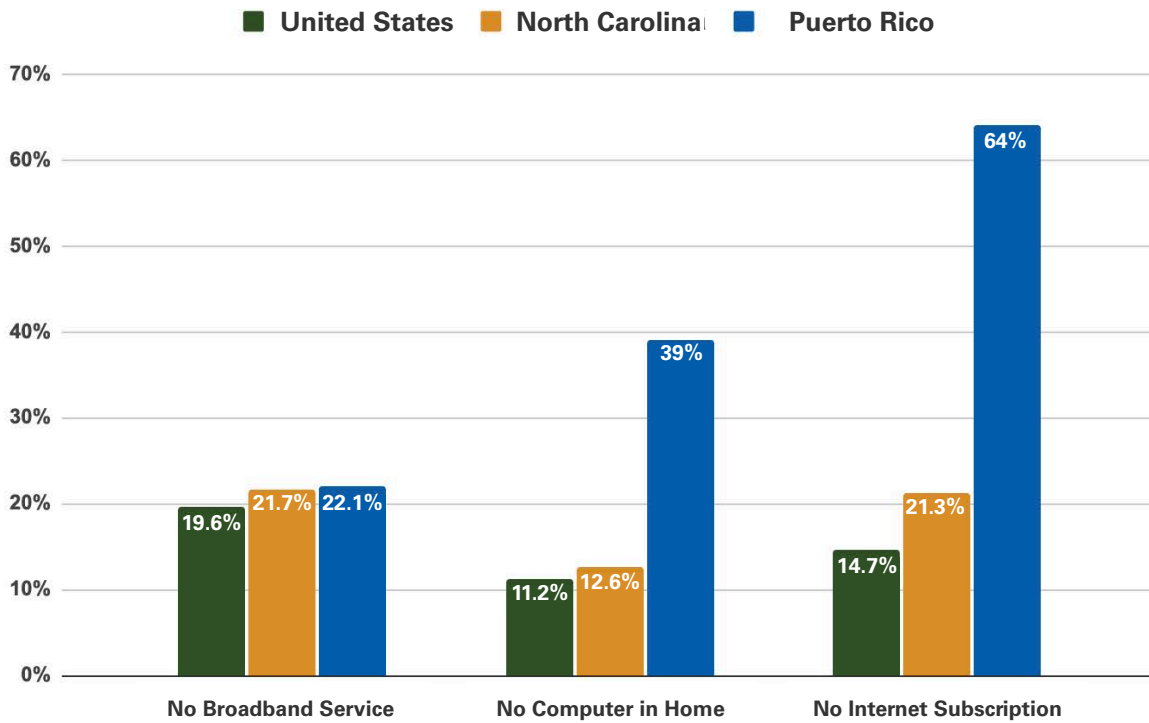
Puerto Rico Broadband Task Force (2015) Puerto Rico Broadband Strategic Assessment <http://rb.gy/u3pl6j>

In the shaded areas with broadband service (above), multiple internet service providers (ISPs) tend to cluster around infrastructure hubs. In contrast, lack of infrastructure in rural areas leaves residents with little choice in their service options. With no or minimal competition among service providers, internet costs can be set at prices that are unaffordable for locals.

# Broadband in Education

Figure 5

## Missing Home Broadband and Technological Access



The bar chart above shows 3 different ways that households are unable to obtain high-speed internet. Across the USA and Puerto Rico, about 1 in 5 households do not have high speed broadband service offered in their area (“No Broadband Service”). Most mainland Americans do have a computer in the house; only 11% of all mainland American households don’t have a computer, this is slightly higher (13%) for North Carolina specifically. However, almost 40% of houses in Puerto Rico don’t have a computer. As a result, and combined with the relatively high costs of service, only 36% of Puerto Rican households bother to pay for an internet subscription (compared to 85% mainland Americans) – even if the area is wired for broadband.

# Broadband in Education

## Meeting the Educational Needs of Children

Lack of broadband access deeply affects children, teachers, and communities. Access to broadband may also determine a family's ability to secure education for their children in the eventual post-COVID-19 United States. The "digital divide" was a term coined two decades ago when a gap between those with internet access and those without it was acknowledged as a major factor in determining success and standard of living.<sup>[ii]</sup> The "homework gap" refers to the difficulty experienced by students who do not have consistent and reliable access to broadband at home despite the fact that it is an expectation to complete homework – a vulnerability of rural students that COVID-19 has exacerbated. In fact, in March 2020 when schools officially closed, 9 million students lacked either access to broadband services or the technology to utilize that access.<sup>[iii]</sup> COVID-19 has brought the "homework gap" and "digital divide" to the forefront of the education conversation once again as the "COVID divide."

### Lack of internet access across America is generally attributable to one or more of four obstacles:

1. **Availability** – Broadband network access, via the provision of infrastructure or the broadcasting of service by Internet Service Providers (ISP), is not available for 20% (one fifth) of Americans.
2. **Costs** – Service costs can be prohibitive in historically disenfranchised communities and rural areas where incomes are generally lower than in urban areas.
3. **Devices** – Availability of internet-compatible devices sufficient for schoolwork is often a privilege in low-income areas as opposed to a quintessential resource.

4. **Knowledge** – The knowledge of how to use devices and gain access to services and affordable programs can be opaque, especially to populations marginalized by language, literacy, or technical literacy barriers.

Pending legislation as a follow-up to the Coronavirus Aid, Relief, and Economic Security (CARES) Act has attempted to address the "homework gap." Prospective solutions include providing the funds for public libraries and schools to buy hotspots and electronic devices to connect their communities as written in the proposed HEROES Act. Low-income families would also receive \$50 per month specifically to be used for internet bills.<sup>[iv]</sup> Unfortunately, sufficient resources have not been made available to date. While the CARES Act allotted \$100 million for the Reconnect Pilot Program, which aims to provide grants for broadband access to rural parts of the country, it did not provide sufficient funding to cover the needs of each household lacking access.<sup>[v]</sup> Some states have used their share of the \$150 billion Coronavirus Relief Fund (CRF) towards increasing broadband access for education to mixed effect.<sup>[vi]</sup> The relief provisions passed in December 2020 (Public Law No: 116-260) added \$7 billion in broadband initiatives, and \$59 billion for education grants which are partially applicable to broadband, but service gaps in rural and tribal communities remain underfunded.<sup>[vii]</sup> Additional policies and programs are needed to help solve these infrastructural deficiencies, particularly at a time when many American families remain disconnected from equal opportunity to education and critical information.

# Broadband in Education

## Recommendations

- Promote and resource broadband as a public service to give all students an equal opportunity to online education during the coronavirus pandemic regardless of socioeconomic standing or geography.
- Cultivate and expand programs that further the reach of broadband access initiatives to address all four modes of inequality:
  1. Broadband and network access
  2. Service costs
  3. Technology device access
  4. Technology device training in multiple languages

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<sup>[i]</sup> Instituto del Desarrollo de la Juventud. (2018, December). Impact of Hurricane Maria on Puerto Rico's Children. Retrieved from [https://parsefiles.back4app.com/NnOrAmAotAZqACgSOms8WkAwkOlqpZ6VWjoFVKeJ/e7cb314c136dca44c72d8570b9afb3f4\\_20511.pdf](https://parsefiles.back4app.com/NnOrAmAotAZqACgSOms8WkAwkOlqpZ6VWjoFVKeJ/e7cb314c136dca44c72d8570b9afb3f4_20511.pdf).

<sup>[ii]</sup> National Telecommunications and Information Administration. (1999). Falling through the net: defining the digital divide. U.S. Department of Commerce. Retrieved from <https://www.ntia.doc.gov/legacy/ntiahome/fttn99/contents.html>.

<sup>[iii]</sup> Chandra, S., Chang, A., Day, L., Fazlullah, A., Liu, J., McBride, L., Mudalige, T., & Weiss, D. (2020). Closing the K-12 Digital Divide in the Age of Distance Learning. San Francisco, CA: Common Sense Media. Boston, Massachusetts, Boston Consulting Group. Retrieved from [https://www.common Sense Media.org/sites/default/files/uploads/pdfs/common\\_sense\\_media\\_report\\_final\\_7\\_1\\_3pm\\_web.pdf](https://www.common Sense Media.org/sites/default/files/uploads/pdfs/common_sense_media_report_final_7_1_3pm_web.pdf).

<sup>[iv]</sup> The Heroes Act H.R. 6800, 116th Congress (2019-2020). <https://www.congress.gov/bill/116th-congress/house-bill/6800>.

<sup>[v]</sup> CARES Act S.3548, 116th Congress (2019-2020). <https://www.congress.gov/bill/116th-congress/house-bill/133>.

<sup>[vi]</sup> PewTrusts. (2020, November 16). States Tap Federal CARES Act to Expand Broadband. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/11/states-tap-federal-cares-act-to-expand-broadband>.

<sup>[vii]</sup> House Committee on Appropriations (2021, January). H.R.133 Division-by-Division Summary of COVID-19 Relief Provisions. United States House of Representatives. Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/133>.

# Mental Health and Well-Being

## Executive Summary

Despite an increased need for mental health and psychosocial support services across the country, the funding available for mental support services and mental health treatment has decreased. New Hanover County, North Carolina, has taken an innovative approach to address these gaps within their community by fostering

resiliency through trauma-informed community care across through a multi-sector effort. Similar whole-community approaches for trauma-informed child welfare programs should be promoted alongside calls for increased funding for government programs.

## What are the communities saying?

Below are a selection of community testimonials on the topic of mental health and wellbeing in disasters.

**TABLE 3. MENTAL HEALTH AND WELL-BEING**

<p><b>New Hanover County, NC</b>            “Attending to mental health needs all the time increases the chances that children will be resilient through a disaster. We don’t attempt to keep our kids healthy only after they are sick. It should be the same with mental health so we aren’t just triaging in the midst of a disaster. The pandemic has shown us the weaknesses in our mental health system for children. Consistent funding year round is needed to support children’s mental health.”</p> <p>~ Julie Bowling, Branch Coordinator: Lower Cape Fear, Diaper Bank of North Carolina</p>	<p><b>Mayagüez Region, PR</b>            “Mental health services promote a child’s reincorporation into a calmer daily routine. Providers prevent children from prolonged exposure to a stressful and overwhelming situation in their lives that may be difficult to overcome, allowing children to face their adversities in a more efficient way.” (Translated)</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez, PR</b>            “Contribuyen al no afectar excesivamente el área emocional de los niños/as y permitir su reincorporación a una vida más cotidiana y tranquila. Evitan que los niños/as mantengan una situación estresante y agobiante en sus vidas como una carga para su superación. Permite que puedan afrontar sus adversidades de una forma más eficiente.”</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Putnam County, NY</b>            “Disaster mental health and wellness is a key issue for children’s disaster resilience everywhere. In Putnam county there is a lack of all mental health services not just disaster-related. One or two agencies provide the bulk of services for a county of nearly 100,000.”</p> <p>~ Susan Hoffner, Health Educator/Communications Manager, Putnam County Department of Health</p>
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# Mental Health and Well-Being

**TABLE 3. MENTAL HEALTH AND WELL-BEING (CONTINUED)**

<p><b>Robeson County, NC</b></p> <p>“We are beginning to realize conversations with children to address their fears and stress during a disaster are important to build resiliency and better mental health. So often we dismiss them in order to dwell on what adults think are more important issues in a disaster. Good mental health is key to every age every life experience. Challenges lie in those pockets of our communities that do not understand the difference between good and poor mental health.”</p> <p>~ Dencie Lambdin, Retired, CIS of Robeson County</p>	<p><b>Washington County, AR</b></p> <p>“One of the greatest needs I see now is the need for behavior health specialists to offer coaching and technical assistance. Before COVID-19 we were already seeing a rise in behavioral issues with our very young children and now even more so. Our teachers are not equipped to handle these situations. Someone who could go into programs and offer very targeted help would be very beneficial to teachers and children.”</p> <p>~Debbie Malone, Program Coordinator, Child Care Aware NWA</p>	<p><b>Humacao Region, PR</b></p> <p>“The experiences that an infant lives through mark and affect this child for her or his entire life. It is vital that necessary resources are invested to ensure the health and safety of this population at all times in order to have healthy and competent adults.” (Translated)</p> <p>~ Christian A. Viera Martínez, Autonomous Municipality Caguas, Executive II: Childhood Topics</p>	<p><b>Humacao Region, PR</b></p> <p>“Las experiencias que vive un infante maternal marcan y afecta a este niño/a para toda su vida. Es vital que se invierta lo necesario para garantizar la salud y seguridad de esta población en todo momento para así tener adultos saludables y competentes.”</p> <p>~ Christian A. Viera Martínez, Municipio Autónomo de Caguas, Ejecutivo II - Asuntos de la Niñez</p>
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## Spotlight on: New Hanover County, NC

In 2018, the Resiliency Task Force was formed in New Hanover County, North Carolina. The Task Force addresses adult-onset mental health issues, as well as financial and social problems within the community by focusing on the root cause of adverse childhood experiences (ACEs). ACEs can include household experiences ranging from child abuse to divorce, or community experiences such as environmental pollution and historical trauma, or even environmental disasters such as natural disasters and climate crises. When children experience four or more traumatic events, they are at heightened risk of suffering in adulthood from chronic health diseases, substance abuse, severe mental illness, and financial hardships, among other issues.<sup>[1]</sup>

The New Hanover Resiliency Task Force involves over 400 individuals representing over 100 community agencies and organizations dedicated to the mission

of creating a more trauma-informed and resilience-focused community. Agencies include key child-serving institutions in the county that work directly with children and families, among others. Part of this initiative involves training personnel to recognize their own individual signs of stress and techniques to regulate their own bodies using various resilience models. Additionally, the task force focuses on providing training for organizations to provide one-on-one services for children who experience stress in their household, community, and environment.

Community leaders and health professionals acknowledge that there is no way to completely prevent the experience of hardships, but that there are meaningful interventions and approaches to alleviate the resulting emotional burden and mitigate long-term consequences. A trauma-informed approach leads to service providers who are better able to address issues related to trauma and positively interact community

# Mental Health and Well-Being

## Spotlight on: New Hanover County, NC (Continued)

members who have experienced trauma during childhood. Being trauma-informed is more than a new or additional service provided – it’s an approach to how all services are delivered to community members. The task force trains health, education, and social service providers to address trauma in their communities, especially among the most vulnerable and historically marginalized populations. This can lead to new

opportunities that improve early childhood, academic, health, and social outcomes across the community as a whole.

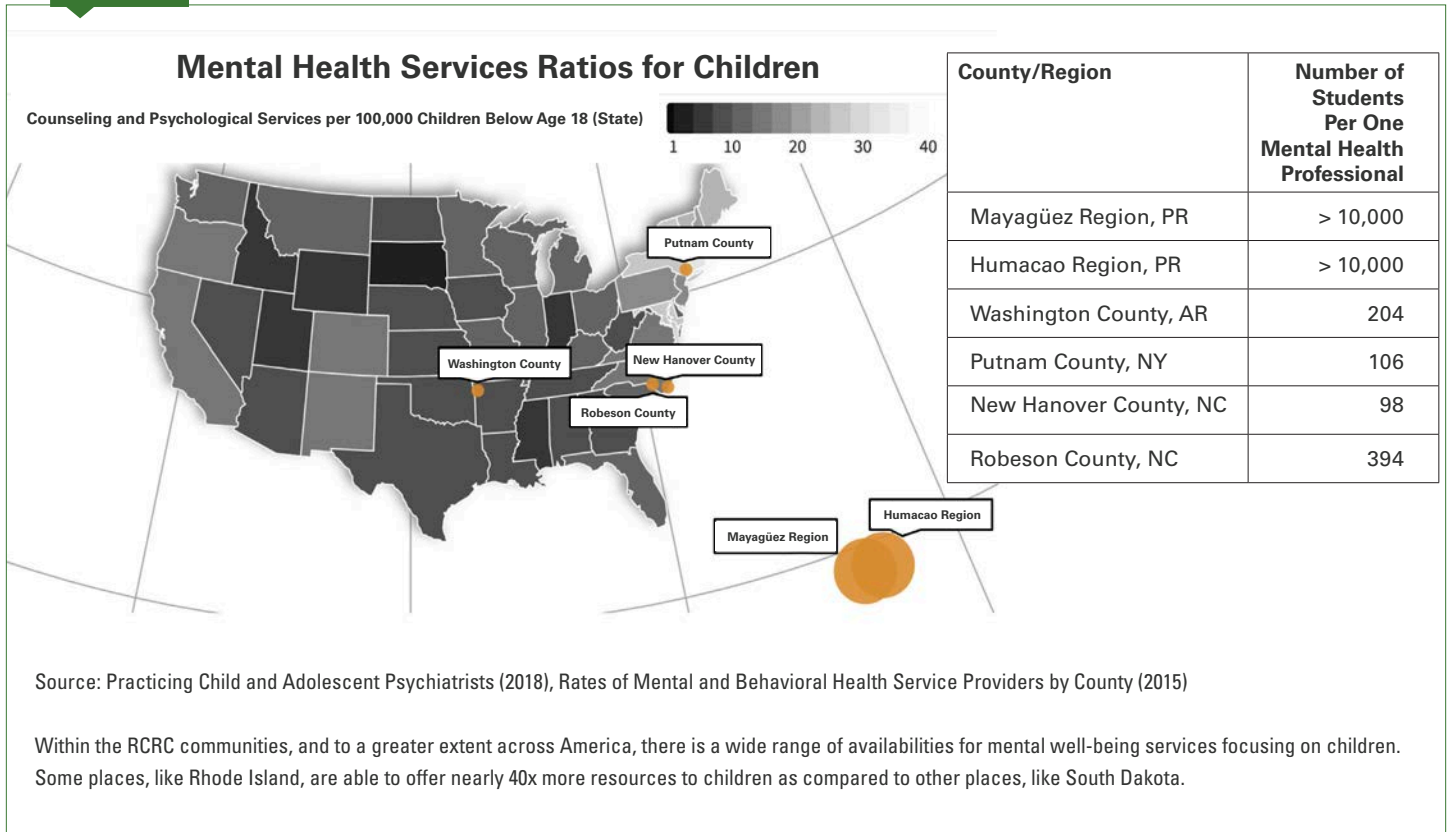
This innovative community approach to addressing ACEs and mitigating the long-term risks of unaddressed responses to trauma is part of a growing national movement, benefitting children and families with strong research translated into practice.

## Map of Social Services in Schools Across America

This map shows the distribution of social services in states and RCRC communities across America.

[Click Here To Interact With The Map.](#)

**Figure 6**



# Mental Health and Well-Being

## Meeting the Mental Health Needs of America's Children

Trauma and adverse life experiences, especially in childhood, can have a lasting impact on an individual's ability to recover and rebound from the social and physical setbacks of disasters. Following disasters and throughout prolonged periods of instability, affected populations can suffer from emotional distress, anxiety, depression, and post-traumatic stress disorder. These psychological impacts of disasters, including the pandemic, have a more profound impact on vulnerable and marginalized populations such as children.<sup>[iii]</sup>

It is estimated that over 7.4 million children and youth in the United States have a serious mental disorder. Unfortunately, only 41% of those in need of mental health services actually receive treatment.<sup>[iii]</sup> Despite these numbers, the 2019 federal budget for Children's Mental Health Services was scarcely enough to serve 13,595 children with serious emotional disturbances – less than 0.2% of all children across America. In addition, it could only finance the training of 5,100 mental health professionals, or fewer than one additional provider per distressed area. From 2018 to 2019, funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) decreased 16%, and a total of only 3% of funds were provided for the benefit of children.<sup>[iv]</sup> Prior to the COVID-19 pandemic, telehealth services including mental health services within the Health Resources and Services Administration (HRSA) were nearly halved by 50%.<sup>[v]</sup> In 2018, a scant \$9 million was authorized for Pediatric Mental Health Care Access Grants; this sum was intended to last through 2022.

The pandemic puts measurable strain on national mental health, with pediatric mental health emergencies increasing 24 – 31% nationwide through 2020.<sup>[vi]</sup> Despite this, the 2020 budget proposal for fiscal year 2021 contains no increases to mental health services within HRSA, instead it proposes completely eliminating

all Pediatric Mental Health Care Access Grants as well as all support for maternal behavioral health along with Infant and Early Childhood Mental Health programs within SAMHSA.<sup>[vii]</sup> Additional proposed cuts include halving mental health workforce development programs and reducing the National Institute of Mental Health (NIMH) budget by 15%.<sup>[viii]</sup>

Within schools, the 2020 budget proposal for the fiscal year 2021 completely cuts specific mental health programs in the Department of Education, instead consolidating 30 programs into 1 block grant. By conglomerating the competitive grant programs authorized by the Elementary and Secondary Act (ESEA) into a single program, known as the Elementary and Secondary Education for the Disadvantaged Block Grant (ESED Block Grant), mental health services will have to compete with drug abuse and the opioid crisis, school safety, job training, family services, career counseling, health and nutrition. Counseling after violent events like school shootings is still funded as School Emergency Response to Violence under a specific provision within the ESED Block Grant.<sup>[ix]</sup> The block grant is intended to minimize reliance on federal support in schools, but the data shows how few resources are available at the state level (see map).

The National Association of Social Workers (NASW) recommends one social worker for every 250 students at each school.<sup>[x]</sup> Ninety percent of students attend schools that fail to meet these mental health guidelines, and only three states meet the recommended student to social work ratio of 250:1. Additionally, depression, anxiety, and attention deficit and hyperactivity disorder diagnoses have been steadily increasing in school-aged children (6 to 17 years old), further highlighting the need for mental health professionals in schools.<sup>[xi]</sup>

# Mental Health and Well-Being

## Meeting the Mental Health Needs of America's Children (Continued)

Despite rising levels of mental illness and the increased probability of experiencing stressors and trauma, schools lack the critical staff necessary for early diagnosis and intervention. Some states are suggesting removing mental health screening from schools entirely.<sup>[xiii]</sup>

Legislation over the last several years has failed to adequately address the mental health crisis affecting children in America, and recent legislation for pandemic relief is no different. A package for COVID-19 relief passed

as part of Public Law No: 116-260 in December 2020 allocated a mere \$60 million to the exclusive purpose of aiding children's mental health and mitigating the traumatic stress caused by the pandemic.<sup>[xiii]</sup> The American Rescue Plan Act allocated \$80 million for pediatric mental health specifically, but through the entire coronavirus pandemic children have still been allocated under \$1 billion in mental health resources.<sup>[xiv]</sup>

## Recommendations

- Increase resources for mental health and supportive services in schools.
- Expand trauma-informed practices across communities nationwide.
- Recognize and support practices that take a root-cause approach to improve mental and physical health outcomes.

<sup>[i]</sup> Centers for Disease Control & Prevention. (2020). Preventing Adverse Childhood Experiences. CDC | Injury Center | Violence Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.

<sup>[ii]</sup> Makwana, N. (2019). Disaster and its impact on mental health: A narrative review. *Journal of family medicine and primary care*, 8(10), 3090–3095. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6857396/>.

<sup>[iii]</sup> Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 144863. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

<sup>[iv]</sup> US Department of Health and Human Services | Substance Abuse and Mental Health Services Administration. Justification of Estimates for Appropriations Committees | Justification for Fiscal Year 2019 (pp. 18-19). Retrieved from <https://www.samhsa.gov/sites/default/files/samhsa-fy-2019-congressional-justification.pdf>.

<sup>[v]</sup> US Department of Health and Human Services | Health Resources and Services Administration. Justification of Estimates for Appropriations Committees | Justification for Fiscal Year 2019 (p. 296). Retrieved from <https://www.hrsa.gov/advisory-committees/rural-health/reports-recommendations/recommendations-by-year.html>.

<sup>[vi]</sup> Leeb, R., Bitsko, R., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. (2020). Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR. Morbidity And Mortality Weekly Report*, 69(45), 1675–1680. <https://doi.org/10.15585/mmwr.mm6945a3>.

# Mental Health and Well-Being

<sup>[vii]</sup> First Focus. (2019, March). Impact of the President's FY 2020 Budget on Children's Health. Retrieved from <https://firstfocus.org/resources/fact-sheet/fact-sheet-impact-of-the-presidents-2020-budget-on-childrens-health>.

<sup>[viii]</sup> US Department of Health and Human Services | Health Resources and Services Administration. Justification of Estimates for Appropriations Committees | Justification for Fiscal Year 2021. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf>.

<sup>[ix]</sup> US Department of Education. (2020). Fiscal Year 2021 Budget Summary. Retrieved from <https://www2.ed.gov/about/overview/budget/budget21/summary/21summary.pdf>.

<sup>[x]</sup> National Association of Social Workers (NASW). (2018, March 27). News Releases. Retrieved from <https://www.socialworkers.org/News/News-Releases/ID/1633/NASW-Highlights-the-Growing-Need-for-School-Social-Workers-to-Prevent-School-Violence>.

<sup>[xi]</sup> National Center on Birth Defects and Developmental Disabilities, & Centers for Disease Control and Prevention. (2020). Data and Statistics on Children's Mental Health. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/childrensmentalhealth/data.html>.

<sup>[xii]</sup> Mental Health America. (2016). Position Statement 41: Early Identification of Mental Health Issues in Young People. Mental Health America | Policy Issues and Statements. Retrieved from <https://www.mhanational.org/issues/position-statement-41-early-identification-mental-health-issues-young-people>.

<sup>[xiii]</sup> House Committee on Appropriations (2021, January). H.R.133 Division-by-Division Summary of COVID-19 Relief Provisions. United States House of Representatives. Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/133>.

<sup>[xiv]</sup> Senate Budget Committee (2021, March). Amendment to H.R.1319. United States Senate. Retrieved from <https://www.budget.senate.gov/imo/media/doc/American%20Rescue%20Plan%20Act%20SENATE.pdf>.

# Emergency Shelters & Housing Security

## Executive Summary

Maintaining stable housing for vulnerable communities, including children, should be a top priority in addition to ensuring that emergency shelters are properly prepared to meet the needs of children in disaster situations. Children require stability and routine to minimize the effects of trauma from disasters. A critical factor in achieving this is for all children to have a stable and disaster-resilient home. For those who are unable

to stay in their home after a disaster, emergency shelter planning should explicitly plan to accommodate the unique needs of children. At the same time, shelter plans should consider locations that reduce reliance upon using schools as shelters in order to ensure educational continuity for children after disasters.

## What are the communities saying?

Below are a selection of community testimonials on the topic of housing and sheltering in disasters.

**TABLE 4. EMERGENCY SHELTERS AND HOUSING SECURITY**

<p><b>Humacao Region, PR</b></p> <p>“For children, routine is a vital component in their development. Losing your home in an emergency situation is a huge trauma and should be remedied as soon as possible in a safe and welcoming environment where routine can be practiced. In short, having safe and welcoming spaces after an emergency situation creates a home base, especially in children, to generate and maintain a resilient attitude.” (Translated)</p> <p>~ Christian A. Viera Martínez, Autonomous Municipality Caguas, Executive II: Childhood Topics</p>	<p><b>Humacao Region, PR</b></p> <p>“Para la población infante maternal la rutina es un componente vital en su desarrollo. Perder su hogar en una situación de emergencia es un trauma enorme y se debe garantizar a la mayor brevedad posible en entorno seguro y acogedor donde se puede practicar esa rutina. Contar con espacios seguros y acogedores después de una situación de emergencia crea en casa persona, en especial en los niños, una base generar y mantener una actitud resiliente.”</p> <p>~ Christian A. Viera Martínez, Municipio Autónomo de Caguas, Ejecutivo II - Asuntos de la Niñez</p>	<p><b>Washington County, AR</b></p> <p>“Children have special needs when it comes to sheltering which should be outlined for all shelters. Showcasing that a child’s needs will be taken care of in a compassionate way during a crisis builds trust within the community.”</p> <p>~ Andrea Davis, Founder, The Resiliency Initiative</p>	<p><b>Robeson County, NC</b></p> <p>“I do believe that disaster sheltering and housing is a key issue. Disaster can be traumatizing for adults and children. It is important to offer a safe haven (shelter) for families during times of disasters. While sheltering or in temporary housing, means should be available to keep as much normalcy in those children’s lives as possible.”</p> <p>~ Stephanie V.S. Chavis, Director, Robeson County Emergency Management</p>
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# Emergency Shelters & Housing Security

**TABLE 4. EMERGENCY SHELTERS AND HOUSING SECURITY (CONTINUED)**

<p><b>Mayagüez Region, PR</b>                  “Children do not have the necessary resources to be resilient. The scarcity of resources to foster resiliency directly affects the populations most vulnerable to disasters, such as children. Therefore, not having the most basic resource, such as safe housing, does a lot of damage to resilience in children.” (Translated)”</p> <p>~ Neliel D. Arocho Ruiz,                  Member, Impacto Juventud</p>	<p><b>Mayagüez Region, PR</b>                  “Los niños no tienen los recursos necesarios para ser resilientes. La escasez de recursos para poder ejercer la resiliencia afecta directamente a las poblaciones más vulnerables ante desastres, como lo son la niñez. Por ende, el no tener el recurso más básico como lo es una vivienda segura hace un gran daño a la resiliencia en los niños.”</p> <p>~ Neliel D. Arocho Ruiz,                  Miembro, Impacto Juventud</p>	<p><b>Putnam County, NY</b>                  “Funds are needed to empower towns and counties to take more of a leadership role in promoting community involvement in planning for disasters.”</p> <p>~ Susan Hoffner,                  Health Educator and                  Communications Manager,                  Putnam County Department of                  Health</p>	<p><b>New Hanover County, NC</b>                  “We are up against the potential for severe storms and hurricanes seasonally. We do not have all the resources needed to rebuild all the houses that would need it. We are still recovering from Hurricane Florence, and we did not have enough shelters when it happened. Housing equals security and children need security to grow and be resilient.”</p> <p>~ Lauren Hurley, Program and                  Volunteer Coordinator, DREAMS                  Center for Arts Education</p>
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## Spotlight On: Puerto Rico

### Emergency Shelters

Four months after Hurricane Maria, and well into the winter season, blue tarps still covered 60,000 roofless houses in Puerto Rico of the 70,000 originally damaged.<sup>[i]</sup> Eight out of ten households with one or more children were affected by the storm, and the disaster impacts on children extended beyond housing into education due to half of all operational shelters being located in schools, impeding the start of the school year.<sup>[ii]</sup>

Many Puerto Ricans chose to shelter-in-place for Hurricane Maria in 2017. Concerns about shelters and their effects on children and families are common as many prefer to stay at home for the stability and safety it provides. Women and children are particularly vulnerable in a shelter environment, with valid concerns about gender-based violence.<sup>[iii]</sup> Since domestic violence support programs are often not considered essential

services, they are not obligated to liaise with emergency management or have a presence at shelters.

### Housing Stability

Housing instability is sometimes conflated with homelessness, but it encompasses a broader subset of society, including low to moderate income households struggling to pay rent or mortgages on time; people living in unsafe housing conditions; high likelihoods of evictions; overcrowded housing markets with low supply; unstable neighborhoods (like disaster-prone areas); and homelessness. This creates additional stressors on parents, caregivers, and children.

The discrepancies between resources available to property owners versus renters result in questions about equitable and fair recovery. In portions of America where renting is prevalent, many government programs

# Emergency Shelters & Housing Security

## Spotlight On: Puerto Rico (Continued)

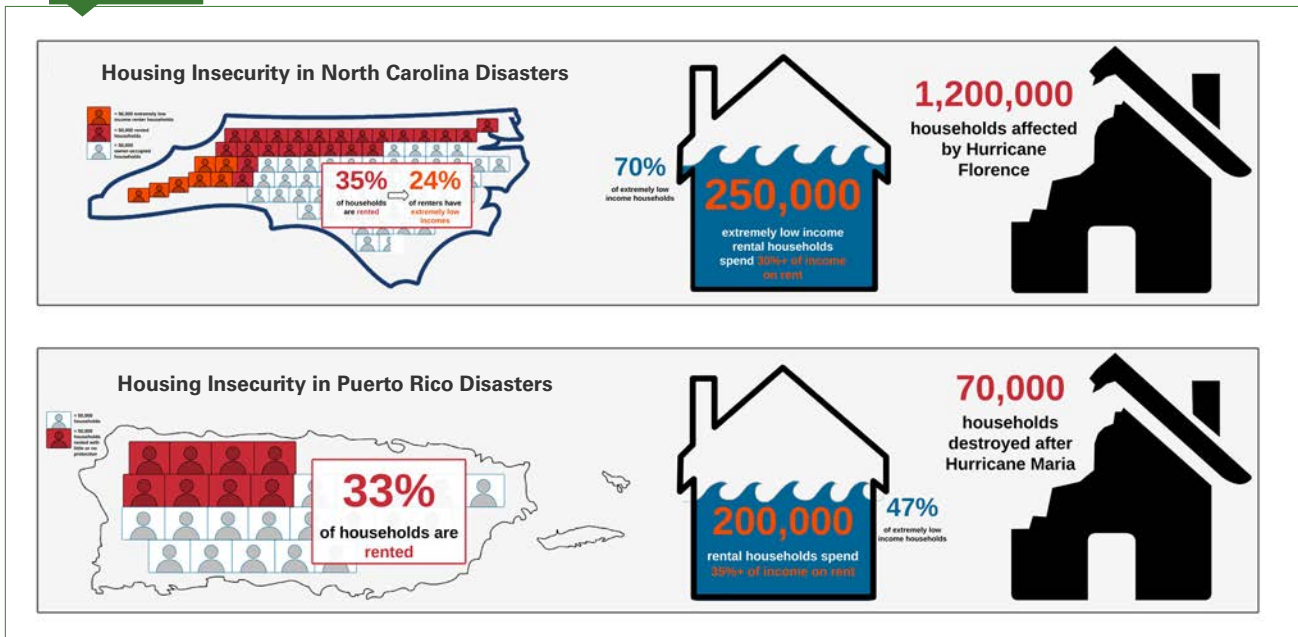
targeted to homeowners are perceived as exclusionary. In Puerto Rico, one-third of the population are renters and are also “rent burdened” where greater than 35% of monthly income is spent on rent.<sup>[iv]</sup>

### Increasing Flexibility for Rebuilding While Maintaining Safety

Ensuring housing stability for children in disasters requires programs that promote the building of stable structures with sound roofs while providing better

protections for renters. Puerto Ricans are asking for community-led housing programs that mitigate flood and landslide risk so that restrictions on rebuilding in hazard-prone areas can be lifted. Locals also strongly support promoting the inclusion of renters and non-title bearers in housing programs and guarantees for effective community participation.

Figure 7



# Emergency Shelters & Housing Security

Table 5

## BEST PRACTICES FOR CHILD AND FAMILY-FRIENDLY EMERGENCY SHELTERING

<b>FAMILIES</b>	<ul style="list-style-type: none"> <li>• Child-friendly bathrooms include family stalls, changing areas, steps stools, bathing areas</li> <li>• Reunification and “lost child” areas with reunification protocols for families</li> <li>• Bathrooms with security guards at all hours</li> <li>• Support and assistance for single parents</li> </ul>
<b>WOMEN AND GIRLS</b>	<ul style="list-style-type: none"> <li>• Discreet supplies and private spaces for menstruating girls and women</li> <li>• Discreet supplies and private spaces for nursing mothers</li> </ul>
<b>INFANTS</b>	<ul style="list-style-type: none"> <li>• Sterile materials for infant care (including water and dedicated sinks)</li> <li>• Age-appropriate beds (ex: cribs and roll guards)</li> <li>• Infant hygiene items (ex: diapers, wipes, rash cream, etc.)</li> <li>• Separately controlled temperatures in infant spaces</li> </ul>
<b>CHILDREN</b>	<ul style="list-style-type: none"> <li>• Child-friendly play spaces proximal to child-friendly bathrooms</li> <li>• Child-friendly nutritious foods</li> <li>• Property lighting for safety in all areas</li> <li>• Night lights for children</li> <li>• Audit for child safety hazards (e.g., electrical outlets, stairs)</li> <li>• Accessible outside space, ideally with playground or other recreational areas</li> <li>• Establish triage procedures and guidance for families and caregivers of children with access and functional needs</li> </ul>

Sources:

Department of Homeland Security (2014) Children in Disasters Guidance

National Center for Disaster Preparedness, Save the Children (2018) Best Practices Checklist for Emergency Shelters

Save the Children (2010) Guidance for Emergency Evacuation Shelters

# Emergency Shelters & Housing Security

## Meeting the Disaster Housing Needs of America's Children

The psychological impacts of disaster displacement on children are severe. After Hurricane Katrina, children who were displaced from their homes experienced 4.5 times the instances of serious emotional disturbances compared to non-displaced children. Unfortunately, 50% of parents who sought mental health aid were unable to access professional services.<sup>[vi]</sup> Thus, one of the most powerful ways to minimize childhood disaster trauma and the long-term effects on community health is to increase the possibility of maintaining stable housing throughout a disaster scenario. An analysis suggests that 75% of child poverty and housing insecurity could be reduced or eliminated by combining the proposed expansion to the Section 8 housing choice voucher program with [S. 4 LIFT the Middle Class Act and S.690 The American Family Act of 2019](#).<sup>[vi][vii]</sup>

Emergency sheltering in disasters is intended to provide temporary safe housing and centralized support services until permanent arrangements are found. Yet, emergency shelters are usually located in schools or community centers, which makes it a priority to clear out the shelters quickly. This contradiction makes it difficult for emergency shelters to offer adequate long-term support to families whose homes have been damaged or destroyed while also providing educational continuity and the subsequent economic resilience that the whole community requires to recover from disasters.

The Centers for Disease Control and Prevention's (CDC) guidance for disaster shelters during the COVID-19 pandemic urges local emergency management offices to prioritize alternatives to emergency shelters to avoid large numbers of people in shared enclosed spaces. Motels, hotels dormitories, and locations for small shelters meeting safety recommendations should be prioritized as locations to house people who cannot remain at home.<sup>[viii]</sup> Regardless of where shelters are located, child advocates and emergency managers support regulations that explicitly call for child and

family-specific provisions to minimize the psychological effects of displacement on children.

There are several legislative efforts for promoting housing security in disasters, including recently proposed legislation [H.R. 6724 Public Health Emergency Shelter Act of 2020](#) and [H.R. 6806 COVID-19 Emergency Housing Relief Act of 2020](#). Both aim to increase emergency solutions for the worsening housing crisis, especially focusing on low- and moderate-income households. Additionally, partial rental assistance through three-month vouchers was approved as part of the CBDG-CV funds, specifically \$45.2 million targeted for rental assistance in Puerto Rico.<sup>[ix]</sup> Expansion of these and similar programs can continue to mitigate the potential traumas incurred by children in uncertain housing situations. For homeowners, the Federal Housing Administration (FHA) issued and then extended several moratoriums on evictions for mortgage defaults during the pandemic, extending through the year and then reinvigorated with an additional \$25 billion for emergency rental assistance in December 2020; however, this solution's longevity remains uncertain, and renters still lack the full spectrum of relief services provided to homeowners.<sup>[x][xi]</sup>

Many community members, including but not limited to Puerto Ricans, would like to see restrictions relaxed on CDBG, CDBG-DR, and similar development programs so that communities can make informed choices for prioritizing local disaster mitigation strategies. There is a strong call for community-informed approaches to long-term housing stability which are currently not being met by federal policies and programs.

# Emergency Shelters & Housing Security

## Recommendations

- All emergency shelters should include child-friendly accommodations as part of the sheltering plan.
- Create more options using non-school shelters to promote educational continuity in disasters.
- Support community-led secure housing initiatives in disaster-prone areas, especially for renters in low and moderate-income communities, to reduce overall disaster sheltering demand and increase efforts to maintain a home-based routine and normalcy for children.

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[ii] Instituto del Desarrollo de la Juventud. (2018, December). Impact of Hurricane Maria on Puerto Rico's Children. Retrieved from [https://parsefiles.back4app.com/NnOrAmAotAZqACgSOms8WkAwkOlqPz6VWjoFVKeJ/e7cb314c136dca44c72d8570b9afb3f4\\_20511.pdf](https://parsefiles.back4app.com/NnOrAmAotAZqACgSOms8WkAwkOlqPz6VWjoFVKeJ/e7cb314c136dca44c72d8570b9afb3f4_20511.pdf).

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[iv] Schlegelmilch, J., Rivera, A., Samur, A., Sury, J., Delgado, Y., Stewart, A., & White, Z. (2020). Children of Puerto Rico and COVID-19 Webinar Proceedings. In Children of Puerto Rico and COVID-19 – At the Crossroads of Poverty and Disaster. New York, NY: National Center for Disaster Preparedness. Retrieved from [https://rcrctoolbox.org/wp-content/uploads/2020/07/COVID-19-PR-Webinar-Proceedings\\_EN\\_07302020.pdf](https://rcrctoolbox.org/wp-content/uploads/2020/07/COVID-19-PR-Webinar-Proceedings_EN_07302020.pdf).

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[vi] Biden for President. (2020). The Biden Plan for Investing in Our Communities Through Housing. Retrieved from <https://joebiden.com/housing>

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[x] HUD Public Affairs. (2020). FHA Extends Foreclosure and Eviction Moratorium for Homeowners Through Year End. Retrieved from [https://www.hud.gov/press/press\\_releases\\_media\\_advisories/HUD\\_No\\_20\\_134](https://www.hud.gov/press/press_releases_media_advisories/HUD_No_20_134).

[xi] House Committee on Appropriations. (2021, January). H.R.133 Division-by-Division Summary of COVID-19 Relief Provisions. United States House of Representatives. Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/133>.

# Food Security and Poverty

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. – USDA

## Executive Summary

In disaster-affected communities, pre-existing food insecurity and poverty present substantial challenges to building more resilient communities. Food security policies are commonly overly restrictive and emergency food programs frequently end before impoverished families have regained footing after disasters. Children relying upon school meal programs may go without meals for days at a time when disasters eliminate, alter,

or otherwise stress these vital safety nets. While larger issues of generational poverty cannot be solved through food security alone, emphasizing food security throughout the entire duration of disaster recovery provides enormous relief to children and families in poverty and can help to decrease new instances of post-disaster poverty.

## What are the communities saying?

Below are a selection of community testimonials on the topic of poverty and food insecurity in disasters.

**TABLE 6. FOOD SECURITY AND POVERTY**

<p><b>Humacao Region, PR</b></p> <p>“Poverty and food security play an important role in the growth and development of children and families. Poverty is a social problem that puts our children and families at a disadvantage since it affects access to health services, food, employment, transportation, and housing, all preventing children and families from responding and recovering quickly after a disaster.” (Translated)</p> <p>~Yadira Suarez Burgos, Director, Child Care Humacao</p>	<p><b>Humacao Region, PR</b></p> <p>“La pobreza y seguridad alimentaria juega un papel importante en el crecimiento y desarrollo de los niños y familias. La pobreza es una problemática social que pone en desventaja a nuestros niños y familias ya que afecta el acceso servicios de salud, alimentos, empleo, transportación y vivienda. La pobreza, la necesidad alimentaria y los problemas sociales le impiden a los niños y a las familias a responder y recuperarse rápidamente después de un desastre.”</p> <p>~Yadira Suarez Burgos, Directora, Child Care Humacao</p>	<p><b>New Hanover County, NC</b></p> <p>“One-quarter of children in New Hanover County are already food insecure. Disasters make this an even bigger issue because they can mean loss of jobs and income for basic necessities, being out of school which is a source of regular meals, or long-term displacement for families away from their support networks.”</p> <p>~ Amy Manor Thornton, Museum Education Manager, Cape Fear Museum of History and Science</p>	<p><b>Washington County, AR</b></p> <p>“Children look forward to coming to school because they know it means they will have at least three meals. A lot of kids eat fast-food or frozen foods every night and on weekends. They love having cooked meals at school. They also love having a break from the fried foods.”</p> <p>~ Susan Hoffner, Health Educator / Communications Manager, Putnam County Department of Health</p>
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# Food Security and Poverty

**TABLE 6. FOOD SECURITY AND POVERTY (CONTINUED)**

<p><b>Putnam County, NY</b></p> <p>“The demand for food during the pandemic should be a wake-up call to better understand that not everyone in Putnam is as “well-off” as we believe we are. There is no doubt stigma involved with Putnam residents may need food from others. It shows how tenuous our social systems really are despite illusions to the contrary.”</p> <p>~ Susan Hoffner, Health Educator / Communications Manager, Putnam County Department of Health</p>	<p><b>Mayagüez Region, PR</b></p> <p>“It is necessary to employ families with scarce resources by promoting the economic development of small and medium-sized companies that can reduce poverty in our communities. To avoid food insecurity it is necessary to avoid poverty, and to avoid poverty it is necessary for the economy to grow through jobs and development.” (Translated)</p> <p>~Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez Region, PR</b></p> <p>“Es necesario emplear a estas familias con escasos recursos, propiciar un desarrollo económico de pequeñas y medianas empresas que puedan acortar la pobreza en las comunidades. Para evitar la inseguridad alimentaria es necesario evitar la pobreza, y para esto es necesario que la economía crezca con empleos y desarrollo.”</p> <p>~ Neliel D. Arocho Ruiz, Miembro, Impacto Juventud</p>	<p><b>Robeson County, NC</b></p> <p>“Please help keep our food bank pantries stocked with food. These places depend on donations, but if there are funds that can be used to help provide food, that would be great.”</p> <p>~ Megan Laurel Collins, SCORE Counseling Coordinator, Public Schools of Robeson County</p>
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## Spotlight on: Children in Poverty in Puerto Rico and North Carolina

Food insecurity and poverty are intertwined, and the compound effects are especially severe for children. To the same effect, when food security is addressed, reductions in poverty are often also observed. In North Carolina, for example, 175,000 people, including 81,000 children, were lifted out of poverty by increasing food security through Supplemental Nutrition Assistance Program (SNAP, also known as FNS or food stamps). The benefit also extends to the broader community, as each year over \$2 billion enters the NC economy when thousands of stores participate in food stamp programs.<sup>[i]</sup>

Across the United States, trends show that where adults are food insecure, even more children are suffering. In North Carolina, 19% of adults and 26% of children are food insecure.<sup>[ii]</sup> These numbers are even higher in economically disadvantaged areas like Robeson County, where 34% of children live in homes without reliable meals and 70% of children are living in poverty.<sup>[iii]</sup> In Puerto Rico, 60% of children live in poverty<sup>[iv]</sup> and a sample of nearly 100,000 schoolchildren found

that over 32% often experienced shortages in food or water.<sup>[v]</sup>

Disasters further exacerbate these issues facing families and children. In the early months of the coronavirus pandemic and following the closure of schools, North Carolinians knew that immediate measures would be necessary to keep feeding the 53% of school-age children who rely upon school lunch programs. Governmental resources that help support the food needs of local families, such as the Lumbee Tribe, Robeson County Church and Community Center, United Way of Robeson County, Communities in Schools of Robeson County Backpack Program, food banks, and local industry partners. Public schools quickly transitioned from the National School Lunch Program (NSLP) to Summer Food Service Program to gain flexibility in how and where lunches are prepared and served. In two months, cafeteria staff and bus drivers coordinated to supply

# Food Security and Poverty

## Spotlight on: Children in Poverty in Puerto Rico and North Carolina (Continued)

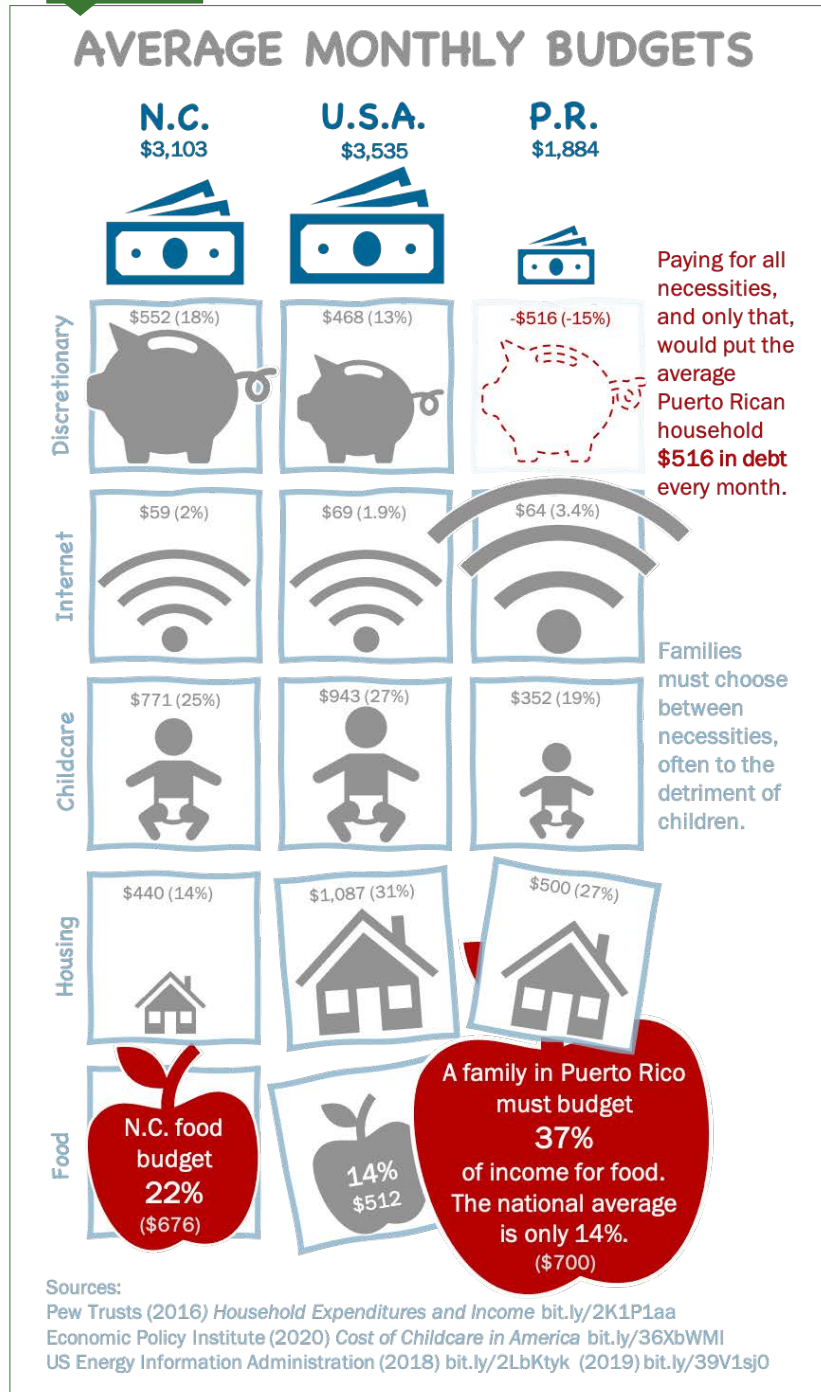
over 18 million meals to food-insecure children. Distribution plans are a huge piece of the puzzle in North Carolina; without the ability to make deliveries, an estimated 75% of meals would not reach recipients.<sup>[vi]</sup> Food security in Robeson County is additionally aided by many non-governmental resources that help support the food needs of local families, such as the Lumbee Tribe, Robeson County Church and Community Center, United Way of Robeson County, Communities in Schools of Robeson County Backpack Program, food banks, and local industry partners.

After Hurricane Maria, the Food Bank of Puerto Rico saw a 60% increase in the number of people seeking food assistance with 20% of food aid recipients enrolling in benefits for the first time.<sup>[vii]</sup> While 43% of the Puerto Rican population is food insecure, the lower middle class is 50% food insecure, and a quarter of the lower middle class couldn't afford any meals for children at all.<sup>[viii]</sup> The aid recipients were described as often being middle class, working heads of households who did not have enough money to source food for an entire month.<sup>[ix]</sup> This description is supported by data from multiple studies that show that even just average working families in Puerto Rico and North Carolina are at increased risk for food insecurity (see infographic).

Food security after disasters in Puerto Rico is more problematic than on the mainland, due primarily to federal restrictions imposed on the island's food stamp program, Nutrition Assistance Program (NAP, or PAN for its name in Spanish, Programa de Asistencia Nutricional). Compared to SNAP on the mainland, NAP has no automatic mechanism for providing disaster benefits. The consequence of this is that it took six months after Hurricane Maria for federally approved disaster nutritional assistance to reach the island. In comparison, the Virgin Islands (participating in SNAP) were able to provide food assistance within 47 days after Hurricane Maria. Although SNAP is a program for all households under the poverty line, NAP is more restrictive and only serves the bottom most income levels, yet the maximum benefits in NAP are typically about 20% lower than in SNAP.<sup>[x]</sup>

# Food Security and Poverty

Figure 8



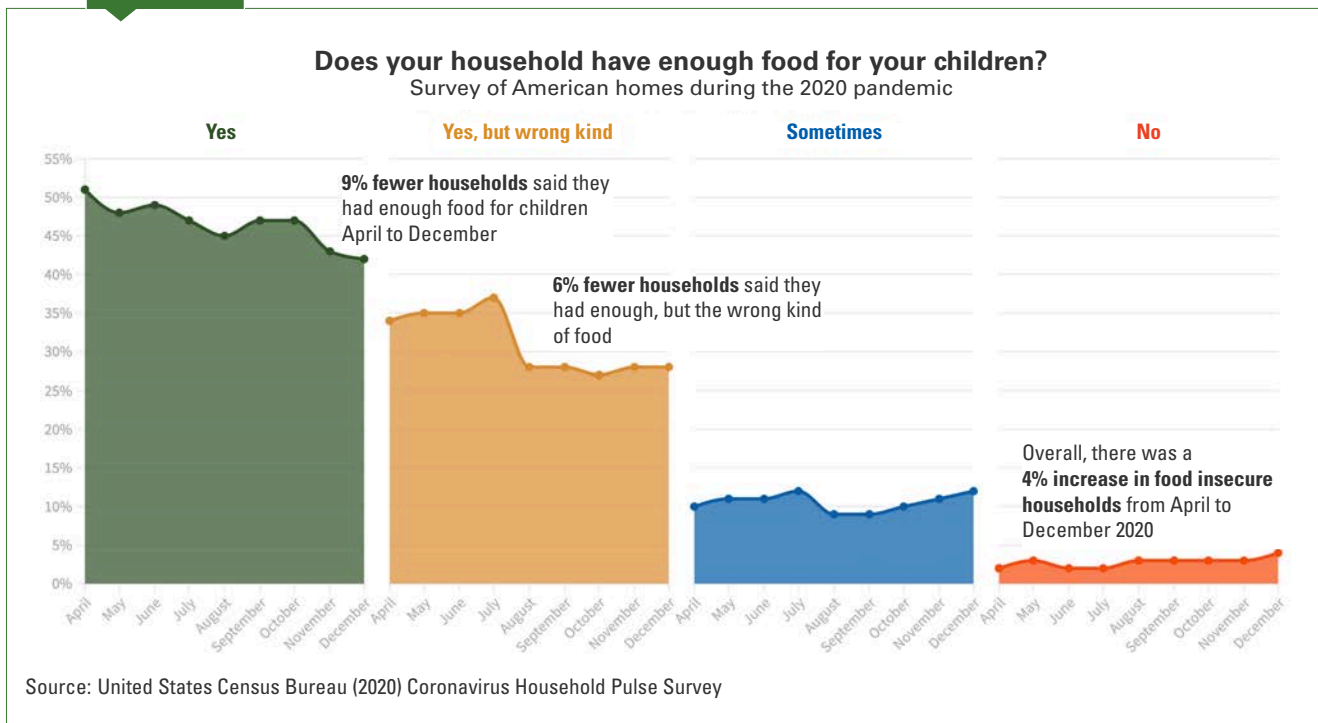
# Food Security and Poverty

## Does your household have enough food for your children?

During the COVID-19 pandemic, the US Census Bureau undertook a weekly, later bi-weekly, “Household Pulse” survey to assess the impact of the pandemic on American households. The graphic below summarizes the data reported by households with children when answering the question about whether the household is able to secure enough food. In general, American households with children are seeing increased food insecurity with an additional 1% of households reporting less food security each month of the pandemic. Due to the size of the American population, this means that millions of households and millions of children are facing increased food insecurity as a result of the pandemic.

Data is summarized from Table 3b of the Household Pulse Survey.<sup>[xi]</sup> Note that the survey methodology changed between weeks 12 and 13, resulting in a higher proportion of answers in the “no answer” category. Learn more about the survey methodology.<sup>[xii]</sup>

Figure 9



# Food Security and Poverty

## Meeting the Needs of America's Hungry and Impoverished Children

The face of hunger in America is changing. Antiquated ideas of poverty and starvation conjure up images of the destitute and homeless. Instead, recent trends across America show that the working poor and vulnerable lower-middle class are at the heart of food insecurity issues. At the beginning of the coronavirus pandemic, 64% of low and low-moderate income American adults were either marginally or completely food insecure. The coronavirus pandemic has highlighted existing disparities between socioeconomic and racial groups as it continues to disproportionately impact working, low-income, food-insecure families.<sup>[xiii]</sup>

Yet many of the food aid programs in America, proven to alleviate poverty and provide economic benefit, are hampered by restrictions that prevent families from achieving stability in the long term. The working poor cannot afford to wait in line to pick up food or meals when they often work long hours and lack job security. Similarly, many middle-class American families without reliable access to transportation may not be able to reach aid distribution points, especially during disasters. As such, food security programs need to take into account the lifestyle restrictions induced by living in poverty and reduce barriers to obtaining benefits.

Food insecurity and poverty are especially dangerous for children because they prevent healthy brain development and create negative outcomes over the course of the child's life, including increased exposure to violence, hunger, parents or family members in the justice system, neglect, and abuse.<sup>[xiv][xv]</sup>

The Congressional Task Force on Economic Growth in Puerto Rico has recommended an extension of the Child Tax Credit (CTC) during the COVID-19 pandemic and other disasters, specifically to aid low- and moderate-income families in stabilizing food access for children. The Disaster Supplemental Nutritional Assistance Program (D-SNAP) is a short-term program that serves recipients for only one month after a disaster declaration.<sup>[xvi]</sup> Since many disasters can require five or more years for a full community recovery, food security programs must be designed to support families in a

bridge towards recovery for much longer than one month. The Nutritional Assistance Program (NAP) in Puerto Rico is even further chronically obstructed in delivering disaster relief due to restrictions and cuts set forth in the Omnibus Budget Reconciliation Act of 1981, which do not apply to assistance programs on the mainland. Despite obvious limitations, NAP is the most popular food security program in Puerto Rico, with 57% of children's families relying upon it for at least some meals. This program expired in 2019 and was re-authorized in March 2020 with \$200 million during the pandemic.<sup>[xvii]</sup> Other programs authorized to provide poverty and hunger alleviation are the \$8.8 billion through national Child Nutrition Programs, and \$500 million for Women, Infants and Children (WIC).<sup>[xviii]</sup>

The Pandemic Electronic Benefits Transfer (P-EBT) program was established in the Families First Coronavirus Act and is intended as a supplement to SNAP to assist with the childhood hunger exacerbated by the closure of schools.<sup>[xix]</sup> This helps to alleviate some of the restrictions posed by the original National School Lunch Program (NSLP) and should be considered for long-term support as the pandemic continues to create economic hardship for families across America.

In December 2020, the additional coronavirus relief (included in Public Law No: 116-260) provided an additional total of \$1.27 billion in emergency food aid and nutrition programs that benefit children. Specifically, nutrition programs such as Meals on Wheels for children were allocated an additional \$180 million, another \$614 million was allocated to NAP for Puerto Rico and American Samoa, and \$400 million was provided to the Emergency Food Assistance Program (TEFAP). SNAP benefits were also increased by 15% per month, extended to college students, and allocated an additional \$50 million for an online purchasing program.<sup>[xx]</sup> As of early 2021, food aid remains insufficient to counter the additional 1% of American households slipping towards poverty and food security each month.

# Food Security and Poverty

## Recommendations

- Lengthen the duration of emergency food security programs to persist beyond short-term disaster response through the entire disaster recovery period to ensure stability for children and families.
- Prioritize food security programs in disaster-prone regions to impede increases in post-disaster poverty.
- Account for lifestyle restrictions when designing food security programs for the impoverished: reduce wait times, long lines, and other barriers to engagement for the working poor.

<sup>[i]</sup> North Carolina Justice Center. Hunger in N.C. Retrieved from <https://www.ncjustice.org/projects/budget-and-tax-center/hunger/>.

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<sup>[iii]</sup> UNC Chapel Hill. Hunger Research. Retrieved from <https://www.sog.unc.edu/resources/tools/hunger-research>.

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continued

# Food Security and Poverty

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# Summary

## Increasing Children’s Resilience in Disaster

The five topics outlined in these issue briefs elucidate key issues facing communities in their efforts to promote resilient children through disaster events, and particularly the compounding of disasters amidst the COVID-19 pandemic. These issues are complex and though each represents a singular topic for policy, they are not isolated from each other or from issues external to disaster contexts. To continue increasing the resilience of America’s communities and children, we must continue to understand these social issues as nuanced and interconnected challenges.

### CHILDCARE IN DISASTERS

#### Support policies for childcare as an essential industry and service

- Advocate for child-serving institutions to be considered essential businesses as a baseline for economic recovery.
- Adjust state funding regulations to accommodate the necessary flexibility for child-serving institutions when an emergency is declared.
- Establish protocols to protect childcare workers as being “at increased risk” to ensure childcare programs are sufficiently staffed before reopening.

### BROADBAND AND EDUCATION IN DISASTERS

#### Broadband access for children is more urgent now than ever before

- Promote and resource broadband as a public service to give all students an equal opportunity to online education during the coronavirus pandemic regardless of socioeconomic standing or geography.
- Cultivate and expand programs that further the reach of broadband access initiatives to address all four modes of inequality:
  1. Broadband and network access
  2. Service costs
  3. Technology device access
  4. Technology device training in multiple languages

### MENTAL HEALTH IN DISASTERS

#### Invest in mental health support services for schools and communities

- Increase resources for mental health and supportive services in schools.
- Expand trauma-informed practices across communities nationwide.
- Recognize and support practices that take a root-cause approach to improve mental and physical health outcomes.

# Summary

## **Increasing Children’s Resilience in Disaster** *(Continued)*

### **HOUSING AND SHELTERING IN DISASTERS**

#### **Prioritize stable housing programs and kid-friendly shelters**

- All emergency shelters should include child-friendly accommodations as part of the sheltering plan.
- Create more options using non-school shelters to promote educational continuity in disasters.
- Support secure housing initiatives in disaster-prone areas, especially for renters in low and moderate-income communities, to reduce overall disaster sheltering demand and increase efforts to maintain a home-based routine and normalcy for children.

### **POVERTY AND FOOD SECURITY IN DISASTERS**

#### **Food security in disasters reduces the risk of new poverty**

- Lengthen the duration of emergency food security programs to persist beyond short-term disaster response through the entire disaster recovery period to ensure stability for children and families.
- Prioritize food security programs in disaster-prone regions to impede increases in post-disaster poverty.
- Account for lifestyle restrictions when designing food security programs for the impoverished: reduce wait times, long lines, and other engagement barriers for the working poor.

# Summary

## COVID-19 Pandemic Aid Allocations and Spending on Children in Disasters

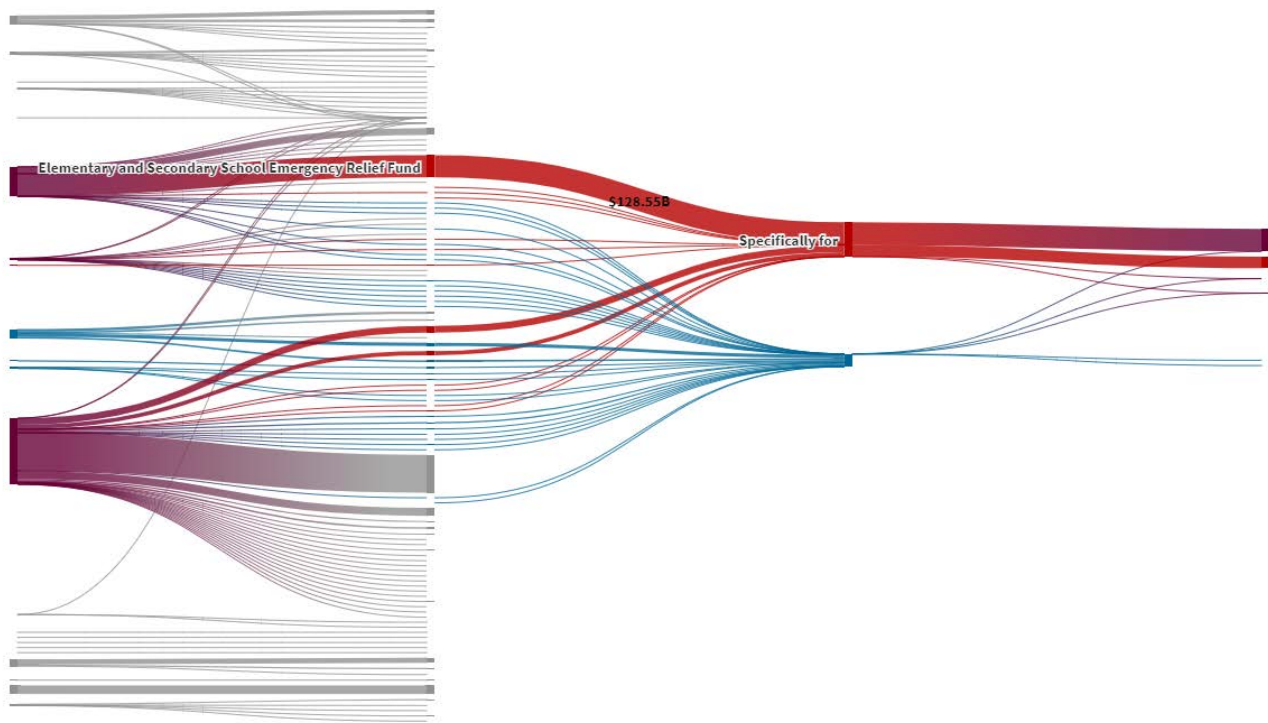
During the coronavirus pandemic, the critical need to address these issues became starkly apparent. All at once, the entire nation became acutely aware of the interplay between children’s disaster resilience and the reliance of the economy upon the stability of children’s services. Emergency legislation passed during the COVID-19 pandemic sought to address these five critical issues, and though it represented a step in the right direction, there are still more improvements to be made in order to ensure the resilience of children and communities in disasters

[Click Here To View Interactive Chart](#)

The top 5 needs of children benefitted from appropriations made during the CARES Act of March 2020 and subsequent appropriations included in Public Law 116-260 in December 2020 and the American Rescue Plan Act of March 2021. You can trace funding for these 5 issues back to its original source to better understand the ways in which government programs foster resilience among this critical and vulnerable population.

Figure 10

How much pandemic aid (in \$billions) was allocated to the top 5 needs of children?  
American Rescue Plan Act - March 2021



Source: United States House of Representatives Budget Committee (2021) American Rescue Plan Act of 2021

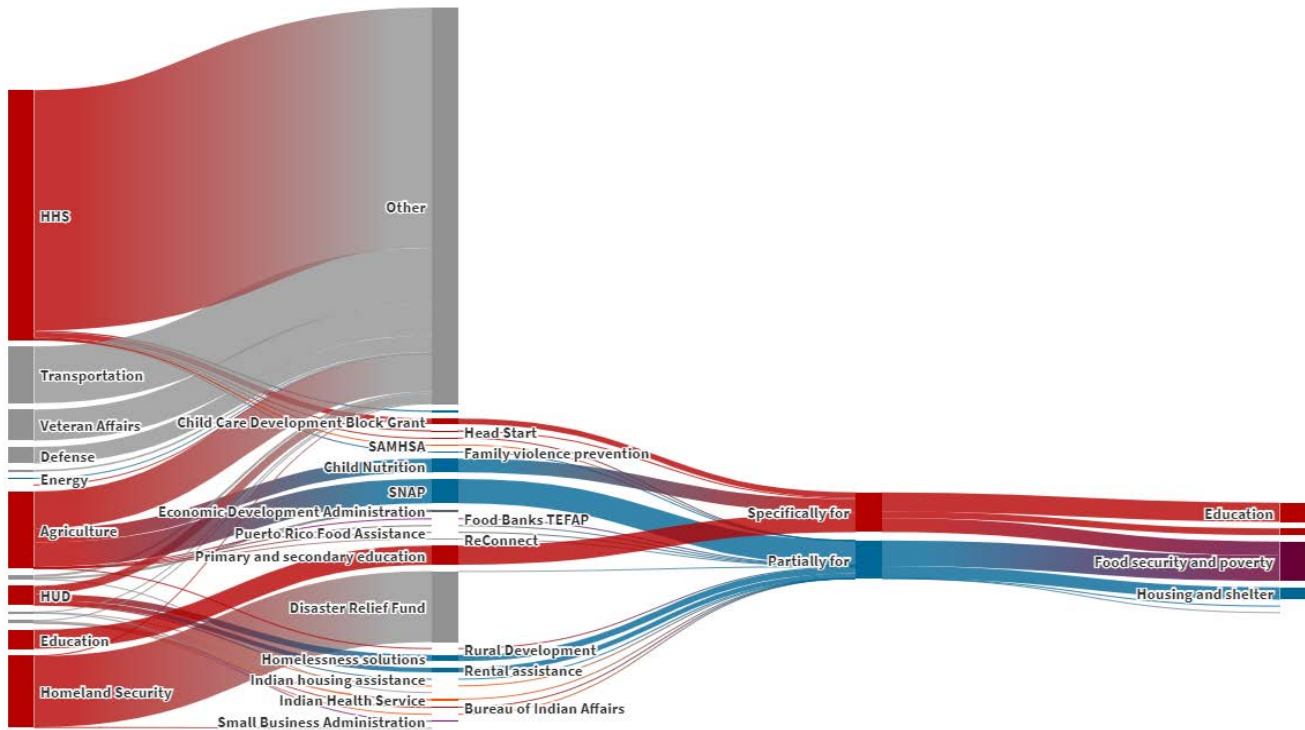
In March 2021, Congress approved the American Rescue Plan Act, a coronavirus pandemic relief package totaling \$1.9 trillion. The aid provided \$822 billion to government programs and over \$1 trillion in stimulus checks, unemployment benefits, and business aid. Here we take a closer look at the \$822 billion for government programs and how much of it went to the needs of children during the pandemic.



# Summary

**Figure 12**

**How much pandemic aid (in \$billions) was allocated to the top 5 needs of children?**  
 CARES Act - March 2020



Source: United States Senate (2020) S.3548 CARES Act

The CARES Act provided \$350 billion to government programs, and \$2.2 trillion total, in order to aid Americans through the COVID-19 pandemic.

# Appendix

## What are the communities saying?

Below are a selection of community testimonials on the topic of child care in disasters.

### CHILDCARE

<p><b>New Hanover County, NC</b></p> <p>“Child care workers are not paid enough for their work and do not receive pay when day cares are closed, meaning that there is low incentive to stay employed at a child care through a disaster and be a familiar face for returning children. Repairs to child care facilities are not subsidized or prioritized. Like with public schools, child care needs to be subsidized by the state in order for families to be available for the workforce.”</p> <p>~ Amy Manor Thornton, Museum Education Manager, Cape Fear Museum of History and Science</p>	<p><b>Robeson County, NC</b></p> <p>“When it comes to natural disasters and resilience we do not have direct policies around funding responsibility and roles within county organizations. We have to have clear guidance outlining protocols regarding how child care organizations’ needs should be addressed during COVID-19. How can we expect our children to experience such impactful events and just return to school or daycare as normal when most adults cannot achieve that expectation?”</p> <p>~ Rikki Bullard, SCORE Coordinator, Public Schools of Robeson County</p>	<p><b>Mayagüez, PR</b></p> <p>“Child care centers contribute to the emotional and social development of children and contribute to their protection and understanding of adverse situations that occur in communities.” (Translated)</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez, PR</b></p> <p>“Los centros de cuidado infantil aportan al desarrollo emocional y social de los niños/as y contribuyen a su protección y entendimiento de las situaciones adversas que ocurren en las comunidades.”</p> <p>~ Neliel D. Arocho Ruiz, Miembro, Impacto Juventud</p>
<p><b>Humacao Region, PR</b></p> <p>“Child care centers provide learning experiences and social-emotional development for infants, allowing participants to experience situations that teach them how to handle simple problems, identify their emotions, and increase communication and expression. All these experiences increase the resilience capacity of participants. Caregivers should be considered essential personnel and greater accessibility to tests and health services should be provided.” (Translated)</p> <p>~ Christian A. Viera Martínez, Autonomous Municipality Caguas, Executive II: Childhood Topics</p>	<p><b>Humacao Region, PR</b></p> <p>“Los centros de cuidado y desarrollo infantil brindan experiencias de aprendizaje y desarrollo socioemocional de los infantes maternos. Estas experiencias logran que los participantes, se expongan a situaciones para el manejo de problemas simples, identificar sus emociones y aumentar la comunicación y expresión, todas estas experiencias aumentan la capacidad de resiliencia en los participantes. Necesitamos que los cuidadores sean considerados personal esencial y se le brinde mayor accesibilidad a pruebas y servicios de salud.”</p> <p>~ Christian A. Viera Martínez, Municipio Autónomo de Caguas, Ejecutivo II - Asuntos de la Niñez</p>	<p><b>Washington County, AR</b></p> <p>“I would recommend emergency preparedness outreach to the childcare community be added as a community resilience priority for the local fire, police and emergency management agencies.”</p> <p>~ Andrea Davis, Founder, The Resiliency Initiative</p>	<p><b>Putnam County, NY</b></p> <p>“I believe that childcare is valued as an essential business but not prioritized. As evidenced by the response to the global pandemic when schools closed down, it was mandated by the governor that local school districts assist their essential worker families in finding childcare. The districts in the area interpreted that in many different ways; only some paid for and provided childcare programming for their students. When you see a list of “essential workers,” childcare workers are never mentioned.”</p> <p>~ Jessica Vanacoro, Associate Executive Director, Camp Herrlich</p>

## What are the communities saying?

Below are a selection of community testimonials on the topic of broadband access and education in disasters.

### BROADBAND AND EDUCATION

<p><b>Robeson County, NC</b></p> <p>“Provide more funding to rural communities to assist with the cost of necessary technology needed to ensure that no child is left behind. Regulations on the cost of broadband and technology are needed so that service is affordable for all. Robeson County is a unique and diverse county within itself. If given opportunities that we have been denied for so long such as broadband and technology access then our children will have a stronger future.”</p> <p>~ Sylvia T. Johnson and Cindy Lowry, Community Champions, CIS: Resilient Children / Resilient Communities</p>	<p><b>Putnam County, NY</b></p> <p>“WiFi access often depends on having power. More often the local cell towers get shut down during emergencies due to large amounts of traffic and usage. Our elected officials should prioritize increasing broadband access capability during emergencies so that if WiFi goes out with power, people would still be able to access the internet through their mobile devices.”</p> <p>~ Jessica Vanacoro, Associate Executive Director, Camp Herrlich</p>	<p><b>New Hanover County, NC</b></p> <p>“Access to wireless internet services is a critical infrastructure need for children and families. Staying connected with friends and loved ones is a critical way to support adult and youth mental health. Children require wireless internet access to maintain their links to their school work and their teachers. Wireless internet is also crucial for sheltering residents who otherwise would be spending endless hours without anything to do, especially during COVID-19.”</p> <p>~ Amy Manor Thornton, Museum Education Manager, Cape Fear Museum of History and Science</p>	<p><b>Humacao Region, PR</b></p> <p>“We want to have a technology access center because our community is isolated and lacks technological resources for children’s school assignments and homework. We have proposed the creation of a Technology Center in our neighborhood at the municipal level, but it has not been evaluated yet. We have the location and the volunteers, we just lack the equipment.” (Translated)</p> <p>~ Betsy A. Flores, President, Corporación Los Cipreses y Rosales del Cantil de Borinquen</p>
<p><b>Humacao Region, PR</b></p> <p>“Deseamos tener un centro de tecnología asistiva porque nuestra comunidad es aislada y carece de recursos tecnológicos para las asignaciones y tareas escolares de los niños. Para ello hemos presentado una propuesta a nivel municipal para lograr un Centro de Tecnología en nuestro barrio. Pero no ha sido evaluado aún. Tenemos el lugar y los voluntarios, nos falta el equipo.”</p> <p>~ Betsy A. Flores, Presidente, Corporación Los Cipreses y Rosales del Cantil de Borinquen</p>	<p><b>Washington County, AR</b></p> <p>“Broadband and technology should be viewed as utilities and regulated by local jurisdictions.”</p> <p>~ Andrea Davis, Founder, The Resiliency Initiative</p>	<p><b>Mayagüez Region, PR</b></p> <p>“Children will have to adjust and adapt to a different reality. They will have to perform different activities than they normally do. Their way of learning will be impacted without internet access, and their habits with technology will change.” (Translated)</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez Region, PR</b></p> <p>“Los niños deberán ajustarse y adaptarse a una realidad distinta, deberán ejecutar actividades diferentes a las que normalmente ejecutan. Su manera de aprender se verá impactada sin acceso a Internet y sus hábitos con los equipos electrónicos serán cambiados.”</p> <p>~ Neliel D. Arocho Ruiz, Miembro, Impacto Juventud</p>

## What are the communities saying?

Below are a selection of community testimonials on the topic of mental health and wellbeing in disasters.

### MENTAL HEALTH AND WELL-BEING

<p><b>New Hanover County, NC</b></p> <p>“Attending to mental health needs all the time increases the chances that children will be resilient through a disaster. We don’t attempt to keep our kids healthy only after they are sick. It should be the same with mental health so we aren’t just triaging in the midst of a disaster. The pandemic has shown us the weaknesses in our mental health system for children. Consistent funding year round is needed to support children’s mental health.”</p> <p>~ Julie Bowling, Branch Coordinator: Lower Cape Fear, Diaper Bank of North Carolina</p>	<p><b>Mayagüez Region, PR</b></p> <p>“Mental health services promote a child’s reincorporation into a calmer daily routine. Providers prevent children from prolonged exposure to a stressful and overwhelming situation in their lives that may be difficult to overcome, allowing children to face their adversities in a more efficient way.” (Translated)</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez, PR</b></p> <p>“Contribuyen al no afectar excesivamente el área emocional de los niños/as y permitir su reincorporación a una vida más cotidiana y tranquila. Evitan que los niños/as mantengan una situación estresante y agobiante en sus vidas como una carga para su superación. Permite que puedan afrontar sus adversidades de una forma más eficiente.”</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Putnam County, NY</b></p> <p>“Disaster mental health and wellness is a key issue for children’s disaster resilience everywhere. In Putnam county there is a lack of all mental health services not just disaster-related. One or two agencies provide the bulk of services for a county of nearly 100,000.”</p> <p>~ Susan Hoffner, Health Educator/Communications Manager, Putnam County Department of Health</p>
<p><b>Robeson County, NC</b></p> <p>“We are beginning to realize conversations with children to address their fears and stress during a disaster are important to build resiliency and better mental health. So often we dismiss them in order to dwell on what adults think are more important issues in a disaster. Good mental health is key to every age every life experience. Challenges lie in those pockets of our communities that do not understand the difference between good and poor mental health.”</p> <p>~ Dencie Lambdin, Retired, CIS of Robeson County</p>	<p><b>Washington County, AR</b></p> <p>“One of the greatest needs I see now is the need for behavior health specialists to offer coaching and technical assistance. Before COVID-19 we were already seeing a rise in behavioral issues with our very young children and now even more so. Our teachers are not equipped to handle these situations. Someone who could go into programs and offer very targeted help would be very beneficial to teachers and children.”</p> <p>~Debbie Malone, Program Coordinator, Child Care Aware NWA</p>	<p><b>Humacao Region, PR</b></p> <p>“The experiences that an infant lives through mark and affect this child for her or his entire life. It is vital that necessary resources are invested to ensure the health and safety of this population at all times in order to have healthy and competent adults.” (Translated)</p> <p>~ Christian A. Viera Martínez, Autonomous Municipality Caguas, Executive II: Childhood Topics</p>	<p><b>Humacao Region, PR</b></p> <p>“Las experiencias que vive un infante maternal marcan y afecta a este niño/a para toda su vida. Es vital que se invierta lo necesario para garantizar la salud y seguridad de esta población en todo momento para así tener adultos saludables y competentes.”</p> <p>~ Christian A. Viera Martínez, Municipio Autónomo de Caguas, Ejecutivo II - Asuntos de la Niñez</p>

## What are the communities saying?

Below are a selection of community testimonials on the topic of housing and sheltering in disasters.

### EMERGENCY SHELTERS AND HOUSING SECURITY

<p><b>Humacao Region, PR</b></p> <p>“For children, routine is a vital component in their development. Losing your home in an emergency situation is a huge trauma and should be remedied as soon as possible in a safe and welcoming environment where routine can be practiced. In short, having safe and welcoming spaces after an emergency situation creates a home base, especially in children, to generate and maintain a resilient attitude.” (Translated)</p> <p>~ Christian A. Viera Martínez, Autonomous Municipality Caguas, Executive II: Childhood Topics</p>	<p><b>Humacao Region, PR</b></p> <p>“Para la población infante maternal la rutina es un componente vital en su desarrollo. Perder su hogar en una situación de emergencia es un trauma enorme y se debe garantizar a la mayor brevedad posible en entorno seguro y acogedor donde se puede practicar esa rutina. Contar con espacios seguros y acogedores después de una situación de emergencia crea en casa persona, en especial en los niños, una base generar y mantener una actitud resiliente.”</p> <p>~ Christian A. Viera Martínez, Municipio Autónomo de Caguas, Ejecutivo II - Asuntos de la Niñez</p>	<p><b>Washington County, AR</b></p> <p>“Children have special needs when it comes to sheltering which should be outlined for all shelters. Showcasing that a child’s needs will be taken care of in a compassionate way during a crisis builds trust within the community.”</p> <p>~ Andrea Davis, Founder, The Resiliency Initiative</p>	<p><b>Robeson County, NC</b></p> <p>“I do believe that disaster sheltering and housing is a key issue. Disaster can be traumatizing for adults and children. It is important to offer a safe haven (shelter) for families during times of disasters. While sheltering or in temporary housing, means should be available to keep as much normalcy in those children’s lives as possible.”</p> <p>~ Stephanie V.S. Chavis, Director, Robeson County Emergency Management</p>
<p><b>Mayagüez Region, PR</b></p> <p>“Children do not have the necessary resources to be resilient. The scarcity of resources to foster resiliency directly affects the populations most vulnerable to disasters, such as children. Therefore, not having the most basic resource, such as safe housing, does a lot of damage to resilience in children.” (Translated)”</p> <p>~ Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez Region, PR</b></p> <p>“Los niños no tienen los recursos necesarios para ser resilientes. La escasez de recursos para poder ejercer la resiliencia afecta directamente a las poblaciones más vulnerables ante desastres, como lo son la niñez. Por ende, el no tener el recurso más básico como lo es una vivienda segura hace un gran daño a la resiliencia en los niños.”</p> <p>~ Neliel D. Arocho Ruiz, Miembro, Impacto Juventud</p>	<p><b>Putnam County, NY</b></p> <p>“Funds are needed to empower towns and counties to take more of a leadership role in promoting community involvement in planning for disasters.”</p> <p>~ Susan Hoffner, Health Educator and Communications Manager, Putnam County Department of Health</p>	<p><b>New Hanover County, NC</b></p> <p>“We are up against the potential for severe storms and hurricanes seasonally. We do not have all the resources needed to rebuild all the houses that would need it. We are still recovering from Hurricane Florence, and we did not have enough shelters when it happened. Housing equals security and children need security to grow and be resilient.”</p> <p>~ Lauren Hurley, Program and Volunteer Coordinator, DREAMS Center for Arts Education</p>

## What are the communities saying?

Below are a selection of community testimonials on the topic of poverty and food insecurity in disasters.

### FOOD SECURITY AND POVERTY

<p><b>Humacao Region, PR</b></p> <p>“Poverty and food security play an important role in the growth and development of children and families. Poverty is a social problem that puts our children and families at a disadvantage since it affects access to health services, food, employment, transportation, and housing, all preventing children and families from responding and recovering quickly after a disaster.” (Translated)</p> <p>~Yadira Suarez Burgos, Director, Child Care Humacao</p>	<p><b>Humacao Region, PR</b></p> <p>“La pobreza y seguridad alimentaria juega un papel importante en el crecimiento y desarrollo de los niños y familias. La pobreza es una problemática social que pone en desventaja a nuestros niños y familias ya que afecta el acceso servicios de salud, alimentos, empleo, transportación y vivienda. La pobreza, la necesidad alimentaria y los problemas sociales le impiden a los niños y a las familias a responder y recuperarse rápidamente después de un desastre.”</p> <p>~Yadira Suarez Burgos, Directora, Child Care Humacao</p>	<p><b>New Hanover County, NC</b></p> <p>“One-quarter of children in New Hanover County are already food insecure. Disasters make this an even bigger issue because they can mean loss of jobs and income for basic necessities, being out of school which is a source of regular meals, or long-term displacement for families away from their support networks.”</p> <p>~ Amy Manor Thornton, Museum Education Manager, Cape Fear Museum of History and Science</p>	<p><b>Washington County, AR</b></p> <p>“Children look forward to coming to school because they know it means they will have at least three meals. A lot of kids eat fast-food or frozen foods every night and on weekends. They love having cooked meals at school. They also love having a break from the fried foods.”</p> <p>~ Susan Hoffner, Health Educator / Communications Manager, Putnam County Department of Health</p>
<p><b>Putnam County, NY</b></p> <p>“The demand for food during the pandemic should be a wake-up call to better understand that not everyone in Putnam is as “well-off” as we believe we are. There is no doubt stigma involved with Putnam residents may need food from others. It shows how tenuous our social systems really are despite illusions to the contrary.”</p> <p>~ Susan Hoffner, Health Educator / Communications Manager, Putnam County Department of Health</p>	<p><b>Mayagüez Region, PR</b></p> <p>“It is necessary to employ families with scarce resources by promoting the economic development of small and medium-sized companies that can reduce poverty in our communities. To avoid food insecurity it is necessary to avoid poverty, and to avoid poverty it is necessary for the economy to grow through jobs and development.” (Translated)</p> <p>~Neliel D. Arocho Ruiz, Member, Impacto Juventud</p>	<p><b>Mayagüez Region, PR</b></p> <p>“Es necesario emplear a estas familias con escasos recursos, propiciar un desarrollo económico de pequeñas y medianas empresas que puedan acortar la pobreza en las comunidades. Para evitar la inseguridad alimentaria es necesario evitar la pobreza, y para esto es necesario que la economía crezca con empleos y desarrollo.”</p> <p>~ Neliel D. Arocho Ruiz, Miembro, Impacto Juventud</p>	<p><b>Robeson County, NC</b></p> <p>“Please help keep our food bank pantries stocked with food. These places depend on donations, but if there are funds that can be used to help provide food, that would be great.”</p> <p>~ Megan Laurel Collins, SCORE Counseling Coordinator, Public Schools of Robeson County</p>

# Data Tables

## RCRC Issue Briefs Appendix Data

April 2021

**Table 1. Missing Home Broadband and Technology Access**

The data here was used in Figure 5 on page 14 of the Broadband in Education chapter.

The table below shows the percent of homes without a home computer, access to internet, or available broadband service.

Source: IMLS Indicators: Economic Status and Broadband Availability and Adoption (2020) <https://bit.ly/3nrZtHx>

State	Percent with no home computer	Percent with no home Internet	Percent with home Broadband	Number of Broadband providers (2019)	Broadband available 2019 (%)	Cost per month. 2019 (\$)
<b>National</b>	<b>16.6</b>	<b>26.2</b>	<b>73.3</b>	<b>5.3</b>	<b>68.5</b>	<b>66.70\$</b>
Alaska	6.7	15.2	84.3	1	43.9	139.23\$
Arizona	10.1	17.8	81.8	3.1	68.9	71.19\$
Arkansas	15.9	29.6	69.8	3.8	58.4	58.55\$
California	8.3	14.9	84.7	5	76.7	70.03\$
Colorado	7.2	13.8	85.7	4	71.4	73.26\$
Connecticut	10.4	15.8	83.8	4.4	98.8	73.44\$
Delaware	10.1	17.2	82.4	3	96.5	81.51\$
District of Columbia	10.2	19.7	80	3	99	115.18\$
Florida	10.2	18.8	80.8	5.3	82.1	71.30\$
Georgia	11.4	20.6	79	4.4	77.5	72.23\$
Hawaii	10	16.3	83.3	2	76.2	51.30\$
Idaho	9.8	19.5	79.7	2.8	59.3	70.39\$
Illinois	11.7	19	80.6	3.5	72.5	64.08\$
Indiana	12.8	21.8	77.6	5	75.1	65.23\$
Iowa	12.4	20.4	78.8	5.6	81.2	71.75\$
Kansas	11.6	19.9	79.6	3.3	72.4	63.95\$
Kentucky	15.7	23.9	75.5	3.7	81.6	67.66\$
Louisiana	16.5	26.8	72.8	4.7	66.1	61.53\$
Maine	11.6	19.1	80	4.2	91.7	64.30\$
Maryland	8.7	15	84.6	2.3	91	77.88\$
Massachusetts	9.9	15	84.7	2.6	95.6	89.46\$
Michigan	12	20.5	79	4.2	70.4	68.39\$
Minnesota	9.7	16.4	82.9	6	80.2	61.33\$
Mississippi	18.5	31.5	68	5.1	63.3	67.81\$
Missouri	12.7	21.9	77.6	4.3	61.8	63.54\$
Montana	12.7	21	78.1	2.5	63.6	91.54\$
Nebraska	11.5	18.4	81	3.4	60.7	71.60\$
Nevada	8.8	18.3	81.3	2	46.2	82.95\$
New Hampshire	7.8	13.3	86.2	4.8	92.8	67.62\$
New Jersey	9.9	15.6	84.1	3.4	98.8	67.67\$
New Mexico	16.2	27	72.3	3	63.3	70.66\$
New York	11.8	18.8	80.9	2.8	91.2	63.30\$
<b>North Carolina</b>	<b>12.6</b>	<b>21.3</b>	<b>78.3</b>	<b>5.4</b>	<b>86.6</b>	<b>61.96\$</b>
North Dakota	11.5	20.6	79	3.5	92.3	60.89\$
Ohio	12.6	19.8	79.7	4.8	81.5	64.76\$
Oklahoma	13.3	23.8	75.8	4	58.5	59.06\$
Oregon	8.2	15.5	83.9	4.6	76.2	74.65\$
Pennsylvania	13.5	20.1	79.2	4.8	86.4	72.42\$
Rhode Island	12.4	17.8	81.8	2	98.2	62.59\$
South Carolina	13.8	24.2	75.3	5.6	79.8	64.62\$
South Dakota	13.2	21.4	78	4	84.6	61.99\$
Tennessee	14.8	24.2	75.4	4.8	78.7	68.24\$
Texas	10.8	20.4	79.3	3.6	62.9	62.64\$
Utah	5.6	13.9	85.7	3.7	83	66.06\$
Vermont	11.1	19.1	80.2	4.1	85.4	66.48\$
Virginia	10.1	17.5	82	2.8	79.3	66.67\$
Washington	7.3	13.1	86.5	5.1	82.6	73.07\$
West Virginia	18.2	26.6	72.9	2	65.5	62.67\$
Wisconsin	12	18.9	80.4	5.5	74.3	67.48\$
Wyoming	9.2	18.3	81.1	4.2	68.5	60.82\$
<b>Puerto Rico</b>	<b>35.5</b>	<b>42.9</b>	<b>56.2</b>	<b>11.2</b>	<b>56</b>	<b>N/A</b>

## RCRC Issue Briefs Appendix Data

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### Table 2. Computer Ownership in Puerto Rico

The data was used in Figure 5 on page 14 of the *Broadband in Education* chapter.

Source: Puerto Rico Broadband Strategic Assessment (2020) <https://bit.ly/3aHvt5p>

	2010	2012	2014
Computer ownership	55%	60%	61%
Desktop computer ownership	34%	17%	22%
Laptop computer ownership	37%	34%	47%
Tablet computer ownership	N/A	2%	16%

## RCRC Issue Briefs Appendix Data

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### Table 3: Broadband Infrastructure in Puerto Rico: Percent of Household Served

The data was used in Figure 5 on page 14 of the *Broadband in Education* Chapter.

Source: Puerto Rico Broadband Strategic Assessment (2020) <https://bit.ly/3aHvt5p>

The table shows the broadband availability in urban and rural areas of Puerto Rico.

Metric (Down/Up Speeds)	Broadband Availability June 2014
<b>10 Mbps</b>	<b>10 Mbps/1.5 Mbps</b>
Total	77.87%
Urban	98.87%
Rural	65.96%

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**Table 4: Mental Health Service Ratios for Children**

*The data was used in Figure 6 on page 19 of the Mental Health and Well-being chapter.*

Source: American Academy of Child and Adolescent Psychiatry. (2018). "Practicing Child and Adolescent Psychiatrists." <https://bit.ly/32UoMZA>

State	Shortage Indicator	Counseling and Psychological Services per 100,000 children below age 18
Alabama	Severe Shortage (1-17)*	8
Alaska	Severe Shortage (1-17)*	9
Arizona	Severe Shortage (1-17)*	9
Arkansas	Severe Shortage (1-17)*	8
California	Severe Shortage (1-17)*	13
Colorado	Severe Shortage (1-17)*	15
Connecticut	High Shortage (18-46)*	32
Delaware	Severe Shortage (1-17)*	11
District of Columbia	Mostly Sufficient Supply (>= 47)	60
Georgia	Severe Shortage (1-17)*	8
Hawaii	Severe Shortage (1-17)*	10
Idaho	Severe Shortage (1-17)*	5
Illinois	Severe Shortage (1-17)*	11
Indiana	Severe Shortage (1-17)*	6
Iowa	Severe Shortage (1-17)*	8
Kansas	Severe Shortage (1-17)*	9
Maryland	High Shortage (18-46)*	25
Minnesota	Severe Shortage (1-17)*	11
Mississippi	Severe Shortage (1-17)*	6
Montana	Severe Shortage (1-17)*	10
Nevada	High Shortage (18-46)*	7
New Jersey	Severe Shortage (1-17)*	16
New Mexico	Severe Shortage (1-17)*	14
North Dakota	Severe Shortage (1-17)*	9
Oklahoma	Severe Shortage (1-17)*	7
Pennsylvania	Severe Shortage (1-17)*	16
South Carolina	Severe Shortage (1-17)*	12
South Dakota	Severe Shortage (1-17)*	1
Utah	Severe Shortage (1-17)*	6
Maine	High Shortage (18-46)*	24
West Virginia	Severe Shortage (1-17)*	9
Wyoming	Severe Shortage (1-17)*	6
Puerto Rico	Severe Shortage (1-17)*	11
Florida	Severe Shortage (1-17)*	10
Kentucky	Severe Shortage (1-17)*	10
Louisiana	Severe Shortage (1-17)*	8
Maine	High Shortage (18-46)*	24
Massachusetts	High Shortage (18-46)*	35
Michigan	Severe Shortage (1-17)*	11
Missouri	Severe Shortage (1-17)*	11
Nebraska	Severe Shortage (1-17)*	9
New Hampshire	High Shortage (18-46)*	19
New York	High Shortage (18-46)*	27
North Carolina	High Shortage (18-46)*	13
Ohio	Severe Shortage (1-17)*	11

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**Table 4: Mental Health Service Ratios for Children**

Oregon	Severe Shortage (1-17)*	13
Rhode Island	High Shortage (18-46)*	39
Tennessee	Severe Shortage (1-17)*	7
Texas	Severe Shortage (1-17)*	9
Virginia	Severe Shortage (1-17)*	13
Washington	Severe Shortage (1-17)*	10
Wisconsin	Severe Shortage (1-17)*	12

## RCRC Issue Briefs Appendix Data

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**Table 5: Behavioral Health Services in North Carolina**

The data was used in Figure 6 on page 19 of the *Mental Health and Well-being* chapter.

Source: Rates of Mental and Behavioral Health Service Providers by County (2015) <https://bit.ly/3qINUdF>

The table shows number of providers per 10,000 children aged 0-17 years, as of 2015.

County	Pediatricians	Psychiatrists	Family Medicine Physicians	Licensed Social Workers	Psychologists
Alamance	6.5	1.7	8.1	17.7	4.5
Alexander	0.0	1.3	7.7	1.3	0.0
Alleghany	0.0	0.0	45.6	20.3	10.1
Anson	3.8	0.0	17.1	11.4	9.5
Ashe	0.0	0.0	27.8	5.9	9.9
Avery	0.0	0.0	24.4	55.8	14.0
Beaufort	5.0	3.0	14.9	12.9	5.0
Bertie	0.0	0.0	8.0	2.7	2.7
Bladen	0.0	0.0	8.0	12.0	1.3
Brunswick	1.5	3.4	14.7	13.2	6.8
Buncombe	10.5	12.3	36.0	82.8	39.3
Burke	2.8	9.6	15.7	22.5	30.9
Cabarrus	7.5	2.2	16.9	16.3	9.1
Caldwell	3.5	0.6	16.9	9.9	4.7
Camden	0.0	12.1	0.0	4.0	0.0
Carteret	4.7	1.6	27.7	21.3	7.1
Caswell	0.0	2.3	4.6	2.3	0.0
Catawba	3.9	3.7	19.2	15.5	10.7
Chatham	10.1	10.1	23.0	18.0	4.3
Cherokee	8.2	6.2	10.3	22.7	10.3
Chowan	3.3	0.0	13.0	16.3	0.0
Clay	0.0	0.0	31.9	10.6	5.3
Cleveland	5.5	1.4	9.7	16.6	6.0
Columbus	1.6	0.0	5.5	18.1	6.3
Craven	6.4	1.7	9.8	23.4	16.6
Cumberland	6.5	4.2	14.8	35.1	17.3
Currituck	0.0	0.0	5.4	7.2	1.8
Dare	4.4	0.0	24.7	26.1	7.3
Davidson	4.0	1.6	6.2	7.8	1.3
Davie	2.2	3.3	8.8	4.4	3.3
Duplin	2.0	0.7	4.7	12.1	2.7
Durham	16.0	17.4	16.2	78.3	54.5
Edgecombe	3.1	0.0	4.7	3.9	3.9
Forsyth	12.5	6.9	14.3	21.3	14.1
Franklin	0.0	0.0	2.8	6.2	0.7
Gaston	4.3	1.6	12.1	25.2	5.9
Gates	0.0	0.0	0.0	0.0	8.0
Graham	0.0	0.0	5.5	16.4	0.0
Granville	1.6	4.8	16.9	68.2	20.9
Greene	0.0	2.2	6.6	13.2	0.0
Guilford	6.8	3.3	12.9	27.2	14.2
Halifax	4.3	1.7	9.5	13.8	10.4
Harnett	0.9	0.6	4.9	9.9	2.6
Haywood	5.5	3.6	17.3	62.0	9.1
Henderson	8.2	6.4	23.3	32.0	7.8

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**Table 5: Behavioral Health Services in North Carolina**

Hertford	6.2	4.1	6.2	37.3	8.3
Hoke	1.3	0.0	3.4	12.1	6.1
Hyde	0.0	0.0	9.8	49.1	0.0
Iredell	5.8	1.5	11.3	15.5	7.0
Jackson	7.1	0.0	28.5	77.0	38.5
Johnston	1.5	0.4	7.1	9.8	5.2
Jones	0.0	0.0	5.2	0.0	0.0
Lee	4.0	1.3	13.2	23.8	2.6
Lenoir	3.0	1.5	8.2	11.2	6.0
Lincoln	4.6	0.0	9.7	7.4	3.4
Mcdowell	3.2	1.1	12.9	21.5	5.4
Macon	7.8	3.1	20.3	26.6	3.1
Madison	2.5	0.0	19.8	37.2	2.5
Martin	2.1	0.0	6.2	14.4	0.0
Mecklenburg	9.9	3.5	11.2	27.8	14.3
Mitchell	3.5	0.0	24.5	31.5	3.5
Montgomery	0.0	1.6	9.5	17.3	6.3
Moore	8.1	6.1	10.2	24.9	11.7
Nash	4.2	0.9	10.2	14.3	7.4
<b>New Hanover</b>	<b>8.6</b>	<b>6.2</b>	<b>16.7</b>	<b>55.6</b>	<b>40.8</b>
Northampton	0.0	0.0	2.6	7.7	0.0
Onslow	5.5	2.7	11.6	21.2	12.6
Orange	30.0	37.7	31.1	89.0	84.1
Pamlico	4.7	0.0	9.4	18.7	0.0
Pasquotank	10.5	2.3	11.6	34.9	12.8
Pender	0.8	0.8	9.5	15.0	7.1
Perquimans	0.0	0.0	3.7	22.0	0.0
Person	2.3	1.2	8.2	12.9	0.0
Pitt	15.6	7.5	20.0	34.9	22.6
Polk	0.0	2.8	25.6	34.1	11.4
Randolph	4.2	0.9	9.2	14.9	3.3
Richmond	2.8	1.9	6.5	10.2	6.5
<b>Robeson</b>	<b>2.6</b>	<b>1.4</b>	<b>7.4</b>	<b>20.6</b>	<b>3.4</b>
Rockingham	2.6	0.0	10.4	10.9	4.2
Rowan	4.1	3.8	8.9	29.5	12.0
Rutherford	4.2	2.8	14.0	16.9	6.3
Sampson	1.3	0.0	11.4	6.3	1.3
Scotland	8.4	0.0	16.7	23.9	2.4
Stanly	3.8	0.0	11.4	17.5	6.8
Stokes	1.1	1.1	6.4	5.4	0.0
Surry	4.9	0.6	13.6	13.0	3.1
Swain	3.1	3.1	34.0	34.0	12.4
Transylvania	12.9	5.5	20.3	33.2	11.1
Tyrrell	0.0	0.0	0.0	27.0	0.0
Union	3.2	0.6	8.5	8.8	1.9
Vance	4.6	0.0	10.2	26.0	8.4
Wake	9.2	5.5	11.5	35.2	16.8
Warren	0.0	0.0	5.2	5.2	0.0
Washington	0.0	0.0	11.2	29.8	0.0
Watauga	10.1	2.9	27.3	46.0	63.3
Wayne	5.3	7.0	10.0	20.0	15.0
Wilkes	1.4	0.7	8.2	7.6	2.1
Wilson	3.1	2.1	6.7	14.5	3.1

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**Table 5: Behavioral Health Services in North Carolina**

Yadkin	1.2	0.0	9.7	6.0	2.4
Yancey	8.8	0.0	14.7	41.2	2.9

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**Table 6: Behavioral Health Services in New York State**

The data was used in Figure 6 on page 19 of the *Mental Health and Well-being* chapter.

Source: Rates of Mental and Behavioral Health Service Providers by County (2015) <https://bit.ly/3nr9Lro>

The table shows number of providers per 10,000 children aged 0-17 years, as of 2015.

County	Pediatricians	Psychiatrists	Family Medicine Physicians	Licensed Social Workers	Psychologists
Albany	14.6	13.0	16.3	86.6	41.4
Allegany	3.0	0.0	10.1	14.2	7.1
Bronx	7.2	3.2	4.4	41.8	9.8
Broome	6.2	7.5	16.2	68.5	14.9
Cattaraugus	2.2	0.0	12.3	20.2	3.9
Cayuga	2.5	1.2	3.1	49.7	3.7
Chautauqua	2.9	3.3	9.1	37.3	3.6
Chemung	4.7	5.2	11.0	68.0	7.3
Chenango	0.9	0.9	17.1	53.2	3.8
Clinton	7.4	8.0	12.1	26.1	12.7
Columbia	5.2	5.2	15.7	41.7	19.1
Cortland	4.2	3.1	13.5	64.4	11.4
Delaware	1.2	2.4	17.7	41.3	8.3
Dutchess	8.2	8.0	8.5	79.6	22.6
Erie	10.6	5.3	12.1	49.9	14.7
Essex	0.0	3.0	13.4	23.9	11.9
Franklin	4.9	2.9	12.8	35.3	19.6
Fulton	5.3	0.9	6.2	33.8	3.6
Genesee	4.1	2.4	9.8	41.6	9.0
Greene	2.4	2.4	7.3	49.6	10.9
Hamilton	0.0	0.0	14.0	0.0	0.0
Herkimer	2.2	0.0	8.2	20.1	0.0
Jefferson	6.1	1.7	9.1	27.4	11.5
Kings	7.8	4.8	4.3	49.4	15.0
Lewis	3.1	0.0	20.2	24.9	3.1
Livingston	5.8	0.0	10.7	31.4	14.0
Madison	4.8	2.7	16.3	40.8	8.8
Monroe	12.4	6.4	11.9	44.2	19.1
Montgomery	6.2	6.2	13.3	31.1	9.8
Nassau	22.1	12.6	10.5	67.8	36.0
New York	26.6	55.7	10.5	239.2	155.8
Niagara	3.9	0.9	11.0	32.0	4.8
Oneida	4.4	5.4	20.4	46.4	6.9
Onondaga	10.5	7.1	18.2	43.2	17.3
Ontario	4.8	3.5	11.8	30.2	12.7
Orange	7.7	4.7	7.2	44.4	10.0
Orleans	1.2	0.0	3.5	25.9	3.5
Oswego	2.7	0.4	10.7	21.0	6.1
Otsego	12.7	3.9	11.7	73.3	8.8
<b>Putnam</b>	<b>7.5</b>	<b>5.2</b>	<b>3.8</b>	<b>65.7</b>	<b>23.5</b>
Queens	9.7	5.3	5.4	44.9	10.8
Rensselaer	5.9	2.2	11.2	32.3	9.9
Richmond	13.0	7.8	4.6	49.8	14.2
Rockland	14.0	9.6	4.7	47.3	22.2
Saint Lawrence	4.3	5.6	11.7	30.8	9.1

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**Table 6: Behavioral Health Services in New York State**

Saratoga	6.1	6.7	19.1	30.5	17.9
Schenectady	4.3	4.6	15.1	56.5	15.6
Schoharie	0.0	1.7	10.1	43.9	1.7
Schuyler	2.8	2.8	22.0	63.3	8.3
Seneca	0.0	2.8	10.0	44.1	0.0
Steuben	5.0	3.6	11.4	45.0	15.5
Suffolk	9.4	6.2	9.8	63.3	23.3
Sullivan	3.7	0.6	5.5	64.7	6.7
Tioga	0.9	2.7	13.7	43.0	3.7
Tompkins	7.4	11.1	29.1	122.4	37.7
Ulster	4.5	7.5	26.1	98.6	32.4
Warren	17.8	8.9	23.5	75.4	26.0
Washington	1.6	0.0	7.3	30.8	4.9
Wayne	4.4	1.5	5.9	21.7	5.9
Westchester	21.4	19.0	9.2	75.1	40.1
Wyoming	1.3	0.0	12.6	30.3	1.3
Yates	1.7	3.4	8.5	29.0	5.1

## RCRC Issue Briefs Appendix Data

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**Table 7: Behavioral Health Services in Arkansas**

*The data was used in Figure 6 on page 19 of the Mental Health and Well-being chapter.*

Source: Rates of Mental and Behavioral Health Service Providers by County (2015) <https://bit.ly/3tWquVZ>

The table shows number of providers per 10,000 children aged 0-17 years, as of 2015.

County	Pediatricians	Psychiatrists	Family Medicine Physicians	Licensed Social Workers	Psychologists
Arkansas	0.0	0.0	21.0	14.0	2.3
Ashley	4.1	0.0	12.2	16.2	4.1
Baxter	2.7	2.7	24.7	31.6	9.6
Benton	3.4	1.2	12.4	9.8	3.4
Boone	1.2	0.0	26.2	17.9	6.0
Bradley	0.0	0.0	23.0	15.3	0.0
Calhoun	0.0	0.0	21.3	0.0	0.0
Carroll	0.0	1.6	24.4	13.0	1.6
Chicot	0.0	0.0	23.2	23.2	0.0
Clark	6.9	0.0	11.6	11.6	6.9
Clay	0.0	0.0	6.5	22.7	0.0
Cleburne	2.0	0.0	21.6	13.8	3.9
Cleveland	0.0	0.0	5.1	0.0	0.0
Columbia	1.9	0.0	25.2	13.6	3.9
Conway	0.0	0.0	22.6	20.5	4.1
Craighead	5.9	5.5	27.8	80.0	14.1
Crawford	1.9	0.6	12.3	1.3	0.6
Crittenden	4.3	2.2	4.3	36.2	2.2
Cross	4.8	0.0	16.9	7.2	2.4
Dallas	0.0	0.0	23.1	17.4	0.0
Desha	0.0	0.0	9.5	15.9	3.2
Drew	0.0	2.4	23.9	38.3	7.2
Faulkner	5.2	1.7	11.8	7.6	8.0
Franklin	0.0	2.4	14.3	0.0	2.4
Fulton	0.0	0.0	12.1	4.0	0.0
Garland	6.9	3.4	19.6	28.5	9.8
Grant	0.0	0.0	2.3	2.3	2.3
Greene	1.9	0.0	19.5	23.2	2.8
Hempstead	5.1	0.0	6.8	13.6	5.1
Hot Spring	0.0	0.0	5.5	22.2	2.8
Howard	0.0	0.0	11.4	8.5	5.7
Independence	2.3	3.4	19.1	19.1	5.6
Izard	0.0	0.0	8.1	4.1	0.0
Jackson	5.6	0.0	16.8	22.4	2.8
Jefferson	4.7	2.4	26.7	12.4	5.3
Johnson	0.0	1.6	24.8	14.0	1.6
Lafayette	0.0	0.0	7.0	20.9	0.0
Lawrence	0.0	2.6	13.1	20.9	0.0
Lee	0.0	0.0	10.3	0.0	0.0
Lincoln	0.0	0.0	4.0	8.0	0.0
Little River	0.0	0.0	10.8	0.0	0.0
Logan	2.0	0.0	12.2	6.1	0.0
Lonoke	0.5	0.5	6.3	7.9	1.6
Madison	0.0	0.0	5.4	10.8	2.7
Marion	0.0	0.0	7.1	3.5	0.0

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**Table 7: Behavioral Health Services in Arkansas**

Miller	1.0	1.9	17.2	22.0	5.7
Mississippi	2.5	0.0	9.3	9.3	3.4
Monroe	0.0	0.0	18.6	0.0	0.0
Montgomery	5.7	0.0	11.5	0.0	5.7
Nevada	0.0	0.0	5.1	10.1	0.0
Newton	13.0	0.0	0.0	6.5	0.0
Ouachita	0.0	0.0	19.3	3.5	7.0
Perry	0.0	0.0	4.4	4.4	0.0
Phillips	1.8	0.0	9.2	1.8	1.8
Pike	0.0	0.0	15.9	4.0	4.0
Poinsett	0.0	1.7	5.2	20.9	5.2
Polk	4.2	0.0	19.0	6.3	4.2
Pope	7.6	1.4	15.9	17.3	4.9
Prairie	0.0	0.0	0.0	6.0	6.0
Pulaski	14.6	11.2	20.9	59.5	21.8
Randolph	2.5	0.0	17.7	20.3	0.0
Saint Francis	3.3	0.0	8.3	23.1	3.3
Saline	4.0	2.5	10.2	24.7	4.4
Scott	0.0	0.0	7.9	0.0	0.0
Searcy	0.0	0.0	18.6	12.4	6.2
Sebastian	5.5	2.3	28.0	20.0	8.4
Sevier	4.0	0.0	8.0	8.0	2.0
Sharp	0.0	0.0	11.6	29.0	0.0
Stone	0.0	0.0	27.9	15.9	0.0
Union	5.2	0.0	23.9	15.6	14.6
Van Buren	0.0	0.0	6.0	3.0	3.0
<b>Washington</b>	<b>4.8</b>	<b>3.8</b>	<b>19.8</b>	<b>33.6</b>	<b>11.6</b>
White	3.7	1.1	16.6	10.2	3.7
Woodruff	0.0	6.6	13.2	19.9	0.0
Yell	0.0	0.0	20.0	3.6	0.0

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### Table 8. Average Monthly Budgets

The data was used in Figure 8 on page 32 of the Food Security and Poverty chapter.

Sources:

Pew Trusts (2016) *Households Expenditures and Income* [bit.ly/2K1P1aa](https://bit.ly/2K1P1aa)

Economic Policy Institute (2020) *Cost of Childcare in America* [bit.ly/36XbWMI](https://bit.ly/36XbWMI)

IMLS Indicators: Economic Status and Broadband Availability and Adoption (2020) <https://bit.ly/3nrZtHx>

Puerto Rico Broadband Strategic Assessment (2020) <https://bit.ly/3aHvt5p>

The table below shows families' monthly expenditures on food, housing, childcare and internet.

Location/Expenditure Item	Food	Housing	Childcare	Internet	Discretionary
United States	\$512.00	\$1,087.00	\$943.00	\$69	\$468
Puerto Rico	\$700	\$500	\$352.00	\$64	-\$516
North Carolina	\$676	\$440	\$771	\$59	\$552

**Table 9. Children's Food Security During COVID-19**

The data was used in Figure 9 on page 33 of the Food Security and Poverty chapter.

Source: United States Census Bureau (2020) Coronavirus Household Pulse Survey (Food Security Table 3b) <https://bit.ly/3tZq553>

The table below estimates food sufficiency for households with children in the United States. The survey question asked whether the household has enough food for their children.

	April	May	June	July	August	September	October	November	December
<b>Yes</b>	51%	48%	49%	47%	45%	47%	47%	43%	42%
<b>Yes but wrong kind</b>	34%	35%	35%	37%	28%	28%	27%	28%	28%
<b>Sometimes</b>	10%	11%	11%	12%	9%	9%	10%	11%	12%
<b>No</b>	2%	3%	2%	2%	3%	3%	3%	3%	4%
<b>No answer</b>	3%	3%	3%	2%	15%	13%	13%	15%	14%

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**Table 10. CARES Act Allocations**

The data was used in Figure 12 on page 41 of the summary chapter.

Source: United States Senate (2020) S.3548 CARES Act <https://www.congress.gov/bill/116th-congress/senate-bill/3548/text>

The table below summarizes provisions to government programs as allocated within the "Coronavirus Aid, Relief, and Economic Security Act" or the "CARES Act."

Dept Amt (\$B)	Department	Program	Program Amt (\$B)	For children?	Childcare	Broadband	Housing	Food/Poverty	Mental Health
3.079	Commerce	Economic	1.5	Partially for					
3.079	Commerce	Legal Services	0.05	Partially for					
3.079	Commerce	Other	1.436	Other					
10.5	Defense	Other	10.5	Other					
45.873	DHS	Disaster Relief Fund	45	Partially for			0.45		
45.873	DHS	Emergency Food and Shelter Program	0.2	Partially for					
45.873	DHS	Other	0.623	Other					
172.1	DOE	Primary and secondary education	12.15	Specifically for			12.15		
0.221	Energy	Other	0.221	Other					
1.82	FCC	FCC	0.2	Partially for					
1.82	Gov't Financial Services	Other	0.488	Other					
1.82	Gov't Financial Services	Small Business Administration	0.562	Partially for					
172.1	HHS	Child Care Development Block Grant	3.5	Specifically for	3.5				
172.1	HHS	Family violence prevention	0.045	Partially for					
172.1	HHS	Head Start	0.75	Specifically for	0.75				
172.1	HHS	HRSA	0.275	Partially for					
172.1	HHS	LIHEAP	0.9	Partially for					
172.1	HHS	Other	152.435	Other					
172.1	HHS	SAMHSA	0.425	Partially for					
12.3	HUD	Emergency Rental Assistance	3	Partially for			3		
12.3	HUD	Homelessness solutions	4	Partially for			4		
12.3	HUD	Indian housing assistance	0.3	Partially for			0.3		
12.3	HUD	Other	5	Other					
2	Interior	Bureau of Indian Affairs	0.453	Partially for					
2	Interior	Bureau of Indian Education	0.069	Partially for					
2	Interior	Indian Health Service	1.032	Partially for					
2	Interior	Other	0.486	Other					
0.093	Legislative Branch Assistance	Other	0.093	Other					
1.115	State	Other	1.115	Other					
36.018	Transportation	Other	36.018	Other					
34.9	USDA	Child Nutrition	8.8	Specifically for				8.8	
34.9	USDA	Emergency Food Assistance Program (TEFAP)	0.45	Partially for				0.4	
34.9	USDA	Indian Reservations Food Assistance	0.1	Partially for				0.1	
34.9	USDA	Other	23.601	Other					
34.9	USDA	Puerto Rico NAP	0.2	Partially for				0.2	
34.9	USDA	ReConnect	0.1	Partially for			0.1		
34.9	USDA	Rural Development	0.025	Partially for			0.02		0
34.9	USDA	SNAP	15.5	Partially for				15.5	
19.57	Veteran Affairs	Other	19.57	Other					

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**Table 11. Public Law 116-260 Allocations**

The data was used in Figure 11 on page 40 of the summary chapter.

Source: United States House of Representatives Rules Committee (2021) Consolidated Appropriations Act 2021 <https://bitly.co/6bs7>

The table below

Dept Amt (\$B)	Department	Program	Program Amt (\$B)	For children?	Issue Area
2	DHS	Disaster Relief	2	Other	
81.919	DOE	Bureau of Indian	0.819	Partially for	Broadband and Education
81.919	DOE	Governor's	4.1	Specifically for	Broadband and Education
81.919	DOE	Higher Education Grants	22.7	Other	Broadband and Education
81.919	DOE	K-12 Education Grants / Emergency Relief Fund	54.3	Specifically for	Broadband and Education
45	DOT	Transportation	45	Other	
1.9	FCC	FCC	1.9	Partially for	Broadband and Education
0.055	FDA	FDA	0.055	Other	
69.485	HHS	Administration for Community Living	0.1	Other	
69.485	HHS	ASPR	22.945	Other	
69.485	HHS	CDC	8.75	Other	
69.485	HHS	Child Care Development Block Grant	10	Specifically for	Childcare
69.485	HHS	Head Start	0.25	Specifically for	Childcare
69.485	HHS	Indian Health Service	0.79	Partially for	Childcare / Mental Health
69.485	HHS	NIH	1.25	Other	
69.485	HHS	Public Health and Social Services Emergency Fund	25.4	Other	Childcare / Mental Health
29.5	HUD	Emergency Rental Assistance	25	Partially for	Housing
29.5	NTIA	Emergency Broadband Benefit	3.2	Specifically for	Broadband and Education
29.5	NTIA	Rural Broadband	0.3	Partially for	Broadband and Education
29.5	NTIA	Tribal Broadband	1	Partially for	Broadband and Education
4.25	SAMHSA	Community Behavioral Health Clinic Expansion Grant Program	0.6	Partially for	Mental Health
4.25	SAMHSA	Community Mental Health Services Block Grants	1.65	Partially for	Mental Health
4.25	SAMHSA	National Child Traumatic Stress Network	0.01	Specifically for	Mental Health
4.25	SAMHSA	Project AWARE to support school-based mental health for children	0.05	Specifically for	Mental Health
4.25	SAMHSA	Public health Security Act / Emergency Grants to States	0.24	Other	

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**Table 11. Public Law 116-260 Allocations**

4.25 SAMHSA	Substance Abuse and Prevention Treatment Block Grants	1.65 Partially for	Mental Health
4.25 SAMHSA	Suicide Prevention programs	0.05 Partially for	Mental Health
12.457 USDA	Agriculture production and aid	11.188 Other	
12.457 USDA	Emergency Food Assistance Program (TEFAP)	0.4 Partially for	Food Security
12.457 USDA	Gus Schumacher Nutrition Incentive Program	0.075 Partially for	Food Security
12.457 USDA	Meals on Wheels	0.175 Specifically for	Food Security
12.457 USDA	Puerto Rico NAP	0.614 Partially for	Food Security
12.457 USDA	SNAP	0.005 Partially for	Food Security
10 USPS	USPS	10 Other	
325 X	Aid to Small Businesses	X Other	
166 X	Stimulus Checks	X Other	
120 X	Unemployment Benefits	X Other	

**Table 12. American Rescue Plan Act Allocations**

The data was used in Figure 10 on page 39 of the summary chapter.

Source: United States House of Representatives Budget Committee (2021) American Rescue Plan Act of 2021 <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>

The table below summarizes provisions to government programs as allocated within the American Rescue Plan Act of 2021.

Department	Program/Purpose	Total Amount (\$B)	For children?	Amount for kids (\$B)	Issue Area	Not for kids (\$B)
FCC	Emergency	7.59	Partially for	1.518	Broadband	6.072
Child Care Entitlement to State	Child care for	3.05	Specifically for	3.05	Child care	0
HHS	MIECHV	0.15	Specifically for	0.15	Child care	0
HHS	Foster children	0.425	Specifically for	0.425	Child care	0
HHS	Head Start	1	Specifically for	1	Child care	0
HHS	Child care stabilization	23.975	Specifically for	23.975	Child care	0
HHS	Child Care and Development Block Grants	39	Specifically for	39	Child care	0
Department of Education	Emergency assistance to non-public schools	2.75	Specifically for	2.75	Education	0
Department of Education	Elementary and Secondary School Emergency Relief Fund	128.5548	Specifically for	128.5548	Education	0
Department of Education	Gallaudet University and special needs schools	0.01925	Partially for	0.009625	Education	0.009625
Department of Education	Student aid administration	0.09113	Partially for	0.0009113	Education	0.0902187
Department of Education	National Endowment for the Humanities	0.135	Partially for	0.00135	Education	0.13365
Department of Education	National Endowment for the Arts	0.135	Partially for	0.00135	Education	0.13365
Department of Education	Institute of Museum and Library Services	0.2	Partially for	0.002	Education	0.198
Department of Education	Outlying areas support	0.85	Partially for	0.17	Education	0.68
Department of Education	Bureau of Indian Education	0.85	Partially for	0.17	Education	0.68
USDA	WIC modernization	0.39	Specifically for	0.39	Food security	0
USDA	WIC in states	0.49	Specifically for	0.49	Food security	0
HHS	Title X Family Planning	0.05	Partially for	0.0005	Food security	0.0495
HHS	Water assistance	0.5	Partially for	0.1	Food security	0.4
USDA	Commodity Supplemental Food Program	0.037	Partially for	0.0074	Food security	0.0296
USDA	Food for Peace Title II	0.8	Partially for	0.16	Food security	0.64
USDA	NAP	1	Partially for	0.2	Food security	0.8
USDA	SNAP	1.15	Partially for	0.23	Food security	0.92
Department of Treasury	Homeowner Assistance Fund	9.961	Partially for	0.09961	Housing	9.86139
Department of Treasury	Emergency Rental Assistance	19.05	Partially for	0.1905	Housing	18.8595
HHS	LIHEAP	4.5	Partially for	0.045	Housing	4.455
HUD	NeighborWorks	0.1	Partially for	0.001	Housing	0.099
HUD	NAHASDA	0.75	Partially for	0.0075	Housing	0.7425
HUD	Emergency housing vouchers	5	Partially for	0.05	Housing	4.95
HUD	Affordable Housing Act	5	Partially for	0.05	Housing	4.95
USDA	Rural housing assistance	0.1	Partially for	0.001	Housing	0.099
HHS	SAMHSA National Child Traumatic Stress Network	0.01	Specifically for	0.01	Mental health	0
HHS	SAMHSA Youth Suicide Prevention	0.02	Specifically for	0.02	Mental health	0
HHS	Child abuse prevention	0.35	Specifically for	0.35	Mental health	0
HHS	SAMHSA Project Aware	0.03	Partially for	0.006	Mental health	0.024

Table 12. American Rescue Plan Act Allocations

HHS	HRSA	0.18	Partially for	0.0018	Mental health	0.1782
HHS	Family violence survivors	0.45	Partially for	0.0045	Mental health	0.4455
HHS	Community Mental Health Services Block Grants	1.75	Partially for	0.0175	Mental health	1.7325
HHS	Indian Health Service	6.94	Partially for	0.0694	Mental health	6.8706
HHS	Community health centers	7.6	Partially for	0.076	Mental health	7.524
USDA	Rural healthcare emergency grants	0.5	Partially for	0.005	Mental health	0.495
Amtrak	Railway operations	1.5	no	0	Other	1.5
CDC	Infrastructure modernization	0.5	no	0	Other	0.5
CDC	COVID-19 global health	0.75	no	0	Other	0.75
CDC	COVID-19 vaccine confidence	1	no	0	Other	1
CDC	COVID-19 genomics	1.75	no	0	Other	1.75
CDC	COVID-19 vaccine programs	7.5	no	0	Other	7.5
Corporation for National and Americorps		1	No	0	Other	1
CPSC	Product safety	0.05	no	0	Other	0.05
Department of Commerce	Office of Inspector General	0.003	no	0	Other	0.003
Department of Education	Office of Inspector General	0.005	No	0	Other	0.005
Department of Education	Preservation of Native American languages	0.01	No	0	Other	0.01
Department of Education	Program administration	0.015	No	0	Other	0.015
Department of Education	National Technical Institute for the Deaf	0.01925	No	0	Other	0.01925
Department of Education	Howard University	0.035	No	0	Other	0.035
Department of Education	Institute of Education Sciences	0.1	No	0	Other	0.1
Department of Education	Higher Education Emergency Relief Fund	39.58457	No	0	Other	39.58457
Department of Labor	Employment and Training Administration	0.008	no	0	Other	0.008
Department of Labor	Employee Benefits Security Administration	0.01	No	0	Other	0.01
Department of Labor	COBRA implementation	0.01	no	0	Other	0.01
Department of Labor	Office of Inspector General	0.0125	No	0	Other	0.0125
Department of Labor	OSHA	0.075	No	0	Other	0.075
Department of Labor	Worker protection	0.2	No	0	Other	0.2
Department of Labor	Program integrity	2	no	0	Other	2
Department of Transportation	Aerospace payroll support	3	no	0	Other	3
Department of Transportation	Airport relief	8	no	0	Other	8
Department of Transportation	Federal Transit Administration	30	no	0	Other	30
Department of Treasury	Emergency Federal Employee Leave	0.57	no	0	Other	0.57
Department of Treasury	Small business support	10	no	0	Other	10
Department of Treasury	Air transport support	15	no	0	Other	15
Department of Veterans Affairs	Office of Inspector General	0.01	no	0	Other	0.01
Department of Veterans Affairs	Modernization	0.1	no	0	Other	0.1
Department of Veterans Affairs	Claims and appeals	0.272	no	0	Other	0.272
Department of Veterans Affairs	Rapid retraining	0.4	no	0	Other	0.4

Table 12. American Rescue Plan Act Allocations

	State veterans			
Department of Veterans Affairs	homes	0.75	no	0 Other
				0.75
Department of Veterans Affairs	Co-pay waivers	2	no	0 Other
				2
	Veterans health			
Department of Veterans Affairs	administration	13.5	no	0 Other
				13.5
	Economic adjustment assistance			
EDA		3	no	0 Other
				3
	Environmental justice grants			
EPA		0.1	no	0 Other
				0.1
FEMA	Disaster Relief Fund	50	no	0 Other
				50
GAO	Government accountability	0.077	no	0 Other
				0.077
HHS	Office of Inspector General	0.005	no	0 Other
				0.005
HHS	State based marketplaces	0.02	no	0 Other
				0.02
HHS	Health care professional support	0.02	no	0 Other
				0.02
HHS	Health care professional mental health	0.04	no	0 Other
				0.04
HHS	Assistant Secretary of Mental Health and Substance Abuse	0.08	no	0 Other
				0.08
HHS	Medical Reserve Corps	0.1	no	0 Other
				0.1
HHS	Nursing facilities	0.2	no	0 Other
				0.2
HHS	Nurse Corps	0.2	no	0 Other
				0.2
HHS	State nursing support	0.25	no	0 Other
				0.25
HHS	Nursing strike teams	0.25	no	0 Other
				0.25
HHS	Elder Justice Act	0.276	no	0 Other
				0.276
HHS	CCDBG administration	0.35	No	0 Other
				0.35
HHS	Program administration	0.425	No	0 Other
				0.425
HHS	FDA COVID-19 programs	0.5	no	0 Other
				0.5
HHS	National Health Service Corps	0.8	no	0 Other
				0.8
HHS	Administration for Community Living	1.72	No	0 Other
				1.72
HHS	Substance Abuse Block Grants	1.75	no	0 Other
				1.75
HHS	COVID-19 prison programs	1.8	no	0 Other
				1.8
HHS	COVID-19 vaccine supply chain	5.2	no	0 Other
				5.2
HHS	Public health workforce	7.66	no	0 Other
				7.66
HHS	Defense Production Act	10	no	0 Other
				10
HHS	COVID-19 testing	46	no	0 Other
				46
HHS	Coronavirus State and Local Fiscal Recovery	219.8	no	0 Other
				219.8
HMTF	Seaway International Bridge	0.0015	no	0 Other
				0.0015
PRAC	Pandemic accountability	0.04	no	0 Other
				0.04
Railroad Retirement Board	Office of Inspector General	0.0005	no	0 Other
				0.0005
Railroad Retirement Board	Hiring and overtime	0.0068	no	0 Other
				0.0068
Railroad Retirement Board	Information technology	0.021175	no	0 Other
				0.021175
SBA	Office of Inspector General	0.025	no	0 Other
				0.025

**Table 12. American Rescue Plan Act Allocations**

SBA	Community Navigator	0.175	no	0 Other	0.175
SBA	Disaster loan program	0.46	no	0 Other	0.46
SBA	Program administration	0.84	no	0 Other	0.84
SBA	Shuttered venues	1.25	no	0 Other	1.25
SBA	Paycheck protection	7.25	no	0 Other	7.25
SBA	Targeted EIDL	15	no	0 Other	15
SBA	Restaurants	25	no	0 Other	25
Social Security Administration	Pandemic Emergency Assistance Fund	1	no	0 Other	1
USDA	Office of Inspector General	0.003	No	0 Other	0.003
USDA	SNAP modernization	0.025	No	0 Other	0.025
USDA	Direct loan relief	0.039	no	0 Other	0.039
USDA	Program administration	0.048	No	0 Other	0.048
USDA	Commodity Credit Corporation	0.8	No	0 Other	0.8
USDA	Disadvantaged farmers assistance	1.01	No	0 Other	1.01
USDA	Supply chain COVID response	4	No	0 Other	4

