

Pandemic Relief Experiences: A Focus on Six Communities

March 2024

City of Springfield, Massachusetts

City of Coeur d'Alene, Idaho

Sheridan County, Nebraska

Marion County, Georgia

White Earth Nation Reservation in Minnesota

Jicarilla Apache Nation Reservation in New Mexico

PANDEMIC RESPONSE
ACCOUNTABILITY COMMITTEE



A Review of Pandemic Relief Funding and How it Was Used in Six Different U.S. Communities

Pandemic Relief Experiences: A Focus on Six Communities

Across the six communities we visited, we received similar feedback, information, and concerns from the government, community, and business leaders we spoke to about the effects of the pandemic on their communities and how they worked together to respond. We believe the themes identified in our work provide valuable insights to policymakers, program officials, and the American public as they assess the federal government's response to the COVID-19 pandemic and prepare for the next major emergency. These themes centered around four focus areas:

Program Administration and Guidance | We heard mixed reviews across the six communities about working with the federal government. New programs established to respond to the pandemic tended to create confusion and administrative burden that made several communities hesitant to spend relief funds for fear of unintentionally misspending the funds due to a lack of clarity about program requirements and later being required to pay the money back to the federal government. Alternatively, existing programs tended to get better reviews because recipients already knew points-of-contact, program requirements, and reporting systems. Furthermore, in some instances, funding expiration dates may have rushed spending and program design.

Purpose of the Review

Beginning in late March 2020, the federal government provided more than \$5 trillion in emergency relief across various programs to help individuals, businesses, and state, local, Tribal, and territorial governments respond to the COVID-19 pandemic. The federal government's assistance was critical to communities' ability to address the multiple impacts of the pandemic. Just as

important is how the communities themselves pulled together during the crisis.

To learn more about how communities across the nation used federal pandemic relief funds to respond to the pandemic, we closely examined how six communities used the funds and whether the federal aid helped the communities.

Communities Visited

- Springfield, Massachusetts
- Coeur d'Alene, Idaho
- Sheridan County, Nebraska
- Marion County, Georgia
- Jicarilla Apache Nation Reservation in New Mexico
- White Earth Nation Reservation in Minnesota

6

Communities

\$2.65
BILLION

Pandemic Relief

10

Federal
Agencies

Knowing Your Community | Across all locations, we heard a resounding theme—We know our community. We know our residents. Each of the communities that we visited had a unique personality driven by its history, location, and demographics. As such, community leaders tailored pandemic outreach, education, and programs to meet the specific needs of their communities. For example, Springfield, MA, developed a “Vax Force” to create outreach tailored to its African American community.

Pre-existing Challenges | Rural communities—including the two Tribal communities—expressed challenges associated with limited to no internet availability, limited staffing resources, routine use of paper-based systems, housing shortages, and other constraints. Despite these pre-existing challenges, the communities tailored their uses of federal pandemic funds to help address the specific needs of their citizens during the pandemic. For example, Marion County, GA, used geospatial technology to help determine where to place internet hot spots to reach students with internet access issues.

Sustaining Lives and Recovering from the Pandemic | Community officials explained to us that they first had to address the immediate health and safety concerns created by this global health emergency. They also had to deal with, and were still dealing with, ongoing non-health-related impacts of the pandemic such as food insecurity, public safety, and supporting local businesses and the local economy. Multiple communities focused significant efforts on feeding schoolchildren, the elderly, and other at-risk individuals and families.

Considerations for Policymakers for Future Emergencies

- Use existing channels and structures, when possible, to provide funding, implement programs, share guidance, and perform other program administration services.
- Allow flexibility in the use of funds to the extent feasible.
- Be aware of local resource limitations when developing programs.
- Promote internet access and information technology modernization efforts in rural communities.

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Pandemic Relief Experiences: A Focus on Six Communities

In response to the wide-reaching impacts of the COVID-19 pandemic, the federal government provided more than \$5 trillion in emergency relief across more than 500 government programs to help individuals, businesses, and state, local, Tribal, and territorial governments respond to the pandemic.

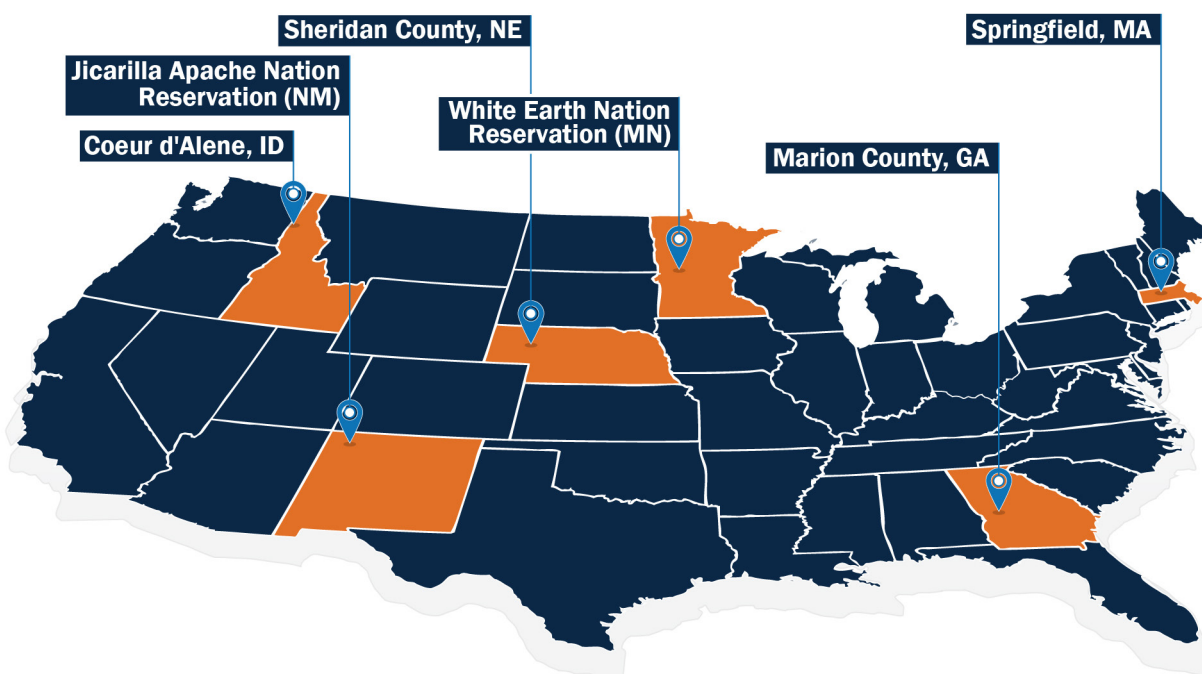
To learn how communities across the nation responded to the pandemic, we initiated a multi-part review of six communities. In coordination with 10 of our Pandemic Response Accountability Committee (PRAC) member Offices of Inspectors General (OIGs), we selected two small-to-medium sized cities, two rural counties, and two Tribal reservations to serve as case studies for our review—see Figure 1 for the locations in our review.¹

Why We Did This Review

In response to the wide-reaching impacts of the COVID-19 pandemic, the federal government provided more than \$5 trillion in emergency relief across various programs. To learn more about communities across the nation and their pandemic responses, we initiated a review of six communities to understand how they used the funds received and whether the funds helped the communities.

¹ For the purposes of this review, we defined the communities by the geographic boundaries—the city boundary, the county boundary, or the reservation boundary. As such, our work focused on more than the local government for each community. Our work included any pandemic relief and response program funding provided to a local government, business, organization, entity, or individual within the geographic boundaries.

Figure 1. Six Locations Selected for Review



In July 2023, we issued [phase one](#) of this review that found 10 federal agencies provided the six communities approximately \$2.65 billion in pandemic relief funding across 89 pandemic programs and subprograms. That report also addressed the data gaps that make it difficult for taxpayers to identify the amounts and purposes of the relief provided to local communities.

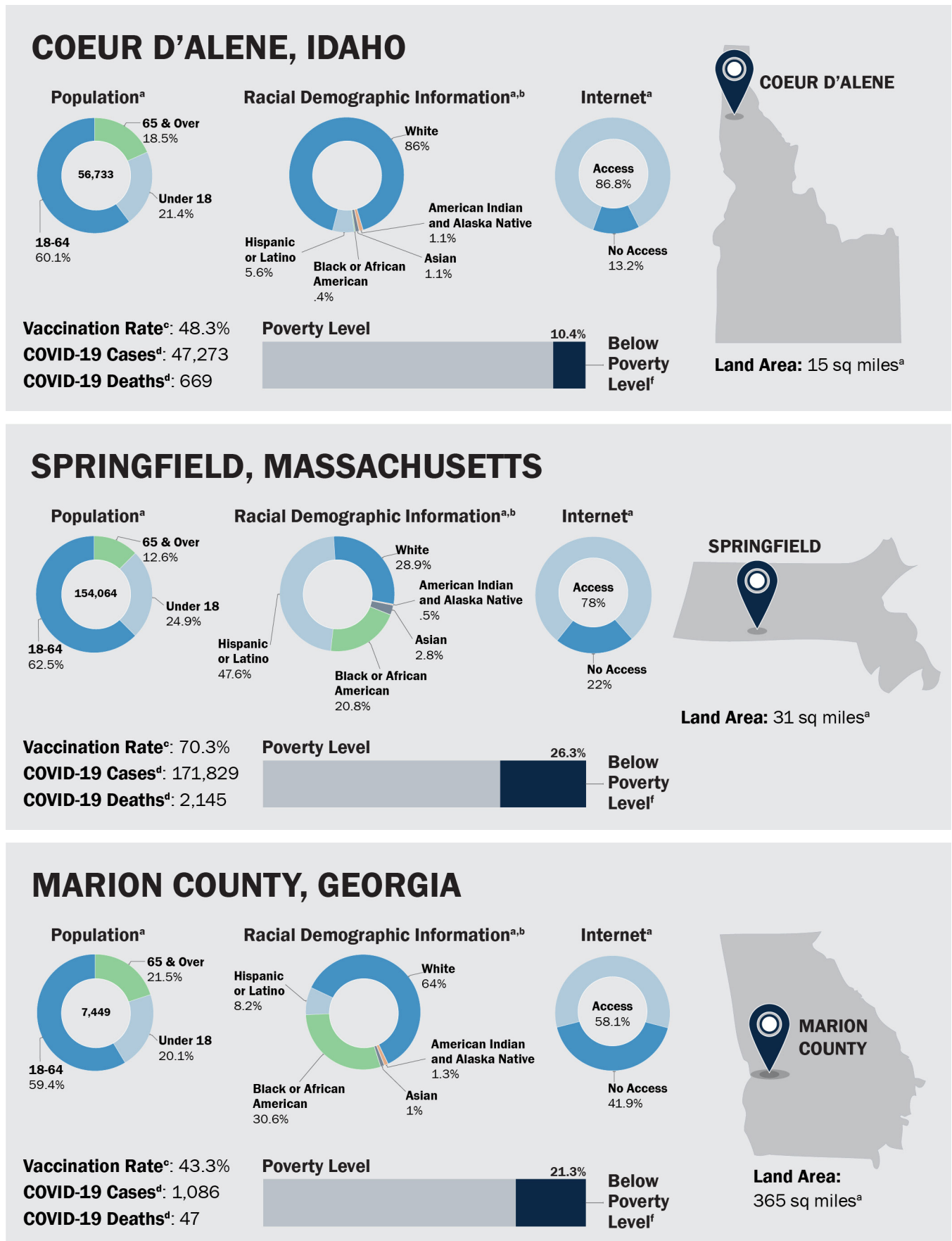
This report covers phase two of our review, which examined how the communities used funds from a subset of the 89 programs. Specifically, we looked at 22 programs and subprograms to see if use of these funds generally aligned with pandemic program goals and objectives. In addition to this “capping” report that highlights our insights across the six communities, we plan to issue separate reports for each location that will focus on the specific programs and subprograms that provided funding in each locale.

In this report, we focus specifically on insights and common themes gathered between May 2022 and December 2022 in conversations with local leaders involved in the pandemic response at various government, business, community-based organizations, and other organizations during site visits to the six communities. The experiences of these communities and the actions for emergency preparedness may help inform emergency relief and response programs in the future. We completed this work in accordance with the Council of the Inspectors General on Integrity and Efficiency’s (CIGIE) *Quality Standards for Inspection and Evaluation*. See [Appendix B](#) for more information on the site visits and details on the scope and approach of our review.

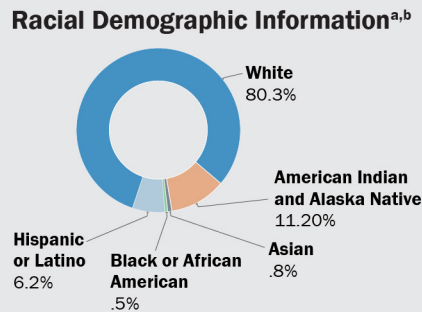
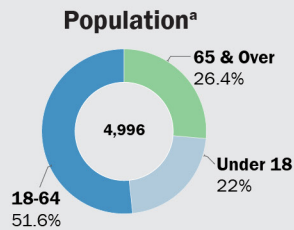
About the Six Communities

The six communities vary in size, population, and location. For example, Coeur d’Alene, ID, covers 15.57 square miles while Sheridan County, NE, covers 2,441 square miles. Jicarilla Apache Nation (Jicarilla) Reservation, NM, has 3,108 residents, while Springfield, MA, has 154,064 residents. The communities represent the Northeast, South, Midwest, Great Plains, Southwest, and Pacific Northwest regions of the country. While these locations have many differences, we found they shared many similarities and experiences during the pandemic. [Figure 2](#) provides more information about the six communities included in this review.

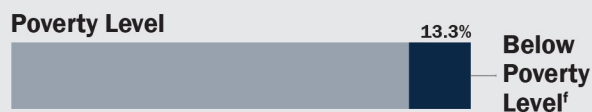
Figure 2. Contextual Demographic Information for All Six Selected Communities



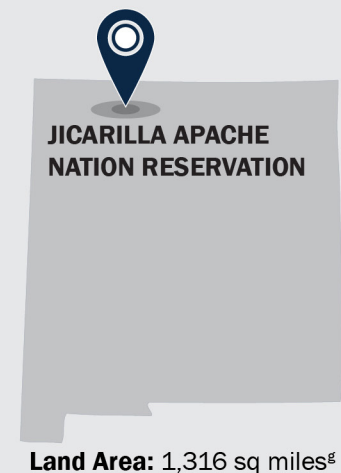
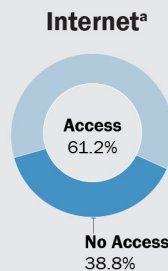
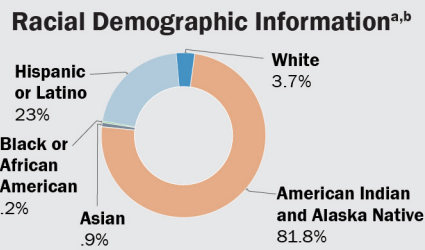
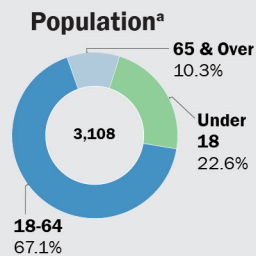
SHERIDAN COUNTY, NEBRASKA



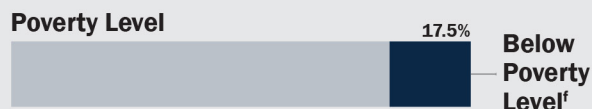
Vaccination Rate^c: 34.9%
COVID-19 Cases^d: 1,189
COVID-19 Deaths^d: 41



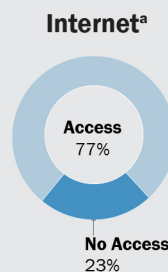
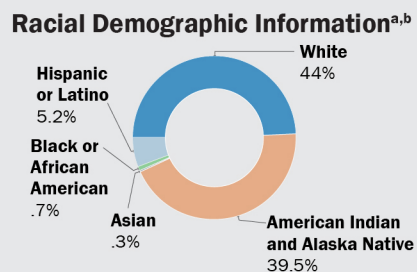
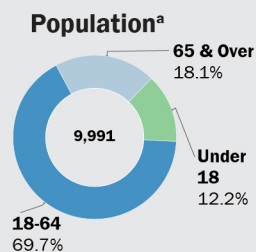
JICARILLA APACHE NATION RESERVATION, NEW MEXICO



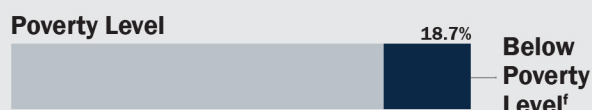
Vaccination Rate^c: 83.7%
COVID-19 Cases^e: 2,018
COVID-19 Deaths^e: 35



WHITE EARTH NATION RESERVATION, MINNESOTA



Vaccination Rate^c: 63.4%
COVID-19 Cases^d: 1,875
COVID-19 Deaths^d: 18




Sources for the Contextual Demographic Information for All Six Selected Communities

- a U.S. Census Bureau for [cities](#) and [counties](#) (as of July 1, 2022), [Indian Tribes](#) (2017-2021 American Community Survey Estimates, pulled on May 31, 2023).
- b Because individuals may be considered a member of more than one racial demographic, the percentages may not equal 100 percent.
- c [Centers for Disease Control and Prevention](#) COVID Data Tracker based on the rate of individuals who received at least two doses of the vaccine. For the two small-to-medium sized cities in the study, the vaccination rate represents the county-wide rate. Data as of May 30, 2023.
- d Number provided by personnel employed at the location, except for Springfield, MA, which was obtained from the Massachusetts Office of Health and Human Services on March 23, 2023. Data for Kootenai County, ID (which includes Coeur d'Alene, ID), Sheridan County, NE, Marion County, GA, and White Earth Nation Reservation provided as of February 28, 2023; and data provided for Jicarilla Apache Nation Reservation, NM, as of May 22, 2023. Total COVID-19 cases may exceed total population because an individual could have tested positive for COVID-19 more than once. Note: Case and death data for Coeur d'Alene, ID, could only be obtained at the county level (Kootenai County).
- e Data provided by Indian Health Services, as of May 22, 2023.
- f [U.S. Census Bureau](#). The poverty line varies depending on factors, such as the year and household size. Please see [Poverty Thresholds](#) for more information.
- g Land area size for Jicarilla Apache Nation Reservation obtained from the [Census Reporter](#), and land area size information for the White Earth Nation Reservation obtained from the [Tribe's website](#).


Pandemic Experience Insights from Local Community Leaders

At the beginning of the pandemic, the federal government disbursed billions of dollars in funding to local communities through new and existing programs using various mechanisms including grants, contracts, direct payments, and individual financial assistance. Local officials in several




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[Explore by Agency](#)



[Explore by Program](#)



[Explore by State](#)

communities told us that new programs (those created specifically in response to the pandemic) tended to create more confusion and administrative burden compared to existing programs. For example, some officials were hesitant to spend funds they received from new pandemic relief programs because guidance on allowable costs was not always clear. Therefore, they feared unintentionally misspending due to unclear or changing program requirements and having to pay funds back to the federal government. Alternatively, existing programs (those that were already in place prior to the pandemic) tended to receive better reviews because recipients already knew program points-of-contact, program requirements, and reporting systems.

In some instances, expiration dates for the funds may have rushed spending and program design. For example, leaders in one community said they would have designed individual assistance programs with more controls and verification activities if they had been given more time, but they had to make spending decisions within nine months before the funds expired. When they received additional funding and had more time, these leaders said the community conducted a lessons-learned assessment of their program and designed it more intentionally.

Across all locations, we heard a resounding theme—***We know our community. We know our residents.*** Each of the communities that we visited had a unique personality driven by its history, location, and demographics. As such, community leaders tailored pandemic outreach, education, and programs specifically to the needs of their communities. In some cases, community leaders implemented locally tailored solutions and creative mechanisms to respond to the urgent needs of their citizens. For example, locations relied on trusted members of society, such as prominent local officials, religious leaders, and community members, to help provide targeted messaging and outreach.

Another common theme we heard across the rural communities—including the two Tribal communities—centered around pre-existing challenges that were either exacerbated during the pandemic or made the response to the pandemic more difficult. Specifically, these communities shared constraints with limited-to-no internet availability, limited staffing resources, routine use of paper-based systems, and housing shortages. Despite these challenges, the communities were able to tailor their uses of federal pandemic funds to help address the specific needs of their citizens and to work with surrounding communities to bolster a response to the pandemic.

During our site visits, community officials said they had to deal with both immediate and longer-term issues created during the pandemic. For example, community officials told us they not only had to address the immediate health and safety concerns created by the global health emergency, but they also had to deal with the non-health-related impacts of the pandemic, such as food insecurity, public safety, and supporting local businesses and the local economy. Officials explained that they were still dealing with these challenges at the time of our site visits—more than two years into the pandemic.

In the following section, we go deeper into these common themes and highlight specific experiences from local leaders in the six communities in four main areas:

- Federal pandemic relief program administration and coordination with communities
- Knowing the community and developing a response that makes sense for their citizens
- Challenges existing before the pandemic
- Sustaining lives during the pandemic and recovering from the impacts of the global health emergency

A FOCUS ON | Federal Pandemic Relief Program Administration and Coordination with Communities

While communities appreciated federal funding, new and changing program guidance or reporting requirements resulted in confusion and additional burdens.

In our [phase one report](#), we focused on 10 federal agencies that provided funding to the six communities through a total of 89 programs and subprograms.² Some recipients we spoke with received funding from multiple agencies and programs, requiring them to navigate different program structures and reporting requirements. Other recipients we spoke with, who did not typically receive funding directly from the federal government prior to the pandemic, had to learn to navigate federal guidance and reporting requirements. Throughout our discussions, while recipients in multiple communities said they appreciated the federal funding, the communities had mixed reviews about program guidance and administration of the financial assistance programs. For example:

- Officials were more comfortable when agencies provided funding through existing programs and funding structures in contrast to newly created programs like the Coronavirus Relief Fund (CRF). For the new programs with changing or unfamiliar structures or points-of-contact, some recipients were frustrated that unclear program guidance created additional administrative challenges.
- Some community officials indicated that they were hesitant to use pandemic relief funds when federal or state guidance was unclear because they may have spent the funds on unallowable uses. Officials shared concerns about potentially being required to pay funds back under such circumstances, conveying that their communities could not afford to do so if required.
- Officials also noted that the expiration dates for some funding affected their ability to be more strategic with their spending, and as a result they spent funding in a more reactive way.

These factors may have hindered a community's ability to fully meet individual program goals.

² Programs were identified by each OIG for their applicable department. Some of the "programs" are associated with the same Assistance Listing Number and have been identified as "subprograms" for the purposes of this review to establish consistency across agencies. For example, multiple "subprograms" fall under the Education Stabilization Fund (84.425) and the Supplemental Nutrition Assistance Program (SNAP) (10.542).

Most community officials believed they received enough federal assistance to respond to the pandemic's immediate impact.

Generally, the recipients we spoke with across the communities believed they had received enough relief to address the immediate impact of the pandemic. One community official stated that the funding did “take the edge off” when responding to the pandemic; that official further explained that the “formula worked for us” when referring to the total amount of funding they received to assist with their pandemic response. Also, during discussions about CRF and other federal funding, officials indicated that they were happy with the level of funding but noted that in some instances they needed additional funding to address continuing issues resulting from the pandemic. An official with Coeur d’Alene Public Schools stated that the district would not have financially survived the pandemic without the federal support. Because of the financial support received through the pandemic relief funds, the district, one official explained, could keep teachers and employees calm. The additional funding allowed the district to have some financial flexibility during an unknown situation and purchase items for virtual and classroom learning.

Using existing program structures provided familiar points-of-contact and made required reporting and program implementation easier.

Across the six communities, we received more positive feedback on program guidance and administration when funding was provided through existing program structures. Local officials said the use of existing structures provided familiar points-of-contact to ask questions about the funds and allowable expenses. We were also told it made required reporting to federal agencies about expenditures and uses of funds easier when the system being used was one they already knew or had previously used.

Moreover, programs using familiar structures appeared to be less burdensome to implement or administer quickly. The Government Accountability Office (GAO) previously reported on this issue. For example, in their [December 2022 report](#) about the distribution of relief to Tribal recipients, GAO reported that agencies using existing mechanisms were able to distribute funds more quickly to Tribal recipients. This reduced the strain on agencies and Tribal governments’ administrative capacities because they did not have to learn new systems and processes.

An official with the Waubun-Ogema-White Earth Public School District within the White Earth Nation (White Earth) Reservation said the state of Minnesota set up the application process for the Department of Education’s Elementary and Secondary School Emergency Relief (ESSER) funds using the same system it uses for other grants. The district official liked the process because they were familiar with the system.

One official in Springfield, MA, found complying with the requirements for the Coronavirus Aid, Relief, and Economic Security (CARES) Act Urbanized Area Formula Grants Program easy because they were familiar with the Federal Transit Administration’s reimbursement system and knew the backup documentation they were required to maintain.

Administration of new programs during an emergency created confusion and a hesitancy to spend funds.

SPOTLIGHT ON | Direct Payments to Local Communities

CRF and the State and Local Fiscal Recovery Fund (SLFRF) were both new programs that provided direct payments to communities to help with their pandemic responses. Although the funds were for similar purposes, CRF and SLFRF were distributed differently, resulting in varying oversight and compliance responsibilities for state, Tribal, and local governments. Communities could have received funding either directly as a [prime recipient or as a subrecipient](#) after it passed through a non-federal entity. Table 1 below identifies the distribution structures for both CRF and SLFRF to the local governments in each community.

Table 1. CRF and SLFRF Award Structure by Location

Community	CRF		SLFRF
	Prime Recipient	Subrecipient	Prime Recipient
Coeur d’Alene, Idaho		●	●
Springfield, Massachusetts		●	●
Marion County, Georgia		●	●
Sheridan County, Nebraska			●
Jicarilla Apache Nation Reservation, New Mexico	●	●	●
White Earth Nation Reservation, Minnesota	●	●	●

Note: This table only reflects the funding received by the local governments (i.e., the city, county, and Tribal governments), and does not include other potential subrecipients of CRF or SLFRF within the community boundaries.

Two of the larger relief programs that provided funding to local governments were new during the pandemic—CRF and SLFRF. New programs introduce new guidance, reporting requirements, risks, and potentially unclear points-of-contact at federal agencies. GAO has [previously reported](#) that officials from three organizations representing state and local governments said that smaller governments (e.g., small cities or rural counties) typically have less knowledge and awareness of federal processes than larger governments. This can limit a smaller government’s ability to comply with requirements.

We heard similar sentiments about challenges understanding federal requirements and navigating new federal program requirements during our site visits. Jicarilla officials explained they were comfortable spending CRF money received through the state of New Mexico for hazard pay benefits because the state had approved the expenditure and was responsible for paying it back if the costs were later deemed not allowable. Jicarilla officials noted that hazard pay was beneficial for employees working overtime and taking on increased health risks as they provided services

to Tribal members. However, they did not plan to use the CRF money they received directly as a prime recipient on hazard pay because it was not clear to them based upon their reading of the requirements and guidance that hazard pay was an allowable CRF expenditure. Consequently, the Tribal government did not want to be in a position where it would have to pay funds back to the federal government if they made an unallowable expenditure.

Officials from the largest community we visited, Springfield, MA, stated that they too had difficulty understanding allowable costs for CRF. In Springfield's case, officials had to work with their U.S. Representative to assist with setting up a meeting and identifying a point-of-contact to talk directly with the Department of the Treasury officials to have their questions answered.

Pandemic program expiration dates, according to local officials, may have rushed decision-making, reduced effectiveness of spending, or failed to address ongoing challenges that will remain post-pandemic.

SPOTLIGHT ON | SLFRF Spending in Sheridan County, NE

The pandemic resulted in many new recipients of federal funding across many different programs. Specifically, SLFRF provided funding to thousands of local governments that had never been direct recipients of federal funding. The Department of the Treasury also provided these funds through two direct payments, one in summer 2021 and the second about 12 months later. For example, Sheridan County, NE, received its first payment in June 2021 and its second payment in June 2022. At the time of our site visit to Sheridan County, NE, in August 2022, the county government had not yet spent any of the SLFRF funding it had received—\$1,018,974 in total. This delay occurred, in part, because county government officials wanted to be intentional about how they used the funds. Officials noted that they did not have full confidence in their understanding of what was an allowable expenditure, and they were concerned that the county did not have the ability to pay back the funds if they misinterpreted the guidance. The county even contacted an attorney to assist with interpreting the program's detailed guidance. It did not hire the attorney because, according to one official, the estimated attorney fees would have cost them about half of their total SLFRF funding. One official even stated that they would rather not spend the money (even though it could help them) than risk spending it on an unallowable cost.

Pandemic program expiration dates, according to local officials, may have rushed decision-making, reduced effectiveness of spending, or failed to address ongoing challenges that will remain post-pandemic.

Generally, federal programs that provide funding to recipients to implement or administer programs make funds available for a set period of time—known as a period of performance or the period of availability. The pandemic relief and response programs were similar. Some programs had funds available for less than one year while others made funds available for as many as four years. Some programs had multiple rounds of funding that each had different expiration dates. For example, the ESSER program had three rounds of funding with expiration dates of September 30, 2022, September 30, 2023, and September 30, 2024.

SPOTLIGHT ON | Emergency Operations Center Encouraged a Coordinated Effort

Three of the communities established an Emergency Operations Center (EOC) or team to help respond to the pandemic while providing essential services to the community. The coordination and structure of the EOC (along with previous emergency response experience) was highlighted and touted as a key element of success in responding to and navigating the pandemic. Predominantly, the EOC assisted each of the communities in developing a comprehensive response because the teams included individuals from multiple disciplines such as emergency managers, health officials, program staff, and financial managers.

- **Springfield, MA**, had previously experienced three natural disasters which resulted in coordination with state officials as well as federal entities like the Federal Emergency Management Agency (FEMA). This previous experience helped city officials who were familiar with disaster responses know which documentation was required for reimbursement while in an uncertain situation. As such, the city officials set up an Emergency Response Team (an EOC-like structure) to help coordinate and communicate the city's response efforts.
- **Jicarilla Apache Nation** emergency officials had FEMA contacts so they could reach out to FEMA Region 6 officials to ask specific questions and find resources to respond to the pandemic. Officials expressed that this existing relationship was essential for ensuring the one supermarket on the reservation continued to receive food shipments. Jicarilla also set up an EOC that consisted of emergency managers, financial managers, and local health officials.
- **White Earth Nation** set up an EOC that included key Tribal government personnel as well as county officials and local (non-Tribal) law enforcement and emergency services. Including non-Tribal officials on the EOC helped coordinate a response across the large reservation which is physically part of multiple counties.

A FOCUS ON | Knowing the Community and Developing a Response that Makes Sense for its Residents

Pandemic response efforts centered around community leaders' deep understanding of their communities coupled with building and maintaining trust.

We heard from many community leaders that pandemic response efforts required locally tailored solutions versus a “one-size-fits-all” approach. Across every location we visited, we discovered a similar theme: **we know our community and developed a response designed for our residents.** For example, officials used personal knowledge of their communities and survey results to inform decisions and tailor outreach efforts about the pandemic. Multiple officials also stated that pandemic assistance programs' flexibilities enabled them to develop a response tailored to their communities.

SPOTLIGHT ON | The Anishinaabe Medicine Wheel

White Earth leaders developed a public health risk indicator using their traditional Medicine Wheel. It was important to Tribal leaders to develop messaging and outreach that made sense for their members and would connect on a local level. Using the familiar Medicine Wheel, White Earth was able to articulate the severity of COVID-19 in their community. This customized messaging was even highlighted as a good practice by the Centers for Disease Control and Prevention (CDC) in their blog series, “[Stories from the Field](#).” The blog pointed to White Earth’s use of cultural, spiritual, and familiar language to care for their community in an uncertain time.

Figure 3. (Right) Image and Social media post on December 7, 2020 sharing the risk level on the Anishinaabe Medicine Wheel owned by White Earth Nation.

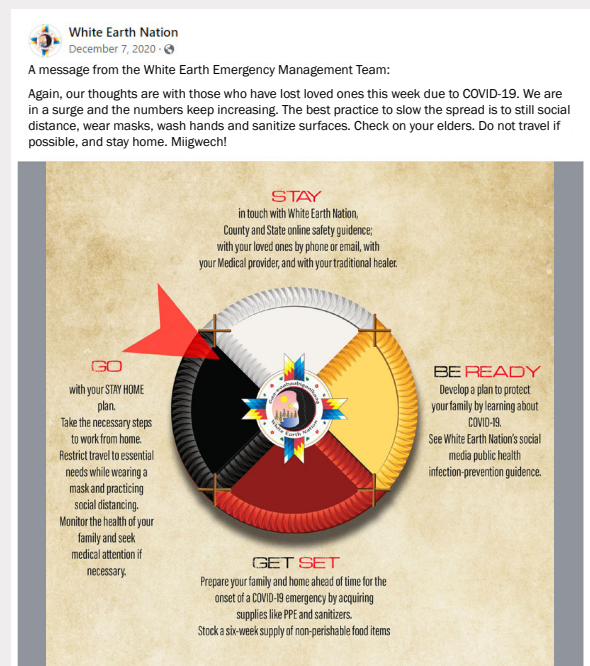




Figure 4. Members of Springfield's Vax Force.

SPOTLIGHT ON | Springfield's Vax Force

Springfield, MA, health officials said that they were thankful for the federal health messaging and public outreach materials, but they also knew that those materials would not resonate with many city residents. Instead, the Springfield Department of Health and Human Services established a “Vax Force” in January 2021. As part of its efforts, the Vax Force surveyed the public to identify the entities that community members trusted most. The group found that their community trusted faith-based

organizations. The Vax Force then worked closely with local faith-based organizations to disseminate vaccine information. A prominent magazine focused on the African American community highlighted the efforts of the Vax Force and its tailored approach for the African American community and other minority communities in the Springfield area. Springfield also used this model to assist with youth outreach and created a Youth Vax Force.

Officials we met with across the six communities said they sought to educate individuals about the public safety risks from COVID-19 and in doing so needed to address fear in the community. Surrounded by great uncertainty and changing health guidance, many leaders said their communities needed information that was pertinent to them and their circumstances. They used trusted voices in their communities such as Tribal elders, firefighters, Emergency Medical Services (EMS) workers, and leaders of faith-based organizations. Many communities found that disseminating information through these trusted sources was more reassuring for residents.

Across the locations we visited, using trusted voices in the community contributed to the success of pandemic education and vaccinations programs. For example, Coeur d’Alene, ID, firefighters provided vaccines to each other, the community, and city government employees to support vaccination efforts. Community leaders said that having known and trusted community members provide vaccination information increased vaccination rates and allowed individuals to make informed decisions, reducing anxiety and fear.

According to the CDC data and information published by the Indian Health Service, American Indians and Alaska Natives had COVID-19 infection rates at least 3.5 times higher than any other population, were four times more likely to be

"Ensuring the safety of our elders and of our people was a primary focus. If we lose our elders, we could lose our traditions. If we lose our people, our entire Tribe could be wiped out."

-Jicarilla Apache Nation

hospitalized due to COVID-19, and had higher mortality rates. Given the increase in risk due to COVID-19 and historical distrust in the federal government and Western medicine, federal guidance highlighted the need for comprehensive, culturally appropriate personal and public health services during the pandemic. In Jicarilla, elders and leaders, including the Tribal President, publicly received the vaccination and discussed why they had done so. Some of their reasons were to protect their elders and, thus, their traditions. Videos showing elders discussing significant cultural events and traditions that were postponed due to the public health crisis were posted on social media and announced on the radio in both English and the Apache language. These outreach activities helped the Jicarilla people stay connected during a time of isolation. Tribal leaders attributed their high vaccination rate (almost 84 percent) to the example set by trusted elders being vaccinated.

Communities appreciated flexible federal funding that enabled a locally focused response.

Many of the pandemic programs allowed broad uses of funds to provide communities flexibility in responding to the pandemic in a way that made sense for their communities. Officials we spoke with across the communities appreciated this flexibility in how they could spend the federal money. For example, an official with the White Earth government explained that even though the Tribe did not receive CRF funds until June 2020, they were able to use the funds to cover expenses going back to the beginning of the pandemic in March 2020.

In another example, an official with the Mahnomen School District, located within the White Earth reservation, indicated that the allowable uses of funding from the Department of Education's ESSER program were broad and provided flexibility for the school district given the differences in school populations and facilities. The Mahnomen official stated that guidance for school bus use recommended that the windows be kept open to increase air flow. However, open windows on a bus during winter in Minnesota was not an option. Instead, the district purchased an additional school bus with ESSER funds to enable social distancing and allow windows to remain closed during cold weather.

A FOCUS ON | Challenges Existing Before the Pandemic

Pre-existing challenges in the rural counties and on Tribal reservations may have made their pandemic response efforts more difficult.

Leaders discussed the pre-existing challenges faced by rural and Tribal communities that were exacerbated by the pandemic.

- **Internet availability:** Officials across four locations cited a lack of consistent internet availability in their communities. This made it difficult for students and workers to transition to remote environments needed to protect them from COVID-19.
- **Paper-based processes:** Community organizations who relied on paper-based operations to conduct business struggled to process the influx of paper documentation while keeping the public and workers safe.
- **Staffing issues:** The local governments of rural or small communities faced pre-existing challenges with low staffing levels and high turnover that hindered their pandemic responses.
- **Low housing stock:** Lastly, a shortage of available housing adversely affected the health, safety, and well-being of citizens at several locations.

During our visits, we learned that these communities worked to devise workarounds to these challenges, sometimes with the assistance of federal pandemic funds. See below for more information about each of these pre-existing challenges.

The lack of internet access in rural communities made it challenging for students to learn remotely and for government workers to serve the public.

In several locations we visited, household internet access was limited and often non-existent. With the move to remote work and learning in the early months of the pandemic, communities needed to quickly find solutions to provide internet access to their residents.

Locations we visited used pandemic aid to help fund creative solutions. For example, the Marion County School District worked with the River Valley Regional Commission to use geospatial imagery tools and technology to place school buses equipped with hotspots near residences with the least

internet access to assist students with retrieving and submitting their school assignments. In another example, Jicarilla officials used similar ingenuity to help address students' lack of internet access, or, for many, extremely low-speed internet. Using ESSER funds, Jicarilla officials equipped vehicles with hotspots and parked them across the reservation. In addition, Tribal officials stated that they used CRF funds to construct six new communication towers to increase internet availability needed for virtual learning and continued Tribal government operations through virtual work. Despite these efforts, officials stated that internet availability within their communities was still very limited and hindered their response to the pandemic.

Staffing and resource challenges, such as non-competitive wages, for local governments and organizations made it difficult to recruit and retain employees.

Rural communities had pre-existing staffing challenges that worsened during the pandemic due to low wages, overwhelming responsibilities, and staff concerns about increased health risks. For example, a non-profit organization in the Sheridan County, NE, area noted high turnover in Head Start teachers (teachers who provide early childhood education, health, nutrition, and parent involvement services to low-income families) because these positions already had heavy responsibilities which grew during the pandemic and proved even more challenging than before. While pandemic funds helped communities provide additional bonuses to their workers, some community officials said that the temporary nature of pandemic funds did not allow them to address long-standing challenges in recruiting and retaining staff. Rural communities may have been less likely to hire permanent staff or give existing staff permanent pay increases because the communities did not know if they could continue to pay these costs after temporary pandemic assistance funding ran out. In addition, one Marion County, GA, leader stated that smaller communities often do not have enough staff or the experience to identify potential federal funding opportunities to address their challenges, which may result in missed opportunities for needed funding.

SPOTLIGHT ON | Marion County, GA, Staffing Challenges

A Marion County official informed us that they faced long-standing staffing challenges in key positions critical to serving their community. These challenges intensified during the pandemic. Officials informed us that many critical positions with overwhelming responsibilities were only part-time positions, including the County Commissioners and the Mayor of Buena Vista, GA (the largest city within the county boundaries). Even full-time positions faced overwhelming responsibilities. For example, one registered nurse was responsible for managing the entire health district for the county.

Additionally, Marion County officials stated that many positions critical to the pandemic response had high turnover, such as EMS workers, the County Manager (who managed any federal

assistance), and schoolteachers. For example, the EMS supervisor stated that EMS workers experienced high turnover rates because they made only \$17 per hour despite the significant demand and increased health risk they faced. Marion County officials stated that pandemic funding enabled them to provide premium pay for these positions. However, the school superintendent noted difficulties recruiting school counselors because the short-term availability of pandemic funding could not support permanent positions.

Despite Marion County's many staffing challenges, officials found creative ways to address them. For example, the only registered nurse working in the county health department sought assistance from nurses in neighboring counties to administer COVID-19 vaccines through coordinated testing events. In another example, the Marion County School District began a teacher internship program using ESSER funds. The interns gained experience and absorbed some of the workload for the teachers.

Community organizations who relied on paper-based processes to conduct their business faced increased challenges in their pandemic response.

Some government organizations in rural communities relied on paper-based processes to conduct their business. These organizations faced greater challenges in their pandemic response because they could not process the large influx of paper documentation needed to protect the public and their staff during the pandemic. For example, at the onset of the pandemic, the Marion County health district required patients to complete paper applications to receive a COVID-19 vaccine. This was a time-consuming process that required their only registered nurse to compile and report vaccination information to the state of Georgia. In response, the health district used some of its pandemic funds and other funds from the state to buy electronic tablets for patients to complete their applications for COVID-19 vaccines. This allowed the registered nurse to report COVID-19 statistics more efficiently, which, in turn, allowed the nurse to focus on the health needs of the community rather than administrative tasks.

At the onset of the pandemic, Jicarilla required government employees to submit their timesheets on a paper form. The use of paper timesheets required Tribal government staff to come into the office to submit their timesheets, and required human resources personnel to handle high volumes of paper that were touched by multiple people during processing. One official explained that the high volume of paper processing was particularly worrisome because at that point in time, the initial CDC guidance stated that COVID-19 could be spread through different surfaces, including paper. Although Jicarilla took precautions to protect employees from COVID-19, paper-based processes prevented employees from working in a completely virtual environment and increased the risk that employees could contract and spread COVID-19. In response, Jicarilla officials stated they used CRF money to buy an electronic payroll system so employees could report their time virtually.

Low housing stock, before and during the pandemic, made it difficult for communities to provide housing options and thus increased health risks for their citizens.

The officials from the two rural counties, two Tribal reservations, and Coeur d'Alene, ID, expressed concerns about the shortage of houses in their communities and the effects that COVID-19 had on this shortage. Lack of housing increased the health risk of multigenerational families sharing living quarters and of individuals and families living in substandard conditions. One organization supporting Sheridan County, NE, said that there were a limited number of homes for rent, and cited an example where a resident would not report severe maintenance issues to the housing authority because they feared being evicted and becoming homeless.

The shortage of affordable housing also created staffing challenges. Coeur d'Alene, ID, experienced a surge in real estate prices as individuals and families from other states relocated there during the pandemic. According to local officials, the increase in housing costs made it difficult to fill open jobs. For example, one school district stated that they attempted to hire a school nurse who turned down the job because they were unable to find affordable housing. A hospital in Coeur d'Alene, ID, faced a similar issue when it tried to hire medical staff.

SPOTLIGHT ON | Prevalence of Multigenerational Households on Tribal Reservations

Tribal Reservations experienced challenges keeping elders safe from COVID-19 exposure due, in part, to long-standing issues with limited housing resulting in a high number of multigenerational households. The Office of the Assistant Secretary for Planning and Evaluation within the U.S. Department of Health and Human Services (HHS) published a report in October 2021 about [The Impacts and Implications of COVID-19 on Household Arrangements](#). This report identified that individuals over the age of 65, who are at higher risk of severe illness or hospitalization from COVID-19, living in multigenerational households faced increased risk of potential exposure to the disease by working adults or schoolchildren who might have been exposed to COVID-19 in the workplace, at schools, or in childcare settings.

Jicarilla officials stated that public utility infrastructure limitations prevented them from building more homes to address the high number of multigenerational households. Given these limitations, the Tribal government and housing authority used federal funds to purchase personal protective equipment and cleaning supplies to help keep members safe in their homes. In addition, the Tribal government used federal funding to purchase trailers, campers, and porta potties to assist with isolation requirements. In some instances, Tribal members isolated in tents outside of their homes, which meant that they did not have access to an indoor restroom. When that occurred, the Tribal government delivered a portable restroom to their home for the isolation period, picked it up, cleaned it, and then redistributed it to another home.

For the White Earth Nation Reservation, the Housing Authority was able to use Indian Housing Block Grant – CARES Act funding to help build 12 new homes, and at the time of our visit, it planned to use Indian Housing Block Grant – American Rescue Plan Act funding to build an additional 15 new homes. The Housing Authority noted this was a step in the right direction, but the Tribe still faced major challenges with low housing stock and a high number of multigenerational households.

A FOCUS ON | Sustaining Lives During the Pandemic and Recovering from the Impacts of the Global Health Crisis

The pandemic created several non-health-related challenges that community leaders had to address. Some of these challenges still remained more than two years into the pandemic.

Community leaders told us the additional health protocols and restrictions put in place to minimize the spread of COVID-19 affected every aspect of society and community life. Local communities took action to help ensure citizens survived the pandemic that extended beyond protecting them from a COVID-19 infection. At the time of our visits, many communities indicated that they were still dealing with the consequences related to the pandemic and trying to support their citizens. Some noted the likelihood of unknown effects that they didn't know about yet. These non-health-related challenges ranged from:

- Feeding their communities, including schoolchildren, the elderly, and others facing food insecurity challenges.



Beep Beep....

DULCE SCHOOLS

Breakfast and Lunch Ahead!!

See listing for Food

Distribution Sites

9:15 am to 9:45 am

EVERY SCHOOL DAY!!



Figure 5. PRAC recreation of a social media post by Dulce Independent Schools, within the Jicarilla Apache Nation Reservation, about food pickups for schoolchildren during the pandemic.

- Maintaining public safety during unique situations created by the pandemic.
- Supporting local businesses to keep their local economies intact.

The challenges discussed below are both immediate and longer-term issues that may still be prevalent for some communities even as we move past the pandemic.

Communities focused on feeding schoolchildren, the elderly, and others facing food insecurity challenges.

When we met with community leaders, they highlighted different approaches and programs used to address food insecurity in their communities. These included ensuring that schoolchildren continued to receive meals during remote learning, and that the elderly and others facing food insecurity received meals. These food programs served as platforms for social connection and encouraged positive mental health. For example, Springfield, MA, scheduled themed meal pickup events, such as a costume party or luau, for senior citizens in their community. White Earth included traditional Tribal medicines in their meal deliveries as requested.

For students enrolled in remote learning, a number of school districts initially organized educational packet pickups and ensured that parents and guardians could pick up weekly meals along with their school packets. As the shutdown continued, several districts used their cafeteria staff to make

bagged meals, used bus drivers to distribute meals, or used teachers and staff to establish meal pickup stations during parts of the pandemic. For example, the Dulce Independent School District, located within the Jicarilla Reservation, had bus drivers provide food drop-offs at the beginning of the pandemic. The school district then transitioned to a meal bag pickup line at the school to ensure students received food even while they were learning remotely. The use of bus drivers also had additional benefits, including continued employment for the drivers and continuity for the children who got to see and connect with a familiar person while attending school virtually.



Figure 6. Social media post by White Earth Nation on October 27, 2020 about previous food box distributions for families in need.

The Marion County School District used the “Meals-to-You” grant program offered by Baylor University to provide free meals to students. Marion County school officials told us that they emphasized the health and safety of school staff while keeping the schoolchildren fed, and that they were thankful for this grant program because it allowed them to meet both needs.

Some of the communities built upon existing programs to provide food to the elderly and families or individuals in need. For example, White Earth's Food Shelf program, which had previously been established to feed Tribal elders and those who were food insecure was expanded to support all members in need. The Tribal government also use staff at its casino to help prepare and package meals for delivery, which helped keep Tribal members employed and involved in response activities. The Tribe also used its Food Shelf Program's delivery service to distribute traditional medicines to individuals who requested them. Further, White Earth used the Families to Farmers Food Box program to distribute food to families. See [Figure 6](#) for an example of the food distribution event advertisement used to help inform the Tribal members about this opportunity.

Officials faced unique challenges maintaining public safety within their communities.

Public safety that went beyond public health risks was a significant concern for multiple communities. Some community officials we spoke to provided us with examples of challenges enforcing curfews, protecting nursing home residents, managing an increased number of tourists and visitors, and responding to an increase in alcohol and drug use.

For example, Jicarilla officials implemented a curfew to help reduce infections during peak periods. Enforcing the curfew presented unique challenges for the community, including new patrolling and setting up check points at some of the reservation's boundaries. Similarly, a nursing home in a different location reported hiring security guards to enforce visitation restrictions because some residents' family members did not want to follow COVID-19 precautions.

Coeur d'Alene, ID, officials experienced an influx of tourism which required additional efforts from the Coeur d'Alene Police Department. Coeur d'Alene is located on the border of Idaho and Washington state. City officials explained that because Washington state had stricter COVID-19 social distancing requirements, the city experienced high levels of tourism traffic during the entire year instead of just during the summer months. This increased tourism occasionally resulted in more public disturbances and public safety personnel working longer hours and responding to more calls to keep the community safe.

Communities also had to deal with issues resulting from increased alcohol and drug use. One community told us that in addition to the increase in deaths due to COVID-19, it also experienced an increase in the total number of deaths related to drug overdoses.

Community leaders focused on trying to keep their local economies and small businesses intact.

Community leaders focused on supporting local and small businesses with federal pandemic funds in an effort to maintain their economies during COVID-19 shutdown orders. Some communities provided additional programs using either pandemic funds or existing funds to help their small

businesses and local economies. For example, in Coeur d'Alene, ID, officials stated that they used CRF money received from the state to set up a small business grant program for local businesses.

Across the locations, we anecdotally heard that community leaders remained concerned with supply chain delays, increased costs, and worker shortages—some of which had a direct effect on the communities' local economies and recovery. One business owner said they were struggling more in 2022 than at the beginning of the pandemic. In another example, firefighters and EMS personnel in Sheridan County, NE, stated they continued to deal with delivery delays for needed supplies or were paying increased prices. Specifically, they had to wait eight months for a pair of firefighter boots. According to Springfield Public School district officials, they were continuing to deal with construction delays and increased contractor costs when trying to make needed HVAC updates to their older school buildings. Lastly, one small business owner indicated he had been unable to find additional workers, which limited the number of hours his business could be open and the service it could provide. Interviews with regional state workforce agency officials revealed that some employers reported unemployment insurance claimants could earn more by collecting unemployment insurance benefits and, therefore, would not return to work. However, state workforce agency officials stated there were other factors that affected individuals' choices to not return to work, such as health concerns and virtual school requiring adults to stay home to supervise children.

A FOCUS ON | Meeting the Moment: Now and in the Future

Community experiences highlight considerations for emergency preparedness now and in the future.

Preparing for an emergency starts well before the actual event. When an emergency occurs, federal, state, local, Tribal, and territorial governments must be able to respond and act quickly and strategically. While the federal government can play a key role in providing needed funds to help communities directly respond on the ground to an emergency, state and local governments, businesses, and community organizations also play key roles as the boots on the ground. These organizations serve as community experts and understand their community's needs in an emergency.

Our work and the experiences of the six communities we highlighted throughout this report provide useful information about what happened on the ground during the pandemic, challenges faced by local government officials and organizations, and creative workarounds and leading practices used in response to the global health crisis. Based on our conversations with officials, we offer the

following considerations for federal policymakers and program administrators to help improve the federal government's response in future emergencies.

- **Use existing channels and structures**, when possible, to provide funding, implement programs, share guidance, and perform program administration services. Standing up new programs or communication channels during an emergency can result in confusion and delay a community's response. If existing channels or structures cannot be used, consider partnering with states to subgrant funds to local governments or other organizations.
- **Allow for as many funding flexibilities as possible** consistent with appropriate use of the federal funds. Flexibility in use of funds could allow local officials who are more familiar with the situation on the ground to customize responses to address their community's specific challenges. Flexibility in availability of funds may allow a community to make more strategic investments to address longer-term concerns as it recovers from an emergency.
- **Be mindful of local staffing limitations when developing programs.** This is especially important for smaller communities with less administrative staff available to implement federal program guidance, understand allowable uses of funds, and track a myriad of other program requirements.
- **Enhance internet access and information technology modernization efforts** in rural communities to help these communities social distance, work remotely, and streamline operations.

These are just some of the lessons learned through our visits to six communities across the country. Location-specific reports will provide more information about each of the six communities' experiences during the pandemic. These reports will provide more detail about selected programs, whether spending generally aligned with the goals and objectives of those programs, and whether the pandemic relief funds helped the communities respond to the pandemic.

We hope these reports, which provide important location-specific insights resulting from this two-phase review, will help federal policymakers and program managers identify lessons learned from the country's COVID-19 pandemic response and adjust preparedness accordingly before the next emergency or disaster.

Appendix A: Acronyms

ARP Act	American Rescue Plan Act
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CRF	Coronavirus Relief Fund
CIGIE	Council of the Inspectors General on Integrity and Efficiency
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESSER	Elementary and Secondary School Emergency Relief
FEMA	Federal Emergency Management Agency
GAO	Government Accountability Office
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
HVAC	heating, ventilation, and air conditioning
Jicarilla	Jicarilla Apache Nation
OIG	Office of Inspector General
PRAC	Pandemic Response Accountability Committee
SLFRF	State and Local Fiscal Recovery Fund
White Earth	White Earth Nation

Appendix B: Scope and Methodology

Scope

In October 2021, the PRAC, along with ten of our OIG members, initiated a review that sought to identify the federal pandemic response funds provided to select geographic areas, the purpose of those funds, and if the spending generally aligned with the intended goals and objectives. To conduct our work, we divided the review into two phases. Phase one sought to determine how much pandemic funding went to the six selected communities. The final report for phase one, [Tracking Pandemic Relief Funds that Went to Local Communities Reveals Persistent Data Gaps and Data Reliability Issues](#), was issued on July 6, 2023. Phase two of the review sought to gain more insight into how the six communities used their pandemic relief funding, if the spending generally aligned with the goals and objectives of the programs and subprograms, and whether the funding helped the six communities respond to the pandemic.

To conduct our work, we selected six communities across the United States: Springfield, Massachusetts; Coeur d’Alene, Idaho; Sheridan County, Nebraska; Marion County, Georgia; White Earth Nation Reservation in Minnesota; and Jicarilla Apache Nation Reservation in New Mexico. More information about the selection process can be found in the Scope and Methodology section of our [July 2023 report](#).

We worked with nine of our PRAC OIG members to complete the second phase of our review, which involved site visits to all six communities and a closer look at specific pandemic-related programs.³ In total, we selected 22 programs and subprograms for review. Of note, not all 22 programs and subprograms provided funds to all six communities. The programs and subprograms included in phase two of our review are listed in Table 2.

Table 2. Pandemic Relief Programs and Subprograms Included in Phase Two

<i>Department</i>	<i>Program or Subprogram</i>
Department of Agriculture	Farmers to Families Food Box Program
Department of Education	Elementary and Secondary School Emergency Relief Fund

³ One OIG did not participate in phase two due to resource constraints and other planned oversight work that would seek to identify similar insights to the phase two work.

Department	Program or Subprogram
Department of the Interior	Aid to Tribal Governments Assistance to Tribally Controlled Community Colleges Highway Planning and Construction Indian Education Facilities, Operations, and Maintenance Indian Housing Assistance Indian Law Enforcement Indian Schools Student Transportation Indian Self-Determination Contract Support Indian Social Services and Welfare Assistance
Department of Health and Human Services	Provider Relief Fund Payments to Nursing Homes
Department of Homeland Security	Federal Emergency Management Agency's Public Assistance Program
Department of Housing and Urban Development	Community Development Block Grant – CARES Act Project-Based Rental Assistance – CARES Act Public Housing Operating Fund – CARES Act Indian Housing Block Grant – CARES Act and ARP Act
Department of Labor	Pandemic Unemployment Insurance Programs including: Federal Pandemic Unemployment Compensation, Pandemic Unemployment Assistance, and Pandemic Emergency Unemployment Compensation
Department of Transportation	CARES Act Relief Urbanized Area Formula Grants Program
Department of the Treasury	Coronavirus Relief Fund

This report presents the information and key takeaways that the PRAC staff gathered from the interviews during our six site visits and our discussions with the people who live in the communities and helped organize the local response to the pandemic. More information about the results of our review of the specific programs and subprograms identified in [Table 2](#) and the selection methodology will be provided in separate location-specific reports that will follow this report. Once issued, these reports will be available on our website at www.PandemicOversight.gov.

Methodology

The insights shared in this report are supported by work completed by PRAC staff during phase two of this review. We visited all six locations and conducted interviews with government, community, Tribal, and business leaders on the communities' experiences with the pandemic, federal guidance, best practices, lessons learned, and suggestions for improvement. The site visits occurred from May 2022 through December 2022. In addition to the site visits, we reviewed laws, program guidelines, and background information for the programs and subprograms under review.

After the completion of our site visits, the PRAC staff analyzed the information received to identify trends or similarities across all six locations. The PRAC staff also coordinated with the participating OIG members to obtain preliminary review findings and results from their work to ensure that this insights report aligned with their phase two work. In addition, the content of this report has been reviewed by all OIG members who participated in phase two. The specific methodology used to review the selected programs and subprograms will be discussed in the location-specific reports to be issued at a later date.

Standards

This work was completed between April 2022 and May 2023, and complies with the CIGIE's *Quality Standards for Inspection and Evaluation*. These standards require that we plan and perform this review to obtain sufficient and appropriate evidence to provide a reasonable basis for the insights and conclusions.

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