Impact of COVID-19: Five Years Later 2026

A Report by the Massachusetts Commission on the Status of Women

Commissioners, Staff, & Interns

The Massachusetts Commission on the Status of Women is comprised of 19 volunteer commissioners, dedicated staff members, and seasonal interns.

2026 Commissioners

Christine Monska, Chairwoman
Tanisha Arena, Vice-Chairwoman and Finance Committee Vice-Chairwoman
Audrey Hall, Treasurer
Divya Chaturvedi, Secretary
Allison Goldbery, Legislative and Public Policy Committee Chairwoman
Dr. Kimberly Shea, DNP, RN, Program & Planning Committee Chairwoman
Mary-dith Tuitt, Immediate Past Chairwoman
Giselle Byrd, Program & Planning Committee Secretary
Whitney Dodds, Program & Planning Committee Vice-Chairwoman
Guimel DeCarvalho, Legislative and Public Policy Committee Secretary
Melissa Ferretti
Natascha George, Finance Committee Secretary
Shela Levante, Fundraising Committee Chairwoman
Dr. Aisha Miller
Lise Olney
Heather Panahi, Legislative and Public Policy Committee Vice-Chairwoman
Dr. Candace E. Pérez
Emily J. Wilson, PhD, MPH, MS, CHES

Staff

Shaitia Spruell, Executive Director
Marjorie C. Bernadau-Alexandre, Administration & Finance Director
Ellen Moorhouse, Communications and Marketing Director
Darlene Kelter, Administrative Assistant
Raven Harris, Clerk & Executive Assistant
Madeleine McCarthy, Regional Operations Coordinator

The report was authored by **Kaitie Chakoian, MA**, a contractor of the Massachusetts Commission on the Status of Women with significant contributions from Simmons University capstone student **My Vo Kieu** with advisory support from **Jenna Canfield, PhD,** and from MCSW interns: **Olivia Honeycutt** and **Christian Nakihei**.

Contents

List of Figures

About the Commission

The mission of the Massachusetts Commission on the Status of Women (MCSW) is to provide a permanent, effective voice for women and girls across Massachusetts and to ensure that they can achieve full equity in all areas of life. The MCSW is composed of three staff members and 19 volunteer commissioners who are appointed by the Governor, the Senate President, the Speaker of the House, and the Caucus of Women Legislators. In addition, 11 regional commissions composed of 103 MCSW-appointed commissioners in communities across the Commonwealth study and report on the status of women and girls in their geographical areas in order to guide the MCSW.

Over the past six years, pursuant to its statutory authority, the MCSW has been gathering, evaluating, and reporting information on how COVID-19 has impacted women across the Commonwealth. It is the intention of the MSCW to offer well-informed recommendations as programs and policies are developed to meet the ongoing needs of Massachusetts constituents.

Executive Summary

Using data from two statewide surveys, one implemented in the early spring of 2021 and the second in the summer and fall of 2025, this report details the ongoing impacts of COVID-19 on women and families in the Commonwealth.

Key Findings

- The **lack of affordable housing** is the of the greatest concern, with 60% of 2025 respondents having been unable to find any. Additionally, 2025 respondents are still **suffering the consequences of being behind on rent or mortgage payments** as a result of COVID-19. Over one-third of respondents of color and nearly a quarter of respondents identifying as white only are dealing with these challenges.
- Massachusetts residents have **food access needs that are not being met by existing policies** and programs. The percentage of survey respondents in need of food that don't qualify for SNAP benefits increased from 2% in 2021 to 6% in 2025, and was actually 13% for respondents of color.
- Women and families in Massachusetts are **still having difficulty seeking physical and mental healthcare five years after the start of the pandemic**. As a result, 9% of white only survey participants and 7% of participants of color reported **putting off treatment** in 2025 which can lead to long-term adverse outcomes. Rates of **anxiety and depression** have increased since 2021 impacting 29% of participants of color and 21% of white only participants. Critically, 9% of **participants of color reported thoughts of suicide** in 2025, and increase from only 6% in 2021. Survey respondents attribute these challenges to the **cost of healthcare and lack of adequate insurance** coverage.
- The pandemic exacerbated the ongoing challenge of unpaid care-taking labor that falls disproportionately on women. In 2025, **childcare remains one of the most pressing needs** in the Commonwealth with 55% of participants identify as white only and 34% of participants of color naming it as one of their top three needs. At the same time, participants also indicated the need to be able to **take paid leave for care-taking** as critical.

Policy Recommendations

Issue Area	**Sample Bill (194th Session)**	**Key Components**
Affordable Housing	**H.314**, An Act to establish the Western Massachusetts balanced sustainable development commission	• Create balanced housing opportunities • Ensure more available affordable housing • Develop avenues for forgiveness of late rent or mortgage payments due to COVID-19-related challenges
Food Access	**H.129**, An Act relative to the healthy incentives program **H.126/S.62** An Act establishing community fridges to address food insecurity	• Meet the needs of families who do not qualify for SNAP
Accessible Healthcare	**H.1405/S.860**, An Act establishing Medicare for all in Massachusetts	• Ensure healthcare for all residents of MA that is uniform, comprehensive, and continuous • Eliminate all forms of patient cost-sharing
Care-taking Responsibilities	**H.1394/S.886**, An Act relative to family members serving as caregivers **H.3159/S.1938**, An Act supporting family caregivers **H.542/S.341**, An Act expanding access to family, friend, and neighbor-provided childcare	• Compensate those who are providing care • Expand options for subsidized care to more informal sectors • Provide comprehensive support for those with family caretaking responsibilities

Background & Evolution

Shortly after then Governor Baker declared a state of emergency on March 10, 2020, the MCSW created a COVID-19 Action Committee to research and report on the status of women and girls during the pandemic. Initial data was collected from women and girls across the Commonwealth through an online survey and virtual hearings. This data was published in a series of MCSW reports:

- The Impact of COVID-19 and Related Policy on Massachusetts Women and Girls, April 2020
- Childcare and Education During COVID-19: A Report on the Economic and Social Impact on Women in Massachusetts, October 2020
- Impact of COVID-19 and Related Recommendations to Improve the Status of Women of Color, May 2021
- Report on the Status of Girls in the Commonwealth and Related Recommendations, June 2021
- Women in the Workforce During COVID-19 & Beyond, March 2022

In May of 2025, the MCSW launched a follow-up survey to better understand the lasting impact of COVID-19 on women and girls throughout Massachusetts. This report combines findings from these two surveys, in addition to qualitative data collected in public hearings, to illuminate ongoing needs and make recommendations to the legislature to support Massachusetts women and girls in 2026 and beyond.

Existing Research

The COVID-19 pandemic generated widespread disruption across social, economic, and healthcare systems in the United States. These disruptions were highly gendered, disproportionately affecting women—especially mothers, low-income women, and women of color. Many of those effects have persisted beyond the acute phase of the pandemic, shaping long-term outcomes for women and families. While there is limited established research on the longer-term outcomes of the pandemic (due to the emerging nature of data), preliminary research demonstrates the interconnectedness of the pandemic's lasting impact on housing, basic needs, healthcare, caretaking responsibilities, and employment/income.

Housing and Basic Needs

Emerging research from the last few years demonstrates that COVID-19 intensified economic insecurity and unmet basic needs, particularly for women-led households. While early policy interventions such as eviction moratoria temporarily eased some of the most acute housing catastrophes, these policies did not address underlying affordability challenges and led to the accumulation of overdue payments and friction in tenant-landlord relationships.[1] Similarly, federal-level emergency allotments for the Supplemental Nutrition Assistance Program (SNAP) and other temporary food assistance programs had a positive short-term impact on food insecurity among recipients.[2] The temporary nature of these

[1] Marçal, K., Flower, P., Hovmand, P. (2022). *Feedback dynamics of low-income rental housing market: Exploring policy responses to COVID-19. https://doi.org/10.48550/arXiv.2206.12647*

[2] Wu, Y., Cheng, J., Thorndike, A. (2025). Changes in food security among US adults with low income during the COVID-19 Pandemic. *JAMA Network Open, 8*(2), 11. doi:10.1001/jamanetworkopen.2024.62277

programs did not address the underlying dynamics that cause food insecurity and lack of access to other basic needs, leading to a possible return to high levels of need following their expiration.

Additional research has demonstrated links between pandemic-related health and economic disruptions, such as long-COVID, and housing insecurity, particularly among low-income groups. A survey of U.S. households between September 2022 and April 2023 found that people with long-COVID were 1.5-2 times more likely to experience significant difficulty around household expenses, to be behind on housing payments, and to face eviction or foreclosure.[3]

Healthcare Access

The pandemic significantly disrupted access to healthcare services, disruption that has had lasting consequences. Studies show that women across racial groups were more likely than men, and sexual minority women were more likely than straight women, to delay or forgo healthcare during COVID-19 due to financial constraints, caregiving responsibilities, concerns about exposure, and reduced service availability.[4,5] Additionally, older adults were found to have delayed care at high rates (as much as 33%).[6] Delays in healthcare can lead to exacerbated symptoms, serious health concerns going undetected, and adverse short- and long-term health outcomes.[7]

Income and Employment

There is robust evidence that the pandemic has had a disproportionate impact on women's employment due to both (1) higher rates of job loss in the occupations women more often hold and (2) exits from the labor force. A central driver of these outcomes was a widespread disruption to childcare, which resulted in greater reductions in employment of women than men, especially in households with white or Hispanic family members.[8] Research has shown that gender disparities are largest in mid-to-high income groups, and are accompanied by racial disparities. In the initial stages of the pandemic, non-white individuals were disproportionately affected by job loss due to health and COVID-related issues, in contrast to white individuals who were more frequently impacted by employment due to other factors, especially for those in lower income groups.[9] In later stages of the pandemic, however, higher income Black and Hispanic workers began to see more non-health related unemployment.[10] Employment

---

[3] Packard, S. & Susser, E. (2024). Association of long COVID with housing insecurity in the United States, 2022-2023. *SSM - Population Health*, 25. https://doi.org/10.1016/j.ssmph.2023.101586

[4] Hill, K. & Colón-López, V. (2024). Delays in care by race, ethnicity, and gender before and during the COVID-19 pandemic using cross-sectional data from the National Institute of Health's All of Us research program. *Health Equity, 34*(4), 391-400. https://doi.org/10.1016/j.whi.2024.02.003

[5] Turner, K., Brownstein, N., & Christy, S. (2022). Impact of the COVID-19 pandemic on women's health care access: A cross-sectional study. *Society of Women's Research, 31*(12), 1690-1702. https://doi.org/10.1089/jwh.2022.0128

[6] Zhong, S., Huisingh-Scheetz, M., & Huang, E. (2022). Delayed medical care and its perceived health impact among US older adults during the COVID-19 pandemic. *Clinical Investigations 70*(16), 1620-1628. https://doi.org/10.1111/jgs.17805

[7] Jones, A. & Power, M. (2023). Pre-pandemic factors associated with delayed health care among US older adults during the COVID-19 pandemic. *The Journal of Medicine Access 7.* https://doi.org/10.1177/27550834231202860

[8] Feyman, Y., Fener, N., & Griffith, K. (2021). Association of childcare facility closures with employment status of US women vs men during the COVID-19 pandemic. *JAMA Health Forum 2*(60). https://doi.org/10.1001/jamahealthforum.2021.1297

[9] Montenevo, L., Jiang, X., Rojas, F., Schmutte, I., Simon, K., Weinberg, B., & Wing, C. (2021). Determinants of disparities in COVID-19 job losses. *National Bureau of Economic Research Working Paper Series* 27132. https://www.nber.org/papers/w27132

[10] Wang, Q. & Kang, W. (2024). Impacts of COVID-19 on the US labor force and beyond. *Population Research and Policy Review 43*(64), 43-64. https://link.springer.com/article/10.1007/s11113-024-09911-5

interruptions have long-term consequences. They can result in a lifetime of lower earnings[11,12,13] and skill depreciation that leads to challenges in re-entry to the workforce and reduced lifetime career advancement.[14]

Dependent Care

Dependent care responsibilities represent a central mechanism through which the pandemic affected women and families. School closures, reduced childcare availability, increased eldercare needs, and caretaking of sick family members dramatically expanded unpaid caregiving demands. Women consistently bear the burden of unpaid caregiving labor,[15,16] and did so during the COVID-19 pandemic. They were forced to quit jobs, go without pay in order to take time off when schools were closed, and experienced increased mental health impacts related to stress and worry.[17]

Healthcare disruptions have contributed to unmet needs and potential long-term health risks. Economic instability has increased vulnerability to housing and food insecurity. Labor market disruptions have produced lasting effects on women's earnings and career trajectories. Finally, intensified caregiving responsibilities have reinforced gender inequalities within households while affecting overall family well-being. These impacts are not evenly distributed; they are shaped by intersecting factors such as race, socioeconomic status, and family structure. The findings in this report illustrate the ways that Massachusetts' women and families do, and in some cases do not, follow the patterns seen across the nation. They lead to policy implications that go beyond short-term solutions to address the structural and institutional inequities that contribute to the differential outcomes facing women and families in Massachusetts as a result of the COVID-19 pandemic.

Methodology

Data Sources

Data in this report come from three sources: (1) the initial COVID-19 Impacts survey, implemented in February and March of 2021; (2) the COVID-19 Follow-Up survey, implemented from May through October of 2025; and (3) public hearing data collected in 2 open hearings in 2025, one focused on youth and the other in a rural Massachusetts community.

Quantitative Analysis

Data from both the 2021 and 2025 surveys were cleaned and analyzed using R. Descriptive statistics were calculated both within and between survey items to identify trends and themes across the two

---

[11] Mincer, J. (1974). *Schooling, experience, and earnings.* National Bureau of Economic Research.

[12] Polachek, S. W. (1981). "Occupational self-selection: A human capital approach to sex differences in occupational structure." *Review of Economics and Statistics*, 63(1), 60–69.

[13] Blau, F. D., & Kahn, L. M. (2017). "The gender wage gap: Extent, trends, and explanations." *Journal of Economic Literature*, 55(3), 789–865.

[14] Mincer, J., & Ofek, H. (1982). "Interrupted work careers: Depreciation and restoration of human capital." *Journal of Human Resources*, 17(1), 3–24.

[15] Hochschild, A. R., & Machung, A. (1989) *The Second Shift.* Penguin Publishing.

[16] Folbre, N. (2001). *The Invisible Heart: Economics and Family Values.* New York: The New Press.

[17] MacCallum-Bridges, C., Admon, L., & Daw, J. (2024). Childcare disruptions and maternal health during the COVID-19 pandemic. *Health Affairs Scholar, 2(5), 9.* https://doi.org/10.1093/haschl/qxae061

points in time. Throughout this report, results are reported both as a measure of the year of the survey and, when appropriate, in comparison between 2021 and 2025. Additionally, in relevant cases, results are reported by subgroup – including race, region, and socioeconomic status.

Initial COVID-19 Impacts Survey

The initial COVID-19 Impacts survey was distributed between February and March of 2021 and was completed by 845 participants, 835 of whom lived in Massachusetts at the time of the survey. Survey participants were located all over the state, with representation from all 14 counties (see Figure 1).

The vast majority (96%) of participants identified as female, with 2% identifying as male and 1% as gender non-conforming/non-binary. Most participants were between the ages of 25 and 64 with 26% falling between 35-44, 19% between 55-64, 19% between 25-34, and 18% between 45-54 (see Figure 2). Most participants were married (56%). Another 37% were single and 7% were in domestic partnerships. Of those participants who reported their parental status, 50% were parenting with a partner as co-parents or guardians, 14% were single parents, and 37% were not parents. Participants' annual household income had a fairly wide spread. The largest group of participants fell between $50,000 and $74,999 (21%), followed by $25,001-$49,999 (16%), and then $75,000-$99,000 (15%) (see Figure 3). 2

Approximately half of participants identified as White (51%), over a quarter as Black (28%), and 1% as Latino/Hispanic/Latinx. Asian-identifying participants made up 4%, Native Americans made up 2%, and 2% identified as "Other/Unknown" (see Figure 4). In order to look at statistically meaningful differences between groups, only groups with at least 10% of respondents were analyzed independently (White, Black, and Latino/Hispanic/Latinx). Additionally, a separate calculation was devised to look at the differences between participants who indicated White as their only race ("White Only" – 47% of participants) in contrast to participants who identified as Asian, Black, Latino/Hispanic/Latinx, and/or Native American, even if they also indicated White identity ("People of Color" – 45% of participants).

COVID-19 Follow-Up Survey

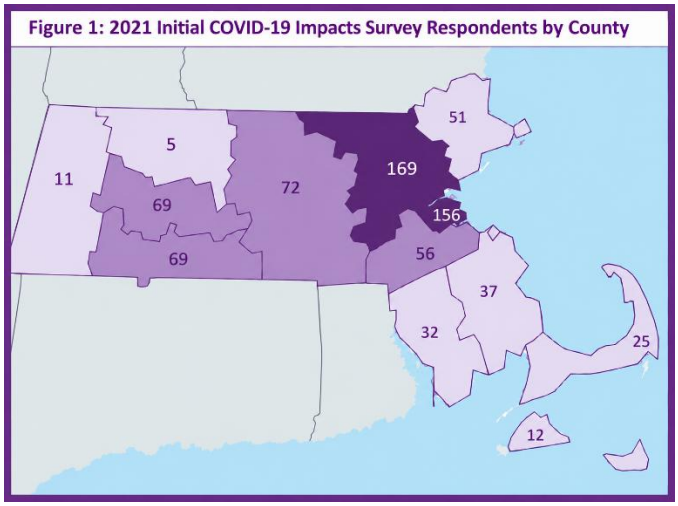
The COVID-19 Follow-Up survey was distributed between May and October of 2025 in four languages (English, Haitian Creole, Portuguese, and Spanish). In total, it was completed by 875 participants. Once again, survey participants were located all over the state, with representation from all 14 counties (see Figure 5).

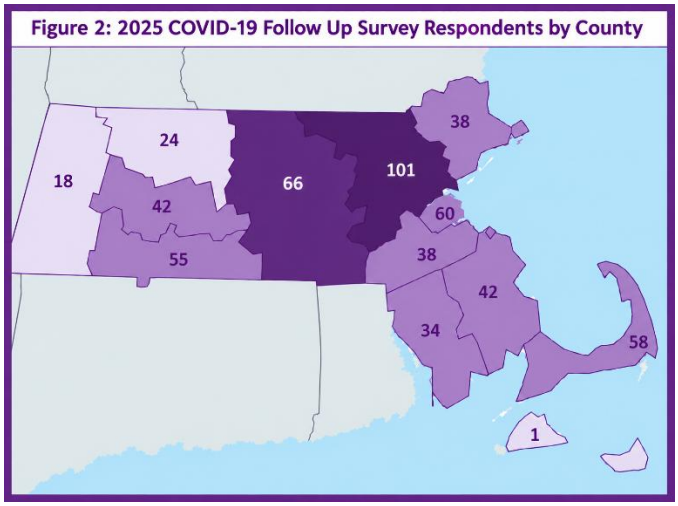
The vast majority (97%) of participants identified as female, including one who identified as "transwoman/female", with 3% identifying as gender fluid, gender non-conforming, genderqueer, or non-binary, and .2% identifying as male. Of those who responded to the question, "do you identify as LGBTQIA+?", 33% were bisexual, 23% were queer, 22% were lesbian, 16% were asexual, and 7% were questioning. Again in 2025, most participants fell between the ages of 25 and 64, though they did skew slightly older than those who responded to the 2021 survey. The most common age groups were between 55-65 (27%), 45-54 (19%), and 25-34 and 35-44 (17%, respectively) (see Figure 6). Just over half of participants were married (55%). Another 22% were single, 10% were divorced, 8% were living with a partner, and 5% were widowed. Participants' annual household income once again had a wide spread, but with higher incomes overall than 2021 respondents'. The largest group of participants fell between $75,000 and $99,999 (18%), followed by those with incomes at or above $200,000 (17%), and then $50,000-74,999 (14%) (see Figure 7).

Participants were less racially diverse than those who completed the 2021 survey (see Figure 8). Over two-thirds identified as White (69%), 11% as Hispanic/Latinx, 8% as Black/African American, 4% as Asian/Asian American, and 2% as American Indian/Alaska Native. Additionally, 4% identified as mixed ethnicity and 2% as "other" (see Figure #). The same statistical decisions were made in 2025 as were in 2021, to only analyze subgroups with at least 10% of the total and to separate out participants indicated White as their only race ("White Only" – 66% of participants) and those who identified as Asian, Black, Latino/Hispanic/Latinx, and/or Native American, even if they also indicated White identity ("People of Color" – 27% of participants).

Qualitative Analysis

Findings from two public hears held in 2025 are included here as qualitative data, as well as the open-ended survey responses from both surveys. Qualitative data were coded using inductive, open-coding[18] in a thematic analysis process in order to illuminate further context and detail for the quantitative findings contained in this report.





[18] Charmaz, K. (2014). *Constructing grounded theory*. Sage.

Figure 3: 2021 Initial COVID-19 Impacts Survey Respondents by Age

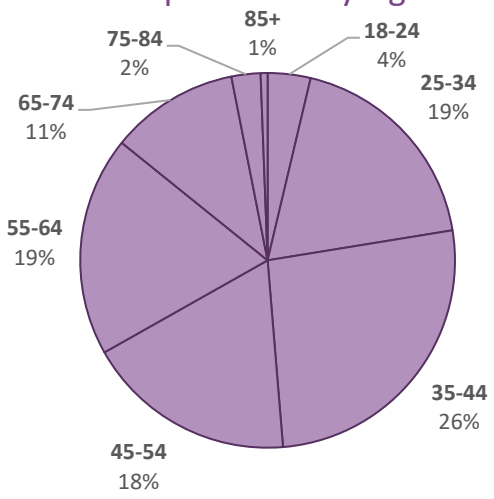


Figure 4: 2025 COVID-19 Follow-Up Survey Respondents by Age

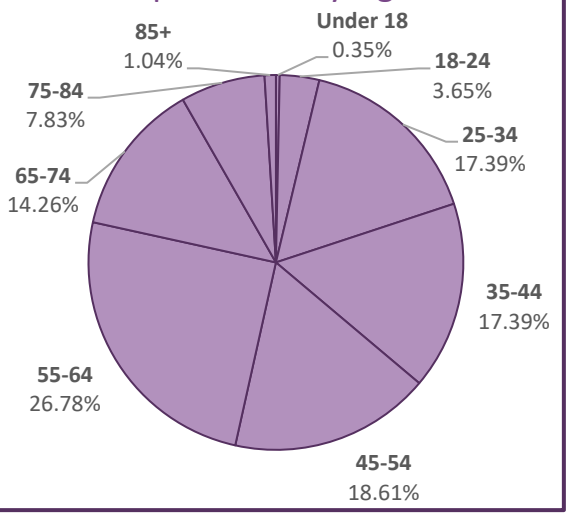


Figure 5: 2021 Initial COVID-19 Impacts Survey Respondents by Annual Household Income

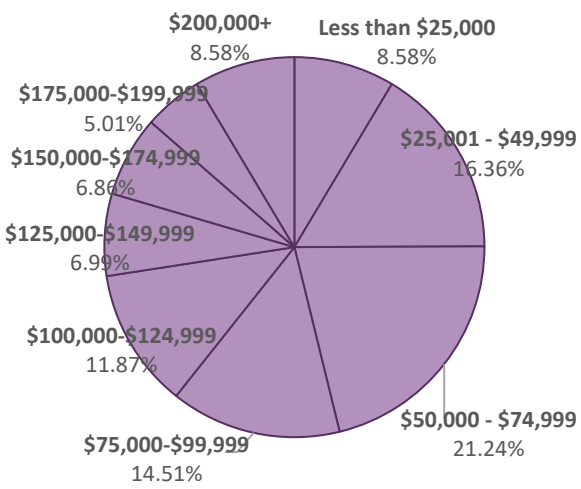


Figure 6: 2025 COVID-19 Follow-Up Survey Respondents by Annual Household Income

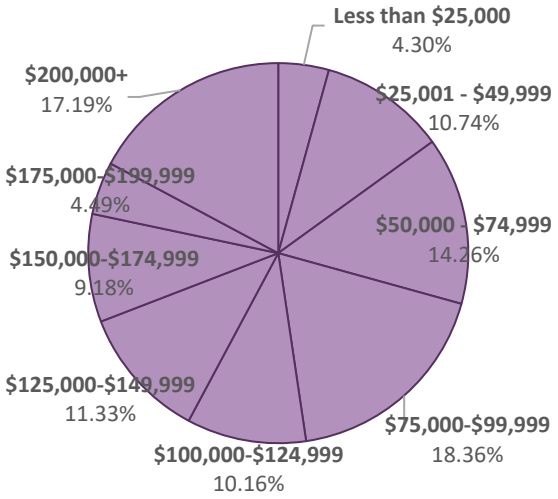


Figure 7: 2021 Initial COVID-19 Impacts Survey Respondents by Race

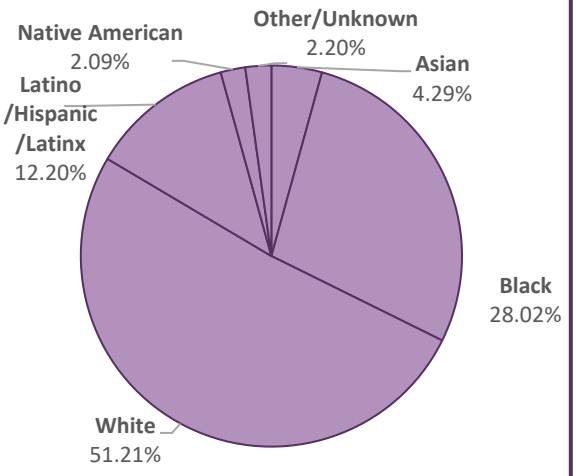
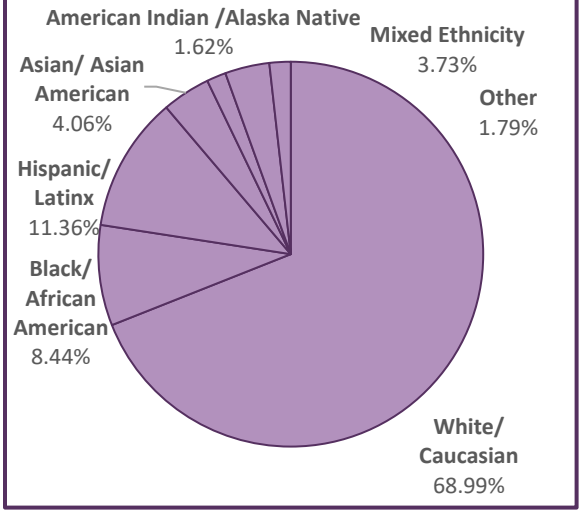


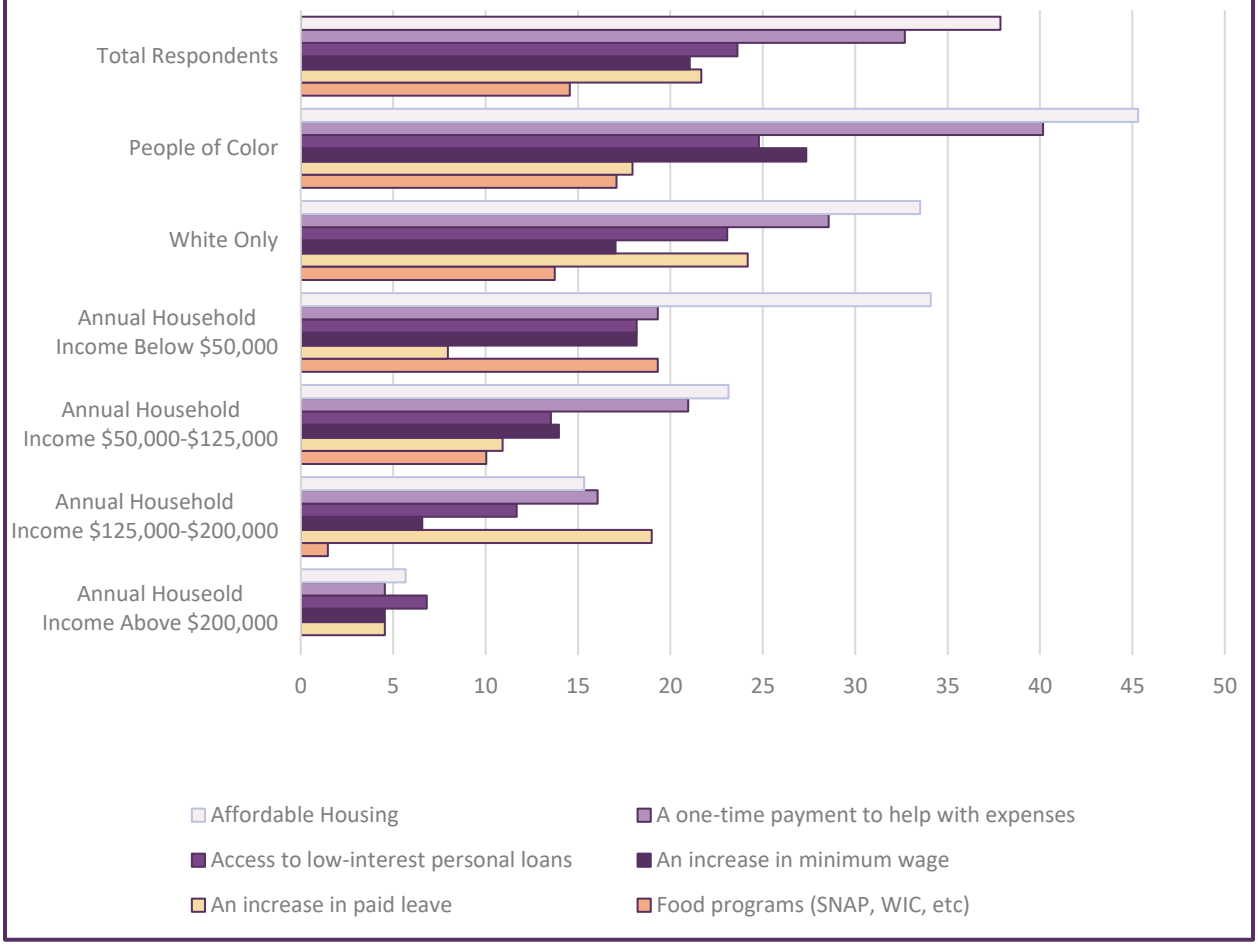
Figure 8: 2025 COVID-19 Follow-Up Survey Respondents by Race



Findings

Survey participants in 2025 were asked, “If you and your family need assistance, which of these would help you most?” and given the option to select all that apply from a list of 16 different. The most common responses were affordable housing (38%), a one-time payment to help with expenses (33%), and access to low interest personal loans (24%). These were the most common across many groups including respondents of color, respondents who identified as white only, and respondents with annual household incomes between under $25,000 up to $199,999 (see Figure 9).

Figure 9: "If you and your family need assistance, which of these would help you most?"



In addition to the provided options, some participants also wrote in "other" responses. The most common of these were needs related to care for dependents (children, elderly family, and terminally ill partners). Other common write-in responses were around income needs – extended unemployment insurance, higher pay, job training assistance for older employees and those re-entering the workforce after completing caretaking responsibilities, and greater supports and flexibility around workers with disabilities. The need for lower healthcare costs was also highlighted in this "other" responses.

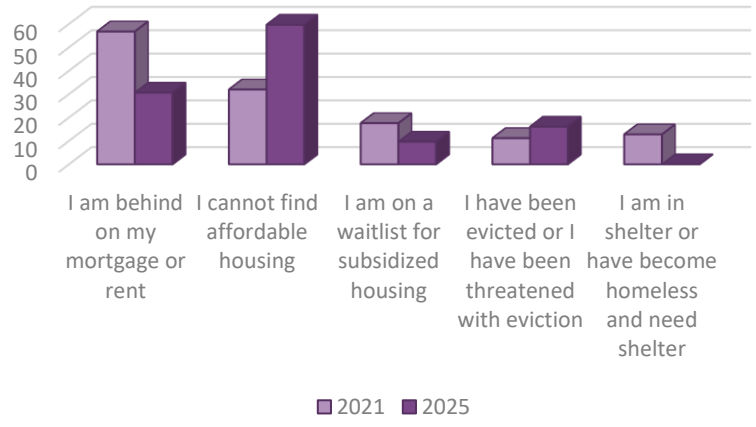
> *"HIGHER PAY FOR JOBS THAT ARE TRADITIONALLY WOMEN'S ROLES [IS WHAT WOULD HELP ME AND MY FAMILY MOST]. ADMINISTRATIVE ROLES REQUIRE A LOT OF KNOWLEDGE AND WORK BUT ARE REALLY LOW PAID."*

Below, four key areas of support (housing & other basic needs, income & employment, healthcare, and dependent care) are explored in depth to understand the lasting impacts of COVID-19 on women and families in the Commonwealth of Massachusetts and the outstanding needs that remain to be addressed.

Housing & Other Basic Needs

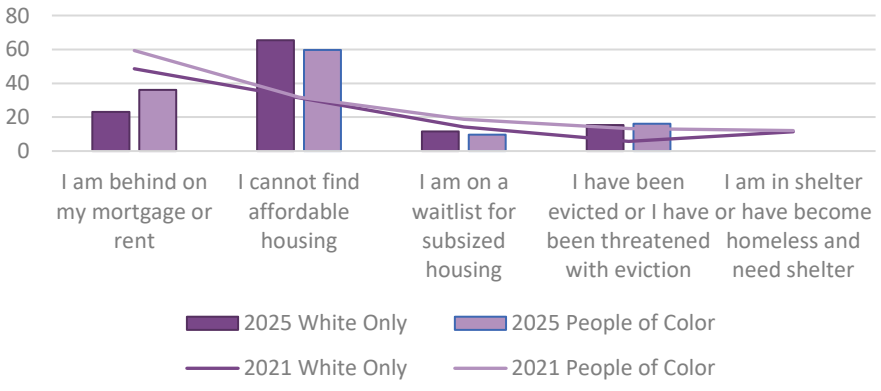
Housing

Figure 10: "Do any of these housing issues apply to you as a direct result of COVID-19?"



In 2021, housing needs were at a crisis level. Approximately 15% of survey participants indicated that they faced housing issues as a direct result of COVID-19. Of those respondents, 57% were behind on their mortgage or rent, 34% could not find affordable housing, 18% were on waitlists for subsidized housing, 13% had been evicted or threatened with eviction, and 13% were homeless (in shelter or needing shelter) (see Figure 10). In 2025, the percentage of respondents reporting housing issues as a result of COVID-19 had decreased to 7% and most measures of specific housing issues had decreased. Of those participants attributing housing challenges to COVID-19, 31% were behind on their mortgage or rent, 10% were on waitlists for subsidized housing, and zero respondents indicated that they were homeless as a result of COVID-19. In contrast, 60% of participants indicating housing issues directly related to COVID-19 were unable to find affordable housing. This represents a 26% increase from 2021 reports and, by far, the greatest housing need in 2025.

Figure 11: "Do any of these housing issues apply to you as a direct result of COVID-19?" by year and race



Disaggregating data by race shows that both in 2021 and in 2025, people of color experienced great impacts of COVID-19 on late rent/mortgage payments than did people identifying as white only and, more so in 2021 than in 2025,

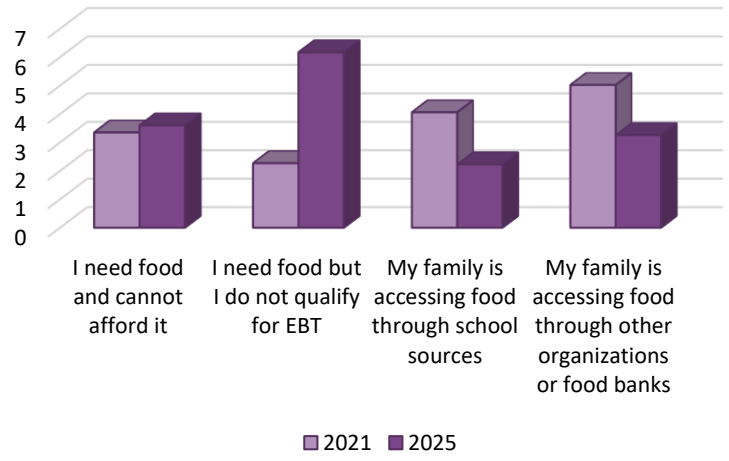
there was a similar pattern in who was more frequently evicted or threatened with eviction (see Figure 11).

As noted above, the assistance that participants requested around housing were the most common needs cited in the 2025 survey. In addition to the need for affordable housing (a need cited by 38% of participants), temporary suspension on mortgages, rents, and utility bills (20%), emergency home repair (15%) and eviction protection (4%) were also listed as helpful areas of assistance that families needed.

Food Access

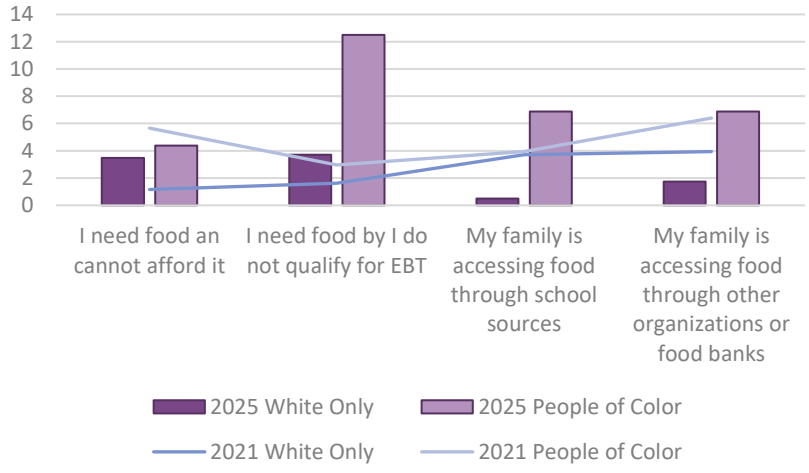
The percentage of survey respondents who indicated having trouble accessing food has remained relatively constant between 2021 (9%) and 2025 (11%). A slightly higher percentage of respondents in 2025 indicated needing food they can't afford than did in 2021 and a significantly higher portion of 2025 respondents indicated food need while not qualifying for EBT (food stamps/assistance). Overall, fewer families were accessing food from schools, food banks, and other organizations in 2025 than were in 2021 (see Figure 12).

Figure 12: "Are you having difficulty accessing food?"



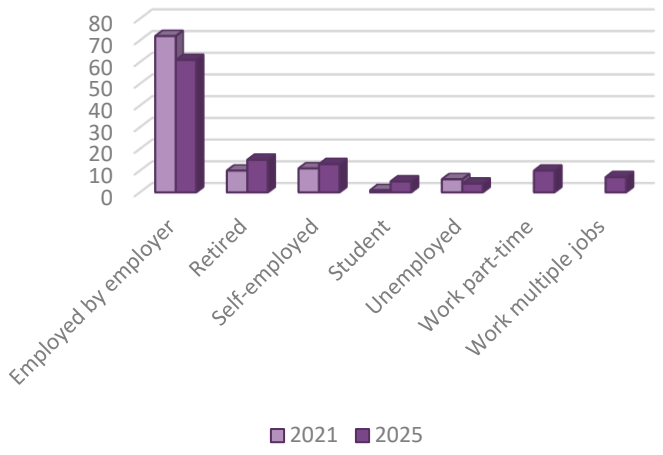
Disaggregating survey results about food needs by race illustrates not only that there was a large increase in respondents who need food but do not qualify for food assistance in 2025, but that the increase disproportionately impacted people of color (see Figure 13). It also demonstrates that while fewer families overall were accessing food through schools, organizations and food banks in 2025 than in 2021, families of color continued to do so. In fact, families of color were accessing food through schools at substantially higher rates in 2025 than they did in 2021.

Figure 13: "Are you having difficulty accessing food?" by year and race



Income & Employment

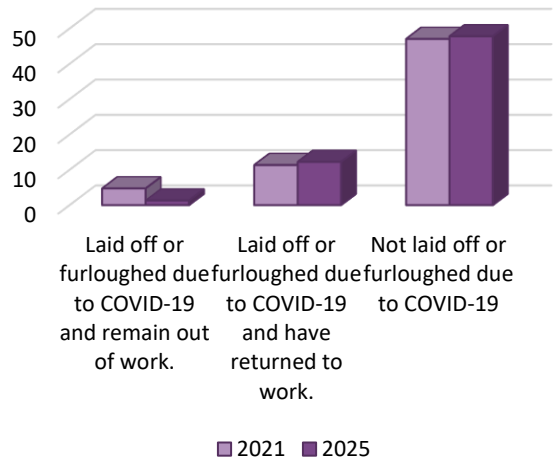
Figure 14: "What is your employment status?"



Nearly two-thirds (65%) of 2025 survey participants were essential workers (compared to 42% of 2021 survey respondents). The specific sector in which participants worked varied significantly including 20% working in Education, 13% working in government, and 10% in community, education, or government-based operations and essential functions. A little less than half of 2025 participants were working a hybrid position at the time of the survey (45%). Another 41% were working jobs that required them to be in-person only and 14% had fully remote jobs.

In both 2021 and 2025, most respondents were employed by employers (see Figure 14). There was a decrease (11%) in this category between 2021 and 2025. More 2025 respondents were retired, self-employed, or students than were in 2021. Additionally, 10% of 2025 respondents work part-time and 7% work more than one job (questions that were not asked in 2021). Very few 2025 respondents (only 1% of the total) were still out of work after having been furloughed or laid off due to COVID-19 (see Figure 15). Of those that were still out of work, the percentage of people of color was twice that the percentage of participants identifying as white only (see Figure 16). This represents employment improvements since the 2021 survey, at which time 5% were still out of work. In total, 12% of 2025 participants reported that they had been laid off or furloughed due to COVID-19 and had returned to work at the time of the survey (see Figure 16). Just about two-thirds of participants indicated that, as of 2025, they were working the same number of hours per week as they had been prior to the pandemic.

Figure 15: "Were you laid off or furloughed due to COVID-19?"

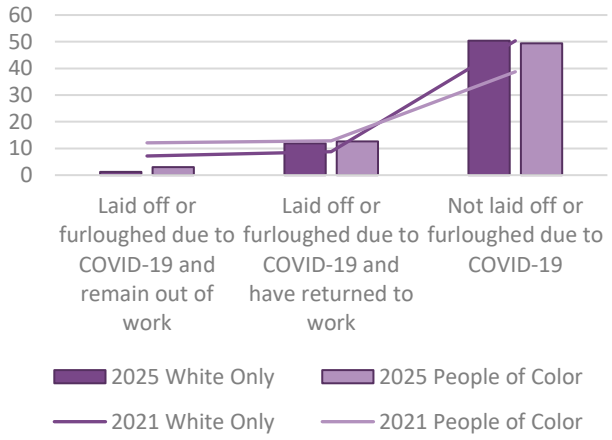


The types of assistance that participants requested around employment were less common than some others. They reported that an increase in paid leave (22%), an increase in minimum wage (21%), and access to job

training to redirect their careers (11%) would all be helpful to their families at the time of completing the survey.

While it did not come up often in the survey results, some open-ended responses included mention of the impact that illness related to COVID-19 continued to impact participants' ability to work. Long COVID, in particular, has had a lasting impact on some of the Commonwealth's workers. One respondent also highlighted the long-term impact of a shoulder impairment related to vaccine administration that required a shoulder replacement as a result.

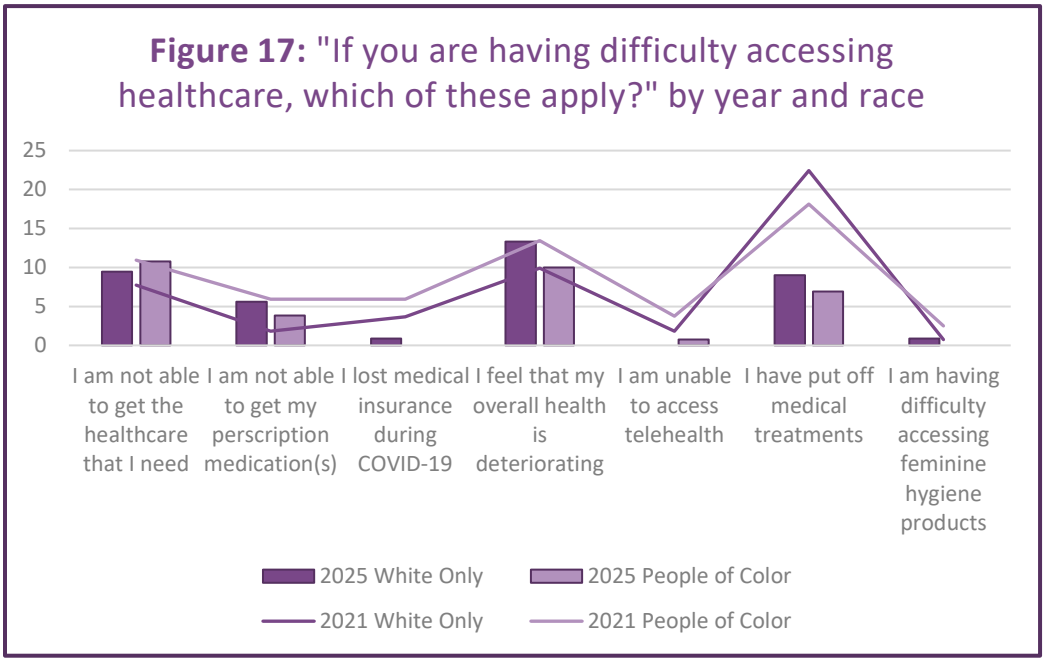
Figure 16: "Were you laid off or furloughed due to COVID-19?" by year and race



"I HAVE STRUGGLED WITH WORK AND [DAILY TASKS] DUE TO HAVING LONG COVID. MY HUSBAND STILL MANAGES MOST OF THE ERRANDS. IT IS SOMETIMES A STRUGGLE TO GET MEDICAL CARE AS WELL AS OTHER ESSENTIALS BECAUSE OF THIS CONDITION. THOUGH I HAVE IMPROVED MUCH THROUGH THESE YEARS, I AM STILL FAR FROM THE CAPACITY I HAD BEFORE GETTING COVID."

Healthcare Access

In total, 14% of 2025 survey participants reported having difficulty seeking healthcare. This was a slightly lower percentage than those having difficulty in 2021 (16%). The biggest change over time was the significantly lower percentage of 2025 participants who indicated having put off medical treatments in comparison to 2021 participants (see Figure 17). Notably, while participants of color reported higher rates of not being able to access the healthcare they needed in 2025 than white only participants, this group had better outcomes on all other 2025 healthcare access indicators. This is particularly noteworthy given the higher levels of not accessing medications, losing medical insurance, feeling that health was deteriorating, and inability to access telehealth that 2021 participants of color reported.

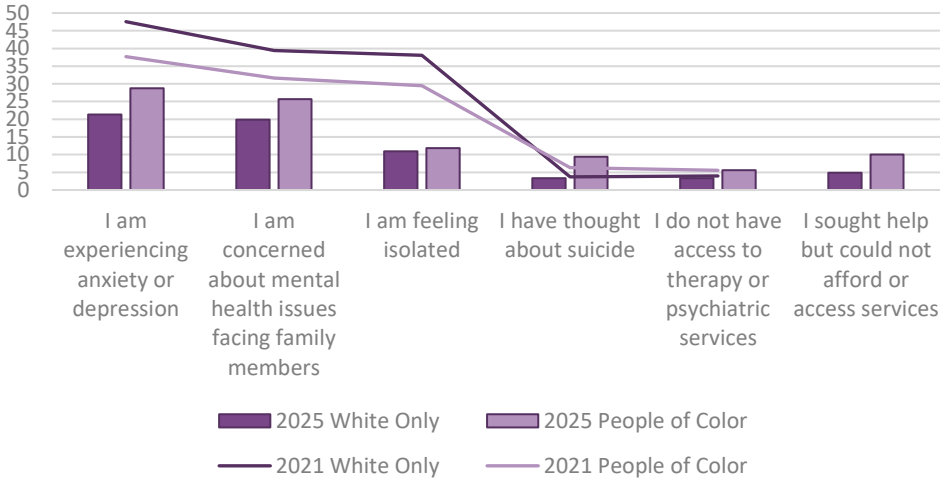


In open-ended questions, participants elaborated on the challenges they face in accessing healthcare. Participants repeatedly noted the long wait times to be seen, especially when trying to see a specialist or change primary care physicians. Some noted the limited availability of doctors in general, as well as specific types of doctors (including obstetrician-gynecologists) and challenges in specific areas of the state (rural areas in general, on Cape Cod, and in southeastern Massachusetts). Many also noted the financial burdens of healthcare costs, even for those who are covered by insurance – including copays, insurance premiums, and high deductibles. Finally, some participants noted the extreme lengths they were going to in order to maintain their health insurance. One respondent explained that her husband was currently living 450 miles away in Washington D.C. after the job their family health insurance was through changed remote work policies with only two weeks of notice. Another wrote that they remained unemployed because being an unemployed student allowed them to maintain their access to MassHealth.

"DURING COVID, MY DOCTOR LEFT THE PRACTICE. IT TOOK ME A YEAR TO GET IN WITH A NEW HEALTHCARE SYSTEM [AND] IN THAT TIME, I HAD AN ONSET OF DIABETES THAT CAUSED KIDNEY DAMAGE. NOW I HAVE STAGE TWO KIDNEY DISEASE. IF I [KNOWN] I HAD THE CONDITION EARLIER, IT WOULD'VE BEEN TREATED QUICKER TO PREVENT THE DAMAGE."

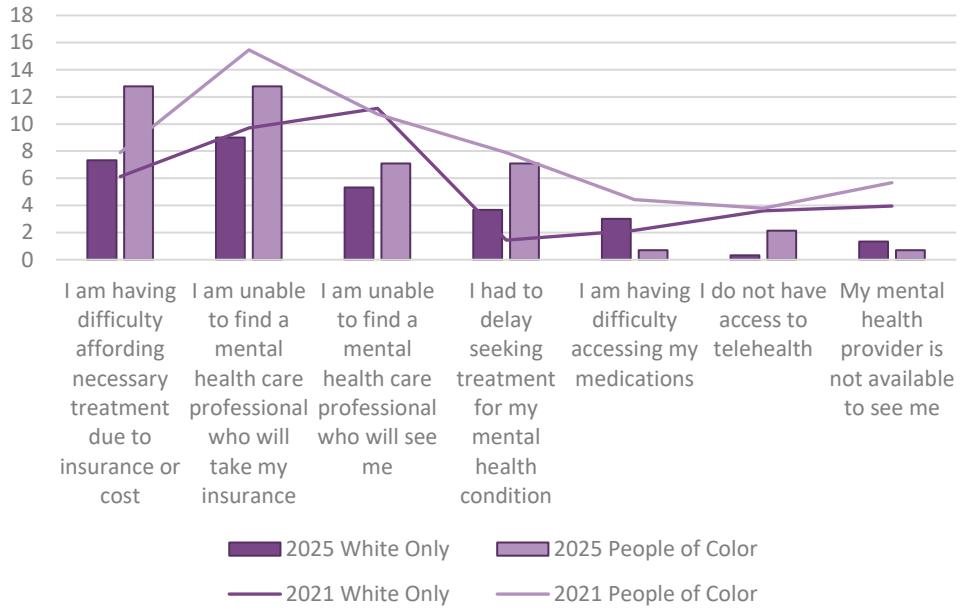
At the same time, 13% of 2025 survey respondents reported difficulty seeking mental healthcare, a decrease from 2021 when 18% of respondents reported so. Respondents attributed many mental health challenges to the impacts of COVID-19 (see Figure 18). The most frequent issues were experiences of anxiety or depression and concern about the mental health of family members. Both of these measures saw marked decreases between 2021 and 2025 across racial groups. Notably, respondents of color had lower rates of mental health issues in 2021 than those of white only respondents (in all areas other than thoughts of suicide and lack of access to care, which are within 2% of each other), yet in 2025 respondents of color reported higher levels of all mental health issues attributed to COVID-19. The only mental health measure that increased between 2021 and 2025 was thoughts of suicide by people of color which, though small in magnitude, is of utmost importance.

Figure 18: "Do any of these mental health issues apply to you as a direct result of COVID-19?" by year and race



"I EXPERIENCED A SIGNIFICANT INCREASE IN PREEXISTING ANXIETY AND DEPRESSION AS A RESULT OF THE PANDEMIC AND AM FORTUNATE ENOUGH TO BE ABLE TO ACCESS TREATMENT AND TO BE ABLE TO ACCESS THE RESOURCES NECESSARY TO DISCOVER THAT I HAVE ADHD WHICH I HAD COMPENSATED FOR UNTIL THE PANDEMIC… I'VE BEEN LUCKY, BUT IT'S BEEN BRUTAL, AND I SUSPECT THE CROSS-CULTURAL, SOCIETAL-LEVEL TRAUMA, WHICH WE KNOW HIT FOLKS VERY UNEVENLY ACROSS THE WORLD, WILL SHAPE ALL OUR LIVES AND SOCIETIES FOR YEARS, IF NOT DECADES, TO COME."

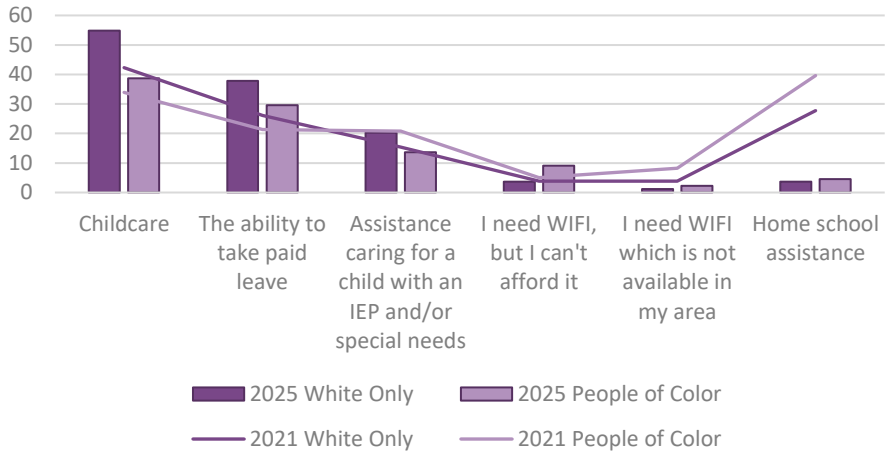
Figure 19: "If you are having difficulty accessing mental health care, which of these apply?" by year and race



The greatest challenges participants faced in accessing mental health care in 2025 were affording necessary treatment due to lack of insurance, inadequate insurance, or because of cost and finding mental health care professionals who accept their insurance (see Figure 19). Importantly, the issue of cost (with or without insurance) was cited more often as a barrier in 2025 than it was in 2021, especially for participants of color. On most measures of difficulty accessing mental health, respondents of color were experiencing greater challenges than white only participants in 2025. This is true for all measures except challenges to accessing medications and having mental health providers who were unavailable.

In regard to healthcare, 27% of all 2025 respondents (44% of people of color and 22% of white only respondents) indicated having experienced discrimination in healthcare. In total, 7% of 2025 respondents (16% of people of color and 4% of white only respondents) reported having struggled to find a mental health care professional who acknowledges and incorporates their identities in their care.

Figure 20: "If you are caring for children living with you at this time, what assistance do you need to provide that care?" by year and race



Dependent Care

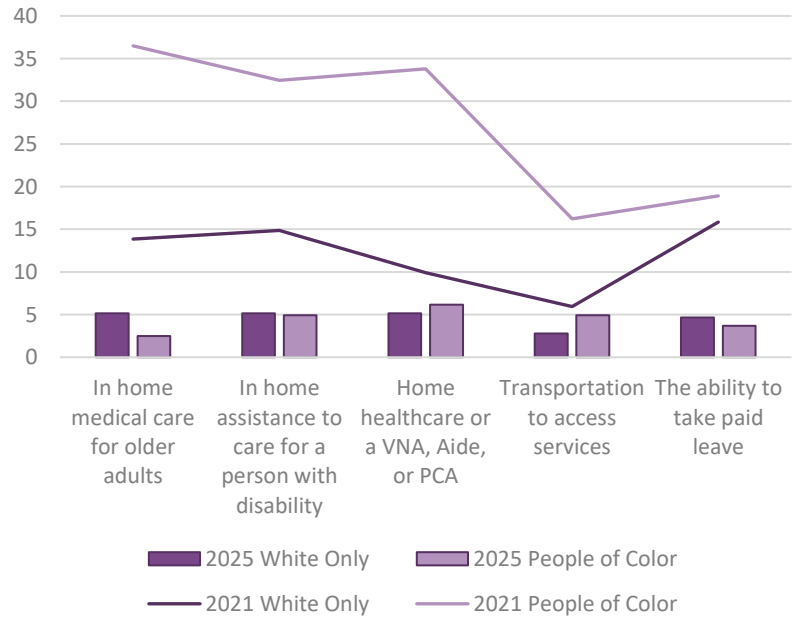
Participants in the 2025 survey had fewer children under 21 living with them than did

those who completed the 2021 survey. In 2025, 31% of participants had children living with them (compared to 43% in 2021) and 14% had adult children over 21 living with them (up from only 9% in 2021). Participants who care for the children living with them need assistance to provide that care (see Figure 20). Half of all participants in 2025 indicated needing childcare services so that they can continue working. This falls above the rates reported for both white only and people of color in 2021. Similarly, 2025 rates of need to be able to take paid leave were higher than in 2021 across racial groups. In contrast, the need for WIFI that is unavailable in the area and assistance with homeschooling had nearly disappeared by 2025, though they were some of the most critical needs in 2021. Two of the other highest needs reported in 2021, the reopening of schools and COVID-19 vaccinations (each were needs of 47% of participants) were no longer relevant in 2025 and, therefore, not included in the follow-up survey.

> *"ACCESS TO QUALITY AND AFFORDABLE DAYCARE, ACCESS TO UNIVERSAL PRE-[KINDERGARTEN] AND THE QUALITY OF PUBLIC SCHOOLS [ARE] MY BIGGEST CONCERNS RIGHT NOW…PLAYING A HUGE PART IN DETERMINING IF I WILL HAVE A SECOND CHILD."*

In additional to caretaking for children, survey participants also care for adults living in and out of their homes. Over a third (35%) of 2025 respondents and 14% of 2021 respondents had care-taking responsibilities for adults living in their homes. These participants indicated the assistance they needed in order to provide that care (see Figure 21). In general, individuals categories of need decreased significantly between 2025 and 2021, especially for people of color. In 2021, 36% of participants of color needed in-home medical care for adults, 34% needed home healthcare, and 32% needed in-home care specifically for someone with a disability. These numbers

Figure 21: "If you are caring for adults living with you at this time, what assistance do you need to provide that care?" by year and race



dropped in 2025 to only 3% needing in-home medical care assistance, 6% needing home healthcare, and 5% needing in home disability care. In open-ended responses, participants indicated that in addition to these in-home needs, many are regularly providing care for older adults living outside of their homes and need support to cover associated costs, travel, and time. They also note the lack of support and availability in the process of applying for MassHealth or to skilled nursing facilities on behalf of these adults.

Implications & Policy Recommendations

Implications

These findings have implications for residents of the Commonwealth in 2026.

- The **lack of affordable housing** is the of the greatest concern with 60% of 2025 respondents having been unable to find any. Additionally, 2025 respondents are still **suffering the consequences of being behind on rent or mortgage payments** because of COVID-19. Over one-third of respondents of color and nearly a quarter of respondents identifying as white only are dealing with these challenges.
- Massachusetts residents have **food access needs that are not being met by existing policies** and programs. The percentage of survey respondents in need of food that don't qualify for SNAP benefits increased from 2% in 2021 to 6% in 2025, and was actually 13% for respondents of color.[19]
- Women and families in Massachusetts are **still having difficulty seeking physical and mental healthcare five years after the start of the pandemic**. As a result, 9% of white only survey participants and 7% of participants of color reported **putting off treatment** in 2025 which can lead to long-term adverse outcomes. Rates of **anxiety and depression** have increased since 2021 impacting 29% of participants of color and 21% of white only participants. Critically, 9% of **participants of color reported thoughts of suicide** in 2025, and increase from only 6% in 2021. Survey respondents attribute these challenges to the **cost of healthcare and lack of adequate insurance** coverage.
- The pandemic exacerbated the ongoing challenge of unpaid care-taking labor that falls disproportionately on women. In 2025, **childcare remains one of the most pressing needs** in the Commonwealth with 55% of participants identify as white only and 34% of participants of color naming it as one of their top three needs. At the same time, participants also indicated the need to be able to **take paid leave for care-taking** as critical.

[19] Notably, the 2025 survey closed in the midst of the longest federal government in U.S. history that led to a pause in SNAP benefits for recipients across the country (Mulvihill, G., Sherman, M., & Beck, M. [2025] Supreme court extends its order blocking full SNAP payments, with shutdown potentially near an end. *Associated Press.* *https://apnews.com/article/government-shutdown-food-aid-024906c49fec6126585900ef916698f8*)

Policy Recommendations

In order to address the above recommendations, the following legislative solutions are recommended by the MCSW.

Affordable Housing: To address the lack of affordable housing and ongoing consequences of missed rent and mortgage payments, bills such as **H.314, An Act to establish the Western Massachusetts balanced sustainable development commission**, should be passed. The most effective legislation is that which takes concrete steps to **create balanced housing opportunities**, ensure **more available affordable housing**, and develops avenues for **forgiveness of late rent or mortgage payments due to COVID-19-**related challenges.

Food Access: To ensure food access for all who need it, bills like **H.129, An Act relative to the healthy incentives program**, and **H.126/S.62 An Act establishing community fridges to address food insecurity**, should be passed. Interventions that meet the **needs of families who do not qualify for SNAP** and other means-tested programs should be prioritized.

Accessible Healthcare: Because residents in Massachusetts are still having difficulty seeking healthcare and, as a result, experiencing physical and mental consequences, it is critical to address the cost of healthcare in the Commonwealth. Bills such as **H.1405/S.860, An Act establishing Medicare for all in Massachusetts**, would do so. Legislative solutions should ensure **healthcare for all residents of Massachusetts that is uniform, comprehensive, and continuous** regardless of employment status and **eliminates all forms of patient cost-sharing**.

Care-taking Responsibilities: The unpaid caretaking responsibilities that disproportionately fall on women are not a new phenomenon and yet the COVID-19 exacerbated and illuminated them anew. There are a variety of bills to address this burden. Bills **H.1394/S.886, An Act relative to family members serving as caregivers** and **H.3159/S.1938, An Act supporting family caregivers**, to create advisory councils on the needs of family caregiving and financial compensation to caregivers are one effective approach particular for adult care needs. Bills **H.542/S.341, An Act expanding access to family, friend, and neighbor-provided childcare**, focus on childcare needs. Effective legislative interventions are care-taking responsibilities **compensate those who are providing care**, **expand options for subsidized care** to more informal sectors, and provide **comprehensive support** for those with family caretaking responsibilities.

Conclusion

The findings in this clearly demonstrate that while the acute phase of the COVID-19 pandemic has passed, its consequences continue to shape the lives of women, girls, and families across the Commonwealth. Although some indicators have improved since 2021, many respondents continue to face significant challenges related to housing affordability, food insecurity, healthcare access, mental health, and caregiving responsibilities. These burdens remain unevenly distributed, with women of color and lower-income families disproportionately impacted by the long-term economic and social impacts of the pandemic. The data also demonstrate that many of the challenges illuminated by COVID-19 were not created by the pandemic itself, but rather exacerbated longstanding structural inequities that continue to affect women's health, economic security, and family well-being.

The experiences shared through surveys and public hearings underscore the urgent need for sustained systemic policy solutions rather than temporary emergency interventions. Investments in affordable housing, food security, accessible healthcare, and caregiving support are essential not only to address ongoing recovery needs, but to build a more equitable and resilient Commonwealth for the future. By advancing policies that recognize and support the realities of women's lives and labor, Massachusetts has the opportunity to strengthen outcomes for families, communities, and future generations well beyond the lasting impacts of COVID-19.