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Planning for the Extraordinary Requires Close Attention to the Ordinary: 2Life Communities' Efforts to Protect Low-Income Older Adults During the Pandemic

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Introduction¹

Within the first few months of the pandemic, news reports began to describe the serious impacts of the coronavirus on older adults, especially those living in congregate settings.² Nursing homes, in particular, provided fertile grounds for the virus's destructive path; in fact, the virus's spread from China to the US was signaled by an outbreak at a nursing facility in Washington State.³ As the reality of the pandemic sank in, a nonprofit housing organization operating in the Boston area, 2Life Communities, was in overdrive implementing steps to safeguard the health and safety of its low-income residents⁴ and staff.

The experience of 2Life Communities underscores that for groups to be as prepared as possible for emergencies, they need to have all their basic systems and operations working smoothly and effectively. In response to the fast-spreading coronavirus, 2Life made a series of quick responses and developed a program for providing extensive free services to its residents, in order to protect all who worked or lived in their buildings. This response was made possible by the organization's long-range strategy to significantly boost its financial reserves, as well as by its already finely tuned management procedures.

2Life's approach also embodied a socially just approach to the pandemic: the organization prioritized the health and well-being of low-income older adults from diverse

¹ I am indebted to Amy Schectman, President and CEO of 2Life Communities, for her willingness to allow me to explore 2Life Communities, for her time, and for making the staff available for interviews and data retrieval. Also, I would like to thank the 2Life staff who assisted me, many of whom are cited in this paper. In particular, I offer a big thank-you to Henry Korman, General Counsel, for his assistance in untangling many financial and legal details. In addition, sincere thanks to Barbara Kellerman, Fellow at the Harvard Kennedy School, for her very helpful comments at the outset and to Langley Keyes, Professor Emeritus at MIT, for his thoughtful comments and suggestions on an earlier draft. Finally, I am grateful to Jennifer Molinsky for embracing this work as part of the Joint Center for Housing Studies's RECAPP project, other staff at the JCHS, notably Bailey Hu and Corinna Anderson, and to Eric Idsvoog for a fine job of copyediting.

² In this article, the population of interest is referred to as "older adults." Other frequently used words, "elderly" and "senior citizen," seem to be out of favor. See, for example, Joe Pinsker, "When Does Someone Become 'Old'?" *The Atlantic*, January 27, 2020, <https://www.theatlantic.com/family/archive/2020/01/old-people-older-elderly-middle-age/605590/>.

³ Mike Baker, Sheri Fink, Nicholas Bogel-Burroughs, and Jack Healy, "2nd Death Near Seattle Adds to Signs Virus Is Spreading in US," *New York Times*, March 1, 2020.

⁴ The US Department of Housing and Urban Development (HUD) defines various income-eligible groups for housing subsidies: Extremely low-income, very low-income, and low-income, referring to those earning less than 30, 50, and 80 percent of annual median income (AMI), respectively. For simplicity, the single term "low-income" is usually used in this article, and includes all the above categories. As noted in the text, most of 2Life's residents have extremely low incomes.

racial and ethnic backgrounds. These groups—low-income, Hispanic, and Black – turned out to be the most vulnerable in terms of contracting the virus, dying from the virus, and not receiving the vaccine as quickly as more affluent people and white people.⁵

This exploration of 2Life Communities profiles an institutional effort, outside the health care system, to meet the COVID-19 challenge. As stories continued to unfold during the pandemic, we were regularly presented with analyses of the patient overload facing health care providers, the limitations of hospital capacity, the impacts of new treatments such as monoclonal antibodies, the threat of viral mutations such as the Delta and Omicron variants, the effectiveness of masks, and the reasons behind the resistance to the vaccine and mask mandates. In addition, there has been ongoing concern and analysis about the long-term effectiveness of vaccines, the frequency of infection among fully vaccinated people, the need for booster shots, and the troubling long-term effects of the virus. What we have not seen is an analysis of effective institutional responses to the pandemic from the perspective of a non-health care provider. This case study is an attempt to highlight the importance of this line of inquiry. It analyzes how one entrepreneurial owner of affordable housing for older adults went about safeguarding the health and well-being of its residents and staff as it confronted COVID-19.

In carrying out this inquiry about 2Life’s response to the pandemic, a number of policy issues either surfaced or have become even more apparent. These warrant further consideration and exploration, as discussed at the end of the article.

⁵ As of June 2022, over 74 percent of all COVID-19 deaths were individuals over 65 years old; the over 65 population represents only 16 percent of the total US population. “Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC,” <https://www.cdc.gov/nchs/covid19/mortality-overview.htm>. In addition, the Centers for Disease Control and Prevention has noted that “the COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. It has highlighted that health equity is still not a reality as COVID-19 has unequally affected many racial and ethnic minority groups, putting them more at risk of getting sick and dying from COVID-19.” “Health Equity Considerations and Racial and Ethnic Minority Groups,” January 25, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>.” When compared to their own race and Hispanic sub-population, COVID-19 deaths disproportionately affect Hispanic, non-Hispanic black, and non-Hispanic American Indian/Alaskan Native populations.” <https://www.cdc.gov/nchs/covid19/mortality-overview.htm>.

Study Limitations and Relevant Literature

This article presents a case study of a single subsidized housing residence serving older adults as it responded to the COVID-19 pandemic. A more robust inquiry and assessment would require a detailed, longitudinal comparison of various types of residential facilities serving this population, including: a) low-income older adult residences similar to 2Life; b) high-income independent and assisted living residences; and c) nursing homes. The lack of detailed comparative information notwithstanding, the 2Life response to COVID-19 provides insights for other affordable housing developers and policy makers about how to operate during non-crisis times, as well as about how to plan for the kinds of extraordinary challenges that emerged due to the pandemic.

As this case study was nearing publication, early July 2022, the pandemic was still a part of our lives, although in very different ways than when the coronavirus first appeared. In this sense, this study should be viewed as a chapter of an ongoing story about one housing organization's response to a pandemic. A final analysis of what worked, what didn't, and what more could be done will hopefully be better understood in the fullness of time.

In focusing on 2Life's approach to the pandemic, it is important to note that most other nonprofit housing organizations in Massachusetts, and perhaps elsewhere, took actions to safeguard their residents; 2Life was not alone in focusing on how to protect its communities and provide services. But what appears to set 2Life apart from other similar organizations, at least in Massachusetts, is the breadth and intensity of its activities.

Thus, the first body of relevant literature discusses how nonprofit housing organizations have responded to the pandemic. A survey of the members of the Massachusetts Association of Community Development Corporations, a membership organization of the state's locally based community development entities, revealed that two-thirds had provided some type of food assistance. This included, for example, providing grocery gift cards or enlisting youth volunteers to distribute food. In addition, one-half of MACDC's members partnered with public health agencies and one-third connected residents to COVID-19 testing programs.⁶

⁶ Elana Brochin, "CDCs Respond to COVID-19," August 6, 2020, <https://www.macdc.org/news/cdcs%E2%80%99-respond-covid-19>. See also the joint newsletter of MACDC and LISC Boston describing the work of CDCs in

A New York City nonprofit housing organization, Selfhelp, that also focuses on older adults, and that has a resident-focused approach similar to 2Life's, made significant efforts to protect and serve its residents during the pandemic. Staff provided information about the virus and the vaccine, and stayed in close communication with residents. That organization did not, however, offer as extensive a set of free services as 2Life.⁷ Another example of a seemingly robust response to the pandemic was launched in Toronto, Ontario, where a citywide initiative provided on-site testing for the virus, as well as wraparound services to vulnerable populations.⁸

Other than these kinds of anecdotal stories about emergency responses to the pandemic, I am not aware of any detailed case studies of the specific steps and initiatives that a housing organization carried out to safeguard its residents, particularly older adults living in age-restricted housing.

Although several additional lines of research could potentially be relevant to this study, from what I have gleaned, none explores the questions posed here: how a housing development serving very low-income older adult residents responded to the pandemic and how its efforts may provide insights for other such organizations in both ordinary and extraordinary times. That said, four research areas are worth mentioning, each of which is grounded in a different disciplinary perspective; the latter two are a direct outgrowth of the COVID-19 pandemic.

First, there is now a substantial literature on the importance of housing in promoting the health and well-being of residents. A recent literature review succinctly noted that "there is strong evidence characterizing housing's relationship to health," and it delineated four specific

response to COVID-19, <https://myemail.constantcontact.com/Stories-from-the-Field.html?soid=1101336456540&aid=-b7Em5P92I0>.

⁷ National Housing Conference, "Spotlight: A Conversation with Mohini Mishra, Selfhelp Realty Group/The Melamid Institute for Affordable Housing, Vice President, Housing Services," July 20, 2021, <https://covid19.nhc.org/best-practice/a-conversation-with-mohini-mishra-selfhelp-realty-group/>.

⁸ May Warren, "Inside a Toronto Highrise Where COVID Testing Comes to the Door, and Why It Could Be a Model for Vaccination," *Toronto Star*, February 11, 2021, <https://www.thestar.com/news/gta/2021/02/11/inside-a-toronto-highrise-where-covid-testing-comes-to-the-door-and-why-it-could-be-a-model-for-vaccination.html>.

pathways through which housing can impact health: stability, safety and quality, affordability, and neighborhood characteristics.⁹

Second, the pandemic also can be seen through the lens of unforeseen disasters. A cursory examination of the literature on planning for disasters, particularly as they relate to housing, found that the focus has been on environmental catastrophes, such as floods, hurricanes, and fires, rather than on pandemics.

Third, there is a body of research focusing on nursing homes and the incidence of COVID-19. As noted at the outset, very early in the pandemic, nursing homes were identified as a major locus of transmission. More systematic evidence comes from the US Department of Health and Human Services Office of Inspector General, which reported that 40 percent of Medicare beneficiaries living in nursing homes in 2020 were diagnosed with COVID-19 or likely COVID-19; in contrast, about 6 percent of the US population had been infected by the end of 2020. In addition, the mortality rate for all Medicare beneficiaries in nursing homes was higher in 2020 than the year before.¹⁰

A study comparing various residential settings for older adults in Connecticut found that there was a much higher incidence of COVID-19 cases among residents in nursing homes (37 percent) and assisted living residences (14 percent) than in home and community-based settings (2-3 percent). Death rates in the former facilities were also much higher than in community-based housing.¹¹

A fourth and growing body of potentially relevant literature pertains to how COVID-19 prompted new forms of governance and policy making. Early in the pandemic, a study in Switzerland explored various emergency measures and questioned the extent to which they

⁹ Lauren A. Taylor, "Housing And Health: An Overview Of The Literature," *Health Affairs* Health Policy Brief, June 7, 2018, DOI: 10.1377/hpb20180313.396577 7. See also Peggy Bailey, "Housing and Health Partners Can Work Together to Close the Housing Affordability Gap," Center on Budget and Policy Priorities, January 17, 2020, <https://www.cbpp.org/research/housing/housing-and-health-partners-can-work-together-to-close-the-housing-affordability>. For an earlier literature review on the connections between housing and health, see Rachel G. Bratt, "Housing and Family Well-Being," *Housing Studies* 17, no. 1 (2002): 13-26.

¹⁰ US Department of Health and Human Services, Office of Inspector General, "COVID-19 Had a Devastating Impact on Medicare Beneficiaries in Nursing Homes During 2020," June 2021, OEI-02-20-00490.

¹¹ Julie Robison, Noreen Shugrue, Deborah Migneault, Doreek Charles, Kristin Baker, Richard Fortinsky, and Lisa Barry, "Community-Based Long-Term Care Has Lower COVID-19 Rates and Improved Outcomes Compared to Residential Settings," *Journal of the American Medical Directors Association* 22, no. 2 (2020): 259-60, DOI: [10.1016/j.jamda.2020.12.002](https://doi.org/10.1016/j.jamda.2020.12.002).

could lead to better and “transformative” management of other global challenges (e.g., climate change) that have eluded more incremental strategies.¹²

Similar arguments have been made by an international team of researchers who see the COVID-19 pandemic as a potentially game-changing opportunity for robust governance strategies through administrative reforms. Their view is that “public institutions and programs [need to be] more flexible and agile so that they can transform and adapt themselves in response to turbulence and scale their problem-solving efforts up and down.”¹³

In another article, focusing on Florida’s state government’s response to COVID-19, researchers explored how to improve decision-making, and found that “some aspects of Florida’s response were politically motivated, inflexible, and driven by a small circle of advisors, often ignoring expert opinions and the needs of uniquely vulnerable populations.”¹⁴

Other lines of inquiry have focused on various leadership styles among health service providers. A team of researchers in Australia found that in order to effectively respond to COVID-19, leaders needed to adopt a command-and-control leadership style as well as one that promoted agile responses.¹⁵ Another Australian researcher argued that the COVID-19 experience underscored the importance of public administration and management scholars’ working at the intersections, rather than within the silos, of various disciplines.¹⁶

To summarize, the literature describes how several nonprofit housing organizations responded during the pandemic, underscores the connections between health and housing, notes that the extensive literature on disaster planning seems to have little relevance for housing-related concerns emerging from a pandemic; explains the dire impacts of COVID-19 on

¹² Yasmine Willi, Gero Nischik, Dominik Braunschweiger, and Marco Pütz, “Responding to the COVID-19 Crisis: Transformative Governance in Switzerland,” *Tijdschrift Voor Economische En Sociale Geografie* 111, no. 3 (2020): 302–17.

¹³ Christopher Ansell, Eva Sørensen, and Jacob Torfing, “The COVID-19 Pandemic as a Game Changer for Public Administration and Leadership? The Need for Robust Governance Responses to Turbulent Problems,” *Public Management Review* 23, no. 7 (2021): 949–60, DOI: [10.1080/14719037.2020.1820272](https://doi.org/10.1080/14719037.2020.1820272).

¹⁴ Kaila Witkowski, Jungwon Yeo, Sara Belligoni, N. Emel Ganapati, Tanya Corbin, and Fernando Rivera, “Florida as a COVID-19 Epicenter: Exploring the Role of Institutions in the State’s Response,” *International Journal of Public Administration*, 2021, DOI: [10.1080/01900692.2021.2001013](https://doi.org/10.1080/01900692.2021.2001013).

¹⁵ Rachael Smithson, “The Compatibility of Multiple Leadership Styles in Responding to a Complex Crisis: Leading a Health Service COVID-19 Response,” *Journal of Health Organization and Management* 36, no. 4 (2022): 469–81, <https://doi.org/10.1108/JHOM-07-2021-0263>.

¹⁶ Janine O’Flynn, “Confronting the Big Challenges of Our Time: Making a Difference During and After COVID-19,” *Public Management Review* 23, no. 7 (2021): 961–80, DOI: [10.1080/14719037.2020.1820273](https://doi.org/10.1080/14719037.2020.1820273).

nursing home residents; and summarizes several studies that have explored how governments at different levels have changed their management and leadership approaches as a result of the pandemic. However, as noted above, none of this research addresses the questions posed in this study.

History, Mission, Developments and Residents

The original name of 2Life Communities was Jewish Community Housing for the Elderly (JCHE). Although it always served a non-sectarian population, early support came from Jewish community leaders and funders. JCHE was formed in 1965 to provide decent affordable housing for low-income older adults living in the Boston area. As the organization evolved, it embraced a much broader goal and adopted a new name to reflect its more robust mission: “For all older adults to have the opportunity to age in community – to live a full life of connection and purpose in a dynamic, supportive environment.” Inspired by Jewish values, 2Life Communities offers broadly affordable high-quality housing, provides support services to meet the needs of its diverse residents as they age, and fosters personal connections at each development and with the surrounding communities.¹⁷

At the start of the pandemic, 2Life owned and managed 1,320 apartments on five campuses (see Table 1).¹⁸ Nearly three-quarters of the apartments have one bedroom, 17 percent are studios, and 7 percent have two bedrooms. The great majority of the units (84 percent) serve extremely low-income households; 11 percent are for residents below 60 percent of area median income (AMI), and the remainder are available to households with unrestricted incomes. The median income of residents is about \$12,000 and both the median and average age of residents is in the range of 80-81.

Residents of 2Life’s buildings are diverse ethnically and racially, with some 30 languages spoken. Most residents are Caucasian (62 percent); 33 percent are Asian; less than 3 percent

¹⁷ These values include “honoring thy mother and father ... welcoming the ‘stranger’ as we were once strangers ourselves (including immigrants from many lands), and sharing across generations.” This statement, and other information about mission and values, is from <https://www.2lifecommunities.org/about-us/our-mission-vision>.

¹⁸ An additional 210 units, in two developments, are under construction with planned openings in 2023.

are Black. Russia is the country of origin for 35 percent of residents, followed by China (28 percent) and the US (19 percent).

As of March 30, 2022, 2,386 people were on the waitlist for a 2Life unit – a profound and distressing sign of the need for affordable housing for older adults. Even if every current household moved out and the people from the waitlist moved in, there would still be hundreds of people who could not be accommodated. At the current rate of turnover, it would take twenty-six years to clear the wait list. Unfortunately, these figures are typical of the waiting lists for an affordable housing unit in the Boston area.

Table 1: Developments Owned and Managed by 2Life Communities

	Number of units	Year built (renovated)	Special features/ Affordability guidelines
Brighton Campus Boston, MA	763 (total)		Four connected buildings; 200-seat auditorium; HUD-subsidized income limits
Gitta and Saul Kurlat House	209	1978 (2018)	
Leventhal House	254	1973 (2007)	
Ulin House	239	1971 (2013)	
Harry and Jeanette Weinberg House	61	2019	
Harold and Ronald Brown Family House Brookline, MA	62***	2020	Range of incomes from below 60% AMI, and a few at up to 110% AMI and unrestricted
Coleman House Newton, MA	146	1984 1998--phase 2	HUD-subsidized income limits; adjacent to Jewish Community Center
Golda Meir House Newton, MA	199	1979 1994--phase 2 (2018)	HUD-subsidized income limits
Morton and Etta Shillman House Framingham, MA	150	2011	60% of units for residents at HUD-subsidized income limits; 40% market rate
Total	1320		

Each 2Life campus offers a range of services and amenities including building security systems, 24/7 on-site emergency response, on-site management and building maintenance, parking, transportation, laundry facilities, fitness centers, convenience stores, libraries, hair salons, public spaces, computer centers, manicured grounds, an array of social and exercise programs, and intergenerational programs. 2Life’s residents also have access to specialized programs such as in-home one-on-one attention from professionals for those with dementia and other medical issues. For these services, subsidies may be available on a sliding fee scale, based on a resident's income and ability to manage daily tasks.

2Life has an annual operating budget of \$36 million, with 140 staff members. Its president and CEO since 2010, Amy Schectman, has more than thirty-five years of experience in housing and is recognized as an innovative, thoughtful leader in the world of affordable, community-based housing.¹⁹ She is supported by a senior leadership team, with each member having significant experience in some aspect of housing development, management, communications, or service and support programming for older adults. Each of 2Life’s five campuses has an on-site executive director and at least two staff members who live in apartments at the development, as well as service providers and maintenance staff.

2Life’s “Ordinary” Baseline of Operations

2Life’s ordinary, day-to-day pre-COVID-19 operations positioned the organization to rapidly move into a crisis mode once it became clear that the coronavirus was about to wreak havoc on everyone’s life, in all corners of the globe.

At least five elements of 2Life’s baseline operations enabled the organization to respond to the pandemic. Although 2Life’s healthy financial picture is mentioned last, the availability of cash reserves was paramount in its ability to take the steps that it did. When the organization

¹⁹ Invited to the White House on four occasions, Amy Schectman was Governor Michael Dukakis’s Director of Capital Budget and Planning. At the Boston Housing Authority, she secured the City’s first two federal HOPE VI grants to revitalize failing public housing developments. Before coming to 2Life, she was Massachusetts’ Director of Public Housing/Rental Assistance. “COVID-19: Today, Tomorrow & Beyond,” October 2020, https://www.aginglifecare.org/alca_web_docs/newEngland/2020/ALCA%20Oct%20Conf%20Speaker%20Bios%20POTOS%2010.7.20.pdf.

made the commitment to grow its reserve funds, of course no one anticipated that some of the money would need to be used for the unexpected costs arising from a completely unknown new disease.

Leadership expertise – By the time that COVID-19 emerged, Amy Schectman had been at the helm of 2Life for nearly a decade and she had assembled a finely tuned senior leadership team. Regardless of an organization’s other strengths or assets, without skilled, professional, and thoughtful leadership, devising and implementing an emergency set of procedures to deal with an extraordinary set of circumstances would be prohibitively challenging.

Clarity of organizational mission – 2Life Communities has a firm and clear commitment to optimizing opportunities for older adults to lead full and meaningful lives. The organization’s name reflects its commitment “to life.” In the context of the pandemic, this commitment was translated into “protecting life.” The overriding goal of 2Life quickly became safeguarding the community’s health and well-being.

Establishment of trust – One of the least tangible aspects of an organization’s operations is the level of trust between the senior leadership and staff and the various groups who are connected to the organization. First, the relationships among all those who work for the organization are key, including the president/CEO and her immediate staff, the on-site executive directors and representatives, the maintenance personnel, and the resident service coordinators (RSCs). In the case of 2Life, trust among the staff appears to have been fostered by the benefits provided, a commitment to decent wages, and a focus on the needs of individual staff members, including their professional development.

Second, the extent to which all the above actors appear to have gained the trust of residents is enormously important. 2Life prides itself on creating a culture of respect, equity, and fairness, which, in turn, promotes a sense of trust. Central to 2Life’s relationship with its residents is the high quality of the housing and services provided, discussed below.

Third, 2Life has longstanding relationships and partnerships with numerous key actors in the larger community, including funders, local businesses, other nonprofits and city and state governments. During the pandemic, these various relationships gave others confidence in 2Life and provided access to departments of public health, state leadership, and to the array of organizations that serve older adults, known as ASAPs (Aging Service Access Points). 2Life's reputation in the community was likely an important factor in its being able to adopt a set of proactive regulations and strategies to deal with COVID-19.

Quality of housing and services – Residents' willingness to trust their "landlords" is linked to their level of satisfaction with the overall quality of their living environments. 2Life's track record of delivering high-quality housing and services to its residents likely contributed to its ability to quickly figure out how to engage with residents when the pandemic hit.

One of the most important aspects of delivering high-quality services is 2Life's set of procedures involving safety, maintenance, and repairs. When someone calls in a work order, the maintenance unit is tasked with responding within one hour and fixing the problem within 24 hours if it is fixable. In addition, all buildings have staff living on-site and, if a person pulls the emergency cord, someone will be there within minutes. If an ambulance is needed, the staff member will wait with the resident.

2Life's resident-centric approach to management is apparent in the role of the RSCs. The RSC immediately makes sure that new residents, upon moving in to a 2Life development, get all the services and benefits to which they are entitled, such as Food Stamps and Medicaid, and also assists them in finding a path to become engaged in community life. This is done by regular visits to new residents during the first few weeks after they move in, by making sure they are aware of the kinds of programs that are available and by communicating whom to call if assistance is needed. Many of 2Life's programs revolve around the array of holidays observed by residents, including those with Russian, Jewish, and Chinese backgrounds.

A pre-COVID survey of residents administered by 2Life asked respondents to check the most important attributes of living in their developments and the specific ways that 2Life made them feel supported. Out of 15 possible choices, the most highly ranked attributes were "staff

who know me” and “staff who are available to talk,” checked by nearly 80 percent and nearly 60 percent of respondents, respectively. Between 30 and 40 percent of respondents also noted that they highly valued “events that help them meet and connect with others,” “staff who speak their language,” and the “cultural, religious or spiritual gatherings.”²⁰

One resident summed up her feelings about living at 2Life as follows:

Everyone on the staff makes every attempt to help when it is needed. From the office staff to the maintenance staff, the dining staff, the gym staff and the many volunteers, as well as the many neighbors of different cultures that live here.²¹

Financial stability and reserves; extensive fundraising capacity – Many nonprofit housing developers and owners have very small or no financial reserves.²² This is obviously problematic since any unforeseen costs, or even increases in prices of budgeted expenditures (such as utilities), can seriously challenge an organization’s viability. When Amy Schectman assumed the leadership at 2Life, there were about one thousand units in the portfolio and about \$200,000 in reserves.²³ Acutely aware that a cushion of \$200/unit was woefully inadequate, 2Life embarked on a mission to strengthen its financial picture.

2Life’s financial health is significantly enhanced due to its deep ties to the Jewish community. Some of the organization’s major donors have been individuals or family foundations who have given from \$500,000 to over \$1 million in single contributions, as well as Combined Jewish Philanthropies (CJP), which provided about \$150,000 per year pre-COVID-19 and about \$600,000 during the pandemic. Each year, this assistance has been essential in enabling 2Life to cover the costs of its programs and services.

2Life developed three fundraising goals. In an era of sequestrations and government shutdowns, the first priority was to have enough money to be able to operate for 6 months, without government subsidies. The second goal was to have sufficient funds to cover a year of

²⁰ Resident-Centricity Research, “Progress Update for Staff,” February 1, 2018, JCHE.

²¹ Ibid.

²² Rachel G. Bratt, Avis C. Vidal, Alex Schwartz, Langley C. Keyes, and Jim Stockard, “The Status of Nonprofit Owned Affordable Housing: Short-Term Successes and Long-Term Challenges,” *Journal of the American Planning Association* 64, no. 1 (1998): 39-51; William M. Rohe, Roberto G. Quercia, and Diane K. Levy, “The Performance of Non-profit Housing Developments in the United States,” *Housing Studies* 16, no. 5 (2001): 595-618.

²³ The terms of the Shillman House development required 2Life to retain \$1 million as a guarantee. However, this money will not be accessible until 2026 and cannot be counted as part of 2life’s reserve balance until then.

service delivery, in case philanthropic donations disappeared. To do this, 2Life was committed to having a year's worth of funding for services in the bank. In the long run, it wanted to raise enough cash so that the income from investments could cover services. The third financial goal was to have funds available to invest in innovative initiatives, support professional development programs, and meet the equity requirements for new development, thereby being less dependent on other funding sources. 2Life set to work to achieve these goals by carefully restructuring its portfolio to maximize operating income and reserve funds.

Creating Financial Reserves through Portfolio Restructuring

2Life implemented a creative set of initiatives that involved restructuring the ownership of its developments. They undertook this restructuring in response to a HUD rule that favors for-profit owners of subsidized housing over nonprofit owners. For Section 8 subsidized "elderly" housing developments built after 1979, and that are generating excess revenues, HUD allows for-profit owners (after paying all property-related expenses), to earn up to a 6 percent return on the developer's equity. In contrast, nonprofits are not entitled to any such return. All excess funds must remain in a separate account and the nonprofit must seek HUD approval to use the excess funds.²⁴ In 2Life's experience, HUD has often rejected their requests to use these funds or, more typically, HUD has required that any excess funds be used to offset the contract rent amounts, thereby reducing HUD's obligation to pay the rental subsidy. Thus, as a nonprofit, 2Life was in a no-win situation: if 2Life strategically managed its developments to efficiently deliver high-quality resident-centric property management, HUD would not allow the organization to use any unspent revenue to cover resident services, "save for a rainy day," or cover the costs of other organizational priorities such as advocacy, expansion, or program innovation. Thus, in order to enjoy the preferential treatment and flexibility available to for-profit owners, 2Life "sold" each of its developments to a new legally structured for-profit limited liability corporation (LLC), which, in turn, was controlled by 2Life.

²⁴ See 24 CFR §880.205 (4-1-21 Edition); HUD Handbook 4350.1, Chapter 25; Ch. VIII and HUD Notice H2012-14. In addition to HUD regulations, since many 2Life developments receive funding from MassHousing, the state's housing finance agency, that agency's guidelines can also restrict access to excess income.

2Life further maximized its ability to generate additional revenue by utilizing another HUD rule. The terms of the original contracts with HUD stipulated that at the end of the first mortgage period, an owner is allowed to convert the buildings to market-rate housing. Since HUD has a strong interest in retaining the below-market rate units, its mark-up-to market provisions allowed 2Life to raise the rents on the HUD-subsidized Section 8 units up to market rates, with HUD paying the difference between those new rents and 30 percent of the residents' incomes. In one development, HUD's monthly subsidy per unit increased by over \$1,000, with much of this going into 2Life's reserve fund and innovation agenda.

At the same time, 2Life refinanced its buildings. The new mortgages were based on the prevailing market value of the properties, which, in turn, were based on the increased cash flow due to the higher rental income. Each new mortgage generated excess cash, which 2Life was now able to access because of the new for-profit ownership structure of the developments. 2Life was thereby taking important steps toward fulfilling its financial goals and was able to use these resources to reinvest in resident services, its rainy-day fund, and in organizational growth and innovation. Even after doing the needed modernization and repair work on various developments, 2Life anticipates that it will be able to put about \$25 million into reserves. Much of this money was already available to 2Life at the start of the pandemic.

2Life is continuing to build its financial cushion with fees it collects for doing development. Since initiating its aggressive real estate development effort in 2015, 2Life has netted some \$5.3 million in developer fees, after paying overhead and salaries. While this fee is at-risk during development, since it backs up construction completion guarantees, it is paid to 2Life at the end of a well-managed project. In coming years, developer fees are likely to be a major source of non-earmarked income as 2Life continues to advance development projects.

The Pandemic Emerges and 2Life Responds

Once it became clear that the coronavirus was both potentially deadly and within the immediate area, with a special threat to nursing homes and other congregate living facilities serving older adults, the 2Life senior leadership team quickly made the decision that the highest

priority was to save lives and to protect residents at virtually any cost.²⁵ While many of the responses could be viewed as low-tech, they took an enormous amount of thought, expertise, and resources – figuring out what needed to be done, maintaining the trust of the residents, developing partnership arrangements, and then implementing the various initiatives.²⁶

At the core of 2Life’s response was an experienced leadership team, mentioned above. According to Lizbeth Heyer, 2Life’s chief of real estate and innovation:

When the pandemic hit, senior leadership was able to work together effectively to develop an operational approach by redeploying our organizational resources and people to focus on our pandemic response. We are all very clear about what we do and why we do it – combatting economic insecurity and loneliness, keeping people out of institutional settings, and promoting and maintaining joy, health, wellness, and safety. In developing our plan to deal with the crisis, we knew we had to connect everyone with our mission. We knew our residents were facing a huge threat and we quickly realized that we were going to be in this with them. Our resident-centric orientation made it clear what we had to do, and we were able to pivot pretty quickly. Nevertheless, it was still kind of disorganized in the beginning. Internally, there was some frustration, but we figured it out. It took a couple of months to put systems in place and to get clear about who was doing what.

As Karen Edlund, 2Life’s CFO, pointed out: “This was a real CEO moment for Amy. She quickly assumed the commander-in-chief role and made clear that we were shutting down and we needed to mobilize pragmatically. This meant thinking about each thing that residents did on a day-to-day basis and figuring out how each activity would be handled, going forward.”

Sharon Brooks, the chief marketing officer, was a consultant when the pandemic hit and she observed the changes going on at 2Life, which “went from its norm of consensus-building to a command-and-control model.” In addition, she noted that compared to other organizations she was aware of across the country, “2Life was thriving more than others; many groups were flailing.”

²⁵ Both at the start of the pandemic and more than one year later, nursing homes were linked to one-third of the total number of coronavirus deaths. “Nearly One-Third of US Coronavirus Deaths are Linked to Nursing Homes,” *New York Times*, June 1, 2021, <https://www.nytimes.com/interactive/2020/us/coronavirus-nursing-homes.html>.

²⁶ The following omits discussion of various tasks that had to be modified due to COVID, such as 2Life’s dealings with HUD to provide rental payments during the longer-than-usual vacancy periods. New rentals were suspended due to the need to more thoroughly sanitize apartments between residents and the difficulty of implementing new resident interviews and apartment tours.

One of Amy Schectman's initial strategies was to figure out how she could best utilize the skills of those in-house as well as those on the outside. She contacted a range of groups with whom she had developed a good working relationship and assessed whom she could lean on. As General Counsel Henry Korman noted, "it was an all-hands-on-deck arrangement." John Lutz, former chief of operations, further observed that:

all members of the senior team and campus executive directors played critical roles in our collective effort, whether each was working remotely, in whole or in part. During our pandemic response, almost everyone was asked to do things differently and do different things. This was one of the challenges of the experience.

And, indeed, there were many different tasks that needed to be identified and implemented. All the while, as Chief of Staff Emily Levine added, 2Life was "managing a lot of feedback, anxiety, and fear."

Safeguarding the residents by sealing off the buildings and developing effective means of communication – The overriding priority to keep the virus out of the developments required the buildings to be closed immediately to outside visitors, other than those providing essential services. At the same time, residents were advised to stay in their homes and to isolate in place. But this was easier said than done. While access to the buildings was centralized through the main entrance, and was monitored twenty-four hours per day, residents could enter and leave as they wished. Security personnel did their best to strongly discourage non-essential visits or trips out of the buildings by residents, but 2Life could not actually ban such movement. Protocols about building safety, as well as dozens of other guidelines for safeguarding staff, residents, and the buildings were developed as needed. While an effort was made, of course, to produce the best possible protocols from the outset, the need for a quick response to immediately safeguard staff and residents meant that there were many revisions to the protocols as new information was acquired and experiences with the procedures were assessed.

The first set of new guidelines was developed quickly and communicated to residents. A staff member immediately called each resident and learned the person's status and what was needed. 2Life then set up a schedule to regularly call each resident, based on those needs. To

facilitate external and internal communication, 2Life offered a “lending library” of electronic devices, and staff members were available to help residents set up FaceTime and Zoom meetings with family and friends. 2Life also immediately made programs (e.g., fitness classes) available on its YouTube channel and, within a few months, was able to launch its own internal TV station. Concerts were also held that could be heard through open windows, and hallway games were organized.

2Life also devised what they called a “Community Heroes program,” an honor bestowed on all residents who pledged to stay home but, if they needed to go out, to wear a mask, obey social distancing guidelines, and not touch anything in common areas. Residents who agreed to these rules received beautifully designed placards for their doors. And, to facilitate the process, 2Life provided all residents and staff members with masks. While masks became plentiful as the pandemic wore on, at the outset they were scarce, and 2Life worked hard to acquire what was needed.

Throughout the pandemic, 2Life senior leadership and staff reached out to residents through emails and other notices, updating them on the virus and on the health of the 2Life community. Steps were taken to ensure that residents would be connected to management and, through virtual means, with each other. 2Life also shared information about the coronavirus through regular communications, presented in six different languages (Mandarin, Cantonese, Haitian- Creole, Russian, Albanian, and English).

Keep the community safe at virtually “all costs” – 2Life’s senior leadership and its Board quickly made the decision to prioritize the health, safety and overall well-being of its residents and staff.²⁷ To accomplish this, the organization committed to spend as much of the organization’s reserves as necessary to effectively implement the various new programs and services described below. Certainly, the ability to make this critical decision was based on the organization’s prior focus on significantly increasing its financial reserves. As described

²⁷ This inquiry does not delve into 2Life’s Board either pre-pandemic or during that period. Suffice to say that the quality and commitment of a nonprofit organization’s board, and its relationship with the executive director and senior leadership, is another important factor in an organization’s health and viability, in both ordinary and extraordinary times.

previously, this long-term effort was made possible by 2Life’s ability to pursue various strategies and opportunities allowed by the federal housing subsidy programs.

Prioritizing the safety of the overall 2Life community required 2Life to make some difficult decisions. For example, in making the unilateral decision to shut their buildings to outside visitors, senior leadership felt a bit uncomfortable operating in a regulatory vacuum since HUD guidelines generally don’t allow such closures and HUD hadn’t yet modified its guidelines based on COVID-19. Since 2Life’s senior leadership felt that waiting could have irrevocable consequences, they decided that, in this case, it was wise to protect the community first and work closely with HUD to seek retroactive understanding.

Expanding resident services – To keep residents in and outsiders out, 2Life had to figure out how to provide the range of services that residents would need to be able to stay in their homes. Pre-pandemic, most of the residents did their own shopping and took care of their own personal needs; in some cases, however, they relied on family and friends. Management quickly determined what had to be supplied and launched a series of substitute services that would enable everyone to stay in their homes, with a minimum of outside assistance.

Before the pandemic, only two of 2Life’s developments regularly provided meals to their residents and on a comparatively modest scale: Golda and Shillman had been providing no more than 100 meals per day, 5 and 7 days per week, respectively. With the onset of the pandemic, food insecurity became a central concern, with people fearful of venturing out to grocery stores and without the extensive infrastructure of private delivery services that emerged later in the pandemic.

The most urgent need was to develop a plan to provide one meal per day to the more than 1,500 residents on all the campuses – all at no charge to the residents. This meal program was supplemented by the delivery of free groceries and personal care items, as well as a free laundry service.²⁸ Meals were delivered to each resident by volunteers or by staff members,

²⁸ 2Life’s senior leadership had debated the pros and cons of offering groceries at no charge. The decision was based on the hope that residents would be willing to accept the more limited selection of what was being offered if it was free, rather than leave their homes and pay for their choice of items. The desire to keep residents from outside exposure and possible infections was also the rationale for the decision to offer free pre-cooked meals and laundry services.

some of whom were hired on a temporary basis. Not surprisingly, the logistics behind this initiative were complex. As David Fritchey, the head chef at Spellman House, recounted:

We had to come up with standardized menus for each apartment, taking into account dietary restrictions, such as the need for kosher meals and the various health conditions of residents such as diabetes or gluten intolerance. In the past, people coming into the dining room were able to describe their various needs directly to the wait staff. But with COVID-19, we had to create a large and complex paperwork trail that detailed each person's dietary needs and restrictions. We also had to develop a close relationship with the central office to make sure we were hitting all the apartments. Directly communicating with residents in this way was new for us. The process involved hours of data entry, which was done by the administrative staff at Shillman House, to develop files that weren't there before. And, then, there had to be menu changes because of supply chain disruptions. Throughout the process, there was effective communication and cooperation with the central office.

Despite the availability of free food and meals for 2Life's residents, some people continued to rely on food deliveries from family members, but actual visits were strongly discouraged. Although 2Life started out by trying to directly produce meals for the resident population, management soon realized that this was beyond the organization's staffing and space capabilities. 2Life contracted with City Fresh Foods to supplement the frozen meals that staff was able to prepare on its own. Very quickly, however, 2Life ran out of storage space for the frozen meals, thus necessitating the rental of two refrigeration trucks. But having these trucks parked on-site caused a new set of problems: the noise was bothersome to residents. As an example of 2Life's nimble approach to problem-solving, and the staff's willingness to do tasks outside of their normal jobs, the chief of operations ended up moving the trucks from one location to another to reduce the annoyance at any one development.

Sanitizing the buildings – A key priority was to make the buildings themselves as safe as possible. This involved developing and implementing protocols to clean and disinfect all public spaces four times per day, installing numerous hand sanitizer stations, and making improvements to the HVAC systems based on principles of dilution, filtration and treatment. Figuring all this out and gathering information on the best possible ventilation systems involved a significant expenditure of resources.

As David Fritchey noted:

The maintenance and engineering staffs were all massive heroes. The care that they took in cleaning and sanitizing all the public spaces two or three times each day was incredible. It was essential for what we were doing – to keep the residents safe and the buildings clean. They were the ones on-site, working very long hours and putting their lives at risk. Their level of dedication was extraordinary.

Reflecting on all the many efforts that management and staff were making to safeguard and support her community, one resident expressed her appreciation in this May 2020 note.

Thank you, Thank you for taking such good care of us. You are saving our lives and I, for one, am appreciative. Don't listen to the naysayers (sp?), most of us know that you have made these decisions because you care about us. I wouldn't want to be anywhere else during this disease. We may feel cooped up but everyday we are in our apartments we are safe and sound. Who else in senior homes has an executive director call the people every week just to say that you miss us, wish you were here with us, and want to know what we are thinking and feeling. Who else has a team of people who make sure we have food, laundry, soap, and just call to say we will get you whatever you need. If we didn't feel so safe we would not be able to function physically, mentally, and in good health. So let all of the people at Brighton know that we know what you are all doing and how hard you are all working just for us.²⁹

Working with staff, acknowledging their contributions, and holding meetings – Many of the pandemic-era support services were provided by permanent 2Life employees who willingly accepted the risk to themselves and their families by physically coming to work every day. One of 2Life's key operating guidelines was to be supportive and responsive to staff and to recognize employees who were going "above and beyond." A concrete way that 2Life signaled its appreciation for staff was by a "heroes bonus" for all part-time and full-time on-site staff (\$150/week and \$250/week, respectively). In addition, as of April 1, 2020, all staff received a 2.5 percent salary increase. In 2021, an aggregated salary pool of about 3 percent was awarded according to merit.

²⁹ "Ship's Log" for COVID at 2Life, week of May 11, 2020. The "ship's log" was the administration's mechanism for tracking the various initiatives the organization was launching and the many issues facing them due to the pandemic. The criticisms from "naysayers" presumably related to the requests by 2Life for residents to restrict their interactions with both residents and non-residents, as well as the organization's general guidelines about sheltering in place as much as possible.

To supplement the regular workforce, about 60 part-time workers were hired who helped with the delivery of meals, mail, groceries, laundry, and other resident-facing duties. In general, the so-called “Helping Hands” were paid \$25/hour, well above minimum wage. As Denise Hamilton, the executive director of the Brighton campus, noted: “These were the people who walked in when on-site staff was reduced.”

On March 25, 2020, as the momentum of the pandemic was increasing, Amy Schectman held a virtual town hall meeting via Zoom to provide updates to staff about steps that had been taken and were being planned. Attendance was higher than at the usual in-person staff meetings. In addition to noting that only essential staff would be working on-site for the foreseeable future, with all others working from home, she outlined media relations, staff benefits, pay raises, protocols for cleaning and disinfection, and additional services that were being added. Another critical decision that certainly helped to boost staff morale was the announcement that 2Life would not fire or lay anyone off during the pandemic.

Beyond 2Life communicating that there would be no reductions in staff, David Fritchey praised 2Life for its flexibility concerning its expectations of staff:

I have been in the food business for forty-five years, and I have never seen anything like the support for staff. When employees couldn't work on-site, 2Life paid them to work remotely. Even if they were only working 5-6 hours, 2life made them whole, so that they were paid for their full 8 hours. The financial support was unbelievable. No one had to fear for their position. This made a huge difference about how people felt about coming to work during the pandemic. I had very few people who didn't want to work. People weren't calling in sick or taking excessive time off. Everyone felt part of a larger picture.

Thus, senior leadership effectively communicated that the safety of staff members was paramount. As Blaire Melius, the former director of resident services, noted: “I was 6 months pregnant, and I was sent home. There was no pressure to stay on-site if you did not have to be. The level of care communicated by the central office to staff was remarkable.”

At the March 2020 town meeting, referenced above, Amy Schectman also discussed the importance of social distancing, the new food delivery services, the plan to stock up all on-campus convenience stores, and how the reserve funds that were in place, combined with a fund-raising effort, would cover the many added expenses. A few days later, when the first case of COVID-19 was diagnosed in one of the buildings, staff were notified via email. Regular

communications from the CEO and other members of the senior leadership team continued throughout the pandemic and were posted on 2Life’s website and on the internal internet channel.

2Life launched additional efforts to support staff and to encourage them to get away from pandemic-related issues. In its “lunch and learn” series and “cocktails and conversations,” invited speakers (on Zoom) addressed a range of topics, far outside 2Life’s work. For example, Michael Dukakis spoke about running for president and shared his views on national and local politics. Paul Levy explained how the Massachusetts Water Resources Authority cleaned up the Boston Harbor; a representative from Mass Design described how they designed the lynching memorial in Montgomery, Alabama; and Chrystal Kornegay provided insights into her life and the career path that led to her becoming secretary of the Massachusetts Department of Housing and Community Development and later the executive director of MassHousing.

Connecting with the scientific community about the virus; launching a testing program – Very early in the quarantine period, 2Life’s senior leadership made a commitment to depend on scientific knowledge and insights to guide their operations. But, as we all know, at the outset of the pandemic there was little clarity and scant reliable information. As Henry Korman observed: “Where there was policy we followed it; where there was none, we did the best we could based on a constantly evolving public health and legal environment.”

Staff opened lines of communication with key experts including state and local health departments, major universities, and Leading Age (a nonprofit advocacy, education, and research organization representing a wide range of nonprofit elder services organizations and other key entities involved with older adults). Hiring an epidemiologist and launching its own pilot testing program were key components of 2Life’s evolving approach to the public health crisis.

In fall 2020, with funding from CJP, 2Life hired epidemiologist Julia Coit, who provided direct support and guidance about how to best respond to the scientific information about the coronavirus as it became available. She was tasked with overseeing and coordinating 2Life’s

weekly testing program so that any possible infections could be identified as quickly as possible and, hopefully, prevented from spreading.

But setting up an in-house testing program required that 2Life connect with researchers who were developing testing procedures. One such collaborator was MIT Professor Simon Johnson, who was working with a few local biotech companies that were in the early stage of assessing whether their testing procedures could be quickly brought to market. In exchange for free tests, 2Life became a site for a field pilot study. 2Life also partnered with the Commonwealth of Massachusetts to access COVID-19 tests, but, regrettably, the number of tests provided by the state was not sufficient. In all, 2Life worked with three organizations to do three types of testing: individual PCR (saliva and nasal swab), pooled PCR, and rapid antigen testing.³⁰ Providing another example of 2Life's staff's willingness to step out of their traditional roles and comfort zones, a group of employees learned how to take samples from the testing and preserve them properly before sending them on for analysis.

Fund-raising – As the pandemic gathered steam, Amy Schectman sent out a solicitation letter to 2Life's vast mailing list of supporters that outlined the major initiatives being undertaken to safeguard residents. Although this yielded only modest contributions, major additional donations from CJP and Liberty Mutual were extremely helpful, providing \$400,000 and 200,000, respectively. The federal government proved to be the major source of assistance, with a \$2.25 million Paycheck Protection Program (PPP) loan, as well as some modest grants from HUD. These funds helped to offset significantly the enormous new costs, with 2Life's own reserves making up the balance.

Maintaining relationships with vendors in the community – Although it would have been understandable for 2Life to terminate contracts with various service providers and others who had been working in the developments before the pandemic, the organization decided to fulfill all its outstanding obligations. All contractors were paid according to the terms of their pre-COVID-19 arrangements, including the art therapist, rabbinic interns, and the yoga instructor.

³⁰ PCR stands for polymerase chain reaction. The test detects genetic material of COVID-19.

Whenever it was possible to offer a program via Zoom, that was done. But if not, the contractor was still paid.

Launching a policy advocacy initiative – On January 13, 2021, Massachusetts Governor Charlie Baker announced that the state would prioritize people living in congregate care settings for early vaccinations, including subsidized housing developments such as 2Life Communities. This decision did not, however, happen “out of the blue.” As the president of the Citizens’ Housing and Planning Association, Amy Schectman had led an effort to organize other key stakeholders who serve the over-62 community with the goal of making sure that all residents of all housing developments serving older adults would be eligible for the vaccine at the beginning of the roll-out; Governor Baker’s initial plan had not included affordable housing for older adults, despite the CDC’s recommendation that it should. The argument was that the residents of 2Life were “more vulnerable to serious illness and death from the disease, and also more at risk for the dire consequences of social isolation.”³¹ Indeed, the only difference between assisted living developments for older adults (which were already included in the first wave of vaccinations) and 2Life housing was the income level of the residents.

COVID-19 vaccination procedures – When the vaccine became available, 2Life carried out an extensive education effort to promote vaccine acceptance, again in multiple languages, using many different means of communication. For example, 2Life enlisted doctors of different ethnic backgrounds to try to convince people to take the vaccine. In one video, a Russian-speaking cardiologist from Beth Israel Hospital urged residents to get vaccinated. All the messages underscored the relatively minimal side effects of the vaccine compared with the much more serious risk of contracting the coronavirus.

According to epidemiologist Julia Coit, “Developing trust with people was the key to the vaccination program.” 2Life provided regular updates on their internal cable channel and sent

³¹ Travis Anderson, “Baker Says Vaccine Will Be Administered Beginning Monday at Shelters and Prisons,” *Boston Globe*, January 13, 2021, <https://www.bostonglobe.com/2021/01/13/metro/baker-says-vaccine-will-be-administered-people-shelters-prisons-seniors-housing-developments/>.

out written communications to residents and staff. Senior leadership also held open question-and-answer sessions and town halls for which Julia Coit provided the scientific information.

In January 2021, 2Life launched vaccination clinics at each site – with door-to-door administration of the vaccine carried out with the assistance of CVS pharmacy. Again, pivoting into new roles, 2Life staff did all the paperwork to make the vaccination process run smoothly. This involved collecting and copying insurance cards for all residents and helping them to fill out the consent forms. 2Life’s IT department then developed a customized program to gather and submit data to CVS. 2Life had to use its own funds to cover the additional staff time.

Somewhat ironically, in the months following the vaccination program, the situation got even more complicated. Julia Coit was closely involved with trying to figure out how to open up the buildings and carried out risk assessments and outlined mitigation steps needed for each activity they wanted to open. At the same time, policies were changing virtually every week, as the CDC was coming out with new guidelines about gatherings, social distancing, and mask-wearing for vaccinated people. While the great majority of 2Life’s residents were vaccinated, not all were, and 2Life was not able to make vaccination a requirement. As in many other facilities and places of employment, this situation made 2Life’s choices about opening up its activities and public spaces more difficult.

As of late summer 2021, questions about how to open up spaces and activities were tabled as the Delta variant began causing an alarming new surge in COVID-19 infections. Particularly worrisome was the extent to which people who were fully vaccinated were getting ill and were spreading the virus to others. Then, in early winter 2022, the highly contagious Omicron variant created a new wave of concern and infections among residents and staff. Thus, questions about how to safeguard residents and staff from the virus are certain to continue to play a role in 2Life’s operations.

Major Challenges and Obstacles

Not surprisingly, 2Life encountered several obstacles at many different phases of the pandemic. At the outset, nobody knew anything with 100 percent certainty about the nature of the new coronavirus. For example, how it was transmitted was the subject of much confusion, and people fretted over whether one could get ill by touching paper, plastic, and other surfaces. For

those who took the illness seriously, they had to figure out for themselves how to manage their lives – whom to see and under what circumstances, how to get their groceries, and how to be out in the world, or not. For many people, the luxury of decision-making was superseded by the necessity of earning a living. This disparity was part of the great societal divide that the pandemic highlighted.

All the questions faced by individuals and families were multiplied many-fold for providers of housing for older adults. As described in the previous section, 2Life took up the challenge immediately and with enormous energy, commitment, and insight. Given the sense of urgency, actions were taken before full information was available. And, indeed, if one was waiting for clear, 100 percent accurate advice, one would have been waiting forever. Trying to make decisions without consistent and clear information was a continuous challenge.

In the early months, 2Life viewed a comprehensive testing program as critically important for tracking the incidence of any COVID-19 cases. But housing was not seen as a place to do testing, and help was not forthcoming from the state or from the various cities in which 2Life's developments were located. Trying to assemble the partners to launch a testing program was difficult, time-consuming, and dependent on the help of a trained epidemiologist.

Similar to numerous businesses and service providers, 2Life did not have an existing infrastructure for people to work at home or mechanisms to provide any of the other services that were essential for resident safety and well-being. It was also clear that specific plans or protocols were needed to guide the many on-the-ground procedures that needed to be adapted to minimize the spread of the coronavirus. But all these initiatives had to be developed from scratch, without a roadmap of what to do or how to do it. Particularly frustrating was the absence of federal, state, or local government support. Even acquiring personal protective equipment was something 2Life had to navigate on its own. Government support was also initially absent when it came to providing funding or resources for mitigation efforts, support services, and testing.

At the same time, 2Life's many tasks were made more difficult because, like much of the US population, many of the residents and their families expressed a mistrust of government and science. This was exacerbated by the confusing, disorganized and contradictory response of

the Trump administration. As David Fritchey put it: “We no longer trusted the government or the president to give us the right information, but we all trusted 2Life to do the right thing.” And Blaire Melius added: “The level of trust that residents had with staff made everything so much easier. Amy had a lot to do with developing the trust within the organization.” The strong level of trust notwithstanding, many residents acutely experienced the isolation from each other and from loved ones, and complaints about procedures had to be managed by 2Life staff.

With some 1,300 units in its portfolio, 2Life is a relatively large nonprofit housing organization with five separate campuses, each having its own executive director and senior staff. The coordination of all the activities and new procedures, between central administration and the leadership on each of the campuses, presented enormous challenges. According to Denise Hamilton:

We are an organization that works very collaboratively, often processing issues and decisions as a group. But it became apparent very quickly that when faced with an epic crisis we needed leaders to step into definitive decision-making roles to ensure that there was no delay or hesitation to enact policy and to ensure supplies were on-site and ready to use.

Even when the various protocols and guidelines were ready for implementation, 2Life’s five-campus structure meant that all the site-specific initiatives were carried out by five different on-site leadership teams. Invariably, this resulted in some divergence from the official guidelines issued by central management, and keeping track of who was doing what, and whether the variations in procedures were acceptable, presented a different set of challenges. As Blaire Melius noted: “We kept saying to each other that we all have the same goals, but sometimes we are going at it in different ways. The extent to which everyone was pulling together as a team was palpable. And, interestingly, the numerous meetings via Zoom had the somewhat surprising effect of bringing people closer together.” As Denise Hamilton pointed out:

With all the Zooms in each other’s homes, we got to know our colleagues in a different way – how they lived, their partners and their kids. We really became a collaborative team. [Zoom] has been incredibly effective and efficient in bringing people together (e.g., pandemic attendance at pandemic-era town meetings), since there is no travel time to get to a meeting at one of the campuses.

Notwithstanding the complexity of implementing all the new rules and the need to revise protocols as time went on, productivity increased as the senior leadership team continually made clear to staff how much they were cared for (through, for example, reassurances about job security and permission to work remotely, discussed previously).

Thirteen months after the start of the pandemic, Henry Korman summarized the first year of 2Life's COVID-19 experience, while also pointing out that these efforts were ongoing:

First, 2Life balanced two competing imperatives throughout the period: protecting the health and lives of a highly vulnerable group of people from infection and addressing the serious and significant health risk associated with social physical isolation. Second, 2Life brought new and creative resources to bear by leveraging partnerships with the nonprofit housing, academic, medical, pharmaceutical, and philanthropic communities. Third, 2Life constantly examined and recalibrated its approach based on evolving scientific and public health conditions. Fourth, 2Life exercised leadership in the affordable housing community; they made the case for equity in addressing the needs of low-income elders and advocated for public policies to protect them.

We can all recall how, particularly at the outset of the pandemic, information was conflicting, incomplete, confusing and, at times, misleading. And, of course, back in March 2020, no one had any idea how long the pandemic would last. A vaccine was a mere dream, uncertainty and anxiety were omnipresent, and the threat of possible coronavirus mutations, or variants, was not yet on the horizon.

Outcomes: Cases, Costs and Resident Feedback

Despite all the many precautions, 2Life staff and residents were not, of course, immune from contracting the coronavirus. From the start of the pandemic in March 2020 through the end of February 2022, there were 135 COVID cases among 2Life's residents, accounting for 8.5 percent of its total population (1,584 people). A majority of the cases were recorded prior to the vaccine's becoming available to 2Life residents in January/February 2021; nearly one-third of the cases have occurred since January 2022, likely due to the highly contagious Omicron variant. This infection rate was far lower than the rate for all of Massachusetts during the same

period (22 percent).³² Across the US, nearly 14 percent of the over-65 population contracted COVID-19.³³

Among the 2Life residents who were diagnosed with COVID-19, 39 required hospitalization and 17 died (about 1 percent of their population); 71 staff members contracted COVID-19, with one-half of the infections occurring during the first two months of 2022, presumably due to the Omicron variant.³⁴

As of March 2021, 5,600 COVID-19 tests had been administered. And, following an extensive education program about the importance of taking the vaccine, described earlier, there was a very high vaccination rate. In partnership with CVS pharmacy, over a period of nine weeks, over 1,800 vaccinations were administered to residents and staff. As of the end of February 2022, virtually all of 2Life's staff (99 percent) had been vaccinated. A very high percentage of residents also had been vaccinated (94 percent). Across Massachusetts, as of the end of February 2022, 1,089,500 people over 65 years old were fully vaccinated, accounting for 92 percent of that population.³⁵ As of the same time, and taking into account the entire US, 87.3 percent of residents and 83.8 percent of staff per nursing home facility was vaccinated.³⁶

³² Total COVID cases in Massachusetts: 1,537,894; total population: 6,984,723. Data as of February 25, 2022, <https://www.mass.gov/info-details/covid-19-response-reporting>.

Another Boston-area nonprofit housing organization, Chelsea Neighborhood Developers, reported a similar positive outcome: among their residents, the death rate was about one-tenth the death rate of the surrounding area. Residents in both the nonprofit's housing and the surrounding area have similar demographic profiles, but the nonprofit's housing is subsidized and not crowded. Conor Dougherty, "12 People in a 3-Bedroom House, Then the Virus Entered the Equation," *New York Times*, August 1, 2020, <https://www.nytimes.com/2020/08/01/business/economy/housing-overcrowding-coronavirus.html?auth=login-google1tap&login=google1tap>.

³³ Total US population: 331,893,745. 16.5 percent of US population is over 65 = 54,762,468; 7,477,742 COVID cases in over-65 population = 13.65 percent. See United States Census, Quick Facts, United States, <https://www.census.gov/quickfacts/fact/table/US/PST045221>.

³⁴ Data provided by Chief of Staff Emily Levine, February 25, 2022.

³⁵ Fully vaccinated people 65-74 = 641,600; over 75 = 447,900. Total population over 65 = 1,187,403. Data as of February 24, 2022. United States Census, Quick Facts, Massachusetts, <https://www.census.gov/quickfacts/MA>; Massachusetts Department of Public Health, "Weekly COVID-19 Vaccination Report," p. 12, <https://www.mass.gov/doc/weekly-covid-19-vaccination-report-february-24-2022/download>.

³⁶ Data as of February 24, 2022. Centers for Medicaid and Medicare Services, COVID-19 Nursing Home Data, <https://data.cms.gov/covid-19/covid-19-nursing-home-data>.

During the first year of the pandemic when free meals were being offered, 2Life delivered about 1,200 frozen meals each week, for a total of more than 70,000 meals. Additionally, about 6,800 bags of groceries, fresh produce and personal care packages were delivered to residents. Over 14,000 bags of laundry were collected, washed, and delivered. The total cost of all the additional COVID-19-related programs, services, and extra staff came to about \$4 million. In addition, since the decision had been made not to rent vacant apartments during the pandemic due to the health risks of screening potential residents or admitting new people from outside the community, about \$1.5 million in rental income was lost.

Although 2Life has not carried out a survey of residents' experiences during the pandemic, several residents or family members sent unsolicited letters of thanks, sometimes with a donation. The following comments are representative of the many messages received:

Thank you so much for all the ways you've gone above and beyond for us... I've never felt so safe, so at home, and so at peace as I do now.

Our mother... has been taken care of by the magnificent staff in a wonderful and caring manner.

One resident framed her note of thanks in this amusing way – after checking off all the services she had received during the pandemic, she noted:

What a year... and a look back since the start of COVID-19 in March (2020), on how you/management team rose to the (horrific) occasion. Since then, it's been like living in a 4-star hotel* for almost a year! Thank you for all of the activities, precautions you put into place in concern for our health. (*It would have been 5 stars if you included bed changes and a pull-down service with a nightly chocolate on the pillow.)

An important outcome of 2Life's management of COVID-19 was mentioned briefly at the outset but warrants repeating here: 2Life's operations and approach to safeguarding its residents represented a major effort at "evening the playing field." With 2Life's predominantly extremely low-income residents, about 30 percent of whom are people of color, the organization demonstrated how the values of social justice and equity could be put into practice. Compared with local and national statistics of those who contracted the virus, who died from the virus, and the groups that were given the earliest access to vaccinations, the 2Life story presents a very different picture. Because 2Life prioritized the well-being of their residents and brought

food and services into the buildings, relatively few 2Life residents contracted COVID and died compared with national statistics for this vulnerable population.

In spring 2021, 2Life started to phase out its extraordinary services and move back into its ordinary mode of operations. Throughout the following year, as infection rates in Massachusetts due to the Delta and Omicron variants spiked, and then declined, activities were monitored to determine appropriate types of spacing, masking, and social distancing. Overall, 2Life continues to be extremely cautious and watchful, fully cognizant that new variants could emerge and that the immuno-compromised members of their community face special risks, despite being vaccinated.

Underscoring the Obvious and Advancing the Ideal

This inquiry has underscored that 2Life was well-positioned to confront the pandemic and take bold steps because it had in place a strong leadership team with smooth day-to-day operations, as well as readily available financial reserves. These reserves enabled 2Life to confront the coronavirus and implement their wish-list of interventions and services. 2Life's overriding mission to promote the well-being of its residents, beyond providing decent, affordable shelter, also provided clarity about what needed to be done when the coronavirus surfaced. All these factors worked together to enable the organization to embark on a robust agenda to protect and support its vulnerable population.

An important component of 2Life's pre-COVID-19 activities was the provision of a range of social services, exercise classes, and community-building programs. In addition, meal plans had been available at two of the sites. Having all these systems in place meant that when the pandemic hit, 2Life's campuses were poised to adapt and broaden these efforts to the new needs and realities. Using new technologies and figuring out what could be offered safely, 2Life staff were able to quickly pivot from in-person activities to virtual offerings – a task that would have been far more challenging if they had had to launch such activities for the first time.

2Life's decision to take quick actions also seemed to be important. When an organization is confronting an unforeseen set of dislocations and challenges, delaying until one has all the facts and has puzzled through what appears to be the best course of action may end up costing lives and fueling uncertainty and insecurity. Instead, what seems most needed at

such moments is for the CEO to take charge, to accept the responsibility for making decisions, and to get started addressing the problem, with a commitment to making adjustments in procedures and protocols as new information becomes available. And, at the same time, it is important to stay in close communication with the target population and to be as open and clear as possible about the situation that everyone is facing. The trust that 2Life's leadership and staff enjoyed pre-pandemic seemed to be reinforced by their quick, thoughtful, and decisive actions when confronted by an extraordinary set of circumstances.

These observations lead to several recommendations. First, HUD's guidelines should be changed so that nonprofit housing organizations have the same ability as for-profit owners to access any excess operating income. 2Life was able to act much faster and more comprehensively than any level of government could because, having converted the legal ownership structure of its developments into for-profit entities so it could hold on to excess income and keep those funds in reserve, it had funds immediately available. If emergency funds are not available to a housing organization, emergency federal funding should be available to provide the needed assistance in caring for its residents. But to assure the availability of emergency funds, organizations need to be as prepared as possible with their own reserves.

Second, public policies targeted at the intersection of housing and health care for older adults should be equitable with regard to income. Governor Charlie Baker's ultimate decision to provide residents of assisted living developments preferential access to vaccines, thereby treating this group the same as higher-income residents living in market-rate developments, was an implicit acknowledgment that there is no difference between these two populations, other than their incomes. Going forward, it is important for all residents, in all types of developments for older adults, to be treated exactly the same during any future public health crisis, or if other policy initiatives are being launched that would affect this population.

Third, owners of subsidized housing should include a set of wrap-around services as part of their ordinary mode of operation. Similar to 2Life, many affordable housing developers, both for-profit and nonprofit, view their role as going far beyond the brick-and-mortar aspects of providing housing. These groups see themselves as key vehicles for providing residents with a range of services. But funding these services is always a major challenge, since the basic

housing subsidy mechanisms do not provide funding for them.³⁷ Thus, all federally funded affordable housing programs should require the availability or direct provision of an array of services and provide the funding needed to implement or coordinate them. Whether the services are offered in-house, through networking with other local service providers, or through a combination of the two, funding to build or renovate the building should be contingent on the developer's outlining how the service needs of the target population will be met. Some of the costs of the services could be covered if excess revenues are available to nonprofits, as outlined in the first recommendation. But shortfalls should be covered with direct federal funds, likely through Medicare/Medicaid.

In Massachusetts, all state-supported projects for older adults must now include services. The tremendous benefit of this requirement is that the costs of services can now be included in the operating budget and underwritten by state capital funding sources, which allow projects to sustain services by having capitalized the service costs into the project at the front end.

Fourth, we need more research on the comparative costs and benefits of various housing arrangements (e.g., nursing homes; developments for older adults such as 2Life; living in one's own home, or in the home of a relative, with care provided by family, friends, or professionals). To what extent would there be savings to Medicaid if eligible individuals had other options besides nursing homes? Indeed, research has shown that "current residents of subsidized housing for older persons are similar in many respects to individuals living in nursing homes or to those deemed at high risk of entering nursing homes."³⁸

While a nursing home is often viewed as an unappealing option, for many extremely low-income older adults and frail people, such a facility is typically the only choice, even when they do not require extensive nursing care. Without the kind of income needed to live in private

³⁷ See, for example, Rachel G. Bratt, "Viewing Housing Holistically: The Resident-Focused Component of the Housing-Plus Agenda," *Journal of the American Planning Association* 74, no. 1 (2008): 100-110; Rachel G. Bratt and Langley C. Keyes, "Challenges Confronting Nonprofit Housing Organizations's Self-Sufficiency Programs," *Housing Policy Debate* 9 no. 4 (1998): 795-824. Although HUD provides some grant funding to enable HUD-subsidized housing to hire resident services coordinators, funding for the actual services is not provided.

³⁸ Robert Wilden and Donald L. Redfoot, "Adding Assisted Living Services to Subsidized Housing: Serving Frail Older Persons With Low Incomes," AARP Policy Institute, January 2002, p. iii, https://assets.aarp.org/rgcenter/il/2002_01_living.pdf.

apartments, continuous care communities, or private assisted housing, when poor older adults need to find a suitable living situation, perhaps with some level of assistance provided, they are essentially forced into a nursing home, since all the costs are covered by Medicaid. Other possible housing options, such as 2Life's subsidized housing (funded in part through HUD's Section 202 "elderly" housing program) are typically not feasible, since Medicaid cannot cover the costs of rent or room and board, a key issue discussed below.³⁹

We need to better understand the implications of, for example, providing organizations such as 2Life with a subsidy for each of its Medicaid residents that is eligible to move into a nursing home. It is possible that such a policy change could save the government enormous sums of money, while non-nursing home housing providers such as 2Life could rely on an added income stream that could be used for the kinds of services needed to keep people safely housed in their own apartments. At the same time, it is also likely that the quality of life for the residents living in a community-based housing development such as 2Life would be far more satisfying than in a nursing home environment. Comparative research is needed that explores levels of satisfaction, community participation, and the overall health and longevity of older adults living in different kinds of accommodations. As part of such an effort, data also is needed that compares the costs of medical services incurred by older adults living in different types of housing, as well as the impacts on family and friends who serve as care-takers.

Fifth, a companion recommendation to the previous one: we need to explore in depth the specific steps that would be required to change Medicaid policy so that Medicaid funding could be used for rent payments in non-nursing home settings. Various state-based waiver demonstration programs that have covered some housing-related activities or services for Medicaid beneficiaries may provide important insights into how the restrictive Medicaid requirement concerning housing costs could be loosened.⁴⁰

³⁹ Medicaid and CHIP Payment and Access Commission (MACPAC), "Medicaid's Role in Housing," October 2018, <https://www.macpac.gov/wp-content/uploads/2021/06/Medicoids-Role-in-Housing-1.pdf>.

⁴⁰ Susan Philip, Jeremy Cunningham, Mary Pat Stemnock, and Ryan Reichel, "Assisting Medicaid Beneficiaries to Achieve Housing Stability," Milliman White Paper, March 31, 2020, <https://us.milliman.com/en/insight/assisting-medicoid-beneficiaries-to-achieve-housing-stability>. See also MACPAC, "Medicaid's Role in Housing"; Bailey, "Housing and Health Partners Can Work Together to Close the Housing Affordability Gap"; Center for Medicaid and CHIP Services, "Money Follows the Person," <https://www.medicoid.gov/medicoid/long-term-services-supports/money-follows-person/index.html>.

Finally, no discussion about the need for housing that is affordable for lower-income households, in general, and for older adults in, particular, would be complete without a call for more federal funding. Among those experts in the field, such as Amy Schectman, there is a strong feeling that the federal Section 202 program presents the best model for expanding housing opportunities for older adults. Without additional funding for organizations such as 2Life Communities, even the most robust research findings about the relative advantages of such housing, compared to nursing homes and other arrangements, will be moot if the money is not available to put the research into action.

The COVID-19 pandemic has provided an opportunity for 2Life's commitment to its core values to shine through: it acted vigorously on its mission, saving lives and protecting and enhancing the health and well-being of its staff and low-income residents. Hopefully, going forward, we will not encounter another catastrophic situation that calls on 2Life to display its values so dramatically. With comprehensive research, well-targeted policy changes, and adequate funding, safe and supportive affordable housing for low-income people could be the norm in both ordinary and extraordinary times.