

Health & Social Impacts of Covid-19 on Uninsured Populations in New Haven, CT

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BACKGROUND

The HAVEN Free Clinic, a primary care clinic run by Yale students, aims to provide comprehensive and high-quality healthcare services to uninsured individuals in the New Haven area, serving those who are not insured without asking about immigration status. Undocumented immigrants are ineligible for both Medicaid and Marketplace coverage, and many of the HAVEN clients may be undocumented. The ongoing COVID-19 pandemic further restricts already limited access to healthcare. Data and information on uninsured residents and the undocumented population, such as obstacles to healthcare and financial insecurities, are inadequate. Therefore, HAVEN Free Clinic needs better data collection methods to assess the impacts of pandemic on these communities. A robust study design and comprehensive review is important to document a true and accurate understanding of the impacts of COVID-19 on HAVEN clients in order to self-evaluate, adjust resources, improve benefits and enhance outreach to the targeted populations.

OBJECTIVES

- 1) Create and pilot a needs assessment survey to identify gaps in care and resources for health and social needs in uninsured populations in New Haven, CT
- 2) Conduct semi-structured qualitative interviews with community organizations serving the New Haven community to gain insight into how the pandemic has affected the populations they serve and the resources they offer
- 3) Assess the feasibility of the methodology and develop a recruitment plan based on successes and challenges from the pilot study for broader implementation

METHODS

Qualitative Data:

- Two key-informant qualitative interviews with community organization leaders
 - Interviews were semi-structured and conducted over the Zoom conferencing platform
 - Questions focused on impacts of COVID-19 on them, their clients, and their organizations; highlighting challenges, opportunities, and potential sources of governmental support

Quantitative Data:

- Qualtrics Coronavirus Impact Needs Assessment Survey
 - The survey adapted questions from Johns Hopkins School of Medicine's "Coronavirus Impact Scale" and the National Institute of Mental Health's "Coronavirus Health Impact Survey (CRISIS)", including questions on housing, family, access to resources, insurance and healthcare access, employment and suggestions for resource improvement
 - Survey was distributed to 1043 HAVEN clients electronically via CareMessage.
 - 36 participants successfully completed the Qualtrics survey, 29 in Spanish and 6 in English

RESULTS

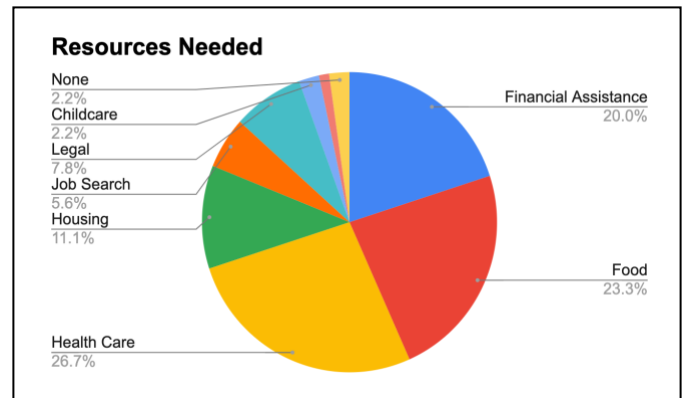
- 1) **Reaching the HAVEN population electronically is a challenge.** We distributed the survey electronically to 1034 HAVEN clients and also distributed flyers through the HAVEN clinic. 36 individuals responded, all to the electronic survey, limiting the respondents to individuals with online access. Below we propose alternative routes for reaching this population.
- 2) **The most pressing reported needs for uninsured residents currently are health care, food, and financial assistance (see Figure).** The figure below shows the breakdown of resources the participants indicated they needed at time of survey completion. 26.7% of participants reported needing some sort of healthcare assistance; when further broken down, 33.3% of those needs are dental and 15.8% are pharmacy related. The most prevalent financial assistance need was for rent and housing (42.5%) and for food (30%).

3) **The majority of participants experienced moderate to severe changes in family income, stress, and access to social support due to the impact of COVID-19 (see table).**

Half of the participants experienced no to mild change regarding regular access to food and mental health care access, and half of the participants indicated losing their job or experiencing reduced work hours during the pandemic.

4) **The pandemic has exacerbated existing disparities and has forced residents into a position where they must make tradeoffs between different needs.** Responses from organizational interviews supported the quantitative

results. Community organizations expressed an increased burden as the trusted messengers during the pandemic. The interviews also provided insight into policies and residential status as barriers to resources among uninsured people who are also undocumented.



Category	Degree of Change, N (%)					Did not have access before but have access now	No response
	No Change	Mild	Moderate	Severe			
Experiences of stress	3 (8.33)	8 (22.22)	17 (47.22)	7 (19.44)		N/A	1 (2.78)
Access to extended social supports	3 (8.33)	9 (25.00)	19 (52.78)	5 (13.89)		N/A	0
Stress and discord in the family	11 (30.56)	10 (27.78)	10 (27.78)	3 (8.33)		N/A	2 (5.56)
Regular access to food	11 (30.56)	7 (19.44)	13 (36.11)	4 (11.11)		N/A	1 (2.78)
Medical health care access	1 (2.78)	13 (36.11)	13 (36.11)	6 (16.67)		3 (8.33)	0
Mental health care access	11 (30.56)	7 (19.44)	8 (22.22)	5 (13.89)		4 (11.11)	1 (2.78)
Family income	0	5 (13.89)	19 (52.78)	12 (33.33)		N/A	0

“The undocumented immigrant who comes to us is usually very scared. They're very insecure. And they usually have children, right. So there's another layer of like, having to be the protector, for their, their child and the family as a unit seems very vulnerable. When it comes to having health insurance, usually we find people who we find that we are speaking of people that have undiagnosed conditions, whether it's mental health or something physical one, they just put out naturally, like, effortlessly, they put it on the back burner.” - Case Manager, Community Organization #2

RECOMMENDED AREAS OF FOCUS

Based on the results of our pilot study, we recommend four areas of focus for a larger-scale study:

- 1) **Service coordination between organizations serving the uninsured:** The increase in demand for services has put pressure on community organizations to coordinate services beyond what they offer. More research is needed on how a centralized system for service coordination could be effectively implemented.
- 2) **Housing needs, mental health, and financial assistance:** These were the top needs identified by both quantitative and qualitative methods; therefore, more resources should be utilized to expand assistance in these areas.
- 3) **Expansion of HUSKY:** As healthcare was one of the top priorities indicated through both methods, free clinics cannot be sustainable solutions for the need of healthcare in the uninsured community.
- 4) **Being mindful of the participant density:** A geographic density map was created to show where the majority of survey participants were located by zip code. Community organizations should use this map to plan where certain services and resources can be offered for maximum utilization.

RECRUITMENT STRATEGIES

The following strategies are proposed for the recruitment phase of a larger-scale study:

- 1) Request and follow up with referrals from other participants
- 2) Incentivize participants to provide referrals
- 3) Utilize social media platforms for survey advertisement
- 4) For recommended referral bases, we suggest the following
 - a. Reaching out to other HAVEN Free Clinic partner organizations
 - b. Collaborating with new community organizations and religious organizations

LIMITATIONS

- Study was designed to be at a larger scale but time constraints and lack of response only allowed for a pilot study to assess feasibility of our methods.
- Qualitative interviews were conducted simultaneously with survey distribution and were used to complement the quantitative data rather than to inform survey development as originally planned.
- Community organizations that provide services to the uninsured community are currently overburdened due to increase in service demand which led to a slower distribution of the survey.
- Flyer distribution was an ineffective recruitment strategy, yielding zero survey responses. Online recruitment was more effective and should be the standard for starting similar projects.

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