Massachusetts Department of Public Health

COVID-19 COMMUNITY IMPACT SURVEY: Healthcare Access & Delays

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Results as of June 8, 2021

REMINDER

This webinar is meant to be watched after you have already seen the <u>CCIS Introduction Webinar.</u> The introduction contains important background information explaining how to interpret these results, how we did the survey, and how to frame these findings with a racial justice lens so that we can all turn the CCIS data into action!

Visit http://mass.gov/covidsurvey for more!

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CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants' Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor's Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition

- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill's
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.

PURPOSE AND INTENT

HEALTHCARE ACCESS & DELAYS

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) around how the pandemic has impacted healthcare access and delays in care. The goal is that these findings:

- Inform immediate and short-term actions
- Identify ways to advance new, collaborative solutions with community partners to solve the underlying causes of inequities
- Provide data that stakeholders at all levels can use to "make the case" for a healthy future for ALL.

Remember to watch the CCIS Introduction Webinar for important background, tools, and tips to frame these findings with a racial justice lens to turn the CCIS data into action!

Visit http://mass.gov/covidsurvey for all things CCIS!

HEALTH CARE ACCESS & DELAYS

Lead: Glory Song

Team: Lauren Cardoso, Caroline Stack, Elizabeth Beatriz, W.W. Sanouri Ursprung

FRAMING MATTERS

- As we focus on the urgency of COVID-19, care for other health conditions - both routine and acute - is being delayed. This further exacerbates existing health inequities.

- Encouraging people to seek care is only part of the solution. Limited healthcare capacity was the #1 reason for delaying emergency, routine, and mental health care.

- Telehealth is not a cure-all for this. Much more work needs to be done to ensure this is n accessible mode for all.

HEALTH CARE ACCESS & DELAYS

The pandemic has **substantially impacted normal healthcare operations** and **put** stress on healthcare capacity.

4 of **5** respondents who needed medical care since July 2020 **have gotten the care that they needed.**
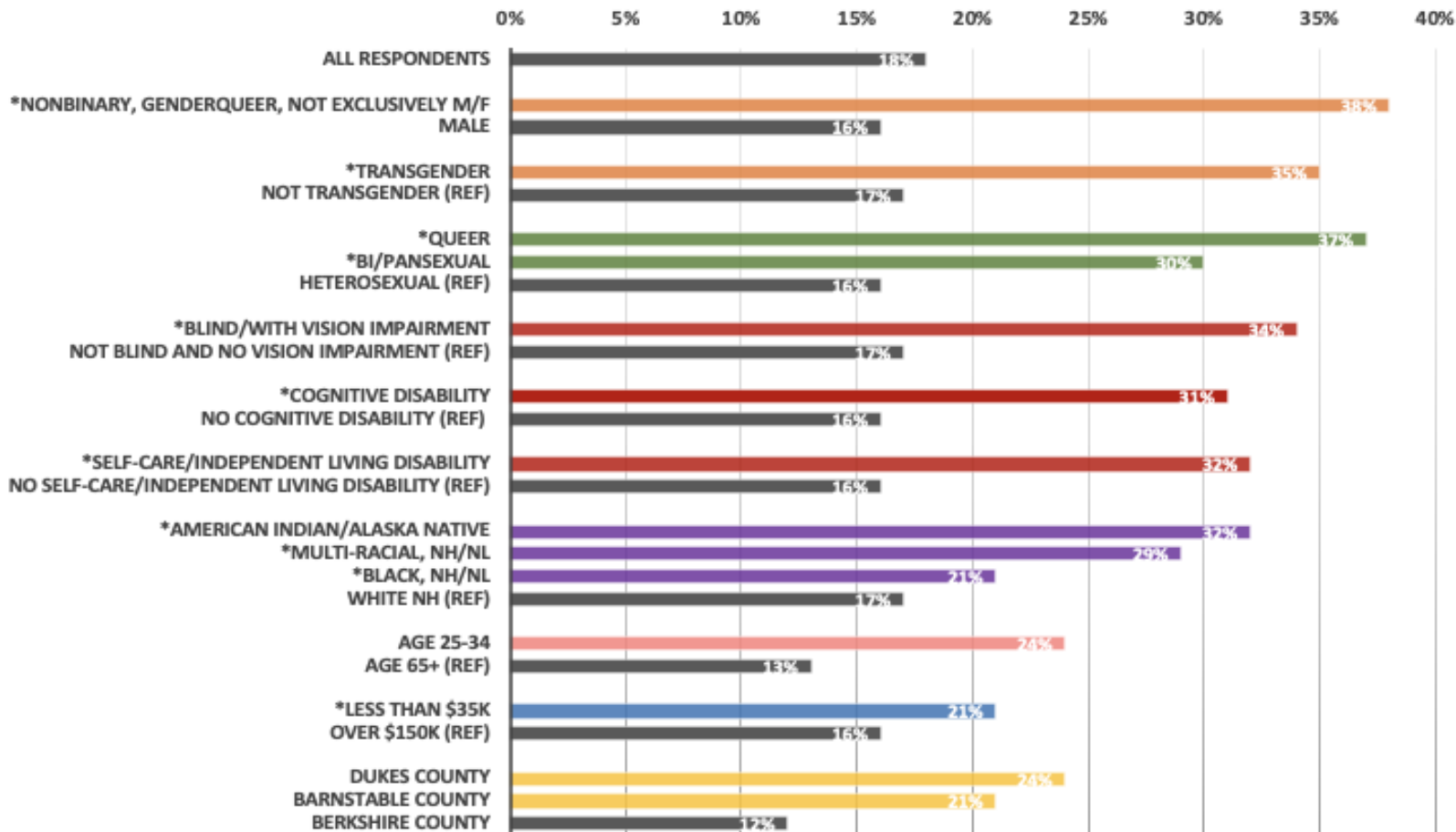
60% of those who needed care received **telehealth care via phone or video**, suggesting that the rapid scale-up of telehealth has been crucial.

However, **1** of **5** respondents are missing either critical **urgent care** or **essential routine care**. Some residents have missed **both**.

Massachusetts subpopulations experiencing the highest rates of delayed medical care since July 1, 2020[1]

Chart values (0% to 40% scale):

- ALL RESPONDENTS — 18%
- *NONBINARY, GENDERQUEER, NOT EXCLUSIVELY M/F — 38%
- MALE — 16%
- *TRANSGENDER — 35%
- NOT TRANSGENDER (REF) — 17%
- *QUEER — 37%
- *BI/PANSEXUAL — 30%
- HETEROSEXUAL (REF) — 16%
- *BLIND/WITH VISION IMPAIRMENT — 34%
- NOT BLIND AND NO VISION IMPAIRMENT (REF) — 17%
- *COGNITIVE DISABILITY — 31%
- NO COGNITIVE DISABILITY (REF) — 16%
- *SELF-CARE/INDEPENDENT LIVING DISABILITY — 32%
- NO SELF-CARE/INDEPENDENT LIVING DISABILITY (REF) — 16%
- *AMERICAN INDIAN/ALASKA NATIVE — 32%
- *MULTI-RACIAL, NH/NL — 29%
- *BLACK, NH/NL — 21%
- WHITE NH (REF) — 17%
- AGE 25-34 — 26%
- AGE 65+ (REF) — 13%
- *LESS THAN $35K — 21%
- OVER $150K (REF) — 16%
- DUKES COUNTY — 26%
- BARNSTABLE COUNTY — 21%
- BERKSHIRE COUNTY — 17%

[1]Among respondents who said they have needed care since July 1, 2020. Overall, about 80% of respondents have needed care.

Delayed care (both urgent and routine) is **over 1.5X to 2X** as high among subgroups that already face many healthcare barriers such as cost, transportation, English proficiency, and discrimination:

- Respondents who identify as **nonbinary, genderqueer, and not exclusively male/female gender**
- Respondents of **transgender experience**
- **LGBQA** respondents
- Respondents with **disabilities**
- **Am. Indian/Alaska Natives, Black, and Multiracial** respondents
- **Younger** respondents
- Those with **lower incomes**
- Those in certain counties

* denotes rate is significantly different compared to the reference group, No significance testing done for County and County estimates are unweighted
Note: nH/nL = non-Hispanic/non-Latinx; American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx

DELAY IN EMERGENCY OR URGENT CARE

Delays in seeking or receiving emergency care for acute conditions like pain, chronic disease flare-ups, or severe mental health can lead to **serious health consequences**…

…yet **nearly 1 in 3 respondents** who had delayed care reported having an acute condition delayed.

The pandemic has drastically disrupted healthcare capacity even for people who normally face few barriers to care.

However, access concerns were still felt <u>most acutely</u> by **populations who already faced healthcare barriers prior to the pandemic**, and have the highest rates of delayed urgent care now.

TOP 5 ACUTE CONDITIONS DELAYED
1. Pain (e.g. chest pain, stomach pain, headaches, back pain)
2. Chronic disease flare-ups (e.g. diabetes, uncontrolled asthma, cardiovascular conditions, GI, lupus)
3. Severe mental health (e.g. severe stress, depression, nervousness, anxiety)
4. Oral or dental pain
5. Non work-related Injury

TOP 5 REASONS FOR DELAYED URGENT CARE
1. My appointment was cancelled/delayed
2. The office was closed, told no appointments available, or no one responded to my phone calls
3. I was worried about getting COVID-19 from in-person care
4. I was worried I could not afford the care or my insurance didn't cover it
5. I didn't have time or had caretaking responsibilities

DELAY IN ESSENTIAL AMBULATORY CARE

Essential ambulatory care services are also being delayed, and among those who need them the most.

Nearly **1 in 3 women** who reported delaying regular care said they experienced delays in services like OB/GYN care and **sexual and reproductive health** care (e,g. birth control or STI).

Nearly **1 in 3 individuals** with 1 or more chronic conditions (e.g. asthma, diabetes, obesity) who reported delaying regular care said they had delays for **chronic disease management services**.

Limited healthcare capacity was the #1 reason people could not access ambulatory care.
(e.g. office or clinic is closed or told no appointments available, certain services or procedures were being limited and not available, appointment was cancelled, delayed or the wait was too long, etc.)

DELAY IN ESSENTIAL AMBULATORY CARE

Although 60% of respondents who needed care were able to get care via telehealth (by phone or video), technology-related barriers remain a challenge for certain populations.

"I didn't have good enough phone or internet connection"

"I didn't have a phone, tablet, or computer"

"I didn't have a private place for a phone call or video chat"

These populations were 2X to 4X as likely to have telehealth-related barriers:

- Respondents with less than HS education or less than $35K income

- American Indian/Alaska Natives, Hispanic/Latinx, and Multi-racial respondents

- Residents of Franklin county

DELAY IN MENTAL HEALTH CARE

The respondents with persistant poor mental health are also the most likely to experience delays in both routine and urgent mental health care.

Delayed Care by Number of Poor Mental Health Days Over the Past Month

Legend:
- All Respondents
- 0 Days
- 1-14 Days
- 15-30 Days

Didn't get the care needed: All Respondents 18%, 0 Days 10%, 1-14 Days 16%, 15-30 Days 24%

Delayed ROUTINE mental health care: All Respondents 17%, 0 Days 2%, 1-14 Days 9%, 15-30 Days 28%

Delayed URGENT mental health care: All Respondents 27%, 0 Days 3%, 1-14 Days 12%, 15-30 Days 37%
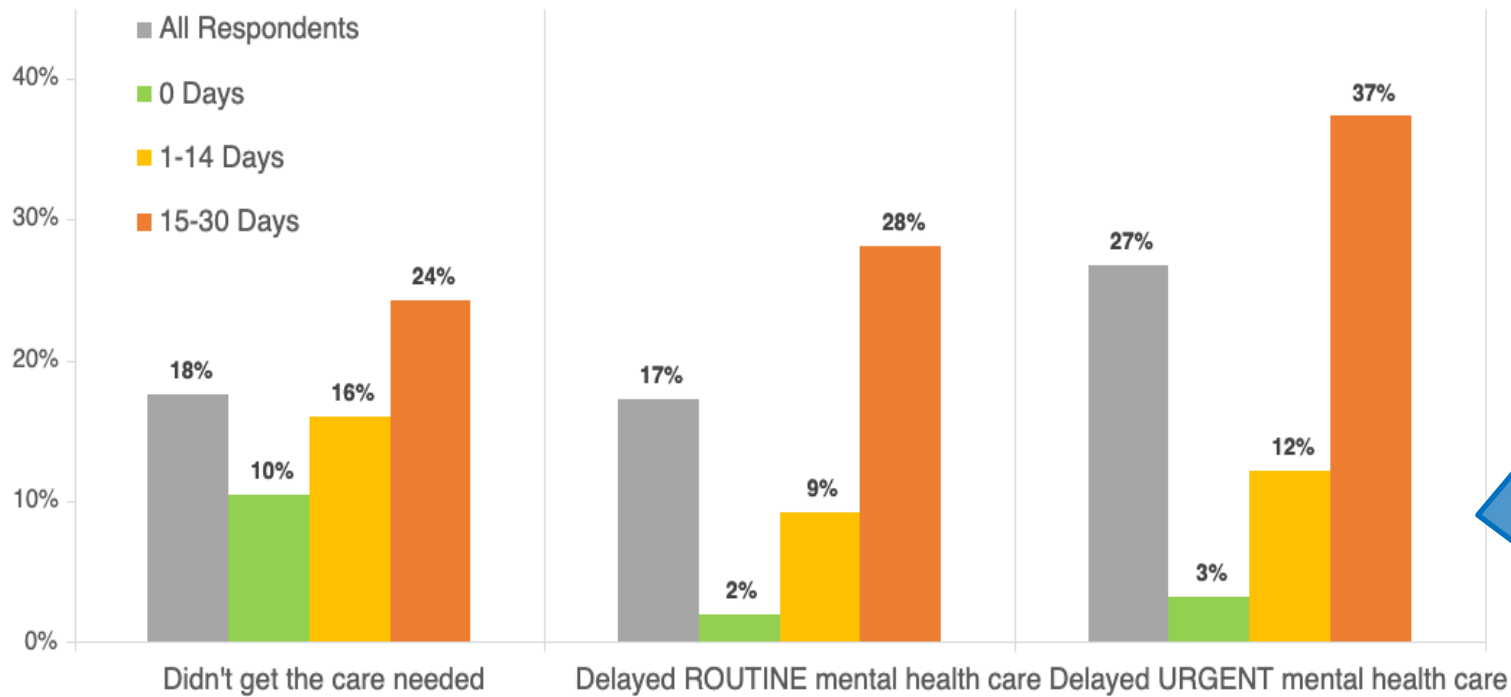
TOP 5 REASONS FOR DELAYED CARE BY RESPONDENTS WITH POOR MENTAL HEALTH

1. My appointment was cancelled/delayed (59%)

2. I was worried about getting COVID-19 from in-person care (27%)

3. I was worried I could not afford the care or my insurance didn't cover it (8%)

4. I did not have a private place for a phone call or video chat (7%)

5. I did not have safe transportation to get to my appointment (7%)

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REQUESTED MENTAL HEALTH RESOURCES

Respondents with 15+ days of poor mental health are seeking health resources at higher rates compared to those who experienced "0" days or "1-14" days of poor mental health.
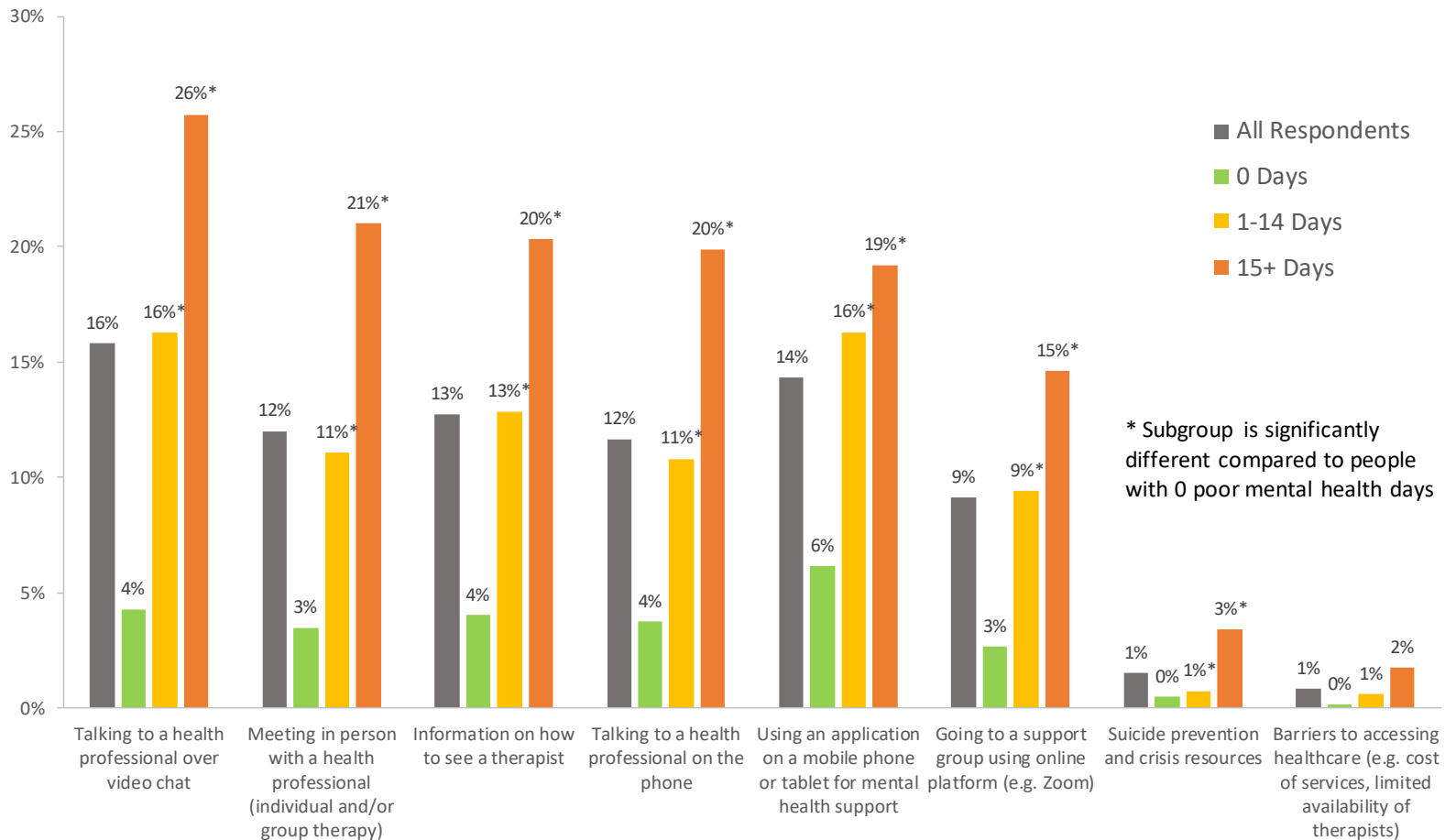

Resources Requested by Number of Poor Mental Health Days in the Past 30 Days

Legend:
- All Respondents
- 0 Days
- 1-14 Days
- 15+ Days

* Subgroup is significantly different compared to people with 0 poor mental health days

Talking to a health professional over video chat: 16%, 4%, 16%*, 26%*
Meeting in person with a health professional (individual and/or group therapy): 12%, 3%, 11%*, 21%*
Information on how to see a therapist: 13%, 4%, 13%*, 20%*
Talking to a health professional on the phone: 12%, 4%, 11%*, 20%*
Using an application on a mobile phone or tablet for mental health support: 14%, 6%, 16%*, 19%*
Going to a support group using online platform (e.g. Zoom): 9%, 3%, 9%*, 15%*
Suicide prevention and crisis resources: 1%, 0%, 1%*, 3%*
Barriers to accessing healthcare (e.g. cost of services, limited availability of therapists): 1%, 0%, 1%, 2%

TOP 5 RESOURCES REQUESTED by respondents with poor mental health

1. Talking to a health professional over video chat

2. Meeting in person with a health professional (individual and/or group therapy)

3. Information on how to see a therapist

4. Talking to a health professional on the phone

5. Using an application on a mobile phone or tablet for mental health support
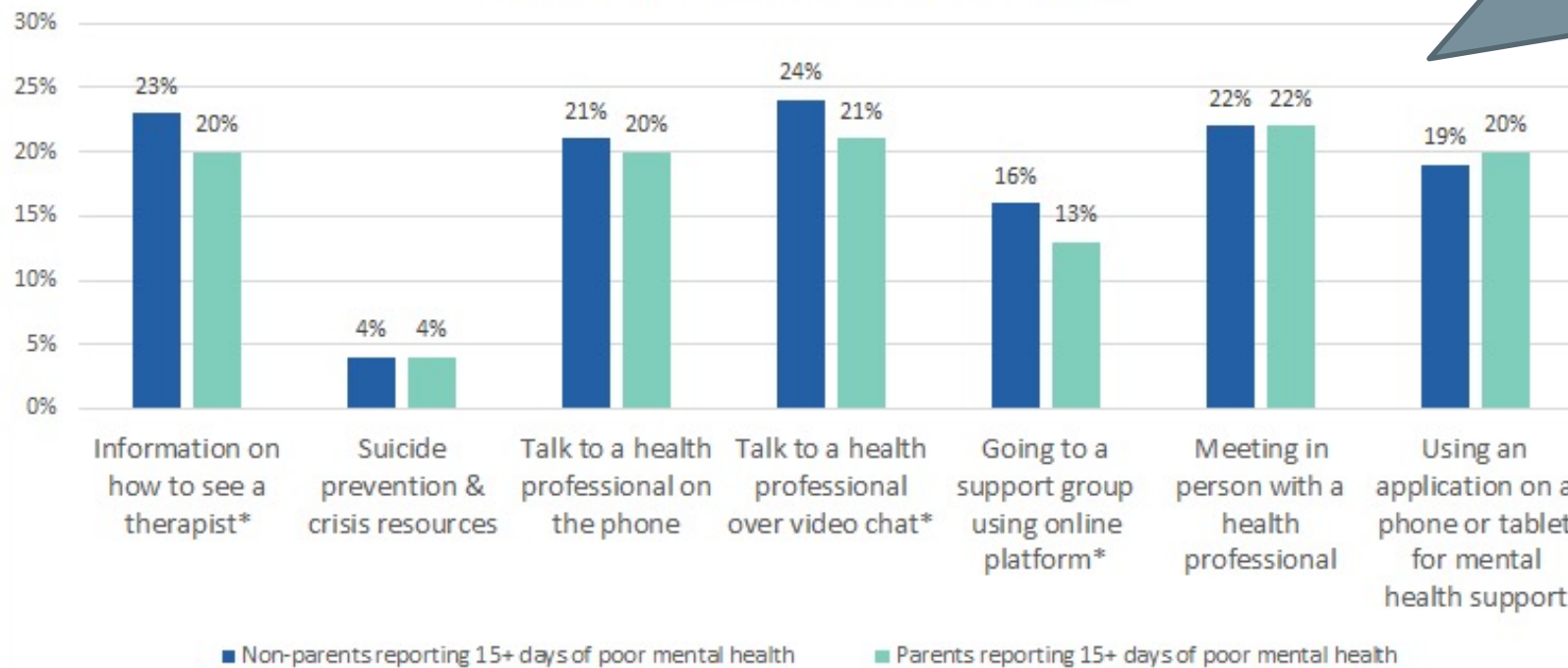
DEMAND FOR MORE MENTAL HEALTH RESOURCES WAS NOT ALWAYS HIGH

While parents were more likely to report persistent poor mental health than non-parents, they were **less likely** to indicate that mental health resources would be helpful.

Instead they expressed needs for **a variety of childcare and basic needs resources:**

- "When would I have the time for this with my child home all day every day?"

- "The most helpful thing has been getting a nanny (at tremendous cost) so I could get adequate sleep while ensuring my professional and parental responsibilities are met."

- "Time and childcare. None of the above options matter if I don't have the time and capacity to engage with them."

- "Childcare, income assistance. These will help my mental health the most."

Which of these resources would be most helpful to you right now to help you with your mental health and well-being?

Resource	Non-parents	Parents
Information on how to see a therapist*	23%	20%
Suicide prevention & crisis resources	4%	4%
Talk to a health professional on the phone	21%	20%
Talk to a health professional over video chat*	24%	21%
Going to a support group using online platform*	16%	13%
Meeting in person with a health professional	22%	22%
Using an application on a phone or tablet for mental health support	19%	20%

■ Non-parents reporting 15+ days of poor mental health   ■ Parents reporting 15+ days of poor mental health

Data notes: 1)* denotes rate is significantly different (p<0.05) between parents and non-parents; 2) All percentages are weighted to the statewide age and educational distribution of those ≥25 years.

MENTAL HEALTH STATUS

Persistent poor mental health has tripled since 2019. All demographic groups in MA are experiencing increases in poor mental health.

Percent of MA subpopulations most likely to report 15+ days of poor mental health in the past 30 days

Category	Subpopulation	Percent
	ALL RESPONDENTS	33%
GENDER IDENTITY	*OF TRANS EXPERIENCE	62%
	NOT OF TRANS EXPERIENCE	33%
	*NON-BINARY	68%
	*QUESTIONING/NOT SURE	79%
	*FEMALE	34%
	MALE	26%
SEXUAL ORIENTATION	*QUEER	59%
	*QUESTIONING/NOT SURE	58%
	*BI/PANSEXUAL	55%
	*GAY OR LESBIAN	41%
	*ASEXUAL	39%
	HETEROSEXUAL	31%
RACE/ETHNICITY	*MULTIRACIAL, NH/NL	49%
	*AMERICAN INDIAN/ALASKA NATIVE	38%
	*HISPANIC/LATINX	35%
	WHITE, NH/NL	33%
	BLACK, NH/NL	32%
	*ASIAN/PACIFIC ISLANDER, NH/NL	25%
AGE GROUP	*25-34	43%
	*35-44	41%
	*45-64	31%
	65+	20%
INCOME	*LESS THAN $35K	42%
	*$35-74,999	35%
	*$75-99,999	33%
	*$100-149,999	31%
	GREATER THAN $150K	26%
EDUCATION	LESS THAN HIGH SCHOOL	36%
	HIGH SCHOOL OR GED	32%
	TRADE SCHOOL/VOCATIONAL SCHOOL	33%
	*SOME COLLEGE	38%
	*ASSOCIATES DEGREE	35%
	BACHELORS DEGREE	32%
	*GRADUATE DEGREE	29%

* denotes rate is significantly different compared to the reference group

1 in 3 MA adults reported 15+ days of poor mental health in the past 30 days. This is **3X higher** than the 11% of adults who reported poor mental health on the 2019 MA BRFSS

In this survey, the following groups experienced the highest rates of 15+ days of poor mental health:

- Respondents **of transgender experience, non-binary** respondents, and respondents **questioning** their gender identity
- **LGBQ+** respondents
- **Multiracial, nH/nL, American Indian/Alaska Native, and Hispanic/Latinx** respondents
- Respondents between **ages 25-34**
- Respondents with **low income** or **educational attainment**
- Respondents with **disabilities**
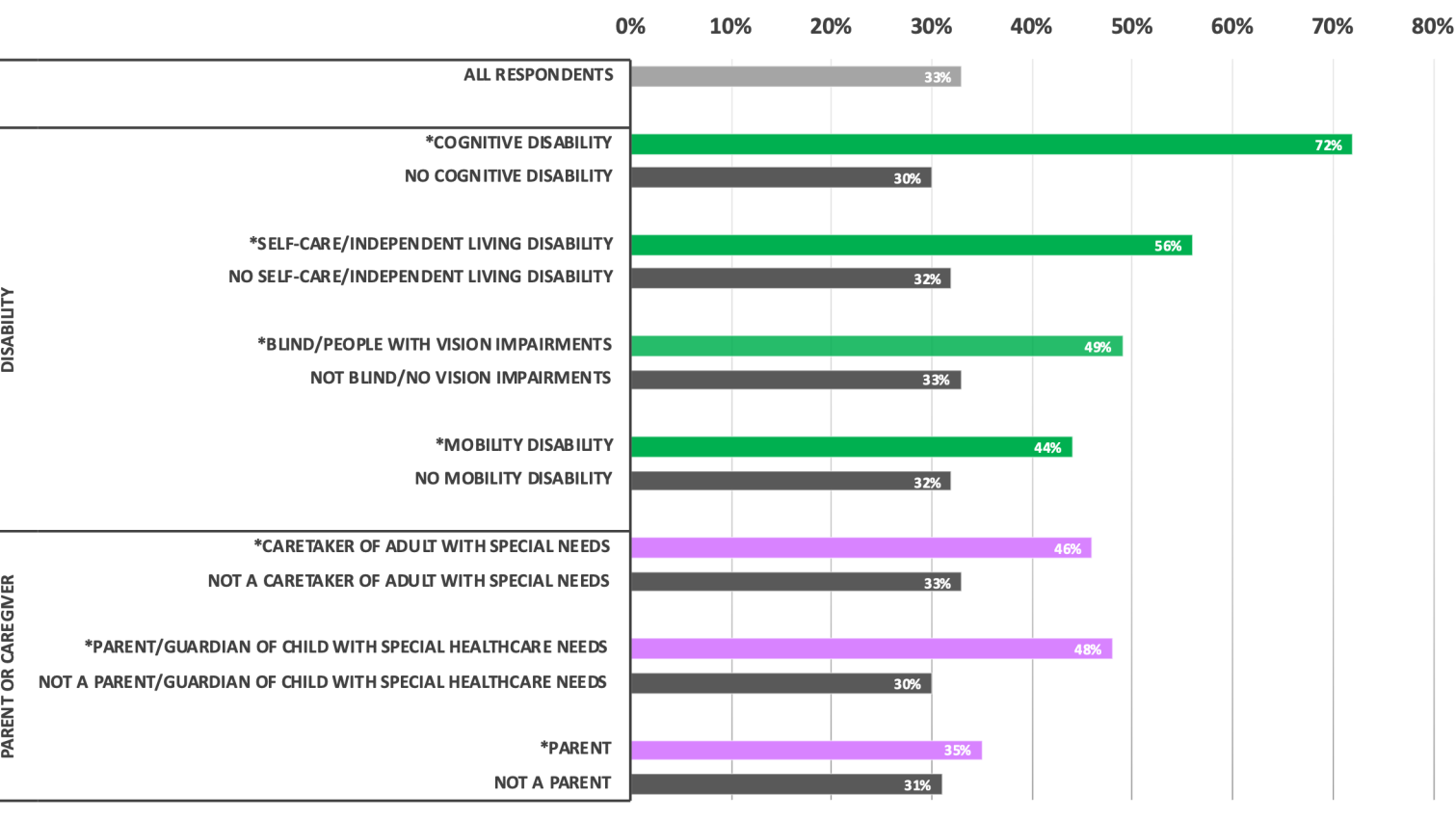- **caregivers** of persons with special needs

Notes on subpopulations:
- nH/nL = non-Hispanic/non-Latinx
- 'American Indian/Alaska Natives' includes Hispanic/Latinx
- 'Questioning, Undecided, Non-Binary' includes respondents identifying as non-binary, genderqueer, not exclusively male or female, and questioning/unsure of their gender identity

**1 in 3 of MA adults* reported 15+ days of poor mental health.
All demographic groups in MA are experiencing increases in poor mental health.**

**Percent of MA subpopulations most likely
to report 15+ days of poor mental health in the past 30 days**

Category	Value
ALL RESPONDENTS	33%
*COGNITIVE DISABILITY	72%
NO COGNITIVE DISABILITY	30%
*SELF-CARE/INDEPENDENT LIVING DISABILITY	56%
NO SELF-CARE/INDEPENDENT LIVING DISABILITY	32%
*BLIND/PEOPLE WITH VISION IMPAIRMENTS	49%
NOT BLIND/NO VISION IMPAIRMENTS	33%
*MOBILITY DISABILITY	44%
NO MOBILITY DISABILITY	32%
*CARETAKER OF ADULT WITH SPECIAL NEEDS	46%
NOT A CARETAKER OF ADULT WITH SPECIAL NEEDS	33%
*PARENT/GUARDIAN OF CHILD WITH SPECIAL HEALTHCARE NEEDS	48%
NOT A PARENT/GUARDIAN OF CHILD WITH SPECIAL HEALTHCARE NEEDS	30%
*PARENT	35%
NOT A PARENT	31%

(DISABILITY grouping: Cognitive, Self-Care/Independent Living, Blind/Vision, Mobility. PARENT OR CAREGIVER grouping: Caretaker of Adult, Parent/Guardian of Child, Parent.)

Of the subpopulations experiencing high rates of poor mental health, **respondents with disabilities** reported the highest rates of 15+ days of poor mental health

Almost **1 in 2 caregivers of persons with special needs** and **parents of children with special healthcare needs** are experiencing high rates of poor mental health

* denotes rate is significantly different compared to the reference group

KEY TAKEAWAYS

- Delay in care - especially for deadly conditions like heart disease, injury and suicide - is endangering lives of those who need care most.

- Telehealth can help, but inequitable access remains a barrier, especially for those who were already at risk for worse health outcomes.

- Access to mental health resources via telehealth was most highly requested.

- Some groups have been hit hardest by the pandemic from multiple angles, like job loss, lack of food, housing insecurity, and discrimination. These are the same groups who have been impacted by delayed health care. They include LGBTQA respondents, respondents with disabilities, persons of color, youth, and those with low incomes.

WANT TO KNOW MORE?

Visit http://mass.gov/covidsurvey for more information on how residents of Massachusetts have been impacted by the pandemic and how we can all work together to turn these data into action!